Revision Draft 3 Revision Draft 4

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF. The left column is the ECTF's Draft 3 (created at their March 2000 meeting). The right column is the ECTF's Draft 4 (created at the October 2000 meeting) showing changes from Draft 3 with underline and strikeout.

1. RESOLVING ETHICAL ISSUES	
1.01 Misuse of Psychologists' Influence. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence.	1.01 Misuse of Psychologists' Influence. Delete this standard.
1.02 Misuse of Psychologists' Work (a) Psychologists do not participate in activities in which it appears likely that their skills or data will be misused or misrepresented by others, unless corrective mechanisms are available. (See also Standard 11.07, Truthfulness and Candor.)	1.0 – Misuse of Psychologists' Work (a) Psychologists do not participate in activities in which it appears likely that their skills or data will be misused or misrepresented by others, unless corrective mechanisms are available such as those provided in legal proceedings. (See also Standard ~~_____~~.)
(b) If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.	(b) If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.
1.03 Relationship of Ethics and Law. If psychologists' ethical responsibilities conflict with law, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner.	1.02~~3~~ Conflict Between ~~Relationship of~~ Ethics and Law, Regulations, or Other Governing Legal Authority. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, the psychologist may adhere to the requirements of the law, regulations, or other governing authority.
1.04 Conflicts Between Ethics and Organizational Demands. If the demands of an organization with which psychologists are affiliated conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, seek to resolve the conflict in a way that permits the fullest adherence to the Ethics Code.	1.03~~4~~ Conflicts Between Ethics and Organizational Demands. Renumber as shown. No change to standard.
1.05 Informal Resolution of Ethical Violations. When psychologists believe that there has been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.	1.04~~5~~ Informal Resolution of Ethical Violations. Renumber as shown. No change to standard.
1.06 Reporting Ethical Violations. If an apparent ethical violation is not appropriate for informal resolution under Standard 1.05 or is not resolved properly in that fashion, psychologists take further action appropriate to the situation, unless such action conflicts with confidentiality rights in ways that cannot be resolved. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities.	1.05~~6~~ Reporting Ethical Violations. If an apparent ethical violation is not appropriate for informal resolution under Standard 1.0 – or is not resolved properly in that fashion, psychologists take further action appropriate to the situation, unless such action conflicts with confidentiality rights in ways that cannot be resolved. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities.
1.07 Cooperating With Ethics Committees.	1.06~~7~~ Cooperating With Ethics Committees.

Revision Draft 3	Revision Draft 4
Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they make reasonable efforts to resolve any issues as to confidentiality. Failure to cooperate is itself an ethics violation.	Renumber as shown. No change to standard.
1.08 Improper Complaints. Psychologists do not file or encourage the filing of ethics complaints that are frivolous and are intended to harm the respondent rather than address an ethical violation.	1.07~~8~~ Improper Complaints. Renumber as shown. No change to standard.
1.09 Unfair Discrimination Against Complainants and Respondents. Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made, or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or consideration of other appropriate information.	1.08~~9~~ Unfair Discrimination Against Complainants and Respondents. Renumber as shown. No change to standard.

Ethics Committee Nonconfidential Minutes (Rough)
March 17-19, 2006
(last updated 8/24/06)

Item 1 Approval of Ethics Committee Nonconfidential Minutes, September 23-25, 2006 (Moorehead-Slaughter)

The Ethics Committee voted to approve the minutes of the September 23-25, 2006 meeting.

One change was made in the transition from rough to draft, to include the information that the Ethics Committee drafted a response to the Council of Representatives regarding a proposal to revise the 2002 APA Ethics Code (see Nonconfidential Item 13, September 23-25, 2005).

One change was made in the transition from draft to final, to add the numerical tally of confidential and nonconfidential agenda items (see Nonconfidential Item 26, September 23-25, 2005).

Item 2 Update on APA Ethics Program

Dr. Behnke led a discussion on how the Ethics Office and Ethics Committee have enhanced their educative and consultative activities. An information item presented to the Board of Directors at its meeting of December 9-11, 2005 was provided as an exhibit.

Item 3 Ethics Committee Composition 2006

The committee welcomed the new members elected by the Council of Representatives: Connie S. Chan, PhD; Sue C. Jacobs, PhD; and W. Brad Johnson, PhD. The new members' terms began January 1, 2006 and will end December 31, 2008. The Ethics Committee's 2006 liaison from the Board of Directors is Douglas C. Haldeman, PhD.

New members were reminded to provide to staff brief biographical information for an announcement to be published in the *APA Monitor***.**

Item 4 Meeting Dates 2006

The committee picked the following meeting dates for 2007:
March 16-18, 2007
October 26-28, 2007

Additionally, the committee was reminded of its remaining meeting date in 2006: October 26-29, 2006. (The fall meeting was originally scheduled to begin on October 27, but the committee has added an additional day to address PENS-related work. For details, see the minute for Nonconfidential Item 12 in this agenda).

Additionally, Convention is planned for New Orleans, Louisiana, August 10-13, 2006.

Item 5 Ethics Committee Election 2006

The committee decided to use a conference call process to prepare its preferred slates for the Board of Directors. Preferred candidate slates for the 2006 election (terms beginning 2007) are due to the Governance Affairs office in May. Dr. Behnke will coordinate the conference call.

The slates selected by the Ethics Committee at the September 2005 meeting are:

Slate 1: Ethnic minority psychologist
Slate 2: Clinical practitioner, independent practice

Item 6 Ethics Committee Associates

At the end of the March 17-19, 2006 meeting, the associate terms of Lynda D. Field, PhD and C. Gerald O'Brien, PhD were to end. Due to workload related to the report of the Presidential Task Force on Psychological Ethics and National Security, the committee voted to extend the associate terms of Drs. Field and O'Brien by one year, thus until the close of the March 16-18, 2007 meeting.

Item 7 Convention 2006

~~(*Steve, this minute has been drafted by Martha)~~

The committee was informed of scheduling at Convention:

- Invitational meeting with state and provincial psychological association ethics chairs, divisional ethics chairs, and others with an interest in ethics matters. Friday, August 11, 8 to 9:30 am. (Note: invitation-only meeting, not publicized).
- "Top Questions Posed to the Ethics Office by Psychologists." Friday, August 11, 10 to 11:50 am.
- "Legal & Ethical Perspectives on Individual Differences in Forensic Evaluations," co-sponsored with COLI. Friday, August 11, noon to 1 pm.
- Graduate Student Prize Award, in collaboration with APAGS. Friday, August 11, 2 to 2:50 pm.

The committee discussed topics for the Top Ten presentation, and made vignette assignments according to interests. For Convention 2007, potential topics recommended by the committee included therapy with siblings, friends of clients, and family members.

Additionally, the committee received information regarding the Ethics Office's involvement in:

- "Psychological Ethics in an International Context" ~~— Div. 52~~
- "Challenges in Conducting Culturally Competent Psychological Assessment" ~~— Div. 12~~
- "Ethical Acculturation of Psychologists: Ethics Education Throughout Professional Development" ~~— Div. 42~~
- "Psychologists in National Security: Are We Ethical When We Participate?" ~~— Div. 52~~
- "Ethical Aspects of Student-Faculty Authorship"" ~~— APAGS~~
- "Ethical Issues in the Use of Virtual Reality and Practice" ~~— Div. 46~~
- "The APA Ethics Code and Implications for Psychoanalytic Practitioners" ~~— Div. 39~~
- "Psychologists and Self Care" ~~(Div. tbd)~~

- "Human Rights, Torture & Professional Responsibility" ~~— Div. 48~~
- "Beyond Rules and 'Regs': Fostering Rich Ethical Sensibilities in Research" ~~(Div. tbd)~~
- "Ethics & Law", CE workshop in collaboration with Office of Continuing Professional Education

Item 8 Graduate Student Writing Prize (Behnke)

~~(*Steve, this minute has been drafted by Martha)~~

This item provided a status report and a discussion opportunity regarding the Graduate Student Writing Prize. The deadline for submissions for the 2006 Graduate Student Ethics Prize is March 24, 2006.

Dr. Behnke informed the committee that the 2005 prize-winning papers were being prepared for publication. (Of the 2005 papers, the committee had recommended two for publication: the winning paper entitled "Ethical Analysis and Recommended Action in Response to the Dangers Associated with Youth Consumerism," by Juli Kramer of the University of Denver, and "Misconduct in the Analysis and Reporting of Data: Bridging Ethical and Methodological Agendas for Change," by Sonya Sterba of the University of North Carolina, Chapel Hill.) The committee discussed editorial suggestions and selected reviewers for Ms. Kramer's and Ms. Sterba's papers.

Item 9 Ethics Committee Collaboration with Committee on Legal Issues (COLI) [Behnke]

~~(*Steve, please add any update information)~~

Dr. Behnke updated the committee regarding the status of collaboration between the Ethics Committee and COLI. Ideas discussed previously include:

- Education on the legal and ethical aspects of diversity issues: Members of the Ethics Committee and the Committee on Legal Issues have expressed an interest in collaborating to address cultural competency issues in the forensic realm. Issues of individual difference will be addressed in the joint Ethics Committee—Committee on Legal Issues two-hour panel presentation at Convention, in New Orleans.

- Ethics Code Commentary from law perspective: Members of the two committees have expressed a continued interest in collaborating to develop a commentary that would address the APA Ethics Code from the perspective of law. This project would involve identifying all references to law (e.g., "… in accordance with law") in the Ethics Code in order to discuss the relationship between ethics and law.

- Attorney-client privilege and mandatory reporting: Another potential COLI/Ethics Committee project suggested is to address "who is the client?" and "third party" issues (e.g., "3.07: Third-Party Requests for Services"), by identifying applicable references in the Ethics Code and demonstrating ways in which psychologists may appropriately comply with such provisions. Associated with this would be a review of state Codes to identify how each defines "client."

Item 10 Survey of State, Provincial, and Territorial Psychological Associations

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~~(*Steve, please add any update information)~~

Dr. Behnke provided an update regarding status of a survey of state, provincial, and territorial psychological associations.

Linda Campbell, PhD, president-elect of Division 31, visited the September 23-25, 2005 meeting of the Ethics Committee to discuss a collaborative effort between the Ethics Office/Ethics Committee and Division 31 to survey psychological associations. Committee members suggested edits to a draft of the survey, and Drs. O'Brien, Hochberg, and Moorehead-Slaughter volunteered to become involved in the project.

Data from interviews that have been completed prior to Convention in New Orleans will be presented at a Division 31-sponsored panel presentation.

Item 11 Collaboration with ASPPB (Moorehead-Slaughter)

~~(*Steve, please add any update information)~~

Catherine Jean S. Yarrow, PhD, President, ASPPB; and Stephen T. DeMers, EdD, Executive Officer, ASPPB; visited with the Ethics Committee on Friday March 17, 2006 to discuss areas of mutual interest to ASPPB and the Ethics Committee. This meeting, the first time that the President and Executive Officer of ASPPB met with the Ethics Committee at APA during an Ethics Committee meeting, provided the opportunity to discuss areas of mutual interest and potential for future collaboration. While no specific projects were initiated for the present time, the Committee believes that the meeting fostered a positive relationship with ASPPB and looks forward to future communications with ASPPB as the opportunity or need arises.

Item 12 Presidential Task Force on Psychological Ethics and National Security (Moorehead-Slaughter)

~~(*Steve, please add additional information. Were any other Council motions addressed that we need to reflect in this minute?)~~

The Ethics Committee discussed how to implement eleven motions passed by the Council of Representatives at its August 2005 meeting. The full text of Council's motions can be found in the agenda booklet as Exhibit 2.

To address the writing of a casebook/commentary on the *Report of the Presidential Task Force on Psychological Ethics and National Security* (Motion 2), the committee decided to meet for one additional day in New Orleans after the APA Convention, and also to extend its October 2006 meeting by one day.

Once the June 30 date for submitting comments on the PENS report has passed, the Ethics Office will distribute comments to the Committee, in order for the Committee to review and consider in writing the

casebook/commentary.

Background:
At its February 2005 meeting, the Board of Directors voted to fund a Presidential Task Force on Psychological Ethics and National Security. The Board allocated $12,500 from its 2005 discretionary fund to cover the cost for one meeting in 2005 of the PENS Task Force. Following a broad call for nominations, in March 2005 APA President Ron Levant named ten individuals to serve as PENS Task Force members. The PENS Task Force met on June 24-26, 2005, and issued a report on Monday, June 27, 2005.

The PENS Task Force Report contained twelve statements regarding the ethical responsibilities of psychologists involved in national security-related investigations. The Ethics Committee convened via conference call, and voted to affirm that the 12 statements in the Report of the Task Force on Psychological Ethics and National Security are appropriate interpretations and applications of the American Psychological Association *Ethical Principles of Psychologists and Code of Conduct* (2002).

Following this Ethics Committee action, the APA Board of Directors (in keeping with its role as stated in the Bylaws) declared emergency action and voted to adopt the Task Force report as APA policy. The Board also made plans to review the report's recommendations at its August 2005 meeting.

At its August 2005 meeting, the Board reviewed the recommendations of the Task Force and voted to recommend that Council approve several actions as follow-up to the recommendations provided in the final section of the PENS Report. At its August 2005 meeting, the Council added to the Board's recommendations and voted eleven motions.

Dr. Moorehead-Slaughter provided a presentation to the Council of Representatives at its meeting of February 17-19, 2006, where Council also received a discussion item summarizing APA's response to the PENS report. A separate February, 2006 [Board] item addressed funding needs, and a separate February, 2006 [Council] item addressed a proposal to revise the Ethics Code.

At its February 2006 meeting, the Board of Directors voted to allocate $17,500 from its 2006 discretionary fund to support the commentary writing process.

Item 13 Ethics Office and Ethics Committee Intitiatives (Behnke)

~~(*Steve, please add any update information)~~

This item provided a placeholder in the agenda for discussion regarding ongoing initiatives and potential new projects. Topics included:

Tsunami Relief
At the March 4-6, 2005 meeting, Merry Bullock, Senior Director, International Affairs, (formerly Associate Executive Director, Science Directorate), briefed the committee regarding APA's tsunami relief program. Currently, the Office of International Affairs, the Ethics Office, the Practice Directorate, and the Science Directorate are planning to collaborate on a project with the working title "Ethics in Psychological Intervention and Research in Disaster and Complex Humanitarian Emergency Contexts: Meeting the Challenges." The ultimate goal of this project is to develop consensus documents to help

researchers, trainers, and practitioners understand and apply sound ethical decisions to the myriad of challenges posed in disaster and complex emergency situations, especially in international contexts.

Increasing the Ethics Committee's Consultation Function
An internet-based system for increasing the committee's involvement in the consultative process was introduced at the March 4-6, 2005 meeting.

Developing a Model Consultation Program for State, Provincial, and Territorial Psychological Associations

Survey Regarding Teaching Ethics to Graduate Students
The Ethics Office would like to survey graduate programs regarding their ethics education offerings. At the September 23-25, 2005 meeting, Drs. Deutsch, Field and Hochberg volunteered to form a subcommittee, and Drs. Robinson and Abeles volunteered to serve as consultants to the subcommittee.

Developing Psychologists' Involvement in Medical Ethics

Ethical Issues in Media Psychology
At the September 23-25, 2005 meeting, the committee discussed a news item involving media psychologists, and indicated interest in considering ways to examine the ethical issues involved in media psychology. Members of the Ethics Committee will be involved in two panel presentations at Convention in New Orleans, that will address ethical issues in media psychology.

Item 14 Update on Legal Issues: The APA Ethics Code in Court (Behnke)

~~(*Steve, please add summary details)~~

This is a standing agenda item to address how the APA ethics process interacts with the law. Dr. Behnke lead a brief discussion of the case of *Jill Masterson v. Board of Examiners of Psychologists,* which involved a complex multiple relationship. The discussion focused on how the court addressed this issue in the context of the APA Ethics Code.~~*topic. The discussion focused on *.~~

Item 15 Ethics In the News (Behnke)

This is a standing agenda item to allow time for the committee to discuss recent news items relevant to the Ethics Committee's activities. Dr. Behnke led discussion of selected news articles that are contained in the agenda booklet.

~~(*Steve, please add summary details)~~

Item 16 Educative Outreach

With this standing agenda item, the committee received information regarding Ethics Committee and Ethics Office staff activities. Activities described include continuing education, publications, and committee members and staff in the news.

Following are the educational presentations Dr. Behnke has made since the Ethics Committee last received a report in the September 23-25, 2005 agenda:

Springfield Hospital Center, Department of Psychology, Sykesville, MD, (3-hour CE workshop), September 27, 2005.

Connecticut Psychological Association, New Haven, CT, (3-hour CE workshop), September 30, 2005.

Ithaca Therapists Group, Ithaca, NY, (1½ -hour workshop), October 6, 2005.

Georgia Psychological Association, Atlanta, GA, (3-hour CE workshop), October 8, 2005.

Georgia Psychological Association, Savannah, GA, (3-hour CE workshop) October 9, 2005.

Washington School of Psychiatry, Washington, DC, (1½-hour workshop), October 14, 2005.

Naval War College, Newport, RI, (1½-hour CE workshop sponsored by the Naval Criminal Investigative Service: "Special Applications of Psychology"), October 18, 2005.

Northern Virginia Society of Clinical Psychologists, (Regional division of the Virginia Academy of Clinical Psychologists, which is a division of the Virginia Psychological Association), Falls Church, VA, (3-hour CE workshop), October 21, 2005.

United Nations Association of the National Capital Area, United States House of Representatives, Cannon House Office Building, Washington, DC, (2-hour congressional briefing "Prevention of Torture: The Role of the United Nations, International Law, and the United States"), October 27, 2005.

Chesapeake Health Education Program, Cambridge, MD, (6-hour CE workshop), October 27, 2005.

California Psychological Association, Division II (Division of Education and Training), San Francisco, CA, (6-hour CE workshop), October 29, 2005.

University of Maryland, Department of Psychology and Counseling and Personnel Services, College Park, MD, (3-hour workshop), November 3, 2005.

Chesapeake Health Education Program, Baltimore, MD, (6-hour CE workshop), November 7, 2005.

Regent University, School of Psychology and Counseling, Doctoral Program in Clinical Psychology, Virginia Beach, VA, (2-hour CE workshop), November 11, 2005.

Mississippi Psychological Association, Jackson, MI, (3-hour CE workshop), November 18, 2005.

The Massachusetts Mental Health Center, Academic Division of Public Psychiatry in the

Department of Psychiatry at Beth Israel Deaconess, Boston, MA, (3-hour workshop), November 21, 2005.

Boston College, University Counseling Services, Boston, MA, (1½-hour CE workshop), November 23, 2005.

George Mason University, University Counseling Center, Fairfax, Virginia, (1 hour ethics talk to Counseling Center staff), December 14, 2005.

Item 17 Setting Expiration Dates for Guidelines (Moorehead-Slaughter)

As part of an APA-wide reform, the Policy and Planning Board has asked that the Ethics Committee set an expiration date for the *Ethical Principles of Psychologists and Code of Conduct* (2002). The Ethics Committee's response is needed by April 7-9, 2006 for the Consolidated Meetings.

Attachment 1 to these nonconfidential minutes provides the Ethics Committee's response, as discussed and approved at the meeting. The Ethics Committee recommends that the expiration provision of Association Rule 30-8 does not apply to the *Ethical Principles of Psychologists and Code of Conduct*.

Item 18 Governance Issues

~~(*Steve, please add any update information)~~

This standing item allows staff to brief the Ethics Committee regarding any developing governance issues, and provides an archival spot in the agenda for miscellaneous Ethics Committee documents.

Dr. Behnke updated the committee on the revision status of the Record Keeping Guidelines (COPPS) and the Specialty Guidelines for Forensic Psychology (Division 41).

The committee received information regarding the appointment of the Emily please check—I believe the name was changed.~~Green and Grey Task Force.~~

The committee received information regarding proposed changes to the APA Bylaws regarding Board and Committee election slates. The proposed changes address procedures that would be used when the Board of Directors makes substitutions to a recommended slate.

Item 19 Reports

The committee received as information several routinely provided reports:

The "Ethics Office Report to the Council of Representatives" is a report provided by staff, through the Deputy CEO, twice a year prior to each Council meeting.

The "Ethics Committee Annual Report for 2005" is the official report of the Ethics Committee to the Council of Representatives, provided annually prior to the February Council meeting. (A separate, more detailed, annual report published in the *American Psychologist* is the Committee's

most comprehensive annual report, see note below.)

Norman Anderson, PhD, CEO, has also initiated the provision of a periodic report to the Board of Directors with information on selected activities in the Central Office. The Ethics Office contributes to this report.

Finally, it should be noted that the committee's annual article, (this year entitled "Report of the Ethics Committee, 2005") is slated for publication in the August 2006 archival issue of American Psychologist. The article is currently in production.

Item 20 Ethics Code Commentary

The committee received the updated version of a reference list of publications regarding the new Ethics Code, compiled as such publications come to the attention of the office. The Ethics Office does not vouch for the quality of this material, nor does the Ethics Office necessarily endorse positions taken in these materials. Nonetheless, it is important for the office and the committee to be apprised of commentary on APA's new Ethics Code.

Item 21 States' Adoption of ASPPB and APA Ethics Codes

~~(*Steve, please add any update information)~~

This is a standing agenda item. Dr. Behnke provided an update regarding states' adoption of the ASPPB and APA Ethics Codes

Item 22 Reminders from Orientation

This standing agenda item brings to the attention of the full committee any topics of general interest from the orientation session:

- Occasionally it occurs that members or associates of the Committee are identified, or identify themselves, in a public forum as being on the APA Ethics Committee. Members and associates are requested to be mindful that whenever they are identified or identify themselves as such they may be perceived as speaking on behalf of the Ethics Committee. As a consequence, people are requested to contact the office before making public statements that could be construed as being made in one's "official capacity" as a member or associate of the APA Ethics Committee.

Item 23 Policy Document

This is a standing information item that will report any additions and changes to the nonconfidential policy document as a result of actions taken at this meeting, including some actions that may occur under the confidential agenda

There are no changes to policy to report from this meeting.

Item 25 Update of the APA 1986 Resolution Against Torture (Behnke)

The Ethics Committee discussed a new business item from the February 2006 Council of Representatives meeting, for which the Ethics Committee has been assigned as lead governance group. Judith L.Van Hoorn, PhD, and Corann Okorodudu, EdD, representing Division 48 (Society for the Study of Peace, Conflict, and Violence: Peace Psychology), have proposed a revision to APA's 1986 Resolution Against Torture. Other governance groups designated as referral groups are the Board of Professional Affairs (BPA), the Board for the Advancement of Psychology in the Public Interest (BAPPI), and the Policy and Planning Board (P&P). These three groups will next meet at the April 7-9, 2006 Consolidated Meetings. The Ethics Committee is responsible for leading this item back to the Council of Representatives agenda.

The committee reviewed materials provided, and unsuccessfully attempted to conference call Drs. Van Hoorn and Okorodudu during the meeting. Drs. Moorehead-Slaughter and Behnke made plans to contact Drs. Van Hoorn and Okorodudu, to convey the Ethics Committee's thoughts about specific language in the resolution that was potentially inconsistent with aspects of the *Ethical Principles of Psychologists and Code of Conduct* (2002).

Item 24 Summary Record of Confidential Actions

Following is a summary of actions taken in the confidential agenda and through case reviews. Part IV (show cause) cases are indicated by "Not Expel but" or "Part IV."

CASE REVIEW

	#	%
Dismiss:		
Not Expel but Dismiss:		
Remand:		
Not Expel but Reprimand:	1	100 %
Not Expel but Censure:		
Censure:		
Stipulated Resignation, Part IV:		
Stipulated Resignation, Part V:		
Expel, Part V:		
Expel, Part IV:		
Not Expel, but Remand:		
Total Case Review:	1	100%

MEMBERSHIP REVIEW

Application:		
Re-Admission:	Re-Admit	1
Student Affiliate Applications:	Admit	1
Total Membership Actions:		2

CONFIDENTIAL AGENDA ITEM SUMMARY

Case-related confidential agenda items:	3
Non-case-related confidential agenda items:	4

(NB: Item 25 is recorded out-of-numerical order above, directly following Item 23)

Ethics Committee Confidential Minutes (Draft)
October 26-29, 2006
(last updated 02/26/07)

Item 1 Approval of Ethics Committee Confidential Minutes, March 17-19, 2006 (Moorehead-Salughter)

The Ethics Committee voted to approve the minutes of the March 17-19, 2006 meeting as distributed in draft form.

Item 2 Committee Roster

Committee members were asked to review their mailing addresses, phone numbers, fax numbers, and e-mail addresses as currently listed on the Ethics Committee roster, and provide any changes to staff.

Item 3 Caseload and Case Histories (Jacobson)

The committee received information regarding case dispositions from previous meetings, grouped by meeting date and type of recommendation, and the status since the meeting if not dismissed or remanded.

There was one Independent Adjudication to report.

Item 4 Membership Application Review: Ricardo A. Carillo, PhD (Field)

The Ethics Committee voted to recommend to the Membership Committee that Ricardo A. Carillo be admitted to membership.

Item 5 Student Affiliate Application Review: Adi Jaffe (O'Brien)

The Ethics Committee voted to recommend to the Membership Committee that Adi Jaffe be granted student affiliation.

Item 6 Membership Readmission Review: Mary Lee Holscher, PhD (Hochberg)

The Ethics Committee voted to remand and continue the discussion of this application for readmission at its March 16-18, 2007 meeting.

Item 7 Follow-up to Committee Policies

This is a standing information item to report to the Ethics Committee the number of cases closed under two policies adopted at the September 2002 meeting:

IV 6
Show Cause Procedures: Case Closed by Vice Chair and Investigator

> The Committee adopted a nonconfidential policy that the vice chair and the investigator be permitted to close or monitor show cause cases if it is determined during an investigation that the behavior does not meet the expellable threshold. 02-09-CF-04

V 2.2
Sua Sponte Procedures: Case Closed by Monitor and Investigator

> The Committee adopted a nonconfidential policy that the monitor and the investigator be permitted to close or monitor *sua sponte* cases if it is determined during an investigation that the behavior does not meet the expellable threshold. 02-09-CF-05

In the September 2005 agenda, the Office reported no activity.

In the March 2006 agenda, the Office reported 1 case being monitored.

For the current agenda, the Office reports 1 case closed.

Item 8 Policy on Qualifications of Ethics Decisionmakers

The committee received an information item reminding them of the "Policy Regarding Qualifications of Ethics Decisionmakers." The policy requires that each November, each active member or associate of the Ethics Committee will resubmit the "statement" form to the Ethics Office Director to declare whether he/she is "the subject of a complaint, a proceeding, or [has been subject to a] finding covered by this policy...."

Item 9 Resignations Under Ethics Investigation and Automatic Expulsions

This is a standing information item to report to the Ethics Committee resignations and expulsions under the Rules and Procedures that do not require acceptance by the Committee or Board.

Part II Section 5.4.2 of the 2001 Rules and Procedures provides a **"Resignation Under Ethics Investigation."** These resignations are also reported in the dues notice. Following are members who have resigned under this provision since the last report of March 17-19, 2006; or whose names have not yet been provided to the Committee:

PRIVACY REDACTION

As of when this item was written, the Ethics Office has received a total of **52** Resignations Under Ethics Investigation.

Part IV, Section 2 of the 2001 Rules and Procedures provides for an "**Automatic Expulsion**" in show cause matters. Since the last report of March 17-19, 2006, the following individuals were expelled under this provision:

PRIVACY REDACTION

As of when this item was written, the Ethics Office has completed a total of **11** Automatic Expulsions.

At the September 23-25, 2005 meeting, the Ethics Committee discussed collecting information regarding the nature of actions that lead to a resignation under ethics investigation, and the consequences on a psychologist's professional life of a resignation under ethics investigation. The Ethics Office will explore ways to gather this data. At the March 17-19, 2006 meeting, the committee continued to identify data needs, and discussed how best to assess the effects of changes to the *Rules and Procedures (2002)*. At the October 26-29, 2006 meeting, the committee continued this discussion. The committee inquired about how best to obtain feedback from licensure boards about their procedural responses to the notifications that are received from APA.

Item 10 Summary Record of Confidential Actions

Following is a summary of actions taken in the confidential agenda and through case reviews. Part IV (show cause) cases are indicated by "Not Expel but" or "Part IV."

CASE REVIEW

	#	%
Dismiss: PRIVACY REDACTION	2	29%
Not Expel but Dismiss:		
Remand:		
Not Expel but Reprimand:		
Not Expel but Censure: PRIVACY REDACTION	2	29%
Censure:		
Stipulated Resignation, Part IV:		
Stipulated Resignation, Part V:		
Expel, Part V:		
Expel, Part IV: PRIVACY REDACTION	3	43%
Not Expel, but Remand:		
Total Case Review:	7	101% (due to rounding)

MEMBERSHIP REVIEW

Application		
PRIVACY REDACTION	Admit	1
Re-Admission		
PRIVACY REDACTION	Remand	1
Student Affiliate Applications		
PRIVACY REDACTION	Admit	1
Total Membership Actions:		3

Principles of Psychology Support to Interrogations

Safe
Legal
Ethical
Effective

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

This is different from doing no harm.

Question #1

A psychologist is asked to assess an individual who has been convicted of serial murder, with the intent of addressing the likelihood of his continuing to commit murder in the future. Is it ethical for the psychologist to provide a competent assessment of this individual, if that assessment may be a factor in a death penalty decision?

Follow on the Question #1

You are a psychologist on President Truman's staff. He wants your opinion on the psychological effect of the atomic bomb on the Japanese will to fight. You are both a competent psychologist and a military historian. Is it ethical for you to render an opinion?

Question #2

You are a psychologist supporting interrogations. A detainee is complaining about his health in order to interrupt the interrogation whenever the conversation turns toward sensitive topics. Whenever the detainee complains, the interrogation stops, and the detainee is moved to the medical facility, effectively ending the interrogation. So far, each time he has been seen by the medical staff, they have ruled him fit, and without injury or illness. You are aware that this technique was part of the training that al Q'aida personnel received in Afghanistan. What options do you have?

a. Continue to allow the detainee to interrupt the interrogation process. (Safe, Legal, Ethical, but not effective.)
b. Instruct the interrogators to continue, as you will monitor the detainee for illness or injury from behind a one-way mirror. (Not Safe, Potentially Not Legal, Not Ethical (dual role), potentially effective.)
c. Request that medical personnel monitor the detainee from behind the one-way mirror. (Safe, Legal, Ethical, potentially effective.)

d. Work with the interrogators to develop a strategy that defuses the usefulness of this resistance technique. "I notice that every time I bring up the topic of x, it appears to make you very uncomfortable. If you need medical care, I will stop now and make sure you receive it, but then we will return and discuss this topic, or perhaps we could change the subject for now, and return to it when you are stronger. Which would you prefer?" (Safe, Legal, Ethical, potentially effective.)

AMERICAN PSYCHOLOGICAL ASSOCIATION

PUBLIC POLICY OFFICE
FAX TRANSMITTAL SHEET

Return Fax Number: 202-336-6063
Phone Number: 202-336-6062

TO: KIRK HUBBARD DATE: 10/7/03

FAX #: PRIVACY REDACTION

Number of Pages (including cover sheet): 3

Comments: KIRK, LET ME KNOW IF YOU NEED A FURTHER BREAKDOWN. APA DIDN'T BILL CIA FOR YOUR ROOM, WE PICKED THAT UP. THANKS.

—GEOFF

SENT BY:

___ Deborah Cotter, M.A.
___ Diane Elmore, Ph.D.
___ Ellen G. Garrison, Ph.D.
___ Lori Valencia Greene, M.S.
___ Heather Kelly, Ph.D.
___ Patricia Clem Kobor, M.A.
___ Nina Gail Levitt, Ed.D.
___ Jeff McIntyre, M.A.
___ Geoffrey K. Mumford, Ph.D.
___ Denis Nissim-Sabat, Ph.D.
___ Amanda Ring
___ Gabriela Schneider, M.A.
___ Jennifer Beard Smulson
___ Karen Studwell, J.D.
___ Eva C. Vega
___ Ivy K Pendleton
___ Gina Hijjawa
___ Gagan "Mia" Singh Khera

Mumford, Geoffrey

From: Mumford, Geoffrey
Sent: Thursday, September 25, 2003 11:21 AM
To: 'Kirk Hubbard'
Cc: Mumford, Geoffrey
Subject: FW: an invoice...sort of

Kirk,

I'm faxing in a moment too but trying to paste here:

CIA REIMBURSEMENTS

Name	Expense	Type
Geoffrey Mumford	7362.34	Hotel ROOM FOR 42 Nights
Susan Brandon	34.30	Miscellaneous
David Rosmarin	26.00	Miscellaneous
Daniel J. Povinelli	460.00	Travel Expense
Douglas Griffith	22.62	Miscellaneous
Bella M. DePaulo	962.31	Travel Expense
Eric L. Lang	562.43	Travel Expense
G. Daniel Lassiter	123.70	Travel Expense
Maureen O Sullivan	285.42	Travel Expense
Daniel J. Povinelli	460.00	Travel Expense
Richard E . Petty	310.00	Travel Expense
Robert Mitchell	172.50	Travel Expense
Roy O Freedle	423.26	Travel Expense
Charles Bond	47.66	Miscellaneous.
Robert Kinscheriff	87.27	Miscellaneous.
Charles Bond	478.00	Travel Expense
Robert Kinscheriff	565.50	Travel Expense
G. Daniel Lassiter	294.50	Travel Expense
Maureen O Sullivan	664.00	Travel Expense
Jennifer Vandemia	891.00	Travel Expense
Jennifer Vandemia	55.04	Miscellaneous
Total	14287.85	
Miscellaneous	**Travel**	**Hotel**
272.89	6652.62	7362.34

-----Original Message-----
From: Mumford, Geoffrey
Sent: Wednesday, September 24, 2003 3:34 PM
To: 'Kirk Hubbard'

Name	7/13	7/14	7/15	7/16	7/17	7/18
Michael Bennett				X	X	
Charles Bond				X	X	
Susan Brandon				X	X	
John Darley				X	X	
Bella DePaulo - 1				X	X	X
Roy Freedle				X	X	
Scott Gehrwer **	O	O	O	O	O	
Doug Griffith				X	X	
Gary Hazlett - 2				X	X	
Kirk Hubbard				X	X	
John Jessen	O	O	O	X	X	
Robert Kinscheff				X	X	
Eric Lang				X	X	
Daniel Lassiter				X	X	
James Mitchell	O	O	O	X	X	
Robert Mitchell				X	X	
Charles "Andy" Morgan				X	X	
Geoff Mumford				X	X	
Maureen O'Sullivan				X	X	
Richard Petty				X	X	
Daniel Povinelli				X	X	
Roy Shuy				X	X	
Jennifer Vendemia				X	X	
John Yuille				X	X	
Tom Zeffiro				X	X	

1 – Requests a room with 2 beds

2 - Requests 2 King size beds

** - Scott Gerwehr will be staying from 7/9-7/18 but will be paying for his own room

X – indicates room-nights to be charged to Geoff Mumford

O – indicates guest will be paying on their own.

Final Report of the Independent Panel To Review DoD Detention Operations



August 2004

Independent Panel to Review DoD Detention Operations

Chairman

The Honorable James R. Schlesinger

Panel Members

The Honorable Harold Brown

The Honorable Tillie K. Fowler

General Charles A. Horner (USAF-RET)

Executive Director

Dr. James A. Blackwell, Jr.

INDEPENDENT PANEL TO REVIEW DOD DETENTION OPERATIONS

CHAIRMAN
THE HONORABLE JAMES R. SCHLESINGER

PANEL MEMBERS
THE HONORABLE HAROLD BROWN
THE HONORABLE TILLIE K. FOWLER
GENERAL CHARLES A. HORNER (USAF-RET.)

EXECUTIVE DIRECTOR
DR. JAMES A. BLACKWELL, JR.

August 24, 2004

To U.S. Secretary of Defense Donald Rumsfeld

We, the appointed members of the Independent Panel to Review DoD Detention Operations, pursuant to our charter do hereby submit the results of our findings and offer our best recommendations.

Sincerely,

The Honorable James R. Schlesinger
Chairman

The Honorable Harold Brown
Panel Member

The Honorable Tillie K. Fowler
Panel Member

General Charles A. Horner
(USAF –Ret.)
Panel Member

223 23rd Street , Crystal Plaza 5, Suite 884, Arlington, VA 22202-3712
Office Main Phone: (703) 602-3200 Unsecured Fax: (703) 602-2712

The Independent Panel to Review Department of Defense Detention Operations

August 2004

Table of Contents

Executive Summary 5

Introduction – Charter and Methodology 21

The Changing Threat 27

The Policy Promulgation Process 33

Public Release of Abuse Photos 39

Command Responsibilities 43

Military Police and Detention Operations 53

Interrogation Operations 63

The Role of Military Police and Military Intelligence in Detention Operations 71

Laws of War/Geneva Conventions 79

The Role of the International Committee of the Red Cross 85

Recommendations 89

Appendices 93

Table of Appendices

Glossary.....Appendix A

Secretary of Defense Memorandum appointing the Independent Panel.....Appendix B

President of the United States Memorandum, February 7, 2002.....Appendix C

Interrogation Policies.....Appendix D

Evolution of Interrogation Techniques.....Appendix E

Timeline, Major Detention Events.....Appendix F

Psychological Stresses.....Appendix G

Ethical Issues.....Appendix H

Executive Summary

OVERVIEW

The events of October through December 2003 on the night shift of Tier 1 at Abu Ghraib prison were acts of brutality and purposeless sadism. We now know these abuses occurred at the hands of both military police and military intelligence personnel. The pictured abuses, unacceptable even in wartime, were not part of authorized interrogations nor were they even directed at intelligence targets. They represent deviant behavior and a failure of military leadership and discipline. However, we do know that some of the egregious abuses at Abu Ghraib which were not photographed did occur during interrogation sessions and that abuses during interrogation sessions occurred elsewhere.

In light of what happened at Abu Ghraib, a series of comprehensive investigations has been conducted by various components of the Department of Defense. Since the beginning of hostilities in Afghanistan and Iraq, U.S. military and security operations have apprehended about 50,000 individuals. From this number, about 300 allegations of abuse in Afghanistan, Iraq or Guantanamo have arisen. As of mid-August 2004, 155 investigations into the allegations have been completed, resulting in 66 substantiated cases. Approximately one-third of these cases occurred at the point of capture or tactical collection point, frequently under uncertain, dangerous and violent circumstances.

Abuses of varying severity occurred at differing locations under differing circumstances and context. They were widespread and, though inflicted on only a small percentage of those detained, they were serious both in number and in effect. No approved procedures called for or allowed the kinds of abuse that in fact occurred. There is no evidence of a policy of abuse promulgated by senior officials or military authorities. Still, the abuses were not just the failure of some individuals to follow known standards, and they are more than the failure of a few leaders to enforce proper discipline. There is both institutional and personal responsibility at higher levels.

Secretary of Defense Donald Rumsfeld appointed the members of the Independent Panel to provide independent professional advice on detainee abuses, what caused them and what actions should be taken to preclude their repetition. The Panel reviewed various criminal investigations and a number of command and other major investigations. The Panel also conducted interviews of relevant persons, including the Secretary and Deputy Secretary of Defense, other senior Department of Defense officials, the military chain-of-command and their staffs and other officials directly and indirectly involved with Abu Ghraib and other detention operations. However, the Panel did not have full access to information involving the role of the Central Intelligence Agency in detention operations; this is an area the Panel believes needs further investigation and review. It should be noted that information provided to the Panel was that available as of mid-August 2004. If additional information becomes available, the Panel's judgments might be revised.

POLICY

With the events of September 11, 2001, the President, the Congress and the American people recognized we were at war with a different kind of enemy. The terrorists who flew airliners into the World Trade Center and the Pentagon were unlike enemy combatants the U.S. has fought in previous conflicts. Their objectives, in fact, are to kill large numbers of civilians and to strike at the heart of America's political cohesion and its economic and military might. In the days and weeks after the attack, the President and his closest advisers developed policies and strategies in response. On September 18, 2001, by a virtually unanimous vote, Congress passed an Authorization for Use of Military Force. Shortly thereafter, the U.S. initiated hostilities in Afghanistan and the first detainees were held at Mazar-e-Sharrif in November 2001.

On February 7, 2002, the President issued a memorandum stating that he determined the Geneva Conventions did not apply to the conflict with al Qaeda, and although they did apply in the conflict with Afghanistan, the Taliban were unlawful combatants and

therefore did not qualify for prisoner of war status (see Appendix C). Nonetheless, the Secretary of State, Secretary of Defense, and the Chairman of the Joint Chiefs of Staff were all in agreement that treatment of detainees should be consistent with the Geneva Conventions. The President ordered accordingly that detainees were to be treated ". . . humanely and, to the extent appropriate and consistent with military necessity, in a manner consistent with the principles of Geneva." Earlier, the Department of State had argued the Geneva Conventions in their traditional application provided a sufficiently robust legal construct under which the Global War on Terror could effectively be waged. The Legal Advisor to the Chairman, Joint Chiefs of Staff, and many of the military service attorneys agreed with this position.

In the summer of 2002, the Counsel to the President queried the Department of Justice Office of Legal Counsel (OLC) for an opinion on the standards of conduct for interrogation operations conducted by U.S. personnel outside of the U.S. and the applicability of the Convention Against Torture. The OLC responded in an August 1, 2002 opinion in which it held that in order to constitute torture, an act must be specifically intended to inflict severe physical or mental pain and suffering that is difficult to endure.

Army Field Manual 34-52 (FM 34-52), with its list of 17 authorized interrogation methods, has long been the standard source for interrogation doctrine within the Department of Defense (see Appendix D). In October 2002, authorities at Guantanamo requested approval of stronger interrogation techniques to counter tenacious resistance by some detainees. The Secretary of Defense responded with a December 2, 2002 decision authorizing the use of 16 additional techniques at Guantanamo (see Appendix E). As a result of concerns raised by the Navy General Counsel on January 15, 2003, Secretary Rumsfeld rescinded the majority of the approved measures in the December 2, 2002 authorization. Moreover, he directed the remaining more aggressive techniques could be used only with his approval (see Appendix D).

At the same time, he directed the Department of Defense (DoD) General Counsel to establish a working group to study interrogation techniques. The Working Group was headed by Air Force General Counsel Mary Walker and included wide membership from across the military legal and intelligence communities. The Working Group also relied heavily on the OLC. The Working Group reviewed 35 techniques and after a very extensive debate ultimately recommended 24 to the Secretary of Defense. The study led to the Secretary of Defense's promulgation on April 16, 2003 of a list of approved techniques strictly limited for use at Guantanamo. This policy remains in force at Guantanamo (see Appendix E).

In the initial development of these Secretary of Defense policies, the legal resources of the Services' Judge Advocates General and General Counsels were not utilized to their full potential. Had the Secretary of Defense had a wider range of legal opinions and a more robust debate regarding detainee policies and operations, his policy of April 16, 2003 might well have been developed and issued in early December 2002. This would have avoided the policy changes which characterized the Dec 02, 2002 to April 16, 2003 period.

It is clear that pressures for additional intelligence and the more aggressive methods sanctioned by the Secretary of Defense memorandum, resulted in stronger interrogation techniques that were believed to be needed and appropriate in the treatment of detainees defined as "unlawful combatants." At Guantanamo, the interrogators used those additional techniques with only two detainees, gaining important and time-urgent information in the process.

In Afghanistan, from the war's inception through the end of 2002, all forces used FM 34-52 as a baseline for interrogation techniques. Nonetheless, more aggressive interrogation of detainees appears to have been on-going. On January 24, 2003, in response to a data call from the Joint Staff to facilitate the Working Group efforts, the Commander Joint Task Force-180 forwarded a list of techniques being used in

Afghanistan, including some not explicitly set out in FM 34-52. These techniques were included in a Special Operation Forces (SOF) Standard Operating Procedures document published in February 2003. The 519th Military Intelligence Battalion, a company of which was later sent to Iraq, assisted in interrogations in support of SOF and was fully aware of their interrogation techniques.

Interrogators and lists of techniques circulated from Guantanamo and Afghanistan to Iraq. During July and August 2003, the 519th Military Intelligence Company was sent to the Abu Ghraib detention facility to conduct interrogation operations. Absent any explicit policy or guidance, other than FM 34-52, the officer in charge prepared draft interrogation guidelines that were a near copy of the Standard Operating Procedure created by SOF. It is important to note that techniques effective under carefully controlled conditions at Guantanamo became far more problematic when they migrated and were not adequately safeguarded.

Following a CJTF-7 request, Joint Staff tasked SOUTHCOM to send an assistance team to provide advice on facilities and operations, specifically related to screening, interrogations, HUMINT collection, and inter-agency integration in the short and long term. In August 2003, MG Geoffrey Miller arrived to conduct an assessment of DoD counter-terrorism interrogation and detention operations in Iraq. He was to discuss current theater ability to exploit internees rapidly for actionable intelligence. He brought the Secretary of Defense's April 16, 2003 policy guidelines for Guantanamo with him and gave this policy to CJTF-7 as a possible model for the command-wide policy that he recommended be established. MG Miller noted that it applied to unlawful combatants at Guantanamo and was not directly applicable to Iraq where the Geneva Conventions applied. In part as a result of MG Miller's call for strong, command-wide interrogation policies and in part as a result of a request for guidance coming up from the 519th at Abu Ghraib, on September 14, 2003 LTG Sanchez signed a memorandum authorizing a dozen interrogation techniques beyond Field Manual 34-52—five beyond those approved for Guantanamo (see Appendix D).

MG Miller had indicated his model was approved only for Guantanamo. However, CJTF-7, using reasoning from the President's Memorandum of February 7, 2002 which addressed "unlawful combatants," believed additional, tougher measures were warranted because there were "unlawful combatants" mixed in with Enemy Prisoners of War and civilian and criminal detainees. The CJTF-7 Commander, on the advice of his Staff Judge Advocate, believed he had the inherent authority of the Commander in a Theater of War to promulgate such a policy and make determinations as to the categorization of detainees under the Geneva Conventions. CENTCOM viewed the CJTF-7 policy as unacceptably aggressive and on October 12, 2003 Commander CJTF-7 rescinded his September directive and disseminated methods only slightly stronger than those in Field Manual 34-52 (see Appendix D). The policy memos promulgated at the CJTF-7 level allowed for interpretation in several areas and did not adequately set forth the limits of interrogation techniques. The existence of confusing and inconsistent interrogation technique policies contributed to the belief that additional interrogation techniques were condoned.

DETENTION AND INTERROGATION OPERATIONS

From his experience in Guantanamo, MG Miller called for the military police and military intelligence soldiers to work cooperatively, with the military police "setting the conditions" for interrogations. This MP role included passive collection on detainees as well as supporting incentives recommended by the military interrogators. These collaborative procedures worked effectively in Guantanamo, particularly in light of the high ratio of approximately 1 to 1 of military police to mostly compliant detainees. However, in Iraq and particularly in Abu Ghraib the ratio of military police to repeatedly unruly detainees was significantly smaller, at one point 1 to about 75 at Abu Ghraib, making it difficult even to keep track of prisoners. Moreover, because Abu Ghraib was located in a combat zone, the military police were engaged in force protection of the complex as well as escorting convoys of supplies to and from the prison. Compounding

these problems was the inadequacy of leadership, oversight and support needed in the face of such difficulties.

At various times, the U.S. conducted detention operations at approximately 17 sites in Iraq and 25 sites in Afghanistan, in addition to the strategic operation at Guantanamo. A cumulative total of 50,000 detainees have been in the custody of U.S. forces since November 2001, with a peak population of 11,000 in the month of March 2004.

In Iraq, there was not only a failure to plan for a major insurgency, but also to quickly and adequately adapt to the insurgency that followed after major combat operations. The October 2002 CENTCOM War Plan presupposed that relatively benign stability and security operations would precede a handover to Iraq's authorities. The contingencies contemplated in that plan included sabotage of oil production facilities and large numbers of refugees generated by communal strife.

Major combat operations were accomplished more swiftly than anticipated. Then began a period of occupation and an active and growing insurgency. Although the removal of Saddam Hussein was initially welcomed by the bulk of the population, the occupation became increasingly resented. Detention facilities soon held Iraqi and foreign terrorists as well as a mix of Enemy Prisoners of War, other security detainees, criminals and undoubtedly some accused as a result of factional rivalries. Of the 17 detention facilities in Iraq, the largest, Abu Ghraib, housed up to 7,000 detainees in October 2003, with a guard force of only about 90 personnel from the 800th Military Police Brigade. Abu Ghraib was seriously overcrowded, under-resourced, and under continual attack. Five U.S. soldiers died as a result of mortar attacks on Abu Ghraib. In July 2003, Abu Ghraib was mortared 25 times; on August 16, 2003, five detainees were killed and 67 wounded in a mortar attack. A mortar attack on April 20, 2004 killed 22 detainees.

Problems at Abu Ghraib are traceable in part to the nature and recent history of the military police and military intelligence units at Abu Ghraib. The 800th Military Police

Brigade had one year of notice to plan for detention operations in Iraq. Original projections called for approximately 12 detention facilities in non-hostile, rear areas with a projection of 30,000 to 100,000 Enemy Prisoners of War. Though the 800th had planned a detention operations exercise for the summer of 2002, it was cancelled because of the disruption in soldier and unit availability resulting from the mobilization of Military Police Reserves following 9/11. Although its readiness was certified by U.S. Army Forces Command, actual deployment of the 800th Brigade to Iraq was chaotic. The "Time Phased Force Deployment List," which was the planned flow of forces to the theater of operations, was scrapped in favor of piecemeal unit deployment orders based on actual unit readiness and personnel strength. Equipment and troops regularly arrived out of planned sequence and rarely together. Improvisation was the order of the day. While some units overcame these difficulties, the 800th was among the lowest in priority and did not have the capability to overcome the shortfalls it confronted.

The 205th MI Brigade, deployed to support Combined Joint Task Force-7 (CJTF-7), normally provides the intelligence capability for a Corps Headquarters. However, it was insufficient to provide the kind of support needed by CJTF-7, especially with regard to interrogators and interpreters. Some additional units were mobilized to fill in the gaps, but while these MI units were more prepared than their military police counterparts, there were insufficient numbers of units available. Moreover, unit cohesion was lacking because elements of as many as six different units were assigned to the interrogation mission at Abu Ghraib. These problems were heightened by friction between military intelligence and military police personnel, including the brigade commanders themselves.

ABUSES

As of the date of this report, there were about 300 incidents of alleged detainee abuse across the Joint Operations Areas. Of the 155 completed investigations, 66 have resulted in a determination that detainees under the control of U.S. forces were abused. Dozens of

non-judicial punishments have already been awarded. Others are in various stages of the military justice process.

Of the 66 already substantiated cases of abuse, eight occurred at Guantanamo, three in Afghanistan and 55 in Iraq. Only about one-third were related to interrogation, and two-thirds to other causes. There were five cases of detainee deaths as a result of abuse by U.S. personnel during interrogations. Many more died from natural causes and enemy mortar attacks. There are 23 cases of detainee deaths still under investigation; three in Afghanistan and 20 in Iraq. Twenty-eight of the abuse cases are alleged to include Special Operations Forces (SOF) and, of the 15 SOF cases that have been closed, ten were determined to be unsubstantiated and five resulted in disciplinary action. The Jacoby review of SOF detention operations found a range of abuses and causes similar in scope and magnitude to those found among conventional forces.

The aberrant behavior on the night shift in Cell Block 1 at Abu Ghraib would have been avoided with proper training, leadership and oversight. Though acts of abuse occurred at a number of locations, those in Cell Block 1 have a unique nature fostered by the predilections of the noncommissioned officers in charge. Had these noncommissioned officers behaved more like those on the day shift, these acts, which one participant described as "just for the fun of it," would not have taken place.

Concerning the abuses at Abu Ghraib, the impact was magnified by the fact the shocking photographs were aired throughout the world in April 2004. Although CENTCOM had publicly addressed the abuses in a press release in January 2004, the photographs remained within the official criminal investigative process. Consequently, the highest levels of command and leadership in the Department of Defense were not adequately informed nor prepared to respond to the Congress and the American public when copies were released by the press.

POLICY AND COMMAND RESPONSIBILITIES

Interrogation policies with respect to Iraq, where the majority of the abuses occurred, were inadequate or deficient in some respects at three levels: Department of Defense, CENTCOM/CJTF-7, and Abu Ghraib Prison. Policies to guide the demands for actionable intelligence lagged behind battlefield needs. As already noted, the changes in DoD interrogation policies between December 2, 2002 and April 16, 2003 were an element contributing to uncertainties in the field as to which techniques were authorized. Although specifically limited by the Secretary of Defense to Guantanamo, and requiring his personal approval (given in only two cases), the augmented techniques for Guantanamo migrated to Afghanistan and Iraq where they were neither limited nor safeguarded.

At the operational level, in the absence of specific guidance from CENTCOM, interrogators in Iraq relied on Field Manual 34-52 and on unauthorized techniques that had migrated from Afghanistan. On September 14, 2003 CJTF-7 signed the theater's first policy on interrogation, which contained elements of the approved Guantanamo policy and elements of the SOF policy (see Appendix D). Policies approved for use on al Qaeda and Taliban detainees, who were not afforded the protection of the Geneva Conventions, now applied to detainees who did fall under the Geneva Convention protections.

CENTCOM disapproved the September 14, 2003 policy, resulting in another policy signed on October 12, 2003 which essentially mirrored the outdated 1987 version of the FM 34-52 (see Appendix D). The 1987 version, however, authorized interrogators to control all aspects of the interrogation, "to include lighting and heating, as well as food, clothing, and shelter given to detainees." This was specifically left out of the current 1992 version. This clearly led to confusion on what practices were acceptable. We cannot be sure how much the number and severity of abuses would have been curtailed

had there been early and consistent guidance from higher levels. Nonetheless, such guidance was needed and likely would have had a limiting effect.

At the tactical level we concur with the Jones/Fay investigation's conclusion that military intelligence personnel share responsibility for the abuses at Abu Ghraib with the military police soldiers cited in the Taguba investigation. The Jones/Fay Investigation found 44 alleged instances of abuse, some which were also considered by the Taguba report. A number of these cases involved MI personnel directing the actions of MP personnel. Yet it should be noted that of the 66 closed cases of detainee abuse in Guantanamo, Afghanistan and Iraq cited by the Naval Inspector General, only one-third were interrogation related.

The Panel concurs with the findings of the Taguba and Jones investigations that serious leadership problems in the 800th MP Brigade and 205th MI Brigade, to include the 320th MP Battalion Commander and the Director of the Joint Debriefing and Interrogation Center (JDIC), allowed the abuses at Abu Ghraib. The Panel endorses the disciplinary actions taken as a result of the Taguba Investigation. The Panel anticipates that the Chain of Command will take additional disciplinary action as a result of the referrals of the Jones/Fay investigation.

We believe LTG Sanchez should have taken stronger action in November when he realized the extent of the leadership problems at Abu Ghraib. His attempt to mentor BG Karpinski, though well-intended, was insufficient in a combat zone in the midst of a serious and growing insurgency. Although LTG Sanchez had more urgent tasks than dealing personally with command and resource deficiencies at Abu Ghraib, MG Wojdakowski and the staff should have seen that urgent demands were placed to higher headquarters for additional assets. We concur with the Jones findings that LTG Sanchez and MG Wojdakowski failed to ensure proper staff oversight of detention and interrogation operations.

We note, however, in terms of its responsibilities, CJTF-7 was never fully resourced to meet the size and complexity of its mission. The Joint Staff, CJTF-7 and CENTCOM took too long to finalize the Joint Manning Document (JMD). It was not finally approved until December 2003, six months into the insurgency. At one point, CJTF-7 had only 495 of the 1,400 personnel authorized. The command was burdened with additional complexities associated with its mission to support the Coalition Provisional Authority.

Once it became clear in the summer of 2003 that there was a major insurgency growing in Iraq, with the potential for capturing a large number of enemy combatants, senior leaders should have moved to meet the need for additional military police forces. Certainly by October and November when the fighting reached a new peak, commanders and staff from CJTF-7 all the way to CENTCOM to the Joint Chiefs of Staff should have known about and reacted to the serious limitations of the battalion of the 800th Military Police Brigade at Abu Ghraib. CENTCOM and the JCS should have at least considered adding forces to the detention/interrogation operation mission. It is the judgment of this panel that in the future, considering the sensitivity of this kind of mission, the OSD should assure itself that serious limitations in detention/interrogation missions do not occur.

Several options were available to Commander CENTCOM and above, including reallocation of U.S. Army assets already in the theater, Operational Control (OPCON) of other Service Military Police units in theater, and mobilization and deployment of additional forces from the continental United States. There is no evidence that any of the responsible senior officers considered any of these options. What could and should have been done more promptly is evidenced by the fact that the detention/interrogation operation in Iraq is now directed by a Major General reporting directly to the Commander, Multi-National Forces Iraq (MNFI). Increased units of Military Police, fully manned and more appropriately equipped, are performing the mission once assigned to a single under-strength, poorly trained, inadequately equipped and weakly-led brigade.

In addition to the already cited leadership problems in the 800th MP Brigade, there were a series of tangled command relationships. These ranged from an unclear military intelligence chain of command, to the Tactical Control (TACON) relationship of the 800th with CJTF-7 which the Brigade Commander apparently did not adequately understand, and the confusing and unusual assignment of MI and MP responsibilities at Abu Ghraib. The failure to react appropriately to the October 2003 ICRC report, following its two visits to Abu Ghraib, is indicative of the weakness of the leadership at Abu Ghraib. These unsatisfactory relationships were present neither at Guantanamo nor in Afghanistan.

RECOMMENDATIONS

Department of Defense reform efforts are underway and the Panel commends these efforts. They are discussed in more detail in the body of this report. The Office of the Secretary of Defense, the Joint Chiefs of Staff and the Military Services are conducting comprehensive reviews on how military operations have changed since the end of the Cold War. The Military Services now recognize the problems and are studying force compositions, training, doctrine, responsibilities and active duty/reserve and guard/contractor mixes which must be adjusted to ensure we are better prepared to succeed in the war on terrorism. As an example, the Army is currently planning and developing 27 additional MP companies.

The specific recommendations of the Independent Panel are contained in the Recommendations section, beginning on page 87.

CONCLUSION

The vast majority of detainees in Guantanamo, Afghanistan and Iraq were treated appropriately, and the great bulk of detention operations were conducted in compliance with U.S. policy and directives. They yielded significant amounts of actionable intelligence for dealing with the insurgency in Iraq and strategic intelligence of value in the Global War on Terror. For example, much of the information in the recently released 9/11 Commission's report, on the planning and execution of the attacks on the World Trade Center and Pentagon, came from interrogation of detainees at Guantanamo and elsewhere.

Justice Sandra Day O'Connor, writing for the majority of the Supreme Court of the United States in *Hamdi v. Rumsfeld* on June 28, 2004, pointed out that "The purpose of detention is to prevent captured individuals from returning to the field of battle and taking up arms once again." But detention operations also serve the key purpose of intelligence gathering. These are not competing interests but appropriate objectives which the United States may lawfully pursue.

We should emphasize that tens of thousands of men and women in uniform strive every day under austere and dangerous conditions to secure our freedom and the freedom of others. By historical standards, they rate as some of the best trained, disciplined and professional service men and women in our nation's history.

While any abuse is too much, we see signs that the Department of Defense is now on the path to dealing with the personal and professional failures and remedying the underlying causes of these abuses. We expect any potential future incidents of abuse will similarly be discovered and reported out of the same sense of personal honor and duty that characterized many of those who went out of their way to do so in most of these cases. The damage these incidents have done to U.S. policy, to the image of the U.S. among

populations whose support we need in the Global War on Terror and to the morale of our armed forces, must not be repeated.

INTRODUCTION–CHARTER AND METHODOLOGY

The Secretary of Defense chartered the Independent Panel on May 12, 2004, to review Department of Defense (DoD) Detention Operations (see Appendix A). In his memorandum, the Secretary tasked the Independent Panel to review Department of Defense investigations on detention operations whether completed or ongoing, as well as other materials and information the Panel deemed relevant to its review. The Secretary asked for the Panel's independent advice in highlighting the issues considered most important for his attention. He asked for the Panel's views on the causes and contributing factors to problems in detainee operations and what corrective measures would be required.

Completed investigations reviewed by the Panel include the following:

- Joint Staff External Review of Intelligence Operations at Guantanamo Bay, Cuba, September 28, 2002 (Custer Report)

- Joint Task Force Guantanamo assistance visit to Iraq to assess intelligence operations, September 5, 2003 (Miller Report)

- Army Provost Marshal General assessment of detention and corrections operations in Iraq, November 6, 2003 (Ryder Report)

- Administrative investigation under Army Regulation 15-6 (AR 15-6) regarding Abu Ghraib, June 8, 2004 (Taguba Report)

- Army Inspector General assessment of doctrine and training for detention operations, July 23, 2004 (Mikolashek Report)

- The Fay investigation of activities of military personnel at Abu Ghraib and related LTG Jones investigation under the direction of GEN Kern, August 16, 2004

- Naval Inspector General's review of detention procedures at Guantanamo Bay, Cuba and the Naval Consolidated Brig, Charleston, South Carolina (A briefing was presented to the Secretary of Defense on May 8, 2004.)

- Naval Inspector General's review of DoD worldwide interrogation operations, due for release on September 9, 2004

- Special Inspection of Detainee Operations and Facilities in the Combined Forces Command-Afghanistan AOR (CFC-A), June 26, 2004 (Jacoby Report).

- Administrative Investigation of Alleged Detainee Abuse by the Combined Joint Special Operations Task Force – Arabian Peninsula (Formica Report) Due for release in August, 2004. Assessment not yet completed and not reviewed by the Independent Panel

- Army Reserve Command Inspector General Assessment of Military Intelligence and Military Police Training (due for release in December 2004)

Panel interviews of selected individuals either in person or via video-teleconference:

June 14, 2004:

- MG Keith Dayton, Director, Iraq Survey Group (ISG), Baghdad, Iraq
- MG Geoffrey Miller, Director, Detainee Operations, CJTF-7, Baghdad, Iraq
- Hon Donald Rumsfeld, Secretary of Defense
- Hon Steve Cambone, Under Secretary of Defense for Intelligence
- MG Walter Wojdakowski, Deputy Commanding General, V Corps, USAREUR and 7th Army

- MG Donald Ryder, Provost Marshal, U.S. Army/Commanding General, U.S. Army Criminal Investigation Command, Washington, D.C.
- COL Thomas Pappas, Commander, 205th Military Intelligence Brigade, V Corps, USAREUR and 7th Army

June 24,2004:

- LTG David McKiernan, Commanding General, Third U.S. Army, U.S. Army Forces Central Command, Coalition Forces Land Component Command
- MG Barbara Fast, CJTF-7 C-2, Director for Intelligence, Baghdad, Iraq
- MG Geoffrey Miller, Director, Detainee Operations, CJTF-7, Baghdad, Iraq
- LTG Ricardo Sanchez, Commanding General, CJTF-7, Commanding General, V Corps, USAREUR and 7th Army in Iraq
- Mr. Daniel Dell'Orto, Principal Deputy General Counsel, DoD
- LTG Keith Alexander, G-2, U.S. Army, Washington, D.C.
- LTG William Boykin, Deputy Undersecretary of Defense for Intelligence, Intelligence and Warfighting Support, Office of the Under Secretary of Defense for Intelligence
- Hon Douglas Feith, Under Secretary of Defense for Policy

July 8, 2004:

- COL Marc Warren, Senior Legal Advisor to LTG Sanchez, Iraq
- BG Janis Karpinski, Commander (TPU), 800th Military Police Brigade, Uniondale, NY
- Hon Paul Wolfowitz, Deputy Secretary of Defense
- Hon William Haynes, General Counsel DoD
- Mr. John Rizzo, CIA Senior Deputy General Counsel
- GEN John Abizaid, Commander, U.S. Central Command
- MG George Fay, Deputy to the Army G2, Washington, D.C.
- VADM Albert Church III, Naval Inspector General

July 22, 2004:

- Hon Donald Rumsfeld, Secretary of Defense

The Panel did not conduct a case-by-case review of individual abuse cases. This task has been accomplished by those professionals conducting criminal and commander-directed investigations. Many of these investigations are still on-going. The Panel did review the various completed and on-going reports covering the causes for the abuse. Each of these inquiries or inspections defined abuse, categorized the abuses, and analyzed the abuses in conformity with the appointing authorities' guidance, but the methodologies do not parallel each other in all respects. The Panel concludes, based on our review of other reports to date and our own efforts that causes for abuse have been adequately examined.

The Panel met on July 22nd and again on August 16th to discuss progress of the report. Panel members also reviewed sections and versions of the report through July and mid-August.

An effective, timely response to our requests for other documents and support was invariably forthcoming, due largely to the efforts of the DoD Detainee Task Force. We conducted reviews of multiple classified and unclassified documents generated by DoD and other sources.

Our staff has met and communicated with representatives of the International Committee of the Red Cross and with the Human Rights Executive Directors' Coordinating Group.

It should be noted that information provided to the Panel was that available as of mid-August 2004. If additional information becomes available, the Panel's judgments might be revised.

THE CHANGING THREAT

The date September 11, 2001, marked an historic juncture in America's collective sense of security. On that day our presumption of invulnerability was irretrievably shattered. Over the last decade, the military has been called upon to establish and maintain the peace in Bosnia and Kosovo, eject the Taliban from Afghanistan, defeat the Iraqi Army, and fight ongoing insurgencies in Iraq and Afghanistan. Elsewhere it has been called upon to confront geographically dispersed terrorists who would threaten America's right to political sovereignty and our right to live free of fear.

In waging the Global War on Terror, the military confronts a far wider range of threats. In Iraq and Afghanistan, U.S. forces are fighting diverse enemies with varying ideologies, goals and capabilities. American soldiers and their coalition partners have defeated the armored divisions of the Republican Guard, but are still under attack by forces using automatic rifles, rocket-propelled grenades, roadside bombs and surface-to-air missiles. We are not simply fighting the remnants of dying regimes or opponents of the local governments and coalition forces assisting those governments, but multiple enemies including indigenous and international terrorists. This complex operational environment requires soldiers capable of conducting traditional stability operations associated with peacekeeping tasks one moment and fighting force-on-force engagements normally associated with war-fighting the next moment.

Warfare under the conditions described inevitably generates detainees—enemy combatants, opportunists, trouble-makers, saboteurs, common criminals, former regime officials and some innocents as well. These people must be carefully but humanely processed to sort out those who remain dangerous or possess militarily-valuable intelligence. Such processing presents extraordinarily formidable logistical, administrative, security and legal problems completely apart from the technical obstacles posed by communicating with prisoners in another language and extracting actionable intelligence from them in timely fashion. These activities, called detention operations,

are a vital part of an expeditionary army's responsibility, but they depend upon training, skills, and attributes not normally associated with soldiers in combat units.

Military interrogators and military police, assisted by front-line tactical units, found themselves engaged in detention operations with detention procedures still steeped in the methods of World War II and the Cold War, when those we expected to capture on the battlefield were generally a homogenous group of enemy soldiers. Yet this is a new form of war, not at all like Desert Storm nor even analogous to Vietnam or Korea.

General Abizaid himself best articulated the current nature of combat in testimony before the U.S. Senate Armed Services Committee on May 19, 2004:

> Our enemies are in a unique position, and they are a unique brand of ideological extremists whose vision of the world is best summed up by how the Taliban ran Afghanistan. If they can outlast us in Afghanistan and undermine the legitimate government there, they'll once again fill up the seats at the soccer stadium and force people to watch executions. If, in Iraq, the culture of intimidation practiced by our enemies is allowed to win, the mass graves will fill again. Our enemies kill without remorse, they challenge our will through the careful manipulation of propaganda and information, they seek safe havens in order to develop weapons of mass destruction that they will use against us when they are ready. Their targets are not Kabul and Baghdad, but places like Madrid and London and New York. While we can't be defeated militarily, we're not going to win this thing militarily alone.... As we fight this most unconventional war of this new century, we must be patient and courageous.

In Iraq the U.S. commanders were slow to recognize and adapt to the insurgency that erupted in the summer and fall of 2003. Military police and interrogators who had previous experience in the Balkans, Guantanamo and Afghanistan found themselves, along with increasing numbers of less-experienced troops, in the midst of detention operations in Iraq the likes of which the Department of Defense had not foreseen. As Combined Joint Task Force-7 (CJTF-7) began detaining thousands of Iraqis suspected of

involvement in or having knowledge of the insurgency, the problem quickly surpassed the capacity of the staff to deal with and the wherewithal to contain it.

Line units conducting raids found themselves seizing specifically targeted persons, so designated by military intelligence; but, lacking interrogators and interpreters to make precise distinctions in an alien culture and hostile neighborhoods, they reverted to rounding up any and all suspicious-looking persons—all too often including women and children. The flood of incoming detainees contrasted sharply with the trickle of released individuals. Processing was overwhelmed. Some detainees at Abu Ghraib had been held 90 days before being interrogated for the first time.

Many interrogators, already in short supply from major reductions during the post-Cold War drawdown, by this time, were on their second or third combat tour. Unit cohesion and morale were largely absent as under-strength companies and battalions from across the United States and Germany were deployed piecemeal and stitched together in a losing race to keep up with the rapid influx of vast numbers of detainees.

As the insurgency reached an initial peak in the fall of 2003, many military policemen from the Reserves who had been activated shortly after September 11, 2001 had reached the mandatory two-year limit on their mobilization time. Consequently, the ranks of soldiers having custody of detainees in Iraq fell to about half strength as MPs were ordered home by higher headquarters.

Some individuals seized the opportunity provided by this environment to give vent to latent sadistic urges. Moreover, many well-intentioned professionals, attempting to resolve the inherent moral conflict between using harsh techniques to gain information to save lives and treating detainees humanely, found themselves in uncharted ethical ground, with frequently changing guidance from above. Some stepped over the line of humane treatment accidentally; some did so knowingly. Some of the abusers believed other governmental agencies were conducting interrogations using harsher techniques

than allowed by the Army Field Manual 34-52, a perception leading to the belief that such methods were condoned. In nearly 10 percent of the cases of alleged abuse, the chain of command ignored reports of those allegations. More than once a commander was complicit.

The requirements for successful detainee operations following major combat operations were known by U.S. forces in Iraq. After Operations Enduring Freedom and earlier phases of Iraqi Freedom, several lessons learned were captured in official reviews and were available on-line to any authorized military user. These lessons included the need for doctrine tailored to enable police and interrogators to work together effectively; the need for keeping MP and MI units manned at levels sufficient to the task; and the need for MP and MI units to belong to the same tactical command. However, there is no evidence that those responsible for planning and executing detainee operations, in the phase of the Iraq campaign following the major combat operations, availed themselves of these "lessons learned" in a timely fashion.

Judged in a broader context, U.S. detention operations were both traditional and new. They were traditional in that detainee operations were a part of all past conflicts. They were new in that the Global War on Terror and the insurgency we are facing in Iraq present a much more complicated detainee population.

Many of America's enemies, including those in Iraq and Afghanistan, have the ability to conduct this new kind of warfare, often referred to as "asymmetric" warfare. Asymmetric warfare can be viewed as attempts to circumvent or undermine a superior, conventional strength, while exploiting its weaknesses using methods the superior force neither can defeat nor resort to itself. Small unconventional forces can violate a state's security without any state support or affiliation whatsoever. For this reason, many terms in the orthodox lexicon of war—e.g., state sovereignty, national borders, uniformed combatants, declarations of war, and even war itself, are not terms terrorists acknowledge.

Today, the power to wage war can rest in the hands of a few dozen highly motivated people with cell phones and access to the Internet. Going beyond simply terrorizing individual civilians, certain insurgent and terrorist organizations represent a higher level of threat, characterized by an ability and willingness to violate the political sovereignty and territorial integrity of sovereign nations.

Essential to defeating terrorist and insurgent threats is the ability to locate cells, kill or detain key leaders, and interdict operational and financial networks. However, the smallness and wide dispersal of these enemy assets make it problematic to focus on signal and imagery intelligence as we did in the Cold War, Desert Storm, and the first phase of Operation Iraqi Freedom. The ability of terrorists and insurgents to blend into the civilian population further decreases their vulnerability to signal and imagery intelligence. Thus, information gained from human sources, whether by spying or interrogation, is essential in narrowing the field upon which other intelligence gathering resources may be applied. In sum, human intelligence is absolutely necessary, not just to fill these gaps in information derived from other sources, but also to provide clues and leads for the other sources to exploit.

Military police functions must also adapt to this new kind of warfare. In addition to organizing more units capable of handling theater-level detention operations, we must also organize those units, so they are able to deal with the heightened threat environment. In this new form of warfare, the distinction between front and rear becomes more fluid. All forces must continuously prepare for combat operations.

THE POLICY PROMULGATION PROCESS

Although there were a number of contributing causes for detainee abuses, policy processes were inadequate or deficient in certain respects at various levels: Department of Defense (DoD), CENTCOM, Coalition Forces Land Component Command (CFLCC), CJTF-7, and the individual holding facility or prison. In pursuing the question of the extent to which policy processes at the DoD or national level contributed to abuses, it is important to begin with policy development as individuals in Afghanistan were first being detained in November 2001. The first detainees arrived at Guantanamo in January 2002.

In early 2002, a debate was ongoing in Washington on the application of treaties and laws to al Qaeda and Taliban. The Department of Justice, Office of Legal Counsel (OLC) advised DoD General Counsel and the Counsel to the President that, among other things:

- Neither the Federal War Crimes Act nor the Geneva Conventions would apply to the detention conditions of al Qaeda prisoners,
- The President had the authority to suspend the United States treaty obligations applying to Afghanistan for the duration of the conflict should he determine Afghanistan to be a failed state,
- The President could find that the Taliban did not qualify for Enemy Prisoner of War (EPW) status under Geneva Convention III.

The Attorney General and the Counsel to the President, in part relying on the opinions of OLC, advised the President to determine the Geneva Conventions did not apply to the conflict with al Qaeda and the Taliban. The Panel understands DoD General Counsel's position was consistent with the Attorney General's and the Counsel to the President's position. Earlier, the Department of State had argued that the Geneva Conventions in their traditional application provided a sufficiently robust legal construct under which the Global War on Terror could effectively be waged.

The Legal Advisor to the Chairman, Joint Chiefs of Staff and many service lawyers agreed with the State Department's initial position. They were concerned that to conclude otherwise would be inconsistent with past practice and policy, jeopardize the United States armed forces personnel, and undermine the United States military culture which is based on a strict adherence to the law of war. At the February 4, 2002 National Security Council meeting to decide this issue, the Department of State, the Department of Defense, and the Chairman of the Joint Chiefs of Staff were in agreement that all detainees would get the treatment they are (or would be) entitled to under the Geneva Conventions.

On February 7, 2002, the President issued his decision memorandum (see Appendix B). The memorandum stated the Geneva Conventions did not apply to al Qaeda and therefore they were not entitled to prisoner of war status. It also stated the Geneva Conventions did apply to the Taliban but the Taliban combatants were not entitled to prisoner of war status as a result of their failure to conduct themselves in accordance with the provisions of the Geneva Conventions. The President's memorandum also stated: "As a matter of policy, United States Armed Forces shall continue to treat detainees humanely and, to the extent appropriate and consistent with military necessity, in a manner consistent with the principles of Geneva."

Regarding the applicability of the Convention Against Torture and Other Cruel Inhumane or Degrading Treatment, the OLC opined on August 1, 2002 that interrogation methods that comply with the relevant domestic law do not violate the Convention. It held that only the most extreme acts, that were specifically intended to inflict severe pain and torture, would be in violation; lesser acts might be "cruel, inhumane, or degrading" but would not violate the Convention Against Torture or domestic statutes. The OLC memorandum went on to say, as Commander in Chief exercising his wartime powers, the President could even authorize torture, if he so decided.

Reacting to tenacious resistance by some detainees to existing interrogation methods, which were essentially limited to those in Army Field Manual 34-52 (see Appendix E), Guantanamo authorities in October 2002 requested approval of strengthened counter-interrogation techniques to increase the intelligence yield from interrogations. This request was accompanied by a recommended tiered list of techniques, with the proviso that the harsher Category III methods (see Appendix E) could be used only on "exceptionally resistant detainees" and with approval by higher headquarters.

This Guantanamo initiative resulted in a December 2, 2002 decision by the Secretary of Defense authorizing, "as a matter of policy," the use of Categories I and II and only one technique in Category III: mild, non-injurious physical contact (see Appendix E). As a result of concern by the Navy General Counsel, the Secretary of Defense rescinded his December approval of all Category II techniques plus the one from Category III on January 15, 2003. This essentially returned interrogation techniques to FM 34-52 guidance. He also stated if any of the methods from Categories II and III were deemed warranted, permission for their use should be requested from him (see Appendix E).

The Secretary of Defense directed the DoD General Counsel to establish a working group to study interrogation techniques. The working group was headed by Air Force General Counsel Mary Walker and included wide membership from across the military, legal and intelligence communities. The working group also relied heavily on the OLC. The working group reviewed 35 techniques, and after a very expansive debate, ultimately recommended 24 to the Secretary of Defense. The study led to the Secretary's promulgation on April 16, 2003 of the list of approved techniques. His memorandum emphasized appropriate safeguards should be in place and, further, "*Use of these techniques is limited to interrogations of unlawful combatants held at Guantanamo Bay, Cuba.*" He also stipulated that four of the techniques should be used only in case of military necessity and that he should be so notified in advance. If additional techniques were deemed essential, they should be requested in writing, with "recommended safeguards and rationale for applying with an identified detainee."

In the initial development of these Secretary of Defense policies, the legal resources of the Services' Judge Advocates and General Counsels were not utilized to their fullest potential. Had the Secretary of Defense had the benefit of a wider range of legal opinions and a more robust debate regarding detainee policies and operations, his policy of April 16, 2003 might well have been developed and issued in early December 2002. This could have avoided the policy changes which characterized the December 2, 2002 to April 16, 2003 period.

It is clear that pressure for additional intelligence and the more aggressive methods sanctioned by the Secretary of Defense memorandum resulted in stronger interrogation techniques. They did contribute to a belief that stronger interrogation methods were needed and appropriate in their treatment of detainees. At Guantanamo, the interrogators used those additional techniques with only two detainees, gaining important and time-urgent information in the process.

In Afghanistan, from the war's inception through the end of 2002, all forces used FM 34-52 as a baseline for interrogation techniques. Nonetheless, more aggressive interrogation of detainees appears to have been ongoing. On January 24, 2003, in response to a data call from the Joint Staff to facilitate the Secretary of Defense-directed Working Group efforts, the Commander Joint Task Force-180 forwarded a list of techniques being used in Afghanistan, including some not explicitly set out in FM 34-52. These techniques were included in a Special Operations Forces (SOF) Standard Operating Procedures document published in February 2003. The 519th Military Intelligence Battalion, a Company of which was later sent to Iraq, assisted in interrogations in support of SOF and was fully aware of their interrogation techniques.

In Iraq, the operational order from CENTCOM provided the standard FM 34-52 interrogation procedures would be used. Given the greatly different situations in Afghanistan and Iraq, it is not surprising there were differing CENTCOM policies for the

two countries. In light of ongoing hostilities that monopolized commanders' attention in Iraq, it is also not unexpected the detainee issues were not given a higher priority.

Interrogators and lists of techniques circulated from Guantanamo and Afghanistan to Iraq. During July and August 2003, a Company of the 519th MI Battalion was sent to the Abu Ghraib detention facility to conduct interrogation operations. Absent guidance other than FM 34-52, the officer in charge prepared draft interrogation guidelines that were a near copy of the Standard Operating Procedure created by SOF. It is important to note that techniques effective under carefully controlled conditions at Guantanamo became far more problematic when they migrated and were not adequately safeguarded.

In August 2003, MG Geoffrey Miller arrived to conduct an assessment of DoD counterterrorism interrogation and detention operations in Iraq. He was to discuss current theater ability to exploit internees rapidly for actionable intelligence. He brought to Iraq the Secretary of Defense's April 16, 2003 policy guidelines for Guantanamo—which he reportedly gave to CJTF-7 as a potential model—recommending a command-wide policy be established. He noted, however, the Geneva Conventions did apply to Iraq. In addition to these various printed sources, there was also a store of common lore and practice within the interrogator community circulating through Guantanamo, Afghanistan and elsewhere.

At the operational level, in the absence of more specific guidance from CENTCOM, interrogators in Iraq relied on FM 34-52 and on unauthorized techniques that had migrated from Afghanistan. On September 14, 2003, Commander CJTF-7 signed the theater's first policy on interrogation which contained elements of the approved Guantanamo policy and elements of the SOF policy. Policies approved for use on al Qaeda and Taliban detainees who were not afforded the protection of EPW status under the Geneva Conventions now applied to detainees who did fall under the Geneva Convention protections. CENTCOM disapproved the September 14, 2003 policy resulting in another policy signed on October 12, 2003 which essentially mirrored the

outdated 1987 version of the FM 34-52. The 1987 version, however, authorized interrogators to control all aspects of the interrogation, "to include lighting and heating, as well as food, clothing, and shelter given to detainees." This was specifically left out of the 1992 version, which is currently in use. This clearly led to confusion on what practices were acceptable. We cannot be sure how much the number and severity of abuses would have been curtailed had there been early and consistent guidance from higher levels. Nonetheless, such guidance was needed and likely would have had a limiting effect.

At Abu Ghraib, the Jones/Fay investigation concluded that MI professionals at the prison level shared a "major part of the culpability" for the abuses. Some of the abuses occurred during interrogation. As these interrogation techniques exceeded parameters of FM 34-52, no training had been developed. Absent training, the interrogators used their own initiative to implement the new techniques. To what extent the same situation existed at other prisons is unclear, but the widespread nature of abuses warrants an assumption that at least the understanding of interrogations policies was inadequate. A host of other possible contributing factors, such as training, leadership, and the generally chaotic situation in the prisons, are addressed elsewhere in this report.

PUBLIC RELEASE OF ABUSE PHOTOS

In any large bureaucracy, good news travels up the chain of command quickly; bad news generally does not. In the case of the abuse photos from Abu Ghraib, concerns about command influence on an ongoing investigation may have impeded notification to senior officials.

Chronology of Events

On January 13, 2004, SPC Darby gave Army criminal investigators a copy of a CD containing abuse photos he had taken from SPC Graner's computer. CJTF-7, CENTCOM, the Chairman of the Joint Chiefs of Staff and the Secretary of Defense were all informed of the issue. LTG Sanchez promptly asked for an outside investigation, and MG Taguba was appointed as the investigating officer. The officials who saw the photos on January 14, 2004, not realizing their likely significance, did not recommend the photos be shown to more senior officials. A CENTCOM press release in Baghdad on January 16, 2004 announced there was an ongoing investigation into reported incidents of detainee abuse at a Coalition Forces detention facility.

An interim report of the investigation was provided to CJTF-7 and CENTCOM commanders in mid-March 2004. It is unclear whether they saw the Abu Ghraib photos, but their impact was not appreciated by either of these officers or their staff officers who may have seen the photographs, as indicated by the failure to transmit them in a timely fashion to more senior officials. When LTG Sanchez received the Taguba report, he immediately requested an investigation into the possible involvement of military intelligence personnel. He told the panel that he did not request the photos be disseminated beyond the criminal investigative process because commanders are prohibited from interfering with, or influencing, active investigations. In mid-April, LTG McKiernan, the appointing official, reported the investigative results through his chain of

command to the Department of the Army, the Army Judge Advocate General, and the U.S. Army Reserve Command. LTG McKiernan advised the panel that he did not send a copy of the report to the Secretary of Defense, but forwarded it through his chain of command. Again the reluctance to move bad news farther up the chain of command probably was a factor impeding notification of the Secretary of Defense.

Given this situation, GEN Richard Myers, the Chairman of the Joint Chiefs of Staff, was unprepared in April 2004 when he learned the photos of detainee abuse were to be aired in a CBS broadcast. The planned release coincided with particularly intense fighting by Coalition forces in Fallujah and Najaf. After a discussion with GEN Abizaid, GEN Myers asked CBS to delay the broadcast out of concern the lives of the Coalition soldiers and the hostages in Iraq would be further endangered. The story of the abuse itself was already public. Nonetheless, both GEN Abizaid and GEN Myers understood the pictures would have an especially explosive impact around the world.

Informing Senior Officials

Given the magnitude of this problem, the Secretary of Defense and other senior DoD officials need a more effective information pipeline to inform them of high-profile incidents which may have a significant adverse impact on DoD operations. Had such a pipeline existed, it could have provided an accessible and efficient tool for field commanders to apprise higher headquarters, the Joint Chiefs of Staff, and the Office of the Secretary of Defense, of actual or developing situations which might hinder, impede, or undermine U.S. operations and initiatives. Such a system could have equipped senior spokesmen with the known facts of the situation from all DoD elements involved. Finally, it would have allowed for senior official preparation and Congressional notification.

Such a procedure would make it possible for a field-level command or staff agency to alert others of the situation and forward the information to senior officials. This would not have been an unprecedented occurrence. For example, in December 2002, concerned Naval Criminal Investigative Service agents drew attention to the potential for abuse at Guantanamo. Those individuals had direct access to the highest levels of leadership and were able to get that information to senior levels without encumbrance. While a corresponding flow of information might not have prevented the abuses from occurring, the Office of the Secretary of Defense would have been alerted to a festering issue, allowing for an early and appropriate response.

Another example is the Air Force Executive Issues Team. This office has fulfilled the special information pipeline function for the Air Force since February 1998. The team chief and team members are highly trained and experienced field grade officers drawn from a variety of duty assignments. The team members have access to information flow across all levels of command and staff and are continually engaging and building contacts to facilitate the information flow. The information flow to the team runs parallel and complementary to standard reporting channels in order to avoid bypassing the chain of command but yet ensures a rapid and direct flow of relevant information to Air Force Headquarters.

A proper, transparent posture in getting the facts and fixing the problem would have better enabled the DoD to deal with the damage to the mission of the U.S. in the region and to the reputation of the U.S. military.

COMMAND RESPONSIBILITIES

Although the most egregious instances of detainee abuse were caused by the aberrant behavior of a limited number of soldiers and the predilections of the non-commissioned officers on the night shift of Tier 1 at Abu Ghraib, the Independent Panel finds that commanding officers and their staffs at various levels failed in their duties and that such failures contributed directly or indirectly to detainee abuse. Commanders are responsible for all their units do or fail to do, and should be held accountable for their action or inaction. Command failures were compounded by poor advice provided by staff officers with responsibility for overseeing battlefield functions related to detention and interrogation operations. Military and civilian leaders at the Department of Defense share this burden of responsibility.

Commanders

The Panel finds that the weak and ineffectual leadership of the Commanding General of the 800th MP Brigade and the Commanding Officer of the 205th MI Brigade allowed the abuses at Abu Ghraib. There were serious lapses of leadership in both units from junior non-commissioned officers to battalion and brigade levels. The commanders of both brigades either knew, or should have known, abuses were taking place and taken measures to prevent them. The Panel finds no evidence that organizations above the 800th MP Brigade- or the 205th MI Brigade-level were directly involved in the incidents at Abu Ghraib. Accordingly, the Panel concurs in the judgment and recommendations of MG Taguba, MG Fay, LTG Jones, LTG Sanchez, LTG McKiernan, General Abizaid and General Kern regarding the commanders of these two units. The Panel expects disciplinary action may be forthcoming.

The Independent Panel concurs with the findings of MG Taguba regarding the Director of the Joint Interrogation and Debriefing Center (JIDC) at Abu Ghraib. Specifically, the Panel notes that MG Taguba concluded that the Director, JIDC made material misrepresentations to MG Taguba's investigating team. The panel finds that he failed to properly train and control his soldiers and failed to ensure prisoners were afforded the protections under the relevant Geneva Conventions. The Panel concurs with MG Taguba's recommendation that he be relieved for cause and given a letter of reprimand and notes that disciplinary action may be pending against this officer.

The Independent Panel concurs with the findings of MG Taguba regarding the Commander of the 320th MP Battalion at Abu Ghraib. Specifically, the Panel finds that he failed to ensure that his subordinates were properly trained and supervised and that he failed to establish and enforce basic soldier standards, proficiency and accountability. He was not able to organize tasks to accomplish his mission in an appropriate manner. By not communicating standards, policies and plans to soldiers, he conveyed a sense of tacit approval of abusive behavior towards prisoners and a lax and dysfunctional command climate took hold. The Panel concurs with MG Taguba's recommendation that he be relieved from command, be given a General Officer Memorandum of reprimand, and be removed from the Colonel/O-6 promotion list.

The Independent Panel finds that BG Karpinski's leadership failures helped set the conditions at the prison which led to the abuses, including her failure to establish appropriate standard operating procedures (SOPs) and to ensure the relevant Geneva Conventions protections were afforded prisoners, as well as her failure to take appropriate actions regarding ineffective commanders and staff officers. The Panel notes the conclusion of MG Taguba that she made material misrepresentations to his investigating team regarding the frequency of her visits to Abu Ghraib. The Panel concurs with MG Taguba's recommendation that BG Karpinski be relieved of command and given a General Officer Letter of Reprimand.

Although LTG Sanchez had tasks more urgent than dealing personally with command and resource deficiencies and allegations of abuse at Abu Ghraib, he should have ensured his staff dealt with the command and resource problems. He should have assured that urgent demands were placed for appropriate support and resources through Coalition Forces Land Component Command (CFLCC) and CENTCOM to the Joint Chiefs of Staff. He was responsible for establishing the confused command relationship at the Abu Ghraib prison. There was no clear delineation of command responsibilities between the 320th MP Battalion and the 205th MI Brigade. The situation was exacerbated by CJTF-7 Fragmentary Order (FRAGO) 1108 issued on November 19, 2003 that appointed the commander of the 205th MI Brigade as the base commander for Abu Ghraib, including responsibility for the support of all MPs assigned to the prison. In addition to being contrary to existing doctrine, there is no evidence the details of this command relationship were effectively coordinated or implemented by the leaders at Abu Ghraib. The unclear chain of command established by CJTF-7, combined with the poor leadership and lack of supervision, contributed to the atmosphere at Abu Ghraib that allowed the abuses to take place.

The unclear command structure at Abu Ghraib was further exacerbated by the confused command relationship up the chain. The 800th MP Brigade was initially assigned to the Central Command's Combined Forces Land Component Commander (CFLCC) during the major combat phase of Operation Iraqi Freedom. When CFLCC left the theater and returned to Fort McPherson Georgia, CENTCOM established Combined Joint Task Force-Seven (CJTF-7). While the 800th MP Brigade remained assigned to CFLCC, it essentially worked for CJTF-7. LTG Sanchez delegated responsibility for detention operations to his Deputy, MG Wojdakowski. At the same time, intelligence personnel at Abu Ghraib reported through the CJTF-7 C-2, Director for Intelligence. These arrangements had the damaging result that no single individual was responsible for overseeing operations at the prison.

The Panel endorses the disciplinary actions already taken, although we believe LTG Sanchez should have taken more forceful action in November when he fully comprehended the depth of the leadership problems at Abu Ghraib. His apparent attempt to mentor BG Karpinski, though well-intended, was insufficient in a combat zone in the midst of a serious and growing insurgency.

The creation of the Joint Interrogation and Debriefing Center (JIDC) at Abu Ghraib was not an unusual organizational approach. The problem is, as the Army Inspector General assessment revealed, joint doctrine for the conduct of interrogation operations contains inconsistent guidance, particularly with regard to addressing the issue of the appropriate command relationships governing the operation of such organizations as a JIDC. Based on the findings of the Fay, Jones and Church investigations, SOUTHCOM and CENTCOM were able to develop effective command relationships for such centers at Guantanamo and in Afghanistan, but CENTCOM and CJTF-7 failed to do so for the JIDC at Abu Ghraib.

Staff Officers

While staff officers have no command responsibilities, they are responsible for providing oversight, advice and counsel to their commanders. Staff oversight of detention and interrogation operations for CJTF-7 was dispersed among the principal and special staff. The lack of one person on the staff to oversee detention operations and facilities complicated effective and efficient coordination among the staff.

The Panel finds the following:

- The CJTF-7 Deputy Commander failed to initiate action to request additional military police for detention operations after it became clear that there were insufficient assets in Iraq.
- The CJTF-7 C-2, Director for Intelligence failed to advise the commander properly on directives and policies needed for the operation of the JIDC, for interrogation techniques and for appropriately monitoring the activities of Other Government Agencies (OGAs) within the Joint Area of Operations.
- The CJTF-7 Staff Judge Advocate failed to initiate an appropriate response to the November 2003 ICRC report on the conditions at Abu Ghraib.

Failure of the Combatant Command to Adjust the Plan

Once it became clear in July 2003 there was a major insurgency growing in Iraq and the relatively benign environment projected for Iraq was not materializing, senior leaders should have adjusted the plan from what had been assumed to be a stability operation and a benign handoff of detention operations to the Iraqis. If commanders and staffs at the operational level had been more adaptive in the face of changing conditions, a different approach to detention operations could have been developed by October 2003, as difficulties with the basic plan were readily apparent by that time. Responsible leaders who could have set in motion the development of a more effective alternative course of action extend up the command chain (and staff), to include the Director for Operations, Combined Joint Task Force 7 (CJTF-7); Deputy Commanding General, CJTF-7; Commander CJTF-7; Deputy Commander for Support, CFLCC; Commander, CFLCC; Director for Operations, Central Command (CENTCOM); Commander, CENTCOM; Director for Operations, Joint Staff; the Chairman of the Joint Chiefs of Staff; and the Office of the Secretary of Defense. In most cases these were errors of omission, but they were errors that should not go unnoted.

There was ample evidence in both Joint and Army lessons learned that planning for detention operations for Iraq required alternatives to standard doctrinal approaches. Reports from experiences in Operation Enduring Freedom and at Guantanamo had already recognized the inadequacy of current doctrine for the detention mission and the need for augmentation of both MP and MI units with experienced confinement officers and interrogators. Previous experience also supported the likelihood that detainee population numbers would grow beyond planning estimates. The relationship between MP and MI personnel in the conduct of interrogations also demanded close, continuous coordination rather than remaining compartmentalized. "Lessons learned" also reported the value of establishing a clear chain of command subordinating MP and MI to a Joint Task Force or Brigade Commander. This commander would be in charge of all aspects of both detention and interrogations just as tactical combat forces are subordinated to a single commander. The planners had only to search the lessons learned databases (available on-line in military networks) to find these planning insights. Nevertheless, CENTCOM's October 2002 planning annex for detention operations reflected a traditional doctrinal methodology.

The change in the character of the struggle signaled by the sudden spike in U.S. casualties in June, July and August 2003 should have prompted consideration of the need for additional MP assets. GEN Abizaid himself signaled a change in operations when he publicly declared in July that CENTCOM was now dealing with a growing "insurgency," a term government officials had previously avoided in characterizing the war. Certainly by October and November when the fighting reached a new peak, commanders and staffs from CJTF-7 all the way to CENTCOM and the Joint Chiefs of Staff knew by then the serious deficiencies of the 800th MP Brigade and should have at least considered reinforcing the troops for detention operations. Reservists, some of whom had been first mobilized shortly after September 11, 2001, began reaching a two-year mobilization commitment, which, by law, mandated their redeployment and deactivation.

There was not much the 800th MP Brigade (an Army Reserve unit), could do to delay the loss of those soldiers, and there was no individual replacement system or a unit replacement plan. The MP Brigade was totally dependent on higher headquarters to initiate action to alleviate the personnel crisis. The brigade was duly reporting readiness shortfalls through appropriate channels. However, its commanding general was emphasizing these shortfalls in personal communications with CJTF-7 commanders and staff as opposed to CFLCC. Since the brigade was assigned to CFLCC, but under the Tactical Control (TACON) of CJTF-7, her communications should been with CFLCC. The response from CJTF-7's Commander and Deputy Commander was that the 800th MP Brigade had sufficient personnel to accomplish its mission and that it needed to reallocate its available soldiers among the dozen or more detention facilities it was operating in Iraq. However, the Panel found the further deterioration in the readiness condition of the brigade should have been recognized by CFLCC and CENTCOM by late summer 2003. This led the Panel to conclude that CJTF-7, CFLCC and CENTCOM failure to request additional forces was an avoidable error.

The Joint Staff recognized intelligence collection from detainees in Iraq needed improvement. This was their rationale for sending MG Miller from Guantanamo to assist CJTF-7 with interrogation operations. However, the Joint Staff was not paying sufficient attention to evidence of broader readiness issues associated with both MP and MI resources.

We note that CJTF-7 Headquarters was never fully resourced to meet the size and complexity of its mission. The Joint Staff, CJTF-7 and CENTCOM took too long to finalize the Joint Manning Document (JMD) which was not finally approved until December 2003—six months into the insurgency. At one point, CJTF-7 Headquarters had only 495 of the 1,400 personnel authorized. The command was burdened with additional complexities associated with its mission to support the Coalition Provisional Authority.

Finally, the Joint Staff failed to recognize the implications of the deteriorating manning levels in the 800th MP Brigade; the absence of combat equipment among detention elements of MP units operating in a combat zone; and the indications of deteriorating mission performance among military intelligence interrogators owing to the stress of repeated combat deployments.

When CJTF-7 did realize the magnitude of the detention problem, it requested an assistance visit by the Provost Marshal General of the Army, MG Ryder. There seemed to be some misunderstanding of the CJTF-7 intent, however, since MG Ryder viewed his visit primarily as an assessment of how to transfer the detention program to the Iraqi prison system.

In retrospect, several options for addressing the detention operations challenge were available. CJTF-7 could have requested a change in command relationships to place the 800th MP Brigade under Operational Control of CJTF-7 rather than Tactical Control. This would have permitted the Commander of CJTF-7 to reallocate tactical assets under his control to the detention mission. While other Military Police units in Iraq were already fully committed to higher-priority combat and combat support missions, such as convoy escort, there were non-MP units that could have been reassigned to help in the conduct of detention operations. For example, an artillery brigade was tasked to operate the CJTF-7 Joint Visitors Center in Baghdad. A similar tasking could have provided additional troop strength to assist the 800th MP Brigade at Abu Ghraib. Such a shift would have supplied valuable experienced sergeants, captains and lieutenant colonels sorely lacking in both the MI and MP units at Abu Ghraib. A similar effect could have been achieved by CENTCOM assigning USMC, Navy and Air Force MP and security units to operational control of CJTF-7 for the detention operations mission.

Mobilization and deployment of additional forces from CONUS was also a feasible option. A system is in place for commands such as CJTF-7, CFLCC, and CENTCOM to submit a formal Request for Forces (RFF). Earlier, CJTF-7 had submitted a RFF for an

additional Judge Advocate organization, but CENTCOM would not forward it to the Joint Chiefs of Staff. Perhaps this experience made CJTF-7 reluctant to submit a RFF for MP units, but there is no evidence that any of the responsible officers considered any option other than the response given to BG Karpinski to "wear her stars" and reallocate personnel among her already over-stretched units.

While it is the responsibility of the JCS and services to provide adequate numbers of appropriately trained personnel for missions such as the detention operations in Iraq, it is the responsibility of the combatant commander to organize those forces in a manner to achieve mission success. The U.S. experience in the conduct of post-conflict stability operations has been limited, but the impact of our failure to conduct proper detainee operations in this case has been significant. Combatant commanders and their subordinates must organize in a manner that affords unity of command, ensuring commanders work for commanders and not staff.

The fact that the detention operation mission for all of Iraq is now commanded by a 2-star general who reports directly to the operational commander, and that 1,900 MPs, more appropriately equipped for combat, now perform the mission once assigned to a single under-strength, poorly trained, inadequately equipped, and weakly-led brigade, indicate more robust options should have been considered sooner.

Finally, the panel notes the failure to report the abuses up the chain of command in a timely manner with adequate urgency. The abuses at Abu Ghraib were known and under investigation as early as January 2004. However, the gravity of the abuses was not conveyed up the chain of command to the Secretary of Defense. The Taguba report, including the photographs, was completed in March 2004. This report was transmitted to LTG Sanchez and GEN Abizaid; however, it is unclear whether they ever saw the Abu Ghraib photos. GEN Myers has stated he knew of the existence of the photos as early as January 2004. Although the knowledge of the investigation into Abu Ghraib was widely known, as we noted in the previous section, the impact of the photos was not appreciated

by any of these officers as indicated by the failure to transmit them in a timely fashion to officials at the Department of Defense. (See Appendix A for the names of persons associated with the positions cited in this section.)

MILITARY POLICE AND DETENTION OPERATIONS

In Operation Enduring Freedom in Afghanistan and Operation Iraqi Freedom, commanders should have paid greater attention to the relationship between detainees and military operations. The current doctrine and procedures for detaining personnel are inadequate to meet the requirements of these conflicts. Due to the vastly different circumstances in these conflicts, it should not be surprising there were deficiencies in the projected needs for military police forces. All the investigations the Panel reviewed highlight the urgency to augment the prior way of conducting detention operations. In particular, the military police were not trained, organized, or equipped to meet the new challenges.

The Army IG found morale was high and command climate was good throughout forces deployed in Iraq and Afghanistan with one noticeable exception. Soldiers conducting detainee operations in remote or dangerous locations complained of very poor morale and command climate due to the lack of higher command involvement and support and the perception that their leaders did not care. At Abu Ghraib, in particular, there were many serious problems, which could have been avoided, if proper guidance, oversight and leadership had been provided.

Mobilization and Training

Mobilization and training inadequacies for the MP units occurred during the various phases of employment, beginning with peacetime training, activation, arrival at the mobilization site, deployment, arrival in theater and follow-on operations.

Mobilization and Deployment

Problems generally began for the MP units upon arrival at the mobilization sites. As one commander stated, "Anything that could go wrong went wrong." Preparation was not consistently applied to all deploying units, wasting time and duplicating efforts already accomplished. Troops were separated from their equipment for excessive periods of time. The flow of equipment and personnel was not coordinated. The Commanding General of the 800th MP Brigade indicated the biggest problem was getting MPs and their equipment deployed together. The unit could neither train at its stateside mobilization site without its equipment nor upon arrival overseas, as two or three weeks could go by before joining with its equipment. This resulted in assigning equipment and troops in an ad hoc manner with no regard to original unit. It also resulted in assigning certain companies that had not trained together in peacetime to battalion headquarters. The flow of forces into theater was originally planned and assigned on the basis of the Time Phased Force Deployment List (TPFDL). The TPFDL was soon scrapped, however, in favor of individual unit deployment orders assigned by U.S. Army Forces Command based on unit readiness and personnel strength. MP Brigade commanders did not know who would be deployed next. This method resulted in a condition wherein a recently arrived battalion headquarters would be assigned the next arriving MP companies, regardless of their capabilities or any other prior command and training relationships.

Original projections called for approximately 12 detention facilities with a projection of 30,000 to 100,000 enemy prisoners of war. These large projections did not materialize. In fact, the initial commanding general of the 800th MP brigade, BG Hill, stated he had more than enough MPs designated for the Internment/Resettlement (I/R—hereafter called detention) mission at the end of the combat phase in Iraq. This assessment radically changed following the major combat phase, when the 800th moved to Baghdad beginning in the summer of 2003 to assume the detention mission. The brigade was given additional tasks assisting the Coalition Provisional Authority (CPA) in reconstructing the Iraqi corrections system, a mission they had neither planned for nor anticipated.

Inadequate Training for the Military Police Mission

Though some elements performed better than others, generally training was inadequate. The MP detention units did not receive detention-specific training during their mobilization period, which was a critical deficiency. Detention training was conducted for only two MP detention battalions, one in Afghanistan and elements of the other at Camp Arifjan, Kuwait. The 800th MP Brigade, prior to deployment, had planned for a major detention exercise during the summer of 2002; however, this was cancelled due to the activation of many individuals and units for Operation Noble Eagle following the September 11, 2001 attack. The Deputy Commander of one MP brigade stated "training at the mobilization site was wholly inadequate." In addition, there was no theater-specific training.

The Army Inspector General's investigators also found that training at the mobilization sites failed to prepare units for conducting detention operations. Leaders of inspected reserve units stated in interviews that they did not receive a clear mission statement prior to mobilization and were not notified of their mission until after deploying. Personnel interviewed described being placed immediately in stressful situations in a detention facility with thousands of non-compliant detainees and not being trained to handle them. Units arriving in theater were given just a few days to conduct a handover from the outgoing units. Once deployed, these newly arrived units had difficulty gaining access to the necessary documentation on tactics, techniques, and procedures to train their personnel on the MP essential tasks of their new mission. A prime example is that relevant Army manuals and publications were available only on-line, but personnel did not have access to computers or the Internet.

Force Structure Organization

The current military police organizational structure does not address the detention mission on the nonlinear battlefield characteristic of the Global War on Terror.

Current Military Police Structure

The present U.S. Army Reserve and Army National Guard system worked well for the 1991 Gulf War for which large numbers of reserve forces were mobilized, were deployed, fought, and were quickly returned to the United States. These forces, however, were not designed to maintain large numbers of troops at a high operational tempo for a long period of deployment as has been the case in Afghanistan and Iraq.

Comments from commanders and the various inspection reports indicated the current force structure for the MPs is neither flexible enough to support the developing mission, nor can it provide for the sustained detainee operations envisioned for the future. The primary reason is that the present structure lacks sufficient numbers of detention specialists. Currently, the Army active component detention specialists are assigned in support of the Disciplinary Barracks and Regional Correctional Facilities in the United States, all of which are non-deployable.

New Force Structure Initiatives

Significant efforts are currently being made to shift more of the MP detention requirements into the active force structure. The Army's force design for the future will standardize detention forces between active and reserve components and provide the capability for the active component to immediately deploy detention companies.

The Panel notes that the Mikolashek inspection found significant shortfalls in training and force structure for field sanitation, preventive medicine and medical treatment requirements for detainees.

Doctrine and Planning

Initial planning envisaged a conflict mirroring operation Desert Storm; approximately 100,000 enemy prisoners of war were forecast for the first five days of the conflict. This expectation did not materialize in the first phase of Operation Iraqi Freedom. As a result, there were too many MP detention companies. The reverse occurred in the second phase of Iraqi Freedom, where the plan envisaged a reduced number of detention MPs on the assumption the initial large numbers of enemy prisoners of war would already have been processed out of the detention facilities. The result was that combat MPs were ultimately reassigned to an unplanned detention mission.

The doctrine of yesterday's battlefield does not satisfy the requirements of today's conflicts. Current doctrine assumes a linear battlefield and is very clear for the handling of detainees from the point of capture to the holding areas and eventually to the detention facilities in the rear. However, Operations Enduring Freedom and Iraqi Freedom, both occurring where there is no distinction between front and rear areas, forced organizations to adapt tactics and procedures to address the resulting voids. Organizations initially used standard operating procedures for collection points and detention facilities. These procedures do not fit the new environment, generally because there are no safe areas behind "friendly lines" – there *are* no friendly lines. The inapplicability of current doctrine had a negative effect on accountability, security, safeguarding of detainees, and intelligence exploitation. Instead of capturing and rapidly moving detainees to secure collection points as prescribed by doctrine, units tended to retain the detainees and attempted to exploit their tactical intelligence value without the required training or infrastructure.

Current doctrine specifies that line combat units hold detainees no longer than 12 – 24 hours to extract immediately useful intelligence. Nonetheless, the Army IG inspection found detainees were routinely held up to 72 hours. For corps collection points, doctrine specifies detainees be held no longer than three days; the Army IG found detainees were held from 30 to 45 days.

Equipment Shortfalls

The current force structure for MP detention organizations does not provide sufficient assets to meet the inherent force protection requirement on battlefields likely to be characteristic of the future. Detention facilities in the theater may have to be located in a hostile combat zone, instead of the benign secure environment current doctrine presumes.

MP detention units will need to be equipped for combat. Lack of crew-served weapons, e.g., machine guns and mortars, to counter external attacks resulted in casualties to the detainee population as well as to the friendly forces. Moreover, Army-issued radios were frequently inoperable and too few in number. In frustration, individual soldiers purchased commercial radios from civilian sources. This improvisation created an unsecured communications environment that could be monitored by any hostile force outside the detention facility.

Detention Operations and Accountability

Traditionally, military police support the Joint Task Force (JTF) by undertaking administrative processing of detention operations, thereby relieving the war-fighters of concern over prisoners and civilian detainees. The handling of detainees is a tactical and operational consideration the JTF addresses during planning to prevent combat forces from being diverted to handle large numbers of detainees. Military police are structured,

therefore, to facilitate the tempo of combat operations by providing for the quick movement of prisoners from the battle area to temporary holding areas and thence to detention facilities.

However, the lack of relevant doctrine meant the design and operation of division, battalion, and company collection points were improvised on an ad hoc basis, depending on such immediate local factors as mission, troops available, weather, time, etc. At these collection points, the SOPs the units had prior to deployment were outdated or ill-suited for the operating environment of Afghanistan and Iraq. Tactical units found themselves taking on roles in detainee operations never anticipated in their prior training. Such lack of proper skills had a negative effect on the intelligence exploitation, security, and safeguarding of detainees.

The initial point of capture may be at any time or place in a military operation. This is the place where soldiers have the least control of the environment and where most contact with the detainees occurs. It is also the place where, in or immediately after battle, abuse may be most likely. And it is the place where the detainee, shocked by capture, may be most likely to give information. As noted earlier, instead of capturing and rapidly transporting detainees to collection points, battalions and companies were holding detainees for excessive periods, even though they lacked the training, materiel, or infrastructure for productive interrogation. The Naval IG found that approximately one-third of the alleged incidents of abuse occurred at the point of capture.

Detention

The decision to use Abu Ghraib as the primary operational level detention facility happened by default. Abu Ghraib was selected by Ambassador Bremer who envisioned it as a temporary facility to be used for criminal detainees until the new Iraqi government could be established and an Iraqi prison established at another site. However, CJTF-7 saw an opportunity to use it as an interim site for the detainees it expected to round up as

part of Operation Victory Bounty in July 2003. CJTF-7 had considered Camp Bucca but rejected it, as it was 150 miles away from Baghdad where the operation was to take place.

Abu Ghraib was also a questionable facility from a standpoint of conducting interrogations. Its location, next to an urban area, and its large size in relation to the small MP unit tasked to provide a law enforcement presence, made it impossible to achieve the necessary degree of security. The detainee population of approximately 7,000 out-manned the 92 MPs by approximately a 75:1 ratio. The choice of Abu Ghraib as the facility for detention operations placed a strictly detention mission-driven unit—one designed to operate in a rear area—smack in the middle of a combat environment.

Detainee Accountability and Classification

Adequate procedures for accountability were lacking during the movement of detainees from the collection points to the detainee facilities. During the movement, it was not unusual for detainees to exchange their identification tags with those of other detainees. The diversity of the detainee population also made identification and classification difficult. Classification determined the detainee assignment to particular cells/blocks, but individuals brought to the facility were often a mix of criminals and security detainees. The security detainees were either held for their intelligence value or presented a continuing threat to Coalition Forces. Some innocents were also included in the detainee population. The issue of unregistered or "ghost" detainees presented a limited, though significant, problem of accountability at Abu Ghraib.

Detainee Reporting

Detainee reporting lacked accountability, reliability and standardization. There was no central agency to collect and manage detainee information. The combatant commanders

and the JTF commanders have overall responsibility for the detainee programs to ensure compliance with the international law of armed conflict, domestic law and applicable national policy and directives. The reporting system is supposed to process all inquiries concerning detainees and provide accountability information to the International Committee of the Red Cross. The poor reporting system did not meet this obligation.

Release Procedures

Multiple reviews were required to make release recommendations prior to approval by the release authority. Nonconcurrence by area commanders, intelligence organizations, or law enforcement agencies resulted in retention of ever larger numbers of detainees. The Army Inspector General estimated that up to 80 percent of detainees being held for security and intelligence reasons might be eligible for release upon proper review of their cases with the other 20 percent either requiring continued detention on security grounds or uncompleted intelligence requirements. Interviews indicated area commanders were reluctant to concur with release decisions out of concern that potential combatants would be reintroduced into their areas of operation or that the detainees had continuing intelligence value.

INTERROGATION OPERATIONS

Any discussion of interrogation techniques must begin with the simple reality that their purpose is to gain intelligence that will help protect the United States, its forces and interests abroad. The severity of the post-September 11, 2001 terrorist threat and the escalating insurgency in Iraq make information gleaned from interrogations especially important. When lives are at stake, all legal and moral means of eliciting information must be considered. Nonetheless, interrogations are inherently unpleasant, and many people find them objectionable by their very nature.

The relationship between interrogators and detainees is frequently adversarial. The interrogator's goal of extracting useful information likely is in direct opposition to the detainee's goal of resisting or dissembling. Although interrogators are trained to stay within the bounds of acceptable conduct, the imperative of eliciting timely and useful information can sometimes conflict with proscriptions against inhumane or degrading treatment. For interrogators in Iraq and Afghanistan, this tension is magnified by the highly stressful combat environment. The conditions of war and the dynamics of detainee operations carry inherent risks for human mistreatment and must be approached with caution and careful planning and training.

A number of interrelated factors both limited the intelligence derived from interrogations and contributed to detainee abuse in Operations Enduring Freedom and Iraqi Freedom. A shortfall of properly trained human intelligence personnel to do tactical interrogation of detainees existed at all levels. At the larger detention centers, qualified and experienced interrogators and interpreters were in short supply. No doctrine existed to cover segregation of detainees whose status differed or was unclear, nor was there guidance on timely release of detainees no longer deemed of intelligence interest. The failure to adapt rapidly to the new intelligence requirements of the Global War on Terror resulted in inadequate resourcing, inexperienced and untrained personnel, and a backlog of detainees

destined for interrogation. These conditions created a climate not conducive to sound intelligence-gathering efforts.

The Threat Environment

The Global War on Terror requires a fundamental reexamination of how we approach collecting intelligence. Terrorists present new challenges because of the way they organize, communicate, and operate. Many of the terrorists and insurgents are geographically dispersed non-state actors who move across national boundaries and operate in small cells that are difficult to surveil and penetrate.

Human Intelligence from Interrogations

The need for human intelligence has dramatically increased in the new threat environment of asymmetric warfare. Massed forces and equipment characteristic of the Cold War era, Desert Storm and even Phase I of Operation Iraqi Freedom relied largely on signals and imagery intelligence. The intelligence problem then was primarily one of monitoring known military sites, troop locations and equipment concentrations. The problem today, however, is discovering new information on widely dispersed terrorist and insurgent networks. Human intelligence often provides the clues to understand these networks, enabling the collection of intelligence from other sources. Information derived from interrogations is an important component of this human intelligence, especially in the Global War on Terror.

The interrogation of al Qaeda members held at Guantanamo has yielded valuable information used to disrupt and preempt terrorist planning and activities. Much of the 9/11 Commission's report on the planning and execution of the attacks on the World Trade Center and Pentagon came from interrogation of detainees. In the case of

al Qaeda, interrogations provided insights on organization, key personnel, target selection, planning cycles, cooperation among various groups, and logistical support. This information expanded our knowledge of the selection, motivation, and training of these groups. According to Congressional testimony by the Under Secretary of Defense for Intelligence, we have gleaned information on a wide range of al Qaeda activities, including efforts to obtain weapons of mass destruction, sources of finance, training in use of explosives and suicide bombings, and potential travel routes to the United States.

Interrogations provide commanders with information about enemy networks, leadership, and tactics. Such information is critical in planning operations. Tactically, detainee interrogation is a fundamental tool for gaining insight into enemy positions, strength, weapons, and intentions. Thus, it is fundamental to the protection of our forces in combat. Notably, Saddam Hussein's capture was facilitated by interrogation-derived information. Interrogations often provide fragmentary pieces of the broader intelligence picture. These pieces become useful when combined with other human intelligence or intelligence from other sources.

Pressure on Interrogators to Produce Actionable Intelligence

With the active insurgency in Iraq, pressure was placed on the interrogators to produce "actionable" intelligence. In the months before Saddam Hussein's capture, inability to determine his whereabouts created widespread frustration within the intelligence community. With lives at stake, senior leaders expressed, forcibly at times, their needs for better intelligence. A number of visits by high-level officials to Abu Ghraib undoubtedly contributed to this perceived pressure. Both the CJTF-7 commander and his intelligence officer, CJTF-7 C2, visited the prison on several occasions. MG Miller's visit in August/September, 2003 stressed the need to move from simply collecting tactical information to collecting information of operational and strategic value. In November

2003, a senior member of the National Security Council Staff visited Abu Ghraib, leading some personnel at the facility to conclude, perhaps incorrectly, that even the White House was interested in the intelligence gleaned from their interrogation reports. Despite the number of visits and the intensity of interest in actionable intelligence, however, the Panel found no undue pressure exerted by senior officials. Nevertheless, their eagerness for intelligence may have been perceived by interrogators as pressure.

Interrogation Operations Issues

A number of factors contributed to the problems experienced in interrogation operations. They ranged from resource and leadership shortfalls to doctrinal deficiencies and poor training.

Inadequate Resources

As part of the peace dividend following the Cold War much of the human intelligence capability, particularly in the Army, was reduced. As hostilities began in Afghanistan and Iraq, Army human intelligence personnel, particularly interrogators and interpreters, were ill-equipped to deal with requirements at both the tactical level and at the larger detention centers. At the tactical level, questioning of detainees has been used in all major conflicts. Knowledge of the enemy's positions, strength, equipment and tactics is critical in order to achieve operational success while minimizing casualties. Such tactical questioning to gain immediate battlefield intelligence is generally done at or near the point of capture. In Iraq, although their numbers were insufficient, some of the more seasoned MIs from the MI units supporting Abu Ghraib were assigned to support the Army Tactical HUMINT teams in the field.

In both Afghanistan and Iraq, tactical commanders kept detainees longer than specified by doctrine in order to exploit their unique local knowledge such as religious and tribal affiliation and regional politics. Remaining with the tactical units, the detainees could be

available for follow-up questioning and clarification of details. The field commanders were concerned that information from interrogations, obtained in the more permanent facilities, would not be returned to the capturing unit. Tactical units, however, were not properly resourced to implement this altered operating arrangement. The potential for abuse also increases when interrogations are conducted in an emotionally charged field environment by personnel unfamiliar with approved techniques.

At the fixed detention centers such as Abu Ghraib, lack of resources and shortage of more experienced senior interrogators impeded the production of actionable intelligence. Inexperienced and untrained personnel often yielded poor intelligence. Interpreters, particularly, were in short supply, contributing to the backlog of detainees to be interrogated. As noted previously, at Abu Ghraib for instance, there were detainees who had been in custody for as long as 90 days before being interrogated for the first time.

Leadership and Organization Shortfalls at Abu Ghraib

Neither the leadership nor the organization of Military Intelligence at Abu Ghraib was up to the mission. The 205th MI Brigade had no organic interrogation elements; they had been eliminated by the downsizing in the 1990s. Soldiers from Army Reserve units filled the ranks, with the consequence that the Brigade Commander had to rely on disparate elements of units and individuals, including civilians, which had never trained together. The creation of the Joint Interrogation and Debriefing Center (JIDC) introduced another layer of complexity into an already stressed interrogations environment. The JIDC was an ad hoc organization made up of six different units lacking the normal command and control structure, particularly at the senior noncommissioned officer level. Leadership was also lacking, from the Commander of the 800th MP Brigade in charge of Abu Ghraib, who failed to ensure that soldiers had appropriate SOPs for dealing with detainees, to the Commander of the 205th MI Brigade, who failed to ensure that soldiers under his command were properly trained and followed the interrogation rules of engagement. Moreover, the Director of the JIDC was a weak leader who did not have experience in

interrogation operations and who ceded the core of his responsibilities to subordinates. He failed to provide appropriate training and supervision of personnel assigned to the Center. None of these leaders established the basic standards and accountability that might have served to prevent the abusive behaviors that occurred.

Interrogation Techniques

Interrogation techniques intended only for Guantanamo came to be used in Afghanistan and Iraq. Techniques employed at Guantanamo included the use of stress positions, isolation for up to 30 days and removal of clothing. In Afghanistan techniques included removal of clothing, isolating people for long periods of time, use of stress positions, exploiting fear of dogs, and sleep and light deprivation. Interrogators in Iraq, already familiar with some of these ideas, implemented them even prior to any policy guidance from CJTF-7. Moreover, interrogators at Abu Ghraib were relying on a 1987 version of FM 34-52, which authorized interrogators to control all aspects of the interrogation to include light, heating, food, clothing and shelter given to detainees.

A range of opinion among interrogators, staff judge advocates and commanders existed regarding what techniques were permissible. Some incidents of abuse were clearly cases of individual criminal misconduct. Other incidents resulted from misinterpretations of law or policy or confusion about what interrogation techniques were permitted by law or local SOPs. The incidents stemming from misinterpretation or confusion occurred for several reasons: the proliferation of guidance and information from other theaters of operation; the interrogators' experiences in other theaters; and the failure to distinguish between permitted interrogation techniques in other theater environments and Iraq. Some soldiers or contractors who committed abuse may honestly have believed the techniques were condoned.

Use of Contractors as Interrogators

As a consequence of the shortage of interrogators and interpreters, contractors were used to augment the workforce. Contractors were a particular problem at Abu Ghraib. The Army Inspector General found that 35 percent of the contractors employed did not receive formal training in military interrogation techniques, policy, or doctrine. The Naval Inspector General, however, found some of the older contractors had backgrounds as former military interrogators and were generally considered more effective than some of the junior enlisted military personnel. Oversight of contractor personnel and activities was not sufficient to ensure intelligence operations fell within the law and the authorized chain of command. Continued use of contractors will be required, but contracts must clearly specify the technical requirements and personnel qualifications, experience, and training needed. They should also be developed and administered in such as way as to provide the necessary oversight and management.

Doctrinal Deficiencies

At the tactical level, detaining individuals primarily for intelligence collection or because they constitute a potential security threat, though necessary, presents units with situations not addressed by current doctrine. Many units adapted their operating procedures for conducting detainee operations to fit an environment not contemplated in the existing doctrinal manuals. The capturing units had no relevant procedures for information and evidence collection, which were critical for the proper disposition of detainees.

Additionally, there is inconsistent doctrine on interrogation facility operations for the fixed detention locations. Commanders had to improvise the organization and command relationships within these elements to meet the particular requirements of their operating environments in Afghanistan and Iraq. Doctrine is lacking to address the screening and interrogation of large numbers of detainees whose status (combatants, criminals, or innocents) is not easily ascertainable. Nor does policy specifically address administrative

responsibilities related to the timely release of detainees captured and detained primarily for intelligence exploitation or for the security threat they may pose.

Role of CIA

CIA personnel conducted interrogations in DoD detention facilities. In some facilities these interrogations were conducted in conjunction with military personnel, but at Abu Ghraib the CIA was allowed to conduct its interrogations separately. No memorandum of understanding existed on interrogations operations between the CIA and CJTF-7, and the CIA was allowed to operate under different rules. According to the Fay investigation, the CIA's detention and interrogation practices contributed to a loss of accountability at Abu Ghraib. We are aware of the issue of unregistered detainees, but the Panel did not have sufficient access to CIA information to make any determinations in this regard.

THE ROLE OF MILITARY POLICE AND MILITARY INTELLIGENCE IN DETENTION OPERATIONS

Existing doctrine does not clearly address the relationship between the Military Police (MP) operating detention facilities and Military Intelligence (MI) personnel conducting intelligence exploitation at those facilities. The Army Inspector General report states neither MP nor MI doctrine specifically defines the distinct, but interdependent, roles and responsibilities of the two elements in detainee operations.

In the Global War on Terror, we are dealing with new conditions and new threats. Doctrine must be adjusted accordingly. MP doctrine currently states intelligence personnel may collaborate with MPs at detention sites to conduct interrogations, with coordination between the two groups to establish operating procedures. MP doctrine does not; however, address the subject of approved and prohibited MI procedures in an MP-operated facility. Conversely, MI doctrine does not clearly explain MP detention procedures or the role of MI personnel within a detention setting.

GUANTANAMO

The first detainees arrived at Guantanamo in January 2002. The SOUTHCOM Commander established two joint task forces at Guantanamo to execute the detention operations (JTF-160) and the interrogation operations (JTF-170). In August of that year, based on difficulties with the command relationships, the two JTFs were organized into a single command designated as Joint Task Force Guantanamo. This reorganization was conceived to enhance unity of command and direct all activities in support of interrogation and detention operations.

On November 4, 2002, MG Miller was appointed Commander of Joint Task Force Guantanamo. As the joint commander, he called upon the MP and MI soldiers to work together cooperatively. Military police were to collect passive intelligence on detainees. They became key players, serving as the eyes and ears of the cellblocks for military intelligence personnel. This collaboration helped set conditions for successful interrogation by providing the interrogator more information about the detainee—his mood, his communications with other detainees, his receptivity to particular incentives, etc. Under the single command, the relationship between MPs and MIs became an effective operating model.

AFGHANISTAN

The MP and MI commands at the Bagram Detention Facility maintained separate chains of command and remained focused on their independent missions. The Combined Joint Task Force-76 Provost Marshal was responsible for detainee operations. He designated a principal assistant to run the Bagram facility. In parallel fashion, the CJTF-76 Intelligence Officer was responsible for MI operations in the facility, working through an Officer-in-Charge to oversee interrogation operations. The two deputies worked together to coordinate execution of their respective missions. A dedicated judge advocate was assigned full time to the facility, while the CJTF-76 Inspector General provided independent oversight. Based on information from the Naval Inspector General investigation, this arrangement in Afghanistan worked reasonably well.

ABU GHRAIB, IRAQ

The Central Confinement Facility is located near the population center of Baghdad. Abu Ghraib was selected by Ambassador Bremer who envisioned it as a temporary facility to be used for criminal detainees until the new Iraqi government could be

established and an Iraqi prison established at another site. Following operations during the summer of 2003, Abu Ghraib also was designated by CJTF-7 as the detention center for security detainees. It was selected because it was difficult to transport prisoners, due to improvised explosives devices (IEDs) and other insurgent tactics, to the more remote and secure Camp Bucca, some 150 miles away.

Request for Assistance

Commander CJTF-7 recognized serious deficiencies at the prison and requested assistance. In response to this request, MG Miller and a team from Guantanamo were sent to Iraq to provide advice on facilities and operations specific to screening, interrogations, HUMINT collection and interagency integration in the short- and long- term. The team arrived in Baghdad on August 31, 2003. MG Miller brought a number of recommendations derived from his experience at Guantanamo to include his model for MP and MI personnel to work together. These collaborative procedures had worked well at Guantanamo, in part because of the high ratio of approximately one-to-one of military police to mostly compliant detainees. However, the guard-to-detainee ratio at Abu Ghraib was approximately 1 to 75, and the Military Intelligence and the Military Police had separate chains of command.

MG Ryder, the Army Provost Marshal, also made an assistance visit in mid-October 2003. He conducted a review of detainee operations in Iraq. He found flawed operating procedures, a lack of training, an inadequate prisoner classification system, under-strength units and a ratio of guard to prisoners designed for "compliant" prisoners of war and not for criminals or high-risk security detainees. However, he failed to detect the warning signs of potential and actual abuse that was ongoing during his visit. The assessment team members did not identify any MP units purposely applying inappropriate confinement practices. The Ryder report continues that "Military Police, though adept at passive collection of intelligence within a facility, do not participate in

Military Intelligence-supervised interrogation sessions. The 800th MP Brigade has not been asked to change its facility procedures to set the conditions for MI interviews, nor participate in those interviews."

Prevailing Conditions

Conditions at Abu Ghraib reflected an exception to those prevailing at other theater detainee facilities. U.S. forces were operating Tiers 1A and 1B, while Tiers 2 through 7 were under the complete control of Iraqi prison guards. Iraqis who had committed crimes against other Iraqis were intended to be housed in the tiers under Iraqi control. The facility was under frequent hostile fire from mortars and rocket-propelled grenades. Detainee escape attempts were numerous and there were several riots. Both MI and MP units were seriously under-resourced and lacked unit cohesion and mid-level leadership. The reserve MP units had lost senior noncommissioned officers and other personnel through rotations back to the U.S. as well as reassignments to other missions in the theater.

When Abu Ghraib opened, the first MP unit was the 72nd MP Company, based in Henderson, Nevada. Known as "the Nevada Company," it has been described by many involved in investigations concerning Abu Ghraib as a very strong unit that kept tight rein on operational procedures at the facility. This company called into question the interrogation practices of the MI brigade regarding nakedness of detainees. The 72nd MP Company voiced and then filed written objections to these practices.

The problems at Abu Ghraib intensified after October 15, 2003, when the 372nd Military Police Company took over the facility. The 372nd MP Company had been given the most sensitive mission: control of Tier 1A and Tier 1B, where civilian and military intelligence specialists held detainees identified for interrogations as well as "high-risk" detainees. An "MI hold" was anyone of intelligence interest and included foreign and

Iraqi terrorists, as well as individuals possessing information regarding foreign fighters, infiltration methods, or pending attacks on Coalition forces. The "high-risk" troublemakers were held in Tier 1B. The prison cells of Tiers 1A and 1B were collectively known as "the hard site." The 372nd soldiers were not trained for prison guard duty and were thinly stretched in dealing with the large number of detainees. With little experience to fall back on, the company commander deferred to noncommissioned officers who had civilian correctional backgrounds to work the night shift. This deference was a significant error in judgment.

Leadership Shortfalls

At the leadership level, there was friction and a lack of communication between the 800th MP Brigade and the 205th MI Brigade through the summer and fall of 2003. There was no clear delineation of responsibility between commands and little coordination at the command level. Both the Director of the Joint Interrogation and Debriefing Center (JIDC) and the Commander of the 320th MP Battalion were weak and ineffective leaders. Both failed to ensure their subordinates were properly trained and supervised. They failed to establish and enforce basic soldier standards, proficiency, and accountability. Neither was able to organize tasks to accomplish their missions in an appropriate manner. By not communicating standards, policies, and plans to soldiers, these leaders conveyed a sense of tacit approval of abusive behaviors toward prisoners. This was particularly evident with respect to prisoner-handling procedures and techniques, including unfamiliarity with the Geneva Conventions. There was a lack of discipline and standards of behavior were not established nor enforced. A lax and dysfunctional command climate took hold.

In November 2003, the 205th MI Brigade Commander was assigned as the Forward Operation Base Commander, thus receiving responsibility for Abu Ghraib. This assignment was made as a result of CJTF-7 Commander's concern over force protection at the prison. The Fay investigation found this did not change the relationship of MP and

MI units in day-to-day operations at the facility, although the Commander of the 800th MP Brigade says she was denied access to areas of Abu Ghraib for which she was doctrinally responsible. Key leaders did not seem to recognize or appreciate psychological stressors associated with the detention mission. MG Taguba concluded these factors included "differences in culture, soldiers' quality of life, and the real presence of mortal danger over an extended time period. The failure of commanders to recognize these pressures contributed to the pervasive atmosphere existing at Abu Ghraib Detention Facility."

Military Working Dogs at Abu Ghraib

The Military Police directives give guidance for the use of military working dogs. They are used to provide an effective psychological and physical deterrent in the detention facility, offering an alternative to using firearms. Dogs are also used for perimeter security, inspections and patrols. MG Miller had recommended dogs as beneficial for detainee custody and control during his visit in August/September 2003. However, he never recommended, nor were dogs used for interrogations at Guantanamo. The working dog teams were requested by the Commander 205th MI Brigade who never understood the intent as described by MG Miller. It is likely the confusion about using dogs partially stems from the initial request for dog teams by military intelligence and not military police.

The working dogs arrived at Abu Ghraib in mid-November 2003. The two Army teams were assigned primarily to security of the compound while the three Navy teams worked inside at the entry control point. The senior Army and Navy dog handlers indicated they had not previously worked in a prison environment and received only a one-day training session on scout and search for escaped Enemy Prisoners of War. The Navy handler stated that upon arrival at Abu Ghraib he had not received an orientation on what was expected from his canine unit nor what was authorized or not authorized. He further

stated he had never received instruction on the use of force in the compound, but he acknowledged he knew a dog could not be used on a detainee if the detainee posed no threat.

Guidance provided by the CJTF-7 directive of September 14, 2003 allowed working dogs to be used as an interrogation technique with the CJTF-7 Commander's approval. This authorization was updated by the October 12, 2003 memorandum, which allowed the presence of dogs during interrogation as long as they were muzzled and under control of the handler at all times but still required approval. The Taguba and Jones/Fay investigations identified a number of abuses related to using muzzled and unmuzzled dogs during interrogations. They also identified some abuses involving dog-use unrelated to interrogations, apparently for the sadistic pleasure of the MPs involved in these incidents.

MP/MI Relationship

It is clear, with these serious shortfalls and lack of supervision, the model MG Miller presented for the effective working relationship between MI and MP was neither understood nor could it have been successfully implemented. Based on the Taguba and Jones/Fay investigations, "setting favorable conditions" had some basis in fact at Abu Ghraib, but it was also used as an excuse for abusive behavior toward detainees.

The events that took place at Abu Ghraib are an aberration when compared to the situations at other detention operations. Poor leadership and a lack of oversight set the stage for abuses to occur.

LAWS OF WAR/GENEVA CONVENTIONS

American military culture, training, and operations are steeped in a long-held commitment to the tenets of military and international law as traditionally codified by the world community. Department of Defense Directive 5100.77, DoD Law of War Program, describes the law of war as:

> That part of international law that regulates the conduct of armed hostilities. It is often called the law of armed conflict. The law of war encompasses all international law for the conduct of hostilities binding on the United States or its individual citizens, including treaties and international agreements to which the United States is a party, and applicable customary international law.

The law of war includes, among other agreements, the Geneva Conventions of 1949. The Geneva Conventions set forth the rights and obligations which govern the treatment of civilians and combatants during periods of armed conflict. Specifically, Geneva Convention III addresses the treatment of prisoners of war; and Geneva Convention IV addresses the treatment of civilians.

Chairman of the Joint Chiefs of Staff Instruction 5810.01B, Implementation of the DoD Law of War Program, reiterates U.S. policy concerning the law of war: "The Armed Forces of the United States will comply with the law of war during all armed conflicts, however such conflicts are characterized...."

The United States became engaged in two distinct conflicts, Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF) in Iraq. As a result of a Presidential determination, the Geneva Conventions did not apply to al Quaeda and Taliban combatants. Nevertheless, these traditional standards were put into effect for OIF and remain in effect at this writing. Some would argue this is a departure from the

traditional view of the law of war as espoused by the ICRC and others in the international community.

Operation Enduring Freedom

On October 17, 2001, pursuant to the commencement of combat operations in OEF, the Commander, CENTCOM, issued an order instructing the Geneva Conventions were to be applied to all captured individuals in accordance with their traditional interpretation. Belligerents would be screened to determine whether or not they were entitled to prisoner of war status. If an individual was entitled to prisoner of war status, the protections of Geneva Convention III would apply. If armed forces personnel were in doubt as to a detained individual's status, Geneva Convention III rights would be accorded to the detainee until a Geneva Convention III Article 5 tribunal made a definitive status determination. If the individual was found not to be entitled to Geneva Convention III protections, he or she might be detained and processed under U.S. criminal code, a procedure consistent with Geneva Convention IV.

A policy debate concerning the application of treaties and laws to al Qaeda and Taliban detainees then began taking shape. The Department of Justice Office of Legal Counsel (OLC) provided opinions to Counsel to the President and Department of Defense General Counsel concluding the Geneva Conventions did not protect members of the al Qaeda organization, and the President could decide that Geneva Conventions did not protect Taliban militia. Counsel to the President and the Attorney General so advised the President.

On February 7, 2002 the President issued a memorandum stating, in part,

> ...the war against terrorism ushers in a new paradigm.... Our nation recognizes that this new paradigm – ushered in not by us, but by terrorists – requires new thinking in the law of war, but thinking that should nevertheless be consistent with the principles of Geneva.

Upon this premise, the President determined the Geneva Conventions did not apply to the U.S. conflict with al Qaeda, and that Taliban detainees did not qualify for prisoner of war status. Removed from the protections of the Geneva Conventions, al Qaeda and Taliban detainees have been classified variously as "unlawful combatants," "enemy combatants," and "unprivileged belligerents."

The enemy in the Global War on Terror is one neither the United States nor the community of nations has ever before engaged on such an extensive scale. These far-reaching, well-resourced, organized, and trained terrorists are attempting to achieve their own ends. Such terrorists are not of a nation state such as those who are party to the agreements which comprise the law of war. Neither do they conform their actions to the letter or spirit of the law of war.

The Panel accepts the proposition that these terrorists are not combatants entitled to the protections of Geneva Convention III. Furthermore, the Panel accepts the conclusion the Geneva Convention IV and the provisions of domestic criminal law are not sufficiently robust and adequate to provide for the appropriate detention of captured terrorists.

The Panel notes the President qualified his determination, directing that United States policy would be "consistent with the principles of Geneva." Among other things, the Geneva Conventions adhere to a standard calling for a delineation of rights for all persons, and humane treatment for all persons. They suggest that no person is "outlaw," that is, outside the laws of some legal entity.

The Panel finds the details of the current policy vague and lacking. Justice Sandra Day O'Connnor, writing for the majority in *Hamdi v Rumsfeld*, June 28, 2004 points out "the Government has never provided any court with the full criteria that it uses in classifying individuals as [enemy combatants]." Justice O'Connor cites several authorities to support the proposition that detention "is a clearly established principle of the law of

war," but also states there is no precept of law, domestic or international, which would permit the indefinite detention of any combatant.

As a matter of logic, there should be a category of persons who do not comply with the specified conditions and thus fall outside the category of persons entitled to EPW status. Although there is not a particular label for this category in law of war conventions, the concept of "unlawful combatant" or "unprivileged belligerent" is a part of the law of war.

Operation Iraqi Freedom

Operation Iraqi Freedom is wholly different from Operation Enduring Freedom. It is an operation that clearly falls within the boundaries of the Geneva Conventions and the traditional law of war. From the very beginning of the campaign, none of the senior leadership or command considered any possibility other than that the Geneva Conventions applied.

The message in the field, or the assumptions made in the field, at times lost sight of this underpinning. Personnel familiar with the law of war determinations for OEF in Afghanistan tended to factor those determinations into their decision-making for military actions in Iraq. Law of war policy and decisions germane to OEF migrated, often quite innocently, into decision matrices for OIF. We noted earlier the migration of interrogation techniques from Afghanistan to Iraq. Those interrogation techniques were authorized only for OEF. More important, their authorization in Afghanistan and Guantanamo was possible only because the President had determined that individuals subjected to these interrogation techniques fell outside the strict protections of the Geneva Conventions.

One of the more telling examples of this migration centers around CJTF-7's determination that some of the detainees held in Iraq were to be categorized as unlawful

combatants. "Unlawful combatants" was a category set out in the President's February 7, 2002 memorandum. Despite lacking specific authorization to operate beyond the confines of the Geneva Conventions, CJTF-7 nonetheless determined it was within their command discretion to classify, as unlawful combatants, individuals captured during OIF. CJTF-7 concluded it had individuals in custody who met the criteria for unlawful combatants set out by the President and extended it in Iraq to those who were not protected as combatants under the Geneva Conventions, based on the OLC opinions. While CJTF-7's reasoning is understandable in respect to unlawful combatants, nonetheless, they understood there was no authorization to suspend application of the Geneva Conventions, in letter and spirit, to all military actions of Operation Iraqi Freedom. In addition, CJTF-7 had no means of discriminating detainees among the various categories of those protected under the Geneva Conventions and those unlawful combatants who were not.

THE ROLE OF THE INTERNATIONAL COMMITTEE OF THE RED CROSS

Since December 2001, the International Committee of the Red Cross (ICRC) has visited U.S. detention operations in Guantanamo, Iraq, and Afghanistan numerous times. Various ICRC inspection teams have delivered working papers and reports of findings to U.S. military leaders at different levels. While the ICRC has acknowledged U.S. attempts to improve the conditions of detainees, major differences over detainee status as well as application of specific provisions of Geneva Conventions III and IV remain. If we were to follow the ICRC's interpretations, interrogation operations would not be allowed. This would deprive the U.S. of an indispensable source of intelligence in the war on terrorism.

The ICRC is an independent agency whose activities include observing and reporting on conditions in wartime detention camps and facilities. During visits, it attempts to register all prisoners, inspect facilities, and conduct private interviews with detainees to discuss any problems concerning detainee treatment or conditions; it also provides a means for detainees to contact their families. While the ICRC has no enforcing authority and its reports are supposedly confidential, any public revelation regarding standards of detainee treatment can have a substantial effect on international opinion.

The ICRC seeks to handle problems at the lowest level possible. When a team conducts an inspection, it provides a briefing, and sometimes a report, to the local commander. Discrepancies and issues are presented to the detaining authorities, and follow-up visits are made to monitor compliance with recommendations. The commander may or may not implement the recommendations based on either resource constraint or his interpretation of applicable law. These constraints can make complete implementation of ICRC recommendations either difficult or inappropriate. If recommendations are not implemented, the ICRC may address the issue with higher authorities. The ICRC does

not expect to receive, nor does the DoD have a policy of providing, a written response to ICRC reports. However, DoD elements do attempt to implement as many of the recommendations as practicable, given security and resource constraints.

One important difference in approach between the U.S. and the ICRC is the interpretation of the legal status of terrorists. According to a Panel interview with CJTF-7 legal counsel, the ICRC sent a report to the State Department and the Coalition Provisional Authority in February 2003 citing lack of compliance with Protocol 1. But the U.S. has specifically rejected Protocol 1 stating that certain elements in the protocol, that provide legal protection for terrorists, make it plainly unacceptable. Still the U.S. has worked to preserve the positive elements of Protocol 1. In 1985, the Secretary of Defense noted that "certain provisions of Protocol 1 reflect customary international law, and others appear to be positive new developments. We therefore intend to work with our allies and others to develop a common understanding or declaration of principles incorporating these positive aspects, with the intention they shall, in time, win recognition as customary international law." In 1986 the ICRC acknowledged that it and the U.S. government had "agreed to disagree" on the applicability of Protocol 1. Nevertheless, the ICRC continues to presume the United States should adhere to this standard under the guise of customary international law.

This would grant legal protections to terrorists equivalent to the protections accorded to prisoners of war as required by the Geneva Conventions of 1949 despite the fact terrorists do not wear uniforms and are otherwise indistinguishable from noncombatants. To do so would undermine the prohibition on terrorists blending in with the civilian population, a situation which makes it impossible to attack terrorists without placing noncombatants at risk. For this and other reasons, the U.S. has specifically rejected this additional protocol.

The ICRC also considers the U.S. policy of categorizing some detainees as "unlawful combatants" to be a violation of their interpretation of international humanitarian law. It contends that Geneva Conventions III and IV, which the U.S. has ratified, allow for only

two categories of detainees: (1) civilian detainees who must be charged with a crime and tried and (2) enemy combatants who must be released at the cessation of hostilities. In the ICRC's view, the category of "unlawful combatant" deprives the detainees of certain human rights. It argues that lack of information regarding the reasons for detention and the conditions for release are major sources of stress for detainees.

However, the 1949 Geneva Conventions specify conditions to qualify for protected status. By logic, then, if detainees do not meet the specific requirements of privileged status, there clearly must be a category for those lacking in such privileges. The ICRC does not acknowledge such a category of "unprivileged belligerents," and argues that it is not consistent with its interpretation of the Geneva Conventions.

Regarding the application of current international humanitarian law, including Geneva Conventions III and IV, the ICRC has three concerns: (1) gaining access to and ascertaining the status of all detainees in U.S. custody; (2) its belief that linking detention with interrogations should not be allowed which follows from its refusal to recognize the category of unprivileged combatants and (3) they also worry about losing their effectiveness.

Although the ICRC found U.S. forces generally cooperative, it has cited occasions when the forces did not grant adequate access to detainees, both in Iraq and Afghanistan. Of particular concern to the ICRC, however, has been the existence of "ghost detainees," detainees who were kept from ICRC inspectors. While the Panel has not been able to ascertain the number of ghost detainees in the overall detainee population, several investigations cite their existence. Both the Taguba and Jones/Fay reports cite instances of ghost detainees at Abu Ghraib. Secretary Rumsfeld publicly declared he directed one detainee be held secretly at the request of the Director of Central Intelligence.

On balance, the Panel concludes there is value in the relationship the Department of Defense historically has had with the ICRC. The ICRC should serve as an early warning

indicator of possible abuse. Commanders should be alert to ICRC observations in their reports and take corrective actions as appropriate. The Panel also believes the ICRC, no less than the Defense Department, needs to adapt itself to the new realities of conflict, which are far different from the Western European environment from which the ICRC's interpretation of Geneva Conventions was drawn. The Department of Defense has established an office of detainee affairs and should continue to reshape its operational relationship with the ICRC.

RECOMMENDATIONS

Department of Defense reform efforts are underway and the Panel commends these efforts. The Office of the Secretary of Defense, the Joint Chiefs of Staff and the Military Services are conducting comprehensive reviews on how military operations have changed since the end of the Cold War. The military services now recognize the problems and are studying how to adjust force compositions, training, doctrine and responsibilities for active/reserve/guard and contractor mixes to ensure we are better prepared to succeed in the war on terrorism.

The Panel reviewed various inspections, investigations and assessments that produced over 300 recommendations for corrective actions to address the problems identified with DoD detention operations. For the most part the Panel endorses their recommendations. In some areas the recommendations do not go far enough and we augment them. We provide additional recommendations to address relevant areas not covered by previous analyses.

The Independent Panel provides the following additional recommendations:

1. The United States should further define its policy, applicable to both the Department of Defense and other government agencies, on the categorization and status of all detainees as it applies to various operations and theaters. It should define their status and treatment in a way consistent with U.S. jurisprudence and military doctrine and with U.S. interpretation of the Geneva Conventions. We recommend that additional operational, support and staff judge advocate personnel be assigned to appropriate commands for the purpose of expediting the detainee release review process.

2. The Department of Defense needs to address and develop joint doctrine to define the appropriate collaboration between military intelligence and military police in a detention facility. The meaning of guidance, such as MPs "setting the conditions" for

interrogation, needs to be defined with precision. MG Taguba argued that all detainee operations be consolidated under the responsibility of a single commander reporting directly to Commander CJTF-7. This change has now been accomplished and seems to be working effectively. Other than lack of leadership, training deficiencies in both MP and MI units have been cited most often as the needed measures to prevent detainee abuse. We support the recommendations on training articulated by the reports published by the various other reviews.

3. The nation needs more specialists for detention/interrogation operations, including linguists, interrogators, human intelligence, counter-intelligence, corrections police and behavioral scientists. Accompanying professional development and career field management systems must be put in place concurrently. The Panel agrees that some use of contractors in detention operations must continue into the foreseeable future. This is especially the case with the need for qualified interpreters and interrogators and will require rigorous oversight.

4. Joint Forces Command should chair a Joint Service Integrated Process Team to develop a new Operational Concept for Detention Operations in the new era of warfare, covering the Global War on Terror. The team should place special and early emphasis on detention operations during Counter-Insurgency campaigns and Stability Operations in which familiar concepts of front and rear areas may not apply. Attention should also be given to preparing for conditions in which normal law enforcement has broken down in an occupied or failed state. The Panel recommends that the idea of a deployable detention facility should be studied and implemented as appropriate.

5. Clearly, force structure in both MP and MI is inadequate to support the armed forces in this new form of warfare. Every investigation we reviewed refers to force structure deficiencies in some measure. There should be an active and reserve component mix of units for both military intelligence and military police. Other forces besides the Army are also in need of force structure improvements. Those forces have not been addressed

adequately in the reports reviewed by the Panel, and we recommend that the Secretaries of the Navy and Air Force undertake force structure reviews of their own to improve the performance of their Services in detention operations.

6. Well-documented policy and procedures on approved interrogation techniques are imperative to counteract the current chilling effect the reaction to the abuses have had on the collection of valuable intelligence through interrogations. Given the critical role of intelligence in the Global War on Terror, the aggressiveness of interrogation techniques employed must be measured against the value of intelligence sought, to include its importance, urgency and relevance. A policy for interrogation operations should be promulgated early on and acceptable interrogation techniques for each operation must be clearly understood by all interrogation personnel.

7. All personnel who may be engaged in detention operations, from point of capture to final disposition, should participate in a professional ethics program that would equip them with a sharp moral compass for guidance in situations often riven with conflicting moral obligations. The development of such a values-oriented ethics program should be the responsibility of the individual services with assistance provided by the Joint Chiefs of Staff.

8. Clearer guidelines for the interaction of CIA with the Department of Defense in detention and interrogation operations must be defined.

9. The United States needs to redefine its approach to customary and treaty international humanitarian law, which must be adapted to the realities of the nature of conflict in the 21st Century. In doing so, the United States should emphasize the standard of reciprocity, in spite of the low probability that such will be extended to United States Forces by some adversaries, and the preservation of United States societal values and international image that flows from an adherence to recognized humanitarian standards.

10. The Department of Defense should continue to foster its operational relationship with the International Committee of the Red Cross. The Panel believes the International Committee of the Red Cross, no less than the Defense Department, needs to adapt itself to the new realities of conflict which are far different from the Western European environment from which the ICRC's interpretation of Geneva Conventions was drawn.

11. The assignment of a focal point within the office of the Under Secretary for Policy would be a useful organizational step. The new focal point for Detainee Affairs should be charged with all aspects of detention policy and also be responsible for oversight of DoD relations with the International Committee of the Red Cross.

12. The Secretary of Defense should ensure the effective functioning of rapid reporting channels for communicating bad news to senior Department of Defense leadership without prejudice to any criminal or disciplinary actions already underway. The Panel recommends consideration of a joint adaptation of procedures such as the Air Force special notification process.

13. The Panel notes that the Fay investigation cited some medical personnel for failure to report detainee abuse. As noted in that investigation, training should include the obligation to report any detainee abuse. The Panel also notes that the Army IG found significant shortfalls in training and force structure for field sanitation, preventive medicine and medical treatment requirements for detainees. As the DoD improves detention operations force structure and training, it should pay attention to the need for medical personnel to screen and monitor the health of detention personnel and detainees.

14. The integration of the recommendations in this report and all the other efforts underway on detention operations will require further study. Analysis of the dynamics of program and resource implications, with a view to assessing the trade-offs and opportunity costs involved, must be addressed.

Appendices

Army Regulation 15-6	AR 15-6	Army regulation which specifies procedures for command investigations. The common name for both formal and informal command investigations.
Active Component	AC	Active military component of the Army, Navy, Air Force or Marines.
Abuse Cases		An incident or allegation of abuse, including, but not limited to death, assault, sexual assault, and theft, that triggers a CID investigation, which may involve multiple individuals.
Behavioral Science Coordination Team	BSCT	Team comprised of medical and other specialized personnel that provides support to special operations forces.
Civilian Internees	CI	Designation of civilians encountered and detained in the theater of war.
Criminal Investigation Command	CID	Investigative agency of the U. S. Army responsible for conducting criminal investigations to which the Army is or may be a party.
Collection Points	CP	Forward locations where prisoners are collected, processed and prepared for movement to the detention center.
Coalition Provisional Authority	CPA	Interim government of Iraq, in place from May 2003 through June 2004.
Convention Against Torture and Other Cruel Inhumane or Degrading Treatment		An international treaty brought into force in 1987 which seeks to define torture and other cruel, inhuman or degrading treatment or punishment and provides a mechanism for punishing those who would inflict such treatment on others.
Enemy Prisoner of War	EPW	International Committee of the Red Cross term for prisoners of war; this status bestows certain rights to the individual in the Geneva Conventions.
Force Design Update	FDU	The Army process to review and restructure forces.

GLOSSARY

Fragmentary Order	FRAGO	An abbreviated form of an operation order (verbal, written or digital) usually issued on a day-to-day basis that eliminates the need for restarting information contained in a basic operation order.
Army Field Manual 34-52 "Intelligence Interrogation"	FM 34-52	Current manual for operations and training in interrogation techniques. The edition dated 1987 was updated in 1992.
Geneva Conventions	GC	The international treaties brought into force in August 1949. These conventions extend protections to, among others, prisoners of war and civilians in time of war.
Global War on Terror	GWOT	Worldwide operation to eradicate individuals and groups that participate in and sponsor terrorism.
Internment/Resettlement	I/R	Internment/resettlement mission assigned to specific US Army Military Police units who are responsible for the detention of Enemy Prisoners of War during armed conflict.
International Committee of the Red Cross	ICRC	Nongovernmental organization that seeks to help victims of war and internal violence.
In Lieu Of	ILO	When used in reference to manning, indicates that forces were used in a manner other than originally specified.
Initial Point of Capture	IPOC	Location where an enemy prisoner or internee is captured.
Iraq Survey Group	ISG	Organization located in Iraq with the mission to find weapons of mass destruction.
Joint Manning Document	JMD	Master document covering personnel requirements for the joint theater.
Navy Criminal Investigative Service	NCIS	Investigative service for the US Navy and Marine Corps.

National Detainee Reporting Center	NDRC	Agency charged with accounting for and reporting all EPW, retained personnel, civilian internees and other detainees during armed conflict.
Operation Enduring Freedom	OEF	Military operation in Afghanistan
Other Government Agencies	OGA	Refers to non-Department of Defense agencies operating in theaters of war.
Operation Iraqi Freedom	OIF	Military operation in Iraq.
Office of Legal Counsel	OLC	Refers to the Department of Justice Office of Legal Counsel.
Operation Noble Eagle	ONE	Operation to activate and deploy forces for homeland defense and civil support in response to the attacks of September 11, 2001.
Operation Victory Bounty	OVB	CJTF-7 operation to sweep Baghdad area for remaining elements of the Saddam Fedayeen in 2003.
Operational Control	OPCON	Command authority over all aspects of military operations.
Republican Guard	RG	Elite Iraqi military forces under the regime of Saddam Hussein.
Reserve Component	RC	Army, Navy, Air Force and Marine Reserves and Army and Air National Guard
Request for Forces	RFF	Commanders request for additional forces to support the mission.
Standing Operating Procedure	SOP	A set of instructions covering those features of operations which lend themselves to a definite or standardized procedures without loss of effectiveness. The procedure is applicable unless ordered otherwise.
Tactical Control	TACON	Command authority to control and task forces for maneuvers within an area of operations.

GLOSSARY

Tactical Human Intelligence Team	THT	Forward deployed intelligence element providing human intelligence support to maneuver units.
Time Phased Force Deployment List	TPFDL	Identifies the units needed to support an operational plan and specifies their order and method of deployment.
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Coalition Provisional Authority	CPA	Interim government of Iraq, in place from May 2003 through June 2004.
Convention Against Torture and Other Cruel Inhumane or Degrading Treatment		An international treaty brought into force in 1987 which seeks to define torture and other cruel, inhuman or degrading treatment or punishment and provides a mechanism for punishing those who would inflict such treatment on others.

Enemy Prisoner of War	EPW	International Committee of the Red Cross term for prisoners of war; this status bestows certain rights to the individual in the Geneva Conventions.
Force Design Update	FDU	The Army process to review and restructure forces.
Fragmentary Order	FRAGO	An abbreviated form of an operation order (verbal, written ordigital) usually issued on a day-to-day basis that eliminates the need for restarting information contained in a basic operation order.
Army Field Manual 34-52 "Intelligence Interrogation"	FM 34-52	Current manual for operations and training in interrogation techniques. The edition dated 1987 was updated in 1992.
Geneva Conventions	GC	The international treaties brought into force in August 1949. These conventions extend protections to, among others, prisoners of war and civilians in time of war.
Global War on Terror	GWOT	Worldwide operation to eradicate individuals and groups that participate in and sponsor terrorism.
Internment/Resettlement	I/R	Internment/resettlement mission assigned to specific US Army Military Police units who are responsible for the detention of Enemy Prisoners of War during armed conflict.
International Committee of the Red Cross	ICRC	Nongovernmental organization that seeks to help victims of war and internal violence.
In Lieu Of	ILO	When used in reference to manning, indicates that forces were used in a manner other than originally specified.
Initial Point of Capture	IPOC	Location where an enemy prisoner or internee is captured.
Iraq Survey Group	ISG	Organization located in Iraq with the mission to find weapons of mass destruction.
Joint Manning Document	JMD	Master document covering personnel requirements for the joint theater.

GLOSSARY

Navy Criminal Investigative Service	NCIS	Investigative service for the US Navy and Marine Corps.
National Detainee Reporting Center	NDRC	Agency charged with accounting for and reporting all EPW, retained personnel, civilian internees and other detainees during armed conflict.
Operation Enduring Freedom	OEF	Military operation in Afghanistan
Other Government Agencies	OGA	Refers to non-Department of Defense agencies operating in theaters of war.
Operation Iraqi Freedom	OIF	Military operation in Iraq.
Office of Legal Counsel	OLC	Refers to the Department of Justice Office of Legal Counsel.
Operation Noble Eagle	ONE	Operation to activate and deploy forces for homeland defense and civil support in response to the attacks of September 11, 2001.
Operation Victory Bounty	OVB	CJTF-7 operation to sweep Baghdad area for remaining elements of the Saddam Fedayeen in 2003.
Operational Control	OPCON	Command authority over all aspects of military operations.
Republican Guard	RG	Elite Iraqi military forces under the regime of Saddam Hussein.
Reserve Component	RC	Army, Navy, Air Force and Marine Reserves and Army and Air National Guard
Request for Forces	RFF	Commanders request for additional forces to support the mission.
Standing Operating Procedure	SOP	A set of instructions covering those features of operations which lend themselves to a definite or standardized procedures without loss of effectiveness. The procedure is applicable unless ordered otherwise.
Tactical Control	TACON	Command authority to control and task forces for maneuvers within an area of operations.

Tactical Human Intelligence Team	THT	Forward deployed intelligence element providing human intelligence support to maneuver units.
Time Phased Force Deployment List	TPFDL	Identifies the units needed to support an operational plan and specifies their order and method of deployment.

GLOSSARY

Guantanamo			Commander
United States Southern Command	USSOUTHCOM	One of nine Unified Combatant Commands with operational control of U.S. military forces. Area of responsibility includes Guantanamo Bay, Cuba.	GEN James Hill
Joint Task Force 160	JTF-160	Initially responsible for detention operations at Guantanamo, merged in JTF-G 11/4/02.	
Joint Task Force 170	JTF-170	Initially responsible for interrogation operations at Guantanamo, merged in JTF-G 11/4/02.	
Joint Task Force Guantanamo	JTF-G	Joint task force for all operations at Guantanamo, formed 11/4/02.	
Afghanistan			
United States Central Command	USCENTCOM	One of nine Unified Commands with operational control of U.S. military forces. Area of responsibility includes Afghanistan and Iraq.	GEN John Abizaid
Coalition Forces Land Component Command	CFLCC	Senior headquarters element for multi-national land forces in both Iraq and Afghanistan.	LTG David McKiernan
Combined Joint Task Force 180	CJTF-180	Forward deployed headquarters for Afghanistan.	
Iraq			
United States Central Command	USCENTCOM	One of nine Unified Commands with operational control of U.S. military forces. Area of responsibility includes Afghanistan and Iraq.	GEN John Abizaid
Coalition Forces Land Component Command	CFLCC	Senior headquarters element for multi-national land forces in both Iraq and Afghanistan.	LTG David McKiernan
Combined Joint Task Force 7	CJTF-7	Forward deployed headquarters for Operation Iraqi Freedom. Replaced in May 04 by Multi National Force - Iraq and Multi National Corps - Iraq	LTG Ricardo Sanchez
Combined Joint Task Force 7 Intelligence Staff	CJTF-7 C2	Intelligence staff support to CJTF-7	MG Barbara Fast
800th Military Police Brigade	800th MP BDE	U.S. Army Reserve Military Police Brigade, responsible for all internment facilities in Iraq, and assistance to CPA Minister of Justice.	BG Janis Karpinski
Joint Interrogation and Detention Center	JDIC	Element of CJTF-7 for intrrogation mission at Abu Ghuraib.	LTC Steven Jordan

320th Military Police Battalion	320th MP BN	Element of 800th Bde; assigned to Abu Ghuraib.	LTC Jerry Phillabaum
372nd Military Police Company	372nd MP CO	Element of 320th Bn; assigned to Abu Ghuraib in October 2003.	CPT Donald Reese
72nd Military Police Company	72nd MP CO	Nevada National Guard MP Company, assigned to Abu Ghuraib prior to 372nd MP Co.	
205th Military Intelligence Brigade	205th MI BDE	Military Intelligence Brigade responsible for multiple Army intelligence missions throughout Iraq.	COL Thomas Pappas
519th Military Intelligence Battalion	519th MI BN	Tactical exploitation element of 525 MI Bde; Company A was located at Abu Ghuraib.	MAJ Michnewicz

Other

United States Army Forces Command	FORSCOM	U.S. Army major command responsible for training, readiness and deployment.	

SECRETARY OF DEFENSE
1000 DEFENSE PENTAGON
WASHINGTON, DC 20301-1000

MAY 12 2004

MEMORANDUM FOR THE HONORABLE JAMES R. SCHLESINGER,
CHAIRMAN
THE HONORABLE HAROLD BROWN
THE HONORABLE TILLIE K. FOWLER
GENERAL CHARLES A. HORNER, USAF (RET.)

SUBJECT: Independent Panel to Review DoD Detention Operations

Various organizations of the Department of Defense have investigated, or will investigate, various aspects of allegations of abuse at DoD Detention Facilities and other matters related to detention operations. Thus far these inquiries include the following:

--Criminal investigations into individual allegations
--Army Provost Marshal General assessment of detention and corrections operations in Iraq
--Joint Task Force Guantanamo assistance visit to Iraq to assess intelligence operations
--Administrative Investigation under AR 15-6 regarding Abu Ghraib operations
--Army Inspector General assessment of doctrine and training for detention operations
--Commander, Joint Task Force-7 review of activities of military intelligence personnel at Abu Ghraib
--Army Reserve Command Inspector General assessment of training of Reserve units regarding military intelligence and military police
--Naval Inspector General review of detention procedures at Guantanamo Bay, Cuba, and the Naval Consolidated Brig, Charleston, South Carolina

I have been or will be briefed on the results of these inquiries and the corrective actions taken by responsible officials within the Department.

It would be helpful to me to have your independent, professional advice on the issues that you consider most pertinent related to the various allegations, based on your review of completed and pending investigative reports and other materials and information. I am especially interested in your views on the cause of the problems and what should be done to fix them. Issues such as force structure, training of regular and reserve personnel, use of contractors, organization, detention policy and procedures, interrogation policy and procedures, the relationship between detention and interrogation, compliance with the Geneva Conventions, relationship with the International Committee

OSD 06804-04

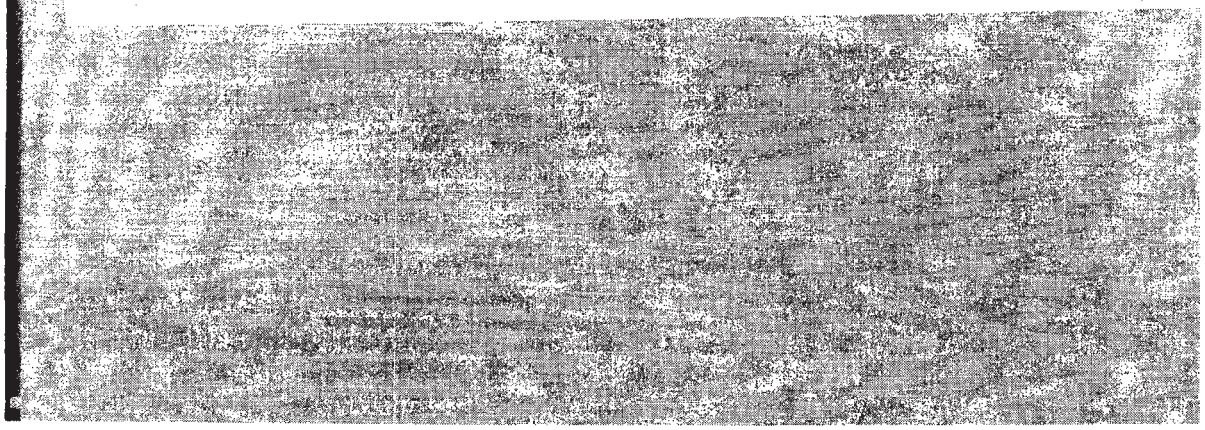
of the Red Cross, command relationships, and operational practices may be contributing factors you might wish to review. Issues of personal accountability will be resolved through established military justice and administrative procedures, although any information you may develop will be welcome.

I would like your independent advice orally and in writing, preferably within 45 days after you begin your review. DoD personnel will collect information for your review and assist you as you deem appropriate. You are to have access to all relevant DoD investigations and other DoD information unless prohibited by law. Reviewing all written materials relevant to these issues may be sufficient to allow you to provide your advice. Should you believe it necessary to travel or conduct interviews, the Director of Administration and Management will make appropriate arrangements.

I intend to provide your report to the Committees on Armed Services, the Secretaries of the Military Departments, the Chairman of the Joint Chiefs of Staff, the Commanders of the Combatant Commands, the Directors of the Defense Agencies, and others as appropriate. If your report contains classified information, please also provide an unclassified version suitable for public release.

By copy of this memorandum, I request the Director of Administration and Management to secure the necessary technical, administrative and legal support for your review from the Department of Defense Components. I appoint you as full-time employees of this Department without pay under 10 U.S.C. §1583. I request all Department of Defense personnel to cooperate fully with your review and to make available all relevant documents and information at your request.

cc: SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
UNDER SECRETARIES OF DEFENSE
DIRECTOR, DEFENSE RESEARCH AND ENGINEERING
ASSISTANT SECRETARIES OF DEFENSE
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE
INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE
DIRECTOR, OPERATIONAL TEST AND EVALUATION
ASSISTANTS TO THE SECRETARY OF DEFENSE



DIRECTOR, ADMINISTRATION AND MANAGEMENT
DIRECTOR, FORCE TRANSFORMATION
DIRECTOR, NET ASSESSMENT
DIRECTOR, PROGRAM ANALYSIS AND EVALUATION
DIRECTORS OF THE DEFENSE AGENCIES
DIRECTORS OF THE DOD FIELD ACTIVITIES

THE WHITE HOUSE

WASHINGTON

February 7, 2002

MEMORANDUM FOR THE VICE PRESIDENT
THE SECRETARY OF STATE
THE SECRETARY OF DEFENSE
THE ATTORNEY GENERAL
CHIEF OF STAFF TO THE PRESIDENT
DIRECTOR OF CENTRAL INTELLIGENCE
ASSISTANT TO THE PRESIDENT FOR NATIONAL SECURITY AFFAIRS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF

SUBJECT: Humane Treatment of al Qaeda and Taliban Detainees

1. Our recent extensive discussions regarding the status of al Qaeda and Taliban detainees confirm that the application of the Geneva Convention Relative to the Treatment of Prisoners of War of August 12, 1949 (Geneva) to the conflict with al Qaeda and the Taliban involves complex legal questions. By its terms, Geneva applies to conflicts involving "High Contracting Parties," which can only be states. Moreover, it assumes the existence of "regular" armed forces fighting on behalf of states. However, the war against terrorism ushers in a new paradigm, one in which groups with broad, international reach commit horrific acts against innocent civilians, sometimes with the direct support of states. Our Nation recognizes that this new paradigm -- ushered in not by us, but by terrorists -- requires new thinking in the law of war, but thinking that should nevertheless be consistent with the principles of Geneva.

2. Pursuant to my authority as Commander in Chief and Chief Executive of the United States, and relying on the opinion of the Department of Justice dated January 22, 2002, and on the legal opinion rendered by the Attorney General in his letter of February 1, 2002, I hereby determine as follows:

   a. I accept the legal conclusion of the Department of Justice and determine that none of the provisions of Geneva apply to our conflict with al Qaeda in Afghanistan or elsewhere throughout the world because, among other reasons, al Qaeda is not a High Contracting Party to Geneva.

   b. I accept the legal conclusion of the Attorney General and the Department of Justice that I have the authority under the Constitution to suspend Geneva as between the United States and Afghanistan, but I decline to

[redacted]

[redacted]

exercise that authority at this time. Accordingly, I determine that the provisions of Geneva will apply to our present conflict with the Taliban. I reserve the right to exercise this authority in this or future conflicts.

c. I also accept the legal conclusion of the Department of Justice and determine that common Article 3 of Geneva does not apply to either al Qaeda or Taliban detainees, because, among other reasons, the relevant conflicts are international in scope and common Article 3 applies only to "armed conflict not of an international character."

d. Based on the facts supplied by the Department of Defense and the recommendation of the Department of Justice, I determine that the Taliban detainees are unlawful combatants and, therefore, do not qualify as prisoners of war under Article 4 of Geneva. I note that, because Geneva does not apply to our conflict with al Qaeda, al Qaeda detainees also do not qualify as prisoners of war.

3. Of course, our values as a Nation, values that we share with many nations in the world, call for us to treat detainees humanely, including those who are not legally entitled to such treatment. Our Nation has been and will continue to be a strong supporter of Geneva and its principles. As a matter of policy, the United States Armed Forces shall continue to treat detainees humanely and, to the extent appropriate and consistent with military necessity, in a manner consistent with the principles of Geneva.

4. The United States will hold states, organizations, and individuals who gain control of United States personnel responsible for treating such personnel humanely and consistent with applicable law.

5. I hereby reaffirm the order previously issued by the Secretary of Defense to the United States Armed Forces requiring that the detainees be treated humanely and, to the extent appropriate and consistent with military necessity, in a manner consistent with the principles of Geneva.

6. I hereby direct the Secretary of State to communicate my determinations in an appropriate manner to our allies, and other countries and international organizations cooperating in the war against terrorism of global reach.

[redacted]

Interrogation Policies in Guantanamo, Afghanistan and Iraq

	Number of Authorized Techniques	Policy	Date	Notes
GTMO	17	FM 34-52 (1992)	Jan 02 - 01 Dec 02	
	33	Secretary of Defense Approved Tiered System	02 Dec 02 - 15 Jan 03	1
	20	FM 34-52 (1992) with 3 Cat I Techniques	16 Jan 03 - 15 Apr 03	
	24	Secretary of Defense Memo	16 Apr 03 - Present	1,2
Afghanistan [5]	17	FM 34-52 (1992)	27 Oct 01 - 24 Jan 03	
	33	CJTF 180 Response to Director, Joint Staff	24-Jan-03	1, 3, 6
	32	CJTF 180 Detainee SOP	27-Mar-04	1
	19	CJTF-A Rev 2 Guidance	Jun-04	4
Iraq [5]	17	FM 34-52 (1992)		
	29	CJTF-7 Signed Policy	14-Sep-03	1
	19	CJTF-7 Signed Policy	12-Oct-03	4
	19	CJTF-7 Signed Policy	13-May-04	4

1 Some techniques specifically delineated in this memo are inherent to techniques contained in FM 34-52, e.g. Yelling as a component of Fear Up
2 Five Approved Techniques require SOUTHCOM approval and SECDEF notification.
3 Figure includes techniques that were not in current use but requested for future use.
4 Figure includes one technique which requires CG approval.
5 Memorandum cited for Afghanistan and Iraq are classified.
6 Figure includes the 17 techniques of FM-34-52, alhtough they are not specified in the Memo.

Appendix D

Source: Naval IG Investigation

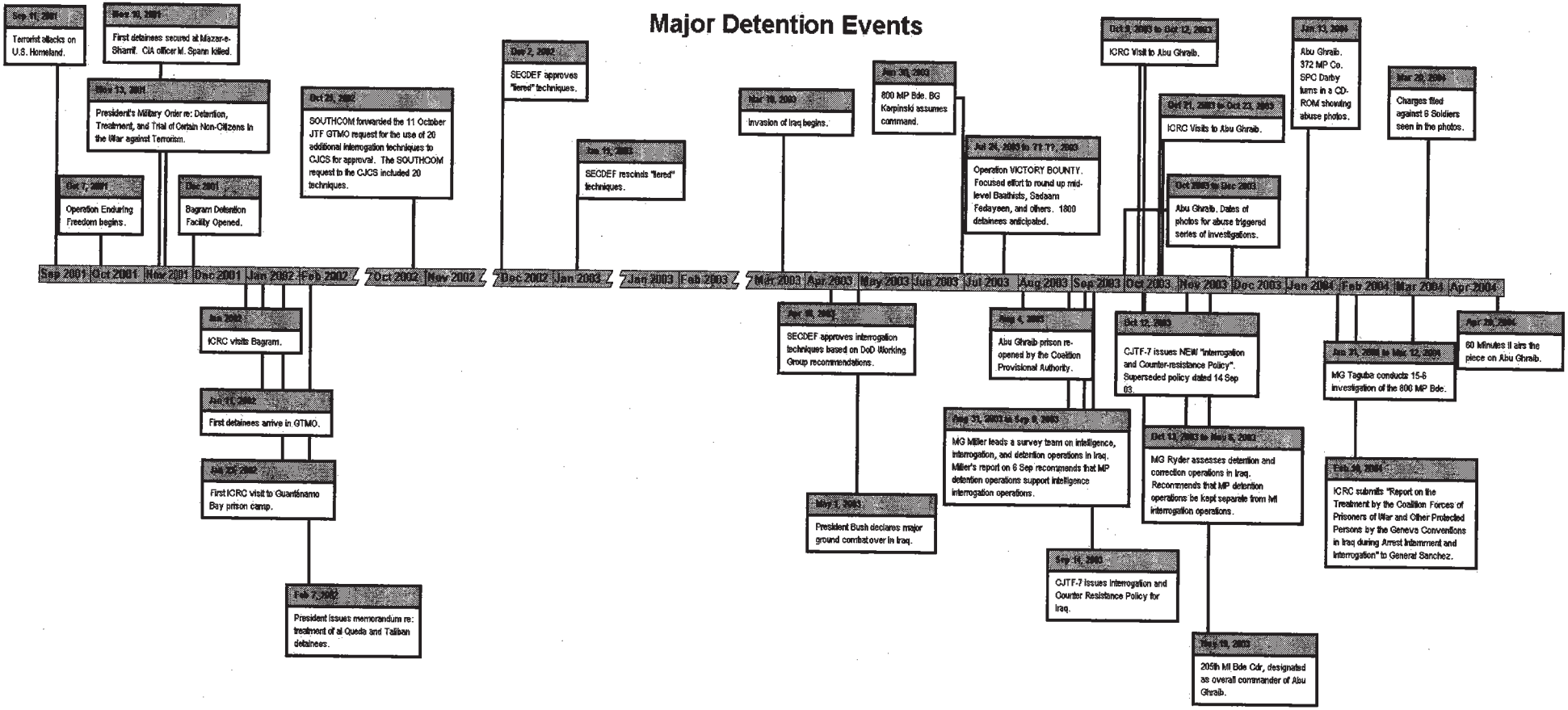
Evolution of Interrogation Techniques - GTMO

	FM 34-52 (1992)	Secretary of Defense Approved Tiered System	FM 34-52 (1992) with some Cat I	Secretary of Defense Memo
Interrogation Techniques	**Jan 02 - 01 Dec 02**	**02 Dec 02 - 15 Jan 03**	**16 Jan 03 - 15 Apr 03**	**16 Apr 03 - Present**
Direct questioning	X	X	X	X
Incentive/removal of incentive	X	X	X	X
Emotional love	X	X	X	X
Emotional hate	X	X	X	X
Fear up harsh	X	X	X	X
Fear up mild	X	X	X	X
Reduced fear	X	X	X	X
Pride and ego up	X	X	X	X
Pride and ego down	X	X	X	X
Futility	X	X	X	X
We know all	X	X	X	X
Establish your identity	X	X	X	X
Repetition approach	X	X	X	X
File and dossier	X	X	X	X
Mutt and Jeff				X*
Rapid Fire	X	X	X	X
Silence	X	X	X	X
Change of Scene	X	X	X	X
Yelling		X (Cat I)	X	
Deception		X (Cat I)		
Multiple interrogators		X (Cat I)	X	
Interrogator identity		X (Cat I)	X	
Stress positions, like standing		X (Cat II)		
False documents/reports		X (Cat II)		
Isolation for up to 30 days		X (Cat II)		X*
Deprivation of light/auditory stimuli		X (Cat II)		
Hooding (transportation & questioning		X (Cat II)		
20-interrogations		X (Cat II)		
Removal of ALL comfort items, including religious items		X (Cat II)		
MRE-only diet		X (Cat II)		X*
Removal of clothing		X (Cat II)		
Forced grooming		X (Cat II)		
Exploiting individual phobias, e.g. dogs		X (Cat II)		
Mild, non-injurious physical contact, e.g. grabbing, poking or light pushing		X (Cat III)		
Environmental manipulation				X
Sleep adjustment				X
False flag				X

*Techniques require SOUTHCOM approval and SECDEF notification.

Source: Naval IG Investigation
Appendix E

Major Detention Events



PSYCHOLOGICAL STRESSES

The potential for abusive treatment of detainees during the Global War on Terrorism was entirely predictable based on a fundamental understanding of the principle of social psychology principles coupled with an awareness of numerous known environmental risk factors. Most leaders were unacquainted with these known risk factors, and therefore failed to take steps to mitigate the likelihood that abuses of some type would occur during detainee operations. While certain conditions heightened the possibility of abusive treatment, such conditions neither excuse nor absolve the individuals who engaged in deliberate immoral or illegal behaviors.

The abuse the detainees endured at various places and times raises a number of questions about the likely psychological aspects of inflicting such abuses. Findings from the field of social psychology suggest that the conditions of war and the dynamics of detainee operations carry inherent risks for human mistreatment, and therefore must be approached with great caution and careful planning and training.

The Stanford Prison Experiment

In 1973, Haney, Banks and Zimbardo (1) published their landmark Stanford study, "Interpersonal Dynamics in a Simulated Prison." Their study provides a cautionary tale for all military detention operations. The Stanford Experiment used a set of tested, psychologically sound college students in a benign environment. In contrast, in military detention operations, soldiers work under stressful combat conditions that are far from benign.

The Stanford Prison Experiment (SPE) attempted to "create a prison-like situation" and then observe the behavior of those involved. The researchers randomly assigned 24 young men to either the "prisoner" or "guard" group. Psychological testing was used to eliminate participants with overt psychopathology, and extensive efforts were made to

simulate actual prison conditions. The experiment, scheduled to last two weeks, was cancelled after only six days due to the ethical concerns raised by the behaviors of the participants. The study notes that while guards and prisoners were free to engage in any form of interpersonal interactions, the "characteristic nature of their encounters tended to be negative, hostile, affrontive and dehumanizing."

The researchers found that both prisoners and guards exhibited "pathological reactions" during the course of the experiment. Guards fell into three categories: (1) those who were "tough but fair," (2) those who were passive and reluctant to use coercive control and, of special interests, (3) those who "went far beyond their roles to engage in creative cruelty and harassment." With each passing day, guards "were observed to generally escalate their harassment of the prisoners." The researchers reported: "We witnessed a sample of normal, healthy American college students fractionate into a group of prison guards who seemed to derive pleasure from insulting, threatening, humiliating, and dehumanizing their peers."

Because of the random assignment of subjects, the study concluded the observed behaviors were the result of situational rather than personality factors:

> The negative, anti-social reactions observed were not the product of an environment created by combining a collection of deviant personalities, but rather, the result of an intrinsically pathological situation which could distort and rechannel the behaviour of essentially normal individuals. The abnormality here resided in the psychological nature of the situation and not in those who passed through it.

The authors discussed how prisoner-guard interactions shaped the evolution of power use by the guards:

> The use of power was self-aggrandizing and self-perpetuating. The guard power, derived initially from an arbitrary label, was intensified whenever there was any perceived threat by the prisoners and this new level subsequently became the baseline from which further hostility and harassment would begin. The most hostile guards on each shift moved spontaneously into the leadership roles of

> giving orders and deciding on punishments. They became role models whose behaviour was emulated by other members of the shift. Despite minimal contact between the three separate guard shifts and nearly 16 hours a day spent away from the prison, the absolute level of aggression as well as the more subtle and "creative" forms of aggression manifested, increased in a spiraling function. Not to be tough and arrogant was to be seen as a sign of weakness by the guards and even those "good" guards who did not get as drawn into the power syndrome as the others respected the implicit norm of never contradicting or even interfering with an action of a more hostile guard on their shift.

In an article published 25 years after the Stanford Prison Experiment, Haney and Zimbardo noted their initial study "underscored the degree to which institutional settings can develop a life of their own, independent of the wishes, intentions, and purposes of those who run them." They highlighted the need for those outside the culture to offer external perspectives on process and procedures. (2)

Social Psychology: Causes of Aggression and Inhumane Treatment

The field of social psychology examines the nature of human interactions. Researchers in the field have long been searching to understand why humans sometimes mistreat fellow humans. The discussions below examine the factors behind human aggression and inhumane treatment, striving to impart a better understanding of why detainee abuses occur.

Human Aggression

Research has identified a number of factors that can assist in predicting human aggression. These factors include:

- **Personality traits**. Certain traits among the totality of an individual's behavioral and emotional make-up predispose to be more aggressive than other individuals.
- **Beliefs**. Research reveals those who believe they can carry out aggressive acts, and that such acts will result in a desired outcome, are more likely to be aggressive than those who do not hold these beliefs.
- **Attitudes**. Those who hold more positive attitudes towards violence are more likely to commit violent acts.
- **Values.** The values individuals hold vary regarding the appropriateness of using violence to resolve interpersonal conduct.
- **Situational Factors**. Aggressive cues (the presence of weapons), provocation (threats, insults, aggressive behaviors), frustration, pain and discomfort (hot temperatures, loud noises, unpleasant odors), and incentives can all call forth aggressive behaviors.
- **Emotional factors**. Anger, fear, and emotional arousal can heighten the tendency to act out aggressively.

The personality traits, belief systems, attitudes, and values of those who perpetrated detainee abuses can only be speculated upon. However, it is reasonable to assume, in any given population, these characteristics will be distributed along a bell curve, which will predispose some more than others within a group to manifest aggressive behaviors. These existing traits can be affected by environmental conditions, which are discussed later.

Abusive Treatment

Psychologists have attempted to understand how and why individuals and groups who usually act humanely can sometimes act otherwise in certain circumstances. A number of psychological concepts explain why abusive behavior occurs. These concepts include:

Deindividuation. Deindividuation is a process whereby the anonymity, suggestibility, and contagion provided in a crowd allows individuals to participate in behavior marked by the temporary suspension of customary rules and inhibitions. Individuals within a group may experience reduced self-awareness which can also result in disinhibited behavior.

Groupthink. Individuals often make very uncharacteristics decisions when part of a group. Symptoms of groupthink include: (1) Illusion of invulnerability—group members believe the group is special and morally superior; therefore its decisions are sound; (2) Illusion of unanimity in which members assume all are in concurrence, and (3) Pressure is brought to bear on those who might dissent.

Dehumanization. Dehumanization is the process whereby individuals or groups are viewed as somehow less than fully human. Existing cultural and moral standards are often not applied to those who have been dehumanized.

Enemy Image. Enemy image describes the phenomenon wherein both sides participating in a conflict tend to view themselves as good and peace-loving peoples, while the enemy is seen as evil and aggressive.

Moral Exclusion. Moral exclusion is a process whereby one group views another as fundamentally different, and therefore prevailing moral rules and practices apply to one group but not the other.

Abuse and Inhumane Treatment in War

Socialization to Evil and Doubling. Dr. Robert Jay Lifton has extensively examined the nature of inhumane treatment during war. Dr. Lifton suggested that ordinary people can experience "socialization to evil," especially in a war environment. Such people often experience a "doubling." They are socialized to evil in one environment and act accordingly within that environment, but they think and behave otherwise when removed from that environment. For example, doctors committed unspeakable acts while working in Auschwitz, but would go home on weekends and behave as "normal" husbands and fathers.

Moral Disengagement. Moral disengagement occurs when normal self-regulatory mechanisms are altered in a way that allows for abusive treatment and similar immoral behaviors. Certain conditions, identified by Bandura and his colleagues (3), can lead to moral disengagement, such as:

- **Moral Justification.** Misconduct can be justified if it is believed to serve a social good.
- **Euphemistic Language.** Language affects attitudes and beliefs, and the use of euphemistic language such as "softening up" (and even "humane treatment") can lead to moral disengagement.
- **Advantageous Comparison.** "Injurious conduct can be rendered benign" when compared to more violent behaviors. This factor is likely to occur during war. Essentially, abusive behaviors may appear less significant and somehow justifiable when compared to death and destruction.
- **Displacement of Responsibility.** "People view their actions as springing from the social pressures or dictates of others rather than as something for which they are socially responsible." This is consistent with statements from those under investigation for abuses.
- **Diffusion of Responsibility.** Group decisions and behaviors can obscure responsibility: "When everyone is responsible, no one really feels responsible."
- **Disregarding or Distorting the Consequences of Actions.** Harmful acts can be minimized or ignored when the harm is inflicted for personal gain or because of social inducements.
- **Attribution of Blame.** "Victims get blamed for bringing suffering on themselves."

Detainee and interrogation operations consist of a special subset of human interactions, characterized by one group which has significant power and control over another group which must be managed, often against the will of its members. Without proper oversight

and monitoring, such interactions carry a higher risk of moral disengagement on the part of those in power and, in turn, are likely to lead to abusive behaviors.

Environmental Factors

The risk of abusive behaviors is best understood by examining both psychological and environmental risk factors. A cursory examination of situational variables present at Abu Ghraib indicates the risk for abusive treatment was considerable. Many of the problematic conditions at Abu Ghraib are discussed elsewhere in this report, to include such factors as poor training, under nearly daily attack, insufficient staffing, inadequate oversight, confused lines of authority, evolving and unclear policy, and a generally poor quality of life. The stresses of these conditions were certainly exacerbated by delayed troop rotations and by basic issues of safety and security. Personnel needed to contend with both internal threats from volatile and potentially dangerous prisoners and external threats from frequent mortar fire and attacks on the prison facilities.

The widespread practice of stripping detainees, another environmental factor, deserves special mention. The removal of clothing interrogation technique evolved into something much broader, resulting in the practice of groups of detainees being kept naked for extended periods at Abu Ghraib. Interviews with personnel at Abu Ghraib indicated that naked detainees were a common sight within the prison, and this was understood to be a general part of interrogation operations.

While the removal of clothing may have been intended to make detainees feel more vulnerable and therefore more compliant with interrogations, this practice is likely to have had a psychological impact on guards and interrogators as well. The wearing of clothes is an inherently social practice, and therefore the stripping away of clothing may have had the unintended consequence of dehumanizing detainees in the eyes of those who interacted with them. As discussed earlier, the process of dehumanization lowers the moral and cultural barriers that usually preclude the abusive treatment of others.

(1) Haney, C., Banks, C., and Zimbardo, P., Interpersonal Dynamics in a Simulated Prison, *International Journal of Criminology and Penology,* 1973, 1, 69-97.

(2) Haney, C. and Zimbardo, P., The Past and Future of U.S. Prison Policy, Twenty-Five Years after the Stanford Prison Experiment, *American Psychologist,* July 1998, 709-27.

(3) Bandura, A., Barbaranelli, C., Caprara, G., and Pastorelli, C., Mechanisms of Moral Disengagement in the Exercise of Moral Agency, *Journal of Personality and Social Psychology,* Vol. 71(2), August 1996, 364-74.

ETHICAL ISSUES

Introduction

For the United States and other nations with similar value systems, detention and interrogation are themselves ethically challenging activities. Effective interrogators must deceive, seduce, incite, and coerce in ways not normally acceptable for members of the general public. As a result, the U. S. places restrictions on who may be detained and the methods interrogators may employ. Exigencies in the Global War on Terror have stressed the normal American boundaries associated with detention and interrogation. In the ensuing moral uncertainty, arguments of military necessity make the ethical foundation of our soldiers especially important.

Ethical Foundations of Detention and Interrogation

Within our values system, consent is a central moral criterion on evaluating our behavior toward others. Consent is the manifestation of the freedom and dignity of the person and, as such, plays a critical role in moral reasoning. Consent *restrains*, as well as *enables,* humans in their treatment of others. Criminals, by not respecting the rights of others, may be said to have consented – in principle – to arrest and possible imprisonment. In this construct – and due to the threat they represent – insurgents and terrorists "consent" to the possibility of being captured, detained, interrogated, or possibly killed.

Permissions and Limits on Detentions

This guideline of implied consent for the U.S. first limits who may be detained. Individuals suspected of insurgent or terrorist activity may be detained to prevent them from conducting further attacks and to gather intelligence to prevent other insurgents and terrorists from conducting attacks. This suggests two categories of persons who may be

detained and interrogated: (1) persons who have engaged in or assisted those who engage in terrorist or insurgent activities; and (2) persons who have come by information regarding insurgent and terrorist activity.

By engaging in such activities, persons in the first category may be detained as criminals or enemy combatants, depending on the context. Persons in the second category may be detained and questioned for specific information, but if they do not represent a continuing threat, they may be detained only long enough to obtain the information.

Permissions and Limits on Interrogation Techniques

For the U.S., most cases for permitting harsh treatment of detainees on moral grounds begin with variants of the "ticking time bomb" scenario. The ingredients of such scenarios usually include an impending loss of life, a suspect who knows how to prevent it—and in most versions is responsible for it—and a third party who has no humane alternative to obtain the information in order to save lives. Such cases raise a perplexing moral problem: Is it permissible to employ inhumane treatment when it is believed to be the only way to prevent loss of lives? In periods of emergency, and especially in combat, there will always be a temptation to override legal and moral norms for morally good ends. Many in Operations Enduring Freedom and Iraqi Freedom were not well prepared by their experience, education, and training to resolve such ethical problems.

A morally consistent approach to the problem would be to recognize there are occasions when violating norms is understandable but not necessarily correct —that is, we can recognize that a good person might, in good faith, violate standards. In principle, someone who, facing such a dilemma, committed abuse should be required to offer his actions up for review and judgment by a competent authority. An excellent example is the case of a 4th Infantry Division battalion commander who permitted his men to beat a detainee whom he had good reason to believe had information about future attacks against his unit. When the beating failed to produce the desired results, the commander

fired his weapon near the detainee's head. The technique was successful and the lives of U.S. servicemen were likely saved. However, his actions clearly violated the Geneva Conventions and he reported his actions knowing he would be prosecuted by the Army. He was punished in moderation and allowed to retire.

In such circumstances interrogators must apply a "minimum harm" rule by not inflicting more pressure than is necessary to get the desired information. Further, any treatment that causes permanent harm would not be permitted, as this surely constitutes torture. Moreover, any pain inflicted to teach a lesson or after the interrogator has determined he cannot extract information is morally wrong.

National security is an obligation of the state, and therefore the work of interrogators carries a moral justification. But the methods employed should reflect this nation's commitment to our own values. Of course the tension between military necessity and our values will remain. Because of this, military professionals must accept the reality that during crises they may find themselves in circumstances where lives will be at stake and the morally appropriate methods to preserve those lives may not be obvious. This should not preclude action, but these professionals must be prepared to accept the consequences.

Ethics Education

The instances of detainee abuse in Iraq and Afghanistan do indicate a review of military ethics education programs is needed. This is not to suggest that more adequate ethics education will necessarily prevent abuses. Major service programs such as the Army's "core values," however, fail to adequately prepare soldiers working in detention operations.

While there are numerous ethics education programs throughout the services, almost all refer to certain "core values" as their foundation. Core-values programs are grounded in

organizational efficacy rather than the moral good. They do not address humane treatment of the enemy and noncombatants, leaving military leaders and educators an incomplete tool box with which to deal with "real-world" ethical problems. A professional ethics program addressing these situations would help equip them with a sharper moral compass for guidance in situations often riven with conflicting moral obligations.

Independent Panel to Review DoD Detention Operations

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AMERICAN PSYCHOLOGICAL ASSOCIATION

May 21, 1999

MEMO

To: Ethics Code Task Force

From: Celia B. Fisher, Chair, Ethics Code Task Force CBF(OF)

Re: Drafts of Standards Assigned at the April 1999 ECTF Meeting

---

Thanks to you all for your recent drafts of standards that were assigned following our April meeting. I have just had a chance to review the table Debbie put together with your suggested wording and have decided that, given the complex nature of these issues, it is better to send the Ethics Committee a draft that does not include material for which the full ECTF has not reached consensus. Instead, we will send the EC the draft that was passed at our April meeting, and we will discuss and vote on the recently submitted drafts at our October 1—3 meeting.

On behalf of our task force, I am asking both the Ethics Committee and the APA Deputy Counsel to provide comment on our first draft in time for our October meeting. With this feedback in hand, we should be able to make significant advances in our work on the revision in October.

In considering your recent submissions and the general length and level of detail of our current draft, I have developed some concerns about our plan to include specific "reasonable steps" in many standards. These steps may make standards difficult to enforce and make the Code too long. However, I would still like you submit these "steps" with your next round of drafts (due June 15). The "steps" may help us to determine whether a standard is viable, and we may want to use the "steps" in a companion document to the Code. (Please note, Bruce pulled from the Commentary book some relevant passages related to the use of "wiggle words," and a copy of this material is attached.)

Debbie will be sending you a reminder about the due date (June 15) for your drafts on the Introduction, Preamble, General Principles, and Ethical Decision Making Model. I also wanted to mention that Debbie will be on vacation beginning July 1 and will not be back in the office until August 2. She will have access to email during that time and will still be able to answer questions and provide limited assistance.

We appear to be making great progress on our assigned task. October will be a busy meeting.

An article about the work of the task force will be appearing in the July Monitor and should increase the turnout for our APA open meeting. Please note that our meeting is scheduled for Sunday, August 22, at 1:00—1:50 pm has been moved to the Constitution Ballroom A, Sheraton Boston Hotel.

Thank you again for all your hard work.

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MAY 0 4 1999

ETHICAL STANDARDS

1. GENERAL STANDARDS

1.02 Relationship of Ethics and Law.

If psychologists' ethical responsibilities conflict with law, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner.

Note: the psychologist must make his/her commitment to the Ethics Code known by writing a letter or memo to the proper authority, (employer or supervisor) or by informing the proper authority and documenting such conversation in the file, chart, research protocol and so on.

The Ethics Code requires that the psychologist act proactively (i.e. Take steps). The psychologist must attempt to resolve such conflicts in a responsible manner. Doing nothing, absent a logical, well thought out decision to do so would not appear to meet these criteria.

On the other hand in a forensic matter in which records are ordered to be release without consent, the psychologist may consider requesting the judge to review material in private and make a determination if any information should be released, commonly known as an in camera hearing. The procedure may result in a limited release of relevant information rather than a blanket release. (pp. 32-33)

1.04 Boundaries of Competence.

(c) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect patients, clients, students, research participants, and others from harm.

Note: The requirement of this standard can be met by applying known and acceptable methods of scientific inquiry and professional practice and by taking proper and acceptable precautions in consultation, teaching, and clinical work. When a new technique is to be used, the recipient should be made aware that the technique is new or experimental, and precautions should be in place to protect the individual from harm. The use of 'informed consent' when working in emerging areas is also helpful. Additionally, acceptable research protocols should be implemented to avoid harm to research participants. Patients' welfare can be enhanced by use of ongoing consultation with knowledgeable professionals. Reasonable steps might also include careful consideration of the data on which the new hypotheses or treatment are based and consultation with experts regarding unique populations when indicated. (p 36)

1.05 Maintaining Expertise.

1.06

Psychologists who engage in assessment, therapy, teaching, research, organizational consulting, or other professional activities maintain a reasonable level of awareness of current scientific and professional information in their fields of activity, and undertake ongoing efforts to maintain competence in the skills they use.

Note: This standard can be met by a variety of activities (eg., Reading appropriate journals and books on relevant subject matter, attending or presenting workshops or conventions, obtaining continuing education credits, seeking peer consultation or supervision on difficult projects or cases, attending peer study groups.) (p 37)

1.13 Personal Problems and Conflicts.

(c) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties.

Note: Psychologists must take appropriate measures, including consultation, personal therapy, other assistance, impaired professional programs, and so forth, and they must determine if their problem is serious enough to require that they seek supervision of their professional work or temporarily or permanently limit, suspend or terminate their professional duties. (p 44)

1.14 Avoiding Harm.

Psychologists take reasonable steps to avoid harming their patients or clients, research participants, students, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

Note: "Reasonable steps" might include obtaining informed consent, following well-established research and treatment protocols, informing research participants of any possible negative aspects of the research project, establishing a clear agreement with recipients of services to avoid misunderstandings in the future, and discussing the potential uses of test results with those to be evaluated.

In providing forensic evaluations, psychologists should be careful not to make inaccurate, overreaching, or overinclusive statements that are harmful or subject to misrepresentation or that go beyond the purpose of evaluation (e.g., statements about an individual's sexual orientation or other irrelevant personal factors should be avoided). (p 45)

1.16 Misuse of Psychologists' Work.

(b) If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

Note: Reasonable steps might include, a phone call to the individual involved if the error is deemed unintentional, a memo to an attorney or the court, or a letter to the editor of a journal or newspaper with the necessary clarifications or corrections for inclusion in the next possible issue. Documentation of the attempts to correct the situation is advised. (p 47)

1.22 Delegation to and Supervision of Subordinates.

(b) Psychologists provide proper training and supervision to their employees or supervisees and take reasonable steps to see that such persons perform services responsibly, competently, and ethically.

Notes: This standard focuses on the psychologist's responsibility to take 'reasonable steps' to see that those they employ or supervise perform appropriately. Failure to provide appropriate training or supervision is an ethical violation. (p 59)

2. EVALUATION, ASSESSMENT, OR INTERVENTION

2.02 Competence and Appropriate Use of Assessments and Interventions.

(b) Psychologists refrain from misuse of assessment techniques, interventions, results, and interpretations and take reasonable steps to prevent others from misusing the information these techniques provide. This includes refraining from releasing raw test results or raw data to persons, other than to patients or clients as appropriate, who are not qualified to use such information. (See also Standards 1.02, Relationship of Ethics and Law, and 1.04, Boundaries of Competence.)

Note: Before releasing raw data or other confidential information, psychologists should determine that the recipient of the information has a legal right to obtain the information and has the proper experience and shall use it appropriately. When a subpoena has been issued, the psychologist may need to seek a protective order from the court to avoid improper disclosure and should consider consulting with legal counsel to determine legal rights and responsibilities. The psychologist may wish to request that the information be turned over to another psychologist for review and in many situations the court will permit an 'in camera' review of the data. (pp. 69-70)

2.09 Explaining Assessment Results.

Unless the nature of the relationship is clearly explained to the person being assessed in advance and precludes provision of an explanation of results (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations), psychologists ensure that an explanation of the results is provided using language that is reasonably understandable to the person assessed or to another legally authorized person on behalf of the client. **Regardless of whether the scoring and interpretation are done by the psychologist, by assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that appropriate explanations of results are given.**

No specific notes (p 76)

2.10 Maintaining Test Security.

Psychologists make reasonable efforts to maintain the integrity and security of tests and other assessment techniques consistent with law, contractual obligations, and in a manner that permits compliance with

the requirements of this Ethics Code. (See also Standard 1.02, Relationship of Ethics and Law.)

Note: Psychologists bear the legal and ethical responsibility of trying to protect the test materials. Copies of test protocols should not be released unless required by law. Psychologists complying with a subpoena for production of the test protocol may seek the court's help in resolving such an ethical and legal dilemma. The court may narrow the scope of the subpoena, issue a protective order limiting further disclosure or use, or permit a psychologist to submit raw data to another psychologist for review. (pp. 76-77)

3. ADVERTISING AND OTHER PUBLIC STATEMENTS

3.02 Statements by Others.

(b) In addition, psychologists make reasonable efforts to prevent others whom they do not control (such as employers, publishers, sponsors, organizational clients, and representatives of the print or broadcast media) from making deceptive statements concerning psychologists' practice or professional or scientific activities.

Note: Reasonable efforts might be, asking a reporter to read back quotations to be asked in an interview, asking editors to review galleys, or sending an employer a note clarifying the proper interpretation of data. (p 80)

(c) If psychologists learn of deceptive statements about their work made by others, psychologists make reasonable efforts to correct such statements.

Note: Examples of efforts to correct such problems would be printed corrections or retractions or writing or calling the person who provided the incorrect information to ask that it be corrected. (p 81)

3.04 Media Presentations.

When psychologists provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, or other media, they take reasonable precautions to ensure that (1) the statements are based on appropriate psychological literature and practice, (2) the statements are otherwise consistent with this Ethics Code, and (3) the recipients of the information are not encouraged to infer that a relationship has been established with them personally.

Note: This rule requires taking "reasonable precautions to ensure" that the above 3 requirements are met. Requirement 1: This addresses the importance of resisting the temptation to go beyond the data and create a misleading impression through sensationalism and exaggeration. Requirement 2: Examples of this are compliance with Standard 3.03, Standdard1.04, and Standard 2.01b. Requirement 3: Addresses the problem of individuals incorrectly believing that they are in a therapy relationship. The psychologist could periodically issue statements such as "you might talk to a therapist about…. (pp. 85-86)

4. THERAPY

4.01 Structuring the Relationship.

(d) Psychologists make reasonable efforts to answer patients' questions and to avoid apparent misunderstandings about therapy. Whenever possible, psychologists provide oral and/or written information, using language that is reasonably understandable to the patient or client.

Note: This standard requires that the psychologist provide an opportunity for the client to ask questions and allows giving oral and written information as long as the language is understandable to the client. Many psychologists are using lengthier consent forms or educational brochures on treatment, given either before treatment begins or in response to specific questions. (p 91)

4.08 Interruption of Services.

(a) Psychologists make reasonable efforts to plan for facilitating care in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, or relocation or by the client's relocation or financial limitations. (See also Standard 5.09, Preserving Records and Data.)

Note: This standard requires a prior plan for addressing several potential interruptions to service. The therapist's death or relocation can be addressed in documents such as contracts and organizational rules. Illness or unavailability can be addressed through agreements with other psychologists to provide coverage in such circumstances and for the psychologist's staff to be aware of the arrangement. The client's relocation is routinely addressed by making referrals. Financial limitations can be addressed by clear financial agreements and an early understanding of insurance or other third-party payment limits. There is no requirement that the plan be written, and the various interruptions of service may require different methods for executing the plan. (pp. 99-100)

4.09 Terminating the Professional Relationship.

(c) Prior to termination for whatever reason, except where precluded by the patient's or client's conduct, the psychologist discusses the patient's or client's views and needs, provides appropriate pretermination counseling, suggests alternative service providers as appropriate, and takes other reasonable steps to facilitate transfer of responsibility to another provider if the patient or client needs one immediately.

Note: Reasonable steps to facilitate transfer of responsibility might include calling for an appointment before the client leaves the office or calling a client to see if he or she has scheduled an appointment with one of the referrals provided. (pp. 102-103)

5. PRIVACY AND CONFIDENTIALITY

5.02 Maintaining Confidentiality.

Psychologists have a primary obligation and take reasonable precautions to respect the confidentiality rights of those with whom they work or consult, recognizing that confidentiality may be established by law, institutional rules, or professional or scientific relationships. (See also Standard 6.26, Professional Reviewers.)

Note: Reasonable precautions might include having knowledge of state and federal laws, as well as institutional rules. (p 107)

5.07 Confidential Information in Databases.

(c) If such deletion is not feasible, then before psychologists transfer such data to others or review such data collected by others, they take reasonable steps to determine that appropriate consent of personally identifiable individuals has been obtained.

Note: The standard requires that psychologists "take reasonable steps" to determine that appropriate consent of identifiable individuals was obtained. This requirement may be satisfied by, contacting the original researcher or institution as appropriate to determine whether consent was obtained. It is not a requirement that the psychologist assure that the consent was obtained but that they take reasonable steps in that direction. (pp. 111-112)

5.10 Ownership of Records and Data.

Recognizing that ownership of records and data is governed by legal principles, psychologists take reasonable and lawful steps so that records and data remain available to the extent needed to serve the best interests of patients, individual or organizational clients, research participants, or appropriate others.

Note: The psychologist should be sure that records and data are stored in an organized manner, in a safe place, and that here is an acceptable filing system used to identify the records. The psychologist must also seek to implement ethical and legal mechanisms to release records when appropriate, becoming familiar with the legal, regulatory, and institutional requirements that affect the availability of records.(pp. 113-114)

6. TEACHING, TRAINING SUPERVISION, RESEARCH, AND PUBLISHING

6.01 Design of Education and Training Programs.

Psychologists who are responsible for education and training programs seek to ensure that the programs are competently designed, provide the proper experiences, and meet the requirements for licensure, certification, or other goals for which claims are made by the program.

Note: This requirement might be met by assuring that the psychologist can demonstrate direct involvement in the development of program content, program requirements, program goals, and the purposes of the training programs.(pp. 115-116)

6.02 Descriptions of Education and Training Programs.

(a) Psychologists responsible for education and training programs seek to ensure that there is a current and accurate description of the program content, training goals and objectives, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

Note: The requirement is not to ensure, only to seek to ensure, and this may be accomplished by calling to the attention of those responsible the need for changing descriptions or reprinting the program brochure as appropriate. (p 116)

(b) Psychologists seek to ensure that statements concerning their course outlines are accurate and not misleading, particularly regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. (See also Standard 3.03, Avoidance of False or Deceptive Statements.)

Notes: Psychologists must avoid misrepresentation of important issues such as subject matter, the time involved in the course, or procedures for evaluation. (p 116)

6.03 Accuracy and Objectivity in Teaching.

(a) When engaged in teaching or training, psychologists present psychological information accurately and with a reasonable degree of objectivity.

Notes: Psychologists engaged in teaching or training do not present unreasonably biased, inaccurate, or distorted information about the subject matter.

The reference to "reasonable degree of objectivity" acknowledges that no one is wholly objective. This standard does not give everyone the right to challenge as "unethical" everyone of a different [theoretical] orientation. It seeks to sanction only those who abandon normally recognized standards of professionalism and accuracy in teaching. (p 117)

(b) When engaged in teaching or training, psychologists recognize the power they hold over students or supervisees and therefore make reasonable efforts to avoid engaging in conduct that is personally demeaning to students or supervisees. (See also Standards 1.09, Respecting Others, and 1.12, Other Harassment.)

Notes: The "make reasonable efforts" portion of the standard recognizes that the standard contains an "eye of the beholder" problem (e.g., a student may feel demeaned by a professor's comments that were not intended to offend and that would not offend most people). (pp. 117-118)

6.06 Planning Research.

(c) In planning research, psychologists consider its ethical acceptability under the Ethics Code. **If an ethical issue is unclear, psychologists seek to resolve the issue through consultation with institutional review boards, animal care and use committees, peer consultations, or other proper mechanisms.**

Notes: In the event of uncertainty, psychologists must take some type of action to resolve the issues (e.g., by consulting with proper authorities). If a complaint is filed it will be important for the psychologist to demonstrate that he or she gave serious consideration to the various provisions of the Ethics Code and consulted with other knowledgeable people regarding any unclear issues. (p 119)

(d) Psychologists take reasonable steps to implement appropriate protections for the rights and welfare of human participants, other persons affected by the research, and the welfare of animal subjects.

Note: The Ethics Code identifies many methods that may help meet this standard, such as informed consent to participate is a research project, and debriefing following completion of the research. Adherence to Standard 6.20, which provides the guidelines for use of animal subjects. This standard also asserts that psychologists have a responsibility to protect the rights of others that are affected by the research such as friends, relatives, roommates spouses and clients of supervisees. (p 120)

6.11 Informed Consent to Research.

(c) When psychologists conduct research with individuals such as students or subordinates, psychologists take special care to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

Note: The psychologist must make an effort to protect such individuals from any adverse consequences of declining or withdrawing, such as a lowering of a grade or evaluation, loss of privileges, or any other negative consequence over which the researcher has some degree of control. (p 125)

6.18 Providing Participants With Information About the Study.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

Note: In order to reduce the risk of harm in certain situations, psychologists should attempt to give information to participant's parents or legal guardians at the conclusion of the study.(p 132)

6.19 Honoring Commitments.

Psychologists take reasonable measures to honor all commitments they have made to research participants.

Notes: Psychologists are exhorted to abide by agreements made with participants to fulfill certain roles or responsibilities either during or after conclusion of the research effort. Investigators do what they say they are going to do. (p 133)

6.20 Care and Use of Animals in Research.

(f) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

Note: This standard specifically addresses the requirement to be attentive to and minimize ill treatment of the animal during research. This would include (a) attending to the housing and care of animals; (b) maintaining sanitary and antiseptic procedures, as appropriate; (c)providing appropriate medical care when needed; and (d) taking steps to avoid unnecessary physical pain. (p 135)

6.21 Reporting of Results.

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

Note: Reasonable steps to correct errors in his/her published research data include corresponding with the journal editor, publisher, or other responsible party who has some key role in printing or presenting the erroneous information. (pp. 136-137)

7. FORENSIC ACTIVITIES

7.02 Forensic Assessments.

(c) When, despite reasonable efforts, such an examination is not feasible, psychologists clarify the impact of their limited information on the reliability and validity of their reports and testimony, and they appropriately limit the nature and extent of their conclusions or recommendations.

Notes: The standard requires that "reasonable efforts" have been made to do the examination of the individual and these have not been successful. There might be a situation in which an individual is physically incapacitated to an extent that examination is not considered feasible or the individual might be out of the country, in jail, and so no. Determining that enough steps have been taken involves assessing not only what the steps are, but whether the examination is "not feasible." One might consider calling or writing to arrange an appointment, offering alternative appointments, or working with the court or attorneys to ensure as much cooperation and understanding as possible, as reasonable efforts made. And if the examination could still not be arranges, it might then be considered as "not feasible." (pp. 149-150)

7.06 Compliance With Law and Rules.

In performing forensic roles, psychologists are reasonably familiar with the rules governing their roles. **Psychologists are aware of the occasionally competing demands placed upon them by these principles and the requirements of the court system, and attempt to resolve these conflicts by making known their commitment to this Ethics Code and taking steps to resolve the conflict in a responsible manner. (See also Standard 1.02, Relationship of Ethics and Law.)**

Note: It is recommended that psychologists discuss with their lawyers the pertinent rules and laws in a particular forensic situation and check with them about any subpoenas they may receive. Psychologists may learn from attorneys, forensic colleagues, and available reference texts what court rules apply to the presentation of evidence and in general the sorts of legal procedures that will be applicable. These might include, how probate court or criminal court procedures occur and the basics of courtroom etiquette. In addition to the resources mentioned above, it is suggested that psychologists check with the APA and state psychological associations, study their own state laws and rules and know their Ethics Code. (pp. 154-155)

8. RESOLVING ETHICAL ISSUES

8.03 Conflicts Between Ethics and Organizational Demands.

If the demands of an organization with which psychologists are affiliated conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, seek to resolve the conflict in a way that permits the fullest adherence to the Ethics Code.

Note: Psychologists are required to identify conflicts between this Ethics Code and the requirements placed on them by the organization, to communicate those concerns to their supervisor, and to otherwise seek a solution that will permit compliance with the code. (pp. 158-159)

8.06 Cooperating With Ethics Committees.

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they make reasonable efforts to resolve any issues as to confidentiality. Failure to cooperate is itself an ethics violation.

Notes: Reasonable efforts to resolve confidentiality issues might involve such actions as asking a patient whose treatment is at issue to permit disclosure of records or trying to locate by letter or other means, an individual who could waive confidentiality and permit certain documents to be submitted. (p 163)

CF Notes from conversation with Gil Sanders Division 18

1. **Standard 1.03 Conflict Between Ethics and Law** Psychologists in correctional facilities are often caught between conflicting demands of their facilities and the ethics code. However, Standard 1.03 (Relationship of Ethics & Law) may not be adequate because "law" is vague in these facilities and are often interpreted through "regulations." Would including "government regulations" in 1.03 address this issue?
2. **Standard 3.07 Multiple Relationships** Psychologists in correctional facilities are often viewed as "correctional staff" first, and psychologists second. Therefore, superiors can order a psychologist to take a correctional staff role that requires them to "pat down" or even "shoot" someone they may be seeing as a client/patient in their role as a psychologist. Psychologists in these facilities would like more support from the code in helping them to refuse to participate in these types of activities. Is our proposed multiple relationship standard sufficient to address assist in this area?
3. **8.03 Dispensing with Informed Consent for Research.** Research psychologists in correctional facilities who conduct policy or program research often find the requirement for individual informed consent incompatible with their responsibilities. This issue is similar to that raised by I/O psychologists. I have suggested addressing this issue for I/O by including the following condition of waiver or (3) criterion-related validation research conducted in commonly accepted organizational settings to monitor employee performance and/or attitudes over time for which participants can not be identified and for which disclosure of the participants' responses would not place their employment at risk. Is there a similar sentence whose wording would be appropriate for correctional facilities?

Subject: FYI
Date: Thursday, February 13, 2003 5:15 PM
From: Melvin A. Gravitz PRIVACY REDACTION
To: "Mitchell, Jim" PRIVACY REDACTION

Ethical ConsIDerations in the Utilization of PSychologists in the InterRogation Process

A major focus in the training and experience of psychologists has always been the development of interviewing skills, which are then utilized in a variety of professional activities. Recently, some questions have been raised regarding the ethical implications of psychologists applying their skills by assisting in the interrogation process of certain persons who have been detained in the currently ongoing world-wide war against terrorism. In commenting on this question, reference may be made to the authoritative American Psychological Association's *Ethical Principles of Psychologists and Code of Conduct* ("*Ethics Code*"). The current written edition of these principles was adopted August 21, 2002, was published in December, 2002, and is officially effective June 1, 2003. It is the latest of a number of versions of the Ethics Code, ten since 1953, each of which differs in certain ways from its predecessors.

The Ethics Code has been designed to provide a common set of principles and standards upon which psychologists perform their professional and scientific work. It was necessarily intended to be a flexible set of guidelines for the professional activities of psychologists who are members of the American Psychological Association (APA), since not all work situations can be anticipated or covered: Psychology is and has always been a dynamic and evolving discipline. That has meant that the various principles must be interpreted within the framework of particular and even certain unique work activities of psychologists. Since APA is a private organization, its rules and principles, including the Ethics Code, are binding only on its membership. An exception occurs when and if the Ethics Code has been incorporated within the framework

of those statutes that govern the licensing of psychologists by the individual states. (There is no Federal law, as such, governing the practice of psychology, since the legal regulation of a profession is constitutionally reserved for the individual states.) Inquiry to APA reveals that about half of the states have incorporated the Ethical Code within their licensing statutes and thereby given it legal status. Thus, when Federal agencies (e.g., CIA, NSA, the military services, VA, Public Health Service, etc.) require licensure as a prerequisite to employment or enlistment, they typically require licensure only in one of the states.

The following comments are based upon a review of the principles of the Ethical Code as they may be relevant to certain psychological services rendered by Agency staff psychologists and contractors, all of whom are required by regulation to be licensed. In the interrogation of detainees, such services may include (1) acting as a consultant to officers who design and conduct interrogations, (2) acting as observers but not actually participating in the interrogations, and (3) participating in the interrogation process themselves.

To begin with, there is no Ethical Code principle that precludes, prohibits, or limits a psychologist from providing services to the intelligence or military communities; indeed, the Ethics Code has among its stated goals the protection of the individuals and groups with whom psychologists work, the latter including the national interest.

In contrast to Ethical Standards, which are specific, the Ethics Code

contains certain General Principles that are meant to guide psychologists to the highest ethical ideals. These are "inspirational" and as such do not represent obligations and should not form the basis for the imposition of sanctions. The lofty principles include beneficence and nonmaleficence, fidelity and responsibility, integrity, justice, and respect for the rights and dignity of others. There are also a number of Ethical Standards, certain of which are discussed below and which may be relevant to the question of psychologists' involvement in the detainee interrogation process.

Conflicts between ethics and law, regulations, and other governing legal authority:When a psychologist's ethical responsibilities appear to be discrepant with laws, regulations, or other legal authority, they make known their commitment to the Ethics Code and seek resolution. "If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority."

Conflicts between ethics and organizational demands: If the requirements of an organization with which psychologists are affiliated appear to be discrepant with the Ethics Code, psychologists should make known their commitment to the code. To the extent feasible, any discrepancy is to be resolved in a way that permits adherence to the Ethics Code.

Management of alleged or possible ethical violations: When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual. In the intelligence community, it would be necessary to take into consideration the rules, regulations, and laws that protect classified information, methods, and sources. That is analogous to the general civilian community where there may be regulations and statutes that govern confidentiality and privilege.

Boundaries of competence: Psychologists provide their services only with populations and in areas within the boundaries of their competence. In turn, competence is based on their education, training, experience, study, and consultation. Psychologists also undertake to develop and maintain their competencies. When delivering forensic services, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles: The latter may have relevance to the interrogation process, which is undertaken within the parameters of certain regulations. Furthermore, the psychologist working in interview and interrogation settings should be aware of the range of techniques available, some of which may be more effective than others. When working in operational settings, psychologists should be familiar with and understand the organizational requirements that apply to such situations.

Providing services in emergencies: In emergent situations, psychologists may provide services in order that the situation may be ameliorated or resolved. Such services are to be discontinued when the emergency has ended. While this standard is typically applicable to a treatment situation, there are also implications for a national security emergency where lives may be at stake.

Bases for professional judgments: Psychologists base their work on established scientific and professional knowledge. It follows that, when there is a minimal knowledge base existing in science or practice, such services may be informed by the psychologist's prior and ongoing experience.

Cooperation with other professionals: When indicated and necessary, psychologists cooperate with other professionals in order that their services may be effectively and appropriately performed.

In addition to the above major standards, others are possibly related to

appropriate ethical professional behavior is up to the individual psychologist. While the APA Ethics Code focuses primarily on concern for the individual (i.e., client or patient), it also recognizes that the psychologist has an obligation to the group of individuals, such as the Nation. The Ethics Code is in its essence a set of aspirations and guidelines, and these must be flexibly applied to the circumstances at hand.

Melvin A. Gravitz, PhD, ABPP

February 10, 2003

6

Ethical Principles and Code of Conduct
Revision Draft 3, March 31, 2000

The attached draft contains revisions to the Introduction, Preamble, General Principles, and Standards 1—11 as voted by the Ethics Code Task Force at its March 3—5, 2000 meeting. The draft is presented in 2 columns with the 1992 Ethics Code in the left-hand column and Draft 3 in the right-hand column.

1992 Ethics Code Revision Draft 3

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

1992 Ethics Code	Revision Draft 3
INTRODUCTION ¶ 1 The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, six General Principles (A - F), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action and may be considered by ethics bodies in interpreting the Ethical Standards. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by the Ethics Code does not mean that it is necessarily either ethical or unethical. Membership in the APA commits members to adhere to the APA Ethics Code and to the rules and procedures used to implement it. Psychologists and students, whether or not they are APA members, should be aware that the Ethics Code may be applied to them by state psychology boards, courts, or other public bodies. ¶ 3 This Ethics Code applies only to psychologists' work-related activities, that is, activities that are part of the psychologists' scientific and professional functions or that are psychological in nature. It includes the clinical or counseling practice of psychology, research, teaching, supervision of trainees, development of assessment instruments, conducting assessments, educational counseling, organizational consulting, social intervention, administration, and other activities as well. These work-related activities can be distinguished from the purely private conduct of a psychologist, which ordinarily is not within the purview of the Ethics Code. ¶ 2, Sen 1 Membership in the APA commits members to adhere to the APA Ethics Code and to the rules and procedures used to implement it.	INTRODUCTION AND APPLICABILITY The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, fivesix General Principles (A - EF), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action and may be considered by ethics bodies in interpreting the Ethical Standards. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by the Ethics Code does not mean that it is necessarily either ethical or unethical. ~~Membership in the APA commits members to adhere to the APA Ethics Code and to the rules and procedures used to implement it. Psychologists and students, whether or not they are APA members, should be aware that the Ethics Code may be applied to them by state psychology boards, courts, or other public bodies.~~ This Ethics Code applies only to psychologists' work-related activities, that is, activities that are part of the psychologists' scientific and professional functions or that are psychological in nature. It includes the clinical or counseling practice of psychology, research, teaching, supervision of trainees, development of assessment instruments, conducting assessments, educational counseling, organizational consulting, forensic activities, social intervention, administration, and other activities as well. This code applies to these work related activities across a variety of contexts, such as in person, postal, and telephonic communication, and internet and other electronic communications. These work-related activities can be distinguished from the purely private conduct of a psychologist, which ordinarily is not within the purview of the Ethics Code. Membership in the APA commits members to adhere to the APA Ethics Code and to the rules and procedures used to implement it.

1992 Ethics Code	Revision Draft 3
¶ 6 The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. The actions that APA may take for violations of the Ethics Code include actions such as reprimand, censure, termination of APA membership, and referral of the matter to other bodies. Complainants who seek remedies such as monetary damages in alleging ethical violations by a psychologist must resort to private negotiation, administrative bodies, or the courts. Actions that violate the Ethics Code may lead to the imposition of sanctions on a psychologist by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition to actions for violation of the Ethics Code, the APA Bylaws provide that APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure.	The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. ~~The actions that~~ APA may impose sanctions on its members ~~take~~ for violations of the Ethics Code, including ~~actions such as~~ termination of APA membership, and may notify other bodies of its actions. ~~reprimand, censure, termination of APA membership, and referral of the matter to other bodies. Complainants who seek remedies such as monetary damages in alleging ethical violations by a psychologist must resort to private negotiation, administrative bodies, or the courts.~~ Actions that violate the Ethics Code may also lead to the imposition of sanctions on ~~a~~ psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition ~~to actions for violation of the Ethics Code~~, the APA Bylaws provide that APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure
¶ 2, Sen 2 Psychologists and students, whether or not they are APA members, should be aware that the Ethics Code may be applied to them by state psychology boards, courts, or other public bodies.	Phrasing added to paragraph above.
¶ 4 The Ethics Code is intended to provide standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. Whether or not a psychologist has violated the Ethics Code does not by itself determine whether he or she is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur. These results are based on legal rather than ethical rules. However, compliance with or violation of the Ethics Code may be admissible as evidence in some legal proceedings, depending on the circumstances.	The Ethics Code is intended to provide standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. Whether or not a psychologist has violated the Ethics Code does not by itself determine whether he or she is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur. These results are based on legal rather than ethical rules. However, compliance with or violation of the Ethics Code may be admissible as evidence in some legal proceedings, depending on the circumstances.
¶ 5 In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code, in addition to applicable laws and psychology board regulations. If the Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If the Ethics Code standard appears to conflict with the requirements of law, then psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner. If neither law nor the Ethics Code resolves an issue, psychologists should consider other professional materials and the dictates of their own conscience, as well as seek consultation with others within the field when this is practical.	In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code, in addition to applicable laws and psychology board regulations. If the Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If the Ethics Code standard appears to conflict with the requirements of law, then psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner. If neither law nor the Ethics Code resolves an issue, psychologists should consider other professional materials[1] and the dictates of their own conscience, as well as seek consultation with others within the field when this is practical.
History and effective date.	History and effective date.

1992 Ethics Code	Revision Draft 3
This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, August 13 and 16, 1992, and is effective beginning December 1, 1992. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. This Code will be used to adjudicate complaints brought concerning alleged conduct occurring after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Code that was in effect at the time the conduct occurred, except that no provisions repealed in June 1989, will be enforced even if an earlier version contains the provision. The Ethics Code will undergo continuing review and study for future revisions; comments on the Code may be sent to the above address. The APA has previously published its Ethical Standards as follows: American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author. American Psychological Association. (1958). Standards of ethical behavior for psychologists. American Psychologist, 13, 268- 271. American Psychological Association. (1963). Ethical standards of psychologists. American Psychologist, 18, 56-60. American Psychological Association. (1968). Ethical standards of psychologists. American Psychologist, 23, 357-361. American Psychological Association. (1977, March). Ethical standards of psychologists. APA Monitor, 22-23. American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author. American Psychological Association. (1981). Ethical principles of psychologists. American Psychologist, 36, 633-638. American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). American Psychologist, 45, 390-395. Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.	This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, _____ ~~August 13 and 16, 1992~~, and is effective beginning _____ ~~December 1, 1992~~. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. This Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Code that was in effect at the time the conduct occurred, except that no provisions repealed in June 1989, will be enforced even if an earlier version contains the provision. The Ethics Code will undergo continuing review and study for future revisions; comments on the Code may be sent to the above address. The APA has previously published its Ethical Standards as follows: American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author. American Psychological Association. (1959~~8~~). Ethical s~~S~~tandards of ~~ethical behavior for~~ psychologists. American Psychologist, 1~~4~~3, 279~~68~~- 28~~27~~1. American Psychological Association. (1963). Ethical standards of psychologists. American Psychologist, 18, 56-60. American Psychological Association. (1968). Ethical standards of psychologists. American Psychologist, 23, 357-361. American Psychological Association. (1977, March). Ethical standards of psychologists. APA Monitor, 22-23. American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author. American Psychological Association. (1981). Ethical principles of psychologists. American Psychologist, 36, 633-638. American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). American Psychologist, 45, 390-395. Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.
Footnote 1 Professional materials that are most helpful in this regard are guidelines and standards that have been adopted or endorsed by professional psychological organizations. Such guidelines and standards, whether adopted by the American Psychological Association (APA) or its Divisions, are not enforceable as such by this Ethics Code, but are of educative value to psychologists, courts, and professional bodies. Such materials include, but are not limited to, the APA's General	Footnote 1 Professional materials that are most helpful in this regard are guidelines and standards that have been adopted or endorsed by professional psychological organizations. Such guidelines and standards, whether adopted by the American Psychological Association (APA) or its Divisions, are not enforceable as such by this Ethics Code, but are of educative value to psychologists, courts, and professional bodies. Such materials include, but are not limited to, the APA's General

1992 Ethics Code	Revision Draft 3
Guidelines for Providers of Psychological Services (1987), Specialty Guidelines for the Delivery of Services by Clinical Psychologists, Counseling Psychologists, Industrial/Organizational Psychologists, and School Psychologists (1981), Guidelines for Computer Based Tests and Interpretations (1987), Standards for Educational and Psychological Testing (1985), Ethical Principles in the Conduct of Research With Human Participants (1982), Guidelines for Ethical Conduct in the Care and Use of Animals (1986), Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations (1990), and Publication Manual of the American Psychological Association (3rd ed., 1983). Materials not adopted by APA as a whole include the APA Division 41 (Forensic Psychology)/American Psychology-Law Society's Specialty Guidelines for Forensic Psychologists (1991).	Guidelines for Providers of Psychological Services (1987), ~~Specialty Guidelines for the Delivery of Services by Clinical Psychologists, Counseling Psychologists, Industrial/Organizational Psychologists, and School Psychologists (1981), Guidelines for Computer Based Tests and Interpretations (1987)~~, Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations (1990), Record Keeping Guidelines (1993), Guidelines for Child Custody Evaluations in Divorce Proceedings (1994), Guidelines for Ethical Conduct in the Care and Use of Animals (199~~86~~), Guidelines for the Evaluation of Dementia and Age-Related Cognitive Decline (1998), Guidelines for Psychological Evaluations in Child Protection Matters (1998), Standards for Educational and Psychological Testing (199~~85~~), ~~Ethical Principles in the Conduct of Research With Human Participants (1982),~~ and Publication Manual of the American Psychological Association (4th~~3rd~~ ed., 199~~83~~). ~~Materials not adopted by APA as a whole include the APA Division 41 (Forensic Psychology)/American Psychology-Law Society's Specialty Guidelines for Forensic Psychologists (1991).~~

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The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

1992 Ethics Code	EP Revision Draft 3
PREAMBLE New ¶	PREAMBLE Psychologists are committed to increasing knowledge of behavior and people's understanding of themselves and others and to the utilization of such knowledge to improve the condition of both the individual and society. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of values upon which psychologists build their professional and scientific work.
¶ 1 Psychologists work to develop a valid and reliable body of scientific knowledge based on research. They may apply that knowledge to human behavior in a variety of contexts. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. Their goal is to broaden knowledge of behavior and, where appropriate, to apply it pragmatically to improve the condition of both the individual and society. Psychologists respect the central importance of freedom of inquiry and expression in research, teaching, and publication. They also strive to help the public in developing informed judgments and choices concerning human behavior. This Ethics Code provides a common set of values upon which psychologists build their professional and scientific work.	~~Psychologists work to develop a valid and reliable body of scientific knowledge based on research. They may apply that knowledge to human behavior in a variety of contexts. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. Their goal is to broaden knowledge of behavior and, where appropriate, to apply it pragmatically to improve the condition of both the individual and society. Psychologists respect the central importance of freedom of inquiry and expression in research, teaching, and publication. They also strive to help the public in developing informed judgments and choices concerning human behavior. This Ethics Code provides a common set of values upon which psychologists build their professional and scientific work.~~
¶ 2 This Code is intended to provide both the general principles and the decision rules to cover most situations encountered by psychologists. It has as its primary goal the welfare and protection of the individuals and groups with whom psychologists work. It is the individual responsibility of each psychologist to aspire to the highest possible standards of conduct. Psychologists respect and protect human and civil rights, and do not knowingly participate in or condone unfair discriminatory practices.	This Code is intended to provide both the general principles and the decision rules to cover most situations encountered by psychologists. It has as its ~~primary~~ goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline. ~~It is the individual responsibility of each psychologist to aspire to the highest possible standards of conduct. Psychologists respect and protect human and civil rights, and do not knowingly participate in or condone unfair discriminatory practices.~~
¶ 3 The development of a dynamic set of ethical standards for a psychologist's work-related conduct requires a personal commitment to a lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues, as appropriate; and to consult with others, as needed, concerning ethical problems. Each psychologist supplements, but does not violate, the Ethics Code's values and rules on the basis of guidance drawn from personal values, culture, and experience.	The development of a dynamic set of ethical standards for a psychologist's work-related conduct requires a personal commitment to a lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues, as appropriate; and to consult with others, as needed, concerning ethical problems. Each psychologist supplements, but does not violate, the Ethics Code's values and rules on the basis of guidance drawn from personal values, culture, and experience.

1992 Ethics Code	EP Revision Draft 3
PRINCIPLE E: CONCERN FOR OTHERS' WELFARE Psychologists seek to contribute to the welfare of those with whom they interact professionally. In their professional actions, psychologists weigh the welfare and rights of their patients or clients, students, supervisees, human research participants, and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts and to perform their roles in a responsible fashion that avoids or minimizes harm. Psychologists are sensitive to real and ascribed differences in power between themselves and others, and they do not exploit or mislead other people during or after professional relationships.	PRINCIPLE A: BENEFICIENCE AND NON-MALEFICENCE Psychologists strive to have a positive effect on those with whom they work, while taking care to do no harm. By thoughtful and prudent conduct, psychologists aspire to maximize the benefits of their work and to prevent or minimize harm to others through acts of commission or omission in their professional behavior. ~~Psychologists seek to contribute to the welfare of those with whom they interact professionally.~~ In their professional actions, psychologists weigh the welfare and rights of their patients or clients, students, supervisees, human research participants, and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts and to perform their roles in a responsible fashion that avoids or minimizes harm. ~~Psychologists are sensitive to real and ascribed differences in power between themselves and others, and they do not exploit or mislead other people during or after professional relationships.~~ Psychologists take measures to promote and maintain their own physical and mental health.
PRINCIPLE C: PROFESSIONAL AND SCIENTIFIC RESPONSIBILITY Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and adapt their methods to the needs of different populations. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of their patients, clients, or other recipients of their services. Psychologists' moral standards and conduct are personal matters to the same degree as is true for any other person, except as psychologists' conduct may compromise their professional responsibilities or reduce the public's trust in psychology and psychologists. Psychologists are concerned about the ethical compliance of their colleagues' scientific and professional conduct. When appropriate, they consult with colleagues in order to prevent or avoid unethical conduct.	PRINCIPLE B: FIDELITY AND SOCIAL RESPONSIBILITY Psychologists establish relationships of loyalty and trust with those with whom they work. In the course of their work, psychologists are aware of their professional and scientific responsibilities to the community and society. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and ~~adapt their methods to the needs of different populations~~ avoid conflicts of interests. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of their students, research participants, patients, clients, or other recipients of their services. Psychologists' moral standards and conduct are personal matters to the same degree as is true for any other person, except as psychologists' conduct may compromise their professional responsibilities or reduce the public's trust in psychology and psychologists. Psychologists are concerned about the ethical compliance of their colleagues' scientific and professional conduct. ~~When appropriate, they consult with colleagues in order to prevent or avoid unethical conduct.~~
PRINCIPLE B: INTEGRITY Psychologists seek to promote integrity in the science, teaching, and practice of psychology. In these activities psychologists are honest, fair, and respectful of others. In describing or reporting their	PRINCIPLE C: INTEGRITY Psychologists seek to promote accuracy, honesty, and truthfulness ~~integrity~~ in the science, teaching, and practice of psychology. In these activities psychologists ~~are honest, fair, and respectful~~

1992 Ethics Code	EP Revision Draft 3
qualifications, services, products, fees, research, or teaching, they do not make statements that are false, misleading, or deceptive. Psychologists strive to be aware of their own belief systems, values, needs, and limitations and the effect of these on their work. To the extent feasible, they attempt to clarify for relevant parties the roles they are performing and to function appropriately in accordance with those roles. Psychologists avoid improper and potentially harmful dual relationships.	~~of others. In describing or reporting their qualifications, services, products, fees, research, or teaching, they do not make statements that are false, misleading, or deceptive. Psychologists strive to be aware of their own belief systems, values, needs, and limitations and the effect of these on their work. To the extent feasible, they attempt to clarify for relevant parties the roles they are performing and to function appropriately in accordance with those roles. Psychologists avoid improper and potentially harmful dual relationships.~~ do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. In relationships involving legitimate expectations of trust, psychologists are candid and forthright. In their work, psychologists strive to keep their promises and to avoid bad-faith excuses, unwise or unclear commitments, and conflicts of interest. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologist have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.
New principle.	PRINCIPLE D: JUSTICE Psychologists strive to conduct their work in a fair manner, taking into account issues of equality, impartiality, and proportionality. They recognize that fairness and justice requires that all persons are entitled to benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise careful judgment and take appropriate precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust or discriminatory practices.
PRINCIPLE D: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY Psychologists accord appropriate respect to the fundamental rights, dignity, and worth of all people. They respect the rights of individuals to privacy, confidentiality, self-determination, and autonomy, mindful that legal and other obligations may lead to inconsistency and conflict with the exercise of these rights. Psychologists are aware of cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone unfair discriminatory practices.	PRINCIPLE E: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY Psychologists accord appropriate respect to the fundamental rights, dignity, and worth of all people. They accept as fundamental the belief that each person should be treated as an end in him/herself, not as an object or a means to an end. They respect the rights of individuals to privacy, confidentiality, self-determination, and autonomy, ~~mindful that legal and other obligations may lead to inconsistency and conflict with the exercise of these rights~~ cognizant of the fact that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision-making. Psychologists are aware of and respect cultural, individual, and role differences, including those due to age, gender, race, ethnicity,

1992 Ethics Code	EP Revision Draft 3
	national origin, religion, sexual orientation, disability, language, and socioeconomic status and adapt their methods to the needs of different populations. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone ~~unfair discriminatory practices~~ activities that are prejudicial.
PRINCIPLE A: COMPETENCE Psychologists strive to maintain high standards of competence in their work. They recognize the boundaries of their particular competencies and the limitations of their expertise. They provide only those services and use only those techniques for which they are qualified by education, training, or experience. Psychologists are cognizant of the fact that the competencies required in serving, teaching, and/or studying groups of people vary with the distinctive characteristics of those groups. In those areas in which recognized professional standards do not yet exist, psychologists exercise careful judgment and take appropriate precautions to protect the welfare of those with whom they work. They maintain knowledge of relevant scientific and professional information related to the services they render, and they recognize the need for ongoing education. Psychologists make appropriate use of scientific, professional, technical, and administrative resources.	No corresponding principle.
PRINCIPLE F: SOCIAL RESPONSIBILITY Psychologists are aware of their professional and scientific responsibilities to the community and the society in which they work and live. They apply and make public their knowledge of psychology in order to contribute to human welfare. Psychologists are concerned about and work to mitigate the causes of human suffering. When undertaking research, they strive to advance human welfare and the science of psychology. Psychologists try to avoid misuse of their work. Psychologists comply with the law and encourage the development of law and social policy that serve the interests of their patients and clients and the public. They are encouraged to contribute a portion of their professional time for little or no personal advantage.	No corresponding principle.

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The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

Changes in Revision Draft 3 (in the right-hand column) are shown by underlining for newly added text and strikeout for deleted text. Standards are presented according to the organization of Draft 3 and have been renumbered accordingly.

1992 Ethics Code	Revision Draft 3
8. RESOLVING ETHICAL ISSUES	1. RESOLVING ETHICAL ISSUES
1.15 Misuse of Psychologists' Influence. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence.	1.01 Misuse of Psychologists' Influence. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence.
1.16 Misuse of Psychologists' Work. (a) Psychologists do not participate in activities in which it appears likely that their skills or data will be misused by others, unless corrective mechanisms are available. (See also Standard 7.04, Truthfulness and Candor.)	1.02 Misuse of Psychologists' Work (a) Psychologists do not participate in activities in which it appears likely that their skills or data will be misused or misrepresented by others, unless corrective mechanisms are available. (See also Standard 11.07, Truthfulness and Candor.)
(b) If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.	b) If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.
1.02 Relationship of Ethics and Law. If psychologists' ethical responsibilities conflict with law, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner.	1.03 Relationship of Ethics and Law. If psychologists' ethical responsibilities conflict with law, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner.
8.03 Conflicts Between Ethics and Organizational Demands. If the demands of an organization with which psychologists are affiliated conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, seek to resolve the conflict in a way that permits the fullest adherence to the Ethics Code.	1.04 Conflicts Between Ethics and Organizational Demands. If the demands of an organization with which psychologists are affiliated conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, seek to resolve the conflict in a way that permits the fullest adherence to the Ethics Code.
8.04 Informal Resolution of Ethical Violations. When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.	1.05 Informal Resolution of Ethical Violations. When psychologists believe that there has ~~may have~~ been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.
8.05 Reporting Ethical Violations. If an apparent ethical violation is not appropriate for informal resolution under Standard 8.04 or is not resolved properly in that fashion, psychologists take further action appropriate to the situation, unless such action conflicts with confidentiality rights in ways that cannot be resolved. Such action might include referral to state or national committees on professional ethics or to state licensing boards.	1.06 Reporting Ethical Violations. If an apparent ethical violation is not appropriate for informal resolution under Standard 1.05 or is not resolved properly in that fashion, psychologists take further action appropriate to the situation, unless such action conflicts with confidentiality rights in ways that cannot be resolved. Such action might include referral to state or national committees on professional ethics, ~~or~~ to state licensing boards, or to the appropriate institutional authorities.
8.06 Cooperating With Ethics Committees. Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they make reasonable efforts to resolve any issues as to confidentiality. Failure to	1.07 Cooperating With Ethics Committees. Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they make reasonable efforts to resolve any issues as to confidentiality. Failure to

1992 Ethics Code	Revision Draft 3
cooperate is itself an ethics violation.	cooperate is itself an ethics violation.
8.07 Improper Complaints. Psychologists do not file or encourage the filing of ethics complaints that are frivolous and are intended to harm the respondent rather than to protect the public.	1.08 Improper Complaints. Psychologists do not file or encourage the filing of ethics complaints that are frivolous and are intended to harm the respondent rather than ~~to protect the public~~ address an ethical violation.
1.11 Sexual Harassment (b) Psychologists accord sexual-harassment complainants and respondents dignity and respect. Psychologists do not participate in denying a person academic admittance or advancement, employment, tenure, or promotion, based solely upon their having made, or their being the subject of, sexual harassment charges. This does not preclude taking action based upon the outcome of such proceedings or consideration of other appropriate information.	1.09 Unfair Discrimination Against Complainants and Respondents ~~Psychologists accord sexual harassment complainants and respondents dignity and respect.~~ Psychologists do not ~~participate in~~ deny~~ing a~~ persons employment, advancement, admissions to academic or other programs, ~~admittance or advancement, employment,~~ tenure, or promotion, based solely upon their having made, or their being the subject of an ethics complaint~~sexual harassment charges~~. This does not preclude taking action based upon the outcome of such proceedings or consideration of other appropriate information.
1.01 Applicability of the Ethics Code. The activity of a psychologist subject to the Ethics Code may be reviewed under these Ethical Standards only if the activity is part of his or her work-related functions or the activity is psychological in nature. Personal activities having no connection to or effect on psychological roles are not subject to the Ethics Code.	1.01 Applicability of the Ethics Code. Remove from this section and address in introduction.
8.01 Familiarity With Ethics Code. Psychologists have an obligation to be familiar with this Ethics Code, other applicable ethics codes, and their application to psychologists' work. Lack of awareness or misunderstanding of an ethical standard is not itself a defense to a charge of unethical conduct.	1.02 Familiarity With Ethics Code. Remove from this section and address in introduction.
8.02 Confronting Ethical Issues. When a psychologist is uncertain whether a particular situation or course of action would violate this Ethics Code, the psychologist ordinarily consults with other psychologists knowledgeable about ethical issues, with state or national psychology ethics committees, or with other appropriate authorities in order to choose a proper response.	1.04 Confronting Ethical Issues. Move to an applicability or decision making section.

1992 Ethics Code Revision Draft 3

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

	2. COMPETENCE
1.04 Boundaries of Competence. (a) Psychologists provide services, teach, and conduct research only within the boundaries of their competence, based on their education, training, supervised experience, or appropriate professional experience.	2.01 Boundaries of Competence. (a) Psychologists provide services, teach, and conduct research only within the boundaries of their competence, based on their appropriate education, training, supervised experience, ~~or appropriate~~ consultation, study, or professional experience.
1.08 Human Differences. Where differences of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status significantly affect psychologists' work concerning particular individuals or groups, psychologists obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals.	(b) Where differences such as age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status significantly affect psychologists' work concerning particular individuals or groups, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies or to Underserved Populations.
1.04 Boundaries of Competence. (b) Psychologists provide services, teach, or conduct research in new areas or involving new techniques only after first undertaking appropriate study, training, supervision, and/or consultation from persons who are competent in those areas or techniques.	(c) Psychologists planning to provide services, teach, or conduct research involving ~~in new~~ areas, techniques, or technologies ~~or involving~~ new to them ~~techniques by undertaking~~ undertake appropriate education, ~~study,~~ training, supervised experience, ~~supervision, and/or~~ consultation, study, or professional experience ~~from persons who are competent in those areas or techniques~~.
(c) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect patients, clients, students, research participants, and others from harm.	(d) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect patients, clients, students, research participants, and others from harm.
New standard.	2.02 Providing Services in Emergencies or to Under-Served Populations. When a psychologist is asked to provide services to individuals for whom appropriate mental health services are not available and for which the psychologist has not had the time to obtain the competence necessary, the psychologist may provide such services in order to ensure that services are not denied; however, the psychologist should advise the individual of the limitations in services due to lack of training and (1) refer the individual to an appropriately trained provider as soon as possible, or (2) make a reasonable effort to obtain the necessary competence.
1.05 Maintaining Expertise. Psychologists who engage in assessment, therapy, teaching, research, organizational consulting, or other professional activities maintain a reasonable level of awareness of current scientific and professional information in their fields of activity, and undertake ongoing efforts to maintain competence in the skills they use.	2.03 Maintaining Expertise. Psychologists ~~who engage in assessment, therapy, teaching, research, organizational consulting, or other professional activities~~ maintain a reasonable level of ~~awareness~~ knowledge of current scientific and professional information in their fields of activity, and undertake ongoing efforts to maintain competence in the skills they use.
1.06 Basis for Scientific and Professional Judgments. Psychologists rely on scientifically and professionally	2.04 Basis for Scientific and Professional Judgments. Psychologists' scientific or professional judgments and

derived knowledge when making scientific or professional judgments or when engaging in scholarly or professional endeavors.	endeavors ~~rely on scientifically and professionally derived knowledge when making scientific or professional judgments or when engaging in scholarly or professional endeavors~~ must have a reliable basis in the knowledge and experience of the discipline.
1.22 Delegation to and Supervision of Subordinates. (a) Psychologists delegate to their employees, supervisees, and research assistants only those responsibilities that such persons can reasonably be expected to perform competently, on the basis of their education, training, or experience, either independently or with the level of supervision being provided.	2.05 Delegation of Work to Others and Use of Interpreters. Psychologists who delegate work to ~~their~~ employees, supervisees, and research and teaching assistants or who use the services of others, such as interpreters, take reasonable steps to authorize only those responsibilities that such persons can ~~reasonably~~ be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided and take reasonable steps to see that such persons perform services competently. (See also Standards 2.02, Providing Services in Emergencies or to Underserved Populations; 4.01 Maintaining Confidentiality; 9.01, Bases fpr Assessment; -9.03, Informed Consent in Assessments; 9.06 Use of Assessment in General and With Diverse Populations; and 9.08, Unqualified Persons.)
1.13 Personal Problems and Conflicts. (a) Psychologists recognize that their personal problems and conflicts may interfere with their effectiveness. Accordingly, they refrain from undertaking an activity when they know or should know that their personal problems are likely to lead to harm to a patient, client, colleague, student, research participant, or other person to whom they may owe a professional or scientific obligation.	2.06 Personal Problems and Conflicts. (a) Psychologists ~~recognize that their personal problems and conflicts may interfere with their effectiveness. Accordingly, they~~ refrain from undertaking an activity when they know or should know that their personal problems are likely to lead to harm to a patient, client, colleague, student, research participant, or other person to whom they may owe a professional or scientific obligation.
(c) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties.	(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties.
1.13 Personal Problems and Conflicts. (b) In addition, psychologists have an obligation to be alert to signs of, and to obtain assistance for, their personal problems at an early stage, in order to prevent significantly impaired performance.	Delete this subsection.

1992 Ethics Code Revision Draft 3

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

	3. HUMAN RELATIONS
1.03 Professional and Scientific Relationship. Psychologists provide diagnostic, therapeutic, teaching, research, supervisory, consultative, or other psychological services only in the context of a defined professional or scientific relationship or role. (See also Standards 2.01, Evaluation, Diagnosis, and Interventions in Professional Context, and 7.02, Forensic Assessments.)	3.01 Professional and Scientific Relationship. Psychologists provide diagnostic, therapeutic, teaching, research, supervisory, consultative, forensic, or other psychological services only in the context of a defined professional or scientific relationship or role. (See also Standards ~~2.01, Evaluation, Diagnosis, and Interventions in Professional Context, and 7~~11.03~~2~~, Forensic Opinions~~Assessments~~.)
New standard.	3.02 Honesty. In their interactions with others, psychologists provide truthful descriptions of their work-related activities and describe honestly and fairly the basis for their opinions. (See also Standards 1.01, Misuse of Psychologist's Influence; 5.01, Avoidance of False or Deceptive Statements; 6.07, Accuracy in Reports to Payors and Funding Sources; 7.02, Descriptions of Education and Training Programs; 8.11, Plagiarism; and 11.07, Truthfulness and Candor.)
1.10 Nondiscrimination. In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.	3.03 Unfair Discrimination. In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.
1.11 Sexual Harassment. (a) Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either: (1) is unwelcome, is offensive, or creates a hostile workplace environment, and the psychologist knows or is told this; or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.	3.04 Sexual Harassment. ~~(a)~~ Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either: (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this; or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.09, Unfair Discrimination Against Complainants and Respondents.)
1.12 Other Harassment. Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.	3.05 Other Harassment. Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.
1.14 Avoiding Harm. Psychologists take reasonable steps to avoid harming their patients or clients, research participants, students, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.	3.06 Avoiding Harm. Psychologists take reasonable steps to avoid harming their patients or clients, research participants, students, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.
1.17 Multiple Relationships. (a) In many communities and situations, it may not be	3.07 Multiple Relationships. (a) ~~In many communities and situations, it may not be~~

feasible or reasonable for psychologists to avoid social or other nonprofessional contacts with persons such as patients, clients, students, supervisees, or research participants. Psychologists must always be sensitive to the potential harmful effects of other contacts on their work and on those persons with whom they deal. A psychologist refrains from entering into or promising another personal, scientific, professional, financial, or other relationship with such persons if it appears likely that such a relationship reasonably might impair the psychologist's objectivity or otherwise interfere with the psychologist's effectively performing his or her functions as a psychologist, or might harm or exploit the other party.	~~feasible or reasonable for psychologists to avoid social or other nonprofessional contacts with persons such as patients, clients, students, supervisees, or research participants. Psychologists must always be sensitive to the potential harmful effects of other contacts on their work and on those persons with whom they deal.~~ A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom they have the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm as described below may not be unethical. A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists ~~or promising another personal, scientific, professional, financial, or other relationship with such persons if it appears likely that such a relationship reasonably might impair the psychologist's objectivity or otherwise interfere with the psychologist's effectively performing his or her functions as a psychologist, or might harm or exploit the other party~~.
(b) Likewise, whenever feasible, a psychologist refrains from taking on professional or scientific obligations when pre-existing relationships would create a risk of such harm.	(b) ~~Likewise, w~~Whenever feasible, a psychologist refrains from taking on a professional ~~or scientific obligations~~ role when prior ~~pre-existing~~ personal, scientific, professional, legal, financial, or other relationships could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists ~~would create a risk of such harm~~.
(c) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist attempts to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.	(c) If a psychologist becomes aware ~~finds~~ that ~~due to unforeseen factors,~~ a potentially harmful multiple relationship has arisen, the psychologist attempts to resolve it with due regard for the ~~best interests~~ welfare of the affected person ~~and maximal compliance with the Ethics Code~~.
1.21 Third-Party Requests for Services. (a) When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist clarifies to the extent feasible, at the outset of the service, the nature of the relationship with each party. This clarification includes the role of the psychologist (such as therapist, organizational consultant, diagnostician, or expert witness), the probable uses of the services provided or the information	3.08 Third-Party Requests for Services. (a) When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist clarifies to the extent feasible, at the outset of the service, the nature of the relationship with each party. This clarification includes the role of the psychologist (such as therapist, organizational consultant, diagnostician, or expert witness), the probable uses of the services provided or the information

obtained, and the fact that there may be limits to confidentiality.	obtained, and the fact that there may be limits to confidentiality. (See also Standard 4.02, Discussing the Limits of Confidentiality.)
(b) If there is a foreseeable risk of the psychologist's being called upon to perform conflicting roles because of the involvement of a third party, the psychologist clarifies the nature and direction of his or her responsibilities, keeps all parties appropriately informed as matters develop, and resolves the situation in accordance with this Ethics Code.	(b) If there is a foreseeable risk of the psychologist's being called upon to perform conflicting roles because of the involvement of a third party, the psychologist clarifies the nature and direction of his or her responsibilities, keeps all parties appropriately informed as matters develop, and resolves the situation in accordance with this Ethics Code. (See also Standards 3.07, Multiple Relationships, and 11.04, Clarification of Role.)
1.19 Exploitative Relationships. (a) Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as students, supervisees, employees, research participants, and clients or patients. (See also Standards 4.05 - 4.07 regarding sexual involvement with clients or patients.)	3.09 Exploitative Relationships. Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as students, supervisees, employees, research participants, and clients or patients. (See also Standards 10.05—10.08 regarding sexual involvement with clients or patients.)
1.20 Consultations and Referrals. (a) Psychologists arrange for appropriate consultations and referrals based principally on the best interests of their patients or clients, with appropriate consent, and subject to other relevant considerations, including applicable law and contractual obligations. (See also Standards 5.01, Discussing the Limits of Confidentiality, and 5.06, Consultations.)	3.10 Consultations and Referrals. (a) Psychologists arrange for appropriate consultations and referrals based principally on the best interests of their patients or clients, with appropriate consent, and subject to other relevant considerations, including applicable law and contractual obligations. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 4.06, Consultations.)
(b) When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their patients or clients effectively and appropriately.	(b) When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their patients or clients effectively and appropriately.
4.02 Informed Consent to Therapy. (a) Psychologists obtain appropriate informed consent to therapy or related procedures, using language that is reasonably understandable to participants. The content of informed consent will vary depending on many circumstances; however, informed consent generally implies that the person (1) has the capacity to consent, (2) has been informed of significant information concerning the procedure, (3) has freely and without undue influence expressed consent, and (4) consent has been appropriately documented.	3.11 Informed Consent. (a) When psychologists provide assessment, psychotherapy, or counseling or conduct research with an individual in person, or via electronic media or other forms of communication, they ~~Psychologists~~ obtain the ~~appropriate~~ informed consent ~~to therapy or related procedures~~ of that individual using language that is reasonably understandable to that person except when conducting such activities without consent is mandated or prescribed by law or governmental regulation or as otherwise provided in this Ethics Code~~participants~~. The content of informed consent will vary depending on many circumstances; however, informed consent generally implies that the person (1) has the capacity to consent, (2) has been provided information concerning participation in the activity that reasonably might affect his or her willingness to participate including limits of confidentiality and monetary or other costs or reimbursements~~informed of significant information concerning the procedure~~, and (3) is aware of the voluntary nature of participation and has freely and without undue influence expressed consent~~, and (4) has been appropriately documented~~. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; 10.01, Informed Consent to

	Psychotherapy; and 11.02, Informed Consent for Forensic Services.)
(b) When persons are legally incapable of giving informed consent, psychologists obtain informed permission from a legally authorized person, if such substitute consent is permitted by law. (c) In addition, psychologists (1) inform those persons who are legally incapable of giving informed consent about the proposed interventions in a manner commensurate with the persons' psychological capacities, (2) seek their assent to those interventions, and (3) consider such persons' preferences and best interests.	(b) For ~~When~~ persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate ~~informed~~ permission from a legally authorized person, if such substitute consent is permitted or required by law ~~(2) seek their assent to those interventions, and (3) consider such persons' preferences and best interests~~. When consent by a legally authorized person is not required by law, psychologists provide an appropriate mechanism for protecting the individual's rights and welfare.
4.01d Structuring the Relationship (d) Psychologists make reasonable efforts to answer patients' questions and to avoid apparent misunderstandings about therapy. Whenever possible, psychologists provide oral and/or written information, using language that is reasonably understandable to the patient or client.	(c) When obtaining informed consent, psychologists make reasonable efforts to answer ~~patients'~~ an individual's questions, ~~and~~ to avoid apparent misunderstandings, ~~about therapy. Whenever~~ and when possible, to address those misunderstandings that occur ~~provide oral and/or written information, using language that is reasonably understandable to the patient or client~~.
(See 4.02a, Informed Consent to Therapy, # 4.)	(d) Psychologists appropriately document consent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; 10.01, Informed Consent to Psychotherapy; and 11.02, Informed Consent for Forensic Services.)
1.07 Describing the Nature and Results of Psychological Services. (a) When psychologists provide assessment, evaluation, treatment, counseling, supervision, teaching, consultation, research, or other psychological services to an individual, a group, or an organization, they provide, using language that is reasonably understandable to the recipient of those services, appropriate information beforehand about the nature of such services and appropriate information later about results and conclusions. (See also Standard 2.09, Explaining Assessment Results.)	3.12 Describing the Nature and Results of Psychological Services. (a) When psychologists provide program~~assessment,~~ evaluation, ~~treatment, counseling,~~ supervision, teaching, consultation, research, or other psychological services to ~~an individual,~~ a group~~,~~ or an organization, they ~~provide,~~ use~~ing~~ language that is reasonably understandable to the recipients of those services~~,~~ to provide appropriate information beforehand about the nature of such services ~~and appropriate information later about results and conclusions~~. (See also Standard 9.11, Explaining Assessment Results.)
(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.	(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.
1.09 Respecting Others. In their work-related activities, psychologists respect the rights of others to hold values, attitudes, and opinions that differ from their own.	Move from this standard to one of the aspirational sections.
6.19 Honoring Commitments. Psychologists take reasonable measures to honor all commitments they have made to research participants.	Delete this standard.
1.20c Consultations and Referrals. (c) Psychologists' referral practices are consistent with law.	Delete this subsection.

1992 Ethics Code | Revision Draft 3

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

5. PRIVACY AND CONFIDENTIALITY These Standards are potentially applicable to the professional and scientific activities of all psychologists.	4. PRIVACY AND CONFIDENTIALITY ~~These Standards are potentially applicable to the professional and scientific activities of all psychologists.~~
5.02 Maintaining Confidentiality. Psychologists have a primary obligation and take reasonable precautions to respect the confidentiality rights of those with whom they work or consult, recognizing that confidentiality may be established by law, institutional rules, or professional or scientific relationships. (See also Standard 6.26, Professional Reviewers.)	4.01 Maintaining Confidentiality. Psychologists have a primary obligation and take reasonable precautions to protect ~~respect~~ the confidentiality rights of those with whom they work or consult, recognizing that confidentiality may be established by law, institutional rules, or professional or scientific relationships. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters~~and 6.26, Professional Reviewers.~~)
5.01 Discussing the Limits of Confidentiality. (a) Psychologists discuss with persons and organizations with whom they establish a scientific or professional relationship (including, to the extent feasible, minors and their legal representatives) (1) the relevant limitations on confidentiality, including limitations where applicable in group, marital, and family therapy or in organizational consulting, and (2) the foreseeable uses of the information generated through their services.	4.02 Discussing the Limits of Confidentiality. (a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship ~~(including, to the extent feasible, minors and their legal representatives)~~ (1) the relevant limitations on confidentiality, ~~including limitations where applicable in group marital, and family therapy or in organizational consulting, and~~ (2) the foreseeable uses of the information generated through their services, and (3) the limitations on confidentiality when information is communicated or services provided by electronic or broadcast transmission. (See also Standard 3.11, Informed Consent.)
(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.	(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.
New subsection.	(c) Psychologists offering services, products, or information via electronic media inform users of the risks to privacy and limitations on confidentiality.
(c) Permission for electronic recording of interviews is secured from clients and patients.	4.03 Recording. ~~(c)~~ Psychologists obtain permission before recording the voice or image of ~~Permission for electronic recording of interviews is secured from clients and patients~~individuals to whom they provide services. (See also Standards 8.03, Informed Consent for Recording Voice and Images in Research; 8.05, Dispensing with Informed Consent; 8.07, Deception in Research).
5.03 Minimizing Intrusions on Privacy. (a) In order to minimize intrusions on privacy, psychologists include in written and oral reports, consultations, and the like, only information germane to the purpose for which the communication is made.	4.04 Minimizing Intrusions on Privacy. (a) ~~In order to minimize intrusions on privacy, p~~Psychologists include in written and oral reports, consultations, and the like, only information germane to the purpose for which the communication is made.
(b) Psychologists discuss confidential information obtained in clinical or consulting relationships, or evaluative data concerning patients, individual or organizational clients, students, research participants, supervisees, and employees, only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.	(b) Psychologists discuss confidential information obtained in clinical or consulting relationships, or evaluative data concerning patients, individual or organizational clients, students, research participants, supervisees, and employees, only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

5.05 Disclosures. (a) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose, such as (1) to provide needed professional services to the patient or the individual or organizational client, (2) to obtain appropriate professional consultations, (3) to protect the patient or client or others from harm, or (4) to obtain payment for services, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.	4.05 Disclosures. (a) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose, such as (1) to provide needed professional services to the patient or the individual or organizational client, (2) to obtain appropriate professional consultations, (3) to protect the patient or client or others from harm, or (4) to obtain payment for services from a client or patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See Also Standard 6.05(f), Fees and Financial Arrangements.)
(b) Psychologists also may disclose confidential information with the appropriate consent of the patient or the individual or organizational client (or of another legally authorized person on behalf of the patient or client), unless prohibited by law.	(b) Psychologists also may disclose confidential information with the appropriate consent of the patient or the individual or organizational client (or of another legally authorized person on behalf of the patient or client), unless prohibited by law.
5.06 Consultations. When consulting with colleagues, (1) psychologists do not share confidential information that reasonably could lead to the identification of a patient, client, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they share information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 5.02, Maintaining Confidentiality.)	4.06 Consultations. When consulting with colleagues, (1) psychologists do not share confidential information that reasonably could lead to the identification of a patient, client, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they share information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)
5.08 Use of Confidential Information for Didactic or Other Purposes. (a) Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their patients, individual or organizational clients, students, research participants, or other recipients of their services that they obtained during the course of their work, unless the person or organization has consented in writing or unless there is other ethical or legal authorization for doing so.	4.07 Use of Confidential Information for Didactic or Other Purposes. (a) Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their patients, individual or organizational clients, students, research participants, or other recipients of their services that they obtained during the course of their work, unless the information is disguised or the person or organization has consented in writing or unless there is other ethical or legal authorization for doing so.
(b) Ordinarily, in such scientific and professional presentations, psychologists disguise confidential information concerning such persons or organizations so that they are not individually identifiable to others and so that discussions do not cause harm to subjects who might identify themselves.	Delete this subsection.

1992 Ethics Code Revision Draft 3

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

3. ADVERTISING AND OTHER PUBLIC STATEMENTS	5. ADVERTISING AND OTHER PUBLIC REPRESENTIONS
3.03 Avoidance of False or Deceptive Statements. (a) Psychologists do not make public statements that are false, deceptive, misleading, or fraudulent, either because of what they state, convey, or suggest or because of what they omit, concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated. As examples (and not in limitation) of this standard, psychologists do not make false or deceptive statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings. (See also Standards 6.15, Deception in Research, and 6.18, Providing Participants With Information About the Study.)	5.01 Avoidance of False or Deceptive Statements. (a) Psychologists do not make public statements that are false, deceptive, misleading, or fraudulent, ~~either because of what they state, convey, or suggest or because of what they omit,~~ concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated. Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant and credentialing applications, brochures, printed matter, directory listings, personal resumes or curriculum vitae, interviews or comments for use in media such as print, electronic, or broadcast, statements in legal proceedings, lectures and public oral presentations, and published materials. (See also Standard 3.02, Honesty.)
New subsection based on the last sentence from 3.03a, in particular numbered items 5—8.	(b) Psychologists do not make false, deceptive, misleading, or fraudulent statements concerning (1) their services; (2) the scientific or clinical basis for, or results or degree of success of, their services; (3) their fees; or (4) their research findings.
New subsection based on the last sentence from 3.03a, in particular numbered items 1—4.	(c) Psychologists do not make false, deceptive, misleading, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; or their (5) publications.
(b) Psychologists claim as credentials for their psychological work, only degrees that (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.	(d~~b~~) Psychologists claim as credentials for their psychological work, only degrees that (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice. (See also Standards 8.07, Deception in Research, and 8.09, Debriefing.)
3.02 Statements by Others. (a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.	5.02 Statements by Others. (a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.
(b) In addition, psychologists make reasonable efforts to prevent others whom they do not control (such as employers, publishers, sponsors, organizational clients, and representatives of the print or broadcast media) from making deceptive statements concerning psychologists' practice or professional or scientific activities.	(b) ~~In addition, p~~Psychologists make reasonable efforts to prevent others whom they do not control (such as employers, publishers, sponsors, organizational clients, and representatives of the print or broadcast media) from making deceptive statements concerning psychologists' practice or professional or scientific activities.
(c) If psychologists learn of deceptive statements about their work made by others, psychologists make reasonable efforts to correct such statements.	(c) If psychologists learn of deceptive statements about their work made by others, psychologists make reasonable efforts to correct such statements.
(d) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item.	(d) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item.
(e) A paid advertisement relating to the psychologist's activities must be identified as such, unless it is already	(e) A paid advertisement relating to ~~the~~ psychologists~~'s~~ activities must be identified or clearly recognizable as

apparent from the context.	such~~, unless it is already apparent from the context~~.
6.02 Descriptions of Education and Training Programs (c) To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.	5.03 Descriptions of Workshops and Nondegree-Granting Educational Programs. ~~(c)~~ To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.
3.04 Media Presentations. When psychologists provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, or other media, they take reasonable precautions to ensure that (1) the statements are based on appropriate psychological literature and practice, (2) the statements are otherwise consistent with this Ethics Code, and (3) the recipients of the information are not encouraged to infer that a relationship has been established with them personally.	5.04 Media Presentations. When psychologists provide public advice or comment ~~by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, or other media~~, they take reasonable precautions to ensure that (1) the statements are based on appropriate psychological literature or ~~and~~ practice, (2) the statements are otherwise consistent with this Ethics Code, and (3) the recipients of the information are not encouraged to infer that a relationship has been established with them personally. (See also Standard 2.04, Basis for Scientific and Professional Judgments.)
3.05 Testimonials. Psychologists do not solicit testimonials from current psychotherapy clients or patients or other persons who because of their particular circumstances are vulnerable to undue influence.	5.05 Testimonials. Psychologists do not solicit testimonials from current psychotherapy clients or patients or other persons who because of their particular circumstances are vulnerable to undue influence.
3.06 In-Person Solicitation. Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential psychotherapy patients or clients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this does not preclude attempting to implement appropriate collateral contacts with significant others for the purpose of benefiting an already engaged therapy patient.	5.06 In-Person Solicitation. Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential psychotherapy patients or clients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude: (1) attempting to implement appropriate collateral contacts ~~with significant others~~ for the purpose of benefiting an already engaged therapy patient or (2) providing disaster outreach services.
3.01 Definition of Public Statements. Psychologists comply with this Ethics Code in public statements relating to their professional services, products, or publications or to the field of psychology. Public statements include but are not limited to paid or unpaid advertising, brochures, printed matter, directory listings, personal resumes or curriculum vitae, interviews or comments for use in media, statements in legal proceedings, lectures and public oral presentations, and published materials.	Delete this standard.

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

	6. RECORD KEEPING AND FEES
1.23 Documentation of Professional and Scientific Work. (a) Psychologists appropriately document their professional and scientific work in order to facilitate provision of services later by them or by other professionals, to ensure accountability, and to meet other requirements of institutions or the law.	6.01 Documentation of Professional and Scientific Work and Maintenance of Records. (a) Psychologists appropriately create, maintain, disseminate, store, retain, and dispose of records and data relating to ~~document~~ their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) ~~to~~ ensure accountability, (3) ~~and to~~ meet institutional ~~other~~ requirements ~~of institutions or the law~~, (4) ensure accuracy of billing and payments, and (5) ensure accordance with law, all in a manner that permits compliance with the requirement of this Ethics Code. (See Also Standard 4.01, Maintaining Confidentiality.)
(b) When psychologists have reason to believe that records of their professional services will be used in legal proceedings involving recipients of or participants in their work, they have a responsibility to create and maintain documentation in the kind of detail and quality that would be consistent with reasonable scrutiny in an adjudicative forum. (See also Standard 7.01, Professionalism, under Forensic Activities.)	(b) When psychologists have reason to believe that records of their professional services will be used in legal proceedings involving recipients of or participants in their work, they have a responsibility to create and maintain documentation in the kind of detail and quality that would be consistent with reasonable judicial scrutiny, which may be higher than the normative standard for general practice ~~in an adjudicative forum~~. ~~(See also Standard 12.01, Professionalism, under Forensic Activities.)~~
5.04 Maintenance of Records Psychologists maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. Psychologists maintain and dispose of records in accordance with law and in a manner that permits compliance with the requirements of this Ethics Code.	6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work. (a) Psychologists maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. ~~Psychologists maintain and dispose of records in accordance with law and in a manner that permits compliance with the requirements of this Ethics Code.~~ (See also Standard 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)
5.07 Confidential Information in Databases. (a) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.	(b~~a~~) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.
5.09 Preserving Records and Data A psychologist makes plans in advance so that confidentiality of records and data is protected in the event of the psychologist's death, incapacity, or withdrawal from the position or practice.	(c) A psychologist makes plans in advance to facilitate ~~so that~~ the appropriate transfer and to protect the confidentiality of records and data ~~is protected~~ in the event of the psychologist's death, incapacity, or withdrawal from the position or practice.
5.10 Ownership of Records and Data. Recognizing that ownership of records and data is governed by legal principles, psychologists take reasonable and lawful steps so that records and data remain available to the extent needed to serve the best interests of patients, individual or organizational clients,	6.03 Availibility of Records and Data. Recognizing that ownership of records and data is governed by legal principles or contractual obligations, psychologists take reasonable and lawful steps so that records and data remain available to the extent needed to serve the best interests of patients, individual or

research participants, or appropriate others.	organizational clients, research participants, or appropriate others.
5.11 Withholding Records for Nonpayment. Psychologists may not withhold records under their control that are requested and imminently needed for a patient's or client's treatment solely because payment has not been received, except as otherwise provided by law.	6.04 Withholding Records for Nonpayment. Psychologists may not withhold records under their control that are requested and ~~imminently~~ needed for a patient's or client's emergency treatment solely because payment has not been received ~~except as otherwise provided by law~~.
1.25 Fees and Financial Arrangements. (a) As early as is feasible in a professional or scientific relationship, the psychologist and the patient, client, or other appropriate recipient of psychological services reach an agreement specifying the compensation and the billing arrangements.	6.05 Fees and Financial Arrangements. (a) As early as is feasible in a professional or scientific relationship, the psychologist and the patient, client, or other appropriate recipient of psychological services reach an agreement specifying the compensation and the billing arrangements.
(b) Psychologists do not exploit recipients of services or payors with respect to fees.	(b) Psychologists do not exploit recipients of services or payors with respect to fees.
(c) Psychologists' fee practices are consistent with law.	(c) Psychologists' fee practices are consistent with law.
(d) Psychologists do not misrepresent their fees.	(d) Psychologists do not misrepresent their fees.
(e) If limitations to services can be anticipated because of limitations in financing, this is discussed with the patient, client, or other appropriate recipient of services as early as is feasible. (See also Standard 4.08, Interruption of Services.)	(e) If limitations to services can be anticipated because of limitations in financing, this is discussed with the patient, client, or other appropriate recipient of services as early as is feasible. (See also Standards 10.08, Interruption of Services, and 10.09, Terminating the Professional Relationship.)
(f) If the patient, client, or other recipient of services does not pay for services as agreed, and if the psychologist wishes to use collection agencies or legal measures to collect the fees, the psychologist first informs the person that such measures will be taken and provides that person an opportunity to make prompt payment. (See also Standard 5.11, Withholding Records for Nonpayment.)	(f) If the patient, client, or other recipient of services does not pay for services as agreed, and if the psychologist wishes to use collection agencies or legal measures to collect the fees, the psychologist first informs the person that such measures will be taken and provides that person an opportunity to make prompt payment. (See also Standards 6.04, Withholding Records for Nonpayment, and 10.01, Informed Consent to Psychotherapy.)
1.18 Barter (With Patients or Clients). Psychologists ordinarily refrain from accepting goods, services, or other nonmonetary remuneration from patients or clients in return for psychological services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. A psychologist may participate in bartering only if (1) it is not clinically contraindicated, and (2) the relationship is not exploitative. (See also Standards 1.17, Multiple Relationships, and 1.25, Fees and Financial Arrangements.)	6.06 Barter With Patients or Clients. Psychologists ordinarily refrain from accepting goods, services, or other nonmonetary remuneration from patients or clients in return for psychological services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. A psychologist may participate in bartering only if (1) it is not clinically contraindicated, and (2) the relationship is not exploitative. (See also Standards 3.07~~1.17~~, Multiple Relationships, and 6.05~~1.25~~, Fees and Financial Arrangements.)
1.26 Accuracy in Reports to Payors and Funding Sources. In their reports to payors for services or sources of research funding, psychologists accurately state the nature of the research or service provided, the fees or charges, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standard 5.05, Disclosures.)	6.07 Accuracy in Reports to Payors and Funding Sources. In their reports to payors for services or sources of research funding, psychologists accurately state the nature of the ~~research or~~ service provided or research conducted ~~provided~~, the fees, ~~or~~ charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality, 4.04, Minimizing Intrusions on Privacy, and 4.05, Disclosures.)
1.27 Referrals and Fees.	6.08 Referrals and Fees.

When a psychologist pays, receives payment from, or divides fees with another professional other than in an employer - employee relationship, the payment to each is based on the services (clinical, consultative, administrative, or other) provided and is not based on the referral itself.	When a psychologist pays, receives payment from, or divides fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.10, Consultations and Referrals.)
1.24 Records and Data. Psychologists create, maintain, disseminate, store, retain, and dispose of records and data relating to their research, practice, and other work in accordance with law and in a manner that permits compliance with the requirements of this Ethics Code. (See also Standard 5.04, Maintenance of Records.)	Incorporated into revised 7.01a.
5.07 Confidential Information in Databases. (b) If a research protocol approved by an institutional review board or similar body requires the inclusion of personal identifiers, such identifiers are deleted before the information is made accessible to persons other than those of whom the subject was advised.	Delete this subsection.
5.07 Confidential Information in Databases. (c) If such deletion is not feasible, then before psychologists transfer such data to others or review such data collected by others, they take reasonable steps to determine that appropriate consent of personally identifiable individuals has been obtained.	Delete this subsection.

1992 Ethics Code Revision Draft 3

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

6.TEACHING, TRAINING SUPERVISION, RESEARCH, AND PUBLISHING	7. TEACHING AND TRAINING SUPERVISION
6.01 Design of Education and Training Programs. Psychologists who are responsible for education and training programs seek to ensure that the programs are competently designed, provide the proper experiences, and meet the requirements for licensure, certification, or other goals for which claims are made by the program.	7.01 Design of Education and Training Programs. (a) Psychologists who are responsible for education and training programs take reasonable steps to ~~seek to~~ ensure that the programs are ~~competently~~ designed~~,~~ to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Nondegree-Granting Educational Programs.)
6.02 Descriptions of Education and Training Programs. (a) Psychologists responsible for education and training programs seek to ensure that there is a current and accurate description of the program content, training goals and objectives, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.	7.02 Descriptions of Education and Training Programs. (a) Psychologists responsible for education and training programs ~~seek~~ take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, or experiential groups), training goals and objectives, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.
(b) Psychologists seek to ensure that statements concerning their course outlines are accurate and not misleading, particularly regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. (See also Standard 3.03, Avoidance of False or Deceptive Statements.)	(b) Psychologists' ~~seek to ensure that statements concerning their~~ course outlines are accurate and not misleading, particularly regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)
6.03 Accuracy and Objectivity in Teaching. (a) When engaged in teaching or training, psychologists present psychological information accurately and with a reasonable degree of objectivity.	7.03 Accuracy and Objectivity in Teaching. (a) When engaged in teaching or training, psychologists present psychological information accurately and with a reasonable degree of objectivity. (See also Standard 2.03, Maintaining Expertise.)
(b) When engaged in teaching or training, psychologists recognize the power they hold over students or supervisees and therefore make reasonable efforts to avoid engaging in conduct that is personally demeaning to students or supervisees. (See also Standards 1.09, Respecting Others, and 1.12, Other Harassment.)	(b) When engaged in teaching or training, psychologists ~~recognize the power they hold over students or supervisees and therefore~~ make reasonable efforts to avoid engaging in conduct that is personally demeaning to students or supervisees. (See also Standards~~ 3.01, Respecting Others, and~~ 3.05, Other Harassment.)
New subsection.	(c) Psychologists do not require students to disclose personal information, either orally or in writing, which students might reasonably be expected to find to be embarrassing or upsetting to disclose. Such information includes but is not limited to sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses.
New standard (a and b).	7.04 Mandatory Individual or Group Therapy. (a) In programs that require mandatory individual or group therapy, faculty responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.07, Multiple Relationships.)
	(b) When individual or group therapy is a program or course requirement, students are allowed the option of

	selecting a comparable experience outside the program.
6.05 Assessing Student and Supervisee Performance. (a) In academic and supervisory relationships, psychologists establish an appropriate process for providing feedback to students and supervisees.	7.05 Assessing Student and Supervisee Performance. (a) In academic and supervisory relationships, psychologists establish an appropriate process for providing feedback to students and supervisees.
(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.	(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.
1.19 Exploitative Relationships (b) Psychologists do not engage in sexual relationships with students or supervisees in training over whom the psychologist has evaluative or direct authority, because such relationships are so likely to impair judgment or be exploitative.	7.06 Sexual Relationships with Students and Supervisees. Psychologists do not engage in sexual relationships with students or supervisees in training who are in their department or over whom the psychologist has or is likely to have evaluative~~, direct, or indirect~~ authority~~, because such relationships are so likely to impair judgment or be exploitative~~.
6.04 Limitation on Teaching. Psychologists do not teach the use of techniques or procedures that require specialized training, licensure, or expertise, including but not limited to hypnosis, biofeedback, and projective techniques, to individuals who lack the prerequisite training, legal scope of practice, or expertise.	Delete this standard.

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1992 Ethics Code Revision Draft 3

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

6.TEACHING, TRAINING SUPERVISION, RESEARCH, AND PUBLISHING	8. RESEARCH AND PUBLICATION
6.09 Institutional Approval. Psychologists obtain from host institutions or organizations appropriate approval prior to conducting research, and they provide accurate information about their research proposals. They conduct the research in accordance with the approved research protocol.	8.01 Institutional Approval. Psychologists obtain from host institutions or organizations appropriate approval prior to conducting research, and they provide accurate information about their research proposals. They conduct the research in accordance with the approved research protocol.
6.11 Informed Consent to Research. (b) Using language that is reasonably understandable to participants, psychologists inform participants of the nature of the research; they inform participants that they are free to participate or to decline to participate or to withdraw from the research; they explain the foreseeable consequences of declining or withdrawing; they inform participants of significant factors that may be expected to influence their willingness to participate (such as risks, discomfort, adverse effects, or limitations on confidentiality, except as provided in Standard 6.15, Deception in Research); and they explain other aspects about which the prospective participants inquire.	8.02 Informed Consent to Research. (a) When obtaining informed consent as required in Standard 3.11, ~~Using language that is reasonably understandable to participants,~~ psychologists inform participants about (1) the purpose ~~of the nature~~ of the research, expected duration, and procedures; ~~they inform participants that they are free to participate or~~ (2) their right to decline to participate and ~~or~~ to withdraw from the research once participation has begun; ~~they explain the~~ (3) the foreseeable consequences of declining or withdrawing; ~~they inform participants of significant~~ (4) reasonably foreseeable factors that may be expected to influence their willingness to participate ~~(~~such as potential risks, discomfort, or adverse effects ~~or limitations on confidentiality, except as provided in Standard 6.15, Deception in Research)~~; (5) any prospective research benefits; (6) limitations on confidentiality; (7) incentives for participation; ~~and they explain~~ (8) other aspects about which the prospective participants inquire; and (9) whom to contact for questions about the research and research participants' rights. (See Standards 8.05, Dispensing with Informed Consent and 8.07, Deception in Research, for exceptions to this standard.)
New subsection (b).	(b) Psychologists conducting clinical research involving the use of experimental treatments, clarify to the participant at the outset of the research the experimental nature of the treatment, the services that will or will not be available to the control group(s) if appropriate, the means by which assignment to treatment and control groups will be made, and available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun.
6.13 Informed Consent in Research Filming or Recording. Psychologists obtain informed consent from research participants prior to filming or recording them in any form, unless the research involves simply naturalistic observations in public places and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm.	8.03 Informed Consent for Recording Voice and Images in Research. Psychologists obtain informed consent from research participants prior to ~~filming or~~ recording their voice or image ~~them in any form~~, unless the research involves simply naturalistic observations in public places and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm. (See also Standard 8. 07, Deception in Research.)
6.11 Informed Consent to Research. (c) When psychologists conduct research with individuals such as students or subordinates, psychologists take special care to protect the prospective participants from adverse consequences of declining or withdrawing from participation.	8.04 Student and Subordinate Research Participants. (a)~~(c)~~ When psychologists conduct research with individuals such as students or subordinates, psychologists take special care to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

1992 Ethics Code	Revision Draft 3
(d) When research participation is a course requirement or opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.	(b)~~(d)~~ When research participation is a course requirement or opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.
6.12 Dispensing With Informed Consent. Before determining that planned research (such as research involving only anonymous questionnaires, naturalistic observations, or certain kinds of archival research) does not require the informed consent of research participants, psychologists consider applicable regulations and institutional review board requirements, and they consult with colleagues as appropriate.	8.05 Dispensing With Informed Consent. Psychologists may dispense with informed consent only where permitted by law, applicable regulations and institutional review board requirements or where: (1) research is conducted in commonly accepted educational settings and involves the study of normal educational practices, instructional strategies, or effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods and that would not reasonably be assumed to create distress or harm; or (2) research involving only anonymous questionnaires, naturalistic observations, or certain kinds of archival research for which participants can not be identified and for which disclosure of the participants' responses would not place them at risk of criminal or civil liability or be damaging to the participants' financial standing, employability, or reputation or that would not reasonably be assumed to create distress or harm.
6.14 Offering Inducements for Research Participants. (a) In offering professional services as an inducement to obtain research participants, psychologists make clear the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 1.18, Barter [With Patients or Clients].)	8.06 Offering Inducements for Research Participants. (a) In offering professional services as an inducement to obtain research participants, psychologists make clear the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.06~~1.18~~, Barter ~~[~~With Patients or Clients~~]~~.)
(b) Psychologists do not offer excessive or inappropriate financial or other inducements to obtain research participants, particularly when it might tend to coerce participation.	(b) Psychologists do not offer excessive or inappropriate financial or other inducements to obtain research participants, particularly when they ~~it~~ might tend to coerce participation.
6.15 Deception in Research. (a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's prospective scientific, educational, or applied value and that equally effective alternative procedures that do not use deception are not feasible.	8.07 Deception in Research. (a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's prospective scientific, educational, or applied value and that ~~equally~~ effective alternative procedures that do not use deception are not feasible.
(b) Psychologists never deceive research participants about significant aspects that would affect their willingness to participate, such as physical risks, discomfort, or unpleasant emotional experiences.	(b) Psychologists never deceive research participants about significant aspects that would affect their willingness to participate, such as physical risks, discomfort, or unpleasant emotional experiences.
(c) Any other deception that is an integral feature of the design and conduct of an experiment must be explained to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the research. (See also Standard 6.18, Providing Participants With Information About the Study.)	(c) Any other deception that is an integral feature of the design and conduct of an experiment must be explained to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the research. (See also Standard 8.08, Debriefing~~6.18, Providing Participants With Information About the Study~~.)
New subsection.	(d) When feasible, participants should be permitted to withdraw their data upon debriefing.
6.18 Providing Participants With Information About the Study. (a) Psychologists provide a prompt opportunity for	8.08 Debriefing. (a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the

1992 Ethics Code	Revision Draft 3
participants to obtain appropriate information about the nature, results, and conclusions of the research, and psychologists attempt to correct any misconceptions that participants may have.	nature, results, and conclusions of the research, and psychologists attempt to correct any misconceptions that participants may have.
(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.	(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.
New subsection.	(c) When a psychologist becomes aware that research procedures have had a harmful impact on the individual participant, the psychologist takes reasonable steps to ameliorate the harm.
6.20 Care and Use of Animals in Research. (a) Psychologists who conduct research involving animals treat them humanely.	8.09 Care and Use of Animals in Research. (a) Psychologists who conduct research involving animals treat them humanely.
(b) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.	(b) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.
(c) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.	(c) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.
(d) Psychologists ensure that all individuals using animals under their supervision have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role.	(d) Psychologists ensure that all individuals using animals under their supervision have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role.
(e) Responsibilities and activities of individuals assisting in a research project are consistent with their respective competencies.	(e) Responsibilities and activities of individuals assisting in a research project are consistent with their respective competencies.
(f) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.	(f) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.
(g) A procedure subjecting animals to pain, stress, or privation is used only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.	(g) A procedure subjecting animals to pain, stress, or privation is used only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.
(h) Surgical procedures are performed under appropriate anesthesia; techniques to avoid infection and minimize pain are followed during and after surgery.	(h) Surgical procedures are performed under appropriate anesthesia; techniques to avoid infection and minimize pain are followed during and after surgery.
(i) When it is appropriate that the animal's life be terminated, it is done rapidly, with an effort to minimize pain, and in accordance with accepted procedures.	(i) When it is appropriate that the animal's life be terminated, it is done rapidly, with an effort to minimize pain, and in accordance with accepted procedures.
6.21 Reporting of Results. (a) Psychologists do not fabricate data or falsify results in their publications.	8.10 Reporting of Results. (a) Psychologists do not fabricate data or falsify results in their publications.
(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.	(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.
6.22 Plagiarism. Psychologists do not present substantial portions or elements of another's work or data as their own, even if the other work or data source is cited occasionally.	8.11 Plagiarism. Psychologists do not present substantial portions or elements of another's work or data as their own, even if the other work or data source is cited occasionally.
6.23 Publication Credit.	8.12 Publication Credit.

1992 Ethics Code	Revision Draft 3
(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have contributed.	(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have contributed.
(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as Department Chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are appropriately acknowledged, such as in footnotes or in an introductory statement.	(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are appropriately acknowledged, such as in footnotes or in an introductory statement.
(c) A student is usually listed as principal author on any multiple-authored article that is substantially based on the student's dissertation or thesis.	(c) A student is ~~usually~~ listed as principal author on any multiple-authored article that is substantially based on the student's dissertation or thesis when to do so accurately reflects the relative scientific or professional contributions of the individuals involved. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate.
6.24 Duplicate Publication of Data. Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.	8.13 Duplicate Publication of Data. Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.
6.25 Sharing Data. After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release.	8.14 Sharing Data. After research results are published, psychologists make reasonable attempts to provide information to ~~do not withhold the data on which their conclusions are based from~~ other competent professionals who seek to verify the substantive claims through reanalysis ~~and who intend to use such data only for that purpose~~, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.
6.06 Planning Research. (a) Psychologists design, conduct, and report research in accordance with recognized standards of scientific competence and ethical research.	Delete this subsection.
(b) Psychologists plan their research so as to minimize the possibility that results will be misleading.	Delete this subsection.
(c) In planning research, psychologists consider its ethical acceptability under the Ethics Code. If an ethical issue is unclear, psychologists seek to resolve the issue through consultation with institutional review boards, animal care and use committees, peer consultations, or other proper mechanisms.	Delete this subsection.
(d) Psychologists take reasonable steps to implement appropriate protections for the rights and welfare of human participants, other persons affected by the research, and the welfare of animal subjects.	Delete this subsection.
6.07 Responsibility. (a) Psychologists conduct research competently and with	Delete this subsection.

due concern for the dignity and welfare of the participants.	
(b) Psychologists are responsible for the ethical conduct of research conducted by them or by others under their supervision or control.	Delete this subsection.
(c) Researchers and assistants are permitted to perform only those tasks for which they are appropriately trained and prepared.	Delete this subsection.
(d) As part of the process of development and implementation of research projects, psychologists consult those with expertise concerning any special population under investigation or most likely to be affected.	Delete this subsection.
6.08 Compliance With Law and Standards. Psychologists plan and conduct research in a manner consistent with federal and state law and regulations, as well as professional standards governing the conduct of research, and particularly those standards governing research with human participants and animal subjects.	Delete this standard.
6.10 Research Responsibilities. Prior to conducting research (except research involving only anonymous surveys, naturalistic observations, or similar research), psychologists enter into an agreement with participants that clarifies the nature of the research and the responsibilities of each party.	Delete this standard.
6.11 Informed Consent to Research. (a) Psychologists use language that is reasonably understandable to research participants in obtaining their appropriate informed consent (except as provided in Standard 6.12, Dispensing with Informed Consent). Such informed consent is appropriately documented.	Delete this subsection.
(e) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) obtain the participant's assent, and (3) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted by law	Delete this subsection.
6.16 Sharing and Utilizing Data. Psychologists inform research participants of their anticipated sharing or further use of personally identifiable research data and of the possibility of unanticipated future uses.	Delete this standard.
6.17 Minimizing Invasiveness. In conducting research, psychologists interfere with the participants or milieu from which data are collected only in a manner that is warranted by an appropriate research design and that is consistent with psychologists' roles as scientific investigators.	Delete this standard.
6.26 Professional Reviewers. Psychologists who review material submitted for publication, grant, or other research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.	Delete this standard.

1992 Ethics Code Revision Draft 3

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

2. EVALUATION, ASSESSMENT, OR INTERVENTION	9. ASSESSMENT
2.01 Evaluation, Diagnosis, and Interventions in Professional Context (b) Psychologists' assessments, recommendations, reports, and psychological diagnostic or evaluative statements are based on information and techniques (including personal interviews of the individual when appropriate) sufficient to provide appropriate substantiation for their findings. (See also Standard 7.02, Forensic Assessments.)	9.01 Bases for Assessments ~~(b)~~ Psychologists' assessments, recommendations, reports, and ~~psychological~~ diagnostic or evaluative statements are based on information and techniques~~,~~ ~~including personal interviews of the individual when appropriate,~~ sufficient to provide appropriate substantiation for their findings. (See also Standard 11.03, Forensic Opinions~~Assessments~~.)
2.02 Competence and Appropriate Use of Assessments and Interventions. (a) Psychologists who develop, administer, score, interpret, or use psychological assessment techniques, interviews, tests, or instruments do so in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.	9.02 Competent Use of Assessments. ~~(a)~~ Psychologists who develop, administer, score, interpret, or use psychological assessment techniques, interviews, tests, or instruments do so in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.
New standard.	9.03 Informed Consent In Assessments (a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.11, except when testing is mandated by law or governmental regulation or when testing is conducted as a routine educational activity.
	(b) Psychologists inform persons for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.
2.02 Competence and Appropriate Use of Assessments and Interventions. (b) Psychologists refrain from misuse of assessment techniques, interventions, results, and interpretations and take reasonable steps to prevent others from misusing the information these techniques provide. This includes refraining from releasing raw test results or raw data to persons, other than to patients or clients as appropriate, who are not qualified to use such information. (See also Standards 1.02, Relationship of Ethics and Law, and 1.04, Boundaries of Competence.)	9.04 Release of Test Data. (a~~b~~) Psychologists may release test data, including raw responses and raw scores, to another qualified professional based on a client release. Psychologists refrain from releasing test data to persons who are not qualified to use such information, except (1) as required by statute or court order or (2) to an attorney or court based on a client release or 3) to the patient or client as appropriate. (See also Standards 1.03, Relationship of Ethics and Law, and 2.01, Boundaries of Competence.)
2.03 Test Construction. Psychologists who develop and conduct research with tests and other assessment techniques use scientific procedures and current professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.	9.05 Test Construction. Psychologists who develop and conduct research with tests and other assessment techniques use appropriate psychometric ~~scientific~~ procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.
2.04 Use of Assessment in General and With Special Populations. (a) Psychologists who perform interventions or administer, score, interpret, or use assessment techniques are familiar with the reliability, validation, and related standardization or outcome studies of, and proper	9.06 Use of Assessment in General and With Diverse ~~Special~~ Populations. (a) Psychologists who ~~perform interventions or~~ administer, score, interpret, or use assessment techniques are familiar with the reliability, validation, and related standardization or outcome studies of, and proper

applications and uses of, the techniques they use.	applications and uses of, the techniques they use.
New subsection.	(b) When appropriate tests for diverse populations have not been developed, psychologists who utilize existing standardized tests may adapt the administration and interpretation procedures only if the adaptations have a reliable basis in the knowledge and experience of the discipline. Psychologists must document any such adaptation and clarify its impact on the reliability and validity of their findings.
New subsection.	(c) Psychologists use assessment methods in a manner appropriate to an individual's language preference and competence and cultural background.
New subsection.	(d) Psychologists using the services of an interpreter take reasonable steps to use interpreters who have been adequately trained, obtain informed consent from the client to use that interpreter, ensure that confidentiality of test results and test security are maintained, and discuss any limitations on the reliability and validity of data obtained. (See also Standards 4.01 Maintaining Confidentiality; 9.01, Bases for Assessment; 9.03, Informed Consent in Assessments; and 9.08, Unqualified Persons.)
2.05 Interpreting Assessment Results. When interpreting assessment results, including automated interpretations, psychologists take into account the various test factors and characteristics of the person being assessed that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant reservations they have about the accuracy or limitations of their interpretations.	9.07 Interpreting Assessment Results. When interpreting assessment results, including automated interpretations, psychologists take into account the various test factors, test taking abilities ,and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant reservations they have about the accuracy or limitations of their interpretations. (See also Standards 2.01 b and c, Boundaries of Competence and 3.03, Unfair Discrimination.)
2.06 Unqualified Persons. Psychologists do not promote the use of psychological assessment techniques by unqualified persons. (See also Standard 1.22, Delegation to and Supervision of Subordinates.)	9.08 Unqualified Persons. Psychologists do not promote the use of psychological assessment techniques by unqualified persons. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)
2.07 Obsolete Tests and Outdated Test Results. (a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.	9.09 Obsolete Tests and Outdated Test Results. (a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.
(b) Similarly, psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.	(b) Similarly, psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.
2.08 Test Scoring and Interpretation Services. (a) Psychologists who offer assessment or scoring procedures to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.	9.10 Test Scoring and Interpretation Services. (a) Psychologists who offer assessment or scoring ~~procedures~~ services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.
(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures	(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures

as well as on other appropriate considerations.	as well as on other appropriate considerations. (See also Standard 2.01 b and c, Boundaries of Competence.)
(c) Psychologists retain appropriate responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.	(c) Psychologists retain appropriate responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.
2.09 Explaining Assessment Results. Unless the nature of the relationship is clearly explained to the person being assessed in advance and precludes provision of an explanation of results (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations), psychologists ensure that an explanation of the results is provided using language that is reasonably understandable to the person assessed or to another legally authorized person on behalf of the client. Regardless of whether the scoring and interpretation are done by the psychologist, by assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that appropriate explanations of results are given.	9.11 Explaining Assessment Results. Regardless of whether the scoring and interpretation are done by the psychologist, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that appropriate ~~an~~ explanations of results ~~is provided using language that is reasonably understandable to the person assessed or to another legally authorized person on behalf of the client~~ are given, ~~U~~unless the nature of the relationship ~~is clearly explained to the person being assessed in advance and~~ precludes provision of an explanation of results (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations), and this fact has been clearly explained in advance to the person being assessed. ~~Regardless of whether the scoring and interpretation are done by the psychologist, by assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that appropriate explanations of results are given.~~
2.10 Maintaining Test Security. Psychologists make reasonable efforts to maintain the integrity and security of tests and other assessment techniques consistent with law, contractual obligations, and in a manner that permits compliance with the requirements of this Ethics Code. (See also Standard 1.02, Relationship of Ethics and Law.)	9.12 Maintaining Test Security. Psychologists make reasonable efforts to maintain the integrity and security of tests and other assessment techniques consistent with law, contractual obligations, and in a manner that permits compliance with the requirements of this Ethics Code. (See also Standards 1.03, Relationship of Ethics and Law, and 9.04 Release of Raw Test Data.)
2.01 Evaluation, Diagnosis, and Interventions in Professional Context. (a) Psychologists perform evaluations, diagnostic services, or interventions only within the context of a defined professional relationship. (See also Standard 1.03, Professional and Scientific Relationship.)	Move this subsection to the applicability section.
(b) Psychologists recognize limits to the certainty with which diagnoses, judgments, or predictions can be made about individuals.	Delete this subsection.
(c) Psychologists attempt to identify situations in which particular interventions or assessment techniques or norms may not be applicable or may require adjustment in administration or interpretation because of factors such as individuals' gender, age, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.	Delete this subsection.

1992 Ethics Code EP Revision Draft 3

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

4. THERAPY	10. THERAPY
4.01 Structuring the Relationship. (a) Psychologists discuss with clients or patients as early as is feasible in the therapeutic relationship appropriate issues, such as the nature and anticipated course of therapy, fees, and confidentiality. (See also Standards 1.25, Fees and Financial Arrangements, and 5.01, Discussing the Limits of Confidentiality.)	10.01 Informed Consent to Psychotherapy. (a) When obtaining informed consent to therapy as required in Standard 3.11,Informed Consent, pPsychologists inform ~~discuss with~~ clients or patients as early as is feasible in the therapeutic relationship about appropriate information~~issues~~, such as the nature and anticipated course of therapy, fees, involvement of third parties, and confidentiality. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.05, Fees and Financial Arrangements.)
New subsection.	(b) Prior to providing treatment for which generally recognized standards do not yet exist, psychologists inform their clients/patients of the experimental nature of the treatment and the voluntary nature of their participation. (See also Standards 2.01d, Boundaries of Competence, and 3.11, Informed Consent.)
(b) When the psychologist's work with clients or patients will be supervised, the above discussion includes that fact, and the name of the supervisor, when the supervisor has legal responsibility for the case.	(c~~b~~) When the psychologist's work with clients or patients will be supervised, the information provided in obtaining informed consent ~~above discussion~~ includes that fact, and the name of the supervisor, when the supervisor has legal responsibility for the case.
(c) When the therapist is a student intern, the client or patient is informed of that fact.	(d~~c~~) When the therapist is in training, ~~a student trainee,~~ the client or patient is informed of that fact.
4.03 Couple and Family Relationships. (a) When a psychologist agrees to provide services to several persons who have a relationship (such as husband and wife or parents and children), the psychologist attempts to clarify at the outset (1) which of the individuals are patients or clients and (2) the relationship the psychologist will have with each person. This clarification includes the role of the psychologist and the probable uses of the services provided or the information obtained. (See also Standard 5.01, Discussing the Limits of Confidentiality.)	10.02 Couple and Family Relationships. (a) When a psychologist agrees to provide services to several persons who have a relationship (such as husband and wife or parents and children), the psychologist attempts to clarify at the outset (1) which of the individuals are patients or clients and (2) the relationship the psychologist will have with each person. This clarification includes the role of the psychologist and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)
(b) As soon as it becomes apparent that the psychologist may be called on to perform potentially conflicting roles (such as marital counselor to husband and wife, and then witness for one party in a divorce proceeding), the psychologist attempts to clarify and adjust, or withdraw from, roles appropriately. (See also Standard 7.03, Clarification of Role, under Forensic Activities.)	(b) As soon as it becomes apparent that the psychologist may be called on to perform potentially conflicting roles (such as marital counselor to husband and wife, and then witness for one party in a divorce proceeding), the psychologist attempts to clarify and adjust, or withdraw from, roles appropriately. (See also Standard 11.04, Clarification of Role, under Forensic Activities.)
New standard.	10.03 Group Therapy When a psychologist provides services to several persons in a group setting, the psychologist attempts to clarify at the outset the roles and responsibilities of all parties and the limits of confidentiality.
4.04 Providing Mental Health Services to Those Served by Others. In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential patient's or client's welfare. The psychologist discusses these issues with the patient or	10.04 Providing Mental Health Services to Those Served by Others. In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential patient's or client's welfare. The psychologist discusses these issues with the patient or

client, or another legally authorized person on behalf of the client, in order to minimize the risk of confusion and conflict, consults with the other service providers when appropriate, and proceeds with caution and sensitivity to the therapeutic issues.	client, or another legally authorized person on behalf of the client, in order to minimize the risk of confusion and conflict, consults with the other service providers when appropriate, and proceeds with caution and sensitivity to the therapeutic issues.
4.05 Sexual Intimacies With Current Patients or Clients. Psychologists do not engage in sexual intimacies with current patients or clients.	10.05 Sexual Intimacies With Current Therapy Patients or Therapy Clients. Psychologists do not engage in sexual intimacies with current patients or clients.
New standard.	10.06 Sexual Intimacies with Relatives of Current Psychotherapy Clients or Psychotherapy Patients. Psychologists do not engage in sexual intimacies with parents, guardians, spouses, partners, offspring, or siblings of current therapy patients. Psychologists do not terminate therapy to circumvent this rule.
4.06 Therapy With Former Sexual Partners. Psychologists do not accept as therapy patients or clients persons with whom they have engaged in sexual intimacies.	10.07 Therapy With Former Sexual Partners. Psychologists do not accept as therapy patients or clients persons with whom they have engaged in sexual intimacies.
4.07 Sexual Intimacies With Former Therapy Patients. (a) Psychologists do not engage in sexual intimacies with a former therapy patient or client for at least two years after cessation or termination of professional services.	10.08 Sexual Intimacies With Former Therapy Patients or Therapy Clients. (a) Psychologists do not engage in sexual intimacies with a former therapy patient or client for at least two years after cessation or termination of therapy~~professional services~~.
(b) Because sexual intimacies with a former therapy patient or client are so frequently harmful to the patient or client, and because such intimacies undermine public confidence in the psychology profession and thereby deter the public's use of needed services, psychologists do not engage in sexual intimacies with former therapy patients and clients even after a two-year interval except in the most unusual circumstances. The psychologist who engages in such activity after the two years following cessation or termination of treatment bears the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated, (2) the nature and duration of the therapy, (3) the circumstances of termination, (4) the patient's or client's personal history, (5) the patient's or client's current mental status, (6) the likelihood of adverse impact on the patient or client and others, and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the patient or client. (See also Standard 1.17, Multiple Relationships.)	b) Because sexual intimacies with a former therapy patient or client are so frequently harmful to the patient or client, and because such intimacies undermine public confidence in the psychology profession and thereby deter the public's use of needed services, psychologists do not engage in sexual intimacies with former therapy patients and therapy clients even after a two-year interval except in the most unusual circumstances. The psychologist who engages in such activity after the two years following cessation or termination of therapy and of having no sexual contact with a former client or patient ~~treatment~~ bears the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated, (2) the nature, ~~and~~ duration, and intensity of the therapy, (3) the circumstances of termination, (4) the patient's or client's personal history, (5) the patient's or client's current mental status, (6) the likelihood of adverse impact on the patient or client ~~and others~~, and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the patient or client. (See also Standard 3.07, Multiple Relationships.)
4.08 Interruption of Services. (a) Psychologists make reasonable efforts to plan for facilitating care in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, or relocation or by the client's relocation or financial limitations. (See also Standard 5.09, Preserving Records and Data.)	10.09 Interruption of Services. (a) Psychologists make reasonable efforts to plan for facilitating care in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, or relocation or by the client's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and

	Disposal of Confidential Records of Professional and Scientific Work, ~~5.09, Preserving Records and Data~~.)
(b) When entering into employment or contractual relationships, psychologists provide for orderly and appropriate resolution of responsibility for patient or client care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the patient or client.	(b) When entering into employment or contractual relationships, psychologists provide for orderly and appropriate resolution of responsibility for patient or client care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the patient or client.
4.09 Terminating the Professional Relationship. (a) Psychologists do not abandon patients or clients. (See also Standard 1.25e, under Fees and Financial Arrangements.)	10.10 Terminating the Professional Relationship. (a) Psychologists do not abandon patients or clients. (See also Standard 6.05e, ~~under~~ Fees and Financial Arrangements.)
(b) Psychologists terminate a professional relationship when it becomes reasonably clear that the patient or client no longer needs the service, is not benefiting, or is being harmed by continued service.	(b) Psychologists terminate a professional relationship when it becomes reasonably clear that the patient or client no longer needs the service, is not benefiting, or is being harmed by continued service.
New subsection.	(c) Psychologists may terminate a professional relationship when threatened or otherwise endangered by the patient or client or the patient's or client's family member.
(c) Prior to termination for whatever reason, except where precluded by the patient's or client's conduct, the psychologist discusses the patient's or client's views and needs, provides appropriate pretermination counseling, suggests alternative service providers as appropriate, and takes other reasonable steps to facilitate transfer of responsibility to another provider if the patient or client needs one immediately.	(d~~c~~) Prior to termination for whatever reason, except where precluded by the patient's or client's conduct, the psychologist discusses the patient's or client's views and needs, provides appropriate pretermination counseling, suggests alternative service providers as appropriate, and takes other reasonable steps to facilitate transfer of responsibility to another provider if the patient or client needs one immediately.

1992 Ethics Code

EP Revision Draft 3

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

7. FORENSIC ACTIVITIES	11. FORENSIC ACTIVITIES Forensic services are assessments, interviews, consultations, testimony or other psychological services specifically performed when psychologists can be reasonably expected to know there is a substantial possibility that their work, opinions or testimony may be offered as evidence in a legal, administrative, or adjudicative proceeding or a similar forensic context.
7.01 Professionalism. Psychologists who perform forensic functions, such as assessments, interviews, consultations, reports, or expert testimony, must comply with all other provisions of this Ethics Code to the extent that they apply to such activities. In addition, psychologists base their forensic work on appropriate knowledge of and competence in the areas underlying such work, including specialized knowledge concerning special populations. (See also Standards 1.06, Basis for Scientific and Professional Judgments; 1.08, Human Differences; 1.15, Misuse of Psychologists' Influence; and 1.23, Documentation of Professional and Scientific Work.)	11.01 Forensic Competence. (a) ~~Psychologists who perform forensic functions, such as assessments, interviews, consultations, reports, or expert testimony, must comply with all other provisions of this Ethics Code to the extent that they apply to such activities. In addition, p~~Psychologists base their forensic work on a reasonable level of ~~appropriate~~ knowledge and understanding of the professional and legal bases for participation in legal proceedings ~~of and competence in the areas underlying such work, including specialized knowledge concerning special populations~~. (See also Standards 1.01, Misuse of Psychologists' Influence; ~~1.08, Human Differences;~~2.01, Boundaries of Competence; 2.03, Maintaining Expertise; 2.04, Basis for Scientific and Professional Judgments; 2.05, Delegation of Work to Others and Use of Interpreters ~~and Supervision of Subordinates~~; and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)
New subsection.	(b)Psychologists base their forensic work on appropriate knowledge of and competence in the areas underlying such work, including specialized knowledge concerning special populations and topics. (See also Standard 9.06, Use of Assessment in General and With Diverse Populations.)
New standard.	11.02 Informed Consent for Forensic Services. (a) When obtaining informed consent to forensic services as required in Standard 3.11, Informed Consent, psychologists inform the person from whom consent is requested about the purposes of evaluations, the nature of procedures to be employed, the potential use of the results, the party who has employed the psychologist, and the limits of confidentiality which may exist. (See also Standards 3.06, Avoiding Harm; 3.08, Third Party Requests for Services; and 3.12, Describing the Nature and Results of Psychological Services;.)
	(b) When an evaluation is court ordered, the psychologist informs the individual as appropriate and the individual's legal representative of the nature of the anticipated forensic service before proceeding. If the individual or legal representative objects to a court ordered evaluation or service, the psychologist notifies the court that issued the order and responds as directed. (See also Standard 3.11, Informed Consent.)
7.02 Forensic Assessments. (b) Except as noted in (c), below, psychologists provide	11.03 Forensic Opinions. (a) ~~(b)~~ Except as noted in (b) and (c), below,

written or oral forensic reports or testimony of the psychological characteristics of an individual only after they have conducted an examination of the individual adequate to support their statements or conclusions.	psychologists provide ~~written or oral~~ forensic opinions ~~reports or testimony~~ of the psychological characteristics of an individual only after they have conducted an examination of the individual adequate to support their statements or conclusions. (See also Standard 9.01, Bases for Assessments.)
(c) When, despite reasonable efforts, such an examination is not feasible, psychologists clarify the impact of their limited information on the reliability and validity of their reports and testimony, and they appropriately limit the nature and extent of their conclusions or recommendations.	(b) ~~(c)~~ When, despite reasonable efforts, such an examination is not feasible, psychologists document this, clarify the impact of their limited information on the reliability and validity of their reports and testimony, and ~~they~~ appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence and 9.07, Interpreting Assessment Results.)
New subsection.	(c) When an individual examination is not warranted or necessary for the opinion, psychologists explain this in their conclusions and recommendations.
7.03 Clarification of Role. In most circumstances, psychologists avoid performing multiple and potentially conflicting roles in forensic matters. When psychologists may be called on to serve in more than one role in a legal proceeding - for example, as consultant or expert for one party or for the court and as a fact witness - they clarify role expectations and the extent of confidentiality in advance to the extent feasible, and thereafter as changes occur, in order to avoid compromising their professional judgment and objectivity and in order to avoid misleading others regarding their role.	11.04 Clarification of Role. ~~In most circumstances, p~~Psychologists ordinarily avoid performing multiple and potentially conflicting roles in forensic matters. When psychologists are ~~may be~~ called on to serve in more than one role in a legal proceeding, for example, as consultant or expert for one party or for the court and as a fact witness, they clarify role expectations and the extent of confidentiality in advance to the extent feasible, and thereafter as changes occur, in order to avoid compromising their professional judgment and objectivity and in order to avoid misleading others regarding their role. (See also Standards 3.06, Avoiding Harm, and 3.07, Multiple Relationships.)
7.05 Prior Relationships. A prior professional relationship with a party does not preclude psychologists from testifying as fact witnesses or from testifying to their services to the extent permitted by applicable law. Psychologists appropriately take into account ways in which the prior relationship might affect their professional objectivity or opinions and disclose the potential conflict to the relevant parties.	11.05 Prior Relationships. A prior professional relationship with a party does not preclude psychologists from testifying as fact witnesses or from testifying to their services to the extent permitted by applicable law. Psychologists appropriately take into account ways in which the prior relationship might affect their professional objectivity or opinions and disclose the potential conflict to the relevant parties.
7.06 Compliance With Law and Rules. In performing forensic roles, psychologists are reasonably familiar with the rules governing their roles. Psychologists are aware of the occasionally competing demands placed upon them by these principles and the requirements of the court system, and attempt to resolve these conflicts by making known their commitment to this Ethics Code and taking steps to resolve the conflict in a responsible manner. (See also Standard 1.02, Relationship of Ethics and Law.)	11.06 Compliance With Law and Rules. (a) In performing forensic roles, psychologists are reasonably familiar with the rules governing their roles (e.g., federal and state rules of evidence). Psychologists are aware of the occasionally competing demands placed upon them by these principles and the requirements of the court system, and attempt to resolve these conflicts by making known their commitment to this Ethics Code and taking steps to resolve the conflict in a responsible manner. Such steps may include, but are not limited to, obtaining the consultation of fellow forensic professionals, obtaining the advice of independent counsel, and conferring directly with the legal representative(s) involved. If the conflict is unresolvable via such means, the psychologist may adhere to the requirements of the court. (See also Standards 1.03,

	Relationship of Ethics and Law, and 2.01, Boundaries of Competence.)
New subsection.	(b) Psychologists in their capacities as forensic experts or consultants maintain current knowledge of the rights of parties in legal proceedings to whom they provide services (e.g., 5th amendment rights and attorney—client privilege) and take reasonable steps to avoid diminishing these. (See also Standard 2.01, Boundaries of Competence.)
7.04 Truthfulness and Candor. (a) In forensic testimony and reports, psychologists testify truthfully, honestly, and candidly and, consistent with applicable legal procedures, describe fairly the bases for their testimony and conclusions.	11.07 Truthfulness and Candor. (a) In forensic testimony and reports, psychologists testify truthfully, honestly, and candidly and, consistent with applicable legal procedures, describe fairly the bases for their testimony and conclusions.
(b) Whenever necessary to avoid misleading, psychologists acknowledge the limits of their data or conclusions.	(b) ~~Whenever necessary t~~To avoid misleading, psychologists acknowledge the limits of their data or conclusions.
7.02 Forensic Assessments. (a) Psychologists' forensic assessments, recommendations, and reports are based on information and techniques (including personal interviews of the individual, when appropriate) sufficient to provide appropriate substantiation for their findings. (See also Standards 1.03, Professional and Scientific Relationship; 1.23, Documentation of Professional and Scientific Work; 2.01, Evaluation, Diagnosis, and Interventions in Professional Context; and 2.05, Interpreting Assessment Results.)	Delete this subsection.

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Ethical Principles Revision Draft 2, November 1999

The attached draft contains revisions to Standards 1—12 as voted by the Ethics Code Task Force at its October 1—3, 1999 meeting and November 18, 1999 conference call. The draft is presented in three columns with the 1992 Ethics Code in the first column, EP Revision Draft 1 (4/99) in the middle column, and EP Revision Draft 2 in the right-hand column.

Attachment 1

HC0000534

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
8. RESOLVING ETHICAL ISSUES	1. IDENTIFYING AND RESOLVING ETHICAL ISSUES	1. IDENTIFYING AND RESOLVING ETHICAL ISSUES
1.01 Applicability of the Ethics Code. The activity of a psychologist subject to the Ethics Code may be reviewed under these Ethical Standards only if the activity is part of his or her work-related functions or the activity is psychological in nature. Personal activities having no connection to or effect on psychological roles are not subject to the Ethics Code.	1.01 Applicability of the Ethics Code. No change.	Remove from this section and address in introduction.
8.01 Familiarity With Ethics Code. Psychologists have an obligation to be familiar with this Ethics Code, other applicable ethics codes, and their application to psychologists' work. Lack of awareness or misunderstanding of an ethical standard is not itself a defense to a charge of unethical conduct.	1.02 Familiarity With Ethics Code. Psychologists have an obligation to be familiar with this Ethics Code~~, other applicable ethics codes,~~ and ~~their~~ its application to psychologists' work. Lack of awareness or misunderstanding of an ethical standard is not itself a defense to a charge of unethical conduct.	Remove from this section and address in introduction.
1.02 Relationship of Ethics and Law. If psychologists' ethical responsibilities conflict with law, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner.	1.03 Relationship of Ethics and Law. No change.	1.03 Relationship of Ethics and Law. No change.
8.02 Confronting Ethical Issues. When a psychologist is uncertain whether a particular situation or course of action would violate this Ethics Code, the psychologist ordinarily consults with other psychologists knowledgeable about ethical issues, with state or national psychology ethics committees, or with other appropriate authorities in order to choose a proper response.	1.04 Confronting Ethical Issues. No change.	Move to an applicability or decision making section.
8.04 Informal Resolution of Ethical Violations. When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.	1.05 Informal Resolution of Ethical Violations. No change.	1.05 Informal Resolution of Ethical Violations. When psychologists believe that there has ~~may have~~ been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
8.05 Reporting Ethical Violations. If an apparent ethical violation is not appropriate for informal resolution under Standard 8.04 or is not resolved properly in that fashion, psychologists take further action appropriate to the situation, unless such action conflicts with confidentiality rights in ways that cannot be resolved. Such action might include referral to state or national committees on professional ethics or to state licensing boards.	1.06 Reporting Ethical Violations. No change.	1.06 Reporting Ethical Violations. If an apparent ethical violation is not appropriate for informal resolution under Standard 8.04 or is not resolved properly in that fashion, psychologists take further action appropriate to the situation, unless such action conflicts with confidentiality rights in ways that cannot be resolved. Such action might include referral to state or national committees on professional ethics, ~~or~~ to state licensing boards, or to the appropriate institutional authorities.
8.06 Cooperating With Ethics Committees. Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they make reasonable efforts to resolve any issues as to confidentiality. Failure to cooperate is itself an ethics violation.	1.07 Cooperating With Ethics Committees. No change.	1.07 Cooperating With Ethics Committees. No change.
8.07 Improper Complaints. Psychologists do not file or encourage the filing of ethics complaints that are frivolous and are intended to harm the respondent rather than to protect the public.	1.08 Improper Complaints. No change.	1.08 Improper Complaints. No change.
	New Standard on Handling Complaints (based on 92 Code 1.11b language, in this revision it is 3.03b) Standard needed on protection for whistleblowers. Task force members Appleby and Wilcox assigned to draft. Instead of 1.09, new subsection (b) proposed by Appleby. [No response from Wilcox on draft.] (b) Psychologists do not retaliate against colleagues who reveal mistakes or wrongdoing in the organizations where they are employed.	1.09 Treatment of Complainants and Respondents Psychologists accord complainants and respondents involved in ethics complaints dignity and respect. Psychologists do not ~~participate in~~ deny~~ing~~ persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made, or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or consideration of other appropriate information.

HC0000534

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
	2. COMPETENCE	2. COMPETENCE
1.03 Professional and Scientific Relationship. Psychologists provide diagnostic, therapeutic, teaching, research, supervisory, consultative, or other psychological services only in the context of a defined professional or scientific relationship or role. (See also Standards 2.01, Evaluation, Diagnosis, and Interventions in Professional Context, and 7.02, Forensic Assessments.)	2.01 Professional and Scientific Relationship. No change except to cross references. (See also Standards 10.01, Evaluation, Diagnosis, and Interventions in Professional Context, and 12.03, Forensic Assessments.)	Move to an applicability section.
1.04 Boundaries of Competence. (a) Psychologists provide services, teach, and conduct research only within the boundaries of their competence, based on their education, training, supervised experience, or appropriate professional experience.	2.02 Boundaries of Competence. No change to (a).	2.02 Boundaries of Competence. (a) Psychologists provide services, teach, and conduct research only within the boundaries of their competence, based on their education, training, supervised experience, or appropriate consultation, study, or professional experience.
1.08 Human Differences. Where differences of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status significantly affect psychologists' work concerning particular individuals or groups, psychologists obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals.	(b) Psychologists obtain the necessary training, experience, consultation, or supervision to address competently in their work elements of human diversity, such as age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status. Moved to this standard. Previously part of Standard 1.08, Human Differences.	(b) Where differences such as ~~of~~ age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status significantly affect psychologists' work concerning particular individuals or groups, psychologists obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals.
See 1.08 above.	(c) When such training, experience, consultation or supervision are unavailable, psychologists make appropriate referrals. Moved to this standard. Previously part of Standard 1.08, Human Differences	Delete this subsection.
(b) Psychologists provide services, teach, or conduct research in new areas or involving new techniques only after first undertaking appropriate study, training, supervision, and/or consultation from persons who are competent in those areas or techniques.	No change to (b) however becomes (d) based on insertions above.	(c) Psychologists provide services, teach, or conduct research in new areas or involving new techniques by ~~only after first~~ undertaking appropriate study, training, supervision, and/or consultation from persons who are competent in those areas or techniques.
(c) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take	No change to (c) however becomes (e) based on insertions above.	No change to (c) however becomes (d) based on deletion above. Agreed to continue work on this at the next

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
reasonable steps to ensure the competence of their work and to protect patients, clients, students, research participants, and others from harm.		meeting.
	New subsection (f) Prior to providing new treatment, psychologists inform their clients/patients of the experimental nature of the treatment and insure that client/patients understand the voluntary nature of their participation. (See also Standards 11.01, Structuring the Relationship and 11.02, Informed Consent to Therapy.)	Move this subsection to become part b of the standard "Informed Consent to Psychotherapy" in the Therapy section.
	New subsection on under-served populations. Task force member Ramos-Grenier assigned to draft.	
	Task force discussed possible new section in this standard regarding emergency options, but no drafting assignments were made.	2.0X Providing Services in Emergencies or to Under-Served Populations. When a psychologist is asked to provide services to individuals for whom appropriate mental health services are not available and for which the psychologist has not had the time to obtain the competence necessary, the psychologist may provide such services in order to ensure that services are not denied; however, the psychologist should advise the individual of the limitations in services due to lack of training and (1) refer the individual to an appropriately trained provider as soon as possible, or (2) make a reasonable effort to obtain the necessary competence.
1.05 Maintaining Expertise. Psychologists who engage in assessment, therapy, teaching, research, organizational consulting, or other professional activities maintain a reasonable level of awareness of current scientific and professional information in their fields of activity, and undertake ongoing efforts to maintain competence in the skills they use.	2.03 Maintaining Expertise. No change.	2.03 Maintaining Expertise. Psychologists ~~who engage in assessment, therapy, teaching, research, organizational consulting, or other professional activities~~ maintain a reasonable level of awareness of current scientific and professional information in their fields of activity, and undertake ongoing efforts to maintain competence in the skills they use.

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
1.06 Basis for Scientific and Professional Judgments. Psychologists rely on scientifically and professionally derived knowledge when making scientific or professional judgments or when engaging in scholarly or professional endeavors.	2.04 Basis for Scientific and Professional Judgments. ~~Psychologists rely on scientifically and professionally derived knowledge when making scientific or professional judgments or when engaging in scholarly or professional endeavors.~~ Psychologists base scientific or professional judgments and endeavors on the scholarly, scientific, and/or professional knowledge of the discipline.	2.04 Basis for Scientific and Professional Judgments. Psychologists' ~~base~~ scientific or professional judgments and endeavors must have a reliable basis in the ~~on the scholarly, scientific, and/or professional~~ knowledge and experience of the discipline.
		New Standard (moved here from Section 10) 2.0X Use of Interpreters Psychologists ~~only~~ utilize the services of interpreters (1) who have been adequately trained for the task and (2) after appropriate informed consent has been obtained ~~from the client. Psychologists state that there are likely to be limitation on reliability and validity when using interpreters~~. Psychologists utilizing the services of an interpreter take reasonable steps to ensure that confidentiality ~~of test results and test security are~~ is maintained. (See also Standards 4.01 Maintaining Confidentiality; 10.01, Evaluation, Diagnosis, and Interventions in Professional Context; 10.04, Informed Consent in Assessments; 10.06, Use of Assessment in General and With Diverse Populations; and 10.08, Unqualified Persons.)
1.13 Personal Problems and Conflicts. (a) Psychologists recognize that their personal problems and conflicts may interfere with their effectiveness. Accordingly, they refrain from undertaking an activity when they know or should know that their personal problems are likely to lead to harm to a patient, client, colleague, student, research participant, or other person to whom they may owe a professional or scientific obligation.	3.05 Personal Problems and Conflicts. No change to (a).	Move Standard 3.05 from Draft 1 to here. ~~3.05~~2.XX Personal Problems and Conflicts. (a) Psychologists ~~recognize that their personal problems and conflicts may interfere with their effectiveness. Accordingly, they~~ refrain from undertaking an activity when they know or should know that their personal problems are likely to lead to harm to a patient, client, colleague, student, research participant, or other person to whom they may owe a professional or scientific obligation.
(b) In addition, psychologists have an obligation to be alert to signs of, and to obtain assistance for,	No change to (b).	Delete this subsection.

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
their personal problems at an early stage, in order to prevent significantly impaired performance.		
(c) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties.	No change to (c).	No change except that (c) becomes (b).

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HC0000534

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	3. HUMAN RELATIONS	3. HUMAN RELATIONS
1.09 Respecting Others. In their work-related activities, psychologists respect the rights of others to hold values, attitudes, and opinions that differ from their own.	3.01 Respecting Others. No change.	Move from this standard to one of the aspirational sections.
		New standard 3.0X Honesty. In their interactions with others, psychologists provide truthful descriptions of their work-related activities and describe honestly and fairly the basis for their opinions. (See also Standards 3.03 5.03, Avoidance of False or Deceptive Statements: 1.16 6.01, Misuse of Psychologist's Influence 1.26, Accuracy in Reports to Payors and Funding Sources; 6.04, Descriptions of Education and Training Programs; 8.02, Plagiarism; and 7.05 12.05 Truthfulness and Candor.)
6.19 Honoring Commitments. Psychologists take reasonable measures to honor all commitments they have made to research participants.	9.14 Honoring Commitments. No change.	3.XX ~~9.14~~ Honoring Commitments Psychologists take reasonable measures to honor all commitments they have made to clients, research participants, students, and others with whom they work. Moved here from the section on Research and Publication.
1.10 Nondiscrimination. In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.	3.02 Nondiscrimination. Assigned to task force members Brown and Vasquez for additional work.	3.02 ~~Nond~~Discrimination. No change to 1992 Code except standard title.
	(b) When a psychologist holds personal beliefs that would lead to unfair treatment of persons based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status, language, or any other basis proscribed by law, the psychologist takes reasonable steps to refrain from offering services to those groups.	Delete this subsection.

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
1.11 Sexual Harassment. (a) Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either: (1) is unwelcome, is offensive, or creates a hostile workplace environment, and the psychologist knows or is told this; or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.	3.03 Sexual Harassment. No change to (a).	3.03 Sexual Harassment. No change except to remove (a) because subsection (b) was deleted.
(b) Psychologists accord sexual-harassment complainants and respondents dignity and respect. Psychologists do not participate in denying a person academic admittance or advancement, employment, tenure, or promotion, based solely upon their having made, or their being the subject of, sexual harassment charges. This does not preclude taking action based upon the outcome of such proceedings or consideration of other appropriate information.	No change to (b).	Delete here in light of new Standard 1.09.
1.12 Other Harassment. Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.	3.04 Other Harassment. No change.	3.04 Other Harassment. No change.
1.13 Personal Problems and Conflicts. (a) Psychologists recognize that their personal problems and conflicts may interfere with their effectiveness. Accordingly, they refrain from undertaking an activity when they know or should know that their personal problems are likely to lead to harm to a patient, client, colleague, student, research participant, or other person to whom they may owe a professional or scientific obligation.	3.05 Personal Problems and Conflicts. No change to (a).	Moved this standard to the end of the section on Competence.

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
(b) In addition, psychologists have an obligation to be alert to signs of, and to obtain assistance for, their personal problems at an early stage, in order to prevent significantly impaired performance.	No change to (b).	Deleted this subsection.
(c) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties.	No change to (c).	Moved this subsection (renumbered as b) to the end of the section on Competence.
1.14 Avoiding Harm. Psychologists take reasonable steps to avoid harming their patients or clients, research participants, students, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.	3.06 Avoiding Harm. (a) Psychologists take reasonable steps to avoid harming their patients or clients, research participants, students, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.	3.06 Avoiding Harm. No change except to remove (a) because subsection (b) not included.
	New part (b) (b) <u>When harm is neither foreseeable nor avoidable, psychologists take reasonable steps to remediate harm.</u>	Do not include this subsection.
1.17 Multiple Relationships. (a) In many communities and situations, it may not be feasible or reasonable for psychologists to avoid social or other nonprofessional contacts with persons such as patients, clients, students, supervisees, or research participants. Psychologists must always be sensitive to the potential harmful effects of other contacts on their work and on those persons with whom they deal. A psychologist refrains from entering into or promising another personal, scientific, professional, financial, or other relationship with such persons if it appears likely that such a relationship reasonably might impair the psychologist's objectivity or otherwise interfere with the psychologist's effectively performing his or her functions as a psychologist, or might harm or exploit the other party.	3.07 Multiple Relationships. (a) Assigned to task force members Brown, Ramos-Grenier, and Vasquez for additional work.	3.07 Multiple Relationships. Refer to legal counsel for further revision.
(b) Likewise, whenever feasible, a psychologist refrains from taking on professional or scientific	No change to (b).	No change to (b).

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
obligations when pre-existing relationships would create a risk of such harm.		
(c) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist attempts to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.	No change to (c).	(c) If a psychologist becomes aware that ~~finds that, due to unforeseen factors,~~ a potentially harmful multiple relationship has arisen, the psychologist attempts to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.
1.19 Exploitative Relationships. (a) Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as students, supervisees, employees, research participants, and clients or patients. (See also Standards 4.05 - 4.07 regarding sexual involvement with clients or patients.)	3.08 Exploitative Relationships. No change except to cross references. However, removed (a) designation because subsection (b) moved to Standard 8, Teaching and Training Supervision. (See also Standards 11.06—11.08 regarding sexual involvement with clients or patients.)	3.08 Exploitative Relationships. No change from Draft 1.
1.20 Consultations and Referrals. (a) Psychologists arrange for appropriate consultations and referrals based principally on the best interests of their patients or clients, with appropriate consent, and subject to other relevant considerations, including applicable law and contractual obligations. (See also Standards 5.01, Discussing the Limits of Confidentiality, and 5.06, Consultations.)	3.09 Consultations and Referrals. No change to (a) except to cross references. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 4.05, Consultations.)	3 09 Consultations and Referrals. No change from Draft 1.
(b) When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their patients or clients effectively and appropriately.	No change to (b).	No change to (b).
(c) Psychologists' referral practices are consistent with law.	No changes recommended to (c).	Delete this subsection.
		New standard. 3.10 Informed Consent. (a) When psychologists provide assessment, psychotherapy, counseling, or conduct research with an individual, they obtain the informed consent of that individual in a language that is reasonably understandable to that person except when conducting such activities without consent is mandated or prescribed by law or governmental regulation. The content of informed consent will

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
		vary depending on many circumstances; however, informed consent generally implies that the person (1) has the capacity to consent, (2) has been provided information concerning participation in the activity that reasonably might affect his or her willingness to participate including limits of confidentiality and monetary or other costs or reimbursements and (3) is aware of the voluntary nature of participation and has freely and without undue influence expressed consent.
		(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent [add per Celia and Gerry], (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law.
		(c) Psychologists make reasonable efforts to answer an individual's questions, to avoid apparent misunderstandings, and when possible to address those misunderstandings that occur.
		(d) Psychologists appropriately document consent. **Reference consent standards in specific sections. Consent sections in the "specific" standards would list the type of information required during consent that is unique to the "specific" activity in the section.**
		Moved a and b sections of this standard to 6. Working with Institutions, Communities, and Organizations. **(action taken during Conf Call, 11/18/99)** 3.11 Describing Services to Groups and Organizations

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

5. PRIVACY AND CONFIDENTIALITY These Standards are potentially applicable to the professional and scientific activities of all psychologists.	4. PRIVACY AND CONFIDENTIALITY No change.	4. PRIVACY AND CONFIDENTIALITY Task Force agreed previously to delete this sentence.
5.02 Maintaining Confidentiality. Psychologists have a primary obligation and take reasonable precautions to respect the confidentiality rights of those with whom they work or consult, recognizing that confidentiality may be established by law, institutional rules, or professional or scientific relationships. (See also Standard 6.26, Professional Reviewers.)	4.01 Maintaining Confidentiality. Psychologists have a primary obligation and take reasonable precautions to protect ~~respect~~ the confidentiality rights of those with whom they work or consult, recognizing that confidentiality may be established by law, institutional rules, or professional or scientific relationships. (See also Standards 6.04, Delegation to and Supervision of Subordinates, and 9.21, Professional Reviewers.) Moved this standard to appear before 4.02, Discussing the Limits of Confidentiality, per the task force's decision.	4.01 Maintaining Confidentiality. No change from Draft 1.
5.01 Discussing the Limits of Confidentiality. (a) Psychologists discuss with persons and organizations with whom they establish a scientific or professional relationship (including, to the extent feasible, minors and their legal representatives) (1) the relevant limitations on confidentiality, including limitations where applicable in group, marital, and family therapy or in organizational consulting, and (2) the foreseeable uses of the information generated through their services.	4.02 Discussing the Limits of Confidentiality. (a) Psychologists discuss with persons and organizations with whom they establish a scientific or professional relationship (including, to the extent feasible, minors and their legal representatives) (1) the relevant limitations on confidentiality, including limitations where applicable, for example, in group, marital, and family therapy, in prison and military settings, in activities with an interpreter, in communications with payors, or in organizational consulting, ~~and~~ (2) the foreseeable uses of the information generated through their services, and (3) the limitations on confidentiality when information is communicated or services provided by electronic or broadcast transmission. Moved this standard to appear after 4.01, Maintaining Confidentiality, per the task force's decision.	4.02 Discussing the Limits of Confidentiality. (a) Psychologists discuss with persons and organizations with whom they establish a scientific or professional relationship (including, to the extent feasible, minors and their legal representatives) (1) the relevant limitations on confidentiality, ~~including limitations where applicable, for example, in group, marital, and family therapy, in prison and military settings, in activities with an interpreter, in communications with payors, or in organizational consulting,~~ (2) the foreseeable uses of the information generated through their services, and (3) the limitations on confidentiality when information is communicated or services provided by electronic or broadcast transmission.
(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.	No change to (b).	No change to (b).

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
(c) Permission for electronic recording of interviews is secured from clients and patients.	(c) Psychologists obtain pPermission ~~for electronic recording of interviews is secured~~ in advance of electronically recording ~~from~~ clients and patients.	(c) Psychologists obtain permission before ~~in advance of electronically~~ recording the voice or image of clients and patients. (Note: define client as referring to patient early in Code to avoid repetition throughout document.)
5.03 Minimizing Intrusions on Privacy. (a) In order to minimize intrusions on privacy, psychologists include in written and oral reports, consultations, and the like, only information germane to the purpose for which the communication is made.	4.03 Minimizing Intrusions on Privacy. No change to (a).	4.03 Minimizing Intrusions on Privacy. No change to (a).
	New b subsection to be moved from 9.12 (Minimizing Invasiveness).	Deferred the decision on whether to move 9.12.
(b) Psychologists discuss confidential information obtained in clinical or consulting relationships, or evaluative data concerning patients, individual or organizational clients, students, research participants, supervisees, and employees, only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.	No change to (b).	No change to (b).
5.05 Disclosures. (a) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose, such as (1) to provide needed professional services to the patient or the individual or organizational client, (2) to obtain appropriate professional consultations, (3) to protect the patient or client or others from harm, or (4) to obtain payment for services, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.	4.04 Disclosures. (a) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose, such as (1) to provide needed professional services to the patient or the individual or organizational client, (2) to obtain appropriate professional consultations, (3) to protect the patient or client or others from harm, or (4) to obtain payment for services from a client or patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See Also Standard 7.03(f), Fees and Financial Arrangements.)	4.04 Disclosures. No change from Draft 1.
	New subsection (b) Psychologists disclose confidential information to obtain payment from or gain authorization for	Do not include this subsection.

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
	treatment from third party payors only with prior informed consent. Disclosure is limited to the minimum that is necessary to achieve the purpose. (See Standard 4.01, Maintaining Confidentiality.)	
(b) Psychologists also may disclose confidential information with the appropriate consent of the patient or the individual or organizational client (or of another legally authorized person on behalf of the patient or client), unless prohibited by law.	No change to (b) however becomes (c) based on insertion above.	No change except this subsection becomes (b) again based on decision not to include proposed (b) above.
	New subsection (d) Psychologists obtain the prior consent of the client or patient to transmit confidential information electronically.	Do not include this subsection.
5.06 Consultations. When consulting with colleagues, (1) psychologists do not share confidential information that reasonably could lead to the identification of a patient, client, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they share information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 5.02, Maintaining Confidentiality.)	4.05 Consultations. No change except to cross reference. (See also Standard 4.01, Maintaining Confidentiality.)	4.05 Consultations. No change from Draft 1.
5.08 Use of Confidential Information for Didactic or Other Purposes. (a) Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their patients, individual or organizational clients, students, research participants, or other recipients of their services that they obtained during the course of their work, unless the person or organization has consented in writing or unless there is other ethical or legal authorization for doing so.	4.06 Use of Confidential Information for Didactic or Other Purposes. No change to (a).	4.06 Use of Confidential Information for Didactic or Other Purposes. No change to (a).
(b) Ordinarily, in such scientific and professional presentations, psychologists disguise confidential information concerning such persons or	No change to (b). See a.	No change to (b).

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
organizations so that they are not individually identifiable to others and so that discussions do not cause harm to subjects who might identify themselves.		
5.10 Ownership of Records and Data. Recognizing that ownership of records and data is governed by legal principles, psychologists take reasonable and lawful steps so that records and data remain available to the extent needed to serve the best interests of patients, individual or organizational clients, research participants, or appropriate others.	4.07 Ownership of Records and Data. Recognizing that ownership of records and data is governed by legal principles or contractual obligations, psychologists take reasonable and lawful steps so that records and data remain available to the extent needed to serve the best interests of patients, individual or organizational clients, research participants, or appropriate others.	4.07 Ownership of Records and Data. No change from Draft 1 but move to section on Record Keeping and Fees.
5.11 Withholding Records for Nonpayment. Psychologists may not withhold records under their control that are requested and imminently needed for a patient's or client's treatment solely because payment has not been received, except as otherwise provided by law.	4.08 Withholding Records for Nonpayment. Psychologists may not withhold records under their control that are requested and ~~imminently~~ needed for a patient's or client's emergency treatment solely because payment has not been received~~, except as otherwise provided by law~~.	4.08 Withholding Records for Nonpayment. Psychologists may not withhold records under their control that are requested and needed for a patient's or client's ~~emergency~~ treatment solely because payment has not been received. Move this revised standard to section on Record Keeping and Fees. (Proposed standard was referred to BPA, CAPP, and COLI on the question of whether this would be in conflict with state laws.)
	8.0X Confidential Material in Internship and Practical Training Applications It is unethical to require or to send confidential materials, such as audio- or videotaped client interviews, as part of practical training or internship applications because of the confidential nature of this material.	Do not include this standard.

HC0000534

1992 Ethics Code | EP Revision Draft 1 | EP Revision Draft 2

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

3. ADVERTISING AND OTHER PUBLIC STATEMENTS	5. ADVERTISING AND OTHER PUBLIC ~~STATEMENTS~~ REPRESENTIONS	5. ADVERTISING AND OTHER PUBLIC REPRESENTIONS
3.01 Definition of Public Statements. Psychologists comply with this Ethics Code in public statements relating to their professional services, products, or publications or to the field of psychology. Public statements include but are not limited to paid or unpaid advertising, brochures, printed matter, directory listings, personal resumes or curriculum vitae, interviews or comments for use in media, statements in legal proceedings, lectures and public oral presentations, and published materials.	5.01 Definition of Public Statements. Psychologists comply with this Ethics Code in public statements relating to their professional services, products, or publications or to the field of psychology. Public statements include but are not limited to paid or unpaid advertising, product endorsements, brochures, printed matter, directory listings, personal resumes or curriculum vitae, interviews or comments for use in ~~print or broadcast~~ media such as print, electronic, or broadcast, statements in legal proceedings, lectures and public oral presentations, and published materials. Task force member Koocher assigned for further consideration in consultation with the Director, Ethics Office Jones.	Delete 5.01 from Draft 1. 5.03 becomes 5.01.
3.03 Avoidance of False or Deceptive Statements. (a) Psychologists do not make public statements that are false, deceptive, misleading, or fraudulent, either because of what they state, convey, or suggest or because of what they omit, concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated. As examples (and not in limitation) of this standard, psychologists do not make false or deceptive statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings. (See also Standards 6.15, Deception in Research, and 6.18, Providing Participants With Information About the Study.)	5.03 Avoidance of False or Deceptive Statements. No change to (a) except to cross references. (See also Standards 9.10, Deception in Research, and 9.13, Providing Participants With Information About the Study.)	~~5.03~~5.01 Avoidance of False or Deceptive Statements. (a) Psychologists do not make public statements that are false, deceptive, misleading, or fraudulent, either because of what they state, convey, or suggest or because of what they omit, concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated. Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant and credentialing applications, brochures, printed matter, directory listings, personal resumes or curriculum vitae, interviews or comments for use in media such as print, electronic, or broadcast, statements in legal proceedings, lectures and public oral presentations, and published materials. (See also Standard 3.0X, Honesty.)
(b) Psychologists claim as credentials for their	No change to (b).	(b) Psychologists do not make false or deceptive

5

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
psychological work, only degrees that (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.		statements concerning (1) their services; (2) the scientific or clinical basis for, or results or degree of success of, their services; (3) their fees; or (4) their research findings.
		(c) Psychologists do not make false or deceptive statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; or their (5) publications.
		(d) Psychologists claim as credentials for their psychological work, only degrees that (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice. (See also Standards 9.10, Deception in Research, and 9.13, Providing Participants With Information About the Study.)
3.02 Statements by Others. (a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.	5.02 Statements by Others. No change to (a).	5.02 Statements by Others. No change to (a).
(b) In addition, psychologists make reasonable efforts to prevent others whom they do not control (such as employers, publishers, sponsors, organizational clients, and representatives of the print or broadcast media) from making deceptive statements concerning psychologists' practice or professional or scientific activities.	(b)In addition, psychologists make reasonable efforts to prevent others whom they do not control (such as employers, publishers, sponsors, organizational clients, and representatives of the print, broadcast, or electronic media) from making deceptive statements concerning psychologists' practice or professional or scientific activities.	No change to (b) from Draft 1.
(c) If psychologists learn of deceptive statements about their work made by others, psychologists make reasonable efforts to correct such statements.	No change to (c).	No change to (c).
(d) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item.	No change to (d).	No change to (d).
(e) A paid advertisement relating to the psychologist's activities must be identified as such, unless it is already apparent from the context.	(e) A paid advertisement relating to the psychologist's activities must be identified or clearly recognizable as such~~, unless it is already apparent from the context~~.	No change to (e) from Draft 1.
		Moved 5.03 (a) and (b) to beginning of this section

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
		and revised as shown in new 5.01.
		Moved (c) and (d) and revised as noted above.
8.02 (c) To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.	No change to (c).	Move 8.02 c here as a separate standard. **(action taken during Conf Call, 11/99)** 5.03 Descriptions of Workshops and Nondegree-Granting Educational Programs. No change except to delete (c) because this is now a separate standard.
3.04 Media Presentations. When psychologists provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, or other media, they take reasonable precautions to ensure that (1) the statements are based on appropriate psychological literature and practice, (2) the statements are otherwise consistent with this Ethics Code, and (3) the recipients of the information are not encouraged to infer that a relationship has been established with them personally.	5.04 Media Presentations. When psychologists provide advice or comment by means of public lectures or, demonstrations, any broadcast, electronic, or computerized media, ~~radio or television programs,~~ prerecorded tapes, printed articles, mailed or otherwise transmitted, ~~material, or other media,~~ they take reasonable precautions to ensure that (1) the statements are based on appropriate psychological literature and practice, (2) the statements are otherwise consistent with this Ethics Code, and (3) the recipients of the information are not encouraged to infer that a professional relationship has been established with them personally.	5.04 Media Presentations. When psychologists provide public advice or comment ~~by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, or other media~~, they take reasonable precautions to ensure that (1) the statements are based on appropriate psychological literature or ~~and~~ practice, (2) the statements are otherwise consistent with this Ethics Code, and (3) the recipients of the information are not encouraged to infer that a relationship has been established with them personally.
3.05 Testimonials. Psychologists do not solicit testimonials from current psychotherapy clients or patients or other persons who because of their particular circumstances are vulnerable to undue influence.	5.05 Testimonials. Deferred to executive session and not addressed. To be reviewed at the October 1999 ECTF meeting.	5.05 Testimonials. No change from 1992 Code.
3.06 In-Person Solicitation. Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential psychotherapy patients or clients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this does not preclude attempting to implement appropriate collateral contacts with significant others for the purpose of benefiting an already engaged therapy patient.	5.06 In-Person Solicitation. Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential psychotherapy patients or clients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition against solicitation does not preclude: (1) attempting to implement appropriate collateral contacts with significant others for the purpose of benefiting an already engaged therapy patient or (2) providing	5.06 In-Person Solicitation. Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential psychotherapy patients or clients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition ~~against solicitation~~ does not preclude (1) attempting to implement appropriate collateral contacts with significant others for the purpose of benefiting an already engaged therapy patient or (2) providing

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
	disaster outreach services.	disaster outreach services.

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HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

	6. WORKING WITH INSTITUTIONS, COMMUNITIES, AND ORGANIZATIONS	6. WORKING WITH INSTITUTIONS, COMMUNITIES, AND ORGANIZATIONS
1.15 Misuse of Psychologists' Influence. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence.	6.01 Misuse of Psychologists' Influence. No change.	6.01 Misuse of Psychologists' Influence. No change.
1.16 Misuse of Psychologists' Work. (a) Psychologists do not participate in activities in which it appears likely that their skills or data will be misused by others, unless corrective mechanisms are available. (See also Standard 7.04, Truthfulness and Candor.)	6.02 Misuse of Psychologists' Work No change to (a) except to cross reference. (See also Standard 12.05, Truthfulness and Candor.)	6.02 Misuse of Psychologists' Work (a) Psychologists do not participate in activities in which it appears likely that their skills or data will be misused or misrepresented by others, unless corrective mechanisms are available. (See also Standard 12.05, Truthfulness and Candor.)
(b) If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.	No change to (b).	No change to (b).
1.21 Third-Party Requests for Services. (a) When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist clarifies to the extent feasible, at the outset of the service, the nature of the relationship with each party. This clarification includes the role of the psychologist (such as therapist, organizational consultant, diagnostician, or expert witness), the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality.	6.03 Third-Party Requests for Services. (a) When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist clarifies to the extent feasible, at the outset of the service, the nature of the relationship with each party. This clarification includes the role of the psychologist (such as therapist, organizational consultant, diagnostician, or expert witness), the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standard 4.02, Discussing the Limits of Confidentiality.)	6.03 Third-Party Requests for Services. No change to (a) from Draft 1.
(b) If there is a foreseeable risk of the psychologist's being called upon to perform conflicting roles because of the involvement of a third party, the psychologist clarifies the nature and direction of his or her responsibilities, keeps all parties appropriately informed as matters develop, and resolves the situation in accordance with this	(b) If there is a foreseeable risk of the psychologist's being called upon to perform conflicting roles because of the involvement of a third party, the psychologist clarifies the nature and direction of his or her responsibilities, keeps all parties appropriately informed as matters develop, and resolves the situation in accordance with this	No change to (b) from Draft 1.

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
Ethics Code.	Ethics Code. (See also Standards 3.07, Multiple Relationships, and 12.04, Clarification of Role.)	
1.22 Delegation to and Supervision of Subordinates. (a) Psychologists delegate to their employees, supervisees, and research assistants only those responsibilities that such persons can reasonably be expected to perform competently, on the basis of their education, training, or experience, either independently or with the level of supervision being provided.	6.04 Delegation to and Supervision of Subordinates. (a) Psychologists delegate to their employees, supervisees, and research assistants only those responsibilities that such persons can ~~reasonably~~ be expected to perform competently, on the basis of their education, training, or experience, either independently or with the level of supervision being provided	6.04 Delegation to and Supervision of Subordinates. No change to (a) from Draft 1.
(b) Psychologists provide proper training and supervision to their employees or supervisees and take reasonable steps to see that such persons perform services responsibly, competently, and ethically.	No change to (b).	No change to (b).
(c) If institutional policies, procedures, or practices prevent fulfillment of this obligation, psychologists attempt to modify their role or to correct the situation to the extent feasible.	No change to (c).	No change to (c).
		New standard created from Standards 8.01 and 8.02 of Draft 1 and moved here. 6.0X Design and Description of Academic, Human Services, and Human Resources Programs. Psychologists who are responsible for administering education, training, social or health service, research, human resources, and other programs, take reasonable steps to ensure (a) that the programs are designed to provide the appropriate knowledge, experiences, or services to meet the goals for which claims are made by the program, (b) that there is a current and accurate description of the program content, objectives, and requirements, and (c) that this information is made readily available to all interested parties. (See Standards 8.01Design of Education and Training Programs, and 8.02, Descriptions of Education and Training Programs.)
		New standard 6.XX Professional Reviewers

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
		Psychologists who review material submitted for insurance reimbursement or other forms of compensation, hiring or promotion, educational placement, for publication or grants, or other purposes, have the necessary competencies to provide accurate review, that such reviews are not unfairly biased by personal or organizational conflicts, and respect the confidentiality of and the proprietary rights in such information of those who submitted it. (See also 2.02 Boundaries of Competence, 2.x Personal Problems and Conflicts, 3.x Honesty, 3.x Upholding Commitments, 4.01 Maintaining Confidentiality.) **[Note. Conference call participants proposed elimination of this standard, but asked that the following questions be considered by the ECTF in March 2000. Main components of this standard are competence, bias, and confidentiality. What is lost if this standard is eliminated? Does standard 6.04 (Delegation to and Supervision of Subordinates) cover delegation to non-subordinates. Also look at 2.02 (Boundaries of Competence) regarding whether it covers reviewing.**
1.07 Describing the Nature and Results of Psychological Services. (a) When psychologists provide assessment, evaluation, treatment, counseling, supervision, teaching, consultation, research, or other psychological services to an individual, a group, or an organization, they provide, using language that is reasonably understandable to the recipient of those services, appropriate information beforehand about the nature of such services and appropriate information later about results and conclusions. (See also Standard 2.09, Explaining Assessment Results.)	3.10 Describing the Nature and Results of Psychological Services. No change to (a) except to cross reference. (See also Standard 10.11, Explaining Assessment Results.)	Moved (parts a and b) to this section from 3. Human Relations. **(action taken during Conf Call, 11/18/99)** 6.XXX~~3.11~~ Describing Services to Groups and Organizations (a) When psychologists provide program evaluation, supervision, teaching, consultation, research, or other psychological services to a group or an organization, they use language that is reasonably understandable to the recipient of those services to provide appropriate information beforehand about the nature of such services. (See also Standard 10.11, Explaining Assessment Results.)
(b) If psychologists will be precluded by law or by organizational roles from providing such	No change to (b).	(b) If psychologists will be precluded by law or by organizational roles from providing such

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.	See 1.07a	information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.
8.03 Conflicts Between Ethics and Organizational Demands. If the demands of an organization with which psychologists are affiliated conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, seek to resolve the conflict in a way that permits the fullest adherence to the Ethics Code.	6.05 Conflicts Between Ethics and Organizational Demands. No change.	6.05 Conflicts Between Ethics and Organizational Demands. No change.

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HC0000534

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

	7. RECORD KEEPING AND FEES	7. RECORD KEEPING AND FEES
1.23 Documentation of Professional and Scientific Work. (a) Psychologists appropriately document their professional and scientific work in order to facilitate provision of services later by them or by other professionals, to ensure accountability, and to meet other requirements of institutions or the law.	7.01 Documentation of Professional and Scientific Work and Maintenance of Records (a) Psychologists create, maintain, disseminate, store, retain, and dispose of records and data relating to ~~appropriately document~~ their professional and scientific work. They do so ~~in order~~ (1) to facilitate provision of services later by them or by other professionals, (2) to ensure accountability, and to meet other requirements of institutions ~~or the law~~, (3) to ensure accuracy of billing and payments, and (4) to ensure accordance with law, all in a manner that permits compliance with the requirements of this Ethics Code.	7.01 Documentation of Professional and Scientific Work and Maintenance of Records. (a) Psychologists appropriately create, maintain, disseminate, store, retain, and dispose of records and data relating to ~~document~~ their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) ~~to~~ ensure accountability, (3) ~~and to~~ meet institutional ~~other~~ requirements ~~of institutions or the law~~, (4) ensure accuracy of billing and payments, and (5) ensure accordance with law, all in a manner that permits compliance with the requirement of this Ethics Code.
(b) When psychologists have reason to believe that records of their professional services will be used in legal proceedings involving recipients of or participants in their work, they have a responsibility to create and maintain documentation in the kind of detail and quality that would be consistent with reasonable scrutiny in an adjudicative forum. (See also Standard 7.01, Professionalism, under Forensic Activities.)	No change to (b) except to cross reference. (See also Standard 12.01, Professionalism, under Forensic Activities.)	(b) When psychologists have reason to believe that records of their professional services will be used in legal proceedings involving recipients of or participants in their work, they have a responsibility to create and maintain documentation in the kind of detail and quality that would be consistent with reasonable judicial scrutiny, which may be higher than the normative standard for general practice ~~in an adjudicative forum~~. (See also Standard 12.01, Professionalism, under Forensic Activities.)
1.24 Records and Data. Psychologists create, maintain, disseminate, store, retain, and dispose of records and data relating to their research, practice, and other work in accordance with law and in a manner that permits compliance with the requirements of this Ethics Code. (See also Standard 5.04, Maintenance of Records.)	Incorporated into revised 7.01a above.	No change from Draft 1.
5.04 Maintenance of Records Psychologists maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. Psychologists maintain and dispose of records in accordance with law and in a manner that	7.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work ~~Records and Data~~ (a) Psychologists maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in	7.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work. (a) Psychologists maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
permits compliance with the requirements of this Ethics Code.	any other medium. Psychologists maintain and dispose of records in accordance with law and in a manner that permits compliance with the requirements of this Ethics Code. (See also Standard 4.07, Ownership of Records and Data.)	any other medium. ~~Psychologists maintain and dispose of records in accordance with law and in a manner that permits compliance with the requirements of this Ethics Code.~~ (See also Standard 4.07, Ownership of Records and Data.)
5.07 Confidential Information in Databases (a) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.	No change except (a) becomes (b).	No change from Draft 1.
(b) If a research protocol approved by an institutional review board or similar body requires the inclusion of personal identifiers, such identifiers are deleted before the information is made accessible to persons other than those of whom the subject was advised.	No change except (b) becomes (c).	Delete this subsection.
(c) If such deletion is not feasible, then before psychologists transfer such data to others or review such data collected by others, they take reasonable steps to determine that appropriate consent of personally identifiable individuals has been obtained.	No change except (c) becomes (d).	Delete this subsection.
5.09 Preserving Records and Data A psychologist makes plans in advance so that confidentiality of records and data is protected in the event of the psychologist's death, incapacity, or withdrawal from the position or practice.	(e) A psychologist makes plans in advance to facilitate ~~so that~~ the appropriate transfer and to protect the confidentiality of records and data ~~is protected~~ in the event of the psychologist's death, incapacity, or withdrawal from the position or practice.	No change from Draft 1 except (e) becomes (c).
5.10 Ownership of Records and Data. Recognizing that ownership of records and data is governed by legal principles, psychologists take reasonable and lawful steps so that records and data remain available to the extent needed to serve the best interests of patients, individual or organizational clients, research participants, or appropriate others.	4.07 Ownership of Records and Data. Recognizing that ownership of records and data is governed by legal principles or contractual obligations, psychologists take reasonable and lawful steps so that records and data remain available to the extent needed to serve the best interests of patients, individual or organizational clients, research participants, or appropriate others.	7.0X Ownership of Records and Data. No change from Draft 1 but move to this section.
5.11 Withholding Records for Nonpayment.	4.08 Withholding Records for Nonpayment.	7.XX Withholding Records for Nonpayment.

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
Psychologists may not withhold records under their control that are requested and imminently needed for a patient's or client's treatment solely because payment has not been received, except as otherwise provided by law.	Psychologists may not withhold records under their control that are requested and ~~imminently~~ needed for a patient's or client's emergency treatment solely because payment has not been received~~, except as otherwise provided by law~~. Stet Stet	Psychologists may not withhold records under their control that are requested and needed for a patient's or client's ~~emergency~~ treatment solely because payment has not been received. Move this revised standard to this section. (Proposed standard was referred to BPA, CAPP, and COLI on the question of whether this would be in conflict with state laws.)
1.25 Fees and Financial Arrangements. (a) As early as is feasible in a professional or scientific relationship, the psychologist and the patient, client, or other appropriate recipient of psychological services reach an agreement specifying the compensation and the billing arrangements.	7.03 Fees and Financial Arrangements No change to (a).	7.03 Fees and Financial Arrangements No change to (a).
(b) Psychologists do not exploit recipients of services or payors with respect to fees.	No change to (b).	No change to (b).
(c) Psychologists' fee practices are consistent with law.	No change to (c).	No change to (c).
(d) Psychologists do not misrepresent their fees.	No change to (d).	No change to (d).
(e) If limitations to services can be anticipated because of limitations in financing, this is discussed with the patient, client, or other appropriate recipient of services as early as is feasible. (See also Standard 4.08, Interruption of Services.)	(e) If limitations to services can be anticipated because of limitations in financing, this is discussed with the patient, client, or other appropriate recipient of services as early as is feasible. (See also Standards 11.09, Interruption of Services, and 11.10, Terminating the Professional Relationship.)	No change from Draft 1.
(f) If the patient, client, or other recipient of services does not pay for services as agreed, and if the psychologist wishes to use collection agencies or legal measures to collect the fees, the psychologist first informs the person that such measures will be taken and provides that person an opportunity to make prompt payment. (See also Standard 5.11, Withholding Records for Nonpayment.)	(f) If the patient, client, or other recipient of services does not pay for services as agreed, and if the psychologist wishes to use collection agencies or legal measures to collect the fees, the psychologist first informs the person that such measures will be taken and provides that person an opportunity to make prompt payment. (See also Standards 4.08, Withholding Records for Nonpayment, and 11.01, Structuring the Relationship,.)	No change to (f) from Draft 1.
1.18 Barter (With Patients or Clients). Psychologists ordinarily refrain from accepting	7.04 Barter (With Patients or Clients). No change except to cross references.	7.04 Barter (With Patients or Clients). No change from Draft 1.

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
goods, services, or other nonmonetary remuneration from patients or clients in return for psychological services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. A psychologist may participate in bartering only if (1) it is not clinically contraindicated, and (2) the relationship is not exploitative. (See also Standards 1.17, Multiple Relationships, and 1.25, Fees and Financial Arrangements.)	(See also Standards 3.07, Multiple Relationships, and 7.03, Fees and Financial Arrangements.)	
1.26 Accuracy in Reports to Payors and Funding Sources. In their reports to payors for services or sources of research funding, psychologists accurately state the nature of the research or service provided, the fees or charges, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standard 5.05, Disclosures.)	7.05 Accuracy in Reports to Payors and Funding Sources. In their reports to payors for services or sources of research funding, psychologists accurately state the nature of the research or service provided, the fees or charges, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality, 4.03, Minimizing Intrusions on Privacy, and 4.04, Disclosures.)	7.05 Accuracy in Reports to Payors and Funding Sources. In their reports to payors for services or sources of research funding, psychologists accurately state the nature of the ~~research or~~ service or research provided, the fees or charges, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality, 4.03, Minimizing Intrusions on Privacy, and 4.04, Disclosures.)
1.27 Referrals and Fees. When a psychologist pays, receives payment from, or divides fees with another professional other than in an employer - employee relationship, the payment to each is based on the services (clinical, consultative, administrative, or other) provided and is not based on the referral itself.	7.06 Referrals and Fees. When a psychologist pays, receives payment from, or divides fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Consultations and Referrals.) Task force member Nathan assigned to draft additional wording to ensure standard addresses kickbacks by organizations and exploitative behavior.	7.06 Referrals and Fees. No change from Draft 1.

HC0000534

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
6.TEACHING, TRAINING SUPERVISION, RESEARCH, AND PUBLISHING	8. TEACHING, AND TRAINING SUPERVISION, ~~RESEARCH, AND PUBLISHING~~ This section not reviewed at the 10/99 meeting.	8. TEACHING AND TRAINING SUPERVISION This section was reviewed during the 11/99 Conf Call.
6.01 Design of Education and Training Programs. Psychologists who are responsible for education and training programs seek to ensure that the programs are competently designed, provide the proper experiences, and meet the requirements for licensure, certification, or other goals for which claims are made by the program.	8.01 Design of Education and Training Programs. (a) Psychologists who are responsible for education and training programs take reasonable steps to ~~seek to~~ ensure that the programs are ~~competently~~ designed~~,~~ to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program.	8.01 Design of Education and Training Programs. No change to Draft 1 except to cross reference. (See also Standard 6.0X, Design and Description of Academic, Human Services, and Human Resources Programs.)
	New subsection (b) Psychologists who are responsible for education and training programs establish a process that includes provision of feedback that allows students sufficient opportunity to respond to alleged deficits and /or areas of concern.	Do not include this proposed new subsection.
6.02 Descriptions of Education and Training Programs. (a) Psychologists responsible for education and training programs seek to ensure that there is a current and accurate description of the program content, training goals and objectives, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.	8.02 Descriptions of Education and Training Programs. (a) Psychologists responsible for education and training programs ~~seek~~ take reasonable steps to ensure that there is a current and accurate description of the program content, training goals and objectives, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties. Discussed and did not include: , including if individual or group therapy is a requirement	8.02 Descriptions of Education and Training Programs and Courses. No change to (a) from 1992 Code except to cross references. (See also Standard 6.0X, Design and Description of Academic, Human Services, and Human Resources Programs.)
(b) Psychologists seek to ensure that statements concerning their course outlines are accurate and not misleading, particularly regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. (See also Standard 3.03, Avoidance of False or Deceptive Statements.)	(b) Psychologists' ~~seek to ensure that statements concerning their~~ course outlines are accurate and not misleading, particularly regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. (See also Standard 5.03, Avoidance of False or Deceptive Statements.)	No change to (b) from 1992 Code.
		Moved subsection (c) to 5. Advertising and Other

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
		Public Representations as a separate standard (5.03).
6.03 Accuracy and Objectivity in Teaching. (a) When engaged in teaching or training, psychologists present psychological information accurately and with a reasonable degree of objectivity.	8.03 Accuracy and Objectivity in Teaching. (a) When engaged in teaching or training, psychologists present psychological information accurately and with a reasonable degree of objectivity. Their course or training material includes current scholarly, scientific, and/or professional knowledge of the discipline . (See also Standard 2.03, Maintaining Expertise.)	8.03 Accuracy and Objectivity in Teaching. No change to (a) from the 1992 Code except to cross reference. (See also Standard 2.03, Maintaining Expertise.)
(b) When engaged in teaching or training, psychologists recognize the power they hold over students or supervisees and therefore make reasonable efforts to avoid engaging in conduct that is personally demeaning to students or supervisees. (See also Standards 1.09, Respecting Others, and 1.12, Other Harassment.)	No change to (b) except to cross references. (See also Standards 3.01, Respecting Others, and 3.04, Other Harassment.)	(b) When engaged in teaching or training, psychologists ~~recognize the power they hold over students or supervisees and therefore~~ make reasonable efforts to avoid engaging in conduct that is personally demeaning to students or supervisees. (See also Standards 3.01, Respecting Others, and 3.04, Other Harassment.)
6.04 Limitation on Teaching. Psychologists do not teach the use of techniques or procedures that require specialized training, licensure, or expertise, including but not limited to hypnosis, biofeedback, and projective techniques, to individuals who lack the prerequisite training, legal scope of practice, or expertise.	8.04 Limitation on Teaching. No action taken. Referred for further consideration to October 1999 meeting.	Delete this standard.
	New standard to incorporate Ethics Committee 1993 statement re internship applications and confidential statements. Task force members Moody and Henderson Daniel assigned to draft. "It is unethical to require or to send confidential materials, such as audio-or videotaped client interviews, as part of practical training or internship applications because of the confidential nature of this material.	Do not include this standard.
6.05 Assessing Student and Supervisee Performance. (a) In academic and supervisory relationships, psychologists establish an appropriate process for providing feedback to students and supervisees.	8.05 Assessing Student and Supervisee Performance, Dual Relationships, and Exploitative Relationships. (a) In academic ~~and supervisory~~ relationships, psychologists establish an appropriate process for	8.05 Assessing Student and Supervisee Performance. No change to (a) from the 1992 Code.

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
	providing feedback to students ~~and supervisees~~.	
	New subsection (b) In supervisory relationships, psychologists establish a process that includes provision of feedback to supervisees that allows sufficient opportunity to respond to alleged deficits and/or areas of concern.	Do not include this subsection.
(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.	No change to (b) however becomes (c) as a result of insertion above.	No change to (b) from the 1992 Code.
	8.06 New standard to protects students who lodge complaints against professors (based on 1992 Code language in 1.11b, Sexual Harassment, in this revision it is 3.03b). Task force members Moody and Henderson Daniel assigned to draft.	Do not include.
1.19 Exploitative Relationships (b) Psychologists do not engage in sexual relationships with students or supervisees in training over whom the psychologist has evaluative or direct authority, because such relationships are so likely to impair judgment or be exploitative.	8.07 Multiple and Exploitative Relationships ~~(b)~~Psychologists do not engage in sexual relationships with students or supervisees in training who are in their department or over whom the psychologist has or is likely to have evaluative, ~~or~~ direct, or indirect authority, because such relationships are so likely to impair judgment or be exploitative.	8.07 ~~Multiple and Exploitative Relationships~~ Sexual Relationships with Students and Supervisees Psychologists do not engage in sexual relationships with students or supervisees in training who are in their department or over whom the psychologist has or is likely to have evaluative~~, direct, or indirect~~ authority~~, because such relationships are so likely to impair judgment or be exploitative~~.

HC0000534

1992 Ethics Code | EP Revision Draft 1 | EP Revision Draft 2

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

6.TEACHING, TRAINING SUPERVISION, RESEARCH, AND PUBLISHING	9. ~~TEACHING, TRAINING SUPERVISION,~~ RESEARCH~~,~~ AND PUBLICATION~~SHING~~	9. RESEARCH AND PUBLICATION
6.06 Planning Research. (a) Psychologists design, conduct, and report research in accordance with recognized standards of scientific competence and ethical research.	9.01 Planning Research. No change to (a).	9.01 Planning Research. Delete this subsection.
(b) Psychologists plan their research so as to minimize the possibility that results will be misleading.	No change to (b).	Delete this subsection.
(c) In planning research, psychologists consider its ethical acceptability under the Ethics Code. If an ethical issue is unclear, psychologists seek to resolve the issue through consultation with institutional review boards, animal care and use committees, peer consultations, or other proper mechanisms.	No change to (c).	Delete this subsection.
(d) Psychologists take reasonable steps to implement appropriate protections for the rights and welfare of human participants, other persons affected by the research, and the welfare of animal subjects.	(d) Psychologists take reasonable steps to implement appropriate protections for the rights and welfare of human participants, other persons affected by the research, and the welfare of animal subjects.	Delete this subsection.
6.07 Responsibility. (a) Psychologists conduct research competently and with due concern for the dignity and welfare of the participants.	9.02 Responsibility. No change to (a).	9.02 Responsibility. Delete this subsection.
(b) Psychologists are responsible for the ethical conduct of research conducted by them or by others under their supervision or control.	No change to (b).	Delete this subsection.
(c) Researchers and assistants are permitted to perform only those tasks for which they are appropriately trained and prepared.	No change to (c).	Delete this subsection.
(d) As part of the process of development and implementation of research projects, psychologists consult those with expertise concerning any special population under investigation or most likely to be affected.	No change to (d).	Delete this subsection.
	New subsection (e) When a psychologist becomes aware that	Do not include this subsection because debriefing is handled later in this section.

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
	research procedures have resulted in a harmful impact on the individual participant, the psychologist takes reasonable steps to ameliorate the harm.	
6.08 Compliance With Law and Standards. Psychologists plan and conduct research in a manner consistent with federal and state law and regulations, as well as professional standards governing the conduct of research, and particularly those standards governing research with human participants and animal subjects.	9.03 Compliance With Law and Standards. No change.	9.03 Compliance With Law and Standards. Psychologists plan and conduct research in a manner consistent with federal and state law, ~~and~~ regulations, and requirements including ~~as well as~~ professional standards governing the conduct of research, and ~~particularly~~ those standards governing research with human participants and animal subjects promulgated by federally mandated institutional review boards. This becomes 9.01 based on deletions above. Legal review needed.
6.09 Institutional Approval. Psychologists obtain from host institutions or organizations appropriate approval prior to conducting research, and they provide accurate information about their research proposals. They conduct the research in accordance with the approved research protocol.	9.04 Institutional Approval. No change.	9.04 Institutional Approval. If legal counsel finds that 9.03 above is acceptable as revised, delete this standard.
6.10 Research Responsibilities. Prior to conducting research (except research involving only anonymous surveys, naturalistic observations, or similar research), psychologists enter into an agreement with participants that clarifies the nature of the research and the responsibilities of each party.	9.05 Research Responsibilities. No change.	9.05 Research Responsibilities. Prior to conducting research (except studies ~~research~~ involving only anonymous surveys, naturalistic observations, or similar research), psychologists enter into an agreement with participants that clarifies the nature of the research and the responsibilities of each party. (See also Standard 3.10, Informed Consent.)
6.11 Informed Consent to Research. (a) Psychologists use language that is reasonably understandable to research participants in obtaining their appropriate informed consent (except as provided in Standard 6.12, Dispensing with Informed Consent). Such informed consent is appropriately documented.	9.06 Informed Consent to Research. No change to (a) except to cross reference. (except as provided in Standard 9.07, Dispensing with Informed Consent).	9.06 Informed Consent to Research. Delete this subsection.
(b) Using language that is reasonably understandable to participants, psychologists	No change to (b) except to cross reference. See notation under Standard 9.08.	(a) ~~(b)~~ When obtaining informed consent as described in Standard 3.10, ~~Using language that is~~

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
inform participants of the nature of the research; they inform participants that they are free to participate or to decline to participate or to withdraw from the research; they explain the foreseeable consequences of declining or withdrawing; they inform participants of significant factors that may be expected to influence their willingness to participate (such as risks, discomfort, adverse effects, or limitations on confidentiality, except as provided in Standard 6.15, Deception in Research); and they explain other aspects about which the prospective participants inquire.	(except as provided in Standard 9.10, Deception in Research)	~~reasonably understandable to participants~~, psychologists inform participants of the nature of the research; they inform participants that they are free to participate or to decline to participate or to withdraw from the research; they explain the foreseeable consequences of declining or withdrawing; they inform participants of significant factors that may be expected to influence their willingness to participate (such as risks, discomfort, adverse effects, or limitations on confidentiality, except as provided in Standard 9.10, Deception in Research); and they explain other aspects about which the prospective participants inquire. (See also Standard 9.07, Dispensing with Informed Consent.)
		New subsection (b). (b) Psychologists conducting research involving the use of experimental treatments, clarify the experimental nature of the treatment, the services that will or will not be available to the control group if appropriate, the means by which assignment to treatment and control groups will be made, and available treatment alternatives if an individuals does not wish to participate in the research or wishes to withdraw once a study has begun.
		New subsection (c). (c) Informed consent is documented in accordance with and to the extent required under local, state, and federal law, and institutional policy. Psychologists make reasonable efforts to insure that such documentation does not violate any confidentiality rights that may be involved. Non-receipt of a participation refusal form is not considered documentation of consent.
(c) When psychologists conduct research with individuals such as students or subordinates, psychologists take special care to protect the prospective participants from adverse consequences of declining or withdrawing from participation.	No change to (c).	New standard. 9.0X Student and Subordinate Research Participants. (a)~~(c)~~ When psychologists conduct research with individuals such as students or subordinates,

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
		psychologists take special care to protect the prospective participants from adverse consequences of declining or withdrawing from participation.
(d) When research participation is a course requirement or opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.	No change to (d).	(b)~~(d)~~ When research participation is a course requirement or opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.
(e) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) obtain the participant's assent, and (3) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted by law	No change to (e).	Delete subsection (e).
6.12 Dispensing With Informed Consent. Before determining that planned research (such as research involving only anonymous questionnaires, naturalistic observations, or certain kinds of archival research) does not require the informed consent of research participants, psychologists consider applicable regulations and institutional review board requirements, and they consult with colleagues as appropriate.	9.07 Dispensing With Informed Consent. No change. See notation under Standard 9.08.	9.07 Dispensing With Informed Consent. No change.
6.13 Informed Consent in Research Filming or Recording. Psychologists obtain informed consent from research participants prior to filming or recording them in any form, unless the research involves simply naturalistic observations in public places and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm.	9.08 Informed Consent in Research Filming or Recording. Need to consider rewriting portions of several standards regarding deception research, informed consent, and videotaping, including 9.06, 9.07, 9.08, and 9.10. Task force members Wilcox and Swenson assigned to draft.	9.08 Informed Consent ~~in Research Filming or~~ for Recording Voice and Images in Research. Psychologists obtain informed consent from research participants prior to ~~filming or~~ recording their voice or image~~them in any form~~, unless the research involves simply naturalistic observations in public places and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm. (See also Standard 6.15, Deception in Research.)
6.14 Offering Inducements for Research Participants. (a) In offering professional services as an inducement to obtain research participants, psychologists make clear the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 1.18, Barter [With Patients or	9.09 Offering Inducements for Research Participants. No change to (a) except to cross reference. (See also Standard 7.04, Barter [With Patients or Clients].)	9.09 Offering Inducements for Research Participants. No change from Draft 1.

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
Clients].)		
(b) Psychologists do not offer excessive or inappropriate financial or other inducements to obtain research participants, particularly when it might tend to coerce participation.	No change to (b). Psychologists do not offer excessive or inappropriate financial or other inducements to obtain research participants, particularly when ~~it~~ they might tend to coerce participation. See b	(b) Psychologists do not offer excessive or inappropriate financial or other inducements to obtain research participants, particularly when they ~~it~~ might tend to coerce participation.
6.15 Deception in Research. (a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's prospective scientific, educational, or applied value and that equally effective alternative procedures that do not use deception are not feasible.	9.10 Deception in Research. See notation under Standard 6.13 for all sections (a, b, and c) of this standard. No change to (a)	9.10 Deception in Research. (a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's prospective scientific, educational, or applied value and that ~~equally~~ effective alternative procedures that do not use deception are not feasible.
(b) Psychologists never deceive research participants about significant aspects that would affect their willingness to participate, such as physical risks, discomfort, or unpleasant emotional experiences.	No change to (b).	No change to (b).
(c) Any other deception that is an integral feature of the design and conduct of an experiment must be explained to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the research. (See also Standard 6.18, Providing Participants With Information About the Study.)	No change to (c) except to cross reference. (See also Standard 9.13, Providing Participants With Information About the Study.)	No change to (c) except to cross reference.
	New subsection (d) Participants should be informed of the possible use of deception prior to their enrollment in a study. Where this is not feasible, participants should be permitted to withdraw their data ~~participation~~ retroactively upon debriefing.	New subsection (d) Participants should be informed of the possible use of deception prior to their enrollment in a study. Where this is not feasible, participants should be permitted to withdraw their data retroactively upon debriefing.
6.16 Sharing and Utilizing Data. Psychologists inform research participants of their anticipated sharing or further use of personally identifiable research data and of the possibility of unanticipated future uses.	9.11 Sharing and Utilizing Data. No change.	9.11 Sharing and Utilizing Data. Delete this standard.
6.17 Minimizing Invasiveness.	9.12 Minimizing Invasiveness.	9.12 Minimizing Invasiveness.

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
In conducting research, psychologists interfere with the participants or milieu from which data are collected only in a manner that is warranted by an appropriate research design and that is consistent with psychologists' roles as scientific investigators.	No change.	No change.
6.18 Providing Participants With Information About the Study. (a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and psychologists attempt to correct any misconceptions that participants may have.	9.13 Providing Participants With Information About the Study. No change to (a).	9.13 Debriefing~~Providing Participants With Information About the Study~~. No change to (a).
(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.	No change to (b).	No change to (b).
		New subsection (c) (c) When a psychologist becomes aware that research procedures have resulted in a harmful impact on the individual participant, the psychologist takes reasonable steps to ameliorate the harm.
6.19 Honoring Commitments. Psychologists take reasonable measures to honor all commitments they have made to research participants.	9.14 Honoring Commitments. No change.	9.14 Honoring Commitments. Moved this standard to the section on Human Relations after the standard on Honesty.
6.20 Care and Use of Animals in Research. (a) Psychologists who conduct research involving animals treat them humanely.	9.15 Care and Use of Animals in Research. No change to (a).	9.15 Care and Use of Animals in Research. No change to (a).
(b) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.	No change to (b).	No change to (b).
(c) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.	No change to (c).	No change to (c).
(d) Psychologists ensure that all individuals using	No change to (d).	No change to (d).

HC0000534

animals under their supervision have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role.		
(e) Responsibilities and activities of individuals assisting in a research project are consistent with their respective competencies.	No change to (e).	No change to (e).
(f) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.	No change to (f).	No change to (f).
(g) A procedure subjecting animals to pain, stress, or privation is used only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.	No change to (g).	No change to (g)
(h) Surgical procedures are performed under appropriate anesthesia; techniques to avoid infection and minimize pain are followed during and after surgery.	No change to (h).	No change to (h).
(i) When it is appropriate that the animal's life be terminated, it is done rapidly, with an effort to minimize pain, and in accordance with accepted procedures.	No change to (i).	No change to (i).
6.21 Reporting of Results. (a) Psychologists do not fabricate data or falsify results in their publications.	9.16 Reporting of Results. No change to (a).	9.16 Reporting of Results. No change to (a).
(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.	No change to (b).	No change to (b).
6.22 Plagiarism. Psychologists do not present substantial portions or elements of another's work or data as their own, even if the other work or data source is cited occasionally.	9.17 Plagiarism. No change.	9.17 Plagiarism No change.
6.23 Publication Credit. (a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have contributed.	9.18 Publication Credit. No change to (a).	9.18 Publication Credit. No change to (a).

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as Department Chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are appropriately acknowledged, such as in footnotes or in an introductory statement.	No change to (b).	No change to (b).
(c) A student is usually listed as principal author on any multiple-authored article that is substantially based on the student's dissertation or thesis.	(c) A student is ~~usually~~ listed as principal author on any multiple-authored article that is substantially based on the student's dissertation or thesis when to do so accurately reflects the relative scientific or professional contributions of the individuals involved. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate.	No change to subsection (c) from Draft 1.
6.24 Duplicate Publication of Data. Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.	9.19 Duplicate Publication of Data. No change.	9.19 Duplicate Publication of Data. No change.
6.25 Sharing Data. After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release.	9.20 Sharing Data. No change.	9.20 Sharing Data. After research results are published, psychologists make reasonable attempts to provide information to ~~do not withhold the data on which their conclusions are based from~~ other competent professionals who seek to verify the substantive claims through reanalysis ~~and who intend to use such data only for that purpose~~, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.
6.26 Professional Reviewers. Psychologists who review material submitted for	9.21 Professional Reviewers. No change.	9.21 Professional Reviewers. Delete this standard.

HC0000534

publication, grant, or other research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.		

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HC0000534

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

2. EVALUATION, ASSESSMENT, OR INTERVENTION	10. ~~EVALUATION,~~ ASSESSMENT~~, OR INTERVENTION~~	10. ASSESSMENT
2.01 Evaluation, Diagnosis, and Interventions in Professional Context. (a) Psychologists perform evaluations, diagnostic services, or interventions only within the context of a defined professional relationship. (See also Standard 1.03, Professional and Scientific Relationship.)	10.01 Evaluation, Diagnosis, and Interventions in Professional Context. (a) Psychologists perform assessments, evaluations, or diagnostic services, ~~or interventions~~ only within the context of a defined professional relationship. (See also Standard 2.01, Professional and Scientific Relationship.)	10.01 Evaluation, and Diagnosis~~, and Interventions~~ in Professional Context. Move this subsection to the applicability section. Also review whether diagnostic and assessment are the same or both need to be mentioned.
(b) Psychologists' assessments, recommendations, reports, and psychological diagnostic or evaluative statements are based on information and techniques (including personal interviews of the individual when appropriate) sufficient to provide appropriate substantiation for their findings. (See also Standard 7.02, Forensic Assessments.)	(b) Psychologists' assessments, recommendations, reports, and ~~psychological~~ diagnostic or evaluative statements are based on information and techniques, ~~(~~including personal interviews of the individual when appropriate,~~)~~ sufficient to provide appropriate substantiation for their findings. (See also Standard 12.03, Forensic Assessments.)	~~(b)~~ Psychologists' assessments, recommendations, reports, and diagnostic or evaluative statements are based on information and techniques~~, including personal interviews of the individual when appropriate,~~ sufficient to provide appropriate substantiation for their findings. (See also Standard 12.03, Forensic Assessments.)
2.02 Competence and Appropriate Use of Assessments and Interventions. (a) Psychologists who develop, administer, score, interpret, or use psychological assessment techniques, interviews, tests, or instruments do so in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.	10.02 Competen~~ce and Appropriate~~ Use of Assessments~~ and Interventions~~. No change to (a) except delete designation (a).	10.02 Competent Use of Assessments. No change from Draft 1.
(b) Psychologists refrain from misuse of assessment techniques, interventions, results, and interpretations and take reasonable steps to prevent others from misusing the information these techniques provide. This includes refraining from releasing raw test results or raw data to persons, other than to patients or clients as appropriate, who are not qualified to use such information. (See also Standards 1.02, Relationship of Ethics and Law, and 1.04, Boundaries of Competence.)	Reorganize to create new standard section 10.03 Appropriate Use of Assessments (a~~b~~) Psychologists refrain from misuse of assessment techniques, ~~interventions,~~ results, and interpretations and take reasonable steps to prevent others from misusing the information these techniques provide. This includes refraining from releasing raw test results or raw data to persons~~, other than to patients or clients as appropriate,~~ who are not qualified to use such information, except as required by statute or court order or to an attorney or court based on a client release. (See also Standards 1.03, Relationship of Ethics and Law, and 2.02, Boundaries of Competence.)	10.0~~3~~ Release of Raw Test Data~~Appropriate Use of Assessments.~~ (a) Psychologists do not release ~~refrain from misuse of assessment techniques, results, and interpretations and take reasonable steps to prevent others from misusing the information these techniques provide. This includes refraining from releasing~~ raw test results or raw data to persons who are not qualified to use such information, except (1) as required by statute or court order or (2) to an attorney or court or another professional based on a client release. (See also Standards 1.03, Relationship of Ethics and Law, and 2.02, Boundaries of Competence.)

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
	New subsection (b) When required by statute or court order to release raw data, psychologists take reasonable steps to explain the findings to clients and other legitimate parties.	Do not include this subsection.
	New standard 10.04 Informed Consent In Assessments (a) Psychologists obtain appropriate informed consent for assessments, evaluations, or diagnostic services except (1) when testing without consent is mandated by law or governmental regulation, (2) when testing is conducted as a regular part of school activities, or (3) when consent is clearly implied. Psychologists obtain informed consent using language that is reasonably understandable to participants.	Renumber this as 10.03 and move appropriately. 10.034 Informed Consent In Assessments (a) Psychologists obtain appropriate informed consent for assessments, evaluations, or diagnostic services as described in Standard 3.10 except ~~(1)~~ when testing ~~without consent~~ is mandated by law or governmental regulation or~~, (2)~~ when testing is conducted as a routine educational activity~~regular part of school activities, or (3) when consent is clearly implied~~. Psychologists obtain informed consent using language that is reasonably understandable to participants.
	(b) When persons are legally incapable of giving informed consent, psychologists obtain informed permission from a legally authorized person, if such substitute consent is permitted by law.	Replace subsection in Draft 1 with this wording. (b) Psychologists inform persons for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.
	(c) Psychologists (1) inform those persons who are legally incapable of giving informed consent about the proposed assessment service(s) in a manner commensurate with the persons' psychological capacities, (2) seek their assent to the services, and (3) consider such persons' preferences and best interests (See also Standards 11.02, Informed Consent to Therapy, and 12.02, Informed Consent).	Do not include this subsection.
2.03 Test Construction. Psychologists who develop and conduct research with tests and other assessment techniques use scientific procedures and current professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.	10.05 Test Construction. No change.	10.05 Test Construction. Psychologists who develop and conduct research with tests and other assessment techniques use appropriate psychometric ~~scientific~~ procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
2.04 Use of Assessment in General and With Special Populations. (a) Psychologists who perform interventions or administer, score, interpret, or use assessment techniques are familiar with the reliability, validation, and related standardization or outcome studies of, and proper applications and uses of, the techniques they use.	10.06 Use of Assessment in General and With Diverse ~~Special~~ Populations. (a) Psychologists who ~~perform interventions or~~ administer, score, interpret, or use assessment techniques are familiar with the reliability, validation, and related standardization or outcome studies of, and proper applications and uses of, the techniques they use.	10.06 Use of Assessment in General and With Diverse Populations. No change from Draft 1.
(b) Psychologists recognize limits to the certainty with which diagnoses, judgments, or predictions can be made about individuals.	(b) Psychologists recognize limits to the certainty with which accurate diagnoses, judgments, or predictions can be made about individuals.	Delete this subsection.
(c) Psychologists attempt to identify situations in which particular interventions or assessment techniques or norms may not be applicable or may require adjustment in administration or interpretation because of factors such as individuals' gender, age, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.	(c) Psychologists attempt to identify situations in which particular ~~interventions or~~ assessment techniques or norms may not be applicable or may require adjustment in administration or interpretation because of factors such as individuals' gender, age, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.	Delete this subsection.
	New subsection (d) Psychologists use assessment methods in a manner appropriate to an individual's language preference and competence and cultural background.	No change to subsection from Draft 1 except (d) becomes (b).
		(action taken during Conf Call, 11/99) (c) When appropriate tests for diverse populations have not been developed, psychologists who utilize existing standardized tests may modify the administration and interpretation procedures only if the modifications have a reliable basis in the knowledge and experience of the discipline. Psychologists must document any such modification and clarify the impact of their limited information on the reliability and validity of their findings. **[Additional discussion of this standard needed at March 2000 meeting before referring to CEMA, CDIP, and CPTA for review]**
	New subsection (e) Psychologists only utilize the services of	(d)~~(e)~~ When using translators, as stated in Standard 2.x?, p~~P~~sychologists only utilize ~~the services of~~

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
	interpreters (1) who have been adequately trained and (2) after appropriate informed consent has been obtained from the client. Psychologists state that there are likely to be limitations on reliability and validity when using interpreters. Psychologists utilizing the services of an interpreter take reasonable steps to ensure that confidentiality of test results and test security are maintained. (See also Standards 4.01 Maintaining Confidentiality; 10.01, Evaluation, Diagnosis, and Interventions in Professional Context; 10.04, Informed Consent in Assessments; 10.06, Use of Assessment in General and With Diverse Populations; and 10.08, Unqualified Persons.)	interpreters (1) who have been adequately trained and (2) after appropriate informed consent has been obtained from the client. Psychologists who use interpreters, state that there are likely to be limitations on the reliability and validity of standardized test norms ~~when using interpreters~~. Psychologists utilizing the services of an interpreter take reasonable steps to ensure that confidentiality of test results and test security are maintained. (See also Standards 4.01 Maintaining Confidentiality; 10.01, Evaluation, Diagnosis, and Interventions in Professional Context; 10.04, Informed Consent in Assessments; 10.06, Use of Assessment in General and With Diverse Populations; and 10.08, Unqualified Persons.)
2.05 Interpreting Assessment Results. When interpreting assessment results, including automated interpretations, psychologists take into account the various test factors and characteristics of the person being assessed that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant reservations they have about the accuracy or limitations of their interpretations.	10.07 Interpreting Assessment Results. When interpreting assessment results, including automated interpretations, psychologists take into account the various test factors and characteristics of the person being assessed , such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant reservations they have about the accuracy or limitations of their interpretations. (See also Standards 2.02 b and c, Boundaries of Competence and 3.02, Nondiscrimination.)	10.07 Interpreting Assessment Results. No change from Draft 1.
2.06 Unqualified Persons. Psychologists do not promote the use of psychological assessment techniques by unqualified persons. (See also Standard 1.22, Delegation to and Supervision of Subordinates.)	10.08 Unqualified Persons. No change except to cross reference. (See also Standard 6.04, Delegation to and Supervision of Subordinates.)	10.08 Unqualified Persons. No change from Draft 1.
2.07 Obsolete Tests and Outdated Test Results. (a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.	10.09 Obsolete Tests and Outdated Test Results. No change to (a).	10.09 Obsolete Tests and Outdated Test Results. No change to (a) .
(b) Similarly, psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the	No change to (b).	No change to (b).

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
current purpose.		
2.08 Test Scoring and Interpretation Services. (a) Psychologists who offer assessment or scoring procedures to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.	10.10 Test Scoring and Interpretation Services. (a) Psychologists who market ~~offer~~ assessment or scoring ~~procedures~~ services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.	10.10 Test Scoring and Interpretation Services. (a) Psychologists who offer ~~market~~ assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.
(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations.	(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.02 b and c, Boundaries of Competence.)	No change to (b) from Draft 1.
(c) Psychologists retain appropriate responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.	No change to (c).	No change to (c).
2.09 Explaining Assessment Results. Unless the nature of the relationship is clearly explained to the person being assessed in advance and precludes provision of an explanation of results (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations), psychologists ensure that an explanation of the results is provided using language that is reasonably understandable to the person assessed or to another legally authorized person on behalf of the client. Regardless of whether the scoring and interpretation are done by the psychologist, by assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that appropriate explanations of results are given.	2.09 Explaining Assessment Results. No change.	10.11 Explaining Assessment Results. Regardless of whether the scoring and interpretation are done by the psychologist, by assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that appropriate explanations of results are given, unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations), and this fact has been clearly explained in advance to the person being assessed.
2.10 Maintaining Test Security. Psychologists make reasonable efforts to maintain the integrity and security of tests and other assessment techniques consistent with law, contractual obligations, and in a manner that permits compliance with the requirements of this	10.12 Maintaining Test Security. No change except to cross reference. (See also Standard 1.03, Relationship of Ethics and Law.)	10.12 Maintaining Test Security. No change from Draft 1 except to add additional cross reference. (See also Standards 1.03, Relationship of Ethics and Law and 10.04, Release of Raw Test Data.)

HC0000534

Ethics Code. (See also Standard 1.02, Relationship of Ethics and Law.)		

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HC0000534

1992 Ethics Code | EP Revision Draft 1 | EP Revision Draft 2

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

4. THERAPY	11. THERAPY	11. THERAPY
4.01 Structuring the Relationship. (a) Psychologists discuss with clients or patients as early as is feasible in the therapeutic relationship appropriate issues, such as the nature and anticipated course of therapy, fees, and confidentiality. (See also Standards 1.25, Fees and Financial Arrangements, and 5.01, Discussing the Limits of Confidentiality.)	11.01 Structuring the Relationship. (a) Psychologists discuss with clients or patients as early as is feasible in the therapeutic relationship appropriate issues, such as the nature and anticipated course of therapy, fees, and confidentiality. (See also Standards 2.02e, Boundaries of Competence; 4.02, Discussing the Limits of Confidentiality; and 7.03, Fees and Financial Arrangements~~,~~.)	11.01 Informed Consent to Psychotherapy~~Structuring the Relationship~~. (a) When obtaining informed consent as described in Standard 3.10, p~~P~~sychologists discuss with clients or patients as early as is feasible in the therapeutic relationship appropriate issues, such as the nature and anticipated course of therapy, fees, involvement of third parties,and confidentiality. (See also Standards 2.02e, Boundaries of Competence; 4.02, Discussing the Limits of Confidentiality; and 7.03, Fees and Financial Arrangements.)
		New subsection moved here from section on Competence. (b) Prior to providing new treatment, psychologists inform their clients/patients of the experimental nature of the treatment and insure that client/patients understand the voluntary nature of their participation. (See also Standard 3.10, Informed Consent.)
(b) When the psychologist's work with clients or patients will be supervised, the above discussion includes that fact, and the name of the supervisor, when the supervisor has legal responsibility for the case.	No change to (b).	No change except (b) becomes (c) based on addition above.
(c) When the therapist is a student intern, the client or patient is informed of that fact.	(c) When the therapist is a student trainee~~intern~~, the client or patient is informed of that fact.	(d~~c~~) When the therapist is in training, ~~a student trainee,~~ the client or patient is informed of that fact.
(d) Psychologists make reasonable efforts to answer patients' questions and to avoid apparent misunderstandings about therapy. Whenever possible, psychologists provide oral and/or written information, using language that is reasonably understandable to the patient or client.	(d) Psychologists make reasonable efforts to answer patients' questions, ~~and~~ to avoid apparent misunderstandings about therapy, and to address those misunderstandings that occur. Whenever possible, psychologists provide oral and/or written information, using language that is reasonably understandable to the patient or client. (See also Standards 2.02 b and c, Boundaries of Competence; 10.06 d and e, Use of Assessment in General and with Diverse Populations; and 12.01c,	Moved to Standard 3.10.

HC0000534

	Professionalism.)	
4.02 Informed Consent to Therapy. (a) Psychologists obtain appropriate informed consent to therapy or related procedures, using language that is reasonably understandable to participants. The content of informed consent will vary depending on many circumstances; however, informed consent generally implies that the person (1) has the capacity to consent, (2) has been informed of significant information concerning the procedure, (3) has freely and without undue influence expressed consent, and (4) consent has been appropriately documented.	11.02 Informed Consent to Therapy. (a) Psychologists obtain appropriate informed consent to therapy or related procedures, using language that is reasonably understandable to participants and appropriately document the consent. The content of informed consent will vary depending on many circumstances; however, informed consent generally implies that the person (1) has the capacity to consent, (2) has been informed of significant information concerning the procedure, and (3) has freely and without undue influence expressed consent.	All sections of this standard were moved to 3.10, Informed Consent.
(b) When persons are legally incapable of giving informed consent, psychologists obtain informed permission from a legally authorized person, if such substitute consent is permitted by law.	(b) When persons are legally incapable of giving informed consent, psychologists obtain informed permission from a legally authorized person(s), if such substitute consent is permitted or required by law.	See notation in cell above.
(c) In addition, psychologists (1) inform those persons who are legally incapable of giving informed consent about the proposed interventions in a manner commensurate with the persons' psychological capacities, (2) seek their assent to those interventions, and (3) consider such persons' preferences and best interests.	(c) In addition, psychologists (1) inform those persons who are legally incapable of giving informed consent about the proposed interventions in a manner commensurate with the persons' psychological capacities, (2) seek their assent to those interventions, and (3) consider such persons' preferences and best interests. (See also Standard 12.02b, Informed Consent.)	See notation two cells above.
4.03 Couple and Family Relationships. (a) When a psychologist agrees to provide services to several persons who have a relationship (such as husband and wife or parents and children), the psychologist attempts to clarify at the outset (1) which of the individuals are patients or clients and (2) the relationship the psychologist will have with each person. This clarification includes the role of the psychologist and the probable uses of the services provided or the information obtained. (See also Standard 5.01, Discussing the Limits of Confidentiality.)	11.03 Couple and Family Relationships. No change to (a) except to cross reference. (See also Standard 4.02, Discussing the Limits of Confidentiality.)	11.03 Couple and Family Relationships. No change to (a) from Draft 1.
(b) As soon as it becomes apparent that the psychologist may be called on to perform	No change to (b) except to cross reference.	No change to (b) from Draft 1.

HC0000534

potentially conflicting roles (such as marital counselor to husband and wife, and then witness for one party in a divorce proceeding), the psychologist attempts to clarify and adjust, or withdraw from, roles appropriately. (See also Standard 7.03, Clarification of Role, under Forensic Activities.)		
	New standard 11.04 Group Therapy (a) When a psychologist provides services to several persons in a group setting, the psychologist attempts to clarify at the outset the roles and responsibilities of all parties and the limits of confidentiality.	11.04 Group Therapy. No change from Draft 1 except delete indication that this is subsection (a) because there is no longer a subsection (b).
	(b) The psychologist also takes reasonable steps to avoid harm that may emerge when clients are seen in both individual and group therapy. (See also Standards 3.07, Multiple Relationships; 3.08, Exploitative Relationships; 4.02, Discussing the Limits of Confidentiality; 11.01, Structuring the Relationship; and 11.02, Informed Consent to Therapy)	Do not include subsection (b).
	Consider new standard regarding mandatory group therapy with classmates. Task force members Moody and Henderson Daniel assigned to draft. 11.0X Mandatory Group Therapy with Classmates. Psychologists responsible for education and training programs do not require mandatory participation by students or interns in course or program related counseling, psychotherapy, or experiential groups because of the potential harm that can result from 1) disclosure of personal information, 2) power differentials, 3) formal and informal evaluation processes, 4) lack of legal protection of confidentiality, and 5) multiple roles of the psychologists.	11.0X Mandatory Group Therapy with Classmates. Psychologists responsible for education and training programs do not require mandatory participation by students or interns in course or program related group counseling or~~,~~ psychotherapy~~,~~ or experiential groups ~~because of the potential harm that can result from 1) disclosure of personal information, 2) power differentials, 3) formal and informal evaluation processes, 4) lack of legal protection of confidentiality, and 5) multiple roles of the psychologists~~.
4.04 Providing Mental Health Services to Those Served by Others. In deciding whether to offer or provide services to	11.05 Providing Mental Health Services to Those Served by Others. No change.	11.05 Providing Mental Health Services to Those Served by Others. No change.

HC0000534

those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential patient's or client's welfare. The psychologist discusses these issues with the patient or client, or another legally authorized person on behalf of the client, in order to minimize the risk of confusion and conflict, consults with the other service providers when appropriate, and proceeds with caution and sensitivity to the therapeutic issues.		
		Proposed new standard. 11.XX Sexual Intimacies with Relatives of Current Psychotherapy Clients or Psychotherapy Patients. Psychologists do not engage in sexual intimacies with parents, guardians, spouses, partners, offspring, or siblings of current therapy patients. Psychologists do not terminate therapy to circumvent this rule.
4.05 Sexual Intimacies With Current Patients or Clients. Psychologists do not engage in sexual intimacies with current patients or clients.	11.06 Sexual Intimacies With Current Therapy Patients or Therapy Clients. No change.	11.06 Sexual Intimacies With Current Therapy Patients or Therapy Clients. No change.
4.06 Therapy With Former Sexual Partners. Psychologists do not accept as therapy patients or clients persons with whom they have engaged in sexual intimacies.	11.07 Therapy With Former Sexual Partners. No change.	11.07 Therapy With Former Sexual Partners. No change.
4.07 Sexual Intimacies With Former Therapy Patients. (a) Psychologists do not engage in sexual intimacies with a former therapy patient or client for at least two years after cessation or termination of ~~professional services~~. Therapy	11.08 Sexual Intimacies With Former Therapy Patients or Clients. ~~(a)~~ Psychologists do not engage in sexual intimacies with their~~a~~ former therapy patients or clients~~ for at least two years after cessation or termination of professional services~~.	11.08 Sexual Intimacies With Former Therapy Patients or Therapy Clients. This standard was referred to Melba Vasquez and Peter Nathan to draft wording to define therapy so that it limits the prohibition as the ECTF intends.
(b) Because sexual intimacies with a former therapy patient or client are so frequently harmful to the patient or client, and because such intimacies undermine public confidence in the psychology profession and thereby deter the public's use of needed services, psychologists do not engage in sexual intimacies with former therapy patients and	~~(b) Because sexual intimacies with a former therapy patient or client are so frequently harmful to the patient or client, and because such intimacies undermine public confidence in the psychology profession and thereby deter the public's use of needed services, psychologists do not engage in sexual intimacies with former therapy patients and~~	

If a psychologist fails to

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
clients even after a two-year interval except in the most unusual circumstances. The psychologist who engages in such activity after the two years following cessation or termination of treatment bears the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated, (2) the nature and duration of the therapy, (3) the circumstances of termination, (4) the patient's or client's personal history, (5) the patient's or client's current mental status, (6) the likelihood of adverse impact on the patient or client and others, and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the patient or client. (See also Standard 1.17, Multiple Relationships.)	~~clients even after a two-year interval except in the most unusual circumstances. The psychologist who engages in such activity after the two years following cessation or termination of treatment bears the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated, (2) the nature and duration of the therapy, (3) the circumstances of termination, (4) the patient's or client's personal history, (5) the patient's or client's current mental status, (6) the likelihood of adverse impact on the patient or client and others, and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the patient or client. (See also Standard 1.17, Multiple Relationships.)~~	
4.08 Interruption of Services. (a) Psychologists make reasonable efforts to plan for facilitating care in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, or relocation or by the client's relocation or financial limitations. (See also Standard 5.09, Preserving Records and Data.)	11.09 Interruption of Services. No change to (a) except to cross reference. (See also Standard 7.02e, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)	11.09 Interruption of Services. No change to (a) from Draft 1.
(b) When entering into employment or contractual relationships, psychologists provide for orderly and appropriate resolution of responsibility for patient or client care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the patient or client.	No change to (b).	No change to (b).
4.09 Terminating the Professional Relationship. (a) Psychologists do not abandon patients or clients. (See also Standard 1.25e, under Fees and Financial Arrangements.)	11.10 Terminating the Professional Relationship. No change to (a) except to cross reference. (See also Standard 7.03e, under Fees and Financial Arrangements.)	11.10 Terminating the Professional Relationship. No change from Draft 1.
(b) Psychologists terminate a professional relationship when it becomes reasonably clear that	No change to (b).	No change from Draft 1.

HC0000534

the patient or client no longer needs the service, is not benefiting, or is being harmed by continued service.		
	New subsection. (c) Psychologists may terminate a professional relationship when threatened or otherwise endangered by the patient or client.	No change from Draft 1.
(c) Prior to termination for whatever reason, except where precluded by the patient's or client's conduct, the psychologist discusses the patient's or client's views and needs, provides appropriate pretermination counseling, suggests alternative service providers as appropriate, and takes other reasonable steps to facilitate transfer of responsibility to another provider if the patient or client needs one immediately.	No change to (c) which becomes (d)..	No change from Draft 1.

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HC0000534

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

7. FORENSIC ACTIVITIES	12. FORENSIC ACTIVITIES Review whether there is a need to define forensic and/or scope of forensic activities in this section. Task force members Brown and Ramos-Grenier assigned to draft with assistance from APA counsel.	12. FORENSIC ACTIVITIES Continue to work on a definition of forensic activities for possible inclusion in the applicability section.
7.01 Professionalism. Psychologists who perform forensic functions, such as assessments, interviews, consultations, reports, or expert testimony, must comply with all other provisions of this Ethics Code to the extent that they apply to such activities. In addition, psychologists base their forensic work on appropriate knowledge of and competence in the areas underlying such work, including specialized knowledge concerning special populations. (See also Standards 1.06, Basis for Scientific and Professional Judgments; 1.08, Human Differences; 1.15, Misuse of Psychologists' Influence; and 1.23, Documentation of Professional and Scientific Work.)	12.01 Professionalism. (a) Psychologists who perform forensic functions, such as assessments, interviews, consultations, reports, or expert testimony, must comply with all other provisions of this Ethics Code to the extent that they apply to such activities. In addition, psychologists base their forensic work on a reasonable level of ~~appropriate~~ knowledge ~~of~~ and ~~competence in the areas underlying such work~~ understanding of the professional and legal bases for participation as experts in legal proceedings, including specialized knowledge concerning special populations and topics. (See also Standards 2.02, Boundaries of Competence; 2.03, Maintaining Expertise; 2.04, Basis for Scientific and Professional Judgments; 6.01, Misuse of Psychologists' Influence; 6.04, Delegation to and Supervision of Subordinates; and 7.01, Documentation of Professional and Scientific Work and Maintenance of Records.)	**(action taken during Conf Call, 11/99)** 12.01 Forensic Competence~~Professionalism~~. Do not include subsection (a).
	New subsection (b) Psychologists who perform professional services in a forensic setting base their opinions on professional experience, research, or scholarly literature that would commonly be relied on by peers in their discipline. (See also Standard 2.04, Basis for Scientific and Professional Judgments).	(a~~b~~) Psychologists who perform professional services in a forensic setting have a reliable basis for ~~base~~ their opinions from ~~on~~ professional experience, research, or scholarly literature ~~that would commonly be relied on by peers in their discipline~~. (See also Standard 2.04, Basis for Scientific and Professional Judgments).
	New subsection (c) Psychologists who provide forensic services to individuals who are linguistically and/or culturally different, as well as other diverse populations, take steps to ensure that they have the necessary skills and experience to communicate with such	(b) Psychologists who provide forensic services have a special obligation to consider the validity of their assessment techniques in the context of an individual's language and cultural differences.

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
	individuals. (See also Standards 2.02 b and c, Boundaries of Competence; 10.06, Use of Assessment in General and With Diverse Populations; and 10.07, Interpreting Assessment Results).	
	New standard 12.02 Informed Consent (a) Psychologists obtain appropriate informed consent to the forensic services to be provided. This includes the purposes of evaluations, the nature of procedures to be employed, the potential use of the results, the party who has employed the psychologist, and the limits of confidentiality which may exist. (See also Standards 3.06, Avoiding Harm; 3.10, Describing the Nature and Results of Psychological Services; and 6.03, Third Party Requests for Services.)	12.02 Informed Consent for Forensic Services. (a) When p~~P~~sychologists providing forensic services obtain appropriate informed consent ~~to the forensic services~~ as described in Standard 3.10, they ~~to be provided. This~~ include the purposes of evaluations, the nature of procedures to be employed, the potential use of the results, the party who has employed the psychologist, and the limits of confidentiality which may exist. (See also Standards 3.06, Avoiding Harm; 3.10, Describing the Nature and Results of Psychological Services; and 6.03, Third Party Requests for Services.)
	(b) In situations where the individual does not have the legal capacity to provide informed consent to services, or when an evaluation is court ordered, the psychologist provides reasonable notice to the individual's legal representative of the nature of the anticipated forensic service before proceeding. If the individual's legal representative objects to a court ordered evaluation or service, the psychologist notifies the court that issued the order and responds as directed.	No change from Draft 1.
	(c) In addition, psychologists who perform forensic services (1) inform those persons who are legally incapable of giving informed consent about the proposed services in a manner commensurate with the persons' psychological capacities, (2) seek their assent to those services, and (3) consider such persons' preferences and best interests.	Do not include subsection (c).
7.02 Forensic Assessments. (a) Psychologists' forensic assessments, recommendations, and reports are based on information and techniques (including personal interviews of the individual, when appropriate) sufficient to provide appropriate substantiation for	12.03 Forensic Assessments. (a) Psychologists' forensic assessments, recommendations, and reports are based on information and techniques (including personal interviews of the individual, when appropriate) sufficient to provide appropriate substantiation for	12.03 Forensic Opinions~~Assessments~~. Delete subsection (a).

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
their findings. (See also Standards 1.03, Professional and Scientific Relationship; 1.23, Documentation of Professional and Scientific Work; 2.01, Evaluation, Diagnosis, and Interventions in Professional Context; and 2.05, Interpreting Assessment Results.)	their findings. (See also Standards 2.01, Professional and Scientific Relationship; 7.01, Documentation of Professional and Scientific Work; 10.01, Evaluation, Diagnosis, and Interventions in Professional Context; 10.06, Use of Assessments in General and With Diverse Populations; and 10.07, Interpreting Assessment Results.)	
(b) Except as noted in (c), below, psychologists provide written or oral forensic reports or testimony of the psychological characteristics of an individual only after they have conducted an examination of the individual adequate to support their statements or conclusions.	No change to (b).	(a) ~~(b)~~ Except as noted in (b) and (c), below, psychologists provide ~~written or oral~~ forensic opinions ~~reports or testimony~~ of the psychological characteristics of an individual only after they have conducted an examination of the individual adequate to support their statements or conclusions.
(c) When, despite reasonable efforts, such an examination is not feasible, psychologists clarify the impact of their limited information on the reliability and validity of their reports and testimony, and they appropriately limit the nature and extent of their conclusions or recommendations.	(c) When, despite reasonable efforts, such an examination is not feasible, psychologists document this, clarify the impact of their limited information on the reliability and validity of their reports and testimony, and ~~they~~ appropriately limit the nature and extent of their conclusions or recommendations.	(b) ~~(c)~~ When, despite reasonable efforts, such an examination is not feasible psychologists document this, clarify the impact of their limited information on the reliability and validity of their reports and testimony, and appropriately limit the nature and extent of their conclusions or recommendations.
		New subsection. (c) When an individual examination is not warranted or necessary for the opinion, the psychologist explains this in their conclusions and recommendations.
7.03 Clarification of Role. In most circumstances, psychologists avoid performing multiple and potentially conflicting roles in forensic matters. When psychologists may be called on to serve in more than one role in a legal proceeding - for example, as consultant or expert for one party or for the court and as a fact witness - they clarify role expectations and the extent of confidentiality in advance to the extent feasible, and thereafter as changes occur, in order to avoid compromising their professional judgment and objectivity and in order to avoid misleading others regarding their role.	12.04 Clarification of Role. In most circumstances, psychologists avoid performing multiple and potentially conflicting roles in forensic matters. When psychologists may be called on to serve in more than one role in a legal proceeding - for example, as consultant or expert for one party or for the court and as a fact witness - they clarify role expectations and the extent of confidentiality in advance to the extent feasible, and thereafter as changes occur, in order to avoid compromising their professional judgment and objectivity and in order to avoid misleading others regarding their role. (See also Standards 3.06, Avoiding Harm, and 3.07, Multiple	12.04 Clarification of Role. No change from Draft 1.

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
	Relationships.)	
7.04 Truthfulness and Candor. (a) In forensic testimony and reports, psychologists testify truthfully, honestly, and candidly and, consistent with applicable legal procedures, describe fairly the bases for their testimony and conclusions.	12.05 Truthfulness and Candor. No change to (a). Consider a separate standard (not in Forensic Activities) on truthfulness that does not prevent deception research . (No assignment made.)	Delete subsection (a) of this standard.
(b) Whenever necessary to avoid misleading, psychologists acknowledge the limits of their data or conclusions.	(b) ~~Whenever necessary t~~To avoid misleading, psychologists acknowledge the limits of their data or conclusions.	Delete subsection (b) of this standard.
7.05 Prior Relationships. A prior professional relationship with a party does not preclude psychologists from testifying as fact witnesses or from testifying to their services to the extent permitted by applicable law. Psychologists appropriately take into account ways in which the prior relationship might affect their professional objectivity or opinions and disclose the potential conflict to the relevant parties.	12.06 Prior Relationships. No change.	12.06 Prior Relationships. No change.
	New standard 12.07 Documentation of Professional Work. (a) Psychologists who perform forensic activities appropriately document the data that form the basis for their evidence or services. (See also Standard 7.01, Documentation of Professional and Scientific Work and Maintenance of Records.)	Do not include subsection (a) of this standard.
	(b) Psychologists who perform forensic activities also anticipate that the detail and quality of any documentation will be subject to reasonable judicial scrutiny, and that this standard may be higher than the normative standard for general clinical practice. (See also Standard 7.01, Documentation of Professional and Scientific Work and Maintenance of Records.)	Do not include subsection (b) of this standard.
7.06 Compliance With Law and Rules. In performing forensic roles, psychologists are reasonably familiar with the rules governing their roles. Psychologists are aware of the occasionally competing demands placed upon them by these	12.08 Compliance With Law and Rules. No specific change approved. The ECTF voted to approve in principle the following: (a) In performing forensic roles, psychologists are reasonably familiar with the rules governing their	12.08 Compliance With Law and Rules. (a) In performing forensic roles, psychologists are reasonably familiar with the rules governing their roles (e.g., federal and state rules of evidence). Psychologists are aware of the occasionally

HC0000534

1992 Ethics Code	EP Revision Draft 1	EP Revision Draft 2
principles and the requirements of the court system, and attempt to resolve these conflicts by making known their commitment to this Ethics Code and taking steps to resolve the conflict in a responsible manner. (See also Standard 1.02, Relationship of Ethics and Law.)	roles (e.g., federal and state rules of evidence). Psychologists are aware of the occasionally competing demands placed upon them by these principles and the requirements of the court system, and attempt to resolve these conflicts by making known their commitment to this Ethics Code and taking steps to resolve the conflict in a responsible manner. Such steps may include, but are not limited to, obtaining the consultation of fellow forensic professionals, obtaining the advice of independent counsel, and conferring directly with the legal representative(s) involved. If the conflict is unresolvable, a psychologist may follow a lawful order of the court. (See also Standard 1.03, Relationship of Ethics and Law.)	competing demands placed upon them by these principles and the requirements of the court system, and attempt to resolve these conflicts by making known their commitment to this Ethics Code and taking steps to resolve the conflict in a responsible manner. Such steps may include, but are not limited to, obtaining the consultation of fellow forensic professionals, obtaining the advice of independent counsel, and conferring directly with the legal representative(s) involved. If the conflict is unresolvable via such means, the ~~a~~ psychologist may adhere to the requirements ~~follow a lawful order~~ of the court. (See also Standard 1.03, Relationship of Ethics and Law.)
	New subsection (b) Psychologists in their capacities as forensic experts or consultants take reasonable steps to avoid diminishing the legal rights of parties in legal proceedings.	(b) Psychologists in their capacities as forensic experts or consultants maintain current knowledge of the rights of parties in legal proceedings to whom they provide services (e.g., 5th Amendment rights and attorney—client privilege) and take reasonable steps to avoid diminishing these ~~the legal right of parties in legal proceedings~~.

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HC0000534

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

MEMORANDUM

TO: Ethics Code Task Force

CONFIDENTIAL & SUBJECT TO ATTORNEY-CLIENT PRIVILEGE

FROM: Nathalie Gilfoyle
Deputy General Counsel

DATE: October 15, 1998

RE: 8.03

At the last meeting of the ECTF, we discussed Ethics Standard 8.03 which has been construed to provide, at least theoretically, a defense for psychologists who work in organizations and who make attempts to comply with the Code but are precluded from doing so by the employer. Ethics Standard 8.03 provides "If the demands of an organization with which psychologists are affiliated conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, seek to resolve the conflict in a way that permits the fullest adherence to the Ethics Code." Prior to this discussion, I had not understood this provision to mean that a psychologist had a "Nuremberg"-type defense that the employer or an organization with which (s)he is affiliated required or caused the unethical behavior, after unsuccessful efforts by the psychologist to change the organization's unethical practice.

The question has been posed whether there are legal reasons that either weigh in favor of or against including a defense for psychologists that excuses unethical behavior directed by an organizational employer or institution with which a psychologist is affiliated, once the employee has made "feasible" efforts to change the employer's position.

APA has the right to adopt reasonable standards and apply them to its members through fair procedures. Absent the organizational defense, where a psychologist working in an organization[1] is directed by the organization to engage in unethical behavior, the psychologist's choice is (a) quit the affiliation, (b) refrain from the unethical practice and accept the consequences (which may include adverse action by the organization), or (c) discontinue membership in APA rather than comply with its ethical rule. If a psychologist chooses to remain a member of APA, it is not legally problematic to require that the psychologist comply with APA's Code and accept the consequences from the organization with which (s)he is affiliated.

[1] This standard would cover any psychologist who is employed by or "affiliated with" a corporation, partnership, academic institution or business entity. A question to consider is how broadly beyond employment "affiliation" is intended to reach.

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Nathalie F.P. Gilfoyle
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Outside counsel, Kit Pierson of Heller, Ehrman, White & McAuliffe, has identified some risks associated with a uniform standard. In a reasonably close case, the fact that (a) an organization disagrees with APA's view of ethical behavior (or the meaning of the Code), and (b) an employee has made good faith efforts to resolve the situation, but has stopped short of quitting, could certainly impact a court's assessment of the equities. For example, a court might consider these factors in deciding whether the Code provided adequate notice that the conduct was prohibited (i.e., the organization may have reached a different conclusion and this may suggest that the Code was ambiguous and provided legally insufficient notice). In the case of a public employer, an argument might also be made that requiring an employee to take a position that conflicts with employment obligations (as directed by the employer), violates public policy. In any case, in Kit's view, while there is no case law on point, as a practical matter these facts might influence a court's evaluation of a close case.

On the other hand, a possible risk in permitting the organizational defense lies in the fact that it allows conduct by a psychologist if his/her employer directs it, but prohibits the same conduct by a private practitioner in the absence of such directives. I believe that an argument could be made that this is an arbitrary distinction. In assessing this standard APA will need to be able to identify an objective basis for this distinction which can be articulated to a practitioner who sues APA after (s)he has been disciplined by APA but learns that a colleague, working for an MHCO, has avoided liability for the same conduct because (s)he works for an organization who directed the unethical behavior? Kit Pierson believes that, as a practical matter there is minimal legal risk from this dual standard. His experience in the ethics cases to date is that no plaintiff has taken the time or expense to make a comparison of the outcome of different ethics cases. However, I would make this argument if I were representing a sanctioned private practitioner and I believe that the ethical basis for this distinction should be carefully articulated if the ECTF recommends its retention.

In sum, while there are some legal issues either way, this is largely a policy issue as long as the policy is grounded on a careful, objective principle.

/tm

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TO:	COMPANY	FAX NUMBER	TELEPHONE NUMBER
Nathalie Gilfoyle	APA	202/336-6069	202/336-6186

FROM:	REFERENCE	NUMBER OF PAGES	DATE
Kit A. Pierson		3 (including cover page)	September 24, 1998

Message:

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MEMORANDUM

HELLER EHRMAN WHITE & McAULIFFE
ATTORNEYS

24699-0004

TO: Nathalie Gilfoyle

FROM: Kit Pierson (KP)

DATE: September 24, 1998

RE: 8.03 Comments

You have requested comments on possible modification of Ethics Standard 8.03. This memorandum summarizes my views concerning the legal impact of revising 8.03 so that employees could no longer assert that they were complying with employer directives as a possible defense in ethics matters. If you would like a more extensive legal analysis, or would like to discuss this directly, please let me know.

1. I agree that there are some circumstances in which the "Nuremberg defense" is clearly inappropriate (e.g., a psychologist is directed to sleep with patients). The commentary to 8.03 in Dr. Jones' book also recognizes this (at 158: "in rare instances the entire employment situation might be so obviously illegal and unethical as to require withdrawal"). It seems to me that there is very little argument that 8.03 must be available as an absolute defense.

2. I would not characterize the issue here as whether APA has a right to tell a psychologist he/she must quit a job. The psychologist's choice is (a) quit, (b) refrain from the unethical practice and accept the consequences (which may include adverse action by the employer), or (c) discontinue membership in APA rather than comply with its ethical rule. If a psychologist chooses to remain a member in APA, I do not find it troubling that the psychologist would then have to comply with APA's code and accept the employment consequences.

3. As a technical matter, it should be perfectly lawful for APA to insist on this. Again, the member has an alternative of discontinuing membership. It is neither irrational nor contrary to public policy for APA to say that continued membership requires adherence to APA's ethics code. Thus, the common law standards governing association disciplinary rules are not violated by a policy requiring adherence to the Code as a condition of membership.

4. As a practical matter, however, I think there are some risks here which should be mentioned. In a reasonably close case, the fact that (a) an employer disagrees with APA's view of ethical behavior (or the meaning of the Code), and (b) an employee has made good faith efforts to resolve the situation, but has stopped short of quitting, could certainly impact a court's assessment of the equities. For example, a court might consider these factors in deciding whether the Code provided adequate notice that the conduct was prohibited (i.e., the employer may have reached a different conclusion and this may suggest that the Code was ambiguous and provided legally insufficient notice). In the case of a public employer, an argument might also be made that requiring the employee to take a position that conflicts with employment obligations (as directed by the employer), violates public policy. In any case, these facts might influence the Judge's evaluation of a close case, even though they are not strictly relevant from a legal perspective.

5. You have noted a possible risk in permitting the 8.03 defense -- it allows conduct by X if his/her employer directs it, but prohibits the same conduct by Y in the absence of such directives. Although an argument might be made that this is an arbitrary distinction, as a practical matter I doubt this poses a significant risk. My experience in the ethics cases to date is that no plaintiff has taken the time or expense to make a comparison of the outcome of different ethics cases. Although this could happen, I do not regard that as a significant factor bearing on what the scope of 8.03 should be.

6. My overriding view is that this ought to be decided on policy, not legal, grounds (i.e., the legal downsides of modifying 8.03 are not significant enough to be determinative). As a matter of policy, it seems odd to me that APA would permit a psychologist to violate its Code without sanction if directed by an employer, but would sanction another person engaging in the same conduct without this directive. Moreover, as a voluntary association, it seems perfectly reasonable for APA to require adherence to its ethical standards as a condition of membership. This, however, is strictly a policy, not legal, judgment.

Ethics Code Revision Draft 1, 4/15/99

The attached draft contains revisions to Standards 1—12 as voted by the Ethics Code Task at its April 9—11, 1999 meeting. The draft is presented standard-by-standard in two columns with the 1992 Ethics Code in the left-hand column and the revised and renumbered standards in the right-hand column. Please note that the revised standards have been renumbered and the cross references from one standard to another have been updated to reflect this renumbering.

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The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

8. RESOLVING ETHICAL ISSUES	1. IDENTIFYING AND RESOLVING ETHICAL ISSUES
1.01 Applicability of the Ethics Code. The activity of a psychologist subject to the Ethics Code may be reviewed under these Ethical Standards only if the activity is part of his or her work-related functions or the activity is psychological in nature. Personal activities having no connection to or effect on psychological roles are not subject to the Ethics Code.	1.01 Applicability of the Ethics Code. No change.
8.01 Familiarity With Ethics Code. Psychologists have an obligation to be familiar with this Ethics Code, other applicable ethics codes, and their application to psychologists' work. Lack of awareness or misunderstanding of an ethical standard is not itself a defense to a charge of unethical conduct.	1.02 Familiarity With Ethics Code. Psychologists have an obligation to be familiar with this Ethics Code~~, other applicable ethics codes,~~ and ~~their~~ its application to psychologists' work. Lack of awareness or misunderstanding of an ethical standard is not itself a defense to a charge of unethical conduct.
1.02 Relationship of Ethics and Law. If psychologists' ethical responsibilities conflict with law, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner.	1.03 Relationship of Ethics and Law. No change.
8.02 Confronting Ethical Issues. When a psychologist is uncertain whether a particular situation or course of action would violate this Ethics Code, the psychologist ordinarily consults with other psychologists knowledgeable about ethical issues, with state or national psychology ethics committees, or with other appropriate authorities in order to choose a proper response.	1.04 Confronting Ethical Issues. No change.
8.04 Informal Resolution of Ethical Violations. When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.	1.05 Informal Resolution of Ethical Violations. No change.
8.05 Reporting Ethical Violations. If an apparent ethical violation is not appropriate for informal resolution under Standard 8.04 or is not resolved properly in that fashion, psychologists take further action appropriate to the situation, unless such action conflicts with confidentiality rights in ways that cannot be resolved. Such action might include referral to state or national committees on professional ethics or to state licensing boards.	1.06 Reporting Ethical Violations. No change.
8.06 Cooperating With Ethics Committees. Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they make reasonable efforts to resolve any	1.07 Cooperating With Ethics Committees. No change.

HC00003327

issues as to confidentiality. Failure to cooperate is itself an ethics violation.	
8.07 Improper Complaints. Psychologists do not file or encourage the filing of ethics complaints that are frivolous and are intended to harm the respondent rather than to protect the public.	1.08 Improper Complaints. No change.
	New Standard on Handling Complaints (based on 1992 Code 1.11b language, in this revision it is 3.03b) Standard needed on protection for whistleblowers. Task force members Appleby and Wilcox assigned to draft.

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The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

	2. COMPETENCE
1.03 Professional and Scientific Relationship. Psychologists provide diagnostic, therapeutic, teaching, research, supervisory, consultative, or other psychological services only in the context of a defined professional or scientific relationship or role. (See also Standards 2.01, Evaluation, Diagnosis, and Interventions in Professional Context, and 7.02, Forensic Assessments.)	2.01 Professional and Scientific Relationship. No change except to cross references. (See also Standards 10.01, Evaluation, Diagnosis, and Interventions in Professional Context, and 12.03, Forensic Assessments.)
1.04 Boundaries of Competence. (a) Psychologists provide services, teach, and conduct research only within the boundaries of their competence, based on their education, training, supervised experience, or appropriate professional experience.	2.02 Boundaries of Competence. No change to (a).
1.08 Human Differences. Where differences of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status significantly affect psychologists' work concerning particular individuals or groups, psychologists obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals.	(b) Psychologists obtain the necessary training, experience, consultation, or supervision to address competently in their work elements of human diversity, such as age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status. Moved to this standard. Previously part of Standard 1.08, Human Differences.
See 1.08 above.	(c) When such training, experience, consultation or supervision are unavailable, psychologists make appropriate referrals. Moved to this standard. Previously part of Standard 1.08, Human Differences
(b) Psychologists provide services, teach, or conduct research in new areas or involving new techniques only after first undertaking appropriate study, training, supervision, and/or consultation from persons who are competent in those areas or techniques.	No change to (b) however becomes (d) based on insertions above.
(c) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect patients, clients, students, research participants, and others from harm.	No change to (c) however becomes (e) based on insertions above.
	New subsection (f) Prior to providing new treatment, psychologists inform their clients/patients of the experimental nature of the treatment and insure that client/patients understand the voluntary nature of their participation. (See also Standards 11.01, Structuring the Relationship and 11.02, Informed Consent to Therapy.)
	New subsection on under-served populations. Task force member Ramos-Grenier assigned to draft.

HC00003327

	Task force discussed possible new section in this standard regarding emergency options, but no drafting assignments were made.
1.05 Maintaining Expertise. Psychologists who engage in assessment, therapy, teaching, research, organizational consulting, or other professional activities maintain a reasonable level of awareness of current scientific and professional information in their fields of activity, and undertake ongoing efforts to maintain competence in the skills they use.	2.03 Maintaining Expertise. No change.
1.06 Basis for Scientific and Professional Judgments. Psychologists rely on scientifically and professionally derived knowledge when making scientific or professional judgments or when engaging in scholarly or professional endeavors.	2.04 Basis for Scientific and Professional Judgments. ~~Psychologists rely on scientifically and professionally derived knowledge when making scientific or professional judgments or when engaging in scholarly or professional endeavors.~~ Psychologists base scientific or professional judgments and endeavors on the scholarly, scientific, and/or professional knowledge of the discipline.

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The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

	3. HUMAN RELATIONS
1.09 Respecting Others. In their work-related activities, psychologists respect the rights of others to hold values, attitudes, and opinions that differ from their own.	3.01 Respecting Others. No change.
1.10 Nondiscrimination. In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.	3.02 Nondiscrimination. Assigned to task force members Brown and Vasquez for additional work.
1.11 Sexual Harassment. (a) Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either: (1) is unwelcome, is offensive, or creates a hostile workplace environment, and the psychologist knows or is told this; or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.	3.03 Sexual Harassment. No change to (a).
(b) Psychologists accord sexual-harassment complainants and respondents dignity and respect. Psychologists do not participate in denying a person academic admittance or advancement, employment, tenure, or promotion, based solely upon their having made, or their being the subject of, sexual harassment charges. This does not preclude taking action based upon the outcome of such proceedings or consideration of other appropriate information.	No change to (b).
1.12 Other Harassment. Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.	3.04 Other Harassment. No change.
1.13 Personal Problems and Conflicts. (a) Psychologists recognize that their personal problems and conflicts may interfere with their effectiveness. Accordingly, they refrain from undertaking an activity when they know or should know that their personal problems are likely to lead to harm to a patient, client, colleague, student, research participant, or other person to whom they may owe a professional or scientific obligation.	3.05 Personal Problems and Conflicts. No change to (a).

HC00003327

(b) In addition, psychologists have an obligation to be alert to signs of, and to obtain assistance for, their personal problems at an early stage, in order to prevent significantly impaired performance.	No change to (b).
(c) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties.	No change to (c).
1.14 Avoiding Harm. Psychologists take reasonable steps to avoid harming their patients or clients, research participants, students, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.	3.06 Avoiding Harm. (a) Psychologists take reasonable steps to avoid harming their patients or clients, research participants, students, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.
	New part (b) (b) When harm is neither foreseeable nor avoidable, psychologists take reasonable steps to remediate harm.
1.17 Multiple Relationships. (a) In many communities and situations, it may not be feasible or reasonable for psychologists to avoid social or other nonprofessional contacts with persons such as patients, clients, students, supervisees, or research participants. Psychologists must always be sensitive to the potential harmful effects of other contacts on their work and on those persons with whom they deal. A psychologist refrains from entering into or promising another personal, scientific, professional, financial, or other relationship with such persons if it appears likely that such a relationship reasonably might impair the psychologist's objectivity or otherwise interfere with the psychologist's effectively performing his or her functions as a psychologist, or might harm or exploit the other party.	3.07 Multiple Relationships. (a) Assigned to task force members Brown, Ramos-Grenier, and Vasquez for additional work.
(b) Likewise, whenever feasible, a psychologist refrains from taking on professional or scientific obligations when pre-existing relationships would create a risk of such harm.	No change to (b).
(c) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist attempts to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.	No change to (c).
1.19 Exploitative Relationships. (a) Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as students, supervisees, employees, research participants, and clients or patients. (See also Standards 4.05 - 4.07 regarding sexual involvement with clients or patients.)	3.08 Exploitative Relationships. No change except to cross references. However, removed (a) designation because subsection (b) moved to Standard 8, Teaching and Training Supervision. (See also Standards 11.06—11.08 regarding sexual involvement with clients or

HC00003327

	patients.)
1.20 Consultations and Referrals. (a) Psychologists arrange for appropriate consultations and referrals based principally on the best interests of their patients or clients, with appropriate consent, and subject to other relevant considerations, including applicable law and contractual obligations. (See also Standards 5.01, Discussing the Limits of Confidentiality, and 5.06, Consultations.)	3.09 Consultations and Referrals. No change to (a) except to cross references. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 4.05, Consultations.)
(b) When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their patients or clients effectively and appropriately.	No change to (b).
(c) Psychologists' referral practices are consistent with law.	No changes recommended to (c).
1.07 Describing the Nature and Results of Psychological Services. (a) When psychologists provide assessment, evaluation, treatment, counseling, supervision, teaching, consultation, research, or other psychological services to an individual, a group, or an organization, they provide, using language that is reasonably understandable to the recipient of those services, appropriate information beforehand about the nature of such services and appropriate information later about results and conclusions. (See also Standard 2.09, Explaining Assessment Results.)	3.10 Describing the Nature and Results of Psychological Services. No change to (a) except to cross reference. (See also Standard 10.11, Explaining Assessment Results.)
(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.	No change to (b).

HC00003327

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

5. PRIVACY AND CONFIDENTIALITY These Standards are potentially applicable to the professional and scientific activities of all psychologists.	4. PRIVACY AND CONFIDENTIALITY No change.
5.02 Maintaining Confidentiality. Psychologists have a primary obligation and take reasonable precautions to respect the confidentiality rights of those with whom they work or consult, recognizing that confidentiality may be established by law, institutional rules, or professional or scientific relationships. (See also Standard 6.26, Professional Reviewers.)	4.01 Maintaining Confidentiality. Psychologists have a primary obligation and take reasonable precautions to protect ~~respect~~ the confidentiality rights of those with whom they work or consult, recognizing that confidentiality may be established by law, institutional rules, or professional or scientific relationships. (See also Standards 6.04, Delegation to and Supervision of Subordinates, and 9.21, Professional Reviewers.) Moved this standard to appear before 4.02, Discussing the Limits of Confidentiality, per the task force's decision.
5.01 Discussing the Limits of Confidentiality. (a) Psychologists discuss with persons and organizations with whom they establish a scientific or professional relationship (including, to the extent feasible, minors and their legal representatives) (1) the relevant limitations on confidentiality, including limitations where applicable in group, marital, and family therapy or in organizational consulting, and (2) the foreseeable uses of the information generated through their services.	4.02 Discussing the Limits of Confidentiality. (a) Psychologists discuss with persons and organizations with whom they establish a scientific or professional relationship (including, to the extent feasible, minors and their legal representatives) (1) the relevant limitations on confidentiality, including limitations where applicable, for example, in group, marital, and family therapy, in prison and military settings, in activities with an interpreter, in communications with payors, or in organizational consulting, ~~and~~ (2) the foreseeable uses of the information generated through their services, and (3) the limitations on confidentiality when information is communicated or services provided by electronic or broadcast transmission. Moved this standard to appear after 4.01, Maintaining Confidentiality, per the task force's decision.
(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.	No change to (b).
(c) Permission for electronic recording of interviews is secured from clients and patients.	(c) Psychologists obtain p~~P~~ermission ~~for electronic recording of interviews is secured~~ in advance of electronially recording ~~from~~ clients and patients.
5.03 Minimizing Intrusions on Privacy. (a) In order to minimize intrusions on privacy, psychologists include in written and oral reports, consultations, and the like, only information germane to the purpose for which the communication is made.	4.03 Minimizing Intrusions on Privacy. No change to (a).
(b) Psychologists discuss confidential information obtained in clinical or consulting relationships, or evaluative data concerning patients, individual or organizational clients, students, research participants, supervisees, and employees, only for appropriate scientific or professional purposes and only	No change to (b).

HC00003327

with persons clearly concerned with such matters.	
5.05 Disclosures. (a) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose, such as (1) to provide needed professional services to the patient or the individual or organizational client, (2) to obtain appropriate professional consultations, (3) to protect the patient or client or others from harm, or (4) to obtain payment for services, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.	4.04 Disclosures. (a) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose, such as (1) to provide needed professional services to the patient or the individual or organizational client, (2) to obtain appropriate professional consultations, (3) to protect the patient or client or others from harm, or (4) to obtain payment for services from a client or patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See Also Standard 7.03(f), Fees and Financial Arrangements.)
	New subsection (b) Psychologists disclose confidential information to obtain payment from or gain authorization for treatment from third party payors only with prior informed consent. Disclosure is limited to the minimum that is necessary to achieve the purpose. (See Standard 4.01, Maintaining Confidentiality.)
(b) Psychologists also may disclose confidential information with the appropriate consent of the patient or the individual or organizational client (or of another legally authorized person on behalf of the patient or client), unless prohibited by law.	No change to (b) however becomes (c) based on insertion above.
	New subsection (d) Psychologists obtain the prior consent of the client or patient to transmit confidential information electronically.
5.06 Consultations. When consulting with colleagues, (1) psychologists do not share confidential information that reasonably could lead to the identification of a patient, client, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they share information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 5.02, Maintaining Confidentiality.)	4.05 Consultations. No change except to cross reference. (See also Standard 4.01, Maintaining Confidentiality.)
5.08 Use of Confidential Information for Didactic or Other Purposes. (a) Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their patients, individual or organizational clients, students, research participants, or other recipients of their services that they obtained during the course of their work, unless the person or organization has consented in writing or unless there is other ethical or legal authorization for doing so.	4.06 Use of Confidential Information for Didactic or Other Purposes. No change to (a).
(b) Ordinarily, in such scientific and professional presentations, psychologists disguise confidential information concerning such persons or organizations so	No change to (b).

HC00003327

that they are not individually identifiable to others and so that discussions do not cause harm to subjects who might identify themselves.	
5.10 Ownership of Records and Data. Recognizing that ownership of records and data is governed by legal principles, psychologists take reasonable and lawful steps so that records and data remain available to the extent needed to serve the best interests of patients, individual or organizational clients, research participants, or appropriate others.	4.07 Ownership of Records and Data. Recognizing that ownership of records and data is governed by legal principles or contractual obligations, psychologists take reasonable and lawful steps so that records and data remain available to the extent needed to serve the best interests of patients, individual or organizational clients, research participants, or appropriate others.
5.11 Withholding Records for Nonpayment. Psychologists may not withhold records under their control that are requested and imminently needed for a patient's or client's treatment solely because payment has not been received, except as otherwise provided by law.	4.08 Withholding Records for Nonpayment. Psychologists may not withhold records under their control that are requested and ~~imminently~~ needed for a patient's or client's emergency treatment solely because payment has not been received~~, except as otherwise provided by law~~.

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The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

3. ADVERTISING AND OTHER PUBLIC STATEMENTS	5.. ADVERTISING AND OTHER PUBLIC ~~STATEMENTS~~ REPRESENTIONS
3.01 Definition of Public Statements. Psychologists comply with this Ethics Code in public statements relating to their professional services, products, or publications or to the field of psychology. Public statements include but are not limited to paid or unpaid advertising, brochures, printed matter, directory listings, personal resumes or curriculum vitae, interviews or comments for use in media, statements in legal proceedings, lectures and public oral presentations, and published materials.	5.01 Definition of Public Statements. Psychologists comply with this Ethics Code in public statements relating to their professional services, products, or publications or to the field of psychology. Public statements include but are not limited to paid or unpaid advertising, product endorsements, brochures, printed matter, directory listings, personal resumes or curriculum vitae, interviews or comments for use in ~~print or broadcast~~ media such as print, electronic, or broadcast, statements in legal proceedings, lectures and public oral presentations, and published materials. Task force member Koocher assigned for further consideration in consultation with the Director, Ethics Office Jones.
3.02 Statements by Others. (a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.	5.02 Statements by Others. No change to (a)
(b) In addition, psychologists make reasonable efforts to prevent others whom they do not control (such as employers, publishers, sponsors, organizational clients, and representatives of the print or broadcast media) from making deceptive statements concerning psychologists' practice or professional or scientific activities.	(b)In addition, psychologists make reasonable efforts to prevent others whom they do not control (such as employers, publishers, sponsors, organizational clients, and representatives of the print, broadcast, or electronic media) from making deceptive statements concerning psychologists' practice or professional or scientific activities.
(c) If psychologists learn of deceptive statements about their work made by others, psychologists make reasonable efforts to correct such statements.	No change to (c).
(d) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item.	No change to (d).
(e) A paid advertisement relating to the psychologist's activities must be identified as such, unless it is already apparent from the context.	(e) A paid advertisement relating to the psychologist's activities must be identified or clearly recognizable as such~~, unless it is already apparent from the context~~.
3.03 Avoidance of False or Deceptive Statements. (a) Psychologists do not make public statements that are false, deceptive, misleading, or fraudulent, either because of what they state, convey, or suggest or because of what they omit, concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated. As examples (and not in limitation) of this standard, psychologists do not make false or deceptive statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or	5.03 Avoidance of False or Deceptive Statements. No change to (a) except to cross references.

HC00003327

clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings. (See also Standards 6.15, Deception in Research, and 6.18, Providing Participants With Information About the Study.)	(See also Standards 9.10, Deception in Research, and 9.13, Providing Participants With Information About the Study.)
(b) Psychologists claim as credentials for their psychological work, only degrees that (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.	No change to (b).
3.04 Media Presentations. When psychologists provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, or other media, they take reasonable precautions to ensure that (1) the statements are based on appropriate psychological literature and practice, (2) the statements are otherwise consistent with this Ethics Code, and (3) the recipients of the information are not encouraged to infer that a relationship has been established with them personally.	5.04 Media Presentations. When psychologists provide advice or comment by means of public lectures or, demonstrations, any broadcast, electronic, or computerized media, ~~radio or television programs,~~ prerecorded tapes, printed articles, mailed or otherwise transmitted, ~~material, or other media,~~ they take reasonable precautions to ensure that (1) the statements are based on appropriate psychological literature and practice, (2) the statements are otherwise consistent with this Ethics Code, and (3) the recipients of the information are not encouraged to infer that a professional relationship has been established with them personally.
3.05 Testimonials. Psychologists do not solicit testimonials from current psychotherapy clients or patients or other persons who because of their particular circumstances are vulnerable to undue influence.	5.05 Testimonials. Deferred to executive session and not addressed. To be reviewed at the October 1999 ECTF meeting.
3.06 In-Person Solicitation. Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential psychotherapy patients or clients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this does not preclude attempting to implement appropriate collateral contacts with significant others for the purpose of benefiting an already engaged therapy patient.	5.06 In-Person Solicitation. Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential psychotherapy patients or clients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition against solicitation does not preclude: (1) attempting to implement appropriate collateral contacts with significant others for the purpose of benefiting an already engaged therapy patient or (2) providing disaster outreach services.

HC00003327

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

	6. WORKING WITH INSTITUTIONS, COMMUNITIES, AND ORGANIZATIONS
1.15 Misuse of Psychologists' Influence. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence.	6.01 Misuse of Psychologists' Influence. No change.
1.16 Misuse of Psychologists' Work. (a) Psychologists do not participate in activities in which it appears likely that their skills or data will be misused by others, unless corrective mechanisms are available. (See also Standard 7.04, Truthfulness and Candor.)	6.02 Misuse of Psychologists' Work No change to (a) except to cross reference. (See also Standard 12.05, Truthfulness and Candor.)
(b) If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.	No change to (b).
1.21 Third-Party Requests for Services. (a) When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist clarifies to the extent feasible, at the outset of the service, the nature of the relationship with each party. This clarification includes the role of the psychologist (such as therapist, organizational consultant, diagnostician, or expert witness), the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality.	6.03 Third-Party Requests for Services. When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist clarifies to the extent feasible, at the outset of the service, the nature of the relationship with each party. This clarification includes the role of the psychologist (such as therapist, organizational consultant, diagnostician, or expert witness), the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standard 4.02, Discussing the Limits of Confidentiality.)
(b) If there is a foreseeable risk of the psychologist's being called upon to perform conflicting roles because of the involvement of a third party, the psychologist clarifies the nature and direction of his or her responsibilities, keeps all parties appropriately informed as matters develop, and resolves the situation in accordance with this Ethics Code.	(b) If there is a foreseeable risk of the psychologist's being called upon to perform conflicting roles because of the involvement of a third party, the psychologist clarifies the nature and direction of his or her responsibilities, keeps all parties appropriately informed as matters develop, and resolves the situation in accordance with this Ethics Code. (See also Standards 3.07, Multiple Relationships, and 12.04, Clarification of Role.)
1.22 Delegation to and Supervision of Subordinates. (a) Psychologists delegate to their employees, supervisees, and research assistants only those responsibilities that such persons can reasonably be expected to perform competently, on the basis of their education, training, or experience, either independently or with the level of supervision being provided.	6.04 Delegation to and Supervision of Subordinates. (a) Psychologists delegate to their employees, supervisees, and research assistants only those responsibilities that such persons can ~~reasonably~~ be expected to perform competently, on the basis of their education, training, or experience, either independently or with the level of supervision being provided

HC00003327

(b) Psychologists provide proper training and supervision to their employees or supervisees and take reasonable steps to see that such persons perform services responsibly, competently, and ethically.	No change to (b).
(c) If institutional policies, procedures, or practices prevent fulfillment of this obligation, psychologists attempt to modify their role or to correct the situation to the extent feasible.	No change to (c).
8.03 Conflicts Between Ethics and Organizational Demands. If the demands of an organization with which psychologists are affiliated conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, seek to resolve the conflict in a way that permits the fullest adherence to the Ethics Code.	6.05 Conflicts Between Ethics and Organizational Demands. No change.

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The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

	7. RECORD KEEPING AND FEES
1.23 Documentation of Professional and Scientific Work. (a) Psychologists appropriately document their professional and scientific work in order to facilitate provision of services later by them or by other professionals, to ensure accountability, and to meet other requirements of institutions or the law.	7.01 Documentation of Professional and Scientific Work and Maintenance of Records (a) Psychologists create, maintain, disseminate, store, retain, and dispose of records and data relating to ~~appropriately document~~ their professional and scientific work. They do so ~~in order~~ (1) to facilitate provision of services later by them or by other professionals, (2) to ensure accountability, and to meet other requirements of institutions ~~or the law~~, (3) to ensure accuracy of billing and payments, and (4) to ensure accordance with law, all in a manner that permits compliance with the requirements of this Ethics Code.
(b) When psychologists have reason to believe that records of their professional services will be used in legal proceedings involving recipients of or participants in their work, they have a responsibility to create and maintain documentation in the kind of detail and quality that would be consistent with reasonable scrutiny in an adjudicative forum. (See also Standard 7.01, Professionalism, under Forensic Activities.)	No change to (b) except to cross reference. (See also Standard 12.01, Professionalism, under Forensic Activities.)
1.24 Records and Data. Psychologists create, maintain, disseminate, store, retain, and dispose of records and data relating to their research, practice, and other work in accordance with law and in a manner that permits compliance with the requirements of this Ethics Code. (See also Standard 5.04, Maintenance of Records.)	Incorporated into revised 7.01a above.
5.04 Maintenance of Records Psychologists maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. Psychologists maintain and dispose of records in accordance with law and in a manner that permits compliance with the requirements of this Ethics Code.	7.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work ~~Records and Data~~ (a) Psychologists maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. Psychologists maintain and dispose of records in accordance with law and in a manner that permits compliance with the requirements of this Ethics Code. (See also Standard 4.07, Ownership of Records and Data.)
5.07 Confidential Information in Databases (a) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.	No change except (a) becomes (b).
(b) If a research protocol approved by an institutional review board or similar body requires the inclusion of personal identifiers, such identifiers are deleted before the information is made accessible to persons other than those of whom the subject was advised.	No change except (b) becomes (c).

HC00003327

(c) If such deletion is not feasible, then before psychologists transfer such data to others or review such data collected by others, they take reasonable steps to determine that appropriate consent of personally identifiable individuals has been obtained.	No change except (c) becomes (d).
5.09 Preserving Records and Data A psychologist makes plans in advance so that confidentiality of records and data is protected in the event of the psychologist's death, incapacity, or withdrawal from the position or practice.	(e) A psychologist makes plans in advance to facilitate ~~so that~~ the appropriate transfer and to protect the confidentiality of records and data ~~is protected~~ in the event of the psychologist's death, incapacity, or withdrawal from the position or practice.
1.25 Fees and Financial Arrangements. (a) As early as is feasible in a professional or scientific relationship, the psychologist and the patient, client, or other appropriate recipient of psychological services reach an agreement specifying the compensation and the billing arrangements.	7.03 Fees and Financial Arrangements No change to (a).
(b) Psychologists do not exploit recipients of services or payors with respect to fees.	No change to (b).
(c) Psychologists' fee practices are consistent with law.	No change to (c).
(d) Psychologists do not misrepresent their fees.	No change to (d).
(e) If limitations to services can be anticipated because of limitations in financing, this is discussed with the patient, client, or other appropriate recipient of services as early as is feasible. (See also Standard 4.08, Interruption of Services.)	(e) If limitations to services can be anticipated because of limitations in financing, this is discussed with the patient, client, or other appropriate recipient of services as early as is feasible. (See also Standards 11.09, Interruption of Services, and 11.10, Terminating the Professional Relationship.)
(f) If the patient, client, or other recipient of services does not pay for services as agreed, and if the psychologist wishes to use collection agencies or legal measures to collect the fees, the psychologist first informs the person that such measures will be taken and provides that person an opportunity to make prompt payment. (See also Standard 5.11, Withholding Records for Nonpayment.)	(f) If the patient, client, or other recipient of services does not pay for services as agreed, and if the psychologist wishes to use collection agencies or legal measures to collect the fees, the psychologist first informs the person that such measures will be taken and provides that person an opportunity to make prompt payment. (See also Standards 4.08, Withholding Records for Nonpayment, and 11.01, Structuring the Relationship.)
1.18 Barter (With Patients or Clients). Psychologists ordinarily refrain from accepting goods, services, or other nonmonetary remuneration from patients or clients in return for psychological services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. A psychologist may participate in bartering only if (1) it is not clinically contraindicated, and (2) the relationship is not exploitative. (See also Standards 1.17, Multiple Relationships, and 1.25, Fees and Financial Arrangements.)	7.04 Barter (With Patients or Clients). No change except to cross references. (See also Standards 3.07, Multiple Relationships, and 7.03, Fees and Financial Arrangements.)
1.26 Accuracy in Reports to Payors and Funding Sources. In their reports to payors for services or sources of research funding, psychologists accurately state the nature of the research or service provided, the fees or charges, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standard 5.05, Disclosures.)	7.05 Accuracy in Reports to Payors and Funding Sources. In their reports to payors for services or sources of research funding, psychologists accurately state the nature of the research or service provided, the fees or charges, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality, 4.03,

HC00003327

	Minimizing Intrusions on Privacy, and 4.04, Disclosures.)
1.27 Referrals and Fees. When a psychologist pays, receives payment from, or divides fees with another professional other than in an employer - employee relationship, the payment to each is based on the services (clinical, consultative, administrative, or other) provided and is not based on the referral itself.	7.06 Referrals and Fees. When a psychologist pays, receives payment from, or divides fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Consultations and Referrals.) Task force member Nathan assigned to draft additional wording to ensure standard addresses kickbacks by organizations and exploitative behavior.

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HC00003327

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

6.TEACHING, TRAINING SUPERVISION, RESEARCH, AND PUBLISHING	8. TEACHING, AND TRAINING SUPERVISION, ~~RESEARCH, AND PUBLISHING~~
6.01 Design of Education and Training Programs. Psychologists who are responsible for education and training programs seek to ensure that the programs are competently designed, provide the proper experiences, and meet the requirements for licensure, certification, or other goals for which claims are made by the program.	8.01 Design of Education and Training Programs. (a) Psychologists who are responsible for education and training programs take reasonable steps to ~~seek to~~ ensure that the programs are ~~competently~~ designed, to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program.
	New subsection (b) Psychologists who are responsible for education and training programs establish a process that includes provision of feedback that allows students sufficient opportunity to respond to alleged deficits and /or areas of concern.
6.02 Descriptions of Education and Training Programs. (a) Psychologists responsible for education and training programs seek to ensure that there is a current and accurate description of the program content, training goals and objectives, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.	8.02 Descriptions of Education and Training Programs. (a) Psychologists responsible for education and training programs ~~seek~~ take reasonable steps to ensure that there is a current and accurate description of the program content, training goals and objectives, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.
(b) Psychologists seek to ensure that statements concerning their course outlines are accurate and not misleading, particularly regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. (See also Standard 3.03, Avoidance of False or Deceptive Statements.)	(b) Psychologists' ~~seek to ensure that statements concerning their~~ course outlines are accurate and not misleading, particularly regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. (See also Standard 5.03, Avoidance of False or Deceptive Statements.)
(c) To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.	No change to (c).
6.03 Accuracy and Objectivity in Teaching. (a) When engaged in teaching or training, psychologists present psychological information accurately and with a reasonable degree of objectivity.	8.03 Accuracy and Objectivity in Teaching. (a) When engaged in teaching or training, psychologists present psychological information accurately and with a reasonable degree of objectivity. Their course or training material includes current scholarly, scientific, and/or professional knowledge of the discipline . (See also Standard 2.03, Maintaining Expertise.)
(b) When engaged in teaching or training, psychologists recognize the power they hold over students or supervisees and therefore make reasonable efforts to avoid engaging in conduct that is personally demeaning to students or supervisees. (See also Standards 1.09, Respecting Others, and 1.12, Other Harassment.)	No change to (b) except to cross references. (See also Standards 3.01, Respecting Others, and 3.04, Other Harassment.)

HC00003327

6.04 Limitation on Teaching. Psychologists do not teach the use of techniques or procedures that require specialized training, licensure, or expertise, including but not limited to hypnosis, biofeedback, and projective techniques, to individuals who lack the prerequisite training, legal scope of practice, or expertise.	8.04 Limitation on Teaching. No action taken. Referred for further consideration to October 1999 meeting.
	New standard to incorporate Ethics Committee 1993 statement re internship applications and confidential statements. Task force members Moody and Henderson Daniel assigned to draft.
6.05 Assessing Student and Supervisee Performance. (a) In academic and supervisory relationships, psychologists establish an appropriate process for providing feedback to students and supervisees.	8.05 Assessing Student and Supervisee Performance, Dual Relationships, and Exploitative Relationships. (a) In academic ~~and supervisory~~ relationships, psychologists establish an appropriate process for providing feedback to students ~~and supervisees~~.
	New subsection (b) In supervisory relationships, psychologists establish a process that includes provision of feedback to supervisees that allows sufficient opportunity to respond to alleged deficits and/or areas of concern.
(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.	No change to (b) however becomes (c) as a result of insertion above.
	8.06 New standard to protects students who lodge complaints against professors (based on 1992 Code language in 1.11b, Sexual Harassment, in this revision it is 3.03b). Task force members Moody and Henderson Daniel assigned to draft.
1.19 Exploitative Relationships (b) Psychologists do not engage in sexual relationships with students or supervisees in training over whom the psychologist has evaluative or direct authority, because such relationships are so likely to impair judgment or be exploitative.	8.07 Multiple and Exploitative Relationships ~~(b)~~Psychologists do not engage in sexual relationships with students or supervisees in training who are in their department or over whom the psychologist has or is likely to have evaluative, ~~or~~ direct, or indirect authority, because such relationships are so likely to impair judgment or be exploitative.

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HC00003327

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

6.TEACHING, TRAINING SUPERVISION, RESEARCH, AND PUBLISHING	9. ~~TEACHING, TRAINING SUPERVISION,~~ RESEARCH~~,~~ AND PUBLICATION~~SHING~~
6.06 Planning Research. (a) Psychologists design, conduct, and report research in accordance with recognized standards of scientific competence and ethical research.	9.01 Planning Research. No change to (a).
(b) Psychologists plan their research so as to minimize the possibility that results will be misleading.	No change to (b).
(c) In planning research, psychologists consider its ethical acceptability under the Ethics Code. If an ethical issue is unclear, psychologists seek to resolve the issue through consultation with institutional review boards, animal care and use committees, peer consultations, or other proper mechanisms.	No change to (c).
(d) Psychologists take reasonable steps to implement appropriate protections for the rights and welfare of human participants, other persons affected by the research, and the welfare of animal subjects.	(d) Psychologists take reasonable steps to implement appropriate protections for the rights and welfare of human participants, other persons affected by the research, and the welfare of animal subjects.
6.07 Responsibility. (a) Psychologists conduct research competently and with due concern for the dignity and welfare of the participants.	9.02 Responsibility. No change to (a).
(b) Psychologists are responsible for the ethical conduct of research conducted by them or by others under their supervision or control.	No change to (b).
(c) Researchers and assistants are permitted to perform only those tasks for which they are appropriately trained and prepared.	No change to (c).
(d) As part of the process of development and implementation of research projects, psychologists consult those with expertise concerning any special population under investigation or most likely to be affected.	No change to (d).
	New subsection (e) When a psychologist becomes aware that research procedures have resulted in a harmful impact on the individual participant, the psychologist takes reasonable steps to ameliorate the harm.
6.08 Compliance With Law and Standards. Psychologists plan and conduct research in a manner consistent with federal and state law and regulations, as well as professional standards governing the conduct of research, and particularly those standards governing research with human participants and animal subjects.	9.03 Compliance With Law and Standards. No change.
6.09 Institutional Approval. Psychologists obtain from host institutions or organizations appropriate approval prior to conducting research, and they provide accurate information about their research proposals. They conduct the research in accordance with the approved research protocol.	9.04 Institutional Approval. No change.

HC00003327

6.10 Research Responsibilities. Prior to conducting research (except research involving only anonymous surveys, naturalistic observations, or similar research), psychologists enter into an agreement with participants that clarifies the nature of the research and the responsibilities of each party.	9.05 Research Responsibilities. No change.
6.11 Informed Consent to Research. (a) Psychologists use language that is reasonably understandable to research participants in obtaining their appropriate informed consent (except as provided in Standard 6.12, Dispensing with Informed Consent). Such informed consent is appropriately documented.	9.06 Informed Consent to Research. No change to (a) except to cross reference. (except as provided in Standard 9.07, Dispensing with Informed Consent).
(b) Using language that is reasonably understandable to participants, psychologists inform participants of the nature of the research; they inform participants that they are free to participate or to decline to participate or to withdraw from the research; they explain the foreseeable consequences of declining or withdrawing; they inform participants of significant factors that may be expected to influence their willingness to participate (such as risks, discomfort, adverse effects, or limitations on confidentiality, except as provided in Standard 6.15, Deception in Research); and they explain other aspects about which the prospective participants inquire.	No change to (b) except to cross reference. See notation under Standard 9.08. (except as provided in Standard 9.10, Deception in Research)
(c) When psychologists conduct research with individuals such as students or subordinates, psychologists take special care to protect the prospective participants from adverse consequences of declining or withdrawing from participation.	No change to (c).
(d) When research participation is a course requirement or opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.	No change to (d).
(e) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) obtain the participant's assent, and (3) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted by law	No change to (e).
6.12 Dispensing With Informed Consent. Before determining that planned research (such as research involving only anonymous questionnaires, naturalistic observations, or certain kinds of archival research) does not require the informed consent of research participants, psychologists consider applicable regulations and institutional review board requirements, and they consult with colleagues as appropriate.	9.07 Dispensing With Informed Consent. No change. See notation under Standard 9.08.

HC00003327

6.13 Informed Consent in Research Filming or Recording. Psychologists obtain informed consent from research participants prior to filming or recording them in any form, unless the research involves simply naturalistic observations in public places and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm.	9.08 Informed Consent in Research Filming or Recording. Need to consider rewriting portions of several standards regarding deception research, informed consent, and videotaping, including 9.06, 9.07, 9.08, and 9.10. Task force members Wilcox and Swenson assigned to draft.
6.14 Offering Inducements for Research Participants. (a) In offering professional services as an inducement to obtain research participants, psychologists make clear the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 1.18, Barter [With Patients or Clients].)	9.09 Offering Inducements for Research Participants. No change to (a) except to cross reference. (See also Standard 7.04, Barter [With Patients or Clients].)
(b) Psychologists do not offer excessive or inappropriate financial or other inducements to obtain research participants, particularly when it might tend to coerce participation.	No change to (b).
6.15 Deception in Research. (a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's prospective scientific, educational, or applied value and that equally effective alternative procedures that do not use deception are not feasible.	9.10 Deception in Research. See notation under Standard 6.13 for all sections (a, b, and c) of this standard. No change to (a)
(b) Psychologists never deceive research participants about significant aspects that would affect their willingness to participate, such as physical risks, discomfort, or unpleasant emotional experiences.	No change to (b).
(c) Any other deception that is an integral feature of the design and conduct of an experiment must be explained to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the research. (See also Standard 6.18, Providing Participants With Information About the Study.)	No change to (c) except to cross reference. (See also Standard 9.13, Providing Participants With Information About the Study.)
6.16 Sharing and Utilizing Data. Psychologists inform research participants of their anticipated sharing or further use of personally identifiable research data and of the possibility of unanticipated future uses.	9.11 Sharing and Utilizing Data. No change.
6.17 Minimizing Invasiveness. In conducting research, psychologists interfere with the participants or milieu from which data are collected only in a manner that is warranted by an appropriate research design and that is consistent with psychologists' roles as scientific investigators.	9.12 Minimizing Invasiveness. No change.

HC00003327

6.18 Providing Participants With Information About the Study. (a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and psychologists attempt to correct any misconceptions that participants may have.	9.13 Providing Participants With Information About the Study. No change to (a).
(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.	No change to (b).
6.19 Honoring Commitments. Psychologists take reasonable measures to honor all commitments they have made to research participants.	9.14 Honoring Commitments. No change.
6.20 Care and Use of Animals in Research. (a) Psychologists who conduct research involving animals treat them humanely.	9.15 Care and Use of Animals in Research. No change to (a).
(b) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.	No change to (b).
(c) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.	No change to (c).
(d) Psychologists ensure that all individuals using animals under their supervision have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role.	No change to (d).
(e) Responsibilities and activities of individuals assisting in a research project are consistent with their respective competencies.	No change to (e).
(f) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.	No change to (f).
(g) A procedure subjecting animals to pain, stress, or privation is used only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.	No change to (g).
(h) Surgical procedures are performed under appropriate anesthesia; techniques to avoid infection and minimize pain are followed during and after surgery.	No change to (h).
(i) When it is appropriate that the animal's life be terminated, it is done rapidly, with an effort to minimize pain, and in accordance with accepted procedures.	No change to (i).
6.21 Reporting of Results. (a) Psychologists do not fabricate data or falsify results in their publications.	9.16 Reporting of Results. No change to (a).

HC00003327

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.	No change to (b).
6.22 Plagiarism. Psychologists do not present substantial portions or elements of another's work or data as their own, even if the other work or data source is cited occasionally.	9.17 Plagiarism. No change.
6.23 Publication Credit. (a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have contributed.	9.18 Publication Credit. No change to (a).
(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as Department Chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are appropriately acknowledged, such as in footnotes or in an introductory statement.	No change to (b).
(c) A student is usually listed as principal author on any multiple-authored article that is substantially based on the student's dissertation or thesis.	(c) A student is ~~usually~~ listed as principal author on any multiple-authored article that is substantially based on the student's dissertation or thesis when to do so accurately reflects the relative scientific or professional contributions of the individuals involved. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate.
6.24 Duplicate Publication of Data. Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.	9.19 Duplicate Publication of Data. No change.
6.25 Sharing Data. After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release.	9.20 Sharing Data. No change.
6.26 Professional Reviewers. Psychologists who review material submitted for publication, grant, or other research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.	9.21 Professional Reviewers. No change.

HC00003327

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

2. EVALUATION, ASSESSMENT, OR INTERVENTION	10. ~~EVALUATION,~~ ASSESSMENT~~, OR INTERVENTION~~
2.01 Evaluation, Diagnosis, and Interventions in Professional Context. (a) Psychologists perform evaluations, diagnostic services, or interventions only within the context of a defined professional relationship. (See also Standard 1.03, Professional and Scientific Relationship.)	10.01 Evaluation, Diagnosis, and Interventions in Professional Context. (a) Psychologists perform assessments, evaluations, or diagnostic services, ~~or interventions~~ only within the context of a defined professional relationship. (See also Standard 2.01, Professional and Scientific Relationship.)
(b) Psychologists' assessments, recommendations, reports, and psychological diagnostic or evaluative statements are based on information and techniques (including personal interviews of the individual when appropriate) sufficient to provide appropriate substantiation for their findings. (See also Standard 7.02, Forensic Assessments.)	(b) Psychologists' assessments, recommendations, reports, and ~~psychological~~ diagnostic or evaluative statements are based on information and techniques, ~~(~~including personal interviews of the individual when appropriate,~~)~~ sufficient to provide appropriate substantiation for their findings. (See also Standard 12.03, Forensic Assessments.)
2.02 Competence and Appropriate Use of Assessments and Interventions. (a) Psychologists who develop, administer, score, interpret, or use psychological assessment techniques, interviews, tests, or instruments do so in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.	10.02 Competen~~ce and Appropriate~~ Use of Assessments ~~and Interventions~~. No change to (a) except delete designation (a).
(b) Psychologists refrain from misuse of assessment techniques, interventions, results, and interpretations and take reasonable steps to prevent others from misusing the information these techniques provide. This includes refraining from releasing raw test results or raw data to persons, other than to patients or clients as appropriate, who are not qualified to use such information. (See also Standards 1.02, Relationship of Ethics and Law, and 1.04, Boundaries of Competence.)	Reorganize to create new standard section 10.03 Appropriate Use of Assessments (a~~b~~) Psychologists refrain from misuse of assessment techniques~~, interventions,~~ results, and interpretations and take reasonable steps to prevent others from misusing the information these techniques provide. This includes refraining from releasing raw test results or raw data to persons~~, other than to patients or clients as appropriate,~~ who are not qualified to use such information, except as required by statute or court order or to an attorney or court based on a client release. (See also Standards 1.03, Relationship of Ethics and Law, and 2.02, Boundaries of Competence.)
	New subsection (b) When required by statute or court order to release raw data, psychologists take reasonable steps to explain the findings to clients and other legitimate parties.
	New standard 10.04 Informed Consent In Assessments (a) Psychologists obtain appropriate informed consent for assessments, evaluations, or diagnostic services except (1) when testing without consent is mandated by law or governmental regulation, (2) when testing is conducted as a regular part of school activities, or (3) when consent is clearly implied. Psychologists obtain informed consent using language that is reasonably understandable to participants.

HC00003327

	(b) When persons are legally incapable of giving informed consent, psychologists obtain informed permission from a legally authorized person, if such substitute consent is permitted by law.
	(c) Psychologists (1) inform those persons who are legally incapable of giving informed consent about the proposed assessment service(s) in a manner commensurate with the persons' psychological capacities, (2) seek their assent to the services, and (3) consider such persons' preferences and best interests (See also Standards 11.02, Informed Consent to Therapy, and 12.02, Informed Consent).
2.03 Test Construction. Psychologists who develop and conduct research with tests and other assessment techniques use scientific procedures and current professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.	10.05 Test Construction. No change.
2.04 Use of Assessment in General and With Special Populations. (a) Psychologists who perform interventions or administer, score, interpret, or use assessment techniques are familiar with the reliability, validation, and related standardization or outcome studies of, and proper applications and uses of, the techniques they use.	10.06 Use of Assessment in General and With Diverse ~~Special~~ Populations. (a) Psychologists who ~~perform interventions or~~ administer, score, interpret, or use assessment techniques are familiar with the reliability, validation, and related standardization or outcome studies of, and proper applications and uses of, the techniques they use.
(b) Psychologists recognize limits to the certainty with which diagnoses, judgments, or predictions can be made about individuals.	(b) Psychologists recognize limits to the certainty with which accurate diagnoses, judgments, or predictions can be made about individuals.
(c) Psychologists attempt to identify situations in which particular interventions or assessment techniques or norms may not be applicable or may require adjustment in administration or interpretation because of factors such as individuals' gender, age, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.	(c) Psychologists attempt to identify situations in which particular ~~interventions or~~ assessment techniques or norms may not be applicable or may require adjustment in administration or interpretation because of factors such as individuals' gender, age, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.
	New subsection (d) Psychologists use assessment methods in a manner appropriate to an individual's language preference and competence and cultural background.
	New subsection (e) Psychologists only utilize the services of interpreters (1) who have been adequately trained and (2) after appropriate informed consent has been obtained from the client. Psychologists state that there are likely to be limitations on reliability and validity when using interpreters. Psychologists utilizing the services of an interpreter take reasonable steps to ensure that confidentiality of test results and test security are maintained. (See also Standards 4.01 Maintaining Confidentiality; 10.01, Evaluation, Diagnosis, and Interventions in Professional Context; 10.04, Informed Consent in Assessments; 10.06, Use of Assessment in General and With Diverse Populations; and 10.08, Unqualified

HC00003327

	Persons.)
2.05 Interpreting Assessment Results. When interpreting assessment results, including automated interpretations, psychologists take into account the various test factors and characteristics of the person being assessed that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant reservations they have about the accuracy or limitations of their interpretations.	10.07 Interpreting Assessment Results. When interpreting assessment results, including automated interpretations, psychologists take into account the various test factors and characteristics of the person being assessed , such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant reservations they have about the accuracy or limitations of their interpretations. (See also Standards 2.02 b and c, Boundaries of Competence and 3.02, Nondiscrimination.)
2.06 Unqualified Persons. Psychologists do not promote the use of psychological assessment techniques by unqualified persons. (See also Standard 1.22, Delegation to and Supervision of Subordinates.)	10.08 Unqualified Persons. No change except to cross reference. (See also Standard 6.04, Delegation to and Supervision of Subordinates.)
2.07 Obsolete Tests and Outdated Test Results. (a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.	10.09 Obsolete Tests and Outdated Test Results. No change to (a).
(b) Similarly, psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.	No change to (b).
2.08 Test Scoring and Interpretation Services. (a) Psychologists who offer assessment or scoring procedures to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.	10.10 Test Scoring and Interpretation Services. (a) Psychologists who market ~~offer~~ assessment or scoring ~~procedures~~ services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.
(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations.	(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.02 b and c, Boundaries of Competence.)
(c) Psychologists retain appropriate responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.	No change to (c).
2.09 Explaining Assessment Results. Unless the nature of the relationship is clearly explained to the person being assessed in advance and precludes provision of an explanation of results (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations), psychologists ensure that an explanation of the results is provided using language that is reasonably understandable to the person assessed or to another legally authorized person on behalf of the client. Regardless of whether the scoring and interpretation are done by the psychologist, by assistants, or by automated or other outside services,	10.11 Explaining Assessment Results. No change.

HC00003327

psychologists take reasonable steps to ensure that appropriate explanations of results are given.	
2.10 Maintaining Test Security. Psychologists make reasonable efforts to maintain the integrity and security of tests and other assessment techniques consistent with law, contractual obligations, and in a manner that permits compliance with the requirements of this Ethics Code. (See also Standard 1.02, Relationship of Ethics and Law.)	10.12 Maintaining Test Security. No change except to cross reference. (See also Standard 1.03, Relationship of Ethics and Law.)

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HC00003327

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

4. THERAPY	11. THERAPY
4.01 Structuring the Relationship. (a) Psychologists discuss with clients or patients as early as is feasible in the therapeutic relationship appropriate issues, such as the nature and anticipated course of therapy, fees, and confidentiality. (See also Standards 1.25, Fees and Financial Arrangements, and 5.01, Discussing the Limits of Confidentiality.)	11.01 Structuring the Relationship. (a) Psychologists discuss with clients or patients as early as is feasible in the therapeutic relationship appropriate issues, such as the nature and anticipated course of therapy, fees, and confidentiality. (See also Standards 2.02e, Boundaries of Competence; 4.02, Discussing the Limits of Confidentiality; and 7.03, Fees and Financial Arrangements,.)
(b) When the psychologist's work with clients or patients will be supervised, the above discussion includes that fact, and the name of the supervisor, when the supervisor has legal responsibility for the case.	No change to (b).
(c) When the therapist is a student intern, the client or patient is informed of that fact.	(c) When the therapist is a student trainee~~intern~~, the client or patient is informed of that fact.
(d) Psychologists make reasonable efforts to answer patients' questions and to avoid apparent misunderstandings about therapy. Whenever possible, psychologists provide oral and/or written information, using language that is reasonably understandable to the patient or client.	(d) Psychologists make reasonable efforts to answer patients' questions, ~~and~~ to avoid apparent misunderstandings about therapy, and to address those misunderstandings that occur. Whenever possible, psychologists provide oral and/or written information, using language that is reasonably understandable to the patient or client. (See also Standards 2.02 b and c, Boundaries of Competence; 10.06 d and e, Use of Assessment in General and with Diverse Populations; and 12.01c, Professionalism.)
4.02 Informed Consent to Therapy. (a) Psychologists obtain appropriate informed consent to therapy or related procedures, using language that is reasonably understandable to participants. The content of informed consent will vary depending on many circumstances; however, informed consent generally implies that the person (1) has the capacity to consent, (2) has been informed of significant information concerning the procedure, (3) has freely and without undue influence expressed consent, and (4) consent has been appropriately documented.	11.02 Informed Consent to Therapy. (a) Psychologists obtain appropriate informed consent to therapy or related procedures, using language that is reasonably understandable to participants and appropriately document the consent. The content of informed consent will vary depending on many circumstances; however, informed consent generally implies that the person (1) has the capacity to consent, (2) has been informed of significant information concerning the procedure, and (3) has freely and without undue influence expressed consent.
(b) When persons are legally incapable of giving informed consent, psychologists obtain informed permission from a legally authorized person, if such substitute consent is permitted by law.	(b) When persons are legally incapable of giving informed consent, psychologists obtain informed permission from a legally authorized person(s), if such substitute consent is permitted or required by law.
(c) In addition, psychologists (1) inform those persons who are legally incapable of giving informed consent about the proposed interventions in a manner commensurate with the persons' psychological capacities, (2) seek their assent to those interventions, and (3) consider such persons' preferences and best interests.	(c) In addition, psychologists (1) inform those persons who are legally incapable of giving informed consent about the proposed interventions in a manner commensurate with the persons' psychological capacities, (2) seek their assent to those interventions, and (3) consider such persons' preferences and best interests. (See also Standard 12.02b, Informed Consent.)

HC00003327

4.03 Couple and Family Relationships. (a) When a psychologist agrees to provide services to several persons who have a relationship (such as husband and wife or parents and children), the psychologist attempts to clarify at the outset (1) which of the individuals are patients or clients and (2) the relationship the psychologist will have with each person. This clarification includes the role of the psychologist and the probable uses of the services provided or the information obtained. (See also Standard 5.01, Discussing the Limits of Confidentiality.)	11.03 Couple and Family Relationships. No change to (a) except to cross reference. (See also Standard 4.02, Discussing the Limits of Confidentiality.)
(b) As soon as it becomes apparent that the psychologist may be called on to perform potentially conflicting roles (such as marital counselor to husband and wife, and then witness for one party in a divorce proceeding), the psychologist attempts to clarify and adjust, or withdraw from, roles appropriately. (See also Standard 7.03, Clarification of Role, under Forensic Activities.)	No change to (b) except to cross reference. (See also Standard 12.04, Clarification of Role, under Forensic Activities.)
	New standard 11.04 Group Therapy (a) When a psychologist provides services to several persons in a group setting, the psychologist attempts to clarify at the outset the roles and responsibilities of all parties and the limits of confidentiality.
	(b) The psychologist also takes reasonable steps to avoid harm that may emerge when clients are seen in both individual and group therapy. (See also Standards 3.07, Multiple Relationships; 3.08, Exploitative Relationships; 4.02, Discussing the Limits of Confidentiality; 11.01, Structuring the Relationship; and 11.02, Informed Consent to Therapy)
	Consider new standard regarding mandatory group therapy with classmates. Task force members Moody and Henderson Daniel assigned to draft.
4.04 Providing Mental Health Services to Those Served by Others. In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential patient's or client's welfare. The psychologist discusses these issues with the patient or client, or another legally authorized person on behalf of the client, in order to minimize the risk of confusion and conflict, consults with the other service providers when appropriate, and proceeds with caution and sensitivity to the therapeutic issues.	11.05 Providing Mental Health Services to Those Served by Others. No change.
4.05 Sexual Intimacies With Current Patients or Clients. Psychologists do not engage in sexual intimacies with current patients or clients.	11.06 Sexual Intimacies With Current Patients or Clients. No change.

HC00003327

4.06 Therapy With Former Sexual Partners. Psychologists do not accept as therapy patients or clients persons with whom they have engaged in sexual intimacies.	11.07 Therapy With Former Sexual Partners. No change.
4.07 Sexual Intimacies With Former Therapy Patients. (a) Psychologists do not engage in sexual intimacies with a former therapy patient or client for at least two years after cessation or termination of professional services.	11.08 Sexual Intimacies With Former Therapy Patients or Clients. ~~(a)~~ Psychologists do not engage in sexual intimacies with their~~a~~ former therapy patients or clients~~ for at least two years after cessation or termination of professional services~~.
(b) Because sexual intimacies with a former therapy patient or client are so frequently harmful to the patient or client, and because such intimacies undermine public confidence in the psychology profession and thereby deter the public's use of needed services, psychologists do not engage in sexual intimacies with former therapy patients and clients even after a two-year interval except in the most unusual circumstances. The psychologist who engages in such activity after the two years following cessation or termination of treatment bears the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated, (2) the nature and duration of the therapy, (3) the circumstances of termination, (4) the patient's or client's personal history, (5) the patient's or client's current mental status, (6) the likelihood of adverse impact on the patient or client and others, and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the patient or client. (See also Standard 1.17, Multiple Relationships.)	~~(b) Because sexual intimacies with a former therapy patient or client are so frequently harmful to the patient or client, and because such intimacies undermine public confidence in the psychology profession and thereby deter the public's use of needed services, psychologists do not engage in sexual intimacies with former therapy patients and clients even after a two-year interval except in the most unusual circumstances. The psychologist who engages in such activity after the two years following cessation or termination of treatment bears the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated, (2) the nature and duration of the therapy, (3) the circumstances of termination, (4) the patient's or client's personal history, (5) the patient's or client's current mental status, (6) the likelihood of adverse impact on the patient or client and others, and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the patient or client. (See also Standard 1.17, Multiple Relationships.)~~
4.08 Interruption of Services. (a) Psychologists make reasonable efforts to plan for facilitating care in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, or relocation or by the client's relocation or financial limitations. (See also Standard 5.09, Preserving Records and Data.)	11.09 Interruption of Services. No change to (a) except to cross reference. (See also Standard 7.02e, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)
(b) When entering into employment or contractual relationships, psychologists provide for orderly and appropriate resolution of responsibility for patient or client care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the patient or client.	No change to (b).
4.09 Terminating the Professional Relationship. (a) Psychologists do not abandon patients or clients. (See also Standard 1.25e, under Fees and Financial Arrangements.)	11.10 Terminating the Professional Relationship. No change to (a) except to cross reference. (See also Standard 7.03e, under Fees and Financial Arrangements.)

HC00003327

(b) Psychologists terminate a professional relationship when it becomes reasonably clear that the patient or client no longer needs the service, is not benefiting, or is being harmed by continued service.	No change to (b).
	New subsection (c) Psychologists may terminate a professional relationship when threatened or otherwise endangered by the patient or client.
(c) Prior to termination for whatever reason, except where precluded by the patient's or client's conduct, the psychologist discusses the patient's or client's views and needs, provides appropriate pretermination counseling, suggests alternative service providers as appropriate, and takes other reasonable steps to facilitate transfer of responsibility to another provider if the patient or client needs one immediately.	No change to (c) which becomes (d).

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The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

7. FORENSIC ACTIVITIES	12. FORENSIC ACTIVITIES Review whether there is a need to define forensic and/or scope of forensic activities in this section. Task force members Brown and Ramos-Grenier assigned to draft with assistance from APA counsel.
7.01 Professionalism. Psychologists who perform forensic functions, such as assessments, interviews, consultations, reports, or expert testimony, must comply with all other provisions of this Ethics Code to the extent that they apply to such activities. In addition, psychologists base their forensic work on appropriate knowledge of and competence in the areas underlying such work, including specialized knowledge concerning special populations. (See also Standards 1.06, Basis for Scientific and Professional Judgments; 1.08, Human Differences; 1.15, Misuse of Psychologists' Influence; and 1.23, Documentation of Professional and Scientific Work.)	12.01 Professionalism. (a) Psychologists who perform forensic functions, such as assessments, interviews, consultations, reports, or expert testimony, must comply with all other provisions of this Ethics Code to the extent that they apply to such activities. In addition, psychologists base their forensic work on a reasonable level of ~~appropriate~~ knowledge ~~of~~ and ~~competence in the areas underlying such work~~ understanding of the professional and legal bases for participation as experts in legal proceedings, including specialized knowledge concerning special populations and topics. (See also Standards 2.02, Boundaries of Competence; 2.03, Maintaining Expertise; 2.04, Basis for Scientific and Professional Judgments; 6.01, Misuse of Psychologists' Influence; 6.04, Delegation to and Supervision of Subordinates; and 7.01, Documentation of Professional and Scientific Work and Maintenance of Records.)
	New subsection (b) Psychologists who perform professional services in a forensic setting base their opinions on professional experience, research, or scholarly literature that would commonly be relied on by peers in their discipline. (See also Standard 2.04, Basis for Scientific and Professional Judgments).
	New subsection (c) Psychologists who provide forensic services to individuals who are linguistically and/or culturally different, as well as other diverse populations, take steps to ensure that they have the necessary skills and experience to communicate with such individuals. (See also Standards 2.02 b and c, Boundaries of Competence; 10.06, Use of Assessment in General and With Diverse Populations; and 10.07, Interpreting Assessment Results).
	New standard 12.02 Informed Consent (a) Psychologists obtain appropriate informed consent to the forensic services to be provided. This includes the purposes of evaluations, the nature of procedures to be employed, the potential use of the results, the party who has employed the psychologist, and the limits of confidentiality which may exist. (See also Standards 3.06, Avoiding Harm; 3.10, Describing the Nature and Results of Psychological Services; and 6.03, Third Party Requests for Services.)

HC00003327

	(b) In situations where the individual does not have the legal capacity to provide informed consent to services, or when an evaluation is court ordered, the psychologist provides reasonable notice to the individual's legal representative of the nature of the anticipated forensic service before proceeding. If the individual's legal representative objects to a court ordered evaluation or service, the psychologist notifies the court that issued the order and responds as directed.
	(c) In addition, psychologists who perform forensic services (1) inform those persons who are legally incapable of giving informed consent about the proposed services in a manner commensurate with the persons' psychological capacities, (2) seek their assent to those services, and (3) consider such persons' preferences and best interests.
7.02 Forensic Assessments. (a) Psychologists' forensic assessments, recommendations, and reports are based on information and techniques (including personal interviews of the individual, when appropriate) sufficient to provide appropriate substantiation for their findings. (See also Standards 1.03, Professional and Scientific Relationship; 1.23, Documentation of Professional and Scientific Work; 2.01, Evaluation, Diagnosis, and Interventions in Professional Context; and 2.05, Interpreting Assessment Results.)	12.03 Forensic Assessments. (a) Psychologists' forensic assessments, recommendations, and reports are based on information and techniques (including personal interviews of the individual, when appropriate) sufficient to provide appropriate substantiation for their findings. (See also Standards 2.01, Professional and Scientific Relationship; 7.01, Documentation of Professional and Scientific Work; 10.01, Evaluation, Diagnosis, and Interventions in Professional Context; 10.06, Use of Assessments in General and With Diverse Populations; and 10.07, Interpreting Assessment Results.) Discussion regarding ensuring that this standard or some more general provision covers experts comments about experts. Task force members Brown and Ramos-Grenier assigned to draft.
(b) Except as noted in (c), below, psychologists provide written or oral forensic reports or testimony of the psychological characteristics of an individual only after they have conducted an examination of the individual adequate to support their statements or conclusions.	No change to (b).
(c) When, despite reasonable efforts, such an examination is not feasible, psychologists clarify the impact of their limited information on the reliability and validity of their reports and testimony, and they appropriately limit the nature and extent of their conclusions or recommendations.	(c) When, despite reasonable efforts, such an examination is not feasible, psychologists document this, clarify the impact of their limited information on the reliability and validity of their reports and testimony, and ~~they~~ appropriately limit the nature and extent of their conclusions or recommendations.
7.03 Clarification of Role. In most circumstances, psychologists avoid performing multiple and potentially conflicting roles in forensic matters. When psychologists may be called on to serve in more than one role in a legal proceeding - for example, as consultant or expert for one party or for the court and as a fact witness - they clarify role expectations and the extent of confidentiality in advance to the extent feasible, and thereafter as changes occur, in order to avoid compromising their professional judgment and objectivity and in order to	12.04 Clarification of Role. In most circumstances, psychologists avoid performing multiple and potentially conflicting roles in forensic matters. When psychologists may be called on to serve in more than one role in a legal proceeding - for example, as consultant or expert for one party or for the court and as a fact witness - they clarify role expectations and the extent of confidentiality in advance to the extent feasible, and thereafter as changes occur, in order to avoid compromising their professional judgment and objectivity and in order to avoid misleading others

HC00003327

avoid misleading others regarding their role.	regarding their role. (See also Standards 3.06, Avoiding Harm, and 3.07, Multiple Relationships.)
7.04 Truthfulness and Candor. (a) In forensic testimony and reports, psychologists testify truthfully, honestly, and candidly and, consistent with applicable legal procedures, describe fairly the bases for their testimony and conclusions.	12.05 Truthfulness and Candor. No change to (a). Consider a separate standard (not in Forensic Activities) on truthfulness that does not prevent deception research . (No assignment made.)
(b) Whenever necessary to avoid misleading, psychologists acknowledge the limits of their data or conclusions.	(b) ~~Whenever necessary t~~To avoid misleading, psychologists acknowledge the limits of their data or conclusions.
7.05 Prior Relationships. A prior professional relationship with a party does not preclude psychologists from testifying as fact witnesses or from testifying to their services to the extent permitted by applicable law. Psychologists appropriately take into account ways in which the prior relationship might affect their professional objectivity or opinions and disclose the potential conflict to the relevant parties.	12.06 Prior Relationships. No change.
	New standard 12.07 Documentation of Professional Work. (a) Psychologists who perform forensic activities appropriately document the data that form the basis for their evidence or services. (See also Standard 7.01, Documentation of Professional and Scientific Work and Maintenance of Records.)
	(b) Psychologists who perform forensic activities also anticipate that the detail and quality of any documentation will be subject to reasonable judicial scrutiny, and that this standard may be higher than the normative standard for general clinical practice. (See also Standard 7.01, Documentation of Professional and Scientific Work and Maintenance of Records.)
7.06 Compliance With Law and Rules. In performing forensic roles, psychologists are reasonably familiar with the rules governing their roles. Psychologists are aware of the occasionally competing demands placed upon them by these principles and the requirements of the court system, and attempt to resolve these conflicts by making known their commitment to this Ethics Code and taking steps to resolve the conflict in a responsible manner. (See also Standard 1.02, Relationship of Ethics and Law.)	12.08 Compliance With Law and Rules. No specific change approved. The ECTF voted to approve in principle the following: (a) In performing forensic roles, psychologists are reasonably familiar with the rules governing their roles (e.g., federal and state rules of evidence). Psychologists are aware of the occasionally competing demands placed upon them by these principles and the requirements of the court system, and attempt to resolve these conflicts by making known their commitment to this Ethics Code and taking steps to resolve the conflict in a responsible manner. Such steps may include, but are not limited to, obtaining the consultation of fellow forensic professionals, obtaining the advice of independent counsel, and conferring directly with the legal representative(s) involved. If the conflict is unresolvable, a psychologist may follow a lawful order of the court. (See also Standard 1.03, Relationship of Ethics and Law.)

HC00003327

	New subsection (b) Psychologists in their capacities as forensic experts or consultants take reasonable steps to avoid diminishing the legal rights of parties in legal proceedings.

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August 7, 2000

Lenore Walker, Ph.D.
Division 42
Ethics Revision Task Force

Re: Comments Concerning APA Ethics Code, Revision Draft 3

Dear Dr. Walker:

The following commentary contains my analysis of the most recently received Revision (draft 3) of the APA Ethics Code. A copy of this document is attached. The preliminary statement is applicable to the current Ethics Code as well as the revised.

PRELIMINARY STATEMENT

I am a malpractice defense attorney. Over the past eighteen years, I have represented over a hundred mental health professionals who have been named as defendants in professional malpractice civil lawsuits. I also represent mental health professionals in disciplinary matters. The defense of these individuals has been frequently complicated by the APA Ethical Principles of Psychologists and Code of Conduct. The APA Code is routinely utilized in civil trials and administrative hearings to establish the standard of care for psychologists. Judges and juries refer to the Code to make decisions about psychologists' liability for civil damages and whether to revoke or suspend their licenses.

Unlike most statutes and regulations, the ethical standards in the APA Code are vague as to what specific conduct is mandated or prohibited. The vagueness gives rise to interpretation by so-called experts, typically to the detriment of the psychologist whose work is under scrutiny. The standards are so overly broad that some language can be said to apply to almost anyone accused of negligence or misconduct. I do not believe that the Code of Ethics ever helps in the defense of a psychologist. It is only used as a tool for attack. In my view, there are simply too many standards. The current Code has 102 standards with 184 subparts. This is an incredible volume of law to apply to any professional. By my count, the Revised version has 101 standards, but even more subparts. Given that these principles have the effect of law in many states (e.g.,

California), it seems to me most important that they are comprehensible to both professionals and lay people and that they are enforceable in a consistent manner.

In the analysis that follows, I have not attempted to address each of the standards and principles. Rather, I have highlighted those which I find most problematic from the standpoint of a defense attorney who believes in the right of mental health professionals to practice in accordance with their chosen theoretical framework, so long as the authorities upon which they base treatment are accepted by a community of properly educated and serious professionals who are willing to submit their methods to ongoing evaluation and study. To put it another way, I believe that the "standard of care" encompasses the broad range of styles and interventions present in the field of psychotherapy, and is not something that can be dictated by majority rule. I believe that specific ethical statements can and should be promulgated by the APA, but only when such statements are clear and unambiguous.

I am certainly not the first person to note the Code's ambiguity and the difficulty which thereby arises in applying it to actual occurrences. (See, Bersoff, D.N. 1994. Explicit ambiguity: The 1992 ethics code as oxymoron. Professional Psychology: Research and Practice, 25, 382-387.)

Gerald Koocher and Patricia Keith-Spiegel have suggested that the "many qualifiers" in the Code provide "some flexibility in responding to different contexts." (Ethics in Psychology, 2d Ed., New York, Oxford University Press, 1998 at 29.) This is certainly correct. However, it is just such "flexibility" which I find unfair for the competent and well-intentioned psychologist who is fighting for his or her professional life. The APA Ethics Committee is likely to make good use of the Code's "flexibility" to arrive at a just and informed decision. In contrast, an administrative law judge, untrained in psychology, or a jury of laypeople, are not so likely to do so. My comments are addressed to the use of the APA Code in these latter contexts - civil litigation and licensing board disciplinary actions.

ANALYSIS OF ETHICAL STANDARDS (REVISION DRAFT 3)

Standard 1 - Resolving Ethical Issues (1.01-1.09)

The standards listed under this heading all serve as examples of unacceptable vagueness when applied to an enforceable rule or law. Taken as aspirational goals, each one of the standards sounds reasonable enough. However, when made an enforceable rule of conduct, they are impractical because they incorporate vague and ambiguous words and phrases. For instance, Standard 1.01 - Misuse of Psychologists' Influence, states that a psychologist needs to be "alert to and guard against" a number of broad factors that "might lead to misuse of their influence." What exactly does such a standard prohibit? What exactly does it mandate? I submit that the answers to those questions are a function of the professional and social values of the person who is being asked the question.

Lenore Walker, Ph.D.
Ethics Revision Task Force
Re: APA Ethics Code Revision

Similarly, Standard 1.02 - Misuse of Psychologists' Work, appears to prohibit psychologists from doing things when "it appears likely that their skills or data will be misused or misrepresented by others, unless corrective mechanisms are available." If taken literally, which is the way every enforceable rule of conduct should be taken, this standard would prohibit forensic psychology. In an adversarial process such as litigation, someone will always be likely to attempt a misuse or misrepresentation of an expert's work. Lawyers attempt to put the optimal "spin" on all testimony and evidence. The forensic psychologist is not usually in a position to control this process. The standard makes reference to "corrective mechanisms", without defining what such things are. Standard 102(b) tells psychologists that they must "take reasonable steps to correct or minimize the misuse or misrepresentation" of their work. What kinds of steps are "reasonable?" The Code does not tell us. The problem with these sorts of standards is that a critic of a psychologist will always find that the steps taken by that practitioner were not "reasonable;" that the practitioner did not utilize "corrective mechanisms;" or was not sufficiently "alert to personal, financial, social, organization or political factors" leading to a misuse of that individual's work.

This heading of standards includes instructions for not only "reasonable steps," but also that psychologists act "in a responsible manner," (1.03) and that they do things which are "appropriate" (1.05, 1.06, and 1.09). Such words should be eliminated from the Code in wholesale fashion. They are not useful guides. They are, instead, opportunities for critics to attack any kind of conduct that does not conform to the individual critic's standards.

Special note should be made of Standard 1.07 (former Code Section 8.06). This standard states that psychologists must cooperate in ethics investigations of both the APA or any state psychological association. "Failure to cooperate is itself an ethics violation." The Bill of Rights provides every U.S. citizen with the option of declining self-incrimination. If a psychologist, with or without the advice of counsel, decides that his or her interests are served by asserting the Fifth Amendment right to not incriminate oneself, this should not be deemed as an "unethical act." It certainly should not be grounds for discipline in and of itself. I believe it unconstitutional for the APA to attempt to deprive it's members of such a basic Constitutional protection.

Standard 2 - Competence (2.01 -2.06)

These standards again likely seem reasonable and benign, but in the context of litigation or disciplinary actions, they are not. Standard 2.01 (former Standard 1.04) might be said to simply stand for the proposition that psychologists should be properly trained to perform the services they offer and learn new techniques from competent teachers. However, inclusion in the standard of the words "appropriate" (two times) and "reasonable" provides room for argument as to how much, what kind, and how specific training must be accomplished. "Experts" can almost always assert that this Standard is the basis for finding that any practitioner with less training in a specific area than the "expert" is unethical.

Lenore Walker, Ph.D.
Ethics Revision Task Force
Re: APA Ethics Code Revision

Contrast this with the general legal concept of the "standard of care." Under this well-recognized common-law standard, a practitioner need only establish that she or he is as well-trained as some other professionals with the same license, practicing in similar circumstances, with similar techniques. To do so, is by definition, within the standard of care regarding competency. It is not a matter of opinion, so much as one of verifiable fact. Again, the word "appropriate" should be eliminated from the Standards, since it has no objective and shared meaning.

The Revision draft modifies the standard regarding boundaries of competence with 2.01(b). This new subsection states that psychologists are required to have or obtain training, etc. to ensure the competence of their services (where differences such as age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status significantly affect psychologists' work concerning particular individuals or groups.) This standard appears to be an invitation to criticize the work of any psychologist working outside of his or her own demographic, unless that psychologist can show some specialized training, experience, consultation or supervision regarding any of a host of characteristics of the client or client group. While this substandard states that one can have "experience" necessary to ensure the competence of one's services, it is difficult to understand how one could ethically obtain such experience without formal training or consultation, given the extremely broad nature of this substandard.

Speaking as a defense attorney, this new substandard seems to be an open invitation to sue psychologists who have the temerity to work with people who are not extremely similar to themselves.

Standard 3 - Human Relations (3.01 - 3.12)

In this category of standards, a wide variety of aspirational goals (extremely broad and vague) and implied prohibitions are stated. It also includes standards which appear to be attempted statements of existing law, although in an unsophisticated and naive form.

Standard 3.03 - Unfair Discrimination, 3.04 - Sexual Harassment, and 3.05 - Other Harassment, are all standards which attempt to mirror existing law. The law in regard to discrimination and sexual harassment is extremely active. It changes frequently. The legal definition of sexual harassment in the Revision has been updated to refer to "a reasonable person" as opposed to "a reasonable woman" (as is in the current code). There is no guarantee that the definition will not change again. These standards, duplicating as they do existing law, seem to be unnecessary and, quite possibly, misleading for the practitioner who refers to them, as opposed to more up-to-date sources.

Standard 3.06 - Avoiding Harm, and 3.09 - Exploitative Relationships are examples of the types of standard which is over broad as to be almost meaningless. What is so bad about telling psychologists to avoid harming and to not exploit people? As an abstract aspirational goal, there is

nothing wrong with these statements. As an enforceable rule of conduct with the effect of a legal statute, the standards are bound to be misused. In my experience, they quite often are invoked by the dissatisfied client or patient who claims that he or she was harmed by a prior psychotherapist who failed to properly diagnose or competently treat, and further who "exploited" the patient or client by continuing to treat and accept payment for such harmful, or at least not beneficial, treatment. Expert witnesses retained by counsel for these dissatisfied clients and patients in litigation can and do invoke these ethical prohibitions in their critiques of the defendant psychologist.

Standard 3.07 - Multiple Relationships is, I think, an improvement over the current 1.17 on the same topic. The current standard is overly utilized to prohibit almost any kind of "multiple relationship." The revised version states that "multiple relationships . . . may not be unethical." It could be further improved by simply stating that "multiple relationships are not unethical, unless they impair the psychologists objectivity, competence, or effectiveness in performing his or her functions."

Standard 4 - Privacy and Confidentiality (4.01 - 4.07)

The standards in this section are the least objectionable in terms of scope and drafting. 4.01 - Maintaining Confidentiality and 4.02 - Discussing the Limits of Confidentiality both acknowledge by reference that there are laws and institutional rules which apply to this topic, but do not attempt to re-state them. I believe this is as it should be since those laws may change in substantial respects and it is preferable for the practitioner to make him or herself aware of those. Also, these rules and laws differ somewhat between jurisdictions. The standards in this section give specific do's and don't's which are, for the most part, specific and not vague. (The meaningless word "appropriate" appears only in 4.05(b). That subsection becomes intelligible by simple elimination of the offending word.)

Standard 5 - Advertising and Other Public Representations (5.01 - 5.06)

I defer any comments regarding these standards, since I have not had any experience with practitioners who have been sued for or faced Board disciplinary actions based on any of these standards.

Standard 6 - Record Keeping and Fees (6.01 - 6.08)

The Revision organizes these standards in a more logical manner than does the current Code of Ethics. Some of them are, however, difficult or impossible for a psychologist to meaningfully follow. For instance, 6.01(b) requires psychologists to "create and maintain documentation in the

kind of detail and quality that would be consistent with reasonable judicial scrutiny" when they "have reason to believe" that their records will be used in legal proceedings. As a lawyer with a Ph.D. in Clinical Psychology, I have no idea what is meant by that statement. It seems to set a high standard, but provides no guidelines as to what a "reasonable" judge or jury would require. As a matter of fact, I do not believe that participants in the judicial system should be setting any standards for record keeping by a mental health professional. This is backwards. Judicial systems should accept whatever is considered an acceptable standard of record keeping in the profession. I am unaware of any professional group which holds itself to a higher record-keeping standard in those instances when litigation might be anticipated. This standard appears to require some form of precognition or, at the very least, a high level of sophistication regarding potential litigation. Why should it be unethical for a practitioner to keep all of her or his records in a consistent manner?

6.02(c) requires a psychologist to plan in advance for his or her death, incapacity, or withdrawal from practice, insofar as protecting confidentiality. A more useful ethical standard might be one that instructs the psychologist specifically as to how this sort of planning is to be done.

6.06 - Barter with Patients or Clients duplicates the existing Code Section 1.18. The standard is an example of a standard which is commonly cited as prohibiting all of a certain type of conduct, when in fact, by its terms, it does not. It is so vague and ambiguous that no risk management oriented practitioner would ever accept barter, even though it is not necessarily unethical. If it is always or almost always unethical, the standard does not explain why.

Standard 7 - Teaching and Training Supervision (7.01 - 7.06)

As with other standards, this section included several which simply instruct psychologists to behave in an "appropriate manner" or "reasonably." (7.01, 7.02, 7.03, and 7.05). Thus, they are all open to interpretation and misuse by litigants and their attorneys. Only Standard 7.04 - Mandatory, Individual, or Group Therapy and 7.06 - Sexual Relationships with Students and Supervisees are clearly stated standards without vague terms. 7.06 -Sexual Relationships with Students and Supervisees, is an extremely broad prohibition, prohibiting as it does sexual relations relationships between psychologists and students or supervisees in one's department. Is such conduct necessarily harmful? Has it been empirically been proven to be so? If not, this prohibition is probably an unconstitutional restriction on freedom of association.

Standard 8 - Research and Publication (8.01 - 8.14)

For the most part, these standards are well-drafted and clear. They seem to comply with existing law on informed consent and ethical research procedures, as I understand it (I am not an expert in this area of the law). Having said that, Substandard 8.12(c) seems to be asking for conflict, since there is so likely to be a reasonable difference of opinion on the topic of whose contribution to a research article was more important. Need this be an issue of "ethics?" Current Section 6.23(c)

Lenore Walker, Ph.D.
Ethics Revision Task Force
Re: APA Ethics Code Revision

seems marginally better, since it allows for exceptions to the rule concerning the principle author.

Standard 9 - Assessment (9.01 - 9.12)

The standards in this section are heavily loaded with the word, "appropriate." ["[A]ppropriate substantiation" - 9.01; "purposes that are appropriate" - 9.02; "appropriate tests" - 9.06; "in a manner appropriate" - 9.06(c); "appropriate considerations," "appropriate responsibility," and "appropriate application" - 9.10.] At the risk of belaboring this point, this language opens up litigation and disciplinary risks. Thus worded, the standards simply do not provide clear guidance to psychologists. Nor do they provide clearly enforceable rules by which a psychologist's practice should be judged.

Standard 10 - Therapy (10.01 - 10.10)

The standards in this section are, in my experience, the most commonly cited in litigation and licensing matters. In my view, there are many problems.

10.01 - Informed Consent to Psychotherapy states that psychologists need to inform their clients "about appropriate information, such as the nature and anticipated course of therapy, fees, involvement of third parties, and confidentiality." Impliedly, a psychotherapist can be found to have violated this standard by failing to provide information about matters other than those listed. That is, disgruntled clients and experts testifying on their behalf contend that further information should have been provided and that it would have been "appropriate" to have done so. For example, the plaintiff in a case I am presently defending claims that she would not have entered into psychotherapy had she been informed of the details of her therapist's education and training. Of course, this is all 20/20 hindsight. Unfortunately, 10.01 allows an attorney and expert to argue that there has been an ethical breach in the psychologist's "failure" to discuss her background in more detail.

Second guessing of a psychologist is inevitable in interpretation of 10.02 - Couple and Family Relationships. Subsection (b) states that a psychotherapist performing "potentially conflicting roles" must attempt to "clarify and adjust, or withdraw from, roles appropriately." When one must clarify, adjust or withdraw is not specified.

10.06 - Sexual Intimacies with Relatives of Current Psychotherapy Clients or Psychotherapy Patients is a new standard. I am not aware of an empirical basis for this prohibition. In the absence of any documented problem regarding such relationships, it is difficult to understand why an ethics code must be burdened with such a prohibition.

10.08 - Sexual Intimacies with Former Therapy Patients or Therapy Clients is a carry-over from the current Code. It purports to allow circumstances in which a psychologist could have a sexual

Lenore Walker, Ph.D.
Ethics Revision Task Force
Re: APA Ethics Code Revision

relationship with a former patient after two years. As a practical matter, it does not, since it places a "burden of demonstrating that there has been no exploitation" on the psychologist. In litigation or licensing matters, a psychologist would never be able to carry this burden, given that it would be opposed by a claimant. The problem with this standard is that it conveys the impression that a psychologist might be acting ethically with a sexual relationship that commences two years after termination of therapy. While that may be so, the "burden of proof" statement makes it impossible to prove.

10.10 - Terminating the Professional Relationship, makes several references to reasonableness and appropriateness. Since there are rarely satisfactory terminations of therapy with clients or patients who ultimately sue or file disciplinary complaints, the termination process will always be subject to criticism based upon this standard. In hindsight, it is often difficult to establish that it was "reasonably clear" that a patient was still benefiting from therapy prior to termination. In fact, it is often the case that the benefits of therapy are not reasonably apparent at a given point in time. This standard would appear to mandate immediate termination in each such case. This standard also implies that psychologists can terminate treatment only based upon the client's lack of continuing need or benefit or when there is a threat or danger posed to the psychologist. Is this what was intended by the APA?

Standard 11 - Forensic Activities (11.01 - 11.07)

These standards are vague, calling for e.g., "a reasonable level of knowledge," and "appropriate knowledge" (11.01) and "reasonable efforts." (11.03). Since forensic work necessarily occurs in an adversarial context, it is extremely important that the standards governing a psychologist's services not be over broad. If they are, it is inevitable that the other side's experts and attorneys will use the Ethics Code whenever possible to find fault. For example, 11.04 - Clarification of Role states that "psychologists ordinarily avoid performing multiple and potentially conflicting roles in forensic matters." It is logical, however, for treating psychologists to sometimes testify as both fact witnesses and experts on topics such as causation. There is usually no reason why a psychologist could not reasonably perform both of these roles. 11.04 implies that this is something out of the ordinary and thus might be used to challenge the psychologist in court when there is not a reasonable basis for doing so.

The standards in general impose upon forensic psychologists a seemingly high knowledge of the laws related to their participation in the legal process. For instance, 11.06(b) states that the forensic psychologist must "maintain current knowledge of the rights of parties in legal proceedings. . . e.g., Fifth Amendment Rights and attorney-client privilege. . . ." I see no reason that a forensic psychologist needs to maintain a current knowledge of such matters, since they would not normally

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Lenore Walker, Ph.D.
Ethics Revision Task Force
Re: APA Ethics Code Revision

have any effect on the role of forensic psychologist. I also believe that in practice, few forensic psychologists do keep up with the law in this manner.

SUMMARY

The above analysis is not intended to be exhaustive, but rather to point out the most obvious difficulties posed by the Code from the perspective of one who defends psychologists. I suspect that those who draft the Ethics Code are not as highly sensitized to the misuses which can be made of it as is someone in my position. It seems to me that the Ethics Code should also offer some protections for the work a psychologist does, as opposed to broadly worded mandates and prohibitions which easily lead to over-detection of ethical violations.

I would be happy to further respond to any questions or comments you or other members of the Task Force may have.

Very truly yours,

FLEER & DAUGHERTY
A Professional Corporation

John L. Fleer

JLF/mls

AUG 9 - 2000

Ethics Code Task Force Minutes (Draft)
October 20—22, 2000

Action	Approval of Ethics Code Task Force Minutes, March 3—5, 2000	1
Information	Reference Materials	2
Action	Review of Comments Received Since Last Meeting	3
Action	Review for Urgent Need for Interim Revision	4
Information	Criteria for Revising and Writing Standards	5
Information	Established Voting Procedures	6
Discussion	Review of Response from CAPP on Withholding Records for Nonpayment	7
Discussion	Review of Responses from COLI and Division 41 on the Forensics Section	8
Discussion	Review of Responses from the P & C Board and the Council of Editors on Sharing Data	9
Discussion	Review of Response from BSA on Data Retention	10
Information	APA *Monitor* Article Highlighting Work on the Ethics Code Revision	11
Information	Report from the Ethics Code Task Force Session at the 108th Convention	12
Discussion	Issues Raised by Division 42	13
Action	Review of the Response from the Ethics Committee	14
Information	Action by Ethics Committee Authorizing Chair to Approve Changes to the Draft for Member Comment	15
Action	Review of Response from Legal Counsel	16
Action	Review of the Response from the Board of Directors	17
Action	Review of Responses from Divisions and SPPAs	18
Action	Clarification of Issues Related to Standards and Enforcement	19
Action	Review of Draft 3 (March 31, 2000)	20
Action	Dissemination/Publication of Draft for Member Comment in 2001	21
Action	Revision Schedule	22
Information	Appointment of Public Member	23
Information	New Seat on ECTF	24
Action	Planning for the June 2001 Meeting	25
Information	Ethics Committee Annual Report in the August 2000 Issue of the *American Psychologist*	26
Action	Information Gathering Status Report	27
Discussion	Updates for the Ethics Committee, Board of Directors, and Council of Representatives	28
Information	Meeting Dates for 2001	29
Information	Mailings Received	30

Attendance

Celia B. Fisher, Ph.D., Chair
Bruce E. Bennett, Ph.D.
Dennis J. Grill, Ph.D.
Jessica Henderson Daniel, Ph.D.
Samuel J. Knapp, Ed.D.
* Peter E. Nathan, Ph.D.
Thomas D. Oakland, Ph.D.
Julia M. Ramos-Grenier, Ph.D.
Melba J.T. Vasquez, Ph.D.
* Gerald P. Koocher, Ph.D., Representative, Board of Directors
* Brian L. Wilcox, Ph.D., Representative, Council of Representatives
Abigail B. Sivan, Ph.D., Representative, Ethics Committee
Nabil El-Ghoroury, M.A., APAGS Representative
* Deirdre J. Knapp, Ph.D., Observer from Division 14

Absent
Elizabeth V. Swenson, Ph.D., J.D., Observer from Division 2
Larry M. Leitner, Ph.D., Observer from Division 32

Staff
Stanley E. Jones, Ph.D., Ethics Consultant
* Stephen H. Behnke, J.D., Ph.D., Incoming Director, Ethics Office
* Nathalie Gilfoyle, J.D., Deputy General Counsel
Deborah S. Felder, Ethics Code Revision Coordinator
Jonathan Tin, Ethics Temp

* Indicates partial attendance.

As stated at its March 27—29, 1998 meeting, the ECTF qualifies work at meetings with the following statement: "We are conducting a critical self-evaluation. All comments are working comments, tentative and subject to change."

Celia B. Fisher, Ph.D., Chair, ECTF, began the meeting by reading a short paragraph in tribute to Peter C. Appleby, Ph.D., public member on the ECTF from October 1992 through March 2000 who died in May of this year. Dr. Fisher then introduced and welcomed Dennis J. Grill, Ph.D. new member of the ECTF. Dr. Fisher also introduced Stephen H. Behnke, Ph.D., J.D., incoming director of the Ethics Office who will assume his position on November 1, 2000.

Item # 1. Approval of Ethics Code Task Force Minutes, March 3---5, 2000

The ECTF approved the draft minutes of the March 3—5, 2000 meeting with the following corrected items, which now read as shown below.

> Item # 7. *Cleveland Plain Dealer's* Series on Enforcement of Ethics Violations
>
> The ECTF received as information copies of several articles that ran in the *Cleveland Plain Dealer* in December 1999 on the topic of ethics enforcement. Additional articles were distributed at the meeting and are provided in Attachment 2.
>
> Item # 10. Established Voting Procedures
>
> The ECTF received as information a copy of the voting procedures established at their October 1998 meeting. Although the group aims for consensus in its decisions, it reiterated that a 2/3 vote of the eligible votes is needed to pass a motion, and motions do not require seconds.
>
> Item # 19. Participation by ECTF Members on Listservs
>
> The task force discussed the question of participation by ECTF members in listservs having to do with ethics and the Code. The group agreed that generally it is safest for members to avoid the appearance of speaking for the task force.

Item # 2. Reference Materials

The ECTF received as information Reference Booklet Part 8, which included Comments 257—324 and Comment Review Forms. Comments 326—331 were not received in time for inclusion in the Reference Booklet; however, Comments 326—329 were provided in a mailing before the meeting, and 330 and 331 were distributed at the meeting. In addition, the ECTF was informed that the APA guidelines collection was available for reference in the meeting room.

Item # 3. Review of Comments Received Since Last Meeting

The ECTF received a revised Comment Review Table with reviews for comments not received in time to be included in the Reference Booklet. In addition, reviews for comment 327 and 329 were distributed at the meeting. All comments received prior to the meeting were considered by the task force during the review of standards.

Item # 4. Review for Urgent Need for Interim Revision

Based on review of Comments 257—331, the ECTF voted that there is no urgent need for an interim revision of the Ethics Code.

Item # 5. Criteria for Writing and Revising Standards

The ECTF reviewed a copy of the Guide for Drafting Standards as revised following their October 1999 meeting in preparation for the discussion of standards.

Item # 6. Established Voting Procedures

The ECTF received as information a copy of the voting procedures established at their October 1998 meeting.

Item # 7. Review of Response from CAPP on Withholding Records for Nonpayment

The ECTF received a response from Billie J. Hinnefield, Ph.D., J.D., APA Senior Director, Legal and Regulatory Affairs, on a request from the Committee for the Advancement of Professional Practice (CAPP) to provide feedback to the ECTF on the standard on "Withholding Records for Nonpayment." The ECTF considered this feedback during its review of that standard.

Item # 8. Review of Responses from COLI and Division 41 on the Forensics Section

The ECTF received responses from the Committee on Legal Issues (COLI) and Division 41 on the request for feedback on the Forensics section of revised Ethics Code and considered that feedback during its review of that section of the draft.

Item # 9. Review of Responses from the P & C Board and the Council of Editors on Sharing Data

The ECTF received feedback (comment #266) from the Chair of the Council of Editors concerning the standard on "Sharing Data" and considered that feedback during its review of that standard.

Item # 10. Review of Response from BSA on Data Retention

The ECTF received a response from BSA on the request for feedback to their proposed standards on "Documentation of Professional and Scientific Work and Maintenance of Records" and "Sharing Data" and considered that feedback during its review of those standards.

Item # 11. APA Monitor Article Highlighting Work on the Ethics Code Revision

The ECTF received as information a copy of the article that appeared in the July/August 2000 issue of the APA *Monitor* highlighting the ongoing work of the task force in revising the Ethics Code. The task force agreed to plan for another such article on the revision next summer.

Item # 12. Report from the Ethics Code Task Force Session on the 108th Convention

The ECTF received as information a copy of the opening remarks written and delivered by Celia B. Fisher, Ph.D., Chair, ECTF, at the 108th APA Convention in Washington, DC, August 2000, as well as a copy of the summary report of the 2-hour open discussion session.

The ECTF voted to submit to the Ethics Committee a request for a 2-hour session at the APA Convention in 2001.

Item # 13. Issues Raised by Division 42

The ECTF received for discussion two comments from members of Division 42 and heard a report from Celia B. Fisher, Ph.D., on her meeting with the Division 42 Executive Committee in August 2000. The task force considered feedback provided in the two comments during its review of Draft 3.

Item # 14. Review of the Response from the Ethics Committee

The ECTF received a brief memo expressing general satisfaction with the direction and content of Draft 3 of the Ethics Code revision from the Ethics Committee (EC). In addition, individual members of the EC submitted comments, which were considered during review of Draft 3.

Item # 15. Action by Ethics Committee Authorizing Chair to Approve Changes to the Draft for Member Comment

The ECTF received as information a report of the action taken by the Ethics Committee to authorize Robert Kinscherff, Ph.D., J.D., Chair, EC, to approve final changes to the draft of the Ethics Code being prepared for publication for member comment.

Item # 16. Review of Response from Legal Counsel

The ECTF received confidential responses from Kit A. Pierson, J.D., outside legal counsel, and Nathalie Gilfoyle, J.D., APA Deputy General Counsel, to its request for legal review of Ethics Code Draft 3.

Item # 17. Review of Response from the Board of Directors

The ECTF received feedback from Celia B. Fisher, Ph.D., Chair, ECTF, on her meeting with the Board of Directors in October 2000. Board members' comments were discussed by the task force during its review of the draft.

Item # 18. Review of Responses from Divisions and SPPAs

The ECTF received as information a list of divisions and state psychological associations that provided comments on the revision in response to a request for feedback sent in June 2000. The ECTF discussed responses provided by these groups during its review of Draft 3.

The ECTF agreed to send the draft for publication to all state and provincial psychological association executive directors with a request that this be shared with each group's executive council and ethics committee. The draft for publication will also be sent to all division chairs.

Item # 19. Clarification of Issues Related to Standards and Enforcement

The ECTF received from Nathalie Gilfoyle, J.D., APA Deputy Counsel, a confidential memo on the relationship between Ethics Code standards and enforcement policies.

Item # 20. Review of Draft 3 (March 31, 2000)

The main work of the ECTF was the review of Draft 3 created at the March 2000 meeting. Comparison tables showing Draft 3 and Draft 4 are provided as Attachment 1. Draft 4 alone, without redline/strikeout comparison to the 1992 Ethics Code, is provided in Attachment 2.

After completion of work on the draft, the ECTF voted to pass the following motion:

> The members of the Ethics Code Task Force voted to authorize Celia B. Fisher, Ph.D., Chair, to approve final changes to the draft of the Ethics Code being prepared for publication for comment and general distribution in early 2001.

Item # 21. Dissemination /Publication of Draft for Member Comment in 2001

The ECTF discussed the options for dissemination and publication of the draft for member

comment and suggested the following plan with final decisions to be made by the Chair in consultation with the Director of the Ethics Office:

- Publish the draft for member comment in the APA *Monitor* (February issue if possible) with no comparison to the 1992 Ethics Code.
- Post the draft for member comment on the APA website, with a comparison with the 1992 Ethics Code but without redline/strikeout markings.
- Provide clear instructions for submission of comments possibly with a form on the website.
- Set a two-month deadline for receipt of comments.

Item # 22. Revision Schedule

The ECTF reviewed the revision schedule for 2001 and discussed the possibility of having task force members make presentations at the following meetings: the Division Leadership Conference in January, the State Leadership Conference in March, and consolidated Board and Committee meetings in March. In addition, task force members will try to meet with caucus groups before the February Council meeting. Attendance at all of these meetings will be to provide information about progress on the revision and to invite feedback on the draft for publication.

Item # 23. Appointment of Public Member

The ECTF received as information an update on the appointment of a new public member to replace Peter Appleby who died in May. The Ethics Committee will make the replacement appointment at its November 2000 meeting.

Item # 24. New Seat on ECTF

The ECTF received as information the decision by the Ethics Committee to select Dennis J. Grill, Ph.D., to represent the constituency of police and public safety psychology, correctional psychology, or military psychology in response to a motion passed by Council in August 2000. Dr. Grill began his service on the task force at this October meeting.

Item # 25. Planning for the June 2001 Meeting

The ECTF agreed that the work of the June 2001 meeting will be to review all comments received in response to the published draft.

Item # 26. Ethics Committee Annual Report in the August 2000 Issue of the American Psychologist

The ECTF received as information a copy of the Ethics Committee's annual report in the American Psychologist, which includes a summary of the activities of the ECTF.

Item # 27. Information Gathering Status Report

The ECTF received a copy of the response from Rhea Farberman, Associate Executive Director, Public Communications, to the request for suggestions on how to involve consumers in the revision process. The ECTF accepted an offer from Nathalie Gilfoyle, J.D., APA Deputy General Counsel, to raise this question with the APA Executive Management Group and to forward any feedback to the ECTF.

Item # 28. Updates for the Ethics Committee, Board of Directors, and Council of Representatives

The ECTF received as information an update on information items provided to the Board of Directors (June 2000), Council of Representatives (August 2000), and Ethics Committee (July 2000) following the March 2000 ECTF meeting.

Item # 29. Meeting Dates for 2001

The ECTF received as information a reminder that meetings in 2001 are scheduled for June 22—24 and October 19—21.

Item # 30. Mailings Received

The ECTF received as information a list of the mailings sent to the task force since the March 2000 meeting.

Attachments
1. Comparison Table of Revision Draft 3 and Draft 4
2. Draft 4

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Introduction

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF. The left column is the ECTF's Draft 3 (created at their March 2000 meeting). The right column is the ECTF's Draft 4 (created at the October 2000 meeting) showing changes from Draft 3 with underline and strikeout.

Revision Draft 3	Revision Draft 4
INTRODUCTION AND APPLICABILITY The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A - E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action and may be considered by ethics bodies in interpreting the Ethical Standards. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by the Ethics Code does not mean that it is necessarily either ethical or unethical	No change.
This Ethics Code applies only to psychologists' work-related activities, that is, activities that are part of the psychologists' scientific and professional functions or that are psychological in nature. It includes the clinical or counseling practice of psychology, research, teaching, supervision of trainees, development of assessment instruments, conducting assessments, educational counseling, organizational consulting, forensic activities, social intervention, administration, and other activities as well. This code applies to these work-related activities across a variety of contexts, such as in person, postal, and telephonic communication, and internet and other electronic communications. These work-related activities can be distinguished from the purely private conduct of a psychologist, which ordinarily is not within the purview of the Ethics Code.	This Ethics Code applies only to psychologists' ~~work-related~~ activities~~, that is, activities~~ that are part of ~~the psychologists'~~ scientific, educational, or ~~and~~ professional roles as psychologists~~functions or that are psychological in nature~~. Areas covered ~~It~~ includes but are not limited to the clinical, ~~or~~ counseling, and school practice of psychology~~,~~ research~~,~~ teaching~~,~~ supervision of trainees~~,~~ development of assessment instruments~~,~~ conducting assessments~~,~~ educational counseling~~,~~ organizational consulting~~,~~ forensic activities~~,~~ social intervention~~,~~ and administration~~, and other activities as well~~. This Ethics C~~e~~ode applies to these ~~work-related~~ activities across a variety of contexts, such as in person, postal, ~~and telephonic~~ telephone, ~~communication and~~ internet, and other electronic transmissions~~communications~~. These ~~work-related~~ activities shall ~~can~~ be distinguished from the purely private conduct of ~~a~~ psychologists, which ~~ordinarily~~ is not within the purview of the Ethics Code.
Membership in the APA commits members to adhere to the APA Ethics Code and to the rules and procedures used to implement it.	Membership in the APA commits members to comply with ~~adhere to~~ the APA Ethics Code and to the rules and procedures used to enforce ~~implement~~ it.
The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the Ethics Code, including termination of APA membership, and may notify other bodies of its actions. Actions that violate the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they	The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the Ethics Code may also lead to the imposition of sanctions on psychologists or students

Revision Draft 3	Revision Draft 4
are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, the APA Bylaws provide that APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure.	whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, ~~the APA Bylaws provide that~~ APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure.
The Ethics Code is intended to provide standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. Whether or not a psychologist has violated the Ethics Code does not by itself determine whether he or she is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur. These results are based on legal rather than ethical rules. However, compliance with or violation of the Ethics Code may be admissible as evidence in some legal proceedings, depending on the circumstances.	The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether or not a psychologist has violated the Ethics Code does not by itself determine whether he or she is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur. ~~These results are based on legal rather than ethical rules.~~ However, compliance with or violation of the Ethics Code may be admissible as evidence in some legal proceedings, depending on the circumstances.
	The modifiers used in some of the standards of this Ethics Code (e.g. reasonably, appropriate. potentially, usually) are included in the standards when they would (1) allow professional judgment on the part of the psychologist, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, (4) guard against a set of rigid rules that might be quickly outdated, or (5) allow opportunities for moral growth in the field.
In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code, in addition to applicable laws and psychology board regulations. If the Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If the Ethics Code standard appears to conflict with the requirements of law, then psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner. If neither law nor the Ethics Code resolves an issue, psychologists should consider other professional materials[1] and the dictates of their own conscience, as well as seek consultation with others within the field, when this is practical.	In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code~~,~~ in addition to applicable laws and psychology board regulations. If the Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, ~~If the Ethics Code standard appears to conflict with the requirements of law, then~~ psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, the psychologist may adhere to the requirements of the law, regulations, or other governing authority. If neither law nor the Ethics Code resolves an issue, psychologists should consider other professional materials[1] and the dictates of their own conscience, as well as seek consultation with others within the field ~~when this is practical~~.
History and effective date. This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, _____, and is effective beginning _____. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American	History and effective date. This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, _____, and is effective beginning _____. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American

Revision Draft 3	Revision Draft 4
Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. This Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Code that was in effect at the time the conduct occurred, except that no provisions repealed in June 1989, will be enforced even if an earlier version contains the provision. The Ethics Code will undergo continuing review and study for future revisions; comments on the Code may be sent to the above address. The APA has previously published its Ethical Standards as follows: American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author. American Psychological Association. (1959). Ethical standards of psychologists. American Psychologist, 14, 279-282. American Psychological Association. (1963). Ethical standards of psychologists. American Psychologist, 18, 56-60. American Psychological Association. (1968). Ethical standards of psychologists. American Psychologist, 23, 357-361. American Psychological Association. (1977, March). Ethical standards of psychologists. APA Monitor, 22-23. American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author. American Psychological Association. (1981). Ethical principles of psychologists. American Psychologist, 36, 633-638. American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). American Psychologist, 45, 390-395. Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.	Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. This Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Code that was in effect at the time the conduct occurred, except that no provisions repealed in June 1989, will be enforced even if an earlier version contains the provision. The Ethics Code will undergo continuing review and study for future revisions; comments on the Code may be sent to the above address. The APA has previously published its Ethical Standards as follows: American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author. American Psychological Association. (1959). Ethical standards of psychologists. American Psychologist, 14, 279-282. American Psychological Association. (1963). Ethical standards of psychologists. American Psychologist, 18, 56-60. American Psychological Association. (1968). Ethical standards of psychologists. American Psychologist, 23, 357-361. American Psychological Association. (1977, March). Ethical standards of psychologists. APA Monitor, 22-23. American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author. American Psychological Association. (1981). Ethical principles of psychologists. American Psychologist, 36, 633-638. American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). American Psychologist, 45, 390-395. American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. American Psychologist, 47, 1597-1611. Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.
Footnote 1 Professional materials that are most helpful in this regard are guidelines and standards that have been adopted or endorsed by professional psychological organizations. Such guidelines and standards, whether adopted by the American Psychological Association (APA) or its Divisions, are not enforceable as such by this Ethics Code, but are of educative value to psychologists, courts, and professional bodies. Such materials include, but are not limited to, the APA's General Guidelines for Providers of Psychological Services (1987), Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations (1990), Record Keeping Guidelines (1993), Guidelines for	Footnote 1 Professional materials that are most helpful in this regard are guidelines and standards that have been adopted or endorsed by professional psychological organizations. Such guidelines and standards, whether adopted by the American Psychological Association (APA) or its Divisions, are not enforceable as such by this Ethics Code, but are of educative value to psychologists, courts, and professional bodies. Such materials include, but are not limited to, the APA's General Guidelines for Providers of Psychological Services (1987), Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations (1990), Record Keeping Guidelines (1993), Guidelines for

Revision Draft 3	Revision Draft 4
Child Custody Evaluations in Divorce Proceedings (1994), Guidelines for Ethical Conduct in the Care and Use of Animals (1996), Guidelines for the Evaluation of Dementia and Age-Related Cognitive Decline (1998), Guidelines for Psychological Evaluations in Child Protection Matters (1998), Standards for Educational and Psychological Testing (1999), and Publication Manual of the American Psychological Association (4th ed., 1994).	Child Custody Evaluations in Divorce Proceedings (1994), Guidelines for Ethical Conduct in the Care and Use of Animals (1996), Guidelines for the Evaluation of Dementia and Age-Related Cognitive Decline (1998), Guidelines for Psychological Evaluations in Child Protection Matters (1998), Standards for Educational and Psychological Testing (1999), Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients (2000), ~~and~~ Publication Manual of the American Psychological Association (4th ed., 1994), and the APA Division 41 (Forensic Psychology/American Psychology-Law Society) Specialty Guidelines for Forensic Psychologists (1991).

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Revision Draft 3	Revision Draft 4
PREAMBLE Psychologists are committed to increasing knowledge of behavior and people's understanding of themselves and others and to the utilization of such knowledge to improve the condition of both the individual and society. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of values upon which psychologists build their professional and scientific work.	PREAMBLE Psychologists are committed to increasing knowledge of behavior and people's understanding of themselves and others and to the use ~~utilization~~ of such knowledge to improve the condition of ~~both the~~ individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They also strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of values upon which psychologists build their professional and scientific work.
This Code is intended to provide both the general principles and the decision rules to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.	No change.
The development of a dynamic set of ethical standards for a psychologist's work-related conduct requires a personal commitment to a lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues, as appropriate; and to consult with others, as needed, concerning ethical problems. Each psychologist supplements, but does not violate, the Ethics Code's values and rules on the basis of guidance drawn from personal values, culture, and experience.	The development of a dynamic set of ethical standards for a psychologist's work-related conduct requires a personal commitment to a lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues~~, as appropriate;~~ and to consult with others~~, as needed,~~ concerning ethical problems. Each psychologist supplements, but does not violate, the Ethics Code's values and rules on the basis of guidance drawn from personal values, culture, and experience.
PRINCIPLE A: BENEFICIENCE AND NON-MALEFICENCE Psychologists strive to have a positive effect on those with whom they work, while taking care to do no harm. By thoughtful and prudent conduct, psychologists aspire to maximize the benefits of their work and to prevent or minimize harm to others through acts of commission or omission in their professional behavior. In their professional actions, psychologists weigh the welfare and rights of their patients or clients, students, supervisees, human research participants, and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts and to perform their roles in a responsible fashion that avoids or minimizes harm. Psychologists take measures to promote and maintain their own physical and mental health.	PRINCIPLE A: BENEFICIENCE AND NON-MALEFICENCE Psychologists strive to have a positive effect on those with whom they work, while taking care to do no harm. By thoughtful and prudent conduct, psychologists aspire to maximize the benefits of their work and to prevent or minimize harm to others through acts of commission or omission in their professional behavior. In their professional actions, psychologists weigh the welfare and rights of their patients or clients, students, supervisees, human research participants, and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts and to perform their roles in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to

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This Code is intended to provide both the general principles and the decision rules to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.	No change.
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PRINCIPLE A: BENEFICIENCE AND NON-MALEFICENCE Psychologists strive to have a positive effect on those with whom they work, while taking care to do no harm. By thoughtful and prudent conduct, psychologists aspire to maximize the benefits of their work and to prevent or minimize harm to others through acts of commission or omission in their professional behavior. In their professional actions, psychologists weigh the welfare and rights of their patients or clients, students, supervisees, human research participants, and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts and to perform their roles in a responsible fashion that avoids or minimizes harm. Psychologists take measures to promote and maintain their own physical and mental health.	PRINCIPLE A: BENEFICIENCE AND NON-MALEFICENCE Psychologists strive to have a positive effect on those with whom they work, while taking care to do no harm. By thoughtful and prudent conduct, psychologists aspire to maximize the benefits of their work and to prevent or minimize harm to others through acts of commission or omission in their professional behavior. In their professional actions, psychologists weigh the welfare and rights of their patients or clients, students, supervisees, human research participants, and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts and to perform their roles in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to

Revision Draft 3	Revision Draft 4
	and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Given that psychologists are better able to care for others when they care for themselves, psychologists take measures to promote and maintain their own physical and mental health. ~~Psychologists take measures to promote and maintain their own physical and mental health.~~
PRINCIPLE B: FIDELITY AND SOCIAL RESPONSIBILITY Psychologists establish relationships of loyalty and trust with those with whom they work. In the course of their work, psychologists are aware of their professional and scientific responsibilities to the community and society. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and avoid conflicts of interests. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of their students, research participants, patients, clients, or other recipients of their services. Psychologists' moral standards and conduct are personal matters to the same degree as is true for any other person, except as psychologists' conduct may compromise their professional responsibilities or reduce the public's trust in psychology and psychologists. Psychologists are concerned about the ethical compliance of their colleagues' scientific and professional conduct.	No change.
PRINCIPLE C: INTEGRITY Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. In relationships involving legitimate expectations of trust, psychologists are candid and forthright. In their work, psychologists strive to keep their promises and to avoid bad-faith excuses, unwise or unclear commitments, and conflicts of interest. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologist have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.	No change.
PRINCIPLE D: JUSTICE Psychologists strive to conduct their work in a fair manner, taking into account issues of equality, impartiality, and proportionality. They recognize that fairness and justice requires that all persons are entitled to benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise careful judgment and take appropriate	PRINCIPLE D: JUSTICE Psychologists strive to conduct their work in a fair manner, taking into account issues of equality, impartiality, and proportionality. They recognize that fairness and justice requires that all persons are entitled to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise careful judgment

Revision Draft 3	Revision Draft 4
precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust or discriminatory practices.	and take appropriate precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust or discriminatory practices.
PRINCIPLE E: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY Psychologists accord appropriate respect to the fundamental rights, dignity, and worth of all people. They accept as fundamental the belief that each person should be treated as an end in him/herself, not as an object or a means to an end. They respect the rights of individuals to privacy, confidentiality, self-determination, and autonomy, cognizant of the fact that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision-making. Psychologists are aware of and respect cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status and adapt their methods to the needs of different populations. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities that are prejudicial.	PRINCIPLE E: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY Psychologists accord appropriate respect to the fundamental rights, dignity, and worth of all people. They accept as fundamental the belief that each person should be treated as an end in him/herself, not as an object or a means to an end. They respect the rights of individuals to privacy, confidentiality, self-determination, and autonomy, cognizant of the fact that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision-making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on ~~due to~~ age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status and take these factors into account when working with members of such groups ~~adapt their methods to the needs of different populations~~. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities that are prejudicial.

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Revision Draft 3 Revision Draft 4

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1. RESOLVING ETHICAL ISSUES	
1.01 Misuse of Psychologists' Influence. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence.	1.01 Misuse of Psychologists' Influence. Delete this standard.
1.02 Misuse of Psychologists' Work (a) Psychologists do not participate in activities in which it appears likely that their skills or data will be misused or misrepresented by others, unless corrective mechanisms are available. (See also Standard 11.07, Truthfulness and Candor.)	1.0~~1~~2 Misuse of Psychologists' Work (a) Psychologists do not participate in activities in which it appears likely that their skills or data will be misused or misrepresented by others, unless corrective mechanisms are available such as those provided in legal proceedings. (See also Standard 3.01, Honesty~~11.07, Truthfulness and Candor~~.)
(b) If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.	(b) If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.
1.03 Relationship of Ethics and Law. If psychologists' ethical responsibilities conflict with law, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner.	1.0~~2~~3 Conflict Between ~~Relationship of~~ Ethics and Law, Regulations, or Other Governing Legal Authority. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, the psychologist may adhere to the requirements of the law, regulations, or other governing legal authority.
1.04 Conflicts Between Ethics and Organizational Demands. If the demands of an organization with which psychologists are affiliated conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, seek to resolve the conflict in a way that permits the fullest adherence to the Ethics Code.	1.0~~3~~4 Conflicts Between Ethics and Organizational Demands. Renumber as shown. No change to standard.
1.05 Informal Resolution of Ethical Violations. When psychologists believe that there has been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.	1.0~~4~~5 Informal Resolution of Ethical Violations. Renumber as shown. No change to standard.
1.06 Reporting Ethical Violations. If an apparent ethical violation is not appropriate for informal resolution under Standard 1.05 or is not resolved properly in that fashion, psychologists take further action appropriate to the situation, unless such action conflicts with confidentiality rights in ways that cannot be resolved. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities.	1.0~~5~~6 Reporting Ethical Violations. If an apparent ethical violation is not appropriate for informal resolution under Standard 1.0~~4~~5 or is not resolved properly in that fashion, psychologists take further action appropriate to the situation, unless such action conflicts with confidentiality rights in ways that cannot be resolved. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities.
1.07 Cooperating With Ethics Committees.	1.0~~6~~7 Cooperating With Ethics Committees.

Revision Draft 3	Revision Draft 4
Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they make reasonable efforts to resolve any issues as to confidentiality. Failure to cooperate is itself an ethics violation.	Renumber as shown. No change to standard.
1.08 Improper Complaints. Psychologists do not file or encourage the filing of ethics complaints that are frivolous and are intended to harm the respondent rather than address an ethical violation.	1.0~~7~~8 Improper Complaints. Renumber as shown. No change to standard.
1.09 Unfair Discrimination Against Complainants and Respondents. Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made, or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or consideration of other appropriate information.	1.0~~8~~9 Unfair Discrimination Against Complainants and Respondents. Renumber as shown. No change to standard.

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2. COMPETENCE	2. COMPETENCE
2.01 Boundaries of Competence. (a) Psychologists provide services, teach, and conduct research only within the boundaries of their competence, based on their appropriate education, training, supervised experience, consultation, study, or professional experience.	2.01 Boundaries of Competence. No change to (a).
(b) Where differences such as age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status significantly affect psychologists' work concerning particular individuals or groups, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies or to Underserved Populations.	(b) Where understanding of ~~differences such as~~ age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status significantly affects psychologists' work concerning particular individuals or groups, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Extraordinary Circumstances~~Emergencies or to Underserved Populations~~.
(c) Psychologists planning to provide services, teach, or conduct research involving areas, techniques, or technologies new to them undertake appropriate education, training, supervised experience, consultation, study, or professional experience.	(c) Psychologists planning to provide services, teach, or conduct research involving areas, techniques, or technologies new to them undertake appropriate education, training, supervised experience, consultation, or study~~, or professional experience~~.
(d) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect patients, clients, students, research participants, and others from harm.	(d) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, ~~clients,~~ students, research participants, and others from harm.
2.02 Providing Services in Emergencies or to Under-Served Populations. When a psychologist is asked to provide services to individuals for whom appropriate mental health services are not available and for which the psychologist has not had the time to obtain the competence necessary, the psychologist may provide such services in order to ensure that services are not denied; however, the psychologist should advise the individual of the limitations in services due to lack of training and (1) refer the individual to an appropriately trained provider as soon as possible, or (2) make a reasonable effort to obtain the necessary competence.	2.02 Providing Services in Extraordinary Circumstances ~~Emergencies or to Under-Served Populations~~. In extraordinary circumstances involving emergencies, underserved geographic areas, or underserved populations, w~~W~~hen a psychologist is asked to provide services to individuals for whom appropriate mental health services are not available and for which the psychologist has not ~~had the time to~~ obtained the competence necessary, the psychologist may provide such services in order to ensure that services are not denied; however, the psychologist ~~should advise the individual of the limitations in services due to lack of training and (1)~~ refers the individual to an appropriately trained provider as soon as possible, or ~~(2)~~ makes a reasonable effort to obtain the necessary competence. (See also Standard 10.02b, Couple and Family Relationships.)
2.03 Maintaining Expertise. Psychologists maintain a reasonable level of knowledge of current scientific and professional information in their fields of activity, and undertake ongoing efforts to maintain competence in the skills they use.	2.03 Maintaining Expertise. Psychologists ~~maintain a reasonable level of knowledge of current scientific and professional information in their fields of activity and~~ undertake ongoing efforts to maintain competence in the skills they use.
2.04 Basis for Scientific and Professional Judgments.	2.04 Base~~s~~is for Scientific and Professional Judgments.

Revision Draft 3	Revision Draft 4
Psychologists' scientific or professional judgments and endeavors must have a reliable basis in the knowledge and experience of the discipline.	Psychologists' scientific or professional judgments and endeavors must have ~~a~~ reliable bases in the knowledge and experience of the discipline.
2.05 Delegation of Work to Others and Use of Interpreters. Psychologists who delegate work to employees, supervisees, and research and teaching assistants or who use the services of others, such as interpreters, take reasonable steps to authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided and take reasonable steps to see that such persons perform services competently. (See also Standards 2.02, Providing Services in Emergencies or to Underserved Populations; 4.01 Maintaining Confidentiality; 9.01, Bases for Assessment; 9.03, Informed Consent in Assessments; 9.06 Use of Assessment in General and With Diverse Populations; and 9.08, Unqualified Persons.)	2.05 Delegation of Work to Others and Use of Interpreters. Psychologists who delegate work to employees, supervisees, and research and teaching assistants or who use the services of others, such as interpreters, (1) take reasonable steps to authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided and (2) take reasonable steps to see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Extraordinary Circumstances~~Emergencies or to Underserved Populations~~; 4.01 Maintaining Confidentiality; 9.01, Bases for Assessment; 9.02, Development and Use of Assessments; 9.03, Informed Consent in Assessments; ~~9.06 Use of Assessment in General and With Diverse Populations;~~ and 9.07~~8~~, Assessment by Unqualified Persons.)
2.06 Personal Problems and Conflicts. (a) Psychologists refrain from undertaking an activity when they know or should know that their personal problems are likely to lead to harm to a patient, client, colleague, student, research participant, or other person to whom they may owe a professional or scientific obligation.	2.06 Personal Problems and Conflicts. (a) Psychologists refrain from undertaking an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner~~are likely to lead to harm to a patient, client, colleague, student, research participant, or other person to whom they may owe a professional or scientific obligation~~.
(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties.	(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating the Professional Relationship.)

Revision Draft 3 | Revision Draft 4

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3. HUMAN RELATIONS	
3.01 Professional and Scientific Relationship. Psychologists provide diagnostic, therapeutic, teaching, research, supervisory, consultative, forensic, or other psychological services only in the context of a defined professional or scientific relationship or role. (See also Standard11.03, Forensic Opinions.)	Delete this standard.
3.02 Honesty. In their interactions with others, psychologists provide truthful descriptions of their work-related activities and describe honestly and fairly the basis for their opinions. (See also Standards 1.01, Misuse of Psychologist's Influence; 5.01, Avoidance of False or Deceptive Statements; 6.07, Accuracy in Reports to Payors and Funding Sources; 7.02, Descriptions of Education and Training Programs; 8.11, Plagiarism; and 11.07, Truthfulness and Candor.)	3.012 Honesty. Psychologists' communications regarding their work-related activities do not knowingly contain false statements or fail to disclose material information regarding the bases for their findings or recommendations. ~~In their interactions with others, psychologists provide truthful descriptions of their work-related activities and describe honestly and fairly the basis for their opinions.~~ (See also Standards 1.01, Misuse of Psychologist's Work; 5.01, Avoidance of False or Deceptive Public Statements; 6.07, Accuracy in Reports to Payors and Funding Sources; 7.02, Descriptions of Education and Training Programs; 8.11, Plagiarism; and 9.01, Bases for Assessments;~~and 11.07, Truthfulness and Candor.~~)
3.03 Unfair Discrimination. In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.	3.023 Unfair Discrimination. Renumber as shown. No change to standard.
3.04 Sexual Harassment. Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either: (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this; or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.09, Unfair Discrimination Against Complainants and Respondents.)	3.034 Sexual Harassment. Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either~~:~~ (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this~~:~~ or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.089, Unfair Discrimination Against Complainants and Respondents.)
3.05 Other Harassment. Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.	3.045 Other Harassment. Renumber as shown. No change to standard.
3.06 Avoiding Harm. Psychologists take reasonable steps to avoid harming their patients or clients, research participants, students, and others with whom they work, and to minimize harm	3.056 Avoiding Harm. Psychologists take reasonable steps to avoid harming their clients/patients ~~or clients~~, research participants, students, and others with whom they work, and to

Revision Draft 3	Revision Draft 4
where it is foreseeable and unavoidable.	minimize harm where it is foreseeable and unavoidable.
3.07 Multiple Relationships. (a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom they have the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm as described below may not be unethical. A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.	3.0~~7~~6 Multiple Relationships. (a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom they have the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person. ~~Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm as described below may not be unethical.~~ A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist~~,~~ or otherwise risks exploitation or harm to the person with whom the professional relationship exists. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.
(b) Whenever feasible, a psychologist refrains from taking on a professional role when prior personal, scientific, professional, legal, financial, or other relationships could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.	(b) Whenever feasible, a psychologist refrains from taking on a professional role when prior personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected (1) to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist~~,~~ or (2) to expose ~~otherwise risks exploitation or harm to~~ the person with whom the professional relationship exists to harm or exploitation.
(c) If a psychologist becomes aware that a potentially harmful multiple relationship has arisen, the psychologist attempts to resolve it with due regard for the welfare of the affected person.	(c) If a psychologist finds ~~becomes aware~~ that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist attempts to resolve it with due regard for the welfare of the affected person.
3.08 Third-Party Requests for Services. (a) When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist clarifies to the extent feasible, at the outset of the service, the nature of the relationship with each party. This clarification includes the role of the psychologist (such as therapist, organizational consultant, diagnostician, or expert witness), the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standard 4.02, Discussing the Limits of Confidentiality.)	3.0~~7~~8 Third-Party Requests for Services. Renumber as shown. No change to (a).
(b) If there is a foreseeable risk of the psychologist's being called upon to perform conflicting roles because of the involvement of a third party, the psychologist clarifies the nature and direction of his or her responsibilities, keeps all parties appropriately informed as matters develop, and resolves the situation in	(b) If there is a foreseeable risk of the psychologist's being called upon to perform conflicting roles because of the involvement of a third party, the psychologist clarifies the nature and direction of his or her responsibilities, keeps all parties appropriately informed as matters develop, and resolves the situation in

Revision Draft 3	Revision Draft 4
accordance with this Ethics Code. (See also Standards 3.07, Multiple Relationships, and 11.04, Clarification of Role.)	accordance with this Ethics Code. (See also Standards 3.06~~7~~, Multiple Relationships, and 11.03~~4~~, Clarification of Role.)
3.09 Exploitative Relationships. Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as students, supervisees, employees, research participants, and clients/~~or~~ patients. (See also Standards 10.05—10.08 regarding sexual involvement with clients/~~or~~ patients.)	3.0~~8~~9 Exploitative Relationships. Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as students, supervisees, employees, research participants, and clients/~~or~~ patients. (See also Standards 3.06, Multiple Relationships; 6.05, Fees and Financial Arrangements; 6.06, Barter with Clients/Patients; 7.06, Sexual Relationships with Students and Supervisees; and 10.05—10.08 regarding sexual involvement with clients/~~or~~ patients.)
3.10 Consultations and Referrals. (a) Psychologists arrange for appropriate consultations and referrals based principally on the best interests of their patients or clients, with appropriate consent, and subject to other relevant considerations, including applicable law and contractual obligations. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 4.06, Consultations.)	~~3.10 Consultations and Referrals.~~ Delete (a).
(b) When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their patients or clients effectively and appropriately.	3.09 Cooperation with Other Professionals. ~~(b)~~ When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their ~~patients or~~ clients/patients effectively and appropriately.
3.11 Informed Consent. (a) When psychologists provide assessment, psychotherapy, or counseling or conduct research with an individual in person, or via electronic media or other forms of communication, they obtain the informed consent of that individual using language that is reasonably understandable to that person except when conducting such activities without consent is mandated or prescribed by law or governmental regulation or as otherwise provided in this Ethics Code . The content of informed consent will vary depending on many circumstances; however, informed consent generally implies that the person (1) has the capacity to consent, (2) has been provided information concerning participation in the activity that reasonably might affect his or her willingness to participate, including limits of confidentiality and monetary or other costs or reimbursements, and (3) is aware of the voluntary nature of participation and has freely and without undue influence expressed consent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; 10.01, Informed Consent to Psychotherapy; and 11.02, Informed Consent for Forensic Services.)	3.10~~+~~ Informed Consent. (a) When psychologists conduct research or provide assessment, psychotherapy, or counseling ~~or conduct research~~ with an individual in person or via electronic ~~media~~ transmission or other forms of communication, they obtain the informed consent of that individual using language that is reasonably understandable to that person except when conducting such activities without consent is mandated or prescribed by law or governmental regulation or as otherwise provided in this Ethics Code. The content of informed consent will vary depending on many circumstances; however, informed consent ~~generally implies~~ordinarily requires that the person (1) has the capacity to consent, (2) has been provided information concerning participation in the activity that reasonably might affect his or her willingness to participate including limits of confidentiality and monetary or other costs or reimbursements, and (3) is aware of the voluntary nature of participation and has freely and without undue influence expressed consent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; 10.01, Informed Consent to ~~Psychot~~Therapy; and 11.02, Informed Consent for Forensic Services.)
(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is	(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is

Revision Draft 3	Revision Draft 4
permitted or required by law . When consent by a legally authorized person is not required by law, psychologists provide an appropriate mechanism for protecting the individual's rights and welfare.	permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists ~~provide an appropriate mechanism for protecting the~~ take reasonable steps to protect~~ing~~ the individual's rights and welfare.
(c) When obtaining informed consent, psychologists make reasonable efforts to answer an individual's questions, to avoid apparent misunderstandings, and when possible, to address those misunderstandings that occur.	No change to (c).
(d) Psychologists appropriately document consent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; 10.01, Informed Consent to Psychotherapy; and 11.02, Informed Consent for Forensic Services.)	(d) Psychologists appropriately document consent and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; 10.01, Informed Consent to ~~Psychot~~Therapy; and 11.02, Informed Consent for Forensic Services.)
3.12 Describing the Nature and Results of Psychological Services. (a) When psychologists provide program evaluation, supervision, teaching, consultation, research, or other psychological services to a group or an organization, they use language that is reasonably understandable to the recipients of those services to provide appropriate information beforehand about the nature of such services. (See also Standard 9.11, Explaining Assessment Results.)	3.1~~2~~3 Describing the Nature and Results of Psychological Services. (a) When psychologists provide program evaluation, supervision, ~~teaching.~~ educational consultation, or ~~research.~~ scientific or other psychological services to an individual, a group, or an organization, they provide, using ~~use~~ language that is reasonably understandable to the recipients of those services, ~~to provide~~ appropriate information beforehand about the nature of such services and appropriate information later about results and conclusions. (See also Standard 9.10~~1~~, Explaining Assessment Results.)
(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.	No change to (b).

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Revision Draft 3	Revision Draft 4
4. PRIVACY AND CONFIDENTIALITY	
4.01 Maintaining Confidentiality. Psychologists have a primary obligation and take reasonable precautions to protect the confidentiality rights of those with whom they work or consult, recognizing that confidentiality may be established by law, institutional rules, or professional or scientific relationships. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)	4.01 Maintaining Confidentiality. Psychologists have a primary obligation and take reasonable precautions to protect ~~the~~ confidentiality rights ~~of those with whom they work or consult~~, recognizing that they may be established by law, institutional rules, or professional or scientific relationships. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)
4.02 Discussing the Limits of Confidentiality. (a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limitations on confidentiality, (2) the foreseeable uses of the information generated through their services, and (3) the limitations on confidentiality when information is communicated or services provided by electronic or broadcast transmission. (See also Standard 3.11, Informed Consent.)	4.02 Discussing the Limits of Confidentiality. (a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limitations on confidentiality, (2) the foreseeable uses of the information generated through their ~~services~~psychological activities, and (3) the limitations on confidentiality when information is communicated or services provided by electronic ~~or broadcast~~ transmission. (See also Standard 3.10~~1~~, Informed Consent.)
(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.	No change to (b).
(c) Psychologists offering services, products, or information via electronic media inform users of the risks to privacy and limitations on confidentiality.	(c) Psychologists offering services, products, or information via electronic transmission ~~media~~ inform users of the risks to privacy and limitations on confidentiality.
4.03 Recording. Psychologists obtain permission before recording the voice or image of individuals to whom they provide services. (See also Standards 8.03, Informed Consent for Recording Voice and Images in Research; 8.05, Dispensing with Informed Consent; 8.07, Deception in Research).	4.03 Recording. Psychologists obtain permission before recording the voice or image of individuals to whom they provide services. (See also Standards 8.03, Informed Consent for Recording Voice and Images in Research; 8.05, Dispensing with Informed Consent for Research; 8.07, Deception in Research).
4.04 Minimizing Intrusions on Privacy. (a) Psychologists include in written and oral reports, consultations, and the like, only information germane to the purpose for which the communication is made.	No change to (a).
(b) Psychologists discuss confidential information obtained in clinical or consulting relationships, or evaluative data concerning patients, individual or organizational clients, students, research participants, supervisees, and employees, only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.	(b) Psychologists discuss confidential information obtained in their work ~~clinical or consulting relationships, or evaluative data concerning patients, individual or organizational clients, students, research participants, supervisees, and employees.~~ only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.
4.05 Disclosures. (a) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose,	4.05 Disclosures. (a) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose,

Revision Draft 3	Revision Draft 4
such as (1) to provide needed professional services to the patient or the individual or organizational client, (2) to obtain appropriate professional consultations, (3) to protect the patient or client or others from harm, or (4) to obtain payment for services from a client or patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See Also Standard 6.05(f), Fees and Financial Arrangements.)	such as (1) to provide needed professional services to the patient or the individual or organizational client, (2) to obtain appropriate professional consultations, (3) to protect the client/patient ~~or client~~, psychologist, or others from harm, or (4) to obtain payment for services from a client or patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See Also Standard 6.05(f), Fees and Financial Arrangements.)
(b) Psychologists also may disclose confidential information with the appropriate consent of the patient or the individual or organizational client (or of another legally authorized person on behalf of the patient or client), unless prohibited by law.	(b) Psychologists also may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, ~~or the individual or organizational client~~ (or of another legally authorized person on behalf of the client/patient ~~or client~~). unless prohibited by law.
4.06 Consultations. When consulting with colleagues, (1) psychologists do not share confidential information that reasonably could lead to the identification of a patient, client, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they share information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)	4.06 Consultations. When consulting with colleagues, (1) psychologists do not ~~share~~ disclose confidential information that reasonably could lead to the identification of a patient, client, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they ~~share~~ disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)
4.07 Use of Confidential Information for Didactic or Other Purposes. Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their patients, individual or organizational clients, students, research participants, or other recipients of their services that they obtained during the course of their work, unless the information is disguised or the person or organization has consented in writing or unless there is other ethical or legal authorization for doing so.	4.07 Use of Confidential Information for Didactic or Other Purposes. Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, ~~individual or~~ organizational clients, students, research participants, or other recipients of their services that they obtained during the course of their work, unless psychologists take reasonable steps to disguise the information ~~is disguised~~ or the person or organization has consented in writing or unless there is other ethical or legal authorization for doing so.

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Revision Draft 3 Revision Draft 4

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5. ADVERTISING AND OTHER PUBLIC REPRESENTIONS	
5.01 Avoidance of False or Deceptive Statements. (a) Psychologists do not make public statements that are false, deceptive, misleading, or fraudulent, concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated. Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant and credentialing applications, brochures, printed matter, directory listings, personal resumes or curriculum vitae, interviews or comments for use in media such as print, electronic, or broadcast, statements in legal proceedings, lectures and public oral presentations, and published materials. (See also Standard 3.02, Honesty.)	5.01 Avoidance of False or Deceptive Public Statements. (a) Psychologists do not knowingly make public statements that are false, deceptive, ~~misleading.~~ or fraudulent, concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated. Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant and credentialing applications, brochures, printed matter, directory listings, personal resumes or curriculum vitae, ~~interviews~~ or comments for use in media such as print, or electronic, ~~or broadcast~~ transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. (See also Standard 3.012, Honesty.)
(b) Psychologists do not make false, deceptive, misleading, or fraudulent statements concerning (1) their services; (2) the scientific or clinical basis for, or results or degree of success of, their services; (3) their fees; or (4) their research findings.	(b) Psychologists do not make false, deceptive, ~~misleading.~~ or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.
(c) Psychologists do not make false, deceptive, misleading, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; or their (5) publications.	Delete (c).
(d) Psychologists claim as credentials for their psychological work, only degrees that (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice. (See also Standards 8.07, Deception in Research, and 8.09, Debriefing.)	(cd) Psychologists claim as credentials for their psychological work, only degrees that (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice. ~~(See also Standards 8.07, Deception in Research, and 8.08, Debriefing.)~~
5.02 Statements by Others. (a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.	No change to (a).
(b) Psychologists make reasonable efforts to prevent others whom they do not control (such as employers, publishers, sponsors, organizational clients, and representatives of the print or broadcast media) from making deceptive statements concerning psychologists' practice or professional or scientific activities.	Delete (b).
(c) If psychologists learn of deceptive statements about their work made by others, psychologists make reasonable efforts to correct such statements.	Delete (c).
(d) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item.	(bd) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item.

Revision Draft 3	Revision Draft 4
(e) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.	(~~e~~) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.
5.03 Descriptions of Workshops and Non-degree-Granting Educational Programs. To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.	No change to standard.
5.04 Media Presentations. When psychologists provide public advice or comment, they take reasonable precautions to ensure that (1) the statements are based on appropriate psychological literature or practice, (2) the statements are otherwise consistent with this Ethics Code, and (3) the recipients of the information are not encouraged to infer that a relationship has been established with them personally. (See also Standard 2.04, Basis for Scientific and Professional Judgments.)	5.04 Media Presentations. When psychologists provide public advice or comment, they take reasonable precautions to ensure that (1) the statements are based on appropriate psychological literature or practice, (2) the statements are otherwise consistent with this Ethics Code, and (3) the recipients of the information are not encouraged to infer that a relationship has been established with them personally. (See also Standard 2.04, Bas~~e~~is for Scientific and Professional Judgments.)
5.05 Testimonials. Psychologists do not solicit testimonials from current psychotherapy clients or patients or other persons who because of their particular circumstances are vulnerable to undue influence.	5.05 Testimonials. Psychologists do not solicit testimonials from current psychotherapy clients/~~or~~ patients or other persons who because of their particular circumstances are vulnerable to undue influence.
5.06 In-Person Solicitation. Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential psychotherapy patients or clients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude: (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy patient or (2) providing disaster outreach services.	5.06 In-Person Solicitation. Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential psychotherapy clients/patients ~~or clients~~ or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude: (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster outreach services.

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Revision Draft 3 Reasons/Rationales

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6. RECORD KEEPING AND FEES	
6.01 Documentation of Professional and Scientific Work and Maintenance of Records. (a) Psychologists appropriately create, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) ensure accountability, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure accordance with law, all in a manner that permits compliance with the requirement of this Ethics Code. (See also Standard 4.01, Maintaining Confidentiality.)	6.01 Documentation of Professional and Scientific Work and Maintenance of Records. ~~(a)~~ Psychologists appropriately create, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals where appropriate, (2) ensure accountability, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance ~~accordance~~ with law, all in a manner that permits compliance with the requirement of this Ethics Code. (See also Standard 4.01, Maintaining Confidentiality.)
(b) When psychologists have reason to believe that records of their professional services will be used in legal proceedings involving recipients of or participants in their work, they have a responsibility to create and maintain documentation in the kind of detail and quality that would be consistent with reasonable judicial scrutiny, which may be higher than the normative standard for general practice.	Moved to 11.01 (c).
6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work. (a) Psychologists maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standard 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)	No change to (a).
(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.	No change to (b).
(c) A psychologist makes plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of the psychologist's death, incapacity, or withdrawal from the position or practice.	No change to (c).
6.03 Availability of Records and Data. Recognizing that ownership of records and data is governed by legal principles or contractual obligations, psychologists take reasonable and lawful steps so that records and data remain available to the extent needed to serve the best interests of patients, individual or organizational clients, research participants, or appropriate others.	6.03 Availability of Records and Data. Recognizing that ownership of records and data is governed by legal principles or contractual obligations, psychologists take reasonable and lawful steps so that records and data remain available to the extent needed to serve the best interests of clients/patients, ~~individual or~~ organizational clients, research participants, or appropriate others.
6.04 Withholding Records for Nonpayment. Psychologists may not withhold records under their control that are requested and needed for a patient's or	6.04 Withholding Records for Nonpayment. Psychologists may not withhold records under their control that are requested and needed for a

Revision Draft 3	Reasons/Rationales
client's emergency treatment solely because payment has not been received.	client's/patient's ~~or client's~~ emergency treatment solely because payment has not been received.
6.05 Fees and Financial Arrangements. (a) As early as is feasible in a professional or scientific relationship, the psychologist and the patient, client, or other appropriate recipient of psychological services reach an agreement specifying the compensation and the billing arrangements.	6.05 Fees and Financial Arrangements. (a) As early as is feasible in a professional or scientific relationship, the psychologist and the client/patient ~~client,~~ or other appropriate recipient of psychological services reach an agreement specifying the compensation and the billing arrangements.
(b) Psychologists do not exploit recipients of services or payors with respect to fees.	No change to (b).
(c) Psychologists' fee practices are consistent with law.	No change to (c).
(d) Psychologists do not misrepresent their fees.	No change to (d).
(e) If limitations to services can be anticipated because of limitations in financing, this is discussed with the patient, client, or other appropriate recipient of services as early as is feasible. (See also Standards 10.08, Interruption of Services, and 10.09, Terminating the Professional Relationship.)	(e) If limitations to services can be anticipated because of limitations in financing, this is discussed with the client/patient ~~client~~ or other appropriate recipient of services as early as is feasible. (See also Standards 10.0~~8~~, Interruption of Services, and 10.1~~09~~, Terminating the Professional Relationship.)
(f) If the patient, client, or other recipient of services does not pay for services as agreed, and if the psychologist wishes to use collection agencies or legal measures to collect the fees, the psychologist first informs the person that such measures will be taken and provides that person an opportunity to make prompt payment. (See also Standards 6.04, Withholding Records for Nonpayment, and 10.01, Informed Consent to Psychotherapy.)	(f) If the client/patient ~~client,~~ or other recipient of services does not pay for services as agreed~~,~~ and if the psychologist wishes to use collection agencies or legal measures to collect the fees, the psychologist first informs the person that such measures will be taken and provides that person an opportunity to make prompt payment. (See also Standards 4.05. Disclosures, 6.04, Withholding Records for Nonpayment, and 10.01, Informed Consent to ~~Psychot~~Therapy.)
6.06 Barter With Patients or Clients. Psychologists ordinarily refrain from accepting goods, services, or other nonmonetary remuneration from patients or clients in return for psychological services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. A psychologist may participate in bartering only if (1) it is not clinically contraindicated[,] and (2) the relationship is not exploitative. (See also Standards 3.07, Multiple Relationships, and 6.05, Fees and Financial Arrangements.)	6.06 Barter With Clients/Patients ~~or Clients.~~ ~~Psychologists ordinarily refrain from~~ Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services ~~because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship~~. A psychologist may ~~participate in~~ barter~~ing~~ only if (1) it is not clinically contraindicated~~,~~ and (2) the relationship is not exploitative. (See also Standards 3.0~~67~~, Multiple Relationships, and 6.05, Fees and Financial Arrangements.)
6.07 Accuracy in Reports to Payors and Funding Sources. In their reports to payors for services or sources of research funding, psychologists accurately state the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality, 4.04, Minimizing Intrusions on Privacy, and 4.05, Disclosures.)	No change to standard.
6.08 Referrals and Fees. When a psychologist pays, receives payment from, or divides fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral	No change to standard.

itself. (See also Standard 3.~~10~~2, Cooperation with Other Professionals~~Consultations and Referrals~~.)	

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Revision Draft 3 Revision Draft 4

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7. TEACHING AND TRAINING SUPERVISION	
7.01 Design of Education and Training Programs. Psychologists who are responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-degree-Granting Educational Programs.)	No change to standard.
7.02 Descriptions of Education and Training Programs. (a) Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, or experiential groups), training goals and objectives, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.	7.02 Descriptions of Education and Training Programs. (a) Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, ~~or~~ experiential groups, or community service), training goals and objectives, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.
(b) Psychologists' course outlines are accurate and not misleading, particularly regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)	(b) Psychologists take reasonable steps to ensure that course outlines are accurate and not misleading, ~~particularly~~ regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when pedagogically appropriate, as long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Public Statements.)
7.03 Accuracy and Objectivity in Teaching. (a) When engaged in teaching or training, psychologists present psychological information accurately and with a reasonable degree of objectivity. (See also Standard 2.03, Maintaining Expertise.)	7.03 Accuracy ~~and Objectivity~~ in Teaching. ~~(a)~~ When engaged in teaching or training, psychologists present psychological information accurately ~~and with a reasonable degree of objectivity~~. (See also Standard 2.03, Maintaining Expertise.)
(b) When engaged in teaching or training, psychologists make reasonable efforts to avoid engaging in conduct that is personally demeaning to students or supervisees. (See also Standard 3.05, Other Harassment.)	Delete (b).
(c) Psychologists do not require students to disclose personal information, either orally or in writing, which students might reasonably be expected to find to be embarrassing or upsetting to disclose. Such information includes but is not limited to sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses.	7.04 Student Disclosure of Personal Information. ~~(c)~~ Psychologists do not require students to disclose personal information, either orally or in writing, which students might reasonably be expected to find to be embarrassing or upsetting to disclose. Such information includes ~~but is not limited to~~ sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses.
7.04 Mandatory Individual or Group Therapy. (a) In programs that require mandatory individual or group therapy, faculty responsible for evaluating	7.054 Mandatory Individual or Group Therapy. (a) In programs that require mandatory individual or group therapy, faculty who are or are likely to be

Revision Draft 3	Revision Draft 4
students' academic performance do not themselves provide that therapy. (See also Standard 3.07, Multiple Relationships.)	responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.06~~7~~, Multiple Relationships.)
(b) When individual or group therapy is a program or course requirement, students are allowed the option of selecting a comparable experience outside the program.	(b) When individual or group therapy is a program or course requirement, students are allowed the option of selecting such therapy ~~a comparable experience~~ outside the program.
7.05 Assessing Student and Supervisee Performance. (a) In academic and supervisory relationships, psychologists establish an appropriate process for providing feedback to students and supervisees.	7.06~~5~~ Assessing Student and Supervisee Performance. Renumber as shown. No change to (a).
(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.	No change to (b).
7.06 Sexual Relationships with Students and Supervisees. Psychologists do not engage in sexual relationships with students or supervisees in training who are in their department or over whom the psychologist has or is likely to have evaluative authority.	7.07~~6~~ Sexual Relationships with Students and Supervisees. Renumber as shown. No change to standard.

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Revision Draft 3 Revision Draft 4

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8. RESEARCH AND PUBLICATION	
8.01 Institutional Approval. Psychologists obtain from host institutions or organizations appropriate approval prior to conducting research, and they provide accurate information about their research proposals. They conduct the research in accordance with the approved research protocol.	No change to standard.
8.02 Informed Consent to Research. (a) When obtaining informed consent as required in Standard 3.11, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limitations on confidentiality; (7) incentives for participation; (8) other aspects about which the prospective participants inquire; and (9) whom to contact for questions about the research and research participants' rights. (See Standards 8.05, Dispensing with Informed Consent and 8.07, Deception in Research, for exceptions to this standard.)	8.02 Informed Consent to Research. (a) When obtaining informed consent as required in Standard 3.10~~4~~, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limitations on confidentiality; (7) incentives for participation; ~~(8) other aspects about which the prospective participants inquire;~~ and (~~9~~8) whom to contact for questions about the research and research participants' rights. (See Standards 8.05, Dispensing with Informed Consent for Research, and 8.07, Deception in Research~~, for exceptions to this standard~~.)
(b) Psychologists conducting clinical research involving the use of experimental treatments, clarify to the participant at the outset of the research the experimental nature of the treatment, the services that will or will not be available to the control group(s) if appropriate, the means by which assignment to treatment and control groups will be made, and available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun.	(b) Psychologists conducting ~~clinical~~intervention research involving the use of experimental treatments, clarify to ~~the~~ participants at the outset of the research the experimental nature of the treatment, the services that will or will not be available to the control group(s) if appropriate, the means by which assignment to treatment and control groups will be made, and available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun.
8.03 Informed Consent for Recording Voice and Images in Research. Psychologists obtain informed consent from research participants prior to recording their voice or image, unless the research involves simply naturalistic observations in public places and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm. (See also Standard 8.07, Deception in Research.)	8.03 Informed Consent for Recording Voice and Images in Research. Psychologists obtain informed consent from research participants prior to recording their voice or image, unless the research consists solely of ~~involves simply~~ naturalistic observations in public places and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm. (See also Standard 8.07, Deception in Research.)
8.04 Student and Subordinate Research Participants. (a) When psychologists conduct research with individuals such as students or subordinates, psychologists take special care to protect the prospective participants from adverse consequences of declining or withdrawing from participation.	8.04 Student and Subordinate Research Participants. (a) When psychologists conduct research with ~~individuals such as~~ students or subordinates, psychologists take special care to protect the prospective participants from adverse consequences of declining or withdrawing from participation.
(b) When research participation is a course requirement or opportunity for extra credit, the prospective participant is given the choice of equitable alternative	No change to (b).

Revision Draft 3	Revision Draft 4
activities.	
8.05 Dispensing With Informed Consent. Psychologists may dispense with informed consent only where permitted by law, applicable regulations and institutional review board requirements or where: (1) research is conducted in commonly accepted educational settings and involves the study of normal educational practices, instructional strategies, or effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods and that would not reasonably be assumed to create distress or harm; or (2) research involving only anonymous questionnaires, naturalistic observations, or certain kinds of archival research for which participants can not be identified and for which disclosure of the participants' responses would not place them at risk of criminal or civil liability or be damaging to the participants' financial standing, employability, or reputation or that would not reasonably be assumed to create distress or harm.	8.05 Dispensing With Informed Consent for Research. Psychologists may dispense with informed consent only where permitted by law, applicable regulations and institutional review board requirements or where: (1) research is conducted in commonly accepted educational settings and involves the study of normal educational practices, instructional strategies, or effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods and that would not reasonably be assumed to create distress or harm; ~~or~~ (2) research involve~~sing~~ only anonymous questionnaires, naturalistic observations, or certain kinds of archival research for which participants can not be identified and for which disclosure of the participants' responses would not place them at risk of criminal or civil liability or be damaging to the participants' financial standing, employability, or reputation or that would not reasonably be assumed to create distress or harm; or (3) research is conducted in organizational settings and concerns factors related to job or organization effectiveness for which participants can not be identified and for which disclosure of the participants' responses would not place their employability at risk.
8.06 Offering Inducements for Research Participants. (a) In offering professional services as an inducement to obtain research participants, psychologists make clear the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.06, Barter With Patients or Clients.)	8.06 Offering Inducements for Research Participants. (a) When ~~In~~ offering professional services as an inducement to obtain research participants, psychologists make clear the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.06, Barter With Clients/Patients ~~or Clients~~.)
(b) Psychologists do not offer excessive or inappropriate financial or other inducements to obtain research participants, particularly when they might tend to coerce participation.	(b) Psychologists make reasonable efforts to avoid offering ~~do not offer~~ excessive or inappropriate financial or other inducements to obtain research participants~~, particularly~~ when such inducements ~~they might tend~~ are likely to coerce participation.
8.07 Deception in Research. (a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's prospective scientific, educational, or applied value and that effective alternative procedures that do not use deception are not feasible.	8.07 Deception in Research. (a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures ~~that do not use deception~~ are not feasible.
(b) Psychologists never deceive research participants about significant aspects that would affect their willingness to participate, such as physical risks, discomfort, or unpleasant emotional experiences.	(b) Psychologists never deceive ~~research~~ prospective participants about research that is reasonably expected to cause ~~significant aspects that would affect their willingness to participate, such as~~ physical pain ~~risks,~~ or severe emotional distress~~discomfort, or unpleasant emotional experiences~~.
(c) Any other deception that is an integral feature of the design and conduct of an experiment must be explained to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the research. (See also Standard 8.08, Debriefing.)	(c) Psychologists explain a~~A~~ny ~~other~~ deception that is an integral feature of the design and conduct of an experiment ~~must be explained~~ to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the research. (See also Standard 8.08, Debriefing.)
(d) When feasible, participants should be permitted to	Delete (d).

Revision Draft 3	Revision Draft 4
withdraw their data upon debriefing.	
8.08 Debriefing. (a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and psychologists attempt to correct any misconceptions that participants may have.	8.08 Debriefing. (a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and psychologists take reasonable steps ~~attempt~~ to correct any misconceptions that participants may have of which the psychologists are aware.
(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.	No change to (b).
(c) When a psychologist becomes aware that research procedures have had a harmful impact on the individual participant, the psychologist takes reasonable steps to ameliorate the harm.	No change to (c).
8.09 Care and Use of Animals in Research. (a) Psychologists who conduct research involving animals treat them humanely.	8.09 Humane Care and Use of Animals in Research. ~~(a) Psychologists who conduct research involving animals treat them humanely.~~
(b) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.	No change except (b) becomes (a).
(c) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.	No change except (c) becomes (b).
(d) Psychologists ensure that all individuals using animals under their supervision have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role.	(c~~d~~) Psychologists ensure that all individuals under their supervision who are using animals ~~under their supervision~~ have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)
(e) Responsibilities and activities of individuals assisting in a research projects are consistent with their respective competencies.	(d~~e~~) Psychologists assign r~~R~~esponsibilities and activities to ~~of~~ individuals assisting in ~~a~~ research projects that are consistent with their ~~respective~~ competencies. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)
(f) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.	No change except (f) becomes (e).
(g) A procedure subjecting animals to pain, stress, or privation is used only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.	(f~~g~~) Psychologists use a ~~A~~ procedure subjecting animals to pain, stress, or privation ~~is used~~ only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.
(h) Surgical procedures are performed under appropriate anesthesia; techniques to avoid infection and minimize pain are followed during and after surgery.	(g~~h~~) Psychologists perform s~~S~~urgical procedures ~~are performed~~ under appropriate anesthesia; and follow techniques to avoid infection and minimize pain ~~are followed~~ during and after surgery.
(i) When it is appropriate that the animal's life be terminated, it is done rapidly, with an effort to minimize pain, and in accordance with accepted procedures.	(i) When it is appropriate that an ~~the~~ animal's life be terminated, psychologists proceed ~~it is done~~ rapidly, with an effort to minimize pain, and in accordance with accepted procedures.
8.10 Reporting of Results.	8.10 Reporting Research ~~of~~ Results.

Revision Draft 3	Revision Draft 4
(a) Psychologists do not fabricate data or falsify results in their publications.	(a) Psychologists do not fabricate data ~~or falsify results in their publications.~~ (See also Standard 5.01a. Avoidance of False or Deceptive Public Statements.)
(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.	No change to (b).
8.11 Plagiarism. Psychologists do not present substantial portions or elements of another's work or data as their own, even if the other work or data source is cited occasionally.	No change to standard.
8.12 Publication Credit. (a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have contributed.	No change to (a).
(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are appropriately acknowledged, such as in footnotes or in an introductory statement.	(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately ~~acknowledged~~, such as in footnotes or in an introductory statement.
(c) A student is listed as principal author on any multiple-authored article that is substantially based on the student's dissertation or thesis when to do so accurately reflects the relative scientific or professional contributions of the individuals involved. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate.	No change to (c).
8.13 Duplicate Publication of Data. Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.	No change to standard.
8.14 Sharing Data. After research results are published, psychologists make reasonable attempts to provide information to other competent professionals who seek to verify the substantive claims through reanalysis, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.	8.14 Sharing Research Data. After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals ~~make reasonable attempts to provide information to other competent professionals~~ who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

Revision Draft 3 | Revision Draft 4

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9. ASSESSMENT	
9.01 Bases for Assessments Psychologists' assessments, recommendations, reports, and diagnostic or evaluative statements are based on information and techniques sufficient to provide appropriate substantiation for their findings. (See also Standard 11.03, Forensic Opinions.)	9.01 Bases for Assessments (a) Psychologists base their assessments, recommendations, reports, opinions, and diagnostic or evaluative statements ~~are based~~ on information and techniques sufficient to ~~provide appropriate~~ substantiate ~~ation for~~ their findings. (See also Standards 2.04. Basis for Scientific and Professional Opinion and 3.01. Honesty~~11.03, Forensic Opinions~~.)
Was 11.03 (a).	(b~~a~~) Except as noted in (b~~c~~) and (~~c~~d), below, psychologists provide ~~forensic~~ opinions of the psychological characteristics of ~~an~~ individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. ~~(See also Standard 9.01, Bases for Assessments.)~~
Was 11.03 (b).	(c~~b~~) When, despite reasonable efforts, such an examination is not practical~~feasible~~, psychologists document the efforts they made and the result of those efforts~~this~~, clarify the probable impact of their limited information on the reliability and validity of their ~~reports and testimony~~opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06~~7~~, Interpreting Assessment Results.)
Was 11.03 (c).	(d~~c~~) When a psychologist conducts a record review and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the bases upon which they arrived at this opinion in their conclusions and recommendations.
9.02 Competent Use of Assessments. Psychologists who develop, administer, score, interpret, or use psychological assessment techniques, interviews, tests, or instruments do so in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.	9.02 ~~Competent~~ Development and Use of Assessments. (a) Psychologists ~~who~~ develop, administer, score, interpret, or use ~~psychological~~ assessment techniques, interviews, tests, or instruments ~~do so~~ in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.
Was 9.06 (b).	(b) When appropriate tests for diverse populations have not been developed, psychologists who use ~~utilize~~ existing standardized tests may adapt the administration and interpretation procedures only if the adaptations have a reliable basis in the knowledge and experience of the discipline. Psychologists must document any such adaptation and clarify its probable impact on the reliability and validity of their findings.
Was 9.06 (c).	(c) Except as described in 9.02b. p~~P~~sychologists use assessment methods in a manner appropriate to an individual's language preference and competence and cultural background, unless the use of an alternative language is relevant to the assessment issues.
Was 9.06 (d).	(d) Psychologists using the services of an interpreter take reasonable steps to use an interpreters who has~~ve~~ been adequately trained, obtain informed consent from

Revision Draft 3	Revision Draft 4
	the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and discuss any limitations on the reliability and validity of data obtained. (See also Standards 2.05, Delegation of Work to Others and Use of Interpreters; 4.01 Maintaining Confidentiality; 9.01, Bases for Assessment; 9.03, Informed Consent in Assessments; and 9.078, Assessment by Unqualified Persons.)
9.03 Informed Consent In Assessments. (a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.11, except when testing is mandated by law or governmental regulation or when testing is conducted as a routine educational activity.	9.03 Informed Consent In Assessments. (a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10~~1~~, Informed Consent, except when testing is mandated by law or governmental regulation or when testing is conducted as a routine educational, institutional, or organizational activity.
(b) Psychologists inform persons for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.	No change to (b).
9.04 Release of Test Data. Psychologists may release test data, including raw responses and raw scores, to another qualified professional based on a client release. Psychologists refrain from releasing test data to persons who are not qualified to use such information, except (1) as required by statute or court order or (2) to an attorney or court based on a client release or 3) to the patient or client as appropriate. (See also Standards 1.03, Relationship of Ethics and Law, and 2.01, Boundaries of Competence.)	9.04 Release of Test Data. Test data refer to the individual responses or score sheets and scores or notes regarding an individual's responses to test items. Psychologists may release test data~~, including raw responses and raw scores,~~ to another qualified professional based on a client/patient release. Psychologists refrain from releasing test data to persons who are not qualified to use such information, except (1) as required by ~~statute~~ law or court order or (2) to an attorney or court based on a client release or (3) to the client/patient ~~or client~~ as appropriate. (See also Standards 1.02~~3~~, Conflict Between ~~Relationship of~~ Ethics and Law, Regulations, or Other Governing Legal Authority,, and 2.01, Boundaries of Competence.)
9.05 Test Construction. Psychologists who develop and conduct research with tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.	No change to standard.
9.06 Use of Assessment in General and With Diverse Populations. (a) Psychologists who administer, score, interpret, or use assessment techniques are familiar with the reliability, validation, and related standardization or outcome studies of, and proper applications and uses of, the techniques they use.	~~9.06 Use of Assessment in General and With Diverse Populations.~~ Delete (a).
(b) When appropriate tests for diverse populations have not been developed, psychologists who utilize existing standardized tests may adapt the administration and interpretation procedures only if the adaptations have a reliable basis in the knowledge and experience of the discipline. Psychologists must document any such adaptation and clarify its impact on the reliability and validity of their findings.	Move to 9.02 (b).

Revision Draft 3	Revision Draft 4
(c) Psychologists use assessment methods in a manner appropriate to an individual's language preference and competence and cultural background.	Move to 9.02 (c).
(d) Psychologists using the services of an interpreter take reasonable steps to use interpreters who have been adequately trained, obtain informed consent from the client to use that interpreter, ensure that confidentiality of test results and test security are maintained, and discuss any limitations on the reliability and validity of data obtained. (See also Standards 4.01 Maintaining Confidentiality; 9.01, Bases for Assessment; 9.03, Informed Consent in Assessments; and 9.08, Unqualified Persons.)	Move to 9.02 (d).
9.07 Interpreting Assessment Results. When interpreting assessment results, including automated interpretations, psychologists take into account the various test factors, test taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant reservations they have about the accuracy or limitations of their interpretations. (See also Standards 2.01 b and c, Boundaries of Competence, and 3.03, Unfair Discrimination.)	9.0~~7~~ Interpreting Assessment Results. No change to standard other than renumbering.
9.08 Unqualified Persons. Psychologists do not promote the use of psychological assessment techniques by unqualified persons. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)	9.0~~7~~8 Assessment by Unqualified Persons. Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)
9.09 Obsolete Tests and Outdated Test Results. (a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.	9.0~~8~~9 Obsolete Tests and Outdated Test Results. No change to (a) other than renumbering standard.
(b) Similarly, psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.	No change to (b).
9.10 Test Scoring and Interpretation Services. (a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.	9.~~10~~9 Test Scoring and Interpretation Services. No change to (a) other than renumbering standard.
(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01 b and c, Boundaries of Competence.)	No change to (b).
(c) Psychologists retain appropriate responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.	(c) Psychologists retain ~~appropriate~~ responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.
9.11 Explaining Assessment Results. Regardless of whether the scoring and interpretation are	9.1~~1~~0 Explaining Assessment Results.

Revision Draft 3	Revision Draft 4
done by the psychologist, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that appropriate explanations of results are given, unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations), and this fact has been clearly explained in advance to the person being assessed.	No change to standard other than renumbering.
9.12 Maintaining Test Security. Psychologists make reasonable efforts to maintain the integrity and security of tests and other assessment techniques consistent with law, contractual obligations, and in a manner that permits compliance with the requirements of this Ethics Code. (See also Standards 1.03, Relationship of Ethics and Law, and 9.04, Release of Raw Test Data.)	9.11~~2~~ Maintaining Test Security. Psychologists make reasonable efforts to maintain the integrity and security of tests and other assessment techniques consistent with law, contractual obligations, and in a manner that permits compliance with the requirements of this Ethics Code. (See also Standards 1.02~~3~~, Conflict Between ~~Relationship of~~ Ethics and Law, Regulations, or Other Governing Legal Authority, and 9.04, Release of ~~Raw~~ Test Data.)

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EP Revision Draft 3 | Revision Draft 4

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10. THERAPY	
10.01 Informed Consent to Psychotherapy. (a) When obtaining informed consent to therapy as required in Standard 3.11,Informed Consent, psychologists inform clients or patients as early as is feasible in the therapeutic relationship about appropriate information, such as the nature and anticipated course of therapy, fees, involvement of third parties, and confidentiality. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.05, Fees and Financial Arrangements.)	10.01 Informed Consent to ~~Psychot~~Therapy. (a) When obtaining informed consent to therapy as required in Standard 3.10~~4~~, Informed Consent, psychologists inform clients~~/ or~~ patients as early as is feasible in the therapeutic relationship about appropriate information, including ~~such as~~ the nature and anticipated course of therapy, fees, involvement of third parties, and confidentiality. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.05, Fees and Financial Arrangements.)
(b) Prior to providing treatment for which generally recognized standards do not yet exist, psychologists inform their clients/patients of the experimental nature of the treatment and the voluntary nature of their participation. (See also Standards 2.01d, Boundaries of Competence, and 3.11, Informed Consent.)	(b) Prior to providing treatment for which generally recognized standards do not yet exist, psychologists inform their clients/patients of the experimental nature of the treatment, the potential risks involved, and the voluntary nature of their participation. (See also Standards 2.01d, Boundaries of Competence, and 3.10~~4~~, Informed Consent.)
(c) When the psychologist's work with clients or patients will be supervised, the information provided in obtaining informed consent includes that fact, and the name of the supervisor, when the supervisor has legal responsibility for the case.	(c) ~~When the psychologist's work with clients or patients will be supervised, the information provided in obtaining informed consent includes that fact, and the name of the supervisor, when the supervisor has legal responsibility for the case.~~ When the therapist is being supervised as part of his or her training and the legal responsibility resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.
(d) When the therapist is in training, the client or patient is informed of that fact.	Delete (d).
10.02 Couple and Family Relationships. (a) When a psychologist agrees to provide services to several persons who have a relationship (such as husband and wife or parents and children), the psychologist attempts to clarify at the outset (1) which of the individuals are patients or clients and (2) the relationship the psychologist will have with each person. This clarification includes the role of the psychologist and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)	10.02 Couple and Family Relationships. (a) When a psychologist agrees to provide services to several persons who have a relationship (such as husband and wife or parents and children), the psychologist attempts to clarify at the outset (1) which of the individuals are clients/patients ~~or clients~~ and (2) the relationship the psychologist will have with each person. This clarification includes the role of the psychologist and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)
(b) As soon as it becomes apparent that the psychologist may be called on to perform potentially conflicting roles (such as marital counselor to husband and wife, and then witness for one party in a divorce proceeding), the psychologist attempts to clarify and adjust, or withdraw from, roles appropriately. (See also Standard 11.04, Clarification of Role, under Forensic Activities.)	(b) If ~~As soon as~~ becomes apparent that the psychologist may be called on to perform potentially conflicting roles (such as marital counselor to husband and wife, and then witness for one party in a divorce proceeding), the psychologist attempts to clarify and adjust, or withdraw from, roles appropriately. (See also Standard 11.03~~4~~, Clarification of Role, under Forensic Activities.)
10.03 Group Therapy. When a psychologist provides services to several persons in a group setting, the psychologist attempts to clarify at the outset the roles and responsibilities of all	10.03 Group Therapy. When a psychologist provides services to several persons in a group setting, the psychologist describes ~~attempts to clarify~~ at the outset the roles and

EP Revision Draft 3	Revision Draft 4
parties and the limits of confidentiality.	responsibilities of all parties and the limits of confidentiality.
10.04 Providing Mental Health Services to Those Served by Others. In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential patient's or client's welfare. The psychologist discusses these issues with the patient or client, or another legally authorized person on behalf of the client, in order to minimize the risk of confusion and conflict, consults with the other service providers when appropriate, and proceeds with caution and sensitivity to the therapeutic issues.	10.04 Providing Mental Health Services to Those Served by Others. In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's ~~or client's~~ welfare. The psychologist discusses these issues with the client/patient ~~or client~~, or another legally authorized person on behalf of the client/patient, in order to minimize the risk of confusion and conflict, consults with the other service providers when appropriate, and proceeds with caution and sensitivity to the therapeutic issues.
10.05 Sexual Intimacies With Current Therapy Patients or Therapy Clients. Psychologists do not engage in sexual intimacies with current patients or clients.	10.05 Sexual Intimacies With Current Therapy Clients/Patients ~~or Therapy Clients~~. Psychologists do not engage in sexual intimacies with current therapy clients/patients ~~or clients~~.
10.06 Sexual Intimacies with Relatives of Current Psychotherapy Clients or Psychotherapy Patients. Psychologists do not engage in sexual intimacies with parents, guardians, spouses, partners, offspring, or siblings of current therapy patients. Psychologists do not terminate therapy to circumvent this rule.	10.06 Sexual Intimacies with Relatives of Current ~~Psychot~~Therapy Clients/ ~~or Psychotherapy~~ Patients. Psychologists do not engage in sexual intimacies with individuals they know to be the parents, guardians, spouses, partners, offspring, or siblings of current ~~therapy~~ clients/patients. Psychologists do not terminate therapy to circumvent this rule.
10.07 Therapy With Former Sexual Partners. Psychologists do not accept as therapy patients or clients persons with whom they have engaged in sexual intimacies.	10.07 Therapy With Former Sexual Partners. Psychologists do not accept as therapy clients/patients ~~or therapy clients~~ persons with whom they have engaged in sexual intimacies.
10.08 Sexual Intimacies With Former Therapy Patients or Therapy Clients. (a) Psychologists do not engage in sexual intimacies with a former therapy patient or client for at least two years after cessation or termination of therapy.	10.08 Sexual Intimacies With Former Therapy Clients/Patients ~~or Therapy Clients~~. (a) Psychologists do not engage in sexual intimacies with a former ~~therapy~~ client/patient ~~or therapy client~~ for at least two years after cessation or termination of therapy.
(b) Because sexual intimacies with a former therapy patient or client are so frequently harmful to the patient or client, and because such intimacies undermine public confidence in the psychology profession and thereby deter the public's use of needed services, psychologists do not engage in sexual intimacies with former therapy patients and therapy clients even after a two-year interval except in the most unusual circumstances. The psychologist who engages in such activity after the two years following cessation or termination of therapy and of having no sexual contact with a former client or patient bears the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated, (2) the nature, duration, and intensity of the therapy, (3) the circumstances of termination, (4) the patient's or client's personal history, (5) the patient's or client's current mental status, (6) the likelihood of adverse impact on the patient or client, and (7) any statements or actions made by the therapist	(b) Because sexual intimacies with a former ~~therapy~~ client/patient ~~or therapy client~~ are so frequently harmful to the client/patient ~~or client~~, and because such intimacies undermine public confidence in the psychology profession and thereby deter the public's use of needed services, psychologists do not engage in sexual intimacies with former ~~therapy~~ clients/patients ~~and therapy clients~~ even after a two-year interval except in the most unusual circumstances. The psychologist who engages in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the ~~a~~ former client/ ~~or~~ patient bears the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated, (2) the nature, duration, and intensity of the therapy, (3) the circumstances of termination, (4) the client's/patient's ~~or client's~~ personal history, (5) the client's/patient's ~~or client's~~ current mental status, (6) the likelihood of adverse impact on the

EP Revision Draft 3	Revision Draft 4
during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the patient or client. (See also Standard 3.07, Multiple Relationships.)	client/patient ~~or client~~, and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client/patient ~~or client~~. (See also Standard 3.0~~7~~, Multiple Relationships.)
10.09 Interruption of Services. (a) Psychologists make reasonable efforts to plan for facilitating care in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, or relocation or by the client's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)	10.09 Interruption of Services. (a) Psychologists make reasonable efforts to plan for facilitating care in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, or relocation or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work)
(b) When entering into employment or contractual relationships, psychologists provide for orderly and appropriate resolution of responsibility for patient or client care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the patient or client.	(b) When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient ~~or client~~ care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient ~~or client~~.
10.10 Terminating the Professional Relationship. (a) Psychologists do not abandon patients or clients. (See also Standard 6.05e, Fees and Financial Arrangements.)	10.10 Terminating the Professional Relationship. Delete (a).
(b) Psychologists terminate a professional relationship when it becomes reasonably clear that the patient or client no longer needs the service, is not benefiting, or is being harmed by continued service.	(a~~b~~) Psychologists must terminate a professional relationship when it becomes reasonably clear that the client/patient ~~or client~~ no longer needs the service, is not likely to benefit, ~~benefiting,~~ or is being harmed by continued service.
(c) Psychologists may terminate a professional relationship when threatened or otherwise endangered by the patient or client or the patient's or client's family member.	(b~~e~~) Psychologists may terminate a professional relationship when threatened or otherwise endangered by the client/patient ~~or client~~ or ~~the patient's or client's family member~~another person with whom the client/patient has a relationship.
(d) Prior to termination for whatever reason, except where precluded by the patient's or client's conduct, the psychologist discusses the patient's or client's views and needs, provides appropriate pretermination counseling, suggests alternative service providers as appropriate, and takes other reasonable steps to facilitate transfer of responsibility to another provider if the patient or client needs one immediately.	(c~~d~~) ~~Prior to termination for whatever reason, e~~Except where precluded by the actions of clients/patients or third party payors~~client's conduct~~, prior to termination the psychologist discusses the client's/patient's ~~or client's~~ views and needs, provides ~~appropriate~~ pretermination counseling, suggests alternative service providers as appropriate, and takes other reasonable steps to facilitate transfer of responsibility to another provider if the client/patient ~~or client~~ needs one immediately.

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Revision Draft 3 | Revision Draft 4

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11. FORENSIC ACTIVITIES Forensic services are assessments, interviews, consultations, testimony or other psychological services specifically performed when psychologists can be reasonably expected to know there is a substantial possibility that their work, opinions or testimony may be offered as evidence in a legal, administrative, or adjudicative proceeding or a similar forensic context.	11. FORENSIC ACTIVITIES Forensic ~~services~~ activities are assessments, interviews, consultations, testimony or other psychological services specifically performed when psychologists can be ~~reasonably~~ expected to know there is a substantial likelihood ~~possibility~~ that their work, opinions, or testimony will ~~may~~ be offered as evidence or otherwise used in a legal~~, administrative,~~ or adjudicative proceeding or a similar forensic context.
11.01 Forensic Competence. (a) Psychologists base their forensic work on a reasonable level of knowledge and understanding of the professional and legal bases for participation in legal proceedings. (See also Standards 1.01, Misuse of Psychologists' Influence; 2.01, Boundaries of Competence; 2.03, Maintaining Expertise; 2.04, Basis for Scientific and Professional Judgments; 2.05, Delegation of Work to Others and Use of Interpreters; and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)	11.01 Forensic Competence. (a) Psychologists base their forensic activities ~~work~~ on a reasonable level of knowledge and understanding of the professional and legal bases for their work and their participation in ~~legal~~ forensic proceedings. (See also Standards 1.01, Misuse of Psychologists' Work~~Influence~~; 2.01, Boundaries of Competence; 2.03, Maintaining Expertise; 2.04, Bas~~e~~is for Scientific and Professional Judgments; 2.05, Delegation of Work to Others and Use of Interpreters; and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)
(b)Psychologists base their forensic work on appropriate knowledge of and competence in the areas underlying such work, including specialized knowledge concerning special populations and topics. (See also Standard 9.06, Use of Assessment in General and With Diverse Populations.)	Delete (b).
Was 6.01 (b).	(b) When ~~psychologists have reason to believe that records of their professional services~~ there is a substantial likelihood that psychologists' work will be used in forensic ~~legal~~ proceedings~~, involving recipients of or participants in their work, they have a responsibility to~~psychologists create and maintain documentation in the kind of detail and quality ~~that would be consistent with~~ adequate to allow reasonable judicial scrutiny~~, which may be higher than the normative standard for general practice~~. (See also Standard 1.02, Conflict Between Ethics and Law, Regulations, or Other Governing Legal Authority.)
11.02 Informed Consent for Forensic Services. (a) When obtaining informed consent to forensic services as required in Standard 3.11, Informed Consent, psychologists inform the person from whom consent is requested about the purposes of evaluations, the nature of procedures to be employed, the potential use of the results, the party who has employed the psychologist, and the limits of confidentiality which may exist. (See also Standards 3.06, Avoiding Harm; 3.08, Third Party Requests for Services; and 3.12, Describing the Nature and Results of Psychological Services;.)	11.02 Informed Consent for Forensic Services. (a) When obtaining informed consent to forensic services as required in Standard 3.10~~1~~, Informed Consent, psychologists inform the person or organization from whom consent is requested about the purposes of evaluations, the nature of procedures to be employed, the potential use of the results, the party who has employed the psychologist, and the limits of confidentiality which may exist. (See also Standards 3.0~~5~~6, Avoiding Harm; 3.0~~7~~8, Third-Party Requests for Services; and 3.11~~2~~, Describing the Nature and Results of Psychological Services.)
(b) When an evaluation is court ordered, the	(b) When an evaluation is court ordered, the

Revision Draft 3	Revision Draft 4
psychologist informs the individual as appropriate and the individual's legal representative of the nature of the anticipated forensic service before proceeding. If the individual or legal representative objects to a court ordered evaluation or service, the psychologist notifies the court that issued the order and responds as directed. (See also Standard 3.11, Informed Consent.)	psychologist informs the individual ~~as appropriate~~ and the individual's legal representative of the nature of the anticipated forensic service before proceeding with the evaluation. ~~If the individual or legal representative objects to a court ordered evaluation or service, the psychologist notifies the court that issued the order and responds as directed.~~ (See also Standard 3.10~~1~~, Informed Consent.)
11.03 Forensic Opinions. (a) Except as noted in (b) and (c), below, psychologists provide forensic opinions of the psychological characteristics of an individual only after they have conducted an examination of the individual adequate to support their statements or conclusions. (See also Standard 9.01, Bases for Assessments.)	~~11.03 Forensic Opinions~~ Moved subsections (a, b, and c) to Standard 9.01 (b, c, and d).
(b) When, despite reasonable efforts, such an examination is not feasible, psychologists document this, clarify the impact of their limited information on the reliability and validity of their reports and testimony, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence and 9.07, Interpreting Assessment Results.)	Moved to 9.01 (c).
(c) When an individual examination is not warranted or necessary for the opinion, psychologists explain this in their conclusions and recommendations.	Moved to 9.01 (d).
11.04 Clarification of Role. Psychologists ordinarily avoid performing multiple and potentially conflicting roles in forensic matters. When psychologists are called on to serve in more than one role in a legal proceeding, for example, as consultant or expert for one party or for the court and as a fact witness, they clarify role expectations and the extent of confidentiality in advance to the extent feasible, and thereafter as changes occur, in order to avoid compromising their professional judgment and objectivity and in order to avoid misleading others regarding their role. (See also Standards 3.06, Avoiding Harm, and 3.07, Multiple Relationships.)	11.0~~3~~4 Clarification of Role. ~~Psychologists ordinarily avoid performing multiple and potentially conflicting roles in forensic matters.~~ When psychologists are required by law, institutional policy, or extraordinary circumstances ~~called on~~ to serve in more than one role in a ~~legal~~ forensic proceeding, ~~for example, as consultant or expert for one party or for the court and as a fact witness,~~ they clarify role expectations and the extent of confidentiality in advance ~~to the extent feasible,~~ and thereafter as changes occur~~, in order to avoid compromising their professional judgment and objectivity and in order to avoid misleading others regarding their role~~. (See also Standards 3.0~~5~~6, Avoiding Harm; ~~and~~ 3.0~~6~~7, Multiple Relationships; and 3.07, Third-Party Requests for Services.)
11.05 Prior Relationships. A prior professional relationship with a party does not preclude psychologists from testifying as fact witnesses or from testifying to their services to the extent permitted by applicable law. Psychologists appropriately take into account ways in which the prior relationship might affect their professional objectivity or opinions and disclose the potential conflict to the relevant parties.	11.0~~4~~5 Prior Relationships. Renumber as shown. No change to standard.
11.06 Compliance With Law and Rules. (a) In performing forensic roles, psychologists are reasonably familiar with the rules governing their roles (e.g., federal and state rules of evidence). Psychologists are aware of the occasionally competing demands placed upon them by these principles and the requirements of	Deleted this standard. Subsection (a) covered in Standard 1.02.

Revision Draft 3	Revision Draft 4
the court system, and attempt to resolve these conflicts by making known their commitment to this Ethics Code and taking steps to resolve the conflict in a responsible manner. Such steps may include, but are not limited to, obtaining the consultation of fellow forensic professionals, obtaining the advice of independent counsel, and conferring directly with the legal representative(s) involved. If the conflict is unresolvable via such means, the psychologist may adhere to the requirements of the court. (See also Standards 1.03, Relationship of Ethics and Law, and 2.01, Boundaries of Competence.)	
(b) Psychologists in their capacities as forensic experts or consultants maintain current knowledge of the rights of parties in legal proceedings to whom they provide services (e.g., 5th amendment rights and attorney—client privilege) and take reasonable steps to avoid diminishing these. (See also Standard 2.01, Boundaries of Competence.)	Subsection (b) covered in Standard 11.01 (c).
11.07 Truthfulness and Candor. (a) In forensic testimony and reports, psychologists testify truthfully, honestly, and candidly and, consistent with applicable legal procedures, describe fairly the bases for their testimony and conclusions.	Delete this standard. Both subsections (a and b) covered in Standard 3.01, Honesty.
(b) To avoid misleading, psychologists acknowledge the limits of their data or conclusions.	See above.

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The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

APA Ethics Code, Revision Draft 4
November 8, 2000

INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A - E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action and may be considered by ethics bodies in interpreting the Ethical Standards. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by the Ethics Code does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; social intervention; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members to comply with the APA Ethics Code and to the rules and procedures used to enforce it.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether or not a psychologist has violated the Ethics Code does not by itself determine whether he or she is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur. However, compliance with or violation of the Ethics Code may be admissible as evidence in some legal proceedings, depending on the circumstances.

The modifiers used in some of the standards of this Ethics Code (e.g. reasonably, appropriate, potentially, usually) are included in the standards when they would (1) allow professional judgment on the part of the psychologist, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, (4) guard against a set of rigid rules that might be quickly outdated, or (5) allow opportunities for moral growth in the field.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. If the Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, the psychologist may adhere to the requirements of the law, regulations, or other governing authority. If neither law nor the

Ethics Code resolves an issue, psychologists should consider other professional materials[1] and the dictates of their own conscience, as well as seek consultation with others within the field.

* History and Effective Date.

This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, _____, and is effective beginning _____. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. This Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Code that was in effect at the time the conduct occurred, except that no provisions repealed in June 1989, will be enforced even if an earlier version contains the provision. The Ethics Code will undergo continuing review and study for future revisions; comments on the Code may be sent to the above address.

The APA has previously published its Ethical Standards as follows: American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1959). Ethical standards of psychologists. American Psychologist, 14, 279- 282.

American Psychological Association. (1963). Ethical standards of psychologists. American Psychologist, 18, 56-60.

American Psychological Association. (1968). Ethical standards of psychologists. American Psychologist, 23, 357-361.

American Psychological Association. (1977, March). Ethical standards of psychologists. APA Monitor, 22-23.

American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1981). Ethical principles of psychologists. American Psychologist, 36, 633-638.

American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). American Psychologist, 45, 390-395.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. American Psychologist, 47, 1597-1611.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

Footnote 1

Professional materials that are most helpful in this regard are guidelines and standards that have been adopted or endorsed by professional psychological organizations. Such guidelines and standards, whether adopted by the American Psychological Association (APA) or its Divisions, are not enforceable as such by this Ethics Code, but are of educative value to psychologists, courts, and professional bodies. Such materials include, but are not limited to, the APA's General Guidelines for Providers of Psychological Services (1987), Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations (1990), Record Keeping Guidelines (1993), Guidelines for Child Custody Evaluations in Divorce Proceedings (1994), Guidelines for Ethical Conduct in the Care and Use of Animals (1996), Guidelines for the Evaluation of Dementia and Age-Related Cognitive Decline (1998), Guidelines for Psychological Evaluations in Child Protection Matters (1998), Standards for Educational and Psychological Testing (1999), Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients (2000), Publication Manual of the American Psychological Association (4th ed., 1994), and the APA Division 41 (Forensic Psychology/American Psychology-Law Society) Specialty Guidelines for Forensic Psychologists (1991).

PREAMBLE

Psychologists are committed to increasing knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They also strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of values upon which psychologists build their professional and scientific work.

This Code is intended to provide both the general principles and the decision rules to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for a psychologist's work-related conduct requires a personal commitment to a lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems. Each psychologist supplements, but does not violate, the Ethics Code's values and rules on the basis of guidance drawn from personal values, culture, and experience.

PRINCIPLE A: BENEFICIENCE AND NON-MALEFICENCE

Psychologists strive to have a positive effect on those with whom they work, while taking care to do no harm. By thoughtful and prudent conduct, psychologists aspire to maximize the benefits of their work and to prevent or minimize harm to others through acts of commission or omission in their professional behavior. In their professional actions, psychologists weigh the welfare and rights of their patients or clients, students, supervisees, human research participants, and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts and to perform their roles in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Given that psychologists are better able to care for others when they care for themselves, psychologists take measures to promote and maintain their own physical and mental health.

PRINCIPLE B: FIDELITY AND SOCIAL RESPONSIBILITY

Psychologists establish relationships of loyalty and trust with those with whom they work. In the course of their work, psychologists are aware of their professional and scientific responsibilities to the community and society. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and avoid conflicts of interests. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of their students, research participants, patients, clients, or other recipients of their services. Psychologists' moral standards and conduct are personal matters to the same degree as is true for any other person, except as psychologists' conduct may compromise their professional responsibilities or reduce the public's trust in psychology and psychologists. Psychologists are concerned about the ethical compliance of their colleagues' scientific and professional conduct.

PRINCIPLE C: INTEGRITY

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. In relationships involving legitimate expectations of trust, psychologists are candid and forthright. In their work, psychologists strive to keep their promises and to avoid bad-faith excuses, unwise or unclear commitments, and conflicts of interest. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologist have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

PRINCIPLE D: JUSTICE

Psychologists strive to conduct their work in a fair manner, taking into account issues of equality, impartiality, and proportionality. They recognize that fairness and justice require that all persons are entitled to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise careful judgment and take appropriate precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust or discriminatory practices.

PRINCIPLE E: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY

Psychologists accord appropriate respect to the fundamental rights, dignity, and worth of all people. They accept as fundamental the belief that each person should be treated as an end in him/herself, not as an object or a means to an end. They respect the rights of individuals to privacy, confidentiality, self-determination, and autonomy, cognizant of the fact that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision-making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status and take these factors into account when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities that are prejudicial.

1. RESOLVING ETHICAL ISSUES

1.01 Misuse of Psychologists' Work

(a) Psychologists do not participate in activities in which it appears likely that their skills or data will be misused or misrepresented by others, unless corrective mechanisms are available such as those provided in legal proceedings. (See also Standard 3.01, Honesty.)

(b) If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflict Between Ethics and Law, Regulations, or Other Governing Legal Authority.

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, the psychologist may adhere to the requirements of the law, regulations, or other legal governing authority.

1.03 Conflicts Between Ethics and Organizational Demands.

If the demands of an organization with which psychologists are affiliated conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, seek to resolve the conflict in a way that permits the fullest adherence to the Ethics Code.

1.04 Informal Resolution of Ethical Violations.

When psychologists believe that there has been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.

1.05 Reporting Ethical Violations.

If an apparent ethical violation is not appropriate for informal resolution under Standard 1.04 or is not resolved properly in that fashion, psychologists take further action appropriate to the situation, unless such action conflicts with confidentiality rights in ways that cannot be resolved. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities.

1.06 Cooperating With Ethics Committees.

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they make reasonable efforts to resolve any issues as to confidentiality. Failure to cooperate is itself an ethics violation.

1.07 Improper Complaints.

Psychologists do not file or encourage the filing of ethics complaints that are frivolous and are intended to harm the respondent rather than address an ethical violation.

1.08 Unfair Discrimination Against Complainants and Respondents.

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made, or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or consideration of other appropriate information.

2. COMPETENCE

2.01 Boundaries of Competence.

(a) Psychologists provide services, teach, and conduct research only within the boundaries of their competence, based on their appropriate education, training, supervised experience, consultation, study, or professional experience.

(b) Where understanding of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status significantly affects psychologists' work concerning particular individuals or groups, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Extraordinary Circumstances.

(c) Psychologists planning to provide services, teach, or conduct research involving areas, techniques, or technologies new to them undertake appropriate education, training, supervised experience, consultation, or study.

(d) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, research participants, and others from harm.

2.02 Providing Services in Extraordinary Circumstances.

In extraordinary circumstances involving emergencies, underserved geographic areas, or underserved populations, when a psychologist is asked to provide services to individuals for whom appropriate mental health services are not available and for which the psychologist has not obtained the competence necessary, the psychologist may provide such services in order to ensure that services are not denied; however, the psychologist refers the individual to an appropriately trained provider as soon as possible or makes a reasonable effort to obtain the necessary competence. (See also Standard 10.02b, Couple and Family Relationships.)

2.03 Maintaining Expertise.

Psychologists undertake ongoing efforts to maintain competence in the skills they use.

2.04 Bases for Scientific and Professional Judgments.

Psychologists' scientific or professional judgments and endeavors must have reliable bases in the knowledge and experience of the discipline.

2.05 Delegation of Work to Others and Use of Interpreters.

Psychologists who delegate work to employees, supervisees, and research and teaching assistants or who use the services of others, such as interpreters, (1) take reasonable steps to authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided and (2) take reasonable steps to see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Extraordinary Circumstances; 4.01 Maintaining Confidentiality; 9.01, Bases for

Assessment; 9.02, Development and Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts.

(a) Psychologists refrain from undertaking an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating the Professional Relationship.)

3. HUMAN RELATIONS

3.01 Honesty.

Psychologists' communications regarding their work-related activities do not knowingly contain false statements or fail to disclose material information regarding the bases for their findings or recommendations. (See also Standards 1.01, Misuse of Psychologist's Work; 5.01, Avoidance of False or Deceptive Public Statements; 6.07, Accuracy in Reports to Payors and Funding Sources; 7.02, Descriptions of Education and Training Programs; 8.11, Plagiarism; and 9.01, Bases for Assessments;.)

3.02 Unfair Discrimination.

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.03 Sexual Harassment.

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.04 Other Harassment.

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.05 Avoiding Harm.

Psychologists take reasonable steps to avoid harming their clients/patients, research participants, students, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.06 Multiple Relationships.

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom they have the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) Whenever feasible, a psychologist refrains from taking on a professional role when prior personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected (1) to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist or (2) to expose the person with whom the professional relationship exists to harm or exploitation.

(c) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist attempts to resolve it with due regard for the welfare of the affected person.

3.07 Third-Party Requests for Services.

(a) When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist clarifies to the extent feasible, at the outset of the service, the nature of the relationship with each party. This clarification includes the role of the psychologist (such as therapist, organizational consultant, diagnostician, or expert witness), the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If there is a foreseeable risk of the psychologist's being called upon to perform conflicting roles because of the involvement of a third party, the psychologist clarifies the nature and direction of his or her responsibilities, keeps all parties appropriately informed as matters develop, and resolves the situation in accordance with this Ethics Code. (See also Standards 3.06, Multiple Relationships, and 11.03, Clarification of Role.)

3.08 Exploitative Relationships.

Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as students, supervisees, employees, research participants, and clients/ patients. (See also Standards 3.06, Multiple Relationships; 6.05, Fees and Financial Arrangements; 6.06, Barter with Clients/Patients; 7.06, Sexual Relationships with Students and Supervisees; and 10.05—10.08 regarding sexual involvement with clients/ patients.)

3.09 Cooperation with Other Professionals.

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately.

3.10 Informed Consent.

(a) When psychologists conduct research or provide assessment, psychotherapy, or counseling with an individual in person or via electronic transmission or other forms of communication, they obtain the informed consent of that individual using language that is reasonably understandable to that person except when conducting such activities without consent is mandated or prescribed by law or governmental regulation or as otherwise provided in this Ethics Code. The content of informed consent will vary depending on many circumstances; however, informed consent ordinarily requires that the person (1) has the capacity to consent, (2) has been provided information concerning participation in the activity that reasonably might affect his or her willingness to participate including limits of confidentiality and monetary or other costs or reimbursements, and (3) is aware of the voluntary nature of participation and has freely and without undue influence expressed consent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; 10.01, Informed Consent to Therapy; and 11.02, Informed Consent for Forensic Services.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When obtaining informed consent, psychologists make reasonable efforts to answer an individual's questions, to avoid apparent misunderstandings, and when possible, to address those misunderstandings that occur.

(d) Psychologists appropriately document consent and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; 10.01, Informed Consent to Therapy; and 11.02, Informed Consent for Forensic Services.)

3.11 Describing the Nature and Results of Psychological Services.

(a) When psychologists provide program evaluation, supervision, educational consultation, or scientific or other psychological services to an individual, a group, or an organization, they provide, using language that is reasonably understandable to the recipients of those services, appropriate information beforehand about the nature of such services and appropriate information later about results and conclusions. (See also Standard 9.10, Explaining Assessment Results.)

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

4. PRIVACY AND CONFIDENTIALITY

4.01 Maintaining Confidentiality.

Psychologists have a primary obligation and take reasonable precautions to protect confidentiality rights, recognizing that they may be established by law, institutional rules, or professional or scientific relationships. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)

4.02 Discussing the Limits of Confidentiality.

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limitations on confidentiality, (2) the foreseeable uses of the information generated through their psychological activities, and (3) the limitations on confidentiality when information is communicated or services provided by electronic transmission. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists offering services, products, or information via electronic transmission inform users of the risks to privacy and limitations on confidentiality.

4.03 Recording.

Psychologists obtain permission before recording the voice or image of individuals to whom they provide services. (See also Standards 8.03, Informed Consent for Recording Voice and Images in Research; 8.05, Dispensing with Informed Consent for Research; 8.07, Deception in Research).

4.04 Minimizing Intrusions on Privacy.

(a) Psychologists include in written and oral reports, consultations, and the like, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures.

(a) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose, such as (1) to provide needed professional services to the patient or the individual or organizational client, (2) to obtain appropriate professional consultations, (3) to protect the client/patient, psychologist, or others from harm, or (4) to obtain payment for services from a client or patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See Also Standard 6.05(f), Fees and Financial Arrangements.)

(b) Psychologists also may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or of another legally authorized person on behalf of the client/patient unless prohibited by law.

4.06 Consultations.

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a patient, client, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the

extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes.

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, organizational clients, students, research participants, or other recipients of their services that they obtained during the course of their work, unless psychologists take reasonable steps to disguise the information or the person or organization has consented in writing or unless there is other ethical or legal authorization for doing so.

5. ADVERTISING AND OTHER PUBLIC REPRESENTIONS

5.01 Avoidance of False or Deceptive Public Statements.

(a) Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent, concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated. Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant and credentialing applications, brochures, printed matter, directory listings, personal resumes or curriculum vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. (See also Standard 3.01, Honesty.)

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim as credentials for their psychological work, only degrees that (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others.

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item.

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-degree-Granting Educational Programs.

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations.

When psychologists provide public advice or comment, they take reasonable precautions to ensure that (1) the statements are based on appropriate psychological literature or practice, (2) the statements are otherwise consistent with this Ethics Code, and (3) the recipients of the information are not encouraged to infer that a relationship has been established with them personally. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials.

Psychologists do not solicit testimonials from current psychotherapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation.

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential psychotherapy clients/patients or other persons who because of their particular

circumstances are vulnerable to undue influence. However, this prohibition does not preclude: (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster outreach services.

6. RECORD KEEPING AND FEES

6.01 Documentation of Professional and Scientific Work and Maintenance of Records.

Psychologists appropriately create, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals where appropriate, (2) ensure accountability, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law, all in a manner that permits compliance with the requirement of this Ethics Code. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.

(a) Psychologists maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standard 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) A psychologist makes plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of the psychologist's death, incapacity, or withdrawal from the position or practice.

6.03 Availability of Records and Data.

Recognizing that ownership of records and data is governed by legal principles or contractual obligations, psychologists take reasonable and lawful steps so that records and data remain available to the extent needed to serve the best interests of clients/patients, organizational clients, research participants, or appropriate others.

6.04 Withholding Records for Nonpayment.

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.05 Fees and Financial Arrangements.

(a) As early as is feasible in a professional or scientific relationship, the psychologist and the client/patient or other appropriate recipient of psychological services reach an agreement specifying the compensation and the billing arrangements.

(b) Psychologists do not exploit recipients of services or payors with respect to fees.

(c) Psychologists' fee practices are consistent with law.

(d) Psychologists do not misrepresent their fees.

(e) If limitations to services can be anticipated because of limitations in financing, this is discussed with the client/patient or other appropriate recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Services, and 10.10, Terminating the Professional Relationship.)

(f) If the client/patient or other recipient of services does not pay for services as agreed and if the psychologist wishes to use collection agencies or legal measures to collect the fees, the psychologist first informs the person that such measures will be taken and provides that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures, 6.04, Withholding Records for Nonpayment, and 10.01, Informed Consent to Therapy.)

6.06 Barter With Clients/Patients.

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. A psychologist may barter only if (1) it is not clinically contraindicated

and (2) the relationship is not exploitative. (See also Standards 3.06, Multiple Relationships, and 6.05, Fees and Financial Arrangements.)

6.07 Accuracy in Reports to Payors and Funding Sources.

In their reports to payors for services or sources of research funding, psychologists accurately state the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality, 4.04, Minimizing Intrusions on Privacy, and 4.05, Disclosures.)

6.08 Referrals and Fees.

When a psychologist pays, receives payment from, or divides fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3. 09, Cooperation with Other Professionals.)

7. TEACHING AND TRAINING SUPERVISION

7.01 Design of Education and Training Programs.

Psychologists who are responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs.

(a) Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, or community service), training goals and objectives, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

(b) Psychologists take reasonable steps to ensure that course outlines are accurate and not misleading, regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when pedagogically appropriate, as long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Public Statements.)

7.03 Accuracy in Teaching.

When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Expertise.)

7.04 Student Disclosure of Personal Information.

Psychologists do not require students to disclose personal information, either orally or in writing, which students might reasonably be expected to find to be embarrassing or upsetting to disclose. Such information includes sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses.

7.05 Mandatory Individual or Group Therapy.

(a) In programs that require mandatory individual or group therapy, faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.06, Multiple Relationships.)

(b) When individual or group therapy is a program or course requirement, students are allowed the option of selecting such therapy outside the program.

7.06 Assessing Student and Supervisee Performance.

(a) In academic and supervisory relationships, psychologists establish an appropriate process for providing feedback to students and supervisees.

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(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships with Students and Supervisees.

Psychologists do not engage in sexual relationships with students or supervisees in training who are in their department or over whom the psychologist has or is likely to have evaluative authority.

8. RESEARCH AND PUBLICATION

8.01 Institutional Approval.

Psychologists obtain from host institutions or organizations appropriate approval prior to conducting research, and they provide accurate information about their research proposals. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research.

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limitations on confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. (See Standards 8.05, Dispensing with Informed Consent for Research, and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments, clarify to participants at the outset of the research the experimental nature of the treatment, the services that will or will not be available to the control group(s) if appropriate, the means by which assignment to treatment and control groups will be made, and available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun.

8.03 Informed Consent for Recording Voice and Images in Research.

Psychologists obtain informed consent from research participants prior to recording their voice or image, unless the research consists solely of naturalistic observations in public places and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm. (See also Standard 8.07, Deception in Research.)

8.04 Student and Subordinate Research Participants.

(a) When psychologists conduct research with students or subordinates, psychologists take special care to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing With Informed Consent for Research.

Psychologists may dispense with informed consent only where permitted by law, applicable regulations and institutional review board requirements or where (1) research is conducted in commonly accepted educational settings and involves the study of normal educational practices, instructional strategies, or effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods and that would not reasonably be assumed to create distress or harm; (2) research involves only anonymous questionnaires, naturalistic observations, or certain kinds of archival research for which participants can not be identified and for which disclosure of the participants' responses would not place them at risk of criminal or civil liability or be damaging to the participants' financial standing, employability, or reputation or that would not reasonably be assumed to create distress or harm; or (3) research is conducted in organizational settings and concerns factors related to job or organization effectiveness for which participants can not be identified and for which disclosure of the participants' responses would not place their employability at risk.

8.06 Offering Inducements for Research Participants.

(a) When offering professional services as an inducement to obtain research participants, psychologists make clear the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.06, Barter With Clients/Patients.)

(b) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements to obtain research participants when such inducements are likely to coerce participation.

8.07 Deception in Research.

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists never deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the research. (See also Standard 8.08, Debriefing.)

8.08 Debriefing.

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and psychologists take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When a psychologist becomes aware that research procedures have had a harmful impact on the individual participant, the psychologist takes reasonable steps to ameliorate the harm.

8.09 Humane Care and Use of Animals in Research.

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)

(d) Psychologists assign responsibilities and activities to individuals assisting in research projects that are consistent with their competencies. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)

(e) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(f) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(g) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(i) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results.

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Public Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

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8.11 Plagiarism.

Psychologists do not present substantial portions or elements of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit.

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have contributed.

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) A student is listed as principal author on any multiple-authored article that is substantially based on the student's dissertation or thesis when to do so accurately reflects the relative scientific or professional contributions of the individuals involved. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate.

8.13 Duplicate Publication of Data.

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data.

After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

9. ASSESSMENT

9.01 Bases for Assessments

(a) Psychologists base their assessments, recommendations, reports, opinions, and diagnostic or evaluative statements on information and techniques sufficient to substantiate their findings. (See also Standards 2.04, Bases for Scientific and Professional Opinion and 3.01, Honesty.)

(b) Except as noted in (c) and (d), below, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions.

(c) When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence and 9.06, Interpreting Assessment Results.)

(d) When a psychologist conducts a record review and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the bases upon which they arrived at this opinion in their conclusions and recommendations.

9.02 Development and Use of Assessments.

(a) Psychologists develop, administer, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) When appropriate tests for diverse populations have not been developed, psychologists who use existing standardized tests may adapt the administration and interpretation procedures only if the adaptations have a reliable basis in the knowledge and experience of the discipline. Psychologists must document any such adaptation and clarify its probable impact on the reliability and validity of their findings.

(c) Except as described in 9.02b, psychologists use assessment methods in a manner appropriate to an individual's language preference and competence and cultural background, unless the use of an alternative language is relevant to the assessment issues.

(d) Psychologists using the services of an interpreter take reasonable steps to use an interpreter who has been adequately trained, obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and discuss any limitations on the reliability and validity of data obtained. (See also Standards 2.05, Delegation of Work to Others and Use of Interpreters; 4.01 Maintaining Confidentiality; 9.01, Bases for Assessment; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

9.03 Informed Consent In Assessments.

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when testing is mandated by law or governmental regulation or when testing is conducted as a routine educational, institutional, or organizational activity.

(b) Psychologists inform persons for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

9.04 Release of Test Data.

Test data refer to the individual responses or score sheets and scores or notes regarding an individual's responses to test items. Psychologists may release test data to another qualified professional based on a client/patient release. Psychologists refrain from releasing test data to persons who are not qualified to use such information, except (1) as required by law or court order or (2) to an attorney or court based on a client release or (3) to the client/patient as appropriate. (See also Standards 1.02, Conflict Between Ethics and Law, Regulations, or Other Governing Legal Authority and 2.01, Boundaries of Competence.)

9.05 Test Construction.

Psychologists who develop and conduct research with tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results.

When interpreting assessment results, including automated interpretations, psychologists take into account the various test factors, test taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant reservations they have about the accuracy or limitations of their interpretations. (See also Standards 2.01 b and c, Boundaries of Competence and 3.03, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons.

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)

9.08 Obsolete Tests and Outdated Test Results.

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Similarly, psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services.

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01 b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results.

Regardless of whether the scoring and interpretation are done by the psychologist, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that appropriate explanations of results are given, unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations), and this fact has been clearly explained in advance to the person being assessed.

9.11 Maintaining Test Security.

Psychologists make reasonable efforts to maintain the integrity and security of tests and other assessment techniques consistent with law, contractual obligations, and in a manner that permits compliance with the requirements of this Ethics Code. (See also Standards 1.02, Conflict Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 9.04, Release of Test Data.)

10. THERAPY

10.01 Informed Consent to Therapy.

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about appropriate information, including the nature and anticipated course of therapy, fees, involvement of third parties, and confidentiality. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.05, Fees and Financial Arrangements.)

(b) Prior to providing treatment for which generally recognized standards do not yet exist, psychologists inform their clients/patients of the experimental nature of the treatment, the potential risks involved, and the voluntary nature of their participation. (See also Standards 2.01d, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is being supervised as part of his or her training and the legal responsibility resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Couple and Family Relationships.

(a) When a psychologist agrees to provide services to several persons who have a relationship (such as husband and wife or parents and children), the psychologist attempts to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the role of the psychologist and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that the psychologist may be called on to perform potentially conflicting roles (such as marital counselor to husband and wife, and then witness for one party in a divorce proceeding), the psychologist attempts to clarify and adjust, or withdraw from, roles appropriately. (See also Standard 11.03, Clarification of Role, under Forensic Activities.)

10.03 Group Therapy.

When a psychologist provides services to several persons in a group setting, the psychologist describes at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Mental Health Services to Those Served by Others.

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. The psychologist discusses these issues with the client/patient, or another legally authorized person on

behalf of the client/patient, in order to minimize the risk of confusion and conflict, consults with the other service providers when appropriate, and proceeds with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies With Current Therapy Clients/Patients.

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies with Relatives of Current Therapy Clients/ Patients.

Psychologists do not engage in sexual intimacies with individuals they know to be the parents, guardians, spouses, partners, offspring, or siblings of current clients/patients. Psychologists do not terminate therapy to circumvent this rule.

10.07 Therapy With Former Sexual Partners.

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies With Former Therapy Clients/Patients.

(a) Psychologists do not engage in sexual intimacies with a former client/patient for at least two years after cessation or termination of therapy.

(b) Because sexual intimacies with a former client/patient are so frequently harmful to the client/patient, and because such intimacies undermine public confidence in the psychology profession and thereby deter the public's use of needed services, psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. The psychologist who engages in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bears the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated, (2) the nature, duration, and intensity of the therapy, (3) the circumstances of termination, (4) the client's/patient's personal history, (5) the client's/patient's current mental status, (6) the likelihood of adverse impact on the client/patient, and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client/patient. (See also Standard 3.06, Multiple Relationships.)

10.09 Interruption of Services.

(a) Psychologists make reasonable efforts to plan for facilitating care in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, or relocation or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work)

(b) When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient.

10.10 Terminating the Professional Relationship.

(a) Psychologists must terminate a professional relationship when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate a professional relationship when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third party payors, prior to termination the psychologist discusses the client's/patient's views and needs, provides pretermination counseling, suggests alternative service providers as appropriate, and takes other reasonable steps to facilitate transfer of responsibility to another provider if the client/patient needs one immediately.

11. FORENSIC ACTIVITIES

Forensic activities are assessments, interviews, consultations, testimony or other psychological services specifically performed when psychologists can be expected to know there is a substantial likelihood that their work, opinions, or testimony will be offered as evidence or otherwise used in a legal or adjudicative proceeding or a similar forensic context.

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11.01 Forensic Competence.

(a) Psychologists base their forensic activities on a reasonable level of knowledge and understanding of the professional and legal bases for their work and their participation in forensic proceedings. (See also Standards 1.01, Misuse of Psychologists' Work; 2.01, Boundaries of Competence; 2.03, Maintaining Expertise; 2.04, Bases for Scientific and Professional Judgments; 2.05, Delegation of Work to Others and Use of Interpreters; and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) When there is a substantial likelihood that psychologists' work will be used in forensic proceedings, psychologists create and maintain documentation in the kind of detail and quality adequate to allow reasonable judicial scrutiny. (See also Standard 1.02, Conflict Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

11.02 Informed Consent for Forensic Services.

(a) When obtaining informed consent to forensic services as required in Standard 3.10, Informed Consent, psychologists inform the person or organization from whom consent is requested about the purposes of evaluations, the nature of procedures to be employed, the potential use of the results, the party who has employed the psychologist, and the limits of confidentiality which may exist. (See also Standards 3.05, Avoiding Harm; 3.07, Third-Party Requests for Services; and 3.11, Describing the Nature and Results of Psychological Services.)

(b) When an evaluation is court ordered, the psychologist informs the individual and the individual's legal representative of the nature of the anticipated forensic service before proceeding with the evaluation. (See also Standard 3.10, Informed Consent.)

11.03 Clarification of Role.

When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in a forensic proceeding, they clarify role expectations and the extent of confidentiality in advance and thereafter as changes occur. (See also Standards 3.05, Avoiding Harm; 3.06, Multiple Relationships; and 3.07, Third-Party Requests for Services.)

11.04 Prior Relationships.

A prior professional relationship with a party does not preclude psychologists from testifying as fact witnesses or from testifying to their services to the extent permitted by applicable law. Psychologists appropriately take into account ways in which the prior relationship might affect their professional objectivity or opinions and disclose the potential conflict to the relevant parties.

NOT FOR DISTRIBUTION

The Science of Deception: Integration of Practice and Theory

Arlington VA, July 17-18, 2003

CONFIRMATION NOTE **2**

SCENARIOS: **4**

#1 - EMBASSY WALK-IN PHENOMENA 4
#2 - LAW ENFORCEMENT THREAT ASSESSMENT 5
#3 - LAW ENFORCEMENT INTERROGATION AND DEBRIEFING 6
#4 - INTELLIGENCE GATHERING 7

NOTES FROM THE MEETING **7**

PARTICIPANT LIST (PARTIAL) 7
INITIAL DISCUSSIONS & INTRODUCTORY COMMENTS (JULY 17, 2003): 8
BREAK-OUT GROUP DISCUSSIONS 13
Embassy Walk-In Phenomena (#1) *14*
Law Enforcement Threat Assessment (#2) *16*
Law Enforcement Interrogation and Debriefing (#3) *19*
Intelligence Gathering (#4) *22*
DISCUSSION, COMMENTS & PROPOSALS (JULY 18 2003): 25

COMMENTS OFFERED AFTER THE MEETING **29**

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Confirmation note

Dear Friends,

This letter is to confirm your participation in the workshop "The Science of Deception: Integration of Practice and Theory," to be held in Arlington VA July 17 and 18, 2003. We also want to provide you with further information about the meeting and to ask you to send us information.

Logistics

Location: The conference will be held at RAND's Washington DC headquarters. Full details for travel there can be found at http://www.rand.org/locations/wo.directions/

Hotel accommodations: If you are staying at the hotel, we have reserved a pre-paid room in your name at Embassy Suites located just two blocks from RAND at 1300 Jefferson Davis Highway in Arlington, VA. Telephone (703) 979-9799. For other details, please see: http://www.embassysuitesdcmetro.com/crystalcity/

Schedule: We will begin on Thursday the 17th at 9:00 AM (coffee and breakfast food will be available at the meeting room at 8:00 AM) and end that same day at about 6:00 PM; lunch will be provided onsite. We have arranged for the group to have dinner at a local restaurant (the Thaiphoon) the evening of the 17th and we hope that you can join us for that. The meeting the next day (July 18) will begin again with 8:00 AM coffee and breakfast (discussion to begin at 9:00 AM) and end at about 12:30 PM.

Travel arrangements & costs: If you have not already made travel arrangements APA will be pleased to help you make your travel arrangements via our on-site American Express Travel Office. The Amex staff can be reached at 1.800.925.2864. Transportation and hotel costs are being covered by the CIA; reimbursement procedures for costs not directly billed to the organizers will be described at the meeting.

Questions about logistics should be directed to Geoff (GMumford@apa.org) (202) 336-6067 and/or Scott PRIVACY REDACTION

Requests for information from you:

(1) A paragraph describing your background and contact information, and then one or two paragraphs describing the relevance of your background to deception detection, and/or questions or issues that you would like the group to consider about deception and deception detection. (An example of what we are looking for is included as Item 1 below.) We would prefer that you send this to us (GMumford@apa.org) before the meeting. We realize that some participants may not all be able or want to provide such information.

(2) There will be a *limited* amount of time for data presentations either to the whole group or during the break-out groups. If you have such presentations on powerpoint, please email the powerpoint file to Scott Gerwehr PRIVACY REDACTION If you will need other media devices, please let us know. We are not scheduling more than about 5 minutes worth of any single presentation, unless the individual break-out groups request longer.

(3) A significant portion of the workshop will consist of small (about 10 people) discussion groups – the plan is to break out into four such groups twice. The discussions will focus on the four "scenarios" provided as Item 2 below. Would you indicate to us which two scenarios you are most interested in discussing? We can't promise that assignment but we would appreciate knowing now what your interest and preference might be.

Several of you have sent us pdf version of papers that you would like to share with the group. These are attached to this email. We welcome the opportunity to pass additional papers on, if you will send them to us. If you don't have an electronic version and would like to provide copies of the papers at the meeting, please either mail a hard copy to Geoff Mumford at APA, or bring copies with you for distribution at the meeting.

Questions/issues to consider:

Foreign intelligence agencies are continually seeking to probe, penetrate, and compromise U.S. information infrastructure (including networks, hosts, and data in both public and private sector systems). The goals of these intruders may be intelligence collection, profit, military reconnaissance, psychological operation, or vandalism and destruction. Perimeter and exclusionary defenses (e.g., firewalls, passwords) have been unable to prevent these activities, often because these well-trained attackers are skilled in a variety of cyber-deception techniques.

Intruders employ an array of deceptive techniques, including:

- Mimicking the general behavior patterns (e.g., time of day, volume of activity) of legitimate users in the systems they penetrate
- Mimicking the language and idiom of legitimate, indigenous users
- Disguising their communications as background noise
- Disguising their harmful applications as innocuous ones
- Diverting the attention of defenders by sacrificing lesser accomplishments (e.g., placing two trapdoors: a more and a less difficult-to-discover version)

There is a large number of variables which defenders might focus on; the classic framework includes variables in each of source, target, message, and context categories. For example:

- *Source*: Is the intruder deliberate or hasty? Focused or opportunistic?

- *Target*: Are defenders expecting to face deceptive intruders? Have they been trained in deception-detection?
- *Message*: Is the script of mimicked responses thin or elaborate?
- *Context*: Is the timeline short or long? How often are detected anomalies false positives?

Which ones contribute the most to the outcomes of successful deception? What defensive countermeasures will cost-effectively mitigate (or altogether ameliorate) the most adversary deceptions to the greatest degree? What are the performance functions of adversary deceptions? Do they taper gently or drop precipitously, and in what circumstances? (Obviously, these questions just scratch the surface.)

Item 2:

Scenarios:

#1 - Embassy Walk-In Phenomena

Throughout the world, individuals regularly walk into an American Embassy and state that they have valuable information regarding threats to U.S. interests abroad or sensitive intelligence information. These "walk-ins" or "volunteers" will also phone in or send emails to U.S. embassies with offers of information.

Some walk-ins actually have valuable, sensitive information, some are mentally unstable, and some are "provocations," hoping to pique the interest of the CIA t identify Agency employees and /or the methods used by the Agency to handle walk-ins. Others simply wish to provide false and misleading information to the Agency, and still others may have useful information but are trying to peddle the information to multiple governments in the hope of reaping financial gain.

Determining who has legitimate information of value and who is engaging in a deception is clearly a critical issue. Constraints include limited time to interview the walk-in, variability in interviewer skill (sometimes the interviewer is an Embassy Security Officer, other times it is an Agency ops officer), or lack of face-to-face observation in the case of individuals calling in or writing email.

Two strangers meet in a room. One will interview the other to determine who the person is, if he has useful information or access to it, and if he should be trusted. Finally, the interviewer must decide if any follow-up activity is worthwhile.

General conditions and constraints:

1. There is a loose process model in place that should be followed if someone walks-in to volunteer information at the locations of interest.

2. None to many individuals may interact with the volunteer before he sees the interviewer.
3. Time is critical (think compressed). One hour is long and two is a gift.
4. Only one visit to the interview site may be possible by the volunteer.
5. The interview may be conducted with the help of a translator or translation cards.
6. The volunteer may be from any background imaginable from the following mix of variables – culture, language, age, sex, education, etc.
7. Risk is high and perceived so – in every way imaginable to everyone involved.
8. The FBI, DoD, and the CIA may have different objectives and approaches to the walk-in volunteer situation.

Possible strategy:

Stay with the f-2-f situation. Telcons and email are really different problems. Can't solve all of them.

Goal:

An optimal structured approach (protocol, rubric, etc.) to get the best shot (minimize the error of f(+), f(-)) of the following;

1. Who the subject is
2. Does the have info of value
3. Detect deception
4. Determine if the subject is capable
5. Y/N continue with a relationship?

- What history of successes and failures do we have, and what can we learn from our own history (avoiding hindsight bias, if possible)? How can we analyze these situations using the procedures of decision-making analysis that have been used in the practice of medicine?
- What use can we make of instances of deception among ourselves, such as the experiences of undercover agents, spies, selective sharing of information depending on classification rating; socially acceptable lies (e.g., about weight or age); lies to children from parents (Santa Claus)?
- How does the current behavior of the U.S. embassy personnel (or whomever the officers are) impact on how people offer information? How can we take into account the characteristic that deception frequently is a social interaction, and that the recipient's behavior may determine the behavior of the deceiver in a real-time manner?
- How important are differential power and status between informer and officer?
- How does motive affect social negotiation?
- What are our cultural stories (folk psychology) regarding truth and lies, and how we value these in different situations? What are other cultural stories?

#2 - Law Enforcement Threat Assessment

Law enforcement, especially the FBI and Secret Service, receive threats by phone, letters, and email. Responding in terms of false positives and false negatives has significant impact in terms of public safety and expending resources. How can these types of threats be validated?

- What is the impact of our felt need to act secretly? In haste? How would our behavior be different if those needs were not present?
- How does motive affect social negotiation?
- What are the working definitions of deception and deception detection? Should these include spinning, withholding, false memories, trickery, plausible denial statements, and dissociative memories and personalities? What are the relationship of these to error & lapses of memory, self-deception, Mass Psychogenic Illness, and malingering?
- Might someone who wants to evade detection systems be able to fake a temporary physical illness or mental illness in order to get past deception detection systems and then once inside (the embassy, the hospital, the office, whatever) have access to secure systems?
- How important are differential power and status between informer and officer? What role might social stigmatizing play?
- What similar situations do we have in other venues that can inform us about this (where else do we ask people to keep or divulge secrets? Separate themselves from home and family and country? Quickly size up another individual, etc.)

#3 - Law Enforcement Interrogation and Debriefing

Law enforcement routinely question witnesses and suspects regarding criminal activity. How do you tell if the individual is telling the truth, lying, or something in between? Acts of omission and acts of commission are both important to identify.

- How do we find out if the informant has knowledge of which s/he is not aware?
- How important are differential power and status between witness and officer?
- What pharmacological agents are known to affect apparent truth-telling behavior?
- What are mechanisms and processes of learning to lie? Can these be demonstrated within relatively short periods of time (e.g., within a polygraph test session)?
- What are the ways lies are detected in legitimate pursuits, e.g., among those who are good gamblers? Amarillo Slim Preston says that he notes changes in patterns of behavior across short durations of time; what other social situations involve lie-detecting?
- What are sensory overloads on the maintenance of deceptive behaviors? How might we overload the system or overwhelm the senses and see how it affects deceptive behaviors?
- Lying takes more mental memory and processing effort than truth telling, because we have to remember what we said when and where, whereas truth is generally less context and time-dependent. Could we use changes in contexts in which questions are asked to look for consistency across situations as indications of deception?
- What are the effects of a "jerk" examiner in a polygraph situations?

#4 - Intelligence Gathering

Many government agencies, including but not limited to DOD, FBI, DOE, CIA, and the Department of Treasury, gather "intelligence" of one type of another. A high priority is how to evaluate the authenticity of both the source of information and the information itself. Issues that need to be addressed include whether the person is who s/he says s/he is, whether s/he has access to the information s/he purports to have, and whether the information accurate.

- What history of successes and failures do we have, and what can we learn from our own history (avoiding hindsight bias, if possible)?
- What are the dimensions of truth? Lies, truth, something in between? How much truth is present in our everyday social world, and how does this vary as a function of culture? How much is truth valued (as compared to other valued behaviors) and again, how does this vary as a function of culture?
- Can we reasonably map types of lies, or conceptions of lies, to specific behaviors and to the likelihood of their occurrence to specific situations (e.g., lies about bombs in suitcases to airport security)? Once we do this, can we create categories and relationships among categories, and then test the validity of such across samples? Might it be possible to greatly increase the likelihood of success if we agree that different strategies are needed to different types of interactions? That is, to propose that the same methodology may not be appropriate for personnel selection as for surveillance or law enforcement or airport screening?
- What are the important general receiver characteristics? That is, how does how you respond to me change the way I lie?
  We often assume deceit involves malice and intent to harm. But it is as often motivated by compassion and dedication to good (and God). How might deception behaviors be different depending on the underlying motivational system?
- If we are to construct a system for deception detection, how can we ensure that it "fails well?" (I.e., that it might stretch and sag before breaking, each component failure leaving the whole as unaffected as possible.)
  What are the relevant ethical and personal privacy issues that must be addressed?

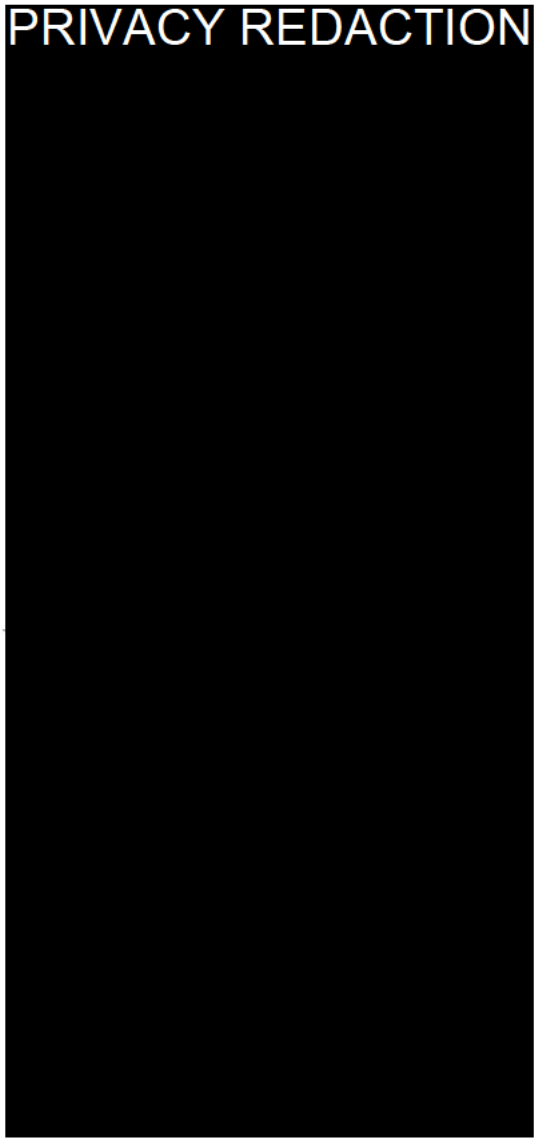
Notes from the meeting

Participant list (partial)

Anderson, Bill
Band, Stephen
Bennett, Michael
Bond, Charlie
Brandon, Susan
Capps, Mike
Demaine, Linda



DePaulo, Bella
Freedle, Roy
Gerwehr, Scott
Griffin, Jim
Griffith, Doug
Happel, Mark
Hazlett, Gary
Helms, Hollis
Hubbard, Kirk
Jessen, Bruce
Kinscherff, Robert
Lang, Eric
Lassiter, Dan
Mericsko, Bob
Mitchell, Bob
Mitchell, James
Morgan, Andy
Morris, Jon
Mumford, Geoff
O'Sullivan, Maureen
Pelham, Brett
Petty, Richard
Pinizzotto, Anthony
Povinelli, Daniel
Rosal, Carmel
Rosmarin, David
Strong, Gary
Vendemia, Jennifer
Zeffiro, Tom



Initial discussions & introductory comments (July 17, 2003):

Robert Mitchell: animal deception, pretending, teasing

Mike Capps: DoD Polygraph Institute: tasked by law to do research on polygraph

Bob Mericsko: ITIC: basic research in deception

Eric Lang: PERSEREC; vetting in personal clearance and updating

Roy Freedle: Experience in cross-cultural miscomprehension in interview procedures (see his handout); content analysis program includes 1500 dimensions for text analysis (Freedle actually read the FBI meeting report)

Charlie Bond: two projects relevant: (1) 60 country survey about beliefs about deception (most common: a liar can't look you in the eye); (2) judgments of deception from behavior occurs with about 55% accuracy across considerable situational variability; sometimes this runs as high as 75% in a situation-dependent manner.

Dan Lassiter: perception of ongoing events; how do we evaluate confessional data in interrogations; how the method of presentation affects judgment: if confronted with a face via videotape, people are more likely to view the statement as being voluntary; people in general are no better than chance at distinguishing T/F confessions. His research varies from other deception research because his subjects are assuming that the person is trying and likely to be truthful, and that they are expressing a personal belief. It is generally believed that we can identify false statements.

Jim Mitchell: practical application and operation of deception; not looking for what is already in the literature or in meta-analyses. Wants to know if we are interviewing a terrorist, how can we tell if he is lying? Current research on confessions doesn't apply [because the terrorist is operating under different rules?]; the terrorist is ready to admit involvement but won't offer additional details about their actions and he has no interest in protecting his turf.

Bruce Jessen: Similarly to Jim Mitchell; also interested in relationship between two people in this interrogation situation and how this affects the outcome.

Maureen O'Sullivan: (1) Lead PI with Ekman on the Diogene Project, that went on for more than 15 years and involved some 12,000 [1200?] people: found 14 ultimate experts (these scored at least 80% on three deception tests) and 14 penultimate experts (scored high on 2/3 tests). In these cases, the people did least well on those tests with which they had least experience, so there is likely a strong learning effect operating. The investigators interviewed these people to determine their deception [detection?] strategies. Found that 80-90% of these individuals had unusual childhood experiences that might be understood as giving them experiences with having an outsider point of view, and aware of emotionality early in life. (2) The Boy Who Cried Wolf Effect: why are people so bad at detecting deception? Perhaps because we make the fundamental attribution error: once we have decided that someone is truthful then we can't see them as deceptive; there is a *dispositional rebound effect;* it's hard to change one's view of a person from liar to nonliar because that's not being a nice person; (3) how can we train and whom should we train to defeat deception? Looks as if ability correlates positively with (a) high scores on general SAT, and (b) an interest in psychological phenomenon, and negatively with students who have had lots of casual sex and often lie to their friends. Good deceivers are like Olympic champions or Grand Masters in chess: they practice extensively.

Suggestion: find those people within an agency who have been proved to be good liars, and interview them for how they achieved the deception.

Bella DePaulo: Has been studying deception for 20 years. Some of the research includes diaries analyses, and a meta-analysis of more than 120 studies of 15 cues of deception (she presented those data; see also the Psych. Bulletin report)[1]

Suggestion: [there was something here about motivation to deceive, and an implication that people might be better liars if they are not motivated to deceive – because the cues to deception relate to motivational indicators, I think.]

Gary Hazlett: From Fort Bragg: select people for special ops training. When in the field, ability to deceive and detect deception "pretty much stink." Most successes are related to the other person's ignorance and stupidity, and most criminals are ignorant and stupid. Current interview methods appear to be using techniques from the 1940s; we've made no progress in this area since then. Perhaps it is a testimony to our society that we are so poor at deception detection and are not willing to use the forceful or unethical methods that other societies use (he noted that confessions under such conditions are known to be unreliable anyway). There is a need for rapid assessment, such as at Guantanmo Bay. Agree that if we had several years, then truth may rise to the level of evident but rapid methods are needed; let's leverage some of the methods we already know we are very good at. Another problem is that of training 19-20 year-olds to do interrogation: years of experience probably are needed to be good at this.

Andy (Charles) Morgan: research on realistic models of stress (men in special ops training; works with Hazlett). In general, as stress increases, accuracy and mental capabilities decrease – except for a small group of men (who can be identified prior on the basis of NP-Y). Has an opportunity to look at the Guilty Knowledge Test and see whether it works in high stress interrogation procedures. Also interested in instances where a person may not know what they know and the information that they have that may be valuable, appears innocuous.[2]

David Rosmarin (?): VP Medical: have tapes of world leaders (presumably, very practiced liars): should give them to Ekman's group and see if they can detect lies. He evaluates murderers for insanity pleas or diminished capacity (the latter is most difficult). These evaluations may be 3-4 hours; also evaluates forced confessions and threat assessments (highly motivated liars).

Richard Petty: Studies social influence and persuasion, which he hadn't seen as related to deception until now. Found that a medium speed of talking is viewed as most credible (too fast is not credible), although there is a natural correlation between expertise and speed of talking.

Suggestion: to be believed, speak at a medium pace.
Also studies self-persuasion: what makes you believe your own thoughts? This is related to false confessions. If a thought comes to mind quickly, it is viewed as more credible (by our selves). Also found that if you make people write with either their dominant or

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[1] "Check Forgers," by Klein & Montague.
[2] Model is blind sight experimental methodology from the 1960s.

nondominant hand, they are more likely to believe what they write if it is written with the dominant hand.

Suggestion: To make someone believe what they are writing, make them write it with their dominant hand; to protect them from believing what they are writing, make them write it with their nondominant hand.

Doug Griffith: works with Mike Bennett on cognitive demand effects and human information processing limits that make us vulnerable to deception. He has developed a list of aids (see paper); use of high tech in the Intelligence Commmunity (IC) has been problematic.

Robert Kinscherff: applied forensics, detection of malingering and deception.

Povinelli: doesn't have much to offer unless apes start walking into embassies and offering information. . . . Has a general, theoretic comment: deception is a constituent part of human society and we have evolved to deceive (paternity, etc.); otherwise, why is deception so widespread and why else does it occur in other animals besides humans? The reason it is so difficult to detect is that there is an "arms race" operating here (as we get better at deceiving, we must get better at detecting deception) at the level of individuals that is recreated in tells and in intelligence situations: given that we have evolved to deceive ourselves and others suggests a battery of approaches.

[How good are we at detecting other forms of deception, of the sort that are vital to our survival, such as social deception; parents deceiving children; how much should deception be viewed as the information of the powerful to the less powerful, independently of veracity?]

Hollis Helms: Spent 30 years as director of ops; was an Arabist. Drafted the first counterintelligence draftees. Experienced countless numbers of walk-ins and has concluded that "we stink" at evaluation. The worse case scenario is telling such a person to "go away and write your story and then come back, because I don't have time for you right now." In this instance, we forfeit visual cues, spontaneity, etc. In interrogation, information is elicited – it's not forced out. Often the only inducement as money. People in embassies are likely to value the U.S., moms and apple pie, and have never been truly deceived by anyone before in their lives. Walk-ins are important because the most valuable people are not those whom we recruit or capture, but those who approach us. Is a continual issue of training the interrogators.

(Povinelli: the ability to detect deception is likely to be normally distributed: if we can identify those who are at the ends of the distribution, training may not be necessary. O'Sullivan: Research indicates that even for those highly skilled at deception detection, training is still useful.)

Jennifer Vendemia: Interested in building a theory of deception as interactions of cognitive processes and motivations; measure these and relate them to imaging and TMS technologies; role of attention?

Gary Strong: At DHS in Science & Tech, on the research side. Has a bias for fundamental research and wants to build this to pass on to SARPA when that is up and running. (?) Interested in (1) determination of hostile intent with unobtrusive methods, and (2) in obtrusive determination of hostile intent. First level of these to be behavioral and not high tech; (3) detection of deception (as a lead for latter actions relating to border security); (4) behavioral research program to begin in FY '05 on understanding the root causes of terrorism (including millennial and revivalist and fundamentalist American groups). Has a view that some concepts can be understood in terms of mechanisms like those operating in biology; sees parallels between cognitive processes and cellular mechanisms; wants to consider using these as models of social change.

Linda Demaine: current portfolio in counter deception and advertising bias in cyber space; perceptions in consume ads for drugs.

Kristen Beyer: Interested in providing an interview strategy.

Stephen Band: Spent 20 years undercover in domestic operations; following a series of tragedies involving undercover agents, Bureau has tried to understand the situations and create and encourage defection; what social influences are important: sees undercover work as "developing relationships and betraying relationships."

Anthony Pinizzotto: Interested in crime scene evaluation and the detection of its psychological aspects for how these might be useful in interrogation; crime scenes sometimes are shaped to deceive people. Are there aspects of particular personalities that might lead people to be especially good or bad at deception? Also interested in "intuitive policing:" when cops make a very quick and accurate judgment about a situation, and it happens so fast that they can't verbalize or otherwise describe the cues that they used. Evidence exists that this phenomenon is real, especially when there is a threat to violence. (Morgan asked, is there any assessment of cortisol levels under such situations? Ans: no. O'Sullivan noted that this is an instance of the rapid processing of myriad details, and that she is teaching a course on "reading the minds of mind readers." Rosmarrin noted that police, attorneys and therapists sometimes have to be mind readers; O'Sullivan responded that in fact some of their found good liars/detectors were therapists. These people were good at the tests that involved emotions but not those that involved crime. Mike Capp asked whether there were modeling effects with the cops; Tony said that he thought there are; these individuals have been exposed to expert interrogators.

Bill Anderson: Counter-intelligence. Interested in espionage: what drives someone to spy? And in deception detection: what makes someone susceptible to friendly nations and friends; how do we break down our stereotypes about liars?

Jon Morris: statistician

Mike Bennett: Advanced intell analytic tools; Application of magic to this question?[3]

Jim Griffin: Interested in deception broadly speaking; usefulness for personnel interviews; personal interview is now a requirement for a visa to the U.S.: how can we train people to do this and put them into place? In Singapore, he had to walk through a temperature detector (SARS): might this be a model for deception? (Comment from X: thermal imaging booths are already in use in airports; indicate high levels of stress.[4] Ans: but will this distinguish between high level of stress and high level of fear of flying?) Those at OSTP are interested in fostering a dialogue between those in security and those in science, to break down problems and adopt empirical models. Noted that his work as a clinician with maltreated children indicated that pedophiles might be some of the most difficult to detect in terms of deception; like terrorists, they operate in networks and tune into appropriate behaviors dependent on the situation.

Suggestion: analysis of devices used by pedophiles as expert liars.

Tom Zeffiro: Interested in skill acquisition, mostly reading. But also looks at the neural mechanisms of deception (like Bob Mitchell), and is using perturbation via TMS to interfere with neural networks. Noted that there is a huge problem in medicine with malingering, especially in neurology: residents are supposedly taught how to determine malingering and yet no one is very good at this.

John: op psychologist at the CIA; interested especially in cross-cultural issues.

Carmel Rosal: Interesting in practical application of empirical findings.

Mark Happel: Interested in neural basis of deception; assumes that there is not one kind of deception and not one kind of lie, and that we will need multiple categories with perhaps different neural signatures for these categories; should take into account temporal parameters as we construct models of deception.

Bret Pelham: Might consider making use of priming and conditioning techniques; these phenomena are among some of the most robust that are known to psychologists. Described his work on the known letter effect: we are drawn to places/people, etc., that have the same name as we.

Suggestion: Could use a name as a CS to assess unconscious motivations.

Break-out group discussions

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[3] Barton Whalley has some comments on this notion.

[4] I'm using X as a source when I'm not entirely sure of either the source or the fact! (SEB)

Embassy Walk-In Phenomena (#1)

Throughout the world, individuals regularly walk into an American Embassy and state that they have valuable information regarding threats to U.S. interests abroad or sensitive intelligence information. These "walk-ins" or "volunteers" will also phone in or send emails to U.S. embassies with offers of information.

Some walk-ins actually have valuable, sensitive information, some are mentally unstable, and some are "provocations," hoping to pique the interest of the CIA t identify Agency employees and /or the methods used by the Agency to handle walk-ins. Others simply wish to provide false and misleading information to the Agency, and still others may have useful information but are trying to peddle the information to multiple governments in the hope of reaping financial gain.

Determining who has legitimate information of value and who is engaging in a deception is clearly a critical issue. Constraints include limited time to interview the walk-in, variability in interviewer skill (sometimes the interviewer is an Embassy Security Officer, other times it is an Agency ops officer), or lack of face-to-face observation in the case of individuals calling in or writing email.

Issues:

Characteristics of context & place:

Use of polygraph is sometimes just to intimidate people.
Best environment is a quiet place.

Characteristics of interrogator:

Rarely does the interrogator record the interaction correctly; usually, it is the Regional Security Officer that does the interview (this person is responsible for the physical security of the facility). This is a low-level person. The usual rule is not to mix the roles of law enforcement and intelligence (because the goals of each are feared to compromise the goals of the other). It is often the case that the interrogator gives the interviewee the "benefit of the doubt" if this seems more or less right to do.

Characteristics of the walk-in:

Motivation is a key element: the usual are money, political asylum, medical attention, psychopathy; someone may substitute a socially acceptable motivation for the real motivation (e.g., pretense of political ideology when primary motivation is greed).

If counter-intelligence, person will try to provide a rationale that is acceptable to their interrogator.

Protocol:

Variously structured, depends on place. The usual questions are to ask who you are, what do you want, how much time do you have, and who else knows you are here? Are you defecting?

When interrogator does not understand the language, they can use a box of language cards.

Usually first consider utility of the information, and later, its veracity.

Initial contact is high stakes: a threat scenario leads to a second interview that is outside the embassy and in a higher risk environment. It may be a one-shot deal.

Suggested strategies:

(1) Use anxiety as a modifier of performance; we get the least information when the walk-in is comfortable and perceives that he is in control.
(2) Encourage the walk-in to trust you by making them feel as if they are in control.
(3) Develop tools to assess CIA and State Dept. personnel for their qualifications for this kind of work.
(4) Be sensitive to the whole situation, and to feelings that "there is something wrong here" (DePaulo)
(5) Have some methods at hand for the interrogator to assess himself for operating categorically in a manner that may obscure important details.
(6) Take into account that people have regularly varying biorhythms, depending on the time of day.
(7) Develop and use different techniques depending on differential time constraints.
(8) Use video-teleconferencing so that a group of people (at varying levels) have access to the interview.
(9) Make questions open-ended; ask surprise questions.
(10) Use tag-team approach; game on/game off approach.
(11) Suggestion: develop a battery of tools (e.g., measuring eye movement in response to specific stimuli).

Future/needed resources & research:

Primary problem with walk-ins is in eliciting sufficient information and using this content and the process to encourage more information, or to change the system to make deception easier to detect as it occurs. It was proposed that research focus on evaluation and change in

(1) content: Review the social science literature to assess various environmental manipulations for use to elicit different/more/more truth information;
(2) process: Research the flow of the interview (the use of props, including perhaps the use of context to change brain states);

(3) tools: Research the use of psychophysiological tools, structured interviews, surprise questions, multiple observers, and what conceptual models are available for use in interview techniques, and
(4) the preparation and selection of interviewers: Harvest the tacit knowledge of people who are good at interviewing; have those who are good train others and have apprenticeship possibilities. These techniques have to be sensitive to people ranging from the scam to the genuine, varying also in terms of how long they have lived their cover.
(5) What are the effects of a bad disguise on the part of the interrogator? How does this affect the interviewee?
(6) Vast majority of walk-ins are fabricating the story that embassy personnel want to hear: How can we maintain the motivations of the interrogator under these conditions of such low hit rates?
(7) Smart person who has good information may provide only partial information, and look for assurances of safety (e.g., for family); what is the threshold for partial truth-telling?
(8) Which is better, a structured or unstructured interview?

Law Enforcement Threat Assessment (#2)

Law enforcement, especially the FBI and Secret Service, receive threats by phone, letters, and email. Responding in terms of false positives and false negatives has significant impact in terms of public safety and expending resources. How can these types of threats be validated?

Issues:

How to categorize the threats – to determine a course of action

Temporal dimension (immediate/seconds vs longterm/years)
By type of threat (domestic violence; bomb;wmd)
Intent of person making threat
Ability to carry out threat
Vulnerability of target
Nature of target (President vs shopping mall)
Characteristics of threatening person
Characteristics of person to whom threat is being communicated

How can we validate a threat (as opposed to determine course of action)

Keep detailed records: antecedent and consequent events to know rates of false alarms and misses, as well as successes
Are there psycholinguistic methods to distinguish among threats? Congress persons rate letters as more meaningful than emails, on the basis of data showing that those who write

letters are more likely to vote. Can we similarly rate these various modes of communication (listed above) along a variable such as "likely to commit violence?" How can we avoid characterization that prohibits seeing possible cues, while yet taking advantage of what is known statistically about crime incidents: for example, the DC sniper incidents illustrated the risk of using prior data bases.

Receiver characteristics

How a threat is perceived and reacted to is not just a function of the threat but also of who receives it: if that person is already stressed (due to fatigue or job pressure, etc.), then they are more likely to perceive a threat than someone who is not stressed.
Many threats handled locally by FBI field officers and local police across the country: these are the first responders. How can we create standard procedures while letting local custom and knowledge about a community also be used effectively? The National Center for the Prevention of Violent Crime (FBI) is working on a national threat data base.
Empirical studies show that in instances of detection of Munchism syndrome by proxy (e.g., parent presenting physician with ill child but child not really ill), highly trained nurses and novice medical students do best at detecting the deceit (as compared to physicians). It may be that the parent engages the primary caregiver in a way that flatters their sense of competence, and that the parents are expert at social positioning (1).
Malingerers at Bellevue Hospital in NYC were more likely caught by orderlies than by physicians: perhaps with the former the patients were not as guarded (2). Same apparently true with factitious disorders.
Even with apparently effective models for predicting who and what is threatening, most law enforcement is going to follow up on every threat that comes through – that is, there is little or no triaging.
Where there is no feedback loop regarding the validity of threat or deception intent or behavior, judges of deception are likely to feel over-confident of their ability to detect deception (empirical study of ability of sitting judges to decide the truthfulness of witnesses on stand – they had a high level of self-deception re their ability to perceive deception. In some sense, confidence $\neq$ competence and confidence = self-deception.

Threat characteristics:

Some communications as long as three sentences: these are especially difficult.
Intercepted threats usually carry more information.
Demands for negotiation usually allow for collection of additional information
Different kinds of threats call for different kinds of skills: perhaps we can't generalize across various threat situations.

Must protect from "enriching" a threatener by varying responses to threats (e.g., tactics used by English in response to IRA threats was to be somewhat random in their response); this is "Patrol 101" in police training.

Problematic to evaluate feedback about a threat after the outcome is known, because by then, there usually is much more known about the person who was making the threat than the characteristics of the original threat: so initial and isolated data are swamped by later data, and then there are powerful hindsight bias effects.

Current resources:

Make use of what is known to be effective in medical triage procedures
Make use of criterion based content analysis techniques (Kochken) that have been shown already to be highly accurate in identifying critical target information.
Make use of factitious disorder because it is occurring at a high rate on the internet: these data are open to the public for analysis.
Secret Service has a report on assassination threats that is available to the public.

Problems:

Creation of databases is a very expensive, time-consuming and resource-draining exercise, however, and is only as good as the data that are entered.
There also is the problem of making these systems available to the local responder, and getting them to trust it – not as a replacement for human judgment, but as a complement to it.
Increased turnover in federal agencies is making it less and less likely that real experts are available: the skills that require 10 years or more of on-the-job-experience are becoming more and more rare; agencies are encouraging early retirement; turnover of personnel.

Suggested strategies:

(1) Create avenues for the information to go to multiple decision makers who are at different agency/departmental levels but all are free to have input (in a nonhierarchical manner).
(2) Have observers and decision makers come from low levels of the organization, because they may offer less of a threat and encourage the deceiver to let down their guard.
(3) Engage in some red team/blue team exercises; bribe the men at Guantanamo Bay to write threatening letters that they believe would be believed, and then evaluate their effectiveness.
(4) In New Haven CT, a problem with repeated domestic violence was met with inviting psychologists and psychiatrists to ride in cop cars on patrols (Ride along) – cops gained a level of expertise with assessment of threats that would not have been possible via the simple "transmission of information." Can't just tell people how to do it: must walk through with guidance; need on the ground mentor and booster.
(5) When we categorize threats or evaluate them, don't just ask whether we think the person is telling the truth or not, but also ask about how confident the judge is: sometimes level of confidence is a more accurate tell than final judgment, especially where the judge thinks that they know the person telling the putative lie.

Future/needed resources & research:

(1) Make data bases already established available to social science researchers for analysis; development and testing of algorhythms; model development; creation, validation and evaluation of efficacy of expert systems. Need rule-based system combined with case-based system combined with neural network analyses.

(2) What are the characteristics of communicators that intend to deceive, that makes them different than the average Joe who just can't remember the story very well?

(3) What are the important cross-cultural differences that we need to be aware of?

(4) What do we know about female deceivers? Almost all of our current data come from instances of males deceiving males and being evaluated by males.

(5) How do people in law enforcement, that are forced into making quick decisions on the basis of little data, perform related to how much data they have? Is there any relationship between those who do well in this circumstance and those who do well in instances of apparent "intuitive" police actions?

(6) Psychologists need access to populations such as the Guantanamo detainees: in order to build databases to provide norms for standardized tests.

(7) Is it possible to build a good data base for the instances of where polygraphers were or were not successful in identifying liars? How can we do this in the absence of knowing what the actual false negative rate really is?

Law Enforcement Interrogation and Debriefing (#3)

Law enforcement routinely question witnesses and suspects regarding criminal activity. How do you tell if the individual is telling the truth, lying, or something in between? Acts of omission and acts of commission are both important to identify.

Issues

Eliciting information is an evolutionary-emergent process that develops based on the real-time situation and directed by the interrogator/debriefer

Characteristics of interrogator[5, 6]

The performance of the interrogator more than any other variable determines the outcome of an exam.

Good interrogators are good at managing self-presentation, role-playing, and mirroring, and are open to disconfirmation.

Standard IO tests and some personality measures (such as the 16PF) are used to assess correlations between personality and success in interrogation and debriefing

Matching characteristics of the interviewer with interviewee does facilitate better information gathering, although it can lead to overconfidence in both parties. There was

[5] Ask Dan Lassiter about "the innocence project," where 27% elicited a confession that was accurate.

[6] Ask Jessen about the English spies in Germany, who upon release said that they never gave up information and then later it was found that they did. When confronted with these facts, however, they remained convinced that they had never revealed anything.

disagreement about whether it is worthwhile to try to match an interrogator's strengths with a interviewee's weaknesses. The strategy may be beneficial, but given the gains, the time and effort of matching may not be worth it. A ontrary view was offered (Jessen) that matching doesn't have much effect, and that it is better to have fewer than too many people.

Secret service does well because they are trained to scan crowds and use nonverbal cues.

Characteristics of the interviewee

It is important to consider cultural issues: misunderstandings occur because we do not have an understanding of societal norms of conversation both verbal and non-verbal.

It is challenging to know how to assess deception among people who have no sense that their place in the world matters at all (that they have nothing to lose? No one to account to?)

Those who are operating on the basis of political or religious ideology may have different modus operandi than those who are operating on the basis of motivations such as money or security. Individuals who believe that what they are doing is right will not have the same emotions as individuals who commit crimes, and our American conceptualizations of guilt and other emotions will not work as a lever in these situations

Falsely held beliefs: How do you measure deception in people who do not believe they are being deceptive? Individuals with delusional disorders may believe the lies they tell; therefore, it will be difficult to detect when they are not telling the truth

It can be easier to get information out of a suspect than a witness because the witness is fearful.

Characteristics of the context

The interview situation is an emergent process that continually evolves.

A recurrent problem seems to be that an individual may be interrogated who does not care that the interrogator is aware of their deception How can interrogators elicit information given this situation? How can interrogators be sure that they have elicited good information?

The goals of the agency direct the nature of the interview.

Available technology

(1) Eye movement: reflects cognitive overload of nonspecific type.
(2) Thermal Imaging: The thermal effect does exist, but is driven by the generalized arousal mechanism that drives polygraph responses.
(3) Event-Related Potential (ERP): Recognition memory is the driving theoretical mechanism of the classical P300 effect. It is heavily impacted by characteristics of the stimuli, and there is evidence that certain individuals such as those with PTSD or convicted murderers do not produce a P300 related to recognition memory. However, the act of deception is built upon several cognitive processes each of which are related to portions of the ERP signal. Preparation to deceive is related to changes in

the contingent negative variation, a waveform that occurs BEFORE the question of interest. Attention switching based on deception is related to changes in the P3a, an early waveform in the anterior region of the brain. Making the decision to lie is related to a suppression in the P3b (similar to the classical P300), and re-evaluation of a deceptive response is related to chances in the late positive component.
(4) HRV: Heart rate variability. Polyvagal theory as a driving theoretical mechanism to explore different types of responders.
(5) In addition to these techniques other directions in detection of deception included: fMRI, pupillometry, exhaled breath, vibrometry, infrared, TMS

Suggested strategies:

(1) Use introverted interrogators; these people sometimes are known as "experts open to disconfirmation."
(2) Correct for overconfidence in information received by making sure that the interrogator does not make the validity assessment.
(3) Suggestion: stage the area to look as if there is lots of information at hand: have file cabinets and pinned maps, etc.

Research questions:

(1) Develop a method for assessing good potential interrogators.
(2) Formalize the situation characteristics that an interrogator "intuitively" understands
(3) Further investigate the conversational norms of other cultures to facilitate better cross cultural interview situations
(4) Determine a dictionary of gestures that are culturally specific
(5) Elucidate issues of inaccurate memory, false confession, and deception "without deception"
(6) Investigation of motivation (implicit attitude)
(7) Compare law enforcement successes in cultures where deception is permitted as part of the interview with successes in cultures where deception is not permitted as part of the interview.
(8) The interrogation situation is similar to situations found in the social dynamics models of developmental psychology, it may be advantageous to use those models to further elucidate the important variables
(9) Determine where systematic error is occurring in interrogations and how we can either eliminate it or at least know where to expect it.
(10) Create paradigms for measuring deception in people who do not believe they are being deceptive.
(11) Look at implicit measures of deception such as those created by classical conditioning paradigms.
(12) Consider situations where the usual cues are absent (cf. Secret Service that are good at nonverbal cues because, in a crowd, they can't hear what people are saying): might some cues overshadow others and yet be least informative?

(13) Investigate cross-cultural variations in physiological measures of emotionality.
(14) Develop methods of inoculation against confirmation biases.
(15) Examine the belief systems of most people via their "folk psychology." Use this to help identify and eliminate systematic sources of error.
(16) What are the effects of multiple versus single interrogators?
(17) What are the situational variables the elicit good information versus bad information – are there any such variables that act differentially?
(18) What do "spontaneous corrections" indicate re truthfulness?
(19) What impact do various emotions (guilt, fear) have on thinking through a lie?
(20) It is best to match an interrogator's strengths with a interviewee's weaknesses But, given the gains, the time and effort of matching may not be worth it. A contrary view was offered (Jessen) that matching doesn't have much effect and that it is better to have fewer than too many people. These are empirical questions.
(21) What can individuals with non-bizarre delusional disorders tell us about deception?
(22) Different physiological responses to standard stimuli as a function of culture.
(23) How might interrogation behavior vary as a function of gender of interrogator and walk-in?

Intelligence Gathering (#4)

Many government agencies, including but not limited to DOD, FBI, DOE, CIA, and the Department of Treasury, gather "intelligence" of one type of another. A high priority is how to evaluate the authenticity of both the source of information and the information itself. Issues that need to be addressed include whether the person is who s/he says s/he is, whether s/he has access to the information s/he purports to have, and whether the information accurate.

Issues:

Not much progression in the field in terms of methodology; continued use of relatively unsophisticated tools. The primary validation was to ask the question, "did the event occur?" But to simply ask this question, one loses other additional and important information. Intelligence only recently has developed an asset validation system. But still, individuals follow procedures oftentimes blindly and without critical assessment.

Current strategy is mostly to "question everything and everyone," again without much critical think. Critical validation tool is still having redundant reports on a piece of information.

What kinds of deception are there?

Lies told for self-serving reasons
Lies told for other reasons, or to be altruistic
Lies of omission and commission

Bald-faced lies vs exaggerations

Self-presentational lies (when liar cares about relationships with others)

Instrumental lies: for a particular purpose

Lying as acceptable in business negotiations; among politicians (where it is predicted that they will lie, although we tend to get upset when we find out that they actually do lie)

Characteristics of receivers:

"Everyone is always editing."

The only good answer to "how do I look?" is "am I stupid?" The point is that it can make us feel worse to lie than to tell the truth.

Characteristics of liars:

No relationship between arousal and intent, but there is a relationship between arousal and fear of detection (1). Therefore if we set the situation up to be threatening, then a false positive is more likely.

High stakes vs low stakes: self-presentational issues are important in both instances, because it is consistently important for a liar to think that they are deceiving those around them.

There are a subset of people who apparently have a limited repertoire when anxious, who use lying as a defense strategy to deal with the anxiety. They appear to simply not have sufficient alternate strategies.

In World Values Survey, people in 35 out of 35 countries responded that they agreed with the statement that it sometimes justifiable to lie in one's own self-interest. This had a positive correlation with educational level.

Problem with cross-cultural analyses is that lying means different things in different cultures, and perhaps also that in some social situations, rudeness outweighs deception as a prohibited behavior.

In the U.S., out of more than 500 trait terms, "liar" is rated as one of the most negative.

Research on auto salesmen: experienced auto salesmen best at deceiving observers about their intentions. They did not, however, consider that they were lying because it was viewed as sanctioned and occurring with good social support (2).

Liars need good social and verbal skills: children who are diagnosed as autistic are unable to lie effectively.

Familiarity has a powerful effect on judgment: we generally like and trust that which is familiar.

Indicators of deception:

Person uses multiple expulcation.

Less redundant detail (if telling the truth, more likely to provide these).

Likely to offer somatic and contextual descriptions (e.g., when I stabbed him, I could feel how the blade scraped against the ribs).

Story likely to be ABCDEF; if ask for more detail, get ABCDEF.

People who are good at lying look truthful when they are lying, and they look truthful when they are telling the truth (3).

No apparent relationship between lying and someone's ability to deal with classified information.

In psychotherapy, extent and details re lies only come out over time. Must assume that patient and agent is always withholding something.

Suggested strategies:

(1) Set the situation up so that it is no threatening to the putative liar: this will decrease the likelihood of false positives.
(2) Ask the person to write the story out and then tell it backwards: deceivers will do worse at this.
(3) People who are not worried about their behavior or the intepretation of their behavior are the best liars. [Does this then conflict with item (1)?]
(4) People who score high on Machiavellianism score high on likelihood of lying, and those who score highly on the question, "Do you care about what others think of you" also score highly.
(5) People who interpret ambiguous scenarios as acceptable opportunities for cheating also more likely to predict lying (?).
(6) People may be more likely to lie when the interviewer engages in posture mirroring; we know that this is also a way of creating a social bond between two people.
(7) Take advantage of some of the transference and counter-transference strategies used by psychotherapists (establish repoire; there are no known cases where repoire wasn't a primary reason for success of an asset).
(8) Use interviewer gender as an interviewer tool.
(9) Remember that we believe what we want to believe: deception is in large part self-deception.
(10) When rating deception, ask not only whether someone is lying but how confident the person is in making that judgment: sometimes the former is more accurate (in instances of close relationships).

Research questions:

(1) What is the relationship between being a good liar and IQ?

(2) How can we inoculate people to deal with instances where the person appears genuine, consistent and logical, and yet is still lying?

(3) What are the relative advantages of asking about deception as a trait vs as an individual behavior? Someone might be viewed as highly trustworthy and yet lie for political or religious reasons, which are consistent with a view of that person as honorable.

(4) What is the research on actors? On poker players? On magicians?

(5) Is the appearance of truthful unrelated to telling the truth? Is there some other characteristic about appearance that signals trustworthiness other than behavior?

(6) Does the fact that lying appears to be ubiquitous and an important part of social interaction, and that we are very poor at detecting deception, an indication not that evolution has made us both good at lying and good at deceiving (the arms race), but that being good at deception is simply not important? Social functioning might in fact be enhanced by our willingness to be deceived.

(7) How does deception vary as a function of positive or negative motivations?

(8) Can we determine lying in an individual by a change in the pattern of social networking and interactions that that individual displays? Changes in patterns of friends? Lying is damaging to social networks, so if someone engaged in more deception than usual, this should force a change in that network. Apparently, this has been seen in retrospective analyses: can it be used prospectively?

(9) What are the implications of the apparent fact that lying is ubiquitous in some sense, and yet about 90% of those who are tested for security clearances receive them?

(10) A trait psychology view may not be useful: we don't want to know (in this scenario) how hard it is for someone to lie. What we want to know is whether this person is lying now. (Most psychological testing tries to measure the former.) However, it also is important to know how deception or truthfulness changes across time and situation.

(11) How do receiver characteristics affect lying? What can the interviewer do to bring out a lie?

(12) What is the role of humor in telling and detecting a lie?

Discussion, comments & proposals (July 18 2003):

It could be more cost effective to use priming techniques (Pelham); consider research to evaluate the efficacy of such. One value of these is that they are easy to administer and provide immediate feedback. The efficacy of these as detecting attitudes versus familiarity need to be researched (Mitchell).

If the issue is, are they who they say they are, then there is a wide range of techniques available to assess this, in the area of research on the "self-system," which is in how people conceive of themselves. Self can be accessed by others without awareness of the person by assessing reaction time when confronted with one's name in a group of names; just seeing one's name accesses this self system (Povinelli).

> Problem can be that if someone mis-identifies themselves and this is discovered, then a burn notice goes out to other embassies but the information takes so long to get around that the same person can act deceptively elsewhere (Helmes).

The "Abel box" (?) contains pictures of various items: assess how long people spend looking at various pictures (Rosmarin), which even could be done implicitly (Povinelli); it was noted that this technique has not been validated for whether it accesses meaningfulness or interest (Morgan).

Imaging technology may allow a distinction between a story that is genuinely autobiographical and one that is not (Povinelli); Might be useful to do neural imaging with expert liars and see how their brains light up (Zeffiro) – perhaps guards in the federal prison system, who are apparently very good at deception (Jessen). Helmes conceded that it might be possible to get access to such people (including Guantanamo Bay-type prisoners). Alternatively, why not use our own people who are trained to be undercover ops? Monitor our own people (Anderson). Mericsko pointed out that this has been done with photo interpreters: analyses of what makes some better than others (novice vs. expert) [and has been relatively unsuccessful in identifying the critical variables that distinguish between these].

Might construct narratives and use content analysis (referenced Yuille's work). [7]

Might consider finding out where the most walk-ins occur and train people just for that situation and to be detailed only for the job of interrogation.

Compare success and failures across agencies and look for patterns in the data (Helms).

Consider using multiple variables and regression analyses: any one might not be sensitive enough, but taken together, the sensitivity greatly increases. Also important to use layered approach to interview: have more than one person interview, etc. (Band). Include those who are not just innocuous but also naïve. It was noted that children usually see through the tricks of magicians better than adults (?).

Use "smart ways" to assess (?) (Morgan); this brought up the issue of legality and ethics in deception detection (Band).

What is the similarity between walk-in assessment and interrogation of witnesses (Gerwehr)?

View interrogation as an emergent process, that uses the elicitation of information from reluctant people within a social relationship; it is one that can't be easily packaged in terms of the contents (Band) [but can be in terms of the process – that is, the properties of emergent phenomena and the networks that produce them]. Every walk-in is a suspect: the relationship between the interrogator and the walk-in evolves across time, as that walk-in may become a witness and then an agent. At this point, he has developed a good relationship with his interrogator who now is his case officer, and there is a social bonding that occurs. This relationship can be as simple as having the officer give the agent a ride in their car: this creates some bonding. (To understand how this can be acted out, oftentimes it is necessary to understand the gestures and habits of the particular culture; e.g., in some Arab cultures, men holding hands and putting a hand on another's knee has no sexual connotation, as it does in the U.S.) (Helms) The case officer's success is now tied to that of his agent, and the affiliation can blind the officer to aspects

[7] see a article 2 months ago in Jr. Personality and Social psychology by Newman and Pennebaker on "lying words."

of the situation. Oftentimes, agents don't transfer well from one case officer to another because the initial relationship was critical (Helms). Officer and agent may have either a positive or negative relationship; there is always a dynamic that will affect assessment (Jessen).

Tape the interview and ask someone else to assess (Rosmarin); this is done sometimes in psychotherapy.

Take advantage of what has been learned in the mental health profession about signs of relationships between therapist and client: the therapist may create elaborate rationalizations about their interactions with a client that make them withhold information and view the relationship as special and outside legal sanctions: what is needed is an ongoing, active supervisor of the therapist, to monitor these relationships. Most vulnerable situation is when there is a single point of contact between the client and the mental health community (Kinsherff).

Might be useful to develop at least three different strategies depending on how a particular case varies in terms of nature of the threat (maximum temporal pressure), whether it is with regard to commission of a crime (moderate time), or a personnel interview (least temporal pressure). We might research different populations across these three situations and look for commonalities and differences (Lang).

What is important?

(1) character of the interrogator: this determines the outcome more than any other variable; is an issue of that person's self-presentation. How can we best match the characteristics of the interrogator to those of the interviewee? If match strength of the former with weaknesses of the latter, get over-confidence on the part of the interrogator. During the process, the interrogator must be open to disconfirmation, no matter how expert they are. Often, the case officer handling a case is not the best person to assess deception; 99% of the time this is done better by a team (Helms). Need a detached third party.

Good interrogators are not trying to get historical detail; all they want is information. But a focus on this end goal clouds the issue of deception (Anderson). (?)

In the polygraph arena, newly-trained employees are quitting because they find it offensive to confront other people and accuse them of lying: difficult to recruit new people to train and then to keep them (Capp).

Research suggestion: DePaulo's work indicates that people may be aware of deception at a nonverbal level: why not include physiological or other covert, even subliminal measures of the interrogator?[8] Sometimes an interrogator will realize that they "are getting pissed off" at an interviewee without really knowing why, and this is an indicator of disbelief (Hazlett) that might be sensitive to reality. This would avoid internal confirmation biases issues of the interviewer. There are some data on what happens when people are lied to (Bond).

"Inherent confirmation biasing" is a normal, ubiquitous human behavior: it is also usually unconscious. As such, it is really impossible to avoid at the level of the

[8] What are sum cost biases (DePaulo)?

individual. We all want to be lied to at the level at which the mind works (Povinelli); this is a fundamental human cognitive process/trait.

(2) character of the interviewee: what are their cultural issues? Motives? Conversational style? Physiology? Falsely held beliefs? There is a dictionary of gestures and their meaning: use this. Take advantage of the fact that some people are good at deception in some situations and not in others; for example, confront a man with an attractive woman and you get much different behaviors than if he is confronted with a man (Capp).

Most liars are "rats" and have a primary allegiance to their wallets; must view these people as rats and be immune to our own sensitivities towards them (Hazlett). But the really good liars, such as psychopaths, tend to be quite bright and there is a danger in assuming that we are always smarter than they are (Rosmarin).

Perhaps the most important aspect of the interviewee to know is their motivation: best perhaps if they are motivated by money because that is easily dealt with (Helms).

Use multiple measures because they may converge and be more predictive (Helms).

What is the relationship of threats delivered to an agency or group, or deception towards these, to workplace violence? We know that there are good predictors of workplace violence, especially that other people knew ahead of time that a coworkers was discontented and talking about violence, etc.; what are the precedents of threats and deception? (Band)

What data do we have on insider deception, e.g. Hansen: surely many people had a sense that he was doing something deceptive? What happens in instances of industrial espionage? (Kinscherff)

What data do we have on IT violence? There appears to be a reliable pattern: anger, then quiet, then attack (RP)

What is the usefulness of Bandura's model of moral disengagement here?

When people lie, they use less complex stories (O'Sullivan) and their stories do not contain somatic memory details, or irrelevant details (Rosmarin). However, the data on consistency is mixed: consistency doesn't seem to indicate truth or deception (Bond). It may be that as a person recounts a story repeatedly, some version gets established for themselves: is it that however a story is first elicited, that version of the story is strengthened (Rosmarin), or that stories change over time, as had been found with Gulf War veterans (Morgan)? Consider the data of Loftus regarding priming for memories and false memories.

(3) the context: if make a situation scary, this will transfer to other emotions (such as attraction), and may increase a bond between officer and agent. Avoid this again by using assessment teams. (O'Sullivan)

(3) Vendemia summarized currently technology re lie detection methodology. Some can be easily measured: what about exhaled breath? Pupilometry? Heartrate variability? [Unexpectedly, these may show remarkably strong learning and cultural effects: these interactions are almost unknown. Most of the polygraph data has been validated using Americans: need other groups, ages, sexes.]

Some techniques need not be high-tech, but can include implicit tests of attitudes and the use of subliminal priming as either dependent or independent variables (Petty).

Need to investigate the relationship of these attitudes test results with someone having information and their ambivalence towards that information (Petty).

Research proposal: ask people in counter-intelligence to try to deceive others in their own agency: red team/blue team scenarios. (Morgan)

Anderson, Merickso, Capp and Hubbard all requested short research proposals be sent to them; they will consider and pass around among themselves if necessary.

Comments offered after the meeting

Bella DePaulo:

First, many thanks to you, Scott, Susan, and everyone else involved in putting together a fascinating collection of people and topics. I thought the meeting went very smoothly and it was clear that all of you did a ton of work to make that happen.

I especially liked the initial introductions, and would have been happy to hear a little more detail from everyone. (Most did not take advantage of the 5 minutes offered to describe a bit of their work.) I thought the working groups were touching on a number of important issues, but felt at the end of each (Walk-Ins and Intelligence Gathering) that they may have been more productive if the discussions were more focused. Of course, there is a trade-off with trying to keep a discussion on track, in that potentially useful digressions could be cut off. One way to have a more in-depth discussion might be to focus on a smaller number of questions within the topic of the working group. Again, there would be a trade-off of considering fewer relevant aspects of the overall issue. Perhaps we could have taken some time at the end of the workshop to address this question of what worked especially well and what could be tweaked a bit.

What I thought we were going to do when I first got the topic descriptions was to break into four groups each time. That would mean that each topic would be addressed twice, by (mostly) different people each time. I don't know if that would have worked better or not. I do think that the discussion format was better than the usual alternative of individual presentations.

I have a suggestion for someone you may want to invite in the future. Susan Hurt, PRIVACY REDACTION has a law degree from Cornell and a PhD in clinical psychology from the University of Virginia. For many years, she worked in a prison for women. Both her masters' thesis and her dissertation were on aspects of personality and psychopathology with incarcerated women. She is currently developing her own law and psychology practice and has conducted assessments of youth and families. She also has experience conducting court-ordered interventions (group therapy) with abusive men. She has an impressive combination of scholarly credentials, a track record of conducting important forensic research, and experience interviewing and assessing very challenging individuals.

Brett Pelham:

I thought the workshop was really excellent. My only suggestion would be to consider having smaller working groups so that more people could be involved. The big groups of nearly 20 people made it hard at times to have a good discussion. On the other hand, I do see one pro of the big groups which is that each group always had a diversity of views represented. For example, there were alwyas real agents and academics in each group.

If you'd like any feedback on your write-ups of the conference, please let me know.

Eric Lang:

The workshop was very good. You and others did an outstanding job of balancing helpful structure with open-ended flexibility. The four scenarios were productive vehicles for discussion. The dinner was also a thoughtful and generous touch (if possible, a quieter venue would have allowed discussions to extend beyond immediate neighbors at the table).

I have three suggestions that might be used to get even more out of similar workshops:

[1] decrease the size of the breakout sessions and encourage more members to contribute--I realize that this increases the logistical challenge,
[2] provide more direction to the facilitators on when to diplomatically steer discussions back to productive areas (there were a couple of times in each breakout session that, given known time limits, discussions went too far into arcane debate), and
[3] allow more time on the second day for exploring next steps. For example, although the idea of using extant data or collecting new data was raised on the first day, along with potential problems, it was not sufficiently explored on the second day. Perhaps with another hour or so (and specific facilitation regarding next steps) the group could have discussed some specifics of what agencies currently collect--or could collect--and how that might contribute to research endeavors. Or, perhaps, organized extended discussions might have resulted in persons on the operations side of the house realizing that the research potential of extant/new data collections might only be realized by inviting a relevant academic researcher to their agency for more targeted dialogue (e.g., regarding specific social science potential, applications, and collaboration requirements/clearances). Perhaps a final hour of the second day could have involved a working session with a goal to outline five specific examples of basic or applied research projects, e.g., (a) a multimodal combination of responses to subliminal stimuli, thermal tomography, paper and pencil instruments, and interview questions, (b) a cross-cultural study of interrogation that looks at the dynamics of when and how to prime any of the following in the mind of the potentially adversarial deceiver: attractive alternatives, rewards, threats of negative consequences, personal outcomes, group outcomes, time pressure, etc, or (c) a lit review piece to model deception issues under different time constraints, e.g., [high time pressure]

bomb scares and hostage situations vs [moderate time pressure] criminal investigations vs [low time pressure] employment interviews and personnel security/clearance investigations. Obviously, these suggestions are benefited by hindsight.

Overall, the workshop was a great way to begin exploring this area. I'm interested to see what next steps are taken.

Roy Freedle:

Thanks for your inquiry. I had several exchanges with other researchers present, and we kept saying to each other "where is the theory in all this?" I think someone (perhaps you, Susan & Scott) could compile snippets from various presenters (and other sources) to sketch major themes out of which a theory could be built--or, maybe we each could offer you several "aha" insights that followed the conference (or should we be doing that right here?). Anyway, I think the way to interest more researchers out there is to show them that the conferences can lead to more than applied insights: that there is in fact theoretical gold that flows from the many applications that have already been suggested. The general format of the conference, I thought, lead too quickly into the applied problems; perhaps future meetings could allow a little more time for the researchers to compile their ideas (maybe for a whole day preceding the general meeting?) and then present their summaries to the intelligence community. The thing is, when faced with the very serious problems of application, the anxiety level is probably sufficiently high so that the brain tends to shut down when it comes to theoretical synthesis. Maybe I'm wrong in this; maybe we need the hard realities to shake us loose from pointless theorizing.
Maybe the conference summary will already show us the way to a viable theory--maybe I'm still too close to the details of what was exchanged to see the broader implications.

Jennifer Vendemia:

I enjoyed the open format of the workshop. It seemed that each of the discussions that I was involved was shaped by a problem followed by potential psychological research ideas and other miscellaneous fixes. I understand that we couldn't go into the problems in any specific detail because the problem scope is large and much of the information can't be discussed in a public forum; however, I found it difficult to assess the issues without specific exemplars. I could not help discussion addressed important issues or if the scientists were proposing solutions that had already been explored. I felt strongly that this was a first step, and we would need more discussion before successful proposals could be generated. If proposals are generated as the result of these first steps, I would be concerned that they may not reflect the most relevant problems.

However, as a researcher this was the first time I had met several of the other researchers and made some very valuable connections. In addition, I learned some scientific information I had not known before and to which I may have never come into casual contact. For this reason (among many others), the workshop conference proved invaluable.

2) Based on the range of subjects we covered, what other research domains should have been represented and, specifically, are there other researchers you would have recommended that we invite?

Most of the people that I am know are also well known by The Mitre Corporation.

However, since the workship dealt with issues that cover many levels of analysis, it might be valuable to develop an organizational chart of social, cognitive, behavioral, and psychophysiological approaches along with the major researchers associated with each.

Considering that detection of deception played a role in our discussions I was surprised that detection researchers such as John Kircher and Frank Horvath weren't there. These two forensic psychophysiologists are good researchers without a particular bias towards polygraph.

On a different note, there is an Institute for Security Technology Studies out of Dartmouth which combines research talents from many different areas http://www.ists.dartmouth.edu/.

Jon Morris:

This weekend it occurred to me that a slice of measurement would have been a useful component in the agenda. Examples might include modifying factor structures of contemporary personality assessment instruments so they are more valid for our unique populations, the use of short forms, culture fair/neutral items and approaches, ad hoc procedures, powerful opening elicitation questions (ice breakers), alternative response formats and many, many more psychometric tricks.
We (I) didn't even think to ask Maureen what the three instruments she uses in her work were.
BTW, I also found the alternative thinking that came from the Anthro side quite interesting - I would think we need the bio, cultural, and anthro viewpoints in the discussions. And, we didn't really didn't touch 'dynamic systems' viewpoints. A dimension that is always present in our work - as nothing stays constant for very long.

Mike Bennett:

I have two comments:
First, I thought that the four breakout groups were too large. Perhaps running two smaller groups in parallel on the same topic would allow a more informal discussion. Second, there needed to be better facilitation. Perhaps you could use individuals trained in facilitiation techniques or who have conducted focus group sessions. Jon Morris has an individual he uses.

I was happy to not have to sit through dozens of PowerPoint presentations(the ones that had slides were more than enough) although an overview presentation of all the research represented at the table might have been useful.

Robert Kinscherff:

What I liked about the format of the meetings was that: (a) the larger group assemblies offered opportunities for people from a wide variety of backgrounds to offer comments, and (b) that the break-out into smaller groups allowed for some more focused discussion on discrete topic areas.

What I liked less about the format was the inescapable flip-side of the advantages: (a) in the larger group, it was more difficult for people to take the time to engage in more extended analysis of a problem or issue; (b) in the larger group, it was easy to get side-tracked (although some of these diversions were also very informative); and (c) it was not always clear to me how the assignments had been made to the smaller group, since some folks seemed to say very little in the smaller groups when they had been more talkative in the larger group.

One of the impressions that I had was that it was hard to find the "fit" between the information that the psychologists/researchers might have, and the needs of those from the law enforcement and intelligence communities. Their inability to disclose operational details, or what they are already doing, or what the limitations would be on their ability to act in particular ways—often left me with a sense that (a) they were already doing a lot of what we might have suggested (esp. the FBI folks), or (b) what the psychologist/researchers had to offer was just not detailed or focused enough to be particularly helpful(esp. the CIA folks).

For future meetings, I would suggest consideration of relatively detailed scenarios drawn up by those in the law enforcement and intelligence communities that they feel convey the substance of their challenges without revealing operational details. Specific questions about what psychologists and researchers might concretely have to offer in addressing these challenges might be appended to the scenarios. These might be in the form of asking what behavioral science can offer in implementing very concrete protocols or procedures for threat assessments, detecting deception during interrogations, etc. Then, smaller working groups of 5-7 people could be assigned (depending on interest, relevance of background, etc.) in an effort to problem-solve in a very focused, concrete way and generate suggested procedures, protocols, etc. Where there is little empirical information, this could be noted as an "area for future research" and the group instead attempt to achieve a consensus about "best practices" under these scenarios or protocols.

As for others who might be invited...It might be interesting to include some folks whose expertise includes the psychological dynamics of small and large groups whose members are being trained or encouraged to kill in military or quasi-military contexts. Lt. Colonel David Grossman is a former Army Ranger and paratrooper who has published in this

area, previously has taught psychology at West Point, and at last I heard, was a professor of military science at Arkansas State University. I also recall that there was an Air Force officer (who I dimly recall was also a psychologist?) with specialization in this area who was at the first FBI/APA meeting at Quantico, although I cannot recall his name.

The Science of Deception: Integration of Practice and Theory
Arlington VA July 17 and 18, 2003

Agenda

July 17:

8:30 – 9:00: Sign-in, coffee, setting up computers, etc.

9:00 – 9:30: General introduction

9:30 – 11:30: Self-introductions (including expressions of interest; data or research; up to 5 min each) / break ~ 10:30

11:30 – 11:45: Break

11:45 – 1:45: Break out into working groups; working lunch

1:45 – 2:00: Break

2:00 – 4:00: Break out into working groups

4:00 – 4:15: Break

4:15 – 5:30: General discussion

6:30: Dinner (Thaiphoon)

July 18:

8:30 – 9:00: Coffee & breakfast

9:00 – 11:00: Summary of previous day's discussions

11:00 – 12:00: Areas for future research; mechanisms for evaluation; recommendations for "best practice;" other meetings needed.

4128 11:45 - 1:45

4128 2:00 - 4:00

	Embassy Walk-In Phenomena	*Law Enforcement Threat Assessment*	*Law Enforcement Interrogation and Debriefing*	*Intelligence Gathering*
1	*Jon Morris*	Steve Band	Gary Strong	*Charles Bond*
2	*Bob Mitchell*	Tony Pinizzotto	Andy Morgan	*Bob Mitchell*
3	**Jim Mitchell***	Eric Lang	Jim Mitchell*	*Bella DePaulo*
4	Bruce Jessen	Susan Brandon	Bruce Jessen*	*Doug Griffith*
5	Geoff Mumford	Gary Strong	Gary Hazlett	*Mike Bennett*
6	*Doug Griffith*	Richard Petty	*Richard Petty*	Roy Freedle
7	*Mike Bennett*	~~Daniel Povinelli~~	Geoff Mumford	Scott Schumate
8	Daniel Lassiter	Jennifer Vendemia	Roy Freedle	Susan Brandon
9	Bret Pelham	Scott Schumate	Steve Band	Jim Griffin
10	Maureen O'Sullivan	Andy Morgan	Tony Pinizzotto	Gary Strong
11	~~Daniel Povinelli~~	Jim Griffin	Eric Lang	**Mark Happel**
12	Tom Zeffiro	**Robert Mericsko**	Maureen O'Sullivan	~~*Robert Mericsko*~~
13	Hollis Holmes	Dave Rosmarin	Jennifer Vendemia	Daniel Lassiter
14	John	Mike Capps	**Kathy Miritello**	Bret Pelham
15	Kathy Miritello	Kristin Beyer	Bill Anderson	Jon Morris
16	Bill Anderson	Carmel Rosal	~~Mark Happel~~	Hollis Holmes
17	Gary Hazlett	Roy Freedle	Linda Demaine	John
18	Bella DePaulo	Robert Kinscherff	Daniel Povinelli	Dave Rosmarin
19	Linda Demaine	Charles Bond	Robert Kinscherff	Mike Capps
20	Tom Zeffiro	~~Mark Happe~~l	Robert Mericsko	Carmel Rosal
21	Mark Hazel		Kristin Beyer	~~Kristin Beyer~~
22				Tom Zeffiro
23				
24				[redacted]
25				

From: kirk hubbard [redacted]
Sent: Monday, June 23, 2003 5:06 PM
To: gmumford@apa.org; [redacted]; Brandon, Susan (NIH/NIMH)
Subject: List of Ops people

Here is who is attending from my side:

Research & Analysis (CIA)
Kirk Hubbard
Jon Morris
Judy Philipson

Operational Psychologists (CIA)
Herb
Alisa
John
Dave

Counterintellegence (CIA)
Kathy Miritello
Bill Anderson

VIP Medical Analysis Center (CIA)
Dave Rosmarin

DOD civilian
Scott Schumate
Mike Capps

DOD military special ops psychology
Gary Hazlett

FBI psychologists
Steve Band
Tony Pinnizzotto
Kristin Beyer

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The Science of Deception: Integration of Theory and Practice

Arlington VA, July 17-18, 2003

PREFACE 2

SCENARIO #1: WALK-INS ARE IMPORTANT BECAUSE THE MOST VALUABLE PEOPLE ARE NOT THOSE WHOM WE RECRUIT OR CAPTURE, BUT THOSE WHO APPROACH US. 3

Current challenges: Operational constraints 3

View your interaction with the walk-in as a trade negotiation 4

One lie begets another 4

Source evaluation 4

Know yourself: deception is 50% self-deception 6

Rules for how to talk with the walk-in 8

Set up standard operating procedures 9

Implement evaluation mechanisms 10

As much as possible, control the context of the interview 11

General guide for deceiving an interviewer: You are given the task of deceiving an interrogator. What should you do? 13

Research challenges 15

SCENARIO #2 - LAW ENFORCEMENT THREAT ASSESSMENT POST 9/11 LACKS TRIAGING MECHANISMS 15

Categorize threats and prescript appropriate responses 16

Research challenges 17

SCENARIO #3 - LAW ENFORCEMENT INTERROGATION AND DEBRIEFING 17

Research challenges: Personal characteristics of good deception detectors 17

Research challenges: characteristics of normal conversations 18

Research challenges: the reliability of technological devices to detect deception 19

Additional research challenges 20

SCENARIO #4 - INTELLIGENCE GATHERING 20

Systematic data collection: needs and challenges 20

GENERAL RESEARCH CHALLENGES 21

PARTICIPANT LIST (PARTIAL) 23

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Preface

"Lying is a fact of everyday life. Studies in which people kept daily diaries all of their lives suggest that people tell an average of one or two lies a day. . . . People lie most frequently about their feelings, their preferences, and their attitudes and opinions. Less often, they lie about their actions, plans, and whereabouts. Lies about achievements and failures are also commonplace." (DePaulo et al., 2003, p. 76).

"The pervasive experience of self-deception within deception is a result of our ability to entertain models of the world independent of our experience. Our capacity for understanding is particularly implicated in its ability to allow us to create or imagine possible as well as actual worlds." (Mitchell, 1996, p. 842)

A meeting of social and behavioral scientists and personnel from law enforcement and intelligence agencies was held in Arlington, VA on July 17 and 18, 2003. The topics were deception and deception detection in four situations: the evaluation of information offered by a 'walk-in' to a U.S. embassy abroad, the evaluation of the veracity of threats by telephone, letter and email to the FBI and U.S. Secret Service, the interrogation of suspected criminals by law enforcement, and intelligence gathering by U.S. government agencies. The conversations were focused around four scenarios that were provided by the intelligence and law enforcement communities.

This report contains a summary of the conversations recorded at the meeting. It includes some description of current standard operating procedures, recommendations and suggestions offered to intelligence and law enforcement personnel in the situations described by the scenarios, and a list of issues where further consideration and research are needed.

Susan E. Brandon
January 12, 2004

Scenario #1: Walk-ins are important because the most valuable people are not those whom we recruit or capture, but those who approach us.

Throughout the world, individuals regularly walk into an American Embassy and state that they have valuable information regarding threats to U.S. interests abroad or sensitive intelligence information. These "walk-ins" or "volunteers" will also phone in or send emails to U.S. embassies with offers of information.

Some walk-ins actually have valuable, sensitive information, some are mentally unstable, and some are "provocations," hoping to pique the interest of the CIA in order to identify Agency employees and /or the methods used by the Agency to handle walk-ins. Others simply wish to provide false and misleading information to the Agency, and still others may have useful information but are trying to peddle the information to multiple governments in the hope of reaping financial gain.

Determining who has legitimate information of value and who is engaging in deception is clearly a critical issue. Constraints include limited time to interview the walk-in, variability in interviewer skill (sometimes the interviewer is an Embassy Security Officer, other times it is an Agency ops officer), or lack of face-to-face observation in the case of individuals calling in or writing email.

Current challenges: Operational constraints

(i) No one, or many, individuals may interact with the volunteer before he sees the interviewer.

(ii) Time is critical: "One hour is long and two is a gift."

(iii) This may be the only visit to the embassy that the walk-in will make.

(iv) The embassy staff – likely to be the Regional Security Officer, who is responsible for the physical security of the facility – is not likely to know the local language, and the interview may be conducted with the help of a translator or translation cards.

(v) The walk-in may be from various backgrounds of culture, language, age, sex, education, and previous experience with Americans.

(vi) The situation is highly likely to be viewed as high risk by both parties, but particularly by the walk-in.

(vii) The FBI, DoD, and CIA may have different objectives and approaches to the walk-in situation.

Participants' experience with many years of walk-in situations suggested that U.S. embassy personnel are remarkably bad at walk-in evaluation. A worst case scenario is telling a walk-in to "go away and write your story and then come back, because I don't have time for you right now." In such instances, interrogators forfeit visual cues and spontaneity, both of which are important to evaluation.

Empirical research and current collective experience suggests the following tactics and strategies relevant to for the embassy employee (assumed to be an American male) who processes a walk-in. The walk-in is assumed to be male and a resident of the local population. Where empirical data are available, sources are noted.

View your interaction with the walk-in as a trade negotiation

Each of you can be assumed to have something that the other wants. It can be assumed that the walk-in has information that is valuable to the U.S. It can be assumed that as an agent of the U.S. government, you have something that is valuable to the walk-in, such as money, security, or relocation. The probability that walk-ins will drop by and deliver a significant item of information on a first visit for nothing is low, however. It is advisable to view this first encounter as the beginning of a negotiation, where "we have money and some services to offer," and "they have information that may be useful to our national interests."

One lie begets another

The walk-in wants to be able to trust you, and he will not do so if he perceives that you are lying to him. Be as truthful as you can.

Source evaluation

The first step in evaluating a walk-in is to establish whether or not this source is likely to be legitimate or not.

> Some evasiveness or reticence to divulge identity or all of the information that the subject is wishing to sell should be expected. However, evasiveness is not the same as inconsistency. Given reasonable concerns for exposure, most walk-in sources are likely be initially hesitant about presenting a full, verifiable identity *if he is intent on remaining a resident in his current community*. The common fate of traitors is death in most of the world, and no amount of financial reward is going to stack up against this. So, unless the subject is seeking relocation for himself and his family as part of some compensation, he should make some efforts to preserve his future by protecting his identity at the start.

In addition, it should be expected that anyone selling information is not going to give that information up at the start. If the information is perceived to be of monetary value, why would he divulge it for free? It is reasonable to assume that the source should be able to give details regarding the nature of the information and with sufficient level of detail either about the information or about himself that he can be identified as a potentially credible source. The walk-in who has good information usually provides only partial information, and looks for assurances of safety (e.g., for family).

If the walk-in is trying to deceive you as to the source or content of his information, it is possible that he will provide some cues that indicate his deception:

(i) Research shows that, in some situations, liars tell their stories in a less compelling and less immediate manner and with fewer relevant and irrelevant details than truth-tellers. Lies also have fewer spontaneous corrections and liars less often admit that they can't remember. There is no difference in eye contact between those who tell the truth and not, but there is some evidence that liars are more likely to raise their chins while talking. Signs of mental effort may be present with liars, such as pauses and disturbances in speech, more pupil dilation and a higher pitched voice. (These signs of mental effort should increase to the extent that a person is asked to offer long, rather than short, answers to questions.)[1] Such cues to deception are more pronounced when people are highly motivated to deceive, especially when the motivations were not monetary or material.[2]

Some of these cues may be more evident if the interrogator has an opportunity to first observe the walk-in and establish as much of a "baseline of behavior" as possible. Amarillo Slim, a renown and successful poker player, includes among his list of the "top ten keys to poker success," that one is "always observing at a poker game. "The minute you're there, you're working. Watch the other players for 'tells' before you look at your own cards."[3]

(ii) The walk-in who deliberately is lying might engage in deliberate *posture mirroring*. Behavioral mirroring or mimicry occurs when an individual imitates the posture behaviors of another person. Mimicry is known to build affiliation,

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[1] DePaulo, B.M., Lindsay, J. J., Malone, B. E., Muhlenbruck, L., Charlton, K., & Cooper, H. (2003). Cues to Deception. *Psychological Bulletin, 129*, 74-118. See also DePaulo, B. M., & Morris, W. L. (in press, 2003). Discerning lies from truths: Behavioral cues to deception and the indirect pathway of intuition. In P. A. Granhag & L. Stomwall (Eds.), *Deception detection in forensic contexts.*

[2] Forrest, J. A., & Feldman, R. S. (2000). Detecting deception and judge's involvement: Lower task involvement leads to better lie detection. *Personality & Social Psychology Bulletin, 26*, 118-125; DePaulo, B. M., & Tang, J. (1994). Social anxiety and social judgment: The example of detecting deception. *Journal of Research in Personality, 28*. 1420153.

[3] Preston, A. S. (2003). *Amarillo Slim in a World Full of Fat People*. With Greg Dinkin. Harper Collins, New York (p. 126).

liking and rapport between two people.[4] This may serve to enhance the walk-in's ability to deceive. Since this behavior occurs in normal (i.e., nondeceptive) social interactions, as well, it simply is advisable to be aware of the effectiveness of mirroring.

(iii) Research shows that most people are not good at detecting lies: across many situations, accuracy at detecting deception is about 53%, which is little better than chance.[5] There is some evidence that people are better at reporting an accurate sense of ambivalence about a deception situation, than they are about the specifics of deception.[6] In some instances, "implicit measures" of deception have been shown to be significantly better than explicit measures.[7]

Know yourself: deception is 50% self-deception

Know your views, attitudes, and beliefs about your own culture, as well as your views, attitudes, and beliefs about the culture in which you are working. This is as important as knowing the views, attitudes, beliefs and customs of the locals – and far more possible, given the relatively limited training that most embassy staff receive.

Cognitive schemas are how people organize their knowledge of the world. These schemas affect our perceptions and our expectations, so that we are more likely to perceive and expect incoming information that is consistent with these schemas than that which is not.[8] Deliberate deception is most effective when the walk-in knows what your expectations and views of the world are, so that he can build a story that fits with these expectations, and prescript your imagination Such a story also needs fewer explicit, external details, because it can be assumed that you will fill these in. The walk-in then does not need to offer details that might be unverifiable or contradictory.[9] A good interrogator therefore works hard to avoid providing the walk-in with a priori expectations.

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[4] Lakan, J. L., & Chartrand, T. L. (2003). Using nonconscious behavioral mimicry to create affiliation and rapport. Research Article, Ohio State University; Chartrand, T. L., & Bargh, J. A. (1999). The chameleon effect: The perception-behavior link and social interaction. *Journal of Personality and Social Psychology, 76*, 893-910.

[5] Bond, C. F., & DePaulo, B. M. (2003). Accuracy and truth bias in the detection of deception. Manuscript in preparation.

[6] DePaulo, B. M., Rosenthal, R., Green, C. R., & Rosenkrantz, J. (1982). Diagnosing deceptive and mixed messages from verbal and nonverbal cues. *Journal of Experimental Social Psychology, 18*, 433-446; DePaulo, B. M., Charlton, K., Cooper, H., Lindsay, J. J., & Muhlenbruck, L. (1997). The accuracy-confidence correlation in thd detection of deception. *Personality and Social Psychology Review, 1*, 346-357.

[7] Vrij, A., Edward, K., & Bull, R. (2001). Police officers' ability to detect deceit: The benefit of indirect deception detection measures. *Legal and Criminalogical Psychology, 6*, 185-196.

[8] Catrambone, R., & Markus, H. (1989). The role of self-schemas in going beyond the information given. *Social Cognition, 5*, 349-368; Tesser, A., & Leone, C. (1978). Cognitive schemas and thought as determinants of attitude change. *Journal of Experimental Social Psychology, 13*, 340-356.

[9] Mitchell, R. W. (1996). The psychology of human deception. *Journal of Social Research, 63*, 819-861.

(i) To get a sense of how to construct a good deception plan, the walk-in might first engage in legitimate and truthful interactions. The deceiver might at this point also provide "facts" that are unverifiable (e.g., claims of people who have died), just to engage you in conversation.

(ii) The walk-in who is deliberately lying might take try to get you to offer up some of your own judgments or perceptions of him, so that he can adapt his own behavior in such a way that he will provide apparent confirmation of your views of him. (That is, the walk-in may try to take advantage of people's inherent tendency to confirm their own biases.[10]) The walk-in might try to convince you that you have figured him out. You are then more likely to think that you know how to evaluate subsequent information that he provides you, and he can use this as a means of safeguarding other information or as a platform for presenting intentionally deceptive information. For example, an interrogator usually expects that he is going to be lied to. If a walk-in allows himself to be "caught," the theory is that once satisfied that he had the subject accurately assessed all along, the interrogator will stop digging or will not attend to other data that suggest he should look further. Therefore, if you strongly suspect that the walk-in is going to lie, he may create an opportunity for you to catch him in a "lie" by designing an unconvincing cover story that can be penetrated – so that your desire to catch a lie is satisfied. This bogus deception might be the truth (which the walk-in would want the interrogator to dismiss), or it might involve matters unrelated to his intended goal.

You might want to try to see if this is happening by presenting a false early characterization of the walk-in or situation that he does not actually hold and then observe whether he makes any attempts to adapt his own stories accordingly.

(iii) A good interrogator knows what his own expectations are, and avoids using conformity to those expectations as evidence. Do not seek out information that is too closely tailored to your own expectations. It would be best to look for deception in the situation without preconceptions, but this is not possible – we all have preconceptions of one sort or another (including the preconception that we do not have preconceptions). However, there are means that can be used to counter this tendency.

> (a) The interrogator can initially enter the situation with a minimum of biasing information.
>
> (b) The interrogator can keep focused on a particular task. Specifically, in initial contacts, it may be more important to validate the source first before attempting to validate the content of his information. Also, it may be

[10] Mynatt, C. R., Doherty, M. E., & Tweney, R. D. (1978). Confirmation bias in simulated research environment: An experimental study of scientific inference. *Quarterly Journal of Experimental Psychology, 29*, 85-95.

helpful to focus on particular aspects of information and try to validate those first, to avoid getting lost in the larger picture/data set of information being presented.

(c) As an interrogator, it might be helpful write out any expectations you an honestly identify before the start of the interrogation series and then consciously seek disconfirming evidence.

(d) Never offer real opinions, theories, ideas, personal information, etc., to the walk-in that might give away expectations, biases, or beliefs that could be used as tools for deception by the target.

(e) Review ahead of time the focus of your questions, and assess where they potentially indicate a particular bias or intent.

(f) Assign determinations of whether a subject is being deceptive or not to a second observer (live or video feed). This allows an agent who is not directly involved in the interaction to focus specifically on the target's behavior.[11]

Rules for how to talk with the walk-in

(i) Make questions open-ended. The initial goal of any interrogation is to get the walk-in to do one thing: talk. A common error among novice interrogators is to either ask yes-no type questions, or to move so rapidly into direct questions related to the end goal of the interrogation that the subject's resistance peaks and he stops talking. Thus, in most cases, you want open-ended questions.

(ii) Ask surprise questions. Much has been made about the assumptions of interrogators and how they may be misled by the deceptive agent playing to these assumptions or biases. The same is true with reference to the walk-in. Interrogation is generally a novel experience for most people. One way most people attempt to deal with this kind of situation is to make predictions about how it will go. We know that establishing some predictability in the environment is one method for exercising an element of control on what is otherwise a very stressful, uncontrolled situation.[12] When a walk-in is being interviewed and the process is in line with expectations, the situation will be perceived as less stressful. Doing something or asking something that serves to surprise him is a way to keep him off balance and feeling out of control. Surprises serve to push the person outside the range of his mental paradigm, and in that domain there is likely to have been no rehearsal, no pat answers, no thought-out cover.

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[11] G. Hazlett, personal communication (2003).

[12] Miller, S. M. (1989). Controllability and human stress: Method, evidence and theory. *Behaviour Research & Therapy, 17*, 287-304.

(iii) As the interrogation continues, it becomes more of a conversation between two people and less of an interrogation. It is increasingly subject to the same social contextual variables as normal conversations. Because interrogation becomes more and more a social interaction, you should understand what your social rank is and how it compares to the walk-in, and how the conversation will drift across time because of the social nature of the interaction.

Set up standard operating procedures

(i) Set up procedures for sending the walk-in to multiple decision makers who are at different agency/departmental levels but all are free to have input (in a nonhierarchical manner). These additional interrogators should be ready to be involved as soon as needed:

a) Include relatively junior level (rank) interrogators, because they may offer less of a threat and encourage the walk-in to let down their guard.

(b) However, the initial contact should be someone of a higher rank. Culturally, there are certainly occasions where a high level source might be unwilling to cooperate with a perceived lower level staff person and 'your source walks out the door.'[13]

Perhaps unfortunately, the reality is that lower level staff persons are most likely to be whom the walk-in first encounters. It is these individuals who should be provided with the necessary tools and training to at least make a reasonable screening of a walk-in before recommending further follow-up.

(c) A good practice is to include two to three interrogators working across shifts continuously but on an individual basis. The other interrogators would be able to watch on video or review tapes and use the dynamics of personality differences to get the walk-in to show different responses to different interrogators across time. The interrogators can compare notes and then simultaneously appear before the walk-in and make him discuss any issues on which they have noted discrepancies.

(ii) Videotape the interview and seek independent assessment. Research in a variety of settings about how quickly people make general judgments about interviewees has shown that accuracy is greatest in the first minute of contact, is not improved by additional minutes up to a certain point, and then gradually degrades as the length of the interview increases.[14] It is advisable to have several independent raters observe a few minutes of tape and make a judgment rather than to place the evaluation into the hands of the actual interrogator who sits with the subject for up to several hours.

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[13] G. Hazlett, personal communication (2003).
[14] G. Hazlett, personal communication (2003).

(iii) Keep detailed records: Collect data about the antecedent and consequent events to know rates of false alarms and misses, as well as successes.

Cues to deception vary with particular deceivers and particular situations. The most promising way to learn about cues to deception or to train people to detect deception is to study the particular context of interest.[15] Interrogators should learn about deception from videotapes of suspects/walk-ins known to have been lying or telling the truth during actual interrogations. The particular training technique of showing trainees a clip, asking them to guess whether the person on the tape was lying or telling the truth, then telling them the answer has several advantages. First, it has been shown to at least modestly improve the accuracy of deception detection. Second, it can be very informative and sobering to professionals who often have greater confidence in their own lie-detection abilities than is warranted. Third, although the creation of such a collection of tapes can be challenging, once they are in hand, the training procedures are easy to implement.[16, 17]

Implement evaluation mechanisms

Set up routine methods for the interrogator to assess himself for operating categorically in a manner that may obscure important details. Such assessment should include issues of:

(i) How motivated is the interrogator? The embassy personnel may never find someone who has useful information, despite many interviews. How can the motivations of the interrogator be maintained under conditions of low hit rates?

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15 B. DePaulo, personal communication (2003).

16 Mann, S., Vrij, A., & Bull, R. (2002). Suspects, lies and videotapes: An analysis of authentic high-stake liars. *Law and Human Behavior, 26,* 365-376; Vrij, A., & Mann, S. (2001). Telling and detecting lies in a high-stake situation: the case of a convicted murderer. *Applied Cognitive Psychology, 15,* 187-203; Mann, S., Vrij, A., & Bull, R. (in press 2003). Detecting true lies: Police officers' ability to detect suspects' lies.

17 "The training studies I find most intriguing are ones in which the trainees are given no specific instructions at all. Instead, they watch a clip of someone lying or telling the truth, indicate their judgment as to whether the person was lying or telling the truth, then are told the correct answer. In some studies, trainees show some improvement in accuracy after just 8 trials. (E.g., Zuckerman, Koestner, & Alton, 1984, "Learning to detect deception," *Journal of Personality and Social Psychology, 46,* 519-528.) I think it might be promising to train people in this way with tapes of the kinds of deceptions that they face on the job. For example, if there were a collection of videotapes of walk-ins, and it were known definitively which people were lying and which were telling the truth, it could be useful to train people who deal with walk-ins using these tapes. " (B. DePaulo, personal communication, 2003)

(ii) How stressed is the interrogator (due to fatigue or job pressure, etc)? Individuals under stress are more likely to perceive a threat than someone who is not stressed.[18]

(iii) How long has the interrogator been conducting interrogations in the absence of feedback? When there is no feedback loop, judges of deception are likely to feel over-confident of their ability to detect deception, and subsequently more likely to make erroneous judgments. Interrogators are usually rewarded by getting "something," and not by getting "the right something." Many mistakes are made and a lot of poor work is done that goes unchallenged. It is not that interrogators don't want to do well, it is just that there is very little follow-up for most.

(iv) As a caveat regarding feedback, it is important to understand the powerful effects of hindsight bias. If errors in judgment are made, reevaluate the facts as they were known before the error was discovered, so that you can see what facts were ignored or misinterpreted.

As much as possible, control the context of the interview

(i) If the interview occurs in an environment that is under your control (e.g., a room set aside for this purpose), you have the opportunity to set up the context to your own advantage: in some situations, hearing a threat lurking outside the door can be conducive to greater cooperation in the room. High ambient noise may interfere with the capacity to carry on tasks that require high degrees of concentration and attention.[19] If the walk-in is obviously naïve, signs that indicate you have much information already (folders, maps, etc.) and that you have sophisticated technology available to you, may be effective. However, if these are a ruse and the walk-in discovers this, this damages the interaction significantly. (A few verified facts placed carefully to ensure that walk-in that he is known and has little to gain from deception, is more effective.)

Alternatively, it usually is true that people are more comfortable in their own surroundings, where there may be fewer cues to resistance. This is the kind of issue which speaks to the need to conduct questioning/inquiry covertly in the community in which the walk-in lives in vs. in a government holding facility.

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[18] Vila, B. J., Dennis, J. K., Morrison, G. B., & Reuland, M. (2000). *Evaluating the effects of fatigue on police patrol officers.* Washington DC, U.S. Department of Justice; Vila, B., & Taiji, E. Y. (1999). Police work hours, fatigue and officer performance. In D. J. Kenney & R. McNamara (Eds.), *Police and Policing* (2nd Ed.). Westport CT: Praeger.

[19] Military psychological operations conduct loud-speaker operations that, although grating to listen to and appearing to be somewhat silly, have been shown to be effective in increasing the mental load on targets (G. Hazlett, personal communication, 2003).

(ii) If possible, take advantage of the fact that most people function better cognitively during the daytime than during the nighttime, and that taking people out of their normal sleep-wake cycle can degrade their cognitive performance.[20] Sophisticated resistance to interrogation requires a lot of mental agility. Anything that reduces that agility may increase the likelihood of the resistant subject making errors. However, this kind of technique generally means that you have the capacity to exercise that level of control over the walk-in's environment and schedule.

(iii) Consider when and how to increase the anxiety of the walk-in:

Anxiety and fear are known to have enhancing effect on some memory and cognitive tests when they are at a medium level, and a debilitating effect when very high.[21] However, when the cognitive challenge is complex (as deception might be), anxiety generally degrades performance.[22] If the goal is to break a deceptive cover, enhancing anxiety might be an effective interrogation strategy.

An individual who arrives at an embassy and appears to have little anxiety may be worth challenging once his initial pitch has been made. In such cases, one might initially assume that either the walk-in is a foreign intelligence operative sowing disinformation, or he is a merchant of information with something to sell and has no belief that such a transaction constitutes any threat to him.

In formal interrogation settings, anxiety can have a role to play, particularly in the early phases soon after capture when tactical intelligence is desired. Most detained individuals will relatively quickly habituate to captivity and soon learn that there are limited physical pressures that can be exercised against him. Anxiety and fear are based on not knowing what may happen to you and can be a strong motivator. Once that ignorance is removed, it is difficult to overcome resistance.

It is not unreasonable to engage in deliberate deception operations against a detained terrorist that may cause him some anxiety. However, individuals who have been the most successful at interrogation are those who allowed the subjects

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[20] Englund, C. E., Ryman, D. H., Paul, N., & Hodgdon, J. A. (1985). Cognitive performance during successive sustained physical work episodes. *Behavior Research Methods, Instruments & Computers, 17,* 75-85; Haslam, D. R. (1983). The incentive effecy and sleep deprivation. *Sleep, 6,* 362-368; Haslam, D. R. (1985). Sustained operations and military performance. *Behavior Research Methods, Instruments & Computers, 17,* 90-95; Mertens, H. W., & Collins, W. E. (1985). The effects of age, sleep deprivation, and altitude on complex performance. FAA Office of Aviation Medicine Reports. Rpt. No. FAA-AM-85-3, 18, US: *Aviation Medicine.*

[21] Broadhurst, P. (1957). Emotionality and the Yerkes-Dobson Law. *Journal of Experimental Psychology, 54,* 345-351.

[22] Sarason, S. B., Hill, K. T., & Zimbardo, P. (1965). A longitudinal study of the relation of test anxiety to performance on intelligene and achievement tests. *Monographs of the Society for Research in Child Development, 29,* 1-51; Shephard, A. H., & Abbey, D. S. (1960). Manifest anxiety and performance on a complex perceptual motor task. *Perceptual & Motor Skills, 8,* 327-330; Sinha, D., & Singh, T. R. (1960). Manifest anxiety and performance on problem solving tasks. *Journal of Consulting Psychology, 23,* 469.

to generate their own anxiety and did not rely upon aggressive/physical means to extract information. A threat is only good if there is some basis for believing it. Once it is discovered to be a false threat, the result is enhanced resistance from the target. Intimidation also is a limited use phenomenon because it habituates quickly when no harm is done. There is also the danger that if a threat is made, the interrogator may at some point feel compelled to carry it out. Once a false threat is identified or intimidation is perceived as a nuisance vs. a threat, credibility of the interrogator is lost along with any efficacy in that role.

(iv) Consider when and how to <u>decrease</u> the anxiety of the walk-in:

The possibility should be considered that individuals who really have something to offer in terms of information are likely to be generating anxiety on their own. Increasing anxiety is only likely to scare such an individual away. Making contact with Americans aversive is not likely to be an effective long-term strategy for encouraging anyone to come in with information.

It would seem desirable to encourage rather than discourage individuals to contact U.S. interests abroad. For example, if it is a regular occurrence for citizens in Baghdad to come to the embassy to sell bogus information for $20, then anyone who really has some valuable information always has a cover story about why he is in the Embassy. Visiting the embassy may become a common practice in the community, which may make it more difficult to ascribe responsibility to anyone when there is suspicion that some real information was actually passed and acted upon. This means more work for some embassy staff, maybe even some dedicated staffers to this task. In the end it would be relatively cheap. Also, among any pool of subjects seeking to lie for a few bucks, there is someone who will tell the truth for a few more if properly recruited.

<u>General guide for deceiving an interviewer: You are given the task of deceiving an interrogator. What should you do?</u>

(i) *Minimize dishonesty.* In process of an interview where the intent is to deceive, the subject should as much as possible avoid telling lies, particularly spontaneously developed ones that tend to fall apart very rapidly.

(ii) *Control content.* Stay on whatever line you have established as the information you wish to relay. Avoid talking about subjects outside of that area.

(iii) *Control quantity.* Say very little more than what is necessary to communicate the information you want to convey. The more you say, the more opportunities there is for you to present potentially conflicting bits of data that can be used to establish a lack of credibility.

(iv) *Volunteer nothing (source of effort).* Credible information has to be drawn out by an interviewer, he expects to work for it. What you volunteer may be discarded or give away an obvious intent to push a particular message which could arouse suspicion.

(v) *Make your point and get out (limit time).* If you are the walk-in, you should make the point that you have information, validate yourself to a sufficient degree and then get out so you can have greater control when you push the actual deception. The longer you talk to the snake, the more likely you will be bitten.

(vi) *Establish control (retain initiative).* If you have sufficiently aroused the interest of an interviewer or interrogator, it would be best to make the target (the interrogator) work harder to get the information. The more work involved in getting it, the more the information obtained will be valued and defended by the target. A successful walk-in contact could be gauged by the willingness of the target to follow up and seek an additional meeting(s). Setting the time and place of subsequent contacts where the deceptive information is passed will allow the source to minimize factors which might reveal the deception. Outside of the embassy, a source can choreograph the remaining contacts for maximal effectiveness. Consistent with this, never go back to an embassy once the initial contact has been made.

(vii) *Be realistic.* Presentation of deceptive information should be framed in a realistic context. Normal people are very uncomfortable with interrogation or focused questioning of almost any kind. The display that accompanies any offer of deceptive information should be consisted with what is normally seen by the target. This is an area where target expectancy is in fact very important. If you don't look like his usual customers, the poor fit with his existing schemas will heighten his suspicion about your intent and the validity of your information. Nonverbal cues may play a significant role in selling or invalidating a message.

(viii) *Scenario training is essential.* Some data regarding identity may have to be divulged to validate you as a source. If you are to be successful, you should be trained in significant depth on any line of deception that may be involved. You must know the details of what you may talk about in depth and with multiple associations so that the information resides in memory as part of a normal web of knowledge as opposed to as a trivial and isolated fact. It is the third and fourth question on a particular subject that tends to reveal the usually very shallow nature of most attempts at deception.

(ix) *Scenarios must involve layers of deception.* If you can't control the situation fully, it is necessary to provide people with a fall back position that allows them to confirm interrogator suspicion while at the same time stopping further inquiry. The longer one talks to a trained interrogator, the more likely he will make a mistake and be challenged on it. If a deception effort is to be successful, the target has to come away with some confidence in the data. Errors should be

planned for in the execution of the effort and there should be engineered within the scenario several fall back positions that will allow the source to be "discovered" while at the same time retaining his validity as a source.[23]

Research challenges

- What history of successes and failures do we have, and what can we learn from our own history (avoiding hindsight bias, if possible)?
- What use can we make of instances of deception among ourselves, such as the experiences of undercover agents, spies, the selective sharing of information depending on classification rating, from socially acceptable lies (e.g., about weight or age), and from deception that occurs as a function of differential social status?[24]
- How does the behavior of the U.S. embassy personnel (or whomever the officers are) impact on how people offer information?
- Might someone who wants to evade detection systems be able to fake a temporary physical illness or mental illness in order to get past deception detection systems and then once inside (the embassy, the hospital, the office, whatever) have access to secure systems?
- How important are differential power and status between informer and officer? What role might social stigmatizing play?
- How does motive affect social negotiation?
- What are the American cultural stories (folk psychology) regarding truth and lies, and how do we value these in different situations? What are other cultural stories?[25]

Scenario #2 - Law enforcement threat assessment post 9/11 lacks triaging mechanisms

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[23] G. Haslett (personal communication, 2003.)

[24] Older Americans may be better than younger Americans at not revealing deception. See Parham, I. A., Feldman, R. S., Oster, G. D., & Popoola, O. (1981). Intergenerational differences in nonverbal disclosure of deception. *Journal of Social Psychology, 113*, 261-269.

[25] Research by Charles Bond and colleagues includes projects relevant where nationals from 60 countries were surveyed about their beliefs concerning deception. The most commonly expressed opinion was that a liar can't look you in the eye. In general, he has shown that judgments of deception from behavior occurs with about 55% accuracy across considerable situational variability, although sometimes this runs as high as 75% in a situation-dependent manner. From Bond, C. F., Berry, D. S., & Omar, A. (1994). The kernel of truth in judgments of deceptiveness. *Basic and Applied Social Psychology, 13*. 523-534; Bond, C. F., & Atoum, A. O. (2000). International Deception. *Personality & Social Psychology Bulletin, 26*, 385-395; Bond, C. F., Thomas, B. J., & Paulson, R. M. (in press). Maintaining lies: The multiple-audience problem. *Journal of Experimental Social Psychology*.

Law enforcement, especially the FBI and Secret Service, receive threats by phone, letters, and email. Responding in terms of false positives and false negatives has significant impact in terms of public safety and expending resources. How can these types of threats be validated?

A current characteristic of this challenge is that there is (post 9/11) almost no triaging of threats: law enforcement operates under the felt need to follow up on almost all threat communications.

Another challenge is that this threat information is often very short – as short as a few sentences. The brevity ensures that the message encapsulates very little information.

Law enforcement and intelligence agents also must avoid "enriching" the threatener by making their reactions to a threat public, so that the threatener knows what the police/intell action will be and can plan accordingly.

There is the need to acknowledge that people may have information that is false, but which they believe to be true. In these instances, research shows that the usual cues to deception are absent: there is no extra mental effort involved in maintaining the "lie," and no apparent behavioral indices of deception.[26]

Categorize threats and prescript appropriate responses

Determine a course of action depending on the specific combination of characteristics. Threats can vary in terms of:

(i) Temporal (immediate/seconds vs longterm/years)

(ii) Type (domestic violence; bomb; WMD)

(iii) Intent of person making threat

(iv) Ability to carry out threat

(v) Vulnerability of target

(vi) Nature of target (President vs shopping mall)

(vii) Characteristics of threatening person

(viii) Characteristics of person to whom threat is being communicated

(ix) Characteristics of a likely deception

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[26] For an example of how assertions to false events can appear truthful, see Ceci, S. J. (2003). *American Psychologist, 58*, 855-864.

(a) Lies told for self-serving reasons
(b) Lies told for other reasons, or to be altruistic
(c Lies of omission and commission
(d) Bald-faced lies vs exaggerations
(e) Self-presentational lies (when liar cares about relationships with others)
(f) Instrumental lies: for a particular purpose
(g) Lying as acceptable in business negotiations or among politicians, or among the public generally.[27]

Analyses of narratives around threats have shown that there are predictors of the imminence and severity of the threat. These analyses might be useful for some of the threats and intelligence routinely received as described in this scenario.[28]

Research challenges

- What is the impact of our felt need to act secretly? In haste? How would our behavior be different if those needs were not present?

- How can we analyze these situations using the procedures of decision-making analysis that have been used elsewhere, for example, in the practice of medicine?

Scenario #3 - Law Enforcement Interrogation and Debriefing

Law enforcement routinely question witnesses and suspects regarding criminal activity. How do you tell if the individual is telling the truth, lying, or something in between? Acts of omission and acts of commission are both important to identify.

Research challenges: Personal characteristics of good deception detectors

Research with people who score well on at least three kinds of "lie detection" tests show that (i) even these people did least well on those tests with which they had least experience, indicating the operation of a significant effect of experience with the tests. It was suggested that good deceivers are like Olympic champions or Grand Masters in

[27] In the World Values Survey (http://wvs.isr.umich.edu/), people in 35 out of 35 countries responded that they agreed with the statement that it sometimes justifiable to lie in one's own self-interest. This had a positive correlation with educational level. One problem with cross-cultural analyses is that lying means different things in different cultures, and in some social situations, rudeness outweighs deception as a prohibited behavior. In the U.S., out of more than 500 trait terms, "liar" is rated as one of the most negative. (C. Bond, personal communication, 2003.)

[28] Suedfeld, P., & Wallbaum, A. B. C. (1992). Modifying integrative complexity in political thought: Value conflict and audience disagreement. *International Journal of Psychology, 26*, 19-36; Suedfeld, P., & Bluck, S. (1988). Changes in integrative complexity prior to surprise attacks. *Journal of Conflict Resolution, 32*, 626-635.

chess: they are good because they practice extensively.[29] (ii) It also was found that about 80-90% of these individuals had unusual childhood experiences that might be understood as giving them an outsider point of view, and aware of emotionality early in life. (iii) There was some evidence that the ability to detect deception well correlated positively with (a) high scores on the general SAT, and (b) an interest in psychological phenomenon. Generally, detection of deception is better under lower motivational levels than under higher motivational levels.[30]

It was suggested that such individuals might be identified also as Personality Type D – that is, as individuals with a pervasively pessimistic view of life. This pessimism might give them a predilection for setting their threshold for determination of the deceptive content of a message at a relatively low level. It might also be considered that these individuals show a lower threshold for other kinds of detection tasks, such as motion detection tasks, and that the predilection for setting a low threshold, evident in those tasks, might be useful as a screening mechanism for good lie detectors.[31]

It should be recognized, however, that a trait psychology view – where individuals good at deception or deception detection are identified via personality characteristics and personality testing -- may not be useful: in this scenario it is not desired to know how hard it is for someone to lie, but whether someone is lying at that point in time.

We can be informed by research on self-persuasion, which attempts to understand what makes us believe our own thoughts. The self-validation hypothesis is that attitude-relevant thoughts that are perceived by oneself as valid have a strong impact on attitudes, and those that are perceived as invalid, do not. In support of this hypothesis, behavior that increases one's confidence in one's own thoughts has been shown to have a favorable impact on one's attitude as towards those thoughts. For example, (i) if a thought comes to mind quickly, it is viewed as more credible (by our selves), and (ii) if people write a message with either their dominant or nondominant hand, they are more likely to believe what they wrote if it is written with the dominant hand.[32]

Research challenges: characteristics of normal conversations

Research has shown that everyday conversations have the following characteristics:[33]

(i) Maxim of quantity: all necessary information about a topic is provided

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[29] Maureen O'Sullivan, The Diogenes Project.

[30] Forrest, J. A., & Feldman, R. S. (2000). Detecting deception and judge's involvement: Lower task involvement leads to better lie detection. Personality & Social Psychology Bulletin, 26, 118-125; DePaulo, B. M., & Tang, J. (1994). Social anxiety and social judgment: The example of detecting deception. *Journal of Research in Personality, 28*, 1420153.

[31] Roy Freedle (personal communication, 2003).

[32] Brinol, P., & Petty, R. E. (in press). Self-validation processes: The role of thought confidence in persuasion. In G. Haddock & G. Mate (Eds.), *Theoretical perspectives on attitudes for the 21st century*. Philadelphia, PA: Psychology Press.

[33] Grice, H. P. (1975). Logic and conversation. In P. Cole & J. L. Morgan (Eds.), *Syntax and Semantics, Vol. 3: Speech Acts* (p. 41-58). New York: Academic Press

(ii) Maxim of quality: the information given is true and not misleading

(iii) Maxim of relation: information given is relevant to the goal of the conversation

(iv) Maxim of manner: the communication is clear, brief, and orderly, and ambiguity and obscurity is avoided.

Research might consider the extent to which these rules are gender-dependent and culture-dependent.

Research challenges: the reliability of technological devices to detect deception[34]

(i) There are no data to support the assertion that anxiety related to deception results in measurable fluctuations in vocal recordings.

(ii) Thermal imaging – reflecting changes in blood flow, particularly around the eyes – may be successfully combined with polygraph measures to enhance deception detection; the method is under development.

(iii) Pupillometry, the measurement of changes in pupil size or movement, has been shown to identify guilty participants in Concealed Information Test studies, but this response can be manipulated voluntarily by the subject trying to be deceptive, and this response occurs in situations not involving deception, such as in conditions of test uncertainty.

(iv) Event-Related Potential (ERP): The act of deception is built upon several cognitive processes, each of which is likely to be related to portions of the ERP signal. Three components of ERP (elicited by exposure to stimuli that have some task relevance[35]) most often have been investigated in deception research: two P300 components, P3b and P3a, and N4. Attention switching based on deception appears to be related to changes in the P3a, an early waveform in the anterior region of the brain; however, the P3a is coincident with general shifts in attention as well. Making the decision to lie is related to suppression in the P3b, the most frequently-used ERP measure of deception, but the P3b probably is involved in many types of higher cortical functions. The N4 component is sensitive to semantic incongruity, assumed to be part of the deception process, but obviously is part of other cognitive processing as well. The P300 is heavily impacted by characteristics of the stimuli, and there is

[34] Most of this summary is from J. M. C. Vendemia, "Alternative Technologies for the Detection of Deception," University of South Carolina.

[35] Donchin, E., Smith, D. B. (1971). The contingent negative variation and the late positive wave of the average evoked potential. *Electroencephalography & Clinical Neurophysiology, 29*, 201-203.

evidence that certain individuals, such as those with PTSD[36] or convicted murderers,[37] do not produce a P300 related to recognition memory.

(v) Functional magnetic resonance imaging is only beginning to be used in the analysis of deception. The changes in cerebral blood flow are assumed to reflect changes in cognitive load and demand.[38] This technology is expensive and not applicable to most operational settings, however.

Additional research challenges

- How do we find out if the informant has knowledge of which s/he is not aware?
- What pharmacological agents are known to affect apparent truth-telling behavior?
- What are the mechanisms and processes of learning to lie? Can these be acquired within relatively short periods of time (e.g., within a polygraph test session)?
- What are sensory overloads on the maintenance of deceptive behaviors? How might we overload the system or overwhelm the senses and see how it affects deceptive behaviors?
- What are the effects the personal characteristics of an examiner in polygraph test situations?

Scenario #4 - Intelligence Gathering

Many government agencies, including but not limited to DOD, FBI, DOE, CIA, and the Department of Treasury, gather "intelligence" of one type of another. A high priority is how to evaluate the authenticity of both the source of information and the information itself. Issues that need to be addressed include whether the person is who s/he says s/he is, whether s/he has access to the information s/he purports to have, and whether the information accurate.

Systematic data collection: needs and challenges

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[36] McFarlane, A. C., Seber, D. L., & Clark, C. R. (1994). Abnormal stimulus processing in posttraumatic stress disorder. *Biological Psychiatry, 34,* 311-320.

[37] Kiehl, K. A., Hare, R. D., Liddle, P. F., & McDonald, J. J. (1999). Reduced P300 responses in criminal psychopaths during a visual oddball task. *Biological Psychiatry, 45,* 1498-1507.

[38] Spence, S. A., et al. (2001). Behavioural and functional anatomical correlates of deception in humans. *Brain Imaging, 12,* 2849-2853; Lee, T. M. C., et al. (2002). Lie detection by functional magnetic resonance imaging. *Human Brain Mapping, 15,* 157-164; Ganis, G., Kosslyn, Sm M., Stose, S., Thompson, W. L., & Yurgelun-Todd, D. A. (2003). Neural correlates of different types of deception: An fMRI investigation. *Cerebral Cortex, 13,* 830-836.

The enterprise would be more effective if data were collected and systematically reviewed on previous instances of the veracity of intelligence communications and their sources. The challenges here are:

(i) Field officers or embassy personnel may become personally identified with a source, and protect the source even when they are of little use or are being deceptive.

(ii) When the field officer or embassy personnel is transferred out, their source may become unavailable to others; it was the personal relationship of handler to source that made the source useful.

(iii) There is more incentive for a source to provide some information than to provide verifiable information.

(iv) If or when confirming evidence is available, it is likely to be swamped by other data, so that the isolated initial data are not properly evaluated, and considerable hindsight bias is operating.

(v) The creation of databases is time-consuming and expensive, and the products are only as good as the data that are entered. These databases also must be made available to the people who need them, which necessitates an understanding of the local culture of these personnel (their needs, skills, and knowledge), and sufficient training for use must be implemented.

General research challenges

- What are the working definitions of deception and deception detection? Should these include spinning, withholding, false memories, trickery, plausible denial statements, and dissociative memories and personalities? What are the relationship of these to error & lapses of memory, self-deception, Mass Psychogenic Illness, and malingering?

- Can we reasonably map types of lies, or conceptions of lies, to specific behaviors and to the likelihood of their occurrence to specific situations (e.g., lies about bombs in suitcases to airport security)?[39] Once we do this, can we create categories and relationships among categories, and then test the validity of such across samples? Might it be possible to greatly increase the likelihood of success if we agree that different strategies are needed to different types of interactions? That is, to propose that the same methodology may not be appropriate for personnel selection as for surveillance or law enforcement or airport screening?

[39] There is a multitude of modeling techniques available for this kind of an approach; it was suggested that connectionist models – e.g., J. L. McClelland & D. E. Rumelhart (1986), *Parallel Distributed Processing*. MIT Press, Cambridge, MA. – might be considered.

- Consider that deception systems co-opt perceptual systems for all the senses – vision, hearing, taste, smell, and touch. For example, when a primate signals the presence of a predator to his or her cohorts, the other animals in the group fail to employ their own perceptual systems (that is, they don't wait to look for themselves, or smell for themselves, or listen for danger). The normal sensory systems are short-circuited. Might an individual's ability to tune into signals from their own perceptual systems correlate with their ability to detect deception?

- Consider situations where the usual cues to deception are absent. Might we be more receptive to other cues to deception if they are not overshadowed by the obvious cues? For example, Secret Service personnel often are described as scoring better than the average in deception detection tests. Might they be good at this because they have learned to detect less obvious or more subtle cues – such as nonverbal cues that are evident in the behavior of individuals in crowds? How might this issue relate to "implicit measures" of deception detection, discussed earlier?

- Further investigation of the cross-cultural variations in physiological measures of emotionality. For example, it has been shown that psychopaths show less "fear potentiated startle," a common measure of anxiety, than do normals.[40]

- Further investigation is needed into methods of inoculation against confirmation biases.

- What are the important general receiver characteristics? That is, how does how you respond to me change the way I deceive?

- We often assume deceit involves malice and intent to harm. But it is as often motivated by compassion, dedication to good, or religious beliefs. How might deception behaviors be different depending on the underlying motivational system?

- If we are to construct a system for deception detection, how can we ensure that it "fails well?" (I.e., that it might stretch and sag before breaking, each component failure leaving the whole as unaffected as possible.)

- Research is needed into how interrogators might take advantage of some of the transference and counter-transference strategies used by psychotherapists.

- Research is needed about the relevant ethical and personal privacy issues in deception research that must be addressed?

- Is it possible to determine deceit in an individual by a change in the pattern of social networking and interactions that that individual displays, or in changes in patterns of friends? Lying is damaging to social networks, so if someone engaged in more

[40] Patrick, C. J. (1994). Emotion and psychopathy: Startling new insights. *Psychophysiology, 31*, 319-330.

deception than usual, this should force a change in that network. This has been seen in retrospective analyses: can it be used prospectively?

- What are the implications of the apparent fact that lying is ubiquitous in some sense, and yet about 90% of those who are tested for security clearances receive them?

- What is the feasibility and practicality of using priming techniques and implicit measures of cognition and affect to determine veracity? These are relatively easy to administer and they provide immediate feedback.[41] There is controversy about the extent to which such measures reflect familiarity versus veracity, at present. If the issue is one of whether people are who they say they are, there is a wide range of techniques available to assess this described in self-system research, which investigates how people conceive of themselves. Self can be accessed by others without awareness of the person, for example, by assessing reaction time when confronted with one's name in a group of names.[42]

Participant list (partial)

Anderson, Bill
Band, Stephen
Bennett, Michael
Bond, Charlie
Brandon, Susan
Capps, Mike
Demaine, Linda
DePaulo, Bella
Freedle, Roy
Gerwehr, Scott
Griffin, Jim
Griffith, Doug
Happel, Mark
Hazlett, Gary
Helms, Hollis
Hubbard, Kirk
Jessen, Bruce
Kinscherff, Robert
Lang, Eric
Lassiter, Dan
Meriesko, Bob

---

[41] For a description of the Implicit Attitude Test and demonstration of how to use the test, see http://www.tolerance.org/hidden_bias/index.html.

[42] Koole, S. L. & Pelham, B. W. (2003). On the nature of implicit self-esteem: The case of the name letter effect. In S. J. Spencer & S. Fein (Eds.), Motivated social perception: The Ontario symposium, Vol. 9. *Ontario symposium on personality and social psychology.* Mahwah, NJ, US: Lawrence Erlbaum Associates (pp. 93-116).

Mitchell, Bob
Mitchell, James
Morgan, Andy
Morris, Jon
Mumford, Geoff
O'Sullivan, Maureen
Pelham, Brett
Petty, Richard
Pinizzotto, Anthony
Povinelli, Daniel
Rosal, Carmel
Rosmarin, David
Strong, Gary
Vendemia, Jennifer
Zeffiro, Tom

Arrigo said that Russ Newman, then the head of APA's practice directorate and one of the most powerful officials in the organization, attended the task force sessions as an observer, but she later came to believe that he was actually helping to set the task force's agenda. He told the group that "we have to put out the fires of controversy, and we have to do it fast," Arrigo recalled. She only learned much later about Newman's wife's involvement with the military. Newman was married to Lt. Col. Debra Dunivin, a member of the Guantánamo Behavioral Science Consultation Team. "A year after the task force, I talked to a couple of counterintelligence people I knew, who told me that this was a social legitimization process," she added. "This was an effort by the Bush administration to gain legitimacy through the APA."

After succeeding in getting the PENS task force to endorse the continued involvement of psychologists in the interrogation program, congratulations were in order among the small number of behavioral scientists with connections to the national security community who had been part of the effort. In a July 2005 e-mail to Hubbard from Geoffrey Mumford (on which Gerwehr was copied), Mumford thanked Hubbard for helping to influence the outcome of the task force. "I also wanted to semi-publicly acknowledge your personal contribution . . . in getting this effort off the ground," Mumford wrote. "Your views were well represented by very carefully selected task force members." Mumford also noted that Susan Brandon had served as an "observer" at the PENS task force meetings and "helped craft some language related to research" for the task force report.



★

At the time of the release of the task force report, Hubbard had just retired from the CIA to begin consulting for Mitchell and Jessen. "Now I do some consulting work for Mitchell and Jessen Associates," Hubbard wrote in a mass e-mail to many of his friends and colleagues in June 2005.

Hubbard tried to recruit Gerwehr to join him. In a May 2006 e-mail to Gerwehr, Hubbard told him there was an opening for a psychologist at Mitchell and Jessen's firm, and that he would be the ideal

HC00005180

Mumford, Geoff

From: kirk hubbard [redacted]
Sent: Wednesday, July 06, 2005 2:12 PM
To: Mumford, Geoffrey
Subject: Re: Update

Hi Geoff,

Thanks for the note. I have printed but not read the report yet. Will be interested to see what they came up with. Coincidentally, Joe Matarazzo called yesterday to see if I had heard anything about the final report.

I don't have my "real" office set up yet, so I don't have a fax operating yet. I will try to locate a copy of the magazine, but you are right, it might not be available in [redacted]! We generally don't give a damn about what goes on back East!

Retirement is nice, to say the least!

Regards,

Kirk

----- Original Message -----
From: Mumford, Geoffrey
Sent: Tuesday, July 05, 2005 12:15 PM
To: kirk hubbard; Andy Morgan; Carmel Rosal; Dave Watterson; [redacted] Geoff Maruyama; Judy Philipson; Kirk (GOV) Kennedy; Jon Morris; Nicole O'Brien; Scott Shumate; Shana Levin
Cc: [redacted] Michele Orlo [redacted]
Subject: Update

Hi Kirk,

Belated thanks for your note and update..sounds like your settling in nicely...always nice to know your locked and loaded and ready for bear. I thought you and many of those copied here would be interested to know that APA grabbed the bull by the horns and released this Task Force Report today: http://www.apa.org/releases/pens0705.html

I also wanted to semi-publicly acknowledge your personal contribution as well as those of K2 and Andy Morgan in getting this effort off the ground over a year ago. Your views were well represented by very carefully selected Task Force members (Scott Shumate among them).

I was pleased to help staff the Task Force and Susan serving as an Observer (note she has returned to NIMH, at least temporarily) helped craft some language related to research and I hope we can take advantage of the reorganization of the National Intelligence Program, with its new emphasis on human intelligence, to find a welcoming home for more psychological science.

The timing is a little awkward with yesterday's publication of a New Yorker article on the role of psychiatrists and psychologists (and others) at Gitmo. Not sure if they are allowed to ship the New Yorker to [redacted] but we can fax you a copy if you like. Some of Andy's data are referenced and Jim Mitchell is quoted.

In any case, I hope this finds you well and that you are as pleased as we are with the report.

All the Best,

-geoff

From: kirk hubbard PRIVACY REDACTION
Sent: Thursday, June 16, 2005 8:54 PM
To: Andy Morgan; Carmel Rosal; Dave Watterson; Mumford, Geoffrey; Scott Gerwehr Geoff Maruyama; Judy Philipson; Kirk (GOV) Kennedy; Jon Morris; Nicole O'Brien; Scott Shumate; Shana Levin; Susan Brandon
Cc: Beverly Koloian Michele Orlo PRIVACY REDACTION PRIVACY REDACTION
Subject:

Hello All!

We are sort of moved in and yesterday I got the computer back up and running (Okay, Nicole, I had someone do it for me). Our home phone number is PRIVACY REDACTION and below is the rest of the info. I created the LLC for tax purposes and now I do some consulting work for Mitchell Jessen & Associates. Most of you know who Jim and Bruce are, I think. Mostly I can do this from my "home office" (read: deck over-looking the lake and mountains) but they just sent me a bunch of hi-tech computer stuff so, sadly, I guess they actually expect me to do some real work! I went to DC last week for a meeting and next week I'll be in Spokane for three days (that's where Jim and Bruce's company is headquartered). But mostly I'll telecommute from here.

PRIVACY REDACTION

We have seen two bears on our property so far. One very large Mama black bear and another black bear that appears to be about a year old (I'm estimating the yearling weighs about 100 lbs.) Lots of deer, squirrels, rabbits (so much for having a garden), and birds, including a pair of great horned owls, eagles, and osprey.

Yes--I bought a pick-up truck, a chain saw, and logging boots to complete my PRIVACY REDACTION Woodsman ensemble. Of course, I already had the obligatory collection of weapons.

I hope all of you are well and will correspond with me periodically. You have all been wonderful friends and co-workers.

Regards, Kirk

Kirk M. Hubbard, Ph.D.
Porter Judson, LLC
PRIVACY REDACTION

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Mumford, Geoff

From: kirk hubbard [redacted]
Sent: Tuesday, March 23, 2004 2:34 PM
To: [redacted]; Behnke, Stephen
Cc: Mumford, Geoffrey; [redacted]
Subject: Ethics and National security

Greetings gentlemen. Geoff Mumford provided your names as potential resources to provide guidance on the APA's code of ethnics and some of the new and unique demands being placed on psychologists in response to countering terrorism.

By way of introduction, I am the Chief of the Behavioral Sciences Staff at the Central Intelligence Agency. Our mission is to conduct applied behavioral and social science research to support the collection and analysis of human intelligence and to support special projects involving counterterrorism efforts.

One of my staff, Andy Morgan, M.D. (cc'd above) have been discussing a problem that is experienced by both psychiatrists and psychologists, alike.
Both specialties are being asked to provide consultation to law enforcement, the military, and other organizations that have a role in national security.
Unfortunately, some of what they are asked to do runs counter to the American Psychological Association and American Psychiatric Association's code of ethics. For example, military psychologists are often asked to assist in questioning or "interrogating" foreigners detained in Afghanistan and Iraq. Psychiatrists are often consulted by law enforcement to provide consultation on apprehending and/or questioning subjects suspected of committing major crime.

Andy and I were wondering if both our APA's (Andy is a psychiatrist) shouldn't begin to examine our respective code of ethics to account for these new situations where the subject is not the client/patient, and the subject's rights can arguably be subordinate to the needs of national security. Do either of you have any thoughts on this issue, and how we might pursue this in the professional community? Any comments or observations, pro or con, would be appreciated.

Regards,

Kirk Hubbard, Ph.D.
Chief, Behavioral Sciences Staff
CIA

[redacted]

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Mumford, Geoff

From: Mumford, Geoffrey
Sent: Tuesday, May 18, 2004 11:01 AM
To: Behnke, Stephen
Cc: Honaker, Michael; Breckler, Steven J.
Subject: RE: Psychology, Ethics and National Security

Thanks Steve B's. How would you suggest we proceed? I know the White House OSTP (via Susan Brandon) would likely be supportive too. Would it make sense to try and get Bob and Andy and Kirk Hubbard in on a conference call? Given the attention these issues are getting, I'd like to see something happen sooner rather than later. FYI, it looks like we'll be doing a Hill briefing related to the Abu Ghraib stuff June 10.
-geoff

> -----Original Message-----
> **From:** Behnke, Stephen
> **Sent:** Tuesday, May 18, 2004 10:19 AM
> **To:** Honaker, Michael; Breckler, Steven J.; Mumford, Geoffrey
> **Subject:** RE: Psychology, Ethics and National Security
>
> Yes, absolutely. This is a wonderful example of psychology being able to make a contribution regarding a pressing, high-profile issue of national importance.
>
> > -----Original Message-----
> > **From:** Honaker, Michael
> > **Sent:** Tuesday, May 18, 2004 10:00 AM
> > **To:** Breckler, Steven J.; Mumford, Geoffrey; Behnke, Stephen
> > **Subject:** RE: Psychology, Ethics and National Security
> >
> > Sounds like a good opportunity to me but I will defer to Steve.
> >
> > > -----Original Message-----
> > > **From:** Breckler, Steven J.
> > > **Sent:** Tuesday, May 18, 2004 9:51 AM
> > > **To:** Mumford, Geoffrey; Honaker, Michael; Behnke, Stephen
> > > **Subject:** RE: Psychology, Ethics and National Security
> > >
> > > Mike and Steve,
> > >
> > > Geoff has been getting me up to speed on simmering issues here at APA. This one -- on psychology, ethics, and national security -- seems like a golden opportunity for APA to step up to the plate on issues that are gaining a lot of public attention and scrutiny. At the very least, I think we should get a group together soon to discuss common points of interest and possible future collaboration. What do you think?
> > >
> > > Steve Breckler
> > >
> > > > -----Original Message-----
> > > > **From:** Mumford, Geoffrey
> > > > **Sent:** Tuesday, May 18, 2004 9:26 AM
> > > > **To:** Breckler, Steven J.
> > > > **Subject:** FW: Psychology, Ethics and National Security
> > > >
> > > > Steve,
> > > >
> > > > I just wanted to make you aware of this exchange. I think it would be good to get out in front on this because with all of the controversy surrounding the Abu Ghraib situation its

HC00005180

an opportunity to demonstrate leadership in the reinforcement (and continual evaluation) of ethical guidelines for those psychologists who might be involved in the intelligence community. I'd suggest we see if we can get some of the interested parties together either in-house or via conference call to talk about how to follow-up. If you agree, maybe you could just forward this to Mike and Steve so we can at least keep the conversation going.
-geoff
-----Original Message-----
From: Behnke, Stephen
Sent: Wednesday, April 28, 2004 10:52 AM
To: Mumford, Geoffrey; Honaker, Michael
Subject: RE: Psychology, Ethics and National Security

Okay--I'm on a conference call at the moment, but I definitely shall...

> -----Original Message-----
> **From:** Mumford, Geoffrey
> **Sent:** Wednesday, April 28, 2004 10:52 AM
> **To:** Honaker, Michael
> **Cc:** Behnke, Stephen
> **Subject:** RE: Psychology, Ethics and National Security
>
> I think there are some interesting opportunities for discussion, perhaps taking an informal approach to flesh out some of the issues first...but I'd want to get Steve's input too. So Steve, please feel free to weigh in.
> -geoff
>
> > -----Original Message-----
> > **From:** Honaker, Michael
> > **Sent:** Wednesday, April 28, 2004 10:48 AM
> > **To:** Mumford, Geoffrey
> > **Cc:** Behnke, Stephen
> > **Subject:** RE: Psychology, Ethics and National Security
> >
> > I don't know if he did or not and he has been out for the last week and a half. What do you recommend?
> >
> > > -----Original Message-----
> > > **From:** Mumford, Geoffrey
> > > **Sent:** Wednesday, April 28, 2004 10:32 AM
> > > **To:** Honaker, Michael
> > > **Cc:** Behnke, Stephen
> > > **Subject:** FW: Psychology, Ethics and National Security
> > >
> > > Mike,
> > >
> > > Just wondered if this raised any discussion internally or whether you know if Norman replied to Robert?
> > > -geoff
> > > -----Original Message-----
> > > **From:** Mumford, Geoffrey
> > > **Sent:** Monday, April 05, 2004 8:31 AM
> > > **To:** Robert Kinscherff
> > > **Cc:** Behnke, Stephen; Anderson, Norman; Honaker, Michael
> > > **Subject:** RE: Psychology, Ethics and National Security
> > >
> > > Robert,
> > >
> > > Thanks for copying me on this. I see myself primarily as the messenger here but would be pleased to play whatever supportive role I can as warranted. I have added (in blue) the

remainder of my note to you and Steve just to provide a little more background as well as Kirk's initial introduction from 3/23 in the sequence below to complete the exchange. As always, thank you for your thoughtful input.

Steve, Norman and Mike, I have a lunch meeting scheduled with Kirk here on 4/14 (about an unrelated workshop we're putting together in June) so if any of you would like to meet with him, that would be a convenient date. Alternatively, we can schedule for another time if you'd like.

As a point of information, Dr. Andy Morgan, referred to in Kirk's note below is a psychiatrist on the faculty of the Yale School of Medicine who conducts research with DoD Special Operations personnel to 1) to establish valid, reliable models for acute uncontrollable stress in humans; 2) assess stress induced alterations in human physiology, cognition, and neuroendocrinology as well as the relationship between these variables; 3) to test whether specific psychological and biological variables successfully predict operators' future performance under conditions of extreme stress; and finally 4) to determine whether historically employed methods of deception detection and assessment (such as polygraph testing [Guilty Knowledge Testing]) are sensitive and specific within a context of realistic stress. Andy now works half-time with Kirk's Division at CIA.
-geoff

-----Original Message-----
From: [redacted] Robert Kinscherff
Sent: Sunday, April 04, 2004 7:18 PM
To: Behnke, Stephen; Anderson, Norman; Honaker, Michael
Cc: Mumford, Geoffrey
Subject: Psychology, Ethics and National Security

Hello,

It was good to see you at the recent Consolidated meetings. This is to follow up on our brief conversations regarding the interest expressed by Kirk Hubbard about the intersection among psychology/psychiatry, national security functions by psychologists/psychiatrists, and professional ethics.

Dr. Mumford sent out a first email to Dr. Behnke and myself, and then I exchanged emails with Kirk Hubbard (copied below for your review). My guess is that Dr. Mumford has been the perfect facilitator for this contact from Kirk Hubbard given his role as a key liaison for the previous meetings held under the auspices of the Rand Corporation. Dr. Mumford, this email is in no way intended to "back channel" you in your crucial role, but only an effort to bring this extraordinary opportunity to the attention of key organizational leadership in APA in an effort to secure their backing and thoughts about how to best proceed.

As I mentioned to Dr. Anderson, I think that this is an extraordinary opportunity to actively engage with the law enforcement and national security communities regarding some very challenging issues. I also think that these are live and timely issues for them and that if we

do not engage with them then an opportunity will be lost. I appreciate that there may be various organizational/political sensitivities that need to be thoughtfully considered and addressed. I would be very pleased to participate in any way that APA thought would be useful and appropriate, but would also understand if APA elected to proceed in some other way. For example, I could appreciate that initial communication might best be done in a "staff to staff" approach. Just let me know what, if anything, you might want me to do from this point going forward.

Regards,

Robert Kinscherff

First Email from Dr. Mumford on 3 /11/04
Robert and Steve,

I'm writing to put you in touch with my colleague, Kirk Hubbard, Ph.D., at the CIA. His title has morphed slightly but until recently he was Chief, Research and Analysis Branch, Operation Assessment Division. He'd like to discuss some issues related to the ethics codes that govern psychologists and psychiatrists in settings where our national security interests are at stake. Kirk's copied here and his telephone number is: PRIVACY REDACTION

Kirk, as we discussed yesterday, Steve is our Ethics Director and he can be reached by email or at (202) 336-6006.

Robert's affiliation is with the Massachusetts Trial Court, Harvard Medical School, Massachusetts School of Professional Psychology, he's a forensic psychologist and attorney who currently administers a statewide system of court clinics for the Trial Court in Massachusetts. He also serves as Director of the Forensic Specialization Track at the Massachusetts School of Professional Psychology and teaches in areas of law and psychiatry at Boston University School of Law and Harvard Medical School. His areas of professional interest include physical and sexual violence risk assessment and management, processes of coercive persuasion, malingering and deception in forensic settings, stalking, and legal and ethical issues in professional practice. I have Robert's business phone listed as: PRIVACY REDACTION

Robert, you'll likely remember Kirk as the generous sponsor of the Deception Workshop you participated in at RAND last summer. He is also overseeing the work of this year's APA Science Policy Fellow, Linda Demaine, J.D., Ph.D.

So I'll let you folks figure out how to coordinate. I'm pleased to remain in the loop to the extent you think it's useful...the intelligence/defense community faces some very interesting challenges and I'll be interested to learn more about them and to continuing this conversation.

Best,

-geoff

First Email from Dr. Hubbard on 3/23

Greetings gentlemen. Geoff Mumford provided your names as potential
resources to provide guidance on the APA's code of ethnics and some of the new and unique demands being placed on psychologists in response to countering terrorism.

By way of introduction, I am the Chief of the Behavioral Sciences Staff at the Central Intelligence Agency. Our mission is to conduct applied behavioral and social science research to support the collection and analysis of human intelligence and to support special projects involving counterterrorism efforts.

One of my staff, Andy Morgan, M.D. (cc'd above) have been discussing a problem that is experienced by both psychiatrists and psychologists, alike. Both specialties are being asked to provide consultation to law enforcement, the military, and other organizations that have a role in national security.

Unfortunately, some of what they are asked to do runs counter to the American Psychological Association and American Psychiatric Association's code of ethics. For example, military psychologists are often asked to assist in questioning or "interrogating" foreigners detained in Afghanistan and Iraq. Psychiatrists are often consulted by law enforcement to provide consultation on apprehending and/or questioning subjects suspected of committing major crime.

Andy and I were wondering if both our APA's (Andy is a psychiatrist) shouldn't begin to examine our respective code of ethics to account for these new situations where the subject is not the client/patient, and the subject's rights can arguably be subordinate to the needs of national security. Do either of you have any thoughts on this issue, and how we might pursue this in the professional community? Any comments or observations, pro or con, would be appreciated.

Regards,

Kirk Hubbard, Ph.D.
Chief, Behavioral Sciences Staff
CIA

PRIVACY REDACTION

My First Response to Kirk Hubbard's email (I cannot retrieve his forward to you) on 3/24

Hi Kirk (and colleagues),
My initial response is that the application of the Codes are likely to be fact sensitive, but that in many of the cases to which you allude the "client" is not the suspect/target individual but rather the law enforcement or intelligence agency that employs/contracts with the mental health professional. I will have to look again at the code for psychiatrists, but the APA Ethics Code for psychologists is generally written in such a way as to permit for the interpretation that the "client" is not the suspect/target individual, etc.

The code for psychologists does essentially require that where a psychologist is explicitly identified as such to a third party, it must be clear to the third party that the third party is not the client of the psychologist and what the role of the psychologist would be (e.g., not the third party's therapist; a consultant/employee, etc. of the real client). However, in situations where a third party has no reasonable expectation to believe that the psychologist is there with the third party as the "client," it is not necessarily the case that an ethical problem arises at all. For example, if a psychologist is with a group of law enforcement officers but does not identify him/herself as a psychologist, there is no potential role confusion for the third party. If a psychologist is assisting law enforcement in apprehending a suspect who has never met the psychologist, there is no potential role confusion for the third party. If a psychologist is conducting a psychological assessment but informs the subject that the work product belongs to the real client (e.g., Court, police, FBI, other), then there is no problem just like when forensic psychologists conduct court-ordered evaluations.
I think that in many of the kinds of situations that you are contemplating, the psychologist is permitted to do whatever may be of assistance that is within U.S. law or international human rights law. (This, of course, may have its own interesting implications depending upon the location of the psychologist's activity, the location of the activity to which the psychologist is consulting or otherwise offering assistance, status of the target individual (prisoner of war, hostile combatant, criminal suspect on U.S. territory, etc.), and so forth.
There may, of course, be interesting variations that the codes simply did not contemplate. For example, under what circumstances might a psychologist deceive a third party by identifying him/herself as the treating professional for the third party, assure the usual protections of confidentiality and privilege, and then provide otherwise protected information to law enforcement or intelligence? Permit the sessions to be secretly recorded? Use the sessions to introduce false or misleading information to the person who believes him/herself to be the patient of the psychologist?
Under what circumstances might a psychologist act openly in role as a psychologist--but also secretly for U.S. interests--penetrate for intelligence purposes a foreign university, health care system, business, research operation, military?

Or, at what point does the advice that a mental health professional provides in consulting on coercive interrogation technique begin to push the boundaries of what would be acceptable?
The codes simply did not contemplate circumstances where the law enforcement/national security interests might trump the ethical/legal interests of the identified patient/third party/target individual.
I am sure that there are other circumstances worth careful consideration, and precisely because the world of terrorists and international criminal conspiracies was not what tended to shape the thinking behind the ethics codes, I am certain that they would be worth revisiting in light of the new challenges.
Regards,

Robert Kinscherff

My Second Email to Kirk on 3/24
Hi Kirk (and colleagues) again,
I realized that I did not respond to your question about how to begin to address the challenges and complexities within the relevant mental health professional communities. I think that you have started to do that with your efforts here. My thought would be that if it were possible to gather together some of your staff with staff of the American Psychiatric Assn and American Psychological Assn responsible for ethics code issues, and some member psychologists and psychiatrists familiar with professional ethics and the complexities of their application, this would serve a couple of purposes. First, it would permit you to begin assessing what the general thinking would be among these associations, their members, and those in the associations closest to professional ethics. Second, it would permit a sharpening of the issues and specific identification of the values/interests at stake. This in turn, would permit a high level discussion of the circumstances in which values/interests come in conflict, and perhaps evolution of a consensus that might eventually be reflected in the professional ethical codes of the professions. I am thinking that this kind of discussion could occur and be helpful without improper disclosure of operational details or other sensitive information.
These are my initial thoughts. I hope they are helpful.
Regards,
Robert Kinscherff

Invitees for Ethics and National Security Forum
July 20, 2004
APA Boardroom
12:00-2:00

Steve Band, Ph.D.
Director, Behavioral Science Unit, FBI Academy
PRIVACY REDACTION

Steve Behnke, Ph.D.
Director, Ethics, APA
sbehnke@apa.org

Susan Brandon, Ph.D.
Assistant Director, Social Behavioral and Educational Sciences
White House Office of Science and Technology Policy
susan_Brandon@ostp.eop.gov

Steve Breckler, Ph.D.
Executive Director for Science, APA
sbreckler@apa.org

Linda Demaine, Ph.D.
APA Science Policy Fellow, CIA
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Mark Frankel, Ph.D.
Director, Program on Scientific Freedom, Responsibility and Law
American Association for the Advancement of Science
PRIVACY REDACTION

Scott Gerwehr
Policy Analyst, RAND
PRIVACY REDACTION

Mike Honaker, Ph.D
Deputy CEO, APA
mhonaker@apa.org

Kirk Hubbard, PhD
Director of Behavioral Science Staff, CIA
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Robert Kinscherff, Ph.D
Director, Court Clinical Services, Massachusetts Trial Court
PRIVACY REDACTION

Andy Morgan, M.D.
Associate Professor of Psychiatry, Yale University School of Medicine &
Behavioral Science Staff, CIA
PRIVACY REDACTION

Russ Newman, Ph.D.
Executive Director for Practice, APA
rnewman@apa.org

Judith Philipson, Ph.D.
Behavioral Science Staff, CIA

Anthony Pinizzotto, Ph.D
Senior Scientist, Behavioral Science Unit, FBI Academy
PRIVACY REDACTION

American Psychiatric Association Rep (local or the guy from Boston)?

Ethics and National Security Forum
July 20, 2004
APA Boardroom
12:00-2:00

I. Steve Behnke: welcome and introductions; opening remarks:

a. 4 goals of this meeting:
   1) Identify the ethical issues in the use of psychology in national security-related investigations;
   2) Discuss how APA and other professional and scientific organizations can serve as a resource for psychologists and mental health professionals who participate in these investigations;
   3) Identify resources (e.g., journal articles that deal with relevant ethical issues, individuals with interest or expertise)
   4) Determine whether ongoing contacts among the group would be useful (e.g., more meetings, workshops, journal articles or newsletters)

b. 9/11 and Abu Ghraib have brought to our attention important ethical issues facing mental health professionals
   - we want to figure out how good the fit is between the materials that guide or ethical questions and what professionals are actually doing in national security investigations
   - we want to prevent two possible negative consequences of a poor fit: professionals avoid this kind of work or split off from their national organizations
   - how do we balance the concerns of national security with those of privacy, truthfulness, informed consent, etc.?

II. Discussion

- Steve Band (SB): FBI Academy Conference reached similar conclusions that there is need to have this discussion, looked at scenario-based activities
- Robert Fein (RF): at that workshop, we concluded that the ethics code was indeed a poor fit
- Mike Gelles (MG): question of what defines critical information; we consult, we don't do interrogations; psychologists get pulled into a process where our expertise is demanded, but how do we define our competence? Wrote article to define boundaries, create thoughtful parameters in which we could operate

- Scott Schumate (SS): we are put in difficult positions of balancing demands with ethical codes; behavioral scientists feel a great deal of personal responsibility and pressure in these situations b/c of the high stakes
- Anthony Pinizzotto (AP): are we talking about absolute or relative ethics?
- Andy Morgan: there are areas in which we have competence from our training and other areas where we have no training, yet we are pressured to offer consultation and opinions
- MG: it's important to remember the client is the interrogator, not the interrogatee – these are not patients
- Robert Phillips: we have a different agenda that we do in the normal role of clinician/patient; in that context, aren't we really struggling with conflicts of conscience?
- SS: there's a continuum of coercion from benign to not at all benign, depending on how high the stakes are
- Jeffrey Janofsky (JJ): we have some duties as forensic examiners; under normal circumstances, we identify ourselves and who we are working for – none of those rules aply to an interrogation scenario
- Melvin Gravitz: govt. agencies have increasingly sought our consultation since 9/11, and we have a responsibility to provide credible, ethical consultation; I did a survey of all the APA ethics codes to date, and up until the current code, it was very clear and the first obligation is to the individual client – only now is there some indication of an exception to that rule
- Andy Morgan (AM): we are supposed to do no harm, but the reality is that we do do harm (e.g., providing expert testimony for the prosecution, which influences the decision to use the death penalty)
- Kirk Hubbard (KH): the current code does not apply at all the national security investigation situations – it's not mental health we're concerned with, but national security; we are supposed to exploit and manipulate the interrogatees to gain crucial information
- RF: we have very little data to assess risk; who can we talk to for help/guidance on these issues – is there a community of people to talk to?
- SB: in civil commitment cases, people are routinely involuntarily restrained and medicated; while these decisions fall short of torture, they do take away personal liberty and we make these decisions everyday
- AP: the whole issue of ethics is not well-defined; the research needed to clarify can't be done b/c it's unethical according to APA code
- Mel Gravitz: if there a second 9/11, I am certain that the attitudes of the public will be very different from the day before – that's an idea for a study
- Robert Kinscherff (RK): as always, the devil is in the details; at what point does deception move from a useful to an unethical one (e.g., Al Qaeda docuemtn about resisting interrogation)

- MG: should we discuss how far psychologists should go? Instead of talking about rules and guidelines, let's talk boundaries; interrogation is a law enforcement function in which the govt. agent is my client
- AM: how do we check our own behavior so that we know that we're responding to data and not to some authority figure? (e.g., Milgram's results could not be replicated when he was identified as from the University at Bridgeport instead of Yale)
- SS: sometimes you can't consult a forum or community of colleagues, because the work is classified
- JJ: if you take the point of view that your client in the interrogator, are there no boundaries on what you can ethically to the interrogatee? We have some duty to the detainees, albeit not the same duties as we have to a normal client
- AM: anecdote about police drugging a man's coffee who was in his truck and had killed his wife – the drug could easily have killed the man if given at the wrong dosage, etc., but the ER doctor did it anyway to help the police
- MG: not only is competence in the culture important, but also competence in the law enforcement or intelligence agency the psychologist is working in
- RP: but you're not there as a clinician, you're there as an expert in human behavior
- KH: since torture is illegal, there's no issue there; beyond that, we have no ethical duty to the interrogatee
- MG: should psychologists conduct interrogations?
- KH: sure, why not?
- JJ: are psychologists bound when not in that capacity, such as when they are in a military position unrelated to their training as a psychologist? You can't just drop your ethical guidelines when you take off your "psychologist hat"
- Mel Gravitz: can you be both a psychologist and the other role at the same time?
- AP: I don't think there's any separate code of ethics for different roles – either you are acting ethically or you are not
- JJ: is it in psychologists' interest to have a code that allows overt deception and coercion?
- AM: there's already a role for coercive activity (e.g., detaining someone to prevent them from abusing a child)
- JJ: our duty is to the patient and the effect of their actions on their own lives
- Steve Behnke: there are exceptions to each rule in the code, where some other value or goal trumps another
- RK: but what is it that we think we know about human behavior in this context? The answer should inform our code of ethics
- SS: we know a lot

- AM: there are many other examples of the ethics code not being a good fit with a certain area of work, such as military psychologists and APA's gay and lesbian policy
- Steve Behnke: what resources are you aware of as you struggle with these issues?
- Mel Gravitz: the first approach, as set down in the APA code, would be to discuss the problem with a colleague
- RF: I would not turn to APA, b/c I wouldn't presume APA to have the interest or the expertise to help on scientific or practice issues
- Russ Newman: there's many other ethical issues that practitioners face beyond these issues
- SS: what about getting clearance for APA board and committee members
- KH: or putting psychologists with clearance on boards and committees
- KH: we can't have a one-size-fits-all code of ethics, it needs to evolve as others have evolved (e.g., DSM)

III. Steve Behnke: thank you all for coming, please feel free to contact me; good luck to ApA in your work revising ethics code and keep us posted



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BOARD OF DIRECTORS
February 16 & 17, 2005
Agenda Item No.

ACTION

IV. BOARD OF DIRECTORS

Task Force to Explore the Ethical Aspects of Psychologists' Involvement and the Use of Psychology in National Security-Related Investigations

Issue

The Board is asked to allocate $12,500 to support one meeting of a task force to explore the ethical aspects of psychologists' involvement and the use of psychology in national security-related investigations.

Background

Recent events in the United States and around the world, most notably the terrorist attacks of September 11, and the Abu Ghraib prison and Guantanamo Bay detention center situations, have raised questions concerning the use of psychology and the role of psychologists in national security-related investigations and research. The ethical aspects of psychologists' work in these arenas are non-trivial and complex.

Article I of APA's Bylaws states that "the American Psychological Association shall... advance psychology as a science and profession and as a means of promoting health, education and human welfare...by the establishment and maintenance of the highest standards of professional ethics and conduct of the members of the Association."

The APA Code of Ethics, like many laws and regulations governing the practice of psychology, as well as the ethics codes of other major mental health organizations, have developed largely within specific contexts, that of traditional forms of therapy, academic research, and training programs. As a consequence, such texts may not provide as much guidance as ideal in addressing situations that involve values fundamental to the profession—confidentiality, safety, respect for autonomy, honesty, integrity—in contexts where national security and innocent lives are potentially at issue. This task force will examine the ethical dimensions of psychology's involvement and the use of psychology in national security-related investigations. The overarching purpose of the task force will be to examine whether our current Ethics Code adequately addresses such activities, whether the APA provides adequate ethical guidance to psychologists involved in these endeavors, and whether APA should develop policy to address the role of psychologists and psychology in investigations related to national security.

In examining these issues, the task force will address issues such as:

- What appropriate limits does the principle "Do no harm" place on psychologists' involvement in investigations related to national security?
- To the extent it can be determined, given the classified nature of many of these activities: What roles are psychologists asked to take in investigations related to national security?
- What are criteria to differentiate ethically appropriate from ethically inappropriate roles that psychologists may take?
- How is psychology likely to be used in investigations related to national security?
- What role does informed consent have in investigations related to national security?
- What does current research tell us about the efficacy and effectiveness of various investigative techniques?
- Would the efficacy and effectiveness of various investigative techniques, if demonstrated, affect our ethics?
- Has APA responded strongly enough to media accounts of activities that have occurred at Abu Ghraib and Guantanamo Bay?

Implementation Plan

If approved, Ethics Office and Science Directorate staff will plan a meeting for the Task Force in 2005. Members of the Task Force will be appointed by President Ronald F. Levant, PhD.

Fiscal Implications

Estimated cost for a 10 Member Task Force:

10 x $500 (transportation) = $5,000
10 x $250 (hotel/meals) x 3 = $7,500
Total = $12,500

Main Motion

That the Board of Directors allocates $12,500 from its 2005 discretionary fund to support one meeting in 2005 of a Task Force to Explore the Ethical Aspects of Psychologists' Involvement and the Use of Psychology in National Security-Related Investigations.

Recommendation

None.

Exhibits

None.

Stephen Behnke, JD, PhD
Ethics Office

Steven Breckler, PhD
Science Directorate

Geoff Mumford, PhD
Science Directorate

List of Readings
APA Task Force on Ethics and National Security

Tab 1: **Code of Ethics of the American Anthropological Association (1998)**
American Anthropological Association

Tab 2: **Declaration of Professional Responsibility: Medicine's Social Contract With Humanity (2001)**
American Medical Association House of Delegates

Tab 3: **American Psychological Association Resolution Against Torture (1986)**
American Psychological Association Council of Representatives
Against Torture: Joint Resolution of the American Psychiatric Association and the American Psychological Association (1985)
American Psychiatric Association and American Psychological Association

Tab 4: **Ethical Principles of Psychologists and Code of Conduct (2002)**
American Psychological Association

Tab 5: **Relationship Between States, Provinces, and Territories and the APA Ethics Code (2005)**
American Psychological Association Ethics Office

Tab 6: **Ethics in Evolution: The Incompatibility of Clinical and Forensic Functions (*The American Journal of Psychiatry*, 1997)**
P. S. Appelbaum

Tab 7: **A Theory of Ethics for Forensic Psychiatry (*Journal of the American Academy of Psychiatry and Law*, 1997)**
P. S. Appelbaum

Tab 8: **Doctor's Orders—Spill Your Guts (*Los Angeles Times*, 2005)**
M. G. Bloche and J. H. Marks

Tab 9: **Triage at Abu Ghraib (*The New York Times*, 2005)**
M. G. Bloche and J. H. Marks

Tab 10: **When Doctors Go to War (*New England Journal of Medicine*, 2005)**
M. G. Bloche and J. H. Marks

Tab 11: **Ethical Concerns in Forensic Consultation Regarding National Safety and Security (*Journal of Threat Assessment*, 2003)**
C. P. Ewing and M.G. Gelles

Tab 12: Why Ordinary People Torture Enemy Prisoners (*Science,* 2004)
S. T. Fiske, L. T. Harris, and A. J. C. Cuddy

Tab 13: Irreconcilable Conflict Between Therapeutic and Forensic Roles (*Professional Psychology: Research and Practice,* 1997)
S. A. Greenberg and D. W. Shuman

Tab 14: Bioethics and Armed Conflict (*The Hastings Center Report,* 2004)
M. L. Gross

Tab 15: Doctors in the Decent Society: Torture, Ill-Treatment, and Civic Duty (*Bioethics,* 2004)
M. L. Gross

Tab 16: Forum—Psychiatrists and the Death Penalty: Some Ethical Dilemmas (*Current Opinion in Psychiatry,* 1998)
J. Gunn, L. Hartmann, E. D. Pellegrino, R. J. Bonnie, M. G. Bloche, P. S. Appelbaum, et al.

Tab 17: Navy Threatened to Quit GTMO Over 'Abuse' (*Washington Times,* 2005)
P. Hess

Tab 18: US Detention Related to the Events of 11 September 2001 and Its Aftermath—the Role of the ICRC (2004)
International Committee of the Red Cross

Tab 19: In Service of Two Masters: The Ethical-Legal Dilemma Faced by Military Psychologists (*Professional Psychology: Research and Practice,* 1992)
T. B. Jeffrey, R. J. Rankin, and L. K. Jeffrey

Tab 20: The Social Context of Torture: Policy Process and Authority Structure (*The Politics of Pain: Torturers and Their Masters,* 1995)
H. Kelman

Tab 21: Medicine and Society: Physicians' Obligations to Speak Out for Prisoners' Health (*Virtual Mentor: Ethics Journal of the American Medical Association,* 2004)
D. Matthews

Tab 22: Abu Ghraib: Its Legacy for Military Medicine (*The Lancet,* 2004)
S. H. Miles

Tab 23: Prisoner Abuse. Online Newshour: Terence Smith Interviews Neil Lewis (2004)

Tab 24: **Medicine and War** (*The Hastings Center Report,* 2004)
L. S. Rubenstein

Tab 25: **Abuse Led Navy to Consider Pulling Cuba Interrogators** (*Boston Globe,* 2005)
C. Savage

Tab 26: **Split Seen on Interrogation Techniques** (*Boston Globe,* 2005)
C. Savage

Tab 27: ***Spaulding v. Zimmerman et al.*** **(Supreme Court of Minnesota, 1962)**

Tab 28: ***Squillacote and Stand v. United States of America*** **(US Court of Appeals, 4th Circuit, 2000)**

Tab 29: **On Wearing Two Hats: Role Conflict in Serving as Both Psychotherapist and Expert Witness** (*American Journal of Psychiatry,* 1997)
L. H. Strasburger, T. G. Gutheil, and A. Brodsky

Tab 30: **Universal Declaration of Human Rights (1948)**
United Nations

Tab 31: **Geneva Convention Relative to the Treatment of Prisoners of War (1950)**
United Nations

Tab 32: **Declaration on the Protection of All Persons From Being Subjected to Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment (1975)**
United Nations

Tab 33: **International Covenant on Civil and Political Rights (1976)**
United Nations

Tab 34: **Principles of Medical Ethics (1982)**
United Nations

Tab 35: **Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1987)**
United Nations

Tab 36: **Istanbul Protocol (Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 1999)**
United Nations

Tab 37: **United States Naval Academy Oath of Office** *(USNA Admissions Catalogue, 2004-2005)*
United States Naval Academy

Tab 38: **USA Patriot Act of 2001, Title II, Sect. 215, Access to Records and Other Items Under the Foreign Intelligence Surveillance Act**

Tab 39: **Psychological Torture?** (*Time,* 2005)
D. Waller

Tab 40: **Without Conscience** *(New England Journal of Medicine, 2005)*
E. Wiesel

Tab 41: **The World Medical Association Regulations in Times of Armed Conflict (Adopted 1956, Edited 1957, Amended 1983 & 2004)**
World Medical Association

Tab 42: **World Medical Association Declaration of Tokyo: Guidelines for Medical Doctors Concerning Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment in Relation to Detention and Imprisonment (1975)**
World Medical Association

Tab 43: **World Medical Association Declaration Concerning Support for Medical Doctors Refusing to Participate in, or to Condone, the Use of Torture or Other Forms of Cruel, Inhuman or Degrading Treatment (1997)**
World Medical Association

Tab 44: **World Medical Association Declaration of Washington on Biological Weapons (Adopted 2002, Revised 2003)**
World Medical Association

Tab 45: **World Medical Association Resolution on the Responsibility of Physicians in the Denunciation of Acts of Torture or Cruel or Inhuman or Degrading Treatment of Which They Are Aware (Adopted 2003, Initiated 2002)**
World Medical Association

Tab 46: **Physicians' Ethical Duty in Times of Armed Conflict Reiterated (Press Release, 2004)**
World Medical Association

Tab 47: **A Look at . . . Releasing Serial killers; We're doctors—Not Judges, Juries or Jailers** (*The Washington Post,* 1999)
H. Zonana

Articles With Responses

Tab 48: **Is it Ethical for Psychiatrists to Participate in Competency-to-Be-Executed Evaluations? [Point] (*Psychiatric Times*, 1998)**
P. S. Appelbaum
Is it Ethical for Psychiatrists to Participate in Competency-to-Be-Executed Evaluations? [Counterpoint] (*Psychiatric Times*, 1998)
L. Hartmann

Tab 49: **The Foreign Intelligence Surveillance Act: Law Enforcement's Secret Weapon (*Journal of the American Academy of Psychiatry and Law*, 2000)**
L. Danoff
The Ethical Use of Psychology in Criminal Investigations (*Journal of the American Academy of Psychiatry and Law*, 2001)
J. R. Schafer
Reply to Schafer: Defending the Facts (*Journal of the American Academy of Psychiatry and Law*, 2001)
L. Danoff
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T. Grisso

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APA Ethics Office

HC00005567

THE WASHINGTON TIMES

United Press International

Nation/Politics World Commentary

Navy threatened to quit GTMO over 'abuse'

By Pamela Hess
Pentagon correspondent

Washington, DC, Mar. 16 (UPI) -- The Navy's Criminal Investigative Service threatened to abandon the Guantanamo Bay jail interrogation operation because of the abuse of some detainees in late 2002 and helped force the Pentagon to undertake a review of the interrogation techniques approved by U.S. Defense Secretary Donald Rumsfeld, according to a classified Defense Department report.

The Navy's top lawyer warned the Pentagon's general counsel in December 2002 that some interrogation techniques used by intelligence personnel against prisoners held at the Cuban island jail were "unlawful and unworthy of the military services," according to the report, excerpts of which were read aloud by Sen. Carl Levin, D-Mich., at a Senate Armed Services Committee hearing Tuesday.

The account in the classified report prepared by Vice Adm. Albert Church differs from the Pentagon's explanation last year as to how the review of interrogation techniques came about.

According to a memo prepared by Navy General Counsel Alberto G. Mora for the Church investigation, the head of the Navy Criminal Investigation Service came to him in December 2002 with very serious concerns about the treatment of detainees. NCIS Director David Brant told Mora that one or more detainees were "being subjected to physical abuse and degrading treatment," Levin said, quoting from the Church report.

3/17/2005

Brant warned that the concerns were so grave that the DOD Criminal Investigative Task Force of which NCIS is a member "decided to disassociate itself from that interrogation."

Brant also said if the "aggressive" techniques that were being used at GTMO continued, the NCIS might remove itself from the operation altogether.

Mora's memo for the Church investigation also said Mora had received a briefing in December 2002 from NCIS' chief psychologist Michael Gelles.

"Gelles concluded based on extracts of detainee interrogation logs that intelligence personnel at GTMO had started 'using abusive techniques and coercive psychological procedures,'" Levin said.

Gen. Bantz Craddock, the current commander of U.S. Southern Command who at the time served as Rumsfeld's senior military assistant, said at the hearing he had not yet read the Church report but the timeline comported with what he knew happened on detainee affairs.

In the autumn of 2002, U.S. military officials at Guantanamo Bay Naval Base who were holding alleged al-Qaida members asked for permission to use interrogation techniques whose harshness exceeded those allowed by standard military doctrine, said DOD officials last year after the Abu Ghraib prison scandal called into question operations at Guantanamo, or GTMO.

Officials at GTMO told the Office of the Secretary of Defense that at least three of the prisoners were proving resistant to standard methods allowed under the Geneva Conventions. They conducted a legal analysis of the techniques regarding international law, and presented a proposal of 20 new practices to Rumsfeld for his approval. They believed they had the latitude to change the techniques because the prisoners at GTMO were not deemed prisoners of war by the White House, and therefore were not protected by the Geneva Convention.

3/17/2005

On advice of the DOD General Counsel William Haynes, Rumsfeld approved all but three of the new techniques, according to Pentagon documents and spokesman Larry DiRita at a meeting with reporters on May 20, 2004.

Memos leaked to the media and released under a Freedom of Information Act request detailed the request. It was broken into three categories. Category 1 included permission to yell at and deceive a detainee into thinking he is being interrogated by an official of another country with a reputation for harsh treatment of detainees.

Category 2 requested use of "stress positions" like standing for up to four hours and falsified documents and reports to deceive the detainee as well as solitary confinement for up to 30 days, with additional confinement possible if the commanding general approved it. It also requested sensory deprivation, hooding, removal of clothing, forced shaving and using detainee phobias like the fear of dogs to induce stress.

Category 3 requested permission to use scenarios that would convince the detainee that death or severely painful consequences are imminent for him and his family, exposure to cold weather or water (with medical monitoring), and the use of a wet towel and dripping water to induce the misperception of suffocation. It also requested permission to use "mild, non-injurious physical contact such as grabbing, poking in the chest with a finger and light pushing."

On Dec. 2, Rumsfeld approved all of category 1 and 2, and only the mild-non-injurious contact request in category 3. Between Dec. 2 and January 15, many of those techniques were used.

HC00005567

"On Jan. 15, 2003, the secretary of defense rescinded the Dec. 2 guidance when he learned of concern about the implementation of the techniques," the Pentagon stated in June 2004.

Rumsfeld then initiated a complete review of detainee interrogation policy, creating a working group that spanned all affected branches of the Defense Department.

"The secretary's concern was this is a broader issue. People should have a much better feel and understanding and appreciation for what we're doing, and so let's get this working group to kind of reach into all of the various areas that have to have an opinion," DiRita said.

DiRita suggested the situation at Guantanamo was one where lawyers and intelligence practitioners were sparring over the issues on a case-by-case basis.

"You had intelligence officials that were tugging in a direction that might have been different from lawyers and that's fair. I mean, this is a process that involves, by definition, some tension," DiRita said.

He made no reference to the blanket condemnation expressed by the Navy Criminal Investigative Service and the Navy general counsel in the Church report, as read by Levin.

"This discussion in the Church report highlights the seriousness of the concerns raised by Navy General Counsel Mora, who found the aggressive interrogation techniques approved by Secretary Rumsfeld," Levin said in a statement to United Press International Wednesday. "The fact that this discussion, while unclassified, is included only in the classified section of the report hides the full story from the American public and presents a distorted picture of events. This is a flaw in the process established by DoD for getting information out to the American people."

3/17/2005

A defense official told UPI Wednesday it is unlikely DIRita or most people working the interrogation issue in the office of the Secretary of Defense were even aware of the NCIS or Navy general counsel's objections until the Church report was released. They were only made known to the DOD general counsel in December or January, which convinced Haynes to advise Rumsfeld to rescind the interrogation policy while the working group was convened.

The NCIS was, apparently, mollified by the working group process and ultimate policy issued on April 16.

"They didn't leave. They've been there doing their thing," the defense official said.

The working group deliberations were not without conflict, and defense officials acknowledge that not everyone is satisfied with the outcome.

During the subsequent three-month long deliberation of the working group on detainee interrogation, the military service lawyers known as judge advocates general voiced objections to the White House decision that the prisoners captured in the Afghan war be exempt from Geneva Convention protections. They were overruled by the DOD general counsel.

The working group produced a list of 35 suggested interrogation techniques. Rumsfeld accepted 24 of them, 17 of which were already part of standard Army doctrine. Nearly all the category 2 and 3 techniques were dropped.

Rumsfeld accepted the addition of the "Mutt and Jeff" technique, which had been in the Army's field manual for interrogation in 1987. It is more commonly known as the good cop-bad cop technique.

3/17/2005

In two cases, field manual techniques were made more restrictive in the new policy: the removal of incentives like extra food, and "pride and ego down" -- insulting a detainee -- cannot be used without prior notice to the defense secretary.

The five other techniques approved that are not included in the field manual are dietary and environmental adjustment, sleep deprivation, false flag (interrogators pretending to be from another country) and isolation.

"It's a bit of a tribute to the process that when there were concerns the department took a step back and gave the opportunity to hear those concerns," the defense official said.

The working group process "met not only legal requirements but (reached) a vast consensus. But not every person ever going to agree with what was eventually approved," the official said. "To this day I am sure there are people who disagree with the outcome."

HC00005567

Abu Ghraib: its legacy for military medicine

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Lancet 2004; 364: 725–29

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The complicity of US military medical personnel during abuses of detainees in Iraq, Afghanistan, and Guantanamo Bay is of great importance to human rights, medical ethics, and military medicine. Government documents show that the US military medical system failed to protect detainees' human rights, sometimes collaborated with interrogators or abusive guards, and failed to properly report injuries or deaths caused by beatings.[1–3] An inquiry into the behaviour of medical personnel in places such as Abu Ghraib could lead to valuable reforms within military medicine.

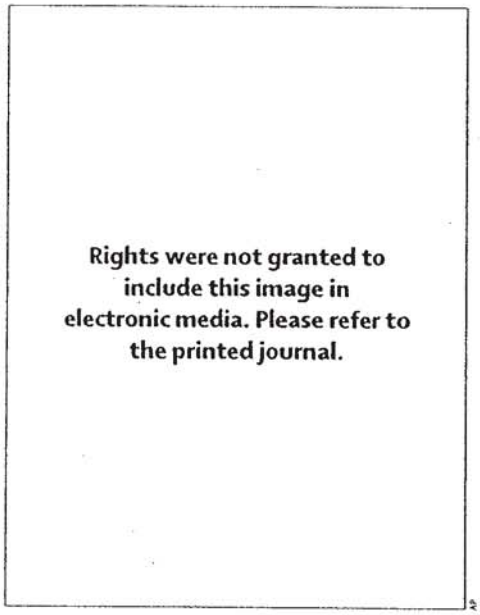
The policies

As the Bush administration planned to retaliate against al-Qaeda's terrorist attacks on the USA, it was reluctant to accept that the Geneva Convention Relative to the Treatment of Prisoners of War would apply to al-Qaeda detainees.[3,4] In January, 2002, a memorandum from the US Department of Justice to the Department of Defense concluded that since al-Qaeda was not a national signatory to international conventions and treaties, these obligations did not apply.[4] It also concluded that the Convention did not apply to Taliban detainees because al-Qaeda's influence over Afghanistan's government meant that it could not be a party to treaties. In February, 2002, the US president signed an executive order stating that although the Geneva Conventions did not apply to al-Qaeda or Taliban detainees, "our nation . . . will continue to be a strong supporter of Geneva and its principles . . . the United States Armed Forces shall continue to treat detainees humanely and, to the extent appropriate and consistent with military necessity in a manner consistent with the principles of Geneva."[5] This phrasing subordinates US compliance to the Geneva Convention to undefined "military necessity."

An August, 2002 Justice Department memorandum to the President and a March, 2003 Defense Department Working Group distinguished cruel, inhumane, or degrading treatment, which could be permitted in US military detention centres, from torture, which was ordinarily banned except when the President set aside the US commitment to the Convention in exercising his discretionary war-making powers.[3,7] These memoranda semantically analysed the words "harm" or "profound disruption of the personality" in legal definitions of torture without grounding the terms on references to research showing the prevalence, severity, or duration of harm from abusing detainees.[8–10] Also, the memoranda do not distinguish between coercive interrogation involving soldiers from those employing medical personnel or expertise. For example, both documents excuse the use of drugs during interrogation.[3,7] Neither document mentions medical ethics codes or the history of medical or psychiatric complicity with torture or inhumane treatment.[11,24,31,32]

In late 2002, the Secretary of Defense approved "Counter Resistance Techniques" including nudity, isolation, and exploiting fear of dogs for interrogating al-Qaeda suspects at Guantanamo.[6] In April, he revised those techniques and advised those devising interrogation plans to give consideration to the view of other countries that some of the authorised techniques such as threats, insults, or intimidation violate the Geneva Convention. He added, "Nothing in this memorandum in any way restricts your existing authority to maintain good order and discipline among detainees."[6].

The Interrogation Rules of Engagement posted at Abu Ghraib stated: "[Interrogation] Approaches must always be humane . . . Detainees will NEVER be touched in a malicious or unwanted manner . . . the Geneva Conventions apply."[11] These rules were imported from the US operation in Afghanistan and echoed the 2003 memo by the Secretary of Defense. They stated: "Wounded or medically burdened detainees must be medically cleared prior to interrogation" and approved "Dietary manipulation (monitored by med)" for interrogation.[11] Defense Department memoranda define the latter as substituting hot meals to cold field rations rather than food deprivation but there are credible reports of food deprivation.[6,19,33]



Detainee at Abu Ghraib awaits medical attention from US military medics

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HC00005567

person under interrogation for medical evaluation. Another directed clinicians to authorise and monitor interrogations which, although proposed as a safeguard, allowed medical judgment to determine the harshness of interrogation.[57] It will be important to establish whether and how, senior military medical officers reviewed, challenged, or tempered those policies.

At the operational level, medical personnel evaluated detainees for interrogation, and monitored coercive interrogation, allowed interrogators to use medical records to develop interrogation approaches, falsified medical records and death certificates, and failed to provide provide basic health care.[3,4,59]

Which medical professionals were responsible for this misconduct? The US Armed Forces deploy physicians, physicians' assistants, nurses, medics (with several months of training), and various command and administrative staff. International statements assert that every health-care worker has an ethical duty to oppose torture. For example, the UN Principles of Medical Ethics Relevant to the Protection of Prisoners Against Torture refers to "health personnel," "particularly physicians" but it also names physicians' assistants, paramedics, physical therapists and nurse practitioners.[32] Likewise, the Geneva Convention refers to the duties of physicians, surgeons, dentists, nurses, and medical orderlies.[46] Furthermore, the US Armed Forces medical services are under physician commanders and each medic, as with civilian physicians' assistants, is personally accountable to a physician. Thus, physicians are responsible for the policies of the medical system; military medical personnel are should abide by the ethics of medicine regarding torture.[41]

Abu Ghraib will leave a substantial legacy. Medical personnel prescribed anti-depressants to and addressed alcohol abuse and sexual misconduct in US soldiers in the psychologically destructive prison milieu.[44] The reputation of military medicine, the US Armed Forces, and the USA was damaged. The eroded status of international law has increased the risk to individuals who become detainees of war since Abu Ghraib because it has decreased the credibility of international appeals on their behalf.

Although the US Armed Forces' medical services are mainly staffed by humane and skilled personnel, the described offences do not merely fall short of medical ideals; some constitute grave breaches of international or US law. Various voices call for courts martial, a special prosecutor, or compensation. Such measures will be inadequate if unaccompanied by even more ardently pursued reform.

Such reform must begin with a comprehensive investigation. At this time, it is not possible to know the absolute or relative prevalence of the various abuses or fully assess the performance of military medical personnel with regard to human rights abuses. Army investigations have looked at a small set of human rights abuses, but have not investigated reports from human rights organisations, nor have they focused on the role of medical personnel or examined detention centres that were not operated by the Army.[11–17] Six more investigations are underway.[59] The Army's Miller and Ryder Investigations remain classified.[17] Several thousand pages of the Army's Taguba Investigation appendices are unavailable.[11] Several secret detention centres that remain unmonitored. The US military medical services, human rights groups, legal and medical academics, and health professional associations should jointly and comprehensively review this material in light of US and international law, medical ethics, the military code of justice, military training, the system for handling reports of human rights abuses, and standards for the treatment of detainees. Reforms stemming from such an inquiry could yet create a valuable legacy from the ruins of Abu Ghraib.

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HC00005567

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HC00005567

HC00005567

AMERICAN PSYCHOLOGICAL ASSOCIATION

The Jim Lehrer Newshour

PBS TV, December 21, 2004, 7:00 PM

An Interview with Neil Lewis

BROADCAST EXCERPT

TERENCE SMITH: The new FBI memos released by the American Civil Liberties Union show that FBI Agents have lodged repeated reports about the physical and mental mistreatment of prisoners held in Iraq and Cuba. The abuses reportedly took place during the last two years and as recently as this past June. For more on the story, we're joined by Neil Lewis of the New York Times.

Neil, welcome.

NEIL LEWIS: Thank you.

TERENCE SMITH: These FBI memos were from agents who were sent down to supervise or observe in any event the interrogations carried out by military interrogators?

NEIL LEWIS: Well, in some cases, the FBI was tasked themselves with doing this. The FBI, for its own interests, had agents both at Guantanamo Bay, Cuba, and in Iraq, observing and sometimes participating in interrogations.

TERENCE SMITH: And to whom did they send these memos back reporting on what they saw and heard?

NEIL LEWIS: All of these memorandums were sent to their superiors in Washington to inform them of what they had either witnessed directly or understood was going on.

TERENCE SMITH: And one, in fact, went to the director of the FBI?

NEIL LEWIS: One, indeed, about apparent abuses in Iraq. That went to the director of the FBI, Robert Mueller.

TERENCE SMITH: Right. So at least the director of the FBI and perhaps other senior officials in Washington had direct reporting on what was going on?

NEIL LEWIS: Surely so.

TERENCE SMITH: All right. Give us a little sense of what abuses, if that's the right word, are described in these memorandums.

NEIL LEWIS: Sure. I think that's an indisputably fair word. The memorandums can be divided into two sections. One is about things that were observed in Iraq. Let me start with that. Agents there said that they had understood that detainees were beaten, strangled -- choked, I guess would be a better word -- and had lighted cigarettes placed in their ears by interrogators. In Guantanamo, the abuses recorded by agents who witnessed them accord very neatly with earlier reports but provide fuller detail.

And particularly a practice that we had known about in Guantanamo, there are more details here about shackling inmates chained in uncomfortable positions. Some of these memos describe inmates chained in the fetal position for as long as 24 hours, forced to defecate and urinate on themselves, and, in one case, a particularly horrific account, one agent says that he saw a pile of hair next to one of the detainees, and the MP said, you know, he had apparently pulled his hair out during the night.

TERENCE SMITH: What does this add... since we've had reports in the past, obviously, about abusive treatment of detainees, what do these memos add to our knowledge of this?

NEIL LEWIS: You're quite right. We have had some sense of all this from various ways, other reports. They provide great detail and because they are written under the auspices of the FBI, They're a very powerful corroboration of what went on.

And in the larger sense, I would say, in addition to the details in the memos, they do tell us that I think we can be fairly confident now that what was occurring in at least Guantanamo was systematic, intentional, done with the consent of the senior authorities, that there was a real intent to have a system of prolonged psychological and physical coercion in the interrogation process-- which is different, I might add, very importantly, from the story that the military had put out early on and held to fairly consistently that it was a more or less gentle interrogation process, building rapport with the detainees.

TERENCE SMITH: Does anything in the memos or in the reporting that you've done around your conversations with military interrogators and sources give you any

sense of the motivation of the interrogators? Did they believe they were about serious business here through which they could achieve significant intelligence?

NEIL LEWIS: I think so. And I think it's important. I mean, these are not people that were, I don't think, engaging in sadistic impulses. They believed it was an appropriate and proper mission; that it was awful work but it had a great purpose.

I think it's important to note that. Last month, after we reported in the Times that the International Committee of the Red Cross said that what was occurring at Guantanamo was tantamount to torture, the chairman of the Joint Chiefs of staff responded, I thought, very tellingly in a speech he gave the next day, where he said, "let's not forget these are people without any moral values down there."

Privately, when people talk to me about this, who were involved and generally approve of it in the government, one refrain is always, "Let's not forget the emotion and anger we felt in the immediate aftermath of Sept. 11." In other words, they're doing good work and important work that has to be done. So I think that's the pervasive belief of the people who are involved with this. It's obviously not the view of outsiders, and it's not the view of many FBI people who thought it wasn't even effective in getting information.

TERENCE SMITH: It's not reflected in what the White House had to say today. They said, "We're going to look into it."

NEIL LEWIS: Yes. They have shied away from any suggestion that President Bush has had any direct role in approving these harsh techniques.

TERENCE SMITH: Right. Is there anything in the memos or around them that reveals what the FBI agents who observed all this, what they thought of what they were seeing?

NEIL LEWIS: Yes. It's very fascinating. There are a whole bunch of themes. Some of the agents were appalled and expressed that. Some were professionally offended, saying it's not producing anything and it's just a wrong way to go about it. Some were very bureaucratic in the classic old-time FBI way, "protect the Bureau."

Some of the things that caused the greatest friction were the reports that the agents sent back that some of these military interrogators are posing as FBI agents when they're employing these coercive tactics and we're going to get stuck holding the bag if this ever gets out. So that was a source of great offense.

TERENCE SMITH: The interrogators, the military interrogators would identify themselves as FBI investigators?

NEIL LEWIS: Apparently so; this was a subject of great concern and colloquy between the military and FBI; it was never fully resolved, it appears.

TERENCE SMITH: Finally and briefly, where does this go from here? We've had these investigations. There are more, apparently. They're under way. What does it lead to?

NEIL LEWIS: It's hard to say. There are certainly many calls in Congress, as there usually are, for some probe of this. There are a whole bunch of legal proceedings against detainees, some of which are suspended now. And I suppose we'll just have to see. I don't know.

TERENCE SMITH: We'll have to wait and see. Neil Lewis, thanks for bringing us up to date.

NEIL LEWIS: Thank you, Terry.

[END OF INTERVIEW.]

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THIS STORY HAS BEEN FORMATTED FOR EASY PRINTING

Abuse led Navy to consider pulling Cuba interrogators

The Boston Globe

By Charlie Savage, Globe Staff | March 16, 2005

WASHINGTON -- Top US Navy officials were so outraged at abusive interrogation techniques being used at the Guantanamo Bay prison in late 2002 that they considered removing Navy interrogators from the operation, according to a portion of a recent Pentagon report that has not been made public.

A top Navy psychologist reported to his supervisor in December 2002 that interrogators at Guantanamo were starting to use "abusive techniques." In a separate incident that same month, the Defense Department's joint investigative service, which includes Navy investigators, formally "disassociated" itself from the interrogation of a detainee, after learning that he had been subjected to particularly abusive and degrading treatment.

The two events prompted Navy law enforcement officials to debate pulling out of the Guantanamo operation entirely unless the interrogation techniques were restricted. The Navy's general counsel, Alberto Mora, told colleagues that the techniques were "unlawful and unworthy of the military services."

The previously undisclosed events were disclosed at a hearing of the Senate Armed Forces Committee yesterday. The disclosures shed new light on the military services' objections to the Bush administration's policies on how to interrogate prisoners from the Afghanistan war.

Senator Carl Levin, Democrat of Michigan, said the events are outlined in the largely classified report on military detention and interrogation operations delivered last week by Navy Vice Admiral Albert T. Church. Levin did not disclose which techniques were used on prisoners that triggered the Navy's unusual concerns.

Levin said the Navy's expressions of outrage prompted Defense Secretary Donald H. Rumsfeld's decision in January 2003 to revoke an aggressive interrogation policy for Guantanamo detainees, according to the Church report. Rumsfeld then convened a Pentagon working group to examine interrogation issues more thoroughly. It came up with a more restricted interrogation policy in April 2003.

Specifically, the chain of events began when Dr. Michael Gelles, the chief psychologist of the Navy Criminal Investigative Service, or NCIS, completed a study of Guantanamo interrogations in December 2003 that included extracts of interrogation logs. Gelles reported to the service director, David Brant, that interrogators were using "abusive techniques and coercive psychological procedures."

The news prompted Brant to argue that if those aggressive practices continued, the agency would have to "consider whether to remain" at Guantanamo. At the same time, Mora, the Navy's general counsel, told colleagues that the techniques were "unlawful and unworthy of the military services," according to Levin's account.

That same month, Brant told Mora about a specific detainee who was "being subjected to physical abuse and degrading treatment." Mora took those concerns to the Defense Department's criminal investigative task force, which took the extraordinary step of deciding to disassociate itself from that detainee's interrogation.

Calling the Navy officials' concerns "very serious," Levin yesterday asked the commander of the US Southern Command, General Bantz Craddock, whether he could shed any further light on the matter at yesterday's hearing. Craddock has overseen Guantanamo since last year and was previously Rumsfeld's top uniformed military aide.

Craddock said he was unaware of the extent of the Navy's objections and had not read the full Church report, but the account matched the timeline of events as he recalled them. Guantanamo interrogators asked

permission to use more aggressive techniques in the fall of 2002, he noted. Rumsfeld approved a list of techniques around December 2002, and then rescinded it in January 2003.

"I do recall the Navy general counsel advising the secretary that there were concerns with regards to interrogation techniques," Craddock said. "It was [at] a point thereafter that the approval of those techniques was rescinded in January and the working group was formed."

A former member of the Pentagon's detainee working group noted in an interview yesterday that the NCIS trains its agents to gather information that can be used to prosecute criminal defendants. He argued that it was appropriate for Guantanamo interrogations to use more aggressive methods because their purpose was to gather information for fighting terrorism, but he said NCIS officials may not have accepted that distinction.

The major source of Church's findings, Levin said at the hearing, is a memo Mora wrote in July 2004. At about the same time, FBI agents wrote a series of e-mails, recently made public, about abusive interrogations they said they witnessed.

The FBI memos described "torture techniques" that it said included shackling detainees into painful positions, forced nakedness, deafening music, temperature extremes, and sexual humiliation by female interrogators.

Southcom is investigating the FBI reports. This week, Newsweek reported that Southcom has recalled to active duty four reservists who had served as interrogators because they may have to face courts-martial for their handling of prisoners. Craddock yesterday said only that the investigation was "ongoing" and that the Newsweek report was "news to me."

Rumsfeld tapped Church to review the military's detention-and-interrogation operations after the disclosure of the Abu Ghraib photographs in May 2004. Church concluded there was no policy, "written or otherwise," by which top officials sanctioned abuses. He attributed abuses to battlefield stress and insufficient oversight.

Democrats have criticized his inquiry as insufficiently thorough. ■

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Boston Globe

Split seen on interrogation techniques

Navy official says many back stance against coercion

By Charlie Savage, Globe Staff | March 31, 2005

WASHINGTON -- A top Navy official whose warnings about "abusive" interrogation policies at Guantanamo Bay in December 2002 led the Navy to consider pulling its investigators out of the prison operation says his view that coercion does not produce quality information is shared by many specialists in the military and intelligence world.

In his first interview since his warnings were disclosed, Dr. Michael Gelles, the head psychologist for the Navy Criminal Investigative Service, said last week that many government intelligence professionals believe that coercive interrogation techniques -- inflicting pain or humiliation in order to extract information -- simply don't work.

And he expressed frustration that Bush administration policymakers have "dismissed" critics of coercive techniques as doves who are unwilling to do what is necessary to obtain information from terror suspects. In fact, Gelles said, many experienced interrogators are convinced coercive techniques do more harm than good.

The best way to extract intelligence from a captured Muslim extremist, Gelles said, is through "rapport-building" -- by engaging the suspect in conversations that play on his cultural sensitivities. Gelles said he and others have identified patterns of questioning that can elicit accurate information from Middle Easterners, but declined to disclose them for security reasons.

"We do not believe -- not just myself, but others who have to remain unnamed -- that coercive methods with this adversary are . . . effective," Gelles said. "If the goal is to get information, then using coercive techniques may be effective. But if the goal is to get reliable and accurate information, looking at this adversary, rapport-building is the best approach."

Gelles, the NCIS's top psychologist for 15 years, has participated in interrogations in Iraq, Afghanistan, and Guantanamo. He noted that the NCIS's experience with Muslim extremists predates Sept. 11, 2001, including probes into the 2000 bombing of the USS Cole in Yemen and the 1983 bombing of a Marine barracks in Lebanon.

The Navy granted Gelles permission to speak to the Globe after the recent disclosure of his role in prompting the first internal review of interrogation techniques at Guantanamo Bay. The Navy prohibited him from discussing specific experiences in Iraq, Afghanistan, or Cuba, or disclosing conversations with senior officials.

But he described a broad division between interrogation specialists like himself and Pentagon policy makers. Gelles said that his skepticism about coercive interrogations is quietly supported by many government specialists, including fellow psychologists, intelligence analysts, linguists, and interrogators who have experience extracting information from captured Islamist militants.

The strategy behind a coercive approach, he said, is to try "vacuum up all the information you can and figure out later" what is true and what is not. This method, he argued, clogs the system with false and misleading data. He compared it to "coercive tactics leading to false confessions" by suspects in police custody.

Gelles said rapport-building need not be soft just because it is not humiliating or physically painful: Telling a detainee that he is a contemptible murderer of children or that he may never be released from detention if he doesn't cooperate are perfectly acceptable tactics. "Being respectful doesn't mean you don't confront, clarify, and challenge the detainee when he gives the appearance of being deceptive," he said.

But, he warned, coercive techniques will induce a detainee to say anything to make the discomfort stop. At various points, US officials have approved of threatening prisoners with menacing dogs, shackling prisoners into painful "stress positions" for up to four hours, and engaging in physical contact that threatens the subject but does not injure him. Some interrogations have gone further. FBI reports say prisoners have been sexually humiliated and shackled for 24 hours without food.

"Why would you terrify them with a dog? So they'll tell you anything to get the dog out of the room?" Gelles asked. "I know there is a school of thought that believes [stress positions] are effective. In my experience, I've never see it be of any value."

Sometimes, he said, innocent suspects who have no information to provide will make up stories just to stop the abuse.

A Red Cross report last year estimated that between 70 percent and 90 percent of military detainees in Iraq had been arrested by mistake in the confusion of the insurgency. The head of interrogations at Guantanamo has said that the majority of the 540 detainees there have no useful information.

The military has also already released at least 211 former Guantanamo inmates -- among them several British men who said they falsely confessed under duress to being in a video with Osama bin Laden, but who were later cleared when the British government determined that they had been in England at the time the video was shot in Afghanistan.

Gelles's assertions were further bolstered last week by the release of newly uncensored portions of a memo written by an FBI agent who had been at Guantanamo in 2002. The previously withheld passages show that FBI agents considered the results obtained from certain military interrogations to be "suspect at best."

The previously censored passages were disclosed by the Bush administration at the request of Senator Carl Levin, Democrat of Michigan.

The memo also describes how FBI agents tried to persuade military commanders that coercive techniques were unreliable and recounts a "heated" video teleconference in which the FBI showed the military that certain intelligence produced by coercive techniques "was nothing more" than what the FBI got with traditional tactics: "[The Defense Department] finally admitted the information was the same the Bureau obtained. It still did not prevent them from continuing [their own] methods."

Gelles could not, under Navy rules, describe his own role in exposing possible abuses at Guantanamo Bay. But the most comprehensive military review of interrogations around the world cited him as sounding an early warning about "abusive techniques and coercive psychological procedures" in December 2002.

A month later, in response to the Navy's concerns, Defense Secretary Donald Rumsfeld rescinded an order allowing some of the most coercive techniques.

But in the two years that followed, accounts of the physical abuse -- and, in some cases, the deaths -- of military detainees under interrogation around the world have emerged, leading to a series of official investigations and ongoing lawsuits.

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Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

Istanbul Protocol

Submitted to the
United Nations High Commissioner for Human Rights

9 August 1999

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HC00005567

CONTENTS

		Page
Contributing authors and other participants		viii
Introduction		1
Chapter	*Paragraphs*	
I. RELEVANT INTERNATIONAL LEGAL STANDARDS	1-46	3
A. International humanitarian law	2-6	3
B. The United Nations	7-23	3
1. Legal obligations to prevent torture	10	4
2. United Nations bodies and mechanisms	11-23	5
C. Regional organizations	24-45	7
1. The Inter-American Commission on Human Rights and the Inter-American Court of Human Rights	25-31	7
2. The European Court of Human Rights	32-37	8
3. The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment	38-42	9
4. The African Commission on Human and Peoples' Rights and the African Court on Human and Peoples' Rights	43-45	9
D. The International Criminal Court	46	10
II. RELEVANT ETHICAL CODES	47-72	11
A. Ethics of the legal profession	48-49	11
B. Health-care ethics	50-55	11
1. United Nations statements relevant to health professionals	51-52	11
2. Statements from international professional bodies	53-54	12
3. National codes of medical ethics	55	12
C. Principles common to all codes of health-care ethics	56-64	13
1. The duty to provide compassionate care	57-61	13
2. Informed consent	62-63	13
3. Confidentiality	64	14
D. Health professionals with dual obligations	65-72	14
1. Principles guiding all doctors with dual obligations	66	14
2. Dilemmas arising from dual obligations	67-72	15
III. LEGAL INVESTIGATION OF TORTURE	73-117	16
A. Purposes of an investigation into torture	76	16
B. Principles for the effective investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment	77-83	16
C. Procedures of a torture investigation	84-105	17
1. Determination of the appropriate investigative body	84-86	17
2. Interviewing the alleged victim and other witnesses	87-100	18
3. Securing and obtaining physical evidence	101-102	20
4. Medical evidence	103-104	21
5. Photography	105	21
D. Commission of inquiry	106-118	21
1. Defining the scope of the inquiry	106	21
2. The power of the commission	107	22
3. Membership criteria	108-109	22
4. The commission's staff	110	22

HC00005567

Chapter		Paragraphs	Page
	5. Protection of witnesses	111	22
	6. Proceedings	112	22
	7. Notice of inquiry	113	22
	8. Receipt of evidence	114	23
	9. Rights of parties	115	23
	10. Evaluation of evidence	116	23
	11. Report of the commission	117-118	23
IV.	GENERAL CONSIDERATIONS FOR INTERVIEWS	119-159	24
	A. Purpose of inquiry, examination and documentation	120	24
	B. Procedural safeguards with respect to detainees	122-125	24
	C. Official visits to detention centres	126-133	25
	D. Techniques of questioning	134	26
	E. Documenting the background	135-140	26
	1. Psychosocial history and pre-arrest	135	26
	2. Summary of detention and abuse	136	26
	3. Circumstances of detention	137	27
	4. Place and conditions of detention	138	27
	5. Methods of torture and ill-treatment	139-140	27
	F. Assessment of the background	141-142	27
	G. Review of torture methods	143-144	28
	H. Risk of re-traumatization of the interviewee	145-148	28
	I. Use of interpreters	149-152	29
	J. Gender issues	153-154	29
	K. Indications for referral	155	30
	L. Interpretation of findings and conclusions	156-159	30
V.	PHYSICAL EVIDENCE OF TORTURE	160-232	31
	A Interview structure	162-166	31
	B. Medical history	167-171	32
	1. Acute symptoms	169	32
	2. Chronic symptoms	170	32
	3. Summary of an interview	171	32
	C. The physical examination	172-185	32
	1. Skin	175	33
	2. Face	176-181	33
	3. Chest and abdomen	182	34
	4. Musculoskeletal system	183	34
	5. Genito-urinary system	184	34
	6. Central and peripheral nervous systems	185	34
	D. Examination and evaluation following specific forms of torture	186-231	34
	1. Beatings and other forms of blunt trauma	188-201	35
	2. Beatings of the feet	202-204	37
	3. Suspension	205-207	37
	4. Other positional torture	209-210	38
	5. Electric shock torture	211	38
	6. Dental torture	212	39
	7. Asphyxiation	213	39
	8. Sexual torture including rape	214-231	39
	E. Specialized diagnostic tests	232	42
VI.	PSYCHOLOGICAL EVIDENCE OF TORTURE	233-314	43
	A. General considerations	233-238	43
	1. The central role of the psychological evaluation	233-236	43
	2. The context of the psychological evaluation	237-238	44

HC00005567

		Paragraphs	Page
B.	Psychological consequences of torture	239-258	44
	1. Cautionary remarks	239	44
	2. Common psychological responses	240-248	44
	3. Diagnostic classifications	249-258	45
C.	The psychological/psychiatric evaluation	259-314	47
	1. Ethical and clinical considerations	259-261	47
	2. The interview process	262-273	48
	3. Components of the psychological/psychiatric evaluation	274-290	50
	4. Neuropsychological assessment	291-308	52
	5. Children and torture	309-314	54

ANNEXES

I.	Principles for the effective investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment	57
II.	Diagnostic tests	59
III.	Anatomical drawings for the documentation of torture and ill-treatment	62
IV.	Guidelines for the medical evaluation of torture and ill-treatment	70

HC00005567

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This project was funded with the generous support of the United Nations Voluntary Fund for Victims of Torture, the Division for Human Rights and Humanitarian Policy of the Federal Department of Foreign Affairs, Switzerland, the Office for Democratic Institutions and Human Rights of the Organization for Security and Cooperation in Europe, the Swedish Red Cross, the Human Rights Foundation of Turkey and Physicians for Human Rights. Additional support was contributed by The Center for Victims of Torture, the Turkish Medical Association, the International Rehabilitation Council for Torture Victims, Amnesty International Switzerland and the Christian Association for the Abolition of Torture Switzerland.

HC00005567

Deborah Felder

From: Felder, Debbie [dfelder@apa.org]
Sent: Thursday, October 05, 2000 7:47 PM
To: [redacted] Debbie Felder
Subject: FW: status: Ectf appointment

> -----Original Message-----
> From: Laumeier, Emily
> Sent: Thursday, October 05, 2000 4:43 PM
> To: Felder, Debbie
> Cc: Jones, Stanley E.
> Subject: status: Ectf appointment
>
> Debbie, I see you were not in on some of the e-mails once Nathalie began
> responding to my e-mail. Several chapters later, here is the status:
>
> Nathalie recommends and Celia approves that Robert's version of the
> response be sent. Nathalie also suggested that I send a copy of the
> Sanders fax and the Robert response to Pat DeLeon, Gerry K, and Mike H.
> Per Nathalies instructions I have a call in to Robert to get his approval
> to send those indivs a copy of the fax and response.
>
> That is where it now stands.
>
> Emily Laumeier
> Educative Coordinator
> Ethics Office
> American Psychological Association
> 750 First Street NE
> Washington, DC 20002-4242
> Phone 202 336 5930
> Fax 202 336-5997
> e-mail elaumeier@apa.org
>
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> confidential, and protected from disclosure. If you are not the intended
> recipient, any dissemination, distribution, or copying is strictly
> prohibited. If you think that you have received this e-mail in error,
> please e-mail the sender at "elaumeier@apa.org"
>

Deborah Felder

From: Felder, Debbie [dfelder@apa.org]
Sent: Tuesday, September 26, 2000 12:41 PM
To: [redacted] Debbie Felder
Subject: FW: Follow-up on EC Selection of New ECTF Member

> -----Original Message-----
> From: Jones, Stanley E.
> Sent: Monday, September 25, 2000 9:29 PM
> To: Felder, Debbie; Laumeier, Emily
> Subject: RE: Follow-up on EC Selection of New ECTF Member
>
> This sounds fine and consistent with what was discussed.
>
> Stan
>
>
> -----Original Message-----
> From: Felder, Debbie
> Sent: Monday, September 25, 2000 7:40 PM
> To: Jones, Stanley E.; Laumeier, Emily
> Subject: Follow-up on EC Selection of New ECTF Member
>
> Stan and Emily,
> It will be helpful for me if I list what now needs to be done (or has been
> done) concerning notifications of the EC action on the new seat on the
> ECTF over this past weekend. Stan, please let me know if I don't have any
> part of this quite right.
>
> * Emily called Younggren right after the meeting in response to his
> strong request for quick feedback. He still needs a copy of the letter
> that will go to all unsuccessful candidates. I volunteer to draft this
> letter for review by both of you prior to review by Robert. This would go
> out from Robert as Chair of the EC.
> * I called Grill this afternoon (with Celia's blessing) but let a
> message that I would call back tomorrow or he could call me. His voice
> mail stated that he was out today, back tomorrow. I will secure his
> acceptance tomorrow (I hope), but still think he should get an official
> letter from Robert. Again, I can draft this for review by all.
> * We need a letter to Div 18 and 19 presidents and also to Nightingale
> from Robert to state what action EC took to implement the Council motion.
> Emily, would you be willing to draft this and also to contact (email)
> Robert and let him know that we are preparing notification letters for his
> review?
> * I will check with Maureen to ask her if we can indicate what action
> the EC took on this matter in our next routine update on ECTF activities
> or if we need to respond to the Council motion in some other way.
>
> As I said, just want to be sure I've got this straight and am not
> overlooking part of what needs to be done. Will wait to hear from you.
>
> Debbie

MEMORANDUM

September 28, 2000

To: Janice H. Laurence, PhD, President, Division 19
Randy R. Taylor, PhD, President, Division 18
Gilbert O. Sanders, EdD, Division 18, Criminal Justice Section
Mark Zelig, PhD, Division 18, Police and Public Safety Section
Edmund J. Nightingale, PhD, Council of Representatives
Henry L. Taylor, PhD, Council of Representatives
Stephen A. Ragusea, PsyD, Council of Representatives

From: Robert T. Kinscherff, PhD, JD, Chair, Ethics Committee

Re: Appointment to the Ethics Code Task Force for Representation of Police and Public Safety, Correctional, or Military Psychology

---

Recently you received a memo from me seeking nominees to the Ethics Code Task Force (ECTF) to represent police and public safety, correctional, or military psychology. This action was taken in response to a motion passed by the Council of Representatives at its August 3 & 6, 2000 meeting (Exhibit 1).

I am pleased to report that the Ethics Committee reviewed nominees at its meeting of September 23-24, 2000, and selected Dennis J. Grill, PhD, to fill the position.

Thank you again for your help in fulfilling the Council's motion.

Attachment

cc: Celia B. Fisher, PhD, Chair, ECTF
L. Michael Honker, PhD, Acting Director, APA Ethics Office
Stanley E. Jones, PhD, Consultant, Ethics Office
Deborah S. Felder, Ethics Code Revision Coordinator

ectf/kins0928 nominators

27 September 2000

Dear Dr.

Thank you for your recent statement of interest in and availability to represent the constituency of police and public safety psychology/correctional psychology/military psychology on the APA Ethics Code Task Force. The Ethics Committee reviewed nominees at its meeting of September 23-24, and selected Dennis J. Grill, Ph.D., to fill the position.

We appreciate your willingness to participate in the revision of the Ethics Code. If you would like to submit any comments on the Ethics Code, the task force welcomes your submissions.

Yours truly,

Robert T Kinscherff, Ph.D., J.D.
Chair, Ethics Committee

DXF\ECTF\Letters\NewSeatNo.doc

27 September 2000

Dennis J. Grill, Ph.D.
PRIVACY REDACTION

Dear Dr Grill:

This letter is a follow-up to the phone call from the Ethics Code Revision Coordinator letting you know that at the September 23—24 meeting of the Ethics Committee, you were chosen to represent the constituency of police and public safety psychology/correctional psychology/military psychology on the APA Ethics Code Task Force. The Committee thanks you for your willingness to serve, and congratulates you on your selection.

I am certain that you will be receiving materials for your first meeting on October 20—22 from the Ethics staff in the next few weeks. Again, thank you for your willingness to give your time and energy to this important project.

Yours truly,

Robert T. Kinscherff, Ph.D., J.D.
Chair, Ethics Committee

cc: Celia B. Fisher, PhD, Chair, ECTF
L. Michael Honaker, PhD, Acting Director, Ethics Office

DXF\ECTF\Letters\NewSeatYes.doc

Candidates for Ethics Code Task Force Appointment
September 23-24, 2000

Candidate Name	Nominator	All Meetings?
Dennis J. Grill, PhD	Celia Fisher, PhD ECTF Chair Bruce Bennett, PhD ECTF Member	Yes
Karl O. Moe, PhD	Gerald Koocher, PhD Board of Directors ECTF Representative	Yes
Robert S. Nichols, PhD	Janice Laurence PhD President, Div 19	Yes
Steve C. Norton, PhD	Randy Taylor PhD President, Div 18	No 10/00
Gilbert O. Sanders, EdD	Randy Taylor, PhD President, Div 18	Yes
Jeffrey N. Younggren, PhD	Gerald Koocher, PhD Board of Directors ECTF Representative	Yes

Deborah Felder

From: Felder, Debbie [dfelder@apa.org]
Sent: Thursday, August 17, 2000 4:55 PM
To: [redacted] Debbie Felder
Subject: FW: ECTF police/military seat

> -----Original Message-----
> From: Jones, Stanley E.
> Sent: Friday, August 11, 2000 1:50 PM
> To: Honaker, Michael; Laumeier, Emily; Felder, Debbie
> Subject: RE: ECTF police/military seat
>
> Debbie, I'll wait to hear from you in case you have any thoughts about the
> email.
>
> With Emily's info, my plan is to send this to Robert, cc to Celia, Emily,
> and Debbie. Mike, do you want to be copied on any Robert/Celia emails re
> this appointment?
>
> Mike Honaker has confirmed that Council passed the motion
> adding another seat to the ECTF for "police & public safety psychology,
> correctional psychology or military psychology." (They did not approve
> requiring a seat for this constituency on the Ethics Committee itself.)
> This is not in the budget, but will be added for 2001. I think that it
> would be hard to make the appointment for this year anyway, and that
> making the appointment at the November meeting (at the same time as the
> public member) would make sense. You and Celia should talk about how to
> let people know of the position and the timing of the appointment. The
> maker of the motion (Edmund J Nightingale Ph.D., representing Div 18,
> Psychologists in Public Service) and the relevant divisions mentioned in
> the Council item (Divisions 18 and 19, Military Psychology) are obvious
> parties from whom to solicit names. There were two Co-sponsors of the
> motion, Henry L. Taylor Ph.D. and Stephen Ragusea, Psy.D.
>
> By the way, do you or Celia have any information as to how
> this passed? Both the EC and the Board recommended against it.
>
>
> Stan
>
> Stanley E. Jones, Ph.D.
> Consultant, Office of Ethics
> American Psychological Association
> 750 First Street, NE
> Washington, DC 20002
> (202) 336-5930
> Fax: (202) 336-5997
> sjones@apa.org
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> <mailto:sjones@apa.org>"
>
> -----Original Message-----
> From: Honaker, Michael
> Sent: Friday, August 11, 2000 1:34 PM
> To: Jones, Stanley E.; Laumeier, Emily; Felder, Debbie
> Subject: RE: ECTF police/military seat
>
> Looks good to me.

>
> -----Original Message-----
> From: Jones, Stanley E.
> Sent: Friday, August 11, 2000 12:56 PM
> To: Honaker, Michael; Laumeier, Emily; Felder, Debbie
> Subject: RE: ECTF police/military seat
>
> Excellent; simplifies moving ahead. I assume we'll move toward the EC
> making an appointment at its November meeting.
>
> How about the following message from to Robert, cc Celia. I first thought
> about it being from Debbie, Emily, or Mike. Since I asked Mike for the
> clarification following Celia's message in which she told us it had
> passed, I think it could come from me. (If so, I need Robert's correct
> email for this kind of message.)
>
> Mike Honaker has confirmed that Council passed the motion
> adding another seat to the ECTF for "police & public safety psychology,
> correctional psychology or military psychology." (They did not approve
> requiring a seat for this constituency on the Ethics Committee itself.)
> This is not in the budget, but will be added for 2001. I think that it
> would be hard to make the appointment for this year anyway, and that
> making the appointment at the November meeting (at the same time as the
> public member) would make sense. You and Celia should talk about how to
> let people know of the position and the timing of the appointment. The
> maker of the motion [name? Division represented?] and the relevant
> divisions [number and names?] are obvious parties from whom to solicit
> names.
>
> By the way, do either you or Celia have any information as
> to how this passed? Both the EC and the Board recommended against it.
>
> Thoughts? Debbie would then take over the processing for an item. (Or
> however the office wishes to process this item.)
>
> Emily, could you provide the information I ask about. I
> assume you may already have some of this information from your preparation
> of the Council item.
>
> Stan
>
> Stanley E. Jones, Ph.D.
> Consultant, Office of Ethics
> American Psychological Association
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> Washington, DC 20002
> (202) 336-5930
> Fax: (202) 336-5997
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> <mailto:sjones@apa.org>"
>
> -----Original Message-----
> From: Honaker, Michael
> Sent: Friday, August 11, 2000 12:33 PM
> To: Jones, Stanley E.; O'Brien, Maureen; Felder, Debbie
> Cc: Laumeier, Emily
> Subject: RE: ECTF police/military seat
>
> We essentially will have to add this to the budget. Since Council
> approved they have said "do it".
>

HC00007163

> -----Original Message-----
> From: Jones, Stanley E.
> Sent: Thursday, August 10, 2000 4:24 PM
> To: O'Brien, Maureen; Felder, Debbie; Honaker, Michael
> Cc: Laumeier, Emily
> Subject: RE: ECTF police/military seat
>
> Maureen, I assume the motion voted includes nothing about money?
>
> Debbie, how many meetings are scheduled/budgeted next year?
>
> Mike, see Emily's first major paragraph below for the fiscal implications in this item. I assume the $3,300 is for 3 meetings. If this has to go back to Council to approve money, should we hold up the appointment until it is approved? Do you want to add it in the fall budget pass? Etc.
>
> I like to get this clear before we address with Robert and Celia.
>
> FYI, re timing, there is a meeting in October. I assume that no one would expect a person to be added for that meeting.
>
> Stan
>
> Stanley E. Jones, Ph.D.
> Consultant, Office of Ethics
> American Psychological Association
> 750 First Street, NE
> Washington, DC 20002
> (202) 336-5930
> Fax: (202) 336-5997
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>
> -----Original Message-----
> From: Laumeier, Emily
> Sent: Thursday, August 10, 2000 4:06 PM
> To: Jones, Stanley E.; O'Brien, Maureen
> Cc: Honaker, Michael; Felder, Debbie
> Subject: RE: ECTF police/military seat
>
> Wow, what a development. No, I had not heard this news yet.
>
> The Board and EC had recommended against the motion.
>
> Here is our fiscal implications statement from the item:
> If the main motion is approved, additional funding of approximately $3,300/yr will be needed for the Ethics Code Task Force (ECTF). This funding would most likely be requested from the Board or Council contingency fund during the first year of implementation; thereafter the expense would continue annually until completion of the ECTF's task, and would need to be addressed through the ECTF's annual budget.
>
> Below is the text from EC's rationale statement for rejecting the motion. It's form was as a memo addressed to Council, provided as exhibit. I wonder if this was read?
>
> Regarding the proposal for a slate on the Ethics Committee for a psychologist clinician from a background in police and public safety, corrections, or military practice, the Ethics Committee feels that this legitimate advocacy can be accommodated within the existing slates. The

> committee encourages the constituent divisions to be active in reviewing
> the Ethics Committee slates each year to recommend division members who
> fit the slate and will also bring their specialized expertise to the
> group.
>
> Regarding the proposal for addition of a seat to the Ethics Code
> Task Force (ECTF), the Ethics Committee notes that in making appointments
> to the task force in 1996, there was a serious effort to consider the need
> for representation of the many diverse constituencies of the Association
> and to appoint a group that would include the broadest possible range of
> interests. Obviously, it was not possible to create a group that included
> a member from every division or interest area. However, divisions and
> committees can request the appointment of nonvoting observers or monitors
> to ensure that issues relevant to their concerns are brought to the task
> force for consideration.
>
> In addition, the motion brings with it both budget issues and time
> constraints. The current budget covers only the current roster [8 voting
> members, plus the chair, plus 4 voting representatives from the Board of
> Directors, Council of Representatives, Ethics Committee, and American
> Psychological Association of Graduate Students]. Incumbents' terms last
> until the completion of their task (or, for representatives, until the
> completion of the individual's term on the represented group). Thus, an
> additional seat on the ECTF would require the approval of additional
> funding.
>
> The Ethics Committee notes that by the time any action would be
> taken to gain such funding through the Council and Board, the ECTF's task
> would likely be nearing its completion. The ECTF's current timeline
> projects that Council will vote on a revised Ethics Code in summer 2002.
>
> The Ethics Committee hears Dr. Nightingale's concern about the need
> for a voice in the code revision process from Division 18 and Division 19
> constituencies, and notes that the ECTF welcomes participation by all APA
> members and groups via the submission of written comments. The ECTF is
> presently accepting commentary on the current Ethics Code, and plans to
> publish its first draft of a revised Ethics Code for member comment in the
> February 2001 or March 2001 edition of the APA Monitor.
>
>
> -----Original Message-----
> From: Jones, Stanley E.
> Sent: Thursday, August 10, 2000 3:48 PM
> To: O'Brien, Maureen
> Cc: Laumeier, Emily; Honaker, Michael; Felder, Debbie
> Subject: ECTF police/military seat
>
> I understand that Council approved a motion requiring that
> the membership on the ECTF include at least one seat for the constituency
> of police & public safety psychology, correctional psychology or military
> psychology and that they did not approve requiring a seat for this
> constituency on the Ethics Committee.
>
> Is there anything regarding when the person must be added?
>
> Did you hear any discussion of this motion, for or against?
> Did either Robert Kinscherff, EC chair or Celia Fisher, ECTF chair say
> anything? Did the Board support the motion? Not important, but curious.
>
> Emily, what did the motion say regarding finances for the
> position. It is not in the budget, right?
>
> Stan
>
> Stanley E. Jones, Ph.D.
> Consultant, Office of Ethics
> American Psychological Association

HC00007163

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> <mailto:sjones@apa.org>"

TRUDY BOND, Ed.D.
Counseling Psychology
PRIVACY REDACTION

12/2/2010

Stephen Behnke, Ethics Director
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242

Via Facsimile (202-336-5997) and USPS

Dear Dr. Behnke:

Ms. Kathy Roberts, Esq. of the Center for Justice and Accountability (CJA) has contacted me regarding your correspondence to her on September 29, 2010, regarding CJA's submission of additional documentation. Please find enclosed a copy of that documentation. As you continue to review my complaint, I ask that you consider this documentation in addition to the information I previously submitted in my initial complaint and in a subsequent submission on September 3, 2008. It provides further evidence supporting the allegations I made in my complaint of 4/15/2007.

Finally, I would appreciate an update regarding the status of my complaint and the reasons for the Ethics Committee's delay in adjudicating it. I would also like to know if there has ever been a complaint unresolved for this length of time. If you have any questions, please contact me.

Sincerely,

Dr. Trudy Bond

Enclosures

cc: Carol Goodheart, President, American Psychological Association
Melba Vasquez, President-Elect, American Psychological Association
Via Facsimile (202-336-6157) and USPS

(7)

34-1

DEC 3 2010



THE CENTER FOR JUSTICE & ACCOUNTABILITY
Bringing Human Rights Abusers To Justice.

August 26, 2010

Dr. Stephen Behnke
Director, Office of Ethics
American Psychological Association
750 First Street, NE
Washington, DC 20002

Via Facsimile (202-336-5500) and Federal Express (attachments via FedEx only)

Re: Ethical Complaint against Dr. John F. Leso, APA member

Dear Dr. Behnke:

CJA represents Dr. Steven Reisner in a complaint before the New York State Office of Professions, calling for an investigation of Dr. John Leso for his participation in abusive interrogation and torture, and for revocation of his psychologist's license on that basis. We understand that at least one complaint, filed on April 15, 2007, regarding Dr. Leso's conduct at Guantánamo is under review by the APA Ethics Office. We also understand that it is your position that resolution of that complaint requires additional time because it "entails careful consideration of what information is available, or is likely to become available that may be relevant to the matter." March 17, 2010 Behnke correspondence, Attachment A.

We believe that enough relevant information about Dr. Leso has come to light to enable you to resolve the matter now. Indeed, a great deal of information has become publicly available since Dr. Bond originally filed her complaint. The United States Senate Armed Services Committee, the Central Intelligence Agency, and the Department of Defense, among others, have released documents into the public domain that shed light on Dr. Leso's conduct. Specifically, the documents show that Dr. Leso, a Major in the U.S. Army, led the first team of mental health professionals tasked with supporting interrogation operations at the U.S. detention camp at Guantánamo Bay, Cuba. Further, the documents show that Dr. Leso recommended a series of escalating physically and psychologically abusive interrogation tactics to be used on detainees, personally supervised interrogations where his tactics were used, and actually participated in the application of these tactics.

The APA has unequivocally condemned the abusive interrogation tactics that Dr. Leso recommended, including sexual humiliation and exploitation of phobias, tactics that are "utterly inconsistent with Ethical Standard 3.04 in the APA Ethics Code, which obligates psychologists to avoid harm." Moreover, the APA has recently taken the position that any of its members proven to have committed acts such as sexual humiliation in an interrogation context "would be expelled." Further still, it would be [the APA's] expectation that the individual's state license to practice psychology would be revoked." June 30, 2010 Goodheart correspondence, Attachment B.

34-2

DEC 3 2010

870 Market Street, Suite 680 San Francisco, CA 94102 tel 415 544 0444 fax 415 544 0456 info@cja.org cja.org

We believe that the evidentiary analysis presented in the enclosed accounting further substantiates Dr. Bond's contention that Dr. Leso engaged in patently unethical conduct during his time at Guantánamo Bay. *Licensing Complaint Against Dr. John Francis Leso, State of New York*, Attachment C (*available at* http://cja.org/article.php?id=876). This evidence warrants Dr. Leso's sanction, expulsion, and recommendation for de-licensure.

With respect to sexual humiliation in particular, we would draw your attention to pages 13 and 14 of our evidentiary analysis, documenting how interrogators under Dr. Leso's supervision implemented his suggestion of "removal of clothing" as an interrogation technique. Interrogators implemented this technique, forcibly stripping Mr. al Qahtani as he resisted and making him stand naked in the presence of female interrogators. Mr. al Qahtani felt humiliated, and stated that "he did not like the females viewing his naked body while being searched and if [he] felt he could have done something about it then he would have." Other forms of sexual humiliation during Mr. al Qahtani's interrogation included forcing Mr. al Qahtani to look at pictures of women in bikinis, hanging pictures of swimsuit models around his neck, and calling Mr. al Qahtani a homosexual. Another form of sexual humiliation employed against Mr. al Qahtani was "invasion of space by a female interrogator," which included touching Mr. al Qahtani in close proximity and straddling him while he was held down. At one point, Mr. al Qahtani was forced to wear a woman's bra and had a thong placed on his head during the course of an interrogation.

According to Article 1 of the APA Bylaws,

> The objects of the American Psychological Association shall be to advance psychology as a science and profession and as a means of promoting health, education and human welfare … by the improvement of the qualifications and usefulness of psychologists through high standards of ethics, conduct, education, and achievement; by the establishment and maintenance of the highest standards of professional ethics and conduct of the members of the Association.

These objects have been seriously compromised by APA member Dr. John Leso's conduct. In accordance with the APA Ethics Committee's Rules and Procedures 3.3.10, we request that you inform us whether Dr. Leso has lost his membership due to unethical behavior or whether he has resigned while under ethics investigation.

Please do not hesitate to contact us if you have any questions.

Respectfully submitted,

Kathy Roberts
Nushin Sarkarati
Andrea Evans
Attorneys for Complainant Dr. Steven Reisner
CENTER FOR JUSTICE & ACCOUNTABILITY

34-3

cc: Carol D. Goodheart, Ed.D., President, APA *via facsimile*: 609-987-8844 (letter only)

DEC 3 2010

AMERICAN PSYCHOLOGICAL ASSOCIATION

March 17, 2010

Trudy Bond, PhD
Counseling Psychology
PRIVACY REDACTION

Dear Dr. Bond,

Thank you for your letter of February 22, 2010.

I believe that we have provided you information regarding the complaint you have filed. I do understand your frustration, however, that this matter has not yet been resolved. The matter remains under review, and you will be informed as soon as a decision is made regarding this matter.

The Ethics Office views it as being in the interest of all parties—both complainants and respondents, as well as the public—that ethics complaints be resolved expeditiously. There are times when the resolution of an ethics complaint entails careful consideration of what information is available, or is likely to become available that may be relevant to the matter. In such instances, the final resolution may require additional time, as opposed to ethics matters in which all relevant information is immediately available in the public domain.

Let me assure you that this matter remains under review, and that you will be informed as soon as there is information for us to share with you.

Sincerely,

Stephen Behnke

Stephen Behnke, JD, PhD
Director, Ethics Office

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Washington, DC 20002-4242
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TDD/TTY (202) 336-6123
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34-4

DEC 3 2010

AMERICAN PSYCHOLOGICAL ASSOCIATION

June 30, 2010

Texas State Board of Examiners of Psychologists
333 Guadalupe
Tower 2/Room 450
Austin, Texas 78701

RE: Complaint filed by Dr. Jim L. H. Cox regarding Dr. James Elmer Mitchell

This letter is submitted by the American Psychological Association ("APA") to the Texas State Board of Examiners of Psychologists ("Board") for consideration in connection with the June 16, 2010 complaint filed by Dr. Jim L.H. Cox regarding Dr. James Elmer Mitchell ("Complaint"). APA is a voluntary, nonprofit scientific and professional organization with more than 150,000 members and affiliates; it is the leading association of psychologists in the United States. Among the APA's major purposes is "to advance psychology as a science and profession and as a means of promoting health, education and human welfare...by the improvement of the qualifications and usefulness of psychologists through high standards of ethics, conduct, education, and achievement..." (APA Bylaws Article I.1).

APA does not normally submit comments in licensing board proceedings. APA has no knowledge beyond the information set forth in the Complaint and press reports regarding Dr. Mitchell's actions. As the complainant notes, Dr. Mitchell is not a member of APA, and accordingly, APA has no jurisdiction over this matter. The Board will no doubt hear from Dr. Mitchell in response to the Complaint and adjudicate the case according to its own procedures and considering Dr. Mitchell's explanation, if any, of the events in question. The issues raised in the Complaint before the Board, however, have been the subject of much public discussion and official investigation. In APA's view, the allegations regarding Dr. Mitchell's conduct are unique in the scope of misperception and harm they have caused regarding the public's understanding of the profession of psychology and its ethical principles. For this reason, APA believes it is important to make clear to the Board how its Ethical Principles of Psychologists and Code of Conduct, as well as relevant Association policies, apply to the facts set forth in the Complaint. Please also note that our information sharing is limited to APA policies on torture and other forms of abuse or inhuman treatment. We are not commenting on any other issues raised in the Complaint.

For the Board's information, long-standing APA policy strictly prohibits psychologists' involvement in any form of torture or other types of cruel, degrading or inhuman treatment or punishment. Our relevant policies date back to 1985 and were adopted by the APA Council of Representatives, the governing body of our association. (For more information and a compilation of these policies see: www.apa.org/ethics/programs/position/index.aspx.

Some of the more recent APA policies regarding the unethical nature of coercive interrogation techniques were not in effect at the time of the actions described in the Complaint. In APA's view, those policies are not necessary to find that actions of the type described in the Complaint are patently unethical. Acts such a waterboarding and sexual humiliation are explicit violations of APA policy, and utterly inconsistent with Ethical Standard 3.04 in the APA Ethics Code, which obligates psychologists to avoid harm.

750 First Street, NE
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(202) 336-6074
(202) 336-6157 Fax
(202) 336-6123 TDD

Carol D. Goodheart, EdD
President 2010

34-5

DEC 3 2010

If any psychologist member of APA were proven to have committed the alleged acts as set forth in the Complaint before the Board, he or she would be expelled from the APA membership. The relevant state licensing board(s) would be notified of this APA action, and it would be our expectation that the individual's state license to practice psychology would be revoked.

If you have any questions about APA's policies or Ethics Code, please do not hesitate to contact me.

Sincerely,

Carol D. Goodheart

Carol D. Goodheart, EdD
President

34-6

DEC 3 2010

CONFIDENTIAL

TRUDY BOND, Ed.D.
Counseling Psychology
PRIVACY REDACTION

Transmitting 7 pages (including cover)

Date: 12.2.10 Time: 5p.m.

To: Stephen Behnke 202.336.5997

From: Above

Comments:

If you have any problems with this fax, please call (419) 536-9790.

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34-7

DEC 3 2010

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

VIA FEDERAL EXPRESS

September 29, 2010

Kathy Roberts, Esq.
Nushin Sarkarait, Esq.
Andrea Evans, Esq.
The Center for Justice & Accountability
870 Market Street, Suite 680
San Francisco, CA 94102

Dear Ms. Roberts, Sarkarait, and Evans:

The letter acknowledges receipt of your letter dated August 26, 2010 with accompanying attachments. You request that APA inform you whether Dr. John Leso has lost his membership due to unethical behavior or whether he has resigned while under ethics investigation. In accordance with Section 3.3.10 of the Ethics Committee's Rules and Procedures, in response to your written inquiry, we would inform you of that fact if either had occurred.

You reference Dr. Trudy Bond in your letter and attachments. If it is your intention to submit documents on behalf of Dr. Bond, we will need a letter from Dr. Bond indicating her knowledge of your role. Please note that while we do acknowledge the receipt of documents, the Ethics Office does not correspond with third parties regarding the existence or status of a complaint.

Sincerely,

Stephen Behnke

Stephen Behnke, JD, PhD
Director, Ethics Office

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(202) 336-5500
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31-1

cle

THE CENTER FOR JUSTICE & ACCOUNTABILITY
Bringing Human Rights Abusers To Justice.

August 26, 2010

Member

Dr. Stephen Behnke
Director, Office of Ethics
American Psychological Association
750 First Street, NE
Washington, DC 20002

Via Facsimile (202-336-5997) and Federal Express (attachments via FedEx only)

Re: Ethical Complaint against Dr. John F. Leso, APA member

Dear Dr. Behnke:

CJA represents Dr. Steven Reisner in a complaint before the New York State Office of Professions, calling for an investigation of Dr. John Leso for his participation in abusive interrogation and torture, and for revocation of his psychologist's license on that basis. We understand that at least one complaint, filed on April 15, 2007, regarding Dr. Leso's conduct at Guantánamo is under review by the APA Ethics Office. We also understand that it is your position that resolution of that complaint requires additional time because it "entails careful consideration of what information is available, or is likely to become available that may be relevant to the matter." March 17, 2010 Behnke correspondence, Attachment A.

We believe that enough relevant information about Dr. Leso has come to light to enable you to resolve the matter now. Indeed, a great deal of information has become publicly available since Dr. Bond originally filed her complaint. The United States Senate Armed Services Committee, the Central Intelligence Agency, and the Department of Defense, among others, have released documents into the public domain that shed light on Dr. Leso's conduct. Specifically, the documents show that Dr. Leso, a Major in the U.S. Army, led the first team of mental health professionals tasked with supporting interrogation operations at the U.S. detention camp at Guantánamo Bay, Cuba. Further, the documents show that Dr. Leso recommended a series of escalating physically and psychologically abusive interrogation tactics to be used on detainees, personally supervised interrogations where his tactics were used, and actually participated in the application of these tactics.

The APA has unequivocally condemned the abusive interrogation tactics that Dr. Leso recommended, including sexual humiliation and exploitation of phobias, tactics that are "utterly inconsistent with Ethical Standard 3.04 in the APA Ethics Code, which obligates psychologists to avoid harm." Moreover, the APA has recently taken the position that any of its members proven to have committed acts such as sexual humiliation in an interrogation context "would be expelled." Further still, it would be [the APA's] expectation that the individual's state license to practice psychology would be revoked." June 30, 2010 Goodheart correspondence, Attachment B.

AUG 26 2010
31-2

870 Market Street, Suite 680 San Francisco, CA 94102 tel 415 544 0444 fax 415 544 0456 info@cja.org cja.org

We believe that the evidentiary analysis presented in the enclosed accounting further substantiates Dr. Bond's contention that Dr. Leso engaged in patently unethical conduct during his time at Guantánamo Bay. *Licensing Complaint Against Dr. John Francis Leso, State of New York*, Attachment C (*available at* http://cja.org/article.php?id=876). This evidence warrants Dr. Leso's sanction, expulsion, and recommendation for de-licensure.

With respect to sexual humiliation in particular, we would draw your attention to pages 13 and 14 of our evidentiary analysis, documenting how interrogators under Dr. Leso's supervision implemented his suggestion of "removal of clothing" as an interrogation technique. Interrogators implemented this technique, forcibly stripping Mr. al Qahtani as he resisted and making him stand naked in the presence of female interrogators. Mr. al Qahtani felt humiliated, and stated that "he did not like the females viewing his naked body while being searched and if [he] felt he could have done something about it then he would have." Other forms of sexual humiliation during Mr. al Qahtani's interrogation included forcing Mr. al Qahtani to look at pictures of women in bikinis, hanging pictures of swimsuit models around his neck, and calling Mr. al Qahtani a homosexual. Another form of sexual humiliation employed against Mr. al Qahtani was "invasion of space by a female interrogator," which included touching Mr. al Qahtani in close proximity and straddling him while he was held down. At one point, Mr. al Qahtani was forced to wear a woman's bra and had a thong placed on his head during the course of an interrogation.

According to Article 1 of the APA Bylaws,

> The objects of the American Psychological Association shall be to advance psychology as a science and profession and as a means of promoting health, education and human welfare ... by the improvement of the qualifications and usefulness of psychologists through high standards of ethics, conduct, education, and achievement; by the establishment and maintenance of the highest standards of professional ethics and conduct of the members of the Association.

These objects have been seriously compromised by APA member Dr. John Leso's conduct. In accordance with the APA Ethics Committee's Rules and Procedures 3.3.10, we request that you inform us whether Dr. Leso has lost his membership due to unethical behavior or whether he has resigned while under ethics investigation.

Please do not hesitate to contact us if you have any questions.

Respectfully submitted,

Kathy Roberts
Nushin Sarkarati
Andrea Evans
Attorneys for Complainant Dr. Steven Reisner
CENTER FOR JUSTICE & ACCOUNTABILITY

cc: Carol D. Goodheart, Ed.D., President, APA *via facsimile*: 609-987-8844 (letter only)

AUG 26 2010

31-3

HC00007233

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THE CENTER FOR JUSTICE & ACCOUNTABILITY
Bringing Human Rights Abusers To Justice.

To:	**Dr. Stephen Behnke** **Director, Office of Ethics** American Psychological Association
Fax:	(202) 336-5997
From:	Kathy Roberts The Center for Justice & Accountability
Date:	August 26, 2010
Pages with Cover:	3

AUG 26 2010

3+4

870 Market Street, Suite 680 San Francisco, CA 94102 tel 415 544 0444 fax 415 544 0456 info@cja.org cja.org

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

March 17, 2010

Trudy Bond, PhD
Counseling Psychology
PRIVACY REDACTION

Dear Dr. Bond,

Thank you for your letter of February 22, 2010.

I believe that we have provided you information regarding the complaint you have filed. I do understand your frustration, however, that this matter has not yet been resolved. The matter remains under review, and you will be informed as soon as a decision is made regarding this matter.

The Ethics Office views it as being in the interest of all parties—both complainants and respondents, as well as the public—that ethics complaints be resolved expeditiously. There are times when the resolution of an ethics complaint entails careful consideration of what information is available, or is likely to become available that may be relevant to the matter. In such instances, the final resolution may require additional time, as opposed to ethics matters in which all relevant information is immediately available in the public domain.

Let me assure you that this matter remains under review, and that you will be informed as soon as there is information for us to share with you.

Sincerely,

Stephen Behnke

Stephen Behnke, JD, PhD
Director, Ethics Office

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30

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TRUDY BOND, Ed.D.
Counseling Psychology
PRIVACY REDACTION

2/22/10

Dr. Stephen Behnke
Office of Ethics
American Psychological Association
750 First Street, NE
Washington, DC 20002

Re: Ethical Complaint against John Leso

Dear Dr. Behnke:

I am writing regarding the status of my ethics complaint against John Leso. APA officially acknowledged my complaint on February 28, 2008 though it was first submitted to APA on April 15, 2007, almost three years now. Even allowing for the February 28, 2008 date, this complaint has been open for two years with no information provided to me as the complainant.

I don't believe it is necessary to repeat the statements that you and every APA president since Gerald Koocher have made, promising to the world that any APA member who was involved in torture or cruel, inhuman or degrading treatment would be held accountable.

Please respond to this request for information.

Sincerely,

Dr. Trudy Bond
Counseling Psychology

29

MAR – 1 2010

CONFIDENTIAL

November 28, 2012

Suzanne Bennett Johnson, President
American Psychological Association
750 First Street, NE
Washington, DC 20002
By facsimile, USPS and email (executiveoffice@apa.org)

Dear Dr. Johnson:

Thank you for your response to our September 18th Open Letter regarding ethics complaints and alleged ethical violations by psychologists, written to you as president of the American Psychological Association. We ask again that the case against Dr. Leso now receive prompt adjudication, over five years after it was initially filed.

In your reply you stated:

> As we have communicated in past correspondence, because the burden of proving the allegations in a complainant case rests on the Ethics Committee, the Committee focuses on primary (such as findings from a legal proceeding) rather than secondary sources (such as media reports).

This is the first we have heard of the Ethics Committee making a distinction between "primary" versus "secondary" sources. No such reference has ever been made in previous APA communications to Dr. Bond. Is this an Ethics Committee policy? If so, we would appreciate documentation of this policy and of when it came into force. We would also like to know why the Ethics Committee never informed Dr. Bond of this policy in the 5+ years prior to October 31, 2012.

Furthermore, as you have raised the issue of primary versus secondary sources, but have provided no definitions of these terms, we have reviewed numerous definitions and have found that there is substantial consensus regard these terms. For the purpose of the continued open complaint against Dr. John Leso, we understand the definitions of primary and secondary sources as follows:

> Primary sources are original records that document evidence or supply first-hand testimony of a particular time period, event, or subject. This record or documentation is usually created close to the time of the occurrence by a participant or observer. If created at a later date, the documentation would take on the form of an autobiography, oral history, or memoir...
>
> The following are generally considered primary sources:
>
> **Personal Accounts**
> Diaries, interviews, letters, manuscripts, memos, speeches

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autobiographies, memoirs, oral histories

Original Recordings of an Event, Time Period, or Place
Books, journal, magazine and newspaper articles, advertisements, photography, audio and video recordings, pamphlets, broadsides/posters, maps

Organization or Government Agency Records
Minutes of meetings, agendas, correspondence

Secondary source materials are produced by analyzing and interpreting a particular time period, event or subject. The authors of this interpretation are not first-hand participants or observers of the event. Primary sources are often used to provide the evidence for secondary source materials.

http://www.easternct.edu/smithlibrary/research/getstarted/primarysources.htm

Similar definitions can be found at the following links as well:

- James Cook University, Australia: http://www-public.jcu.edu.au/libcomp/assist/guides/finding/JCUPRD_030412
- Indiana University: http://www.libraries.iub.edu/?pageId=1002226
- University of Maryland: http://www.lib.umd.edu/ues/guides/primary-sources-primary
- Yale University: http://www.yale.edu/collections_collaborative/primarysources/primarysources.html

In the complaint against Dr. John Leso, additional information provided at the request of APA in September of 2008 included government documents, articles and books written contemporaneously. Applying the above definitions we believe that the evidence provided fulfilled the definition for primary sources. We therefore do not understand the point raised in your letter, which we quoted above, and we would appreciate further clarification.

Thank you.

Trudy Bond
Steven Reisner

cc: Lindsay Childress-Beatty, JD, PhD
Deputy Director and Director of Adjudication, APA Ethics Office

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AMERICAN PSYCHOLOGICAL ASSOCIATION

CONFIDENTIAL

December 31, 2013

John F. Leso, PhD
PRIVACY REDACTION

Dear Dr. Leso:

We have now completed our review of the ethics complaints filed against you by Dr. Alice Lowe Shaw and Dr. Trudy Bond. Our Rules and Procedures allow a case to be opened only if certain conditions are met. (See Part V, Sections 5.1, 5.4 and 5.5.) On the basis of a review of the record related to this matter, we have determined that an ethics case cannot be opened. Consequently, the allegations against you have been dismissed under Part V, Section 5.4 and/or Section 5.5, and the matter has been closed.

Dr. Bond and Dr. Shaw will be notified of this decision. The American Psychological Association reserves the right to determine in the future that information related to the closing of this complaint should be made public. If you have any concerns related to information being released, please contact me at LChildress-Beatty@apa.org or at (202) 312-6493.

We thank you for your cooperation in this matter.

Sincerely,

Lindsay Childress-Beatty/PSD

Lindsay Childress-Beatty, JD, PhD
Director of Adjudication/Deputy Director, Ethics Office

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December 31, 2013

Alice Lowe Shaw, PhD
PRIVACY REDACTION

Dear Dr. Shaw,

We have now completed the review of your complaint against Dr. John Leso. The APA Ethics Committee's *Rules and Procedures* allow a complaint to be opened only if certain conditions are met. (See Part V, Sections 5.1, 5.4 and 5.5.) On the basis of a careful and thorough review of the record in this matter, including your submissions and public information available to date, including information released in November 2013, we have determined that we cannot proceed with formal charges in this matter. Consequently, the complaint against Dr. Leso has been closed.

The complaint remained open for an extended period of time while information directly relevant to this matter continued to be released into the public domain. The decision that the complaint should remain open was made in order to permit as much information as reasonably possible to become available for review. It does not appear that additional relevant information will be released into the public domain in the foreseeable future. Given the need to balance protection of the welfare of the public, the rights of the individual filing an ethics complaint, as well the rights of the psychologist against whom a complaint is made, the decision was made that the complaint should be closed at this time.

During the review process, it was essential to separate strong feelings about the treatment of detainees in U.S. custody from the task of carefully analyzing the available information in this particular matter in accordance with the Ethics Committee's *Rules and Procedures*. In reviewing an ethics complaint, the Ethics Committee must adhere to its *Rules and Procedures*. The Committee bears the burden of proving charges of unethical behavior against a respondent (*Rules and Procedures*, Part V, section 5.5(a)). The behavior must be directly attributable to the respondent. It cannot be speculative or based on supposition concerning what occurred. The record must be carefully analyzed to determine whether a particular psychologist can be found to have engaged in behavior that is a violation of one or more Standards of the ethics code in effect at the time the behavior occurred; in this case, that is the 1992 *Ethical Principles of Psychologists and Code of Conduct*, which was in effect until June of 2003.

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Due to the amount of publicity that has been generated regarding the allegations in your complaint, a decision was made under the governing rules to share additional information regarding the dismissal of the complaint.

The ethics review process entails examining evidence that supports a complainant's allegations as well as information that does not support or that diverges from those allegations in order to determine whether the Committee's burden of proof can be met. The record in ethics matters is confidential. However, in this matter, relevant public information exists. Information released into the public domain to date includes that the respondent, an early career psychologist trained as a health care provider, did not request to become involved with detainee interrogations but was rather informed that he would be in the role of behavioral science consultant ("BSC") only after he arrived at Guantanamo Bay in the summer of 2002. At that time, the military lacked a standard operating procedure for the BSC role. APA did not issue its first policy on interrogations until three years later, in 2005. Available evidence in the public domain also includes that, in the face of pressure from the highest levels of the Bush Administration which strongly supported "enhanced" interrogation tactics, the respondent sought consultation and argued against such approaches and in favor of rapport-building approaches[2].

Your complaint was taken very seriously and all available information that came to our attention was thoroughly and carefully reviewed by multiple reviewers throughout this extensive process. None disagreed with this decision.

Thank you for your cooperation throughout this important review.

Sincerely,

Lindsay Childress-Beatty/psd

Lindsay Childress-Beatty, JD, PhD
Director of Adjudication/Deputy Director, Ethics Office

---

[2] The October 2002 draft memo concerning enhanced interrogation techniques the behavioral science consultation team was required to write stated, "Experts in the field of interrogation indicate the most effective interrogation strategy is a rapport-building approach. Interrogation techniques that rely on physical or adverse consequences are likely to garner inaccurate information and create an increased level of resistance." The memo also warned of potential harms from abusive interrogation practices.

CONFIDENTIAL MEMORANDUM

TO: Nadya A. Fouad, PhD
Chair

FROM: Lindsay Childress-Beatty, JD, PhD LCB
Deputy Director and Director of Adjudication

DATE: December 15, 2012

RE: Shaw v. Leso and Bond v. Leso

Hi Nadya: These are the two separate complaint matters pending against John Leso, PhD related to interrogations at GITMO. In both matters, the complainants are psychologists who saw information concerning Dr. Leso in the public domain and filed a complaint. Due to a complaint with the New York Department of Education against Dr. Leso filed by the Center for Justice and Accountability, as well as on-going litigation in *Mohammed Al Qahtani, et al., v. Obama,* we stayed the Preliminary Investigation in the SG case and put the TB case on hold.[1] We need to decide whether to resume our complaints and determine next steps.

The files are large. However, there are duplicates of several of the large documents, including the interrogation log, the "Schmidt-Furlow" Army Regulation15-6: Final Report of April 1, 2005, and the November 2008 Armed Services Senate Report contained in the file. I note that the International Committee of the Red Cross report (TB Doc 26) does not involve al-Qahtani but rather detainees transferred to GITMO in 2006.

Status of other litigation: The New York Department of Education refused to hear the Leso case and the appeals in that matter have concluded. The Obama case remains stayed for another six months with a status report due in April of 2013 and much of the information arising from this suit is protected. In January of 2012, the Center for Constitutional Rights filed a new FOIA case seeking pictures and videotapes of the interrogation which is on-going.

Background: Context and timing are important to understanding the facts related to this matter. Interrogation operations began at GITMO in January 2002. Dr. Leso was assigned to GITMO in July 2002 – seven months later. At the time he was assigned, Dr. Leso was 4 years post-licensure. He believed that he was being sent to GITMO to minister to the troops there and only upon arrival did he find that he was assigned to a newly created "BSCT team" related to interrogation. He was aware of his lack of training in interrogation and, according to reports, sought out help to become competent. The role of the BSCT was not yet fully defined and the first Standard Operating Procedure (SOP) came out in

[1] We have not yet opened a PI in the TB case given that a PI was already opened in the SG case, a response was obtained from Dr. Leso in that matter, and Dr. Leso was prohibited from resigning. Any new information compiled from the public domain by the Ethics Office has been added only to the TB complaint to minimize duplication. Both complaints should be considered together. You will also note a memo to a consultant to act as investigator and review for cause for action. (TB doc. 22-1). No response was ultimately obtained from the consultant due to an illness and the complaint was reassigned in-house.

56-1

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November, 2002. It was lengthened and refined in March of 2005 and October, 2006. Dr. Leso left GITMO in early January 2003.

The interrogation of al-Qahtani began in October 2002 and continued after Dr. Leso left in January of 2003. Al-Qahtani was segregated from other detainees but, according to the definition of isolation used in the Army report, not isolated from all human contact (TB 35-310). Al-Qahtani was also subjected to demeaning sexualized contact [see especially TB 35-311] which the Army investigation found "degrading and abusive." The Army investigators did not find evidence of other allegations such as intentional religious humiliation and use of stress positions (See TB 35-313) but others argue that this occurred. Some of the actions against Al-Qahtani occurred after Dr. Leso's departure (see TB 35-299 - 35-301). Others **did** occur while he was at GITMO (e.g., loud music, keeping interrogation room cold, interrogation 18-20 hours per day for 48 of 54 days with 4 hours rest per day).

Allegations of complainants: The complainants allege that Dr. Leso 1) was Chair of the BSCT; 2) "presided over" or was in control of interrogation sessions; and 3) helped establish procedures for interrogation. Dr. Trudy Bond goes further by alleging that Dr. Leso's "presence at any point of this interrogation violates the Ethical Standards . . ." (TB doc 18-A). The complainants allege violations of Standards 1.01 (Misuse of Psychologists' Work), 3.02 (Sexual Harassment), 3.03 (Other Harassment), and 3.04 (Avoiding Harm) and failure to intervene in violation of 1.05 (Reporting Ethical Violations). It appears that the complainants impute all the actions of all of the interrogators to Dr. Leso. At times they also rely on published articles analyzing and interpreting what occurred rather than primary sources.

Evidence related to the allegations: With regard to the allegation that Dr. Leso was Chair of BSCT, Dr. Leso denies this (SG doc 26) and the documentation appears to corroborate his denial. I have found nothing that states whether Major Leso or Major Burney, a psychiatrist was the Chief BSCT. I am not sure how the Chair was determined in 2002. The complaint against Dr. Leso filed with the New York licensing board cites 4 sources for this allegation that he was Chair. (See FN 16 on TB doc 35-8). None actually state that he was Chair. In any event, simply being the Chair of the BSCT would not be a violation of the Ethics Code.

With regard to the allegation that Dr. Leso presided over interrogations, Dr. Leso denies this (SG doc 26) stating "... I was not present during significant portions of the interrogation of Mohammed al-Qahtani. I also did not have access to information regarding significant aspects of the investigation." (SG doc 26). The documentation corroborates his denial. It is clear that the BSCT were consultants to the interrogations and not in control of the interrogations (see for example, the Martinez-Lopez report at doc SG 39-2). See also the Army report and the JTF GTMO SERE SOP December 10, 2002 (TB 35-287) that discusses the ICE Chief's decisions.

There are only 3 instances where Dr. Leso specifically is mentioned in the interrogation log of al-Qahtani. In two of the three instances, he is listed as present at the interrogation. In the third instance, it is unclear whether he was there or had previously made the suggestion.

- On November 23, 2002, the interrogation log states that Dr. Leso was present when a hooded al-Qahtani was brought in, the hood was removed, and he was bolted to the floor. (TB 18-2)

- On November 27, 2002, the interrogation log states a swivel chair was used at Dr. Leso's suggestion when al-Qahtani was avoiding eye contact. It is unclear whether Dr. Leso was observing at that time or had made that suggestion earlier. (TB 18-13)

56-2

- In November of 2002, Dr. Leso was in the observation booth when a military dog was used to intimidate al-Qahtani by being commanded to growl, show teeth and bark in doorway of interrogation room. Dr. Leso reported this incident when questioned by the Army investigators. (TB 35-307 and 305).

There are 4 other instances in the log that state that BSCT was at the interrogation (see SG doc 21-2) but it is not clear whether this refers to Dr. Leso; Dr. Burney, the BSCT psychiatrist; or the psych tech; or how much information was shared between them.

- On December 2, 2002, the log states "BSCT observation indicated that detainee was lying during entire exchange." (TB 18-21)

- On December 11, 2002, the log states that after the detainee began to cry and asked to sleep in a different room from the interrogation room, "[t]he BSCT observed that the detainee was only trying to run an approach on the control and gain sympathy." (TB 18-32)

- On December 25, 2002, the log states "Interrogator began to play cards with MP to ignore the detainee due to a BSCT assessment that the interrogators may be becoming the family figures of the detainee, and the interrogator wanted to see if the detainee would try to seek attention." (TB 18-60)

- On December 29, 2002, the log states that "Detainee seemed too comfortable. He was questioned about why he was unaffected by our discussion of the victims of 9/11. Detainee immediately sat up in his chair. BSCT observed that detainee does not like it when the interrogator points out his nonverbal responses. Detainee professed his innocence and interrogator laughed." (TB 18-68)

In the Counter-resistance Strategy Meeting on October 2, 2002, the minutes reflect that BSCT argued for "psychological stressors" such as "sleep deprivation, withholding food, isolation, loss of time." (SG doc. 33-6; TB doc. 18-138). In addition, LTC Beaver's legal memorandum required that "all proposed interrogations involving category II and III methods must undergo a legal, medical, behavioral science, and intelligence review prior to their commencement." (TB 24-29) This would imply that a BSCT or the BSCT team approved the use of these techniques. However, it is not clear whether this occurred or whether the interrogators carried out the techniques in the manner approved if they were approved. It is also important to note that these techniques in and of themselves may not be cruel, unusual, inhuman, degrading treatment or torture depending upon factors such as the situational context, length of time used, and intensity. The Office of General Counsel of the Navy attempted to stop the behavior in early 2003 when information concerning what was occurring was brought to its attention, in part, arguing that the techniques approved were approved in too broad a fashion and without adequate control as to factors such as these. (TB doc 27)

The complainants assume for purposes of their complaints that in every instance the BSCT was Dr. Leso. In light of Dr. Leso's denial, the fact that there were other BSCT personnel, the lack of documentation that only Dr. Leso observed the interrogation, and our standard of proof, I do not believe we can follow Dr. Bond's analysis at TB doc 18-14. I also believe that many of these BSCT actions are not, in and of themselves, unethical unless one goes so far as to say, as the complainants do, that simply being involved in interrogations at GTMO was unethical.

It also appears that Dr. Leso argued against the use of harsh tactics in several key ways. In the Counter-resistance Strategy Meeting on October 2, 2002, the minutes reflect clearly that Dr. Leso argued against

56-3

force and he and Major Burney argued against fear-based approaches and for rapport building and friendly approaches in reporting their SERE training. (SG doc. 33-6; TB doc. 18-138, TB doc. 35-144). Similarly, and most importantly, in the memorandum concerning interrogation techniques that they were required to draft, Drs. Leso and Burney included a paragraph strongly arguing against the use of harsh techniques (TB 35-142). It is also important to note that the use of phobias and waterboarding were not part of the BSCT memo but were included in a later interrogation memo. (TB 23-95)

The interrogation has been investigated by the Army, Vice Admiral Church, and the Senate Armed Forces Committee. Major General Lester Martinez-Lopez reviewed the BSCT in May 2005 and found "there is no indication that BSCT personnel participated in abusive interrogation practices" (SG doc 39-1) and "took appropriate actions and reported any questionable activities when observed." (SG doc 39-5). We also have a report that two senior Army psychologists specifically reviewed Dr. Leso's involvement and found that he had worked to protect the safety of the detainees (SG doc 31).

Recommendation: After a review to determinate the available evidence against Dr. Leso with a particular focus on the primary sources (interrogation log), first-hand accounts of those witnessing behavior, and investigation reports, based on the information we currently have, I would lean toward a close recommendation. This is based on my belief that, based on the current evidence, the allegations are speculative and there is a reasonable basis to believe that the allegations cannot be proved by a preponderance of the evidence (Part II, section 5.5). However, given that there is a FOIA request, I would like to discuss whether it makes sense to (1) continue the stay to see if more information comes out of this FOIA request, (2) go to Dr. Bond for more information concerning the FOIA request prior to making that determination or for any additional information, or (3) open a PI in the TB case and obtain Dr. L's response with or without the plan that no final decision would be made until the FOIA case is resolved. I would also be open to obtaining any additional information from any other source that you feel is needed.

56-4

November 19, 2012

Trudy Bond, PhD
PRIVACY REDACTION

Dear Dr. Bond,

This is a follow-up regarding your letter dated September 19, 2012 and emails to Dr. Stephen Behnke dated September 25, 2012 (which was responded to the same day) and October 25, 2012 relative to the complaint against Dr. John Leso. We ask that you submit all future correspondence regarding this complaint to the Ethics Office via mail or fax and not via email. This will ensure a complete and confidential record of the complaint.

In response to your emailed question addressed to Dr. Behnke on whether or not "the response I received from APA dated 9/21/2012 (scanned and attached) is indeed your answer to the letter I both faxed and sent to you by U.S. mail last week"; the unsigned form letter you received is our standard acknowledgement of correspondence received in the office. The unsigned form letter is not meant to serve as a substantive response.

Thank you for confirming that the window for an appeal in the Reisner/Cantone matter has passed. Expiration of the time window for appeals assists us in moving the ethics process forward. While we understand your disappointment that the review of the complaint has not moved more quickly, we are charged with ensuring fairness to all parties involved. In our quest to do that, we may delay a decision concerning a matter if it appears that another action, such as a licensing board investigation, could provide additional information important to the complaint. This is especially true in a situation in which the complainant does not have personal knowledge concerning the behaviors at issue. It is to the advantage of all parties involved to wait until APA obtains the best evidence available to make its determination.

We will be back in contact with you once we have additional information to share. We ask your continued patience during this process.

Sincerely,

Lindsay Childress-Beatty, JD, PhD
Deputy Director and Director of Adjudication, Ethics Office

54

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AMERICAN
PSYCHOLOGICAL
ASSOCIATION

CONFIDENTIAL

September 21, 2012

Trudy Bond, EdD
PRIVACY REDACTION

Dear Dr. Bond:

The American Psychological Association Ethics Office has received your submission. Your materials will be reviewed and, if further communication related to your submission is necessary, you will be contacted when that review is complete.

Please note that the Ethics Office does not acknowledge or discuss ethics matters on the phone or by email. If you have a question, please write us. For information concerning our ethics process, please review the Ethics Committee's Rules and Procedures located online at: http://www.apa.org/ethics/code/committee.aspx .

Thank you for your patience during this process.

The APA Ethics Office

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(202) 336-6123 TDD

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PRIVACY REDACTION

TRUDY BOND, Ed.D.
PRIVACY REDACTION

PRIVACY REDACTION

September 19, 2012

Stephen Behnke, Director
APA Ethics Office
American Psychological Association
750 First Street, NE
Washington, DC 20002

By facsimile and US Postal Service

Dear Dr. Behnke:

I last communicated with you on 11/18/2011 regarding the complaint I filed 4/15/2007 against Dr. John Leso. That communication (enclosed) was in response to a request from your office for information on the *Reisner v Cantone* case filed in New York State Court. I am still unclear as to why the APA Ethics Office contacted me regarding this case. Dr. Lindsay Childress-Beatty did respond at the time, indicating that your office would be in contact with me regarding my complaint.

As of this date, that follow-up communication from your office has not occurred. The deadline for a possible appeal to the decision in *Reisner v Cantone* has long passed. Your office's previous stated reason for delaying action on my complaint -- the unresolved status of that legal case -- is clearly no longer valid (though there was also no justification for inaction on your part from 4/15/2007 until the legal case against Dr. Leso was filed on July 7, 2010).

Therefore, I again request that the APA Ethics Office adjudicate my complaint filed on 4/15/2007 against Dr. Leso. As a reminder, in July 2008 I provided over 100 pages of *additional* documentation in response to a request from your office.

There is no justifiable reason that the American Psychological Association has not adjudicated this complaint in five years. Though the APA Ethics Office was not required to take action during the time that Dr. Reisner's complaint was in the New York State court system, that did not prevent your office from utilizing that time to do whatever further investigation was considered necessary to reach a decision on this complaint.

49-1

I have provided the Ethics Committee with extensive evidence and documentation regarding Dr. Leso's unethical conduct as a BSCT psychologist at Guantanamo, where he was instrumental in the creation of the First Special Interrogation Plan used on detainee Mohammed al-Qahtani. Al-Qahtani remains at Guantanamo, his life destroyed, as our government will not bring him to trial since he was clearly tortured as a result of the First Special Interrogation Plan that Dr. Leso helped create.

Several years ago, in response to Katherine Eban's article in Vanity Fair, you stated:

> APA has procedures in place to investigate and adjudicate possible ethical violations by its members. Any allegation that a member has violated APA's prohibition against engaging in torture or cruel, inhuman or degrading treatment or punishment will be investigated and, if the evidence warrants, adjudicated.

I am requesting that, after five years of delays, you honor this commitment, which you have repeated numerous times in the public arena.

Sincerely,

Dr. Trudy Bond

49-2

AMERICAN PSYCHOLOGICAL ASSOCIATION

CONFIDENTIAL

December 2, 2011

Trudy Bond, EdD
PRIVACY REDACTION

Dear Dr. Bond:

The American Psychological Association Ethics Office has received your submission. Your materials will be reviewed and, if further communication related to your submission is necessary, you will be contacted when that review is complete.

Please note that the Ethics Office does not acknowledge or discuss ethics matters on the phone or by email. If you have a question, please write us. For information concerning our ethics process, please review the Ethics Committee's Rules and Procedures located online at: http://www.apa.org/ethics/code/committee.aspx .

Thank you for your patience during this process.

The APA Ethics Office

CONFIDENTIAL

PRIVACY REDACTION

TRUDY BOND, Ed.D.
PRIVACY REDACTION

PRIVACY REDACTION

November 18, 2011

Lindsay Childress-Beatty, JD, PhD
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242

Dear Dr. Childress-Beatty,

I am in receipt of your letter of November 9, 2011. The public online docket does indicate that the judge dismissed the petition in Reisner v Cantone, a petition that was filed when the Office of Professional Discipline of the New York State Department of Education declined to investigate ethical complaints brought against John Leso, APA member.

I have no knowledge of any information beyond what the public docket indicates. After reading through the decision that you reference, it is obvious that both the reasons offered by the New York State Department of Education (NYS DoE) for not initiating an investigation of Dr. Leso's actions and the basis for the Court's decision to deny the petition have no relevance to APA's responsibilities.

To summarize, the NYS DoE stated they had no authority to investigate Dr. Leso's activities as a military psychologist supporting interrogations. This is certainly problematic as the military requires that psychologists be licensed and a military psychologist can *only* be licensed by a state licensing agency. In effect, the position of NYS DoE has resulted in a military psychologist receiving a license to practice psychology, but not being bound by any licensing laws or ethical codes in the context of interrogation.

To my knowledge, military psychologists are not exempt from adhering to APA ethical codes of conduct.

The Court's decision is similarly inapplicable. The Court ruled that Dr. Reisner did not have standing to petition the Court in this case, and therefore dismissed the

46-1

HC00007317

petition. The technical standing rules of New York State courts are not related to my right and responsibility to file an APA ethics complaint against Dr. Leso.

The Ethics Committee of APA is required to investigate any complaint filed. The complaint referenced was filed April 15, 2007. I have submitted substantial additional information to the Ethics Committee, as requested, although all information provided is in the public record and easily obtained by the Committee.

I am a complainant who is attempting to hold an APA member accountable for violations of our ethical code as psychologists. We should be working on the same side, as that is also the goal of the ethics committee. However, I find your mandated response date to be rather offensive and ironic, given that this complaint has now been open for over four years with no action.

Sincerely,

Dr. Trudy Bond
Counseling Psychology

46-2

HC00007317

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

CONFIDENTIAL

November 9, 2011

Trudy Bond, EdD
PRIVACY REDACTION

Dear Dr. Bond:

This is a follow-up regarding the complaint you filed against Dr. John Leso, PhD. Your complaint remains stayed at this time. However, it has come to our attention that a New York court has dismissed the Center for Justice and Accountability's petition to force an investigation of Dr. Leso by the Office of Professional Discipline of the New York State Department of Education. Please let us know if you are aware of any further appeals in that matter and inform us of any information you have concerning the on-going litigation involving the specific interrogation at issue. Please provide any relevant documentation that you may have that clarifies the status of these litigation matters. Your response is requested on or before November 28, 2011.

Thank you in advance for your cooperation.

Sincerely,

Lindsay Childress-Beatty, JD, PhD
Deputy Director and Director of Adjudication
Ethics Office

45

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November 9, 2011

John F. Leso, PhD
PRIVACY REDACTION

Dear Dr. Leso:

This is a follow-up regarding the complaints filed against you by Dr. Alice Shaw and Dr. Trudy Bond. As you know, these matters remain under investigation and no decision has been rendered. The intent of the Ethics Committee is to investigate fairly and thoroughly all complaints filed in accordance with the Rules and Procedures.

It has come to our attention that a New York court has dismissed the Center for Justice and Accountability's petition to force an investigation of you by the Office of Professional Discipline of the New York State Department of Education. Please let us know if you are aware of any further appeals in that matter. Your response is requested on or before November 28, 2011.

Thank you in advance for your cooperation.

Sincerely,

Patricia Dixon

Patricia Dixon
Board and Investigative Officer
Office of Ethics

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44

Childress-Beatty, Lindsay

From: Behnke, Stephen
Sent: Thursday, August 11, 2011 6:10 PM
To: Childress-Beatty, Lindsay
Subject: Fw: Judge Backs Psychology Licensing Board in Military Psychology Case; "Army work fell outside its scope"

----- Original Message -----
From: Keita, Gwendolyn
To: Garrison, Ellen; Behnke, Stephen
Sent: Thu Aug 11 18:07:32 2011
Subject: FW: Judge Backs Psychology Licensing Board in Military Psychology Case; "Army work fell outside its scope"

Did you see this?

-----Original Message-----
From: Ken Pope PRIVACY REDACTION
Sent: Thursday, August 11, 2011 5:28 PM
To: Ken Pope
Subject: Judge Backs Psychology Licensing Board in Military Psychology Case; "Army work fell outside its scope"

The Associated Press released an article: "NY judge won't order Gitmo doc probe" by Jennifer Peltz.

Here are some excerpts:

[begin excerpts]

A New York judge has declined to force an investigation into whether an Army psychologist developed abusive interrogation techniques for Guantanamo Bay detainees and should be stripped of his license.

<snip>

The case sought to compel a state licensing office to look into psychologist John Leso.

The agency says his Army work fell outside its scope.

[end excerpts]

The article is online at:
<http://bit.ly/KenPopeCourtBacksLicensingBoard>

Ken Pope

RESOURCES FOR U.S. TROOPS & VETERANS, THEIR FAMILIES, & THOSE WHO PROVIDE SERVICES TO THEM:
<http://bit.ly/d2KenPope>

"Knowing is not enough; we must apply. Willing is not enough; we must do."
--Johann Wolfgang von Goethe (1749-1832)

42

JOHN F. LESO, PH.D.
PRIVACY REDACTION

21 APRIL 2011

LINDSAY CHILDRESS-BEATTY, J.D., PH.D.
DEPUTY DIRECTOR, ETHICS OFFICE
AMERICAN PSYCHOLOGICAL ASSOCIATION
750 FIRST STREET, NE
WASHINGTON, DC 20002-4242

DR. LINDSAY:

I RECEIVED YOUR LETTER DATED 5 JANUARY 2011 REGARDING DR. BOND'S COMPLAINT.

JOHN F. LESO, PH.D.

41

APR 25 2011

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

CONFIDENTIAL
VIA FEDERAL EXPRESS

January 5, 2011

Dr. John F. Leso
PRIVACY REDACTION

Dear Dr. Leso:

The Ethics Office received a complaint filed against you by Dr. Trudy Bond. This complaint is the second complaint received by the Ethics Office related to the same issue.

It has also come to our attention that the Center for Justice and Accountability is involved in litigation concerning a similar complaint filed with the New York State Board for Psychology ("the Board"). In addition, there is on-going litigation involving the interrogation at issue. Since it is our general policy to formally stay matters that are being reviewed by a state licensing board or that are the subject of court review, we are staying the processing of Dr. Bond's complaint.

Please note that you received the information below when you were notified of the first complaint against you. According to Ethics Office policy, this information is being provided to you again pursuant to Dr. Bond's complaint.

We want to assure you on behalf of the Ethics Committee that this investigation does not imply the presumption of unethical behavior on your part. The intent of the Ethics Committee is to investigate fairly and thoroughly all complaints filed in accordance with the Rules and Procedures.

We are not asking you to respond to the merits of the complaint at this time, but you are requested to acknowledge receipt of this letter. You are also requested to notify us of any address changes. Please note that any statements or other information or documentation, which you provide or cause to be provided to the Ethics Committee, can be used as evidence pertaining to this matter. This means that all evidence may be considered by the Committee (or those reviewing the work of the Committee in regard to this matter) at any future stages of informal or formal deliberations, decisions, or other procedures.

394

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We have enclosed a copy of the Ethics Committee's Rules and Procedures for your information. (See Rules and Procedures, Part V, Section 1.) You are under the scrutiny of the Ethics Committee and you may not resign your membership in the Association until this matter is resolved as provided in Part II, Section 5.4 of the Rules and Procedures except as outlined below.

The *Rules and Procedures* of the Ethics Committee provide a member the opportunity to resign while under an ethics investigation at certain stages in the process. You may choose at this time to submit an offer of resignation while under an ethics investigation. Should you wish to make such an offer, this office must receive it within 30 days of your receipt of this letter. This opportunity is available in accordance with Part II, Section 5.4.1. If you choose to exercise this option, APA members will be notified in the annual dues notice that you resigned while under an ethics investigation. Further, if anyone requests information about you from the Ethics Office, they will also be notified that you resigned while under an ethics investigation. You will be eligible to apply for readmission to APA five years from the effective date of your resignation. The Ethics Committee will review your application to determine your eligibility for readmission at that time. To exercise your option to resign, please indicate in your letter that you wish to tender your resignation while under an ethics investigation and we will send you an affidavit for that purpose.

If you do not select the option of resigning while under an ethics investigation, the stay of the investigation will continue until the licensing board matter/relevant litigation is complete. If we decide to open a preliminary investigation, you will then have an opportunity to respond to the issues at hand. You will also have an opportunity to offer your resignation while under an ethics investigation at that time.

We would be glad to answer any questions you have about our ethics process. We may discuss general procedural questions by telephone; however, specific questions concerning this matter should be made in writing.

Thank you for your cooperation.

Sincerely,

Lindsay Childress-Beatty

Lindsay Childress-Beatty, JD, PhD
Deputy Director, Ethics Office

Enclosures Complaint materials
Rules and Procedures
1992, 2002, and current Ethics Codes

39-2

AMERICAN PSYCHOLOGICAL ASSOCIATION

December 30, 2010

CONFIDENTIAL

Dr. Trudy Bond
PRIVACY REDACTION

Dear Dr. Bond:

This is to acknowledge your letter dated December 2, 2010 with enclosures. As you have requested, we will include in your complaint filed against Dr. John Leso the documentation you enclosed relevant to the Center for Justice and Accountability.

I have consulted with the Ethics Committee representative assigned to review your complaint. It has come to our attention that the Center for Justice and Accountability is involved in litigation concerning a similar complaint filed with the New York State Board for Psychology ("the Board"). In addition, there is on-going litigation involving the interrogation at issue. Since it is our general policy to formally stay matters that are being reviewed by a state licensing board or that are the subject of court review, we are staying the processing of your complaint in order to ensure that we have made every reasonable effort to obtain information relevant to the complaint. We are requesting that, if you have information concerning the licensing board matter/relevant litigation, you keep us abreast regarding its status.

Dr. John Leso will also be informed of the stay of this complaint.

Thank you for your patience and cooperation.

Sincerely,

Lindsay Childress-Beatty / PSD
Lindsay Childress-Beatty, JD, PhD
Deputy Director, Ethics Office

38

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Childress-Beatty, Lindsay

From: Linda Forrest PRIVACY REDACTION
Sent: Wednesday, December 22, 2010 2:32 PM
To: Childress-Beatty, Lindsay
Subject: on the matter of JL, Ph.D.

Lindsay: I have reviewed the decision memo dated December 16, 2010 outlining the key elements associated with the two complainant cases against JL, Ph.D. I agree with your reasoning that we should stay both cases.

Linda Forrest, Ph.D.
Associate Director for Faculty Outreach
Center on Diversity and Community (CoDaC) Professor, Counseling Psychology and Human Services
257 HEDCO
University of Oregon
Eugene, OR 97403

PRIVACY REDACTION

37

AMERICAN PSYCHOLOGICAL ASSOCIATION

CONFIDENTIAL MEMORANDUM

TO: Linda M. Forrest, PhD,
Vice Chair

FROM: Lindsay Childress-Beatty, JD, PhD, LCB
Deputy Director and Director of Adjudication

DATE: December 16, 2010

RE: Shaw v. Leso and Bond v. Leso

Hi Linda: You are receiving this decision memo due to the Chair's recusal. We have two separate complaint matters pending against John Leso, PhD related to interrogations at GITMO. In both cases, the complainants are psychologists who saw information concerning Dr. Leso in the public domain and filed a complaint. In the initial complaint filed (Shaw v. Leso), a Preliminary Investigation was opened and we have barred Dr. Leso and have received Dr. Leso's response. Due to having already barred Dr. Leso and having a response from him concerning GITMO, we have not opened a PI in the second case (Bond v. Leso). In both cases, we have been tracking information in the public domain as it has become declassified and adding it to the files. The files are now quite large. We won't burden you at this point with reviewing them for this procedural decision.

We have received word of litigation related to a complaint filed with the New York Department of Education against Dr. Leso by the Center for Justice and Accountability as well as on-going litigation in *Mohammed Al Qahtani, et al., v. Obama*, a court case that involves the interrogation at issue. In accordance with our normal procedures, I think we should stay both of our cases pending the outcome of the licensing board matter/relevant litigation, in order to ensure that we have made every reasonable effort to obtain information relevant to the complaints. (We will continue to compile public information as it becomes available during the stay.) Dr. Leso will be informed of the stays and will have an opportunity to resign under ethics investigation or await the outcome in New York.

What do you think? Please feel to call me if you'd like to discuss. If possible, please let me know your decision by December 22, 2010.

Case type: C12

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36

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WITNESSES

UNITED STATES SENATE

COMMITTEE ON ARMED SERVICES

There will be a meeting of the Committee on

ARMED SERVICES

Tuesday, June 17, 2008

9:30 AM

Room SD-106, Dirksen Senate Office Building

OPEN

To receive testimony on the origins of aggressive interrogation techniques: Part I of the Committee's inquiry into the treatment of detainees in U.S. custody

---

PANEL 1

Mr. Richard L. Shiffrin

Former Deputy General Counsel for Intelligence
Department of Defense

Lieutenant Colonel Daniel J. Baumgartner, Jr., USAF (Ret.)

Former Chief of Staff
Joint Personnel Recovery Agency

HC00007370

Dr. Jerald F. Ogrisseg

Former Chief, Psychology Services
336th Training Group
United States Air Force Survival School

PANEL 2

Mr. Alberto J. Mora

Former General Counsel
United States Navy

Rear Admiral Jane G. Dalton, USN (Ret.)

Former Legal Advisor to the Chairman
Joint Chiefs of Staff

Lieutenant Colonel Diane E. Beaver, USA (Ret.)

Former Staff Judge Advocate
Joint Task Force 170/JTF Guantanamo Bay

PANEL 3

Mr. William J. Haynes II

Former General Counsel
Department of Defense

HC00007370

| Home | Committee Members | Subcommittee Members | Committee Publications |
| Hearings | Press Releases | About the Committee |

HC00007370

The origins of aggressive interrogation techniques:
Part I of the Committee's inquiry into the treatment of detainees in U.S. custody

Index of Documents
(Note: web links noted for documents not included in the packet)

- (Tab 1 – EXTRACTS) July 25, 2002 Memorandum from JPRA Chief of Staff for Office of the Secretary of Defense General Counsel, Subject: Exploitation.

- (Tab 2 – EXTRACTS) July 26, 2002 Memorandum from JPRA Chief of Staff for Office of the Secretary of Defense General Counsel, Subject: Exploitation and Physical Pressures.

    - (Tab 3 – EXTRACTS) July 25, 2002 document entitled "Physical Pressures used in Resistance Training and Against American Prisoners and Detainees." Attached to JPRA Memorandum of July 26, 2002.

    - (Tab 4) July 24, 2002 Memorandum from Chief of Psychology Services at the 336th Training Support Squadron, Surgeon General Flight to JPRA Chief of Staff. Attached to JPRA Memorandum of July 26, 2002.

- (Tab 5) August 1, 2002 Department of Justice, Office of Legal Counsel, Memorandum for Alberto Gonzales, Re: Standards of Conduct for Interrogation under 18 U.S.C. §§ 2340-2340A. (*Available at* http://www.washingtonpost.com/wp-srv/nation/documents/dojinterrogationmemo20020801.pdf)

- (Tab 6 – EXTRACTS) September 27, 2002 USSOUTHCOM (Office of the Staff Judge Advocate) document entitled "Trip Report, DoD General Counsel Visit to GTMO."

- (Tab 7) October 24, 2002 email between DoD CITF Personnel, Subject: FW: Counter Resistance Strategy Meeting Minutes [Minutes of an October 2, 2002 meeting at Guantanamo Bay, Cuba].

- (Tab 8) October, 11 2002 Memorandum from MG Michael Dunlavey to Commander USSOUTHCOM, Subject: Counter-Resistance Strategies. Two Attachments: JTF-170 J2 Memo, Subject: Request for Approval of Counter-Resistance Strategies and JTF-170 SJA Memo, Subject: Legal Brief on Proposed Counter-Resistance Strategies.

- (Tab 9) October 25, 2002 Transmittal Memorandum from USSOUTHCOM (General Hill) to Chairman, Joint Chiefs of Staff, Subject: Counter-Resistance Techniques.

- (Tab 10) November 4, 2002 Memorandum from Headquarters U.S. Air Force to Joint Staff: Review of SOUTHCOM/ GTMO Request for Techniques.

- (Tab 11) November 4, 2002 Memorandum from Criminal Investigative Task Force (CITF) to Joint Staff: Review of SOUTHCOM / GTMO Request for Techniques.

- (Tab 12) November 7, 2002 Memorandum from Headquarters, Department of the Army to Joint Staff: Review of SOUTHCOM / GTMO Request for Techniques.

Rhodes, Barry A

From: Zolper, Peter C
Sent: Wednesday, August 27, 2003 4:02 PM
To: Fallon, Mark
Cc: Rhodes, Barry A
Subject: (U) RE: Counter Resistance Strategy Meeting Minutes

Classification: UNCLASSIFIED//FOR OFFICIAL USE ONLY

Barry

-----Original Message-----
From: Fallon, Mark
Sent: Wednesday, August 27, 2003 12:46 PM
To: Zolper, Peter C
Subject: FW: Counter Resistance Strategy Meeting Minutes

R/Mark Fallon
Deputy Commander/SAC
[redacted]

-----Original Message-----
From: Fallon Mark
Sent: Monday, October 28, 2002 4:52 PM
To: McCahon Sam
Cc: Mallow Brittain; Thomas Blaine; Johnson Scott; Smith David
Subject: RE: Counter Resistance Strategy Meeting Minutes

Sam:
We need to ensure seniors at OGC are aware of the 170 strategies and how it might impact CITF and Commissions. This looks like the kinds of stuff Congressional hearings are made of. Quotes from LTC Beaver regarding things that are not being reported give the appearance of impropriety. Other comments like "It is basically subject to perception. If the detainee dies you're doing it wrong" and "Any of the techniques that lie on the harshest end of the spectrum must be performed by a highly trained individual. Medical personnel should be present to treat any possible accidents." seem to stretch beyond the bounds of legal propriety. Talk of "wet towel treatment" which results in the lymphatic gland reacting as if you are suffocating, would in my opinion; shock the conscience of any legal body looking at using the results of the interrogations or possibly even the interrogators. Someone needs to be considering how history will look back at this.

R/Mark Fallon
Deputy Commander
Criminal Investigation Task Force
[redacted]

-----Original Message-----
From: Thomas Blaine
Sent: Thursday, October 24, 2002 7:57 PM
To: McCahon Sam; Johnson Scott; Fallon Mark
Subject: FW: Counter Resistance Strategy Meeting Minutes

Sam,

Very interesting reading on how detainees are being treated for info.

Scott, Mark,

FYI

Blaine

Counter Resistance Strategy Meeting Minutes

Persons in Attendance:

COL Cummings, LTC Phifer, CDR Bridges, LTC Beaver, MAJ Burney, MAJ Leso, Dave Becker, John Fredman, 1LT Seek, SPC Pimentel

The following notes were taken during the aforementioned meeting at 1340 on October 2, 2002. All questions and comments have been paraphrased:

BSCT Description of SERE Psych Training (MAJ Burney and MAJ Leso)

- Identify trained resisters
  - Al Qaeda Training
- Methods to overcome resistance
  - Rapport building (approach proven to yield positive results)
  - Friendly approach (approach proven to yield positive results)
  - Fear Based Approaches are unreliable, ineffective in almost all cases
- What's more effective than fear based strategies are camp-wide, environmental strategies designed to disrupt cohesion and communication among detainees.
  - Environment should foster dependence and compliance

LTC Phifer	Harsh techniques used on our service members have worked and will work on some, what about those?
MAJ Leso	Force is risky, and may be ineffective due to the detainees' frame of reference. They are used to seeing much more barbaric treatment.
Becker	Agreed

→ At this point a discussion about ISN 63 ensued, recalling how he has responded to certain types of deprivation and psychological stressors. After short discussion the BSCT continued to address the overall manipulation of the detainees' environment.

BSCT continued:

- Psychological stressors are extremely effective (ie, sleep deprivation, withholding food, isolation, loss of time)

COL Cummings	We can't do sleep deprivation
LTC Beaver	Yes, we can - with approval.

- Disrupting the normal camp operations is vital. We need to create an environment of "controlled chaos"

LTC Beaver	We may need to curb the harsher operations while ICRC is around. It is better not to expose them to any controversial techniques. We must have the support of the DOD.
Becker	We have had many reports from Bagram about sleep deprivation being used.
LTC Beaver	True, but officially it is not happening. It is not being reported officially. The ICRC is a serious concern. They will be in and out, scrutinizing our operations, unless they are displeased and decide to protest and leave. This would draw a lot of negative attention.
COL Cummings	The new PSYOP plan has been passed up the chain
LTC Beaver	It's at J3 at SOUTHCOM.
Fredman	The DOJ has provided much guidance on this issue. The CIA is not held to the same rules as the military. In the past when the ICRC has made a big deal about certain detainees, the DOD has 'moved' them away from the attention of ICRC. Upon questioning from the ICRC about their whereabouts, the DOD's response has repeatedly been that the detainee merited no status under the Geneva Convention. The CIA has employed aggressive techniques on less than a handful of suspects since 9/11. Under the Torture Convention, torture has been prohibited by international law, but the language of the statutes is written vaguely. Severe mental and physical pain is prohibited. The mental part is explained as poorly as the physical. Severe physical pain described as anything causing permanent damage to major organs or body parts. Mental torture described as anything leading to permanent, profound damage to the senses or personality. It is basically subject to perception. If the detainee dies you're doing it wrong. So far, the techniques we have addressed have not proven to produce these types of results, which in a way challenges what the BSCT paper says about not being able to prove whether these techniques will lead to permanent damage. Everything on the BSCT white paper is legal from a civilian standpoint.[Any questions of severe weather or temperature conditions should be deferred to medical staff.] Any of the techniques that lie on the harshest end of the spectrum must be performed by a highly trained individual. Medical personnel should be present to treat any possible accidents. The CIA operates without military intervention. When the CIA has wanted to use more aggressive techniques in the past, the FBI has pulled their personnel from theatre. In those rare instances, aggressive techniques have proven very helpful.
LTC Beaver	We will need documentation to protect us

Fredman	Yes, if someone dies while aggressive techniques are being used, regardless of cause of death, the backlash of attention would be severely detrimental. Everything must be approved and documented.
Becker	LEA personnel will not participate in harsh techniques
LTC Beaver	There is no legal reason why LEA personnel cannot participate in these operations
→At this point a discussion about whether or not to video tape the aggressive sessions, or interrogations at all ensued.	
Becker	Videotapes are subject to too much scrutiny in court. We don't want the LEA people in aggressive sessions anyway.
LTC Beaver	LEA choice not to participate in these types of interrogations is more ethical and moral as opposed to legal.
Fredman	The videotaping of even totally legal techniques will look "ugly".
Becker	(Agreed)
Fredman	The Torture Convention prohibits torture and cruel, inhumane and degrading treatment. The US did not sign up on the second part, because of the 8th amendment (cruel and unusual punishment), but we did sign the part about torture. This gives us more license to use more controversial techniques.
LTC Beaver	Does SERE employ the "wet towel" technique?
Fredman	If a well-trained individual is used to perform this technique it can feel like you're drowning. The lymphatic system will react as if you're suffocating, but your body will not cease to function. It is very effective to identify phobias and use them (ie, insects, snakes, claustrophobia). The level of resistance is directly related to person's experience.
MAJ Burney	Whether or not significant stress occurs lies in the eye of the beholder. The burden of proof is the big issue. It is very difficult to disprove someone else's PTSD.
Fredman	These techniques need involvement from interrogators, psych, medical, legal, etc.
Becker	Would we get blanket approval or would it be case by case?
Fredman	The CIA makes the call internally on most of the types of techniques found in the BSCT paper, and this discussion. Significantly harsh techniques are approved through the DOJ.
LTC Phifer	Who approves ours? The CG? SOUTHCOM CG?
Fredman	Does the Geneva Convention apply? The CIA rallied for it not to.
LTC Phifer	Can we get DOJ opinion about these topics on paper?
LTC Beaver	Will it go from DOJ to DOD?
LTC Phifer	Can we get to see a CIA request to use advanced aggressive techniques?
Fredman	Yes, but we can't provide you with a copy. You will probably be able to look at it. An example of a different perspective on torture is Turkey. In Turkey they say that interrogation at all, or anything you do to that results in the subject betraying his comrades is torture.
LTC Beaver	In the BSCT paper it says something about "imminent threat of death", ...
Fredman	The threat of death is also subject to scrutiny, and should be handled on a case by case basis. Mock executions don't work as well

as friendly approaches, like letting someone write a letter home, or providing them with an extra book.

Becker I like the part about ambient noise.

→At this point a discussion about ways to manipulate the environment ensued, and the following ideas were offered:

- Medical visits should be scheduled randomly, rather than on a set system
- Let detainee rest just long enough to fall asleep and wake him up about every thirty minutes and tell him it's time to pray again
- More meals per day induce loss of time
- Truth serum; even though it may not actually work, it does have a placebo effect.

Meeting ended at 1450.

Dixon, Pat

From: Dixon, Pat
Sent: Thursday, March 01, 2007 12:07 PM
To: Jones, Stanley
Cc: Behnke, Stephen
Subject: The S complaint against L

Stan, I emailed this file to you in PDF format. Please let me know if you don't receive it. I would appreciate it if you would review the file and provide me your thoughts on the allegations and evidence. It is somewhat time-sensitive so whatever you can do to speed up the review would be greatly appreciated. Let me know if you have any questions.

Thanks again for your assistance.

Pat

Patricia Dixon
Board and Investigative Officer
Office of Ethics
202-336-5930
facsimile: 202-336-5997
pdixon@apa.org

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American Psychological Assoiciation
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Suite 1035
Washington, DC 20002

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SHIP TO: (202)336-5930 **BILL SENDER**

Alice Lowe Shaw, PhD

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TRK# PRIVACY RE PRIVACY REDACTION

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AMERICAN PSYCHOLOGICAL ASSOCIATION

Not Sent per Steve 8-25-06 PSD

August 25, 2006

CONFIDENTIAL

John F. Leso, Ph.D.
PRIVACY REDACTION

Dear Dr. Leso:

The enclosed excerpt from a book entitled "Oath Betrayed" by Steven H. Miles, M.D. was recently brought to the attention of the Ethics Office. After a review of the excerpt, we have decided to open a preliminary investigation to seek more information prior to deciding whether to open a case or to close the matter. (See Rules and Procedures, Part V, Section 5.3.) Please note that were we to open a case, there would be no presumption that an ethics violation occurred.

Please provide us with any information that will help us understand the situation and make a determination whether or not to open a case. Specifically, please explain in detail your role in the interrogation of Mohammed al-Qahtani and what the monitoring entailed. When you respond, please submit a copy of your current resume including a description of your formal education, any supervised clinical education, and any continuing education. Please note that any information or documentation that you provide or cause to be provided to the Ethics Committee can be used as evidence pertaining to this matter.

We are enclosing the Ethical Principles of Psychologists and Code of Conduct as well the APA Ethics Committee's Rules and Procedures. Although this is not an ethics case at this time, the Rules require a response from you personally and in writing within 30 days of your receipt of this letter. (See Rules, Part II, Section 8.2.) The Rules provide that you may not resign your membership in the Association until this matter is resolved. (See Rules, Part II, Section 5.4.)

We would be glad to answer any questions you have about our ethics process. We discuss general procedural questions by telephone but address questions concerning specific complaints only in writing.

Thank you for your cooperation.

Sincerely,

Patricia Dixon

Patricia Dixon
Board and Investigative Officer
Office of Ethics

Enc.: Book excerpt
Rules and Procedures, 2001
Ethics Code 2003
"Information for Members Responding to Ethics Complaints"

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Dixon, Pat

From: Deutsch, Robin PRIVACY REDACTION
Sent: Tuesday, August 08, 2006 6:14 PM
To: Dixon, Pat
Subject: JL

Pat: I agree, we should open a preliminary investigation to determine the role Dr. L played in the interrogation.

Robin M. Deutsch, Ph.D.
Director of Forensic Services
Children and the Law Program
Department of Psychiatry
388 Commonwealth Avenue
Boston, Massachusetts 02215

Assistant Clinical Professor of Psychology Harvard Medical School

PRIVACY REDACTION

Confidentiality Notice: This message and the accompanying documents or attachments may contain information which is confidential. If you are not the intended recipient, you may not review, discuss, disclose, copy or distribute the contents of this message. If have received this information in error, please contact Robin Deutsch and delete documents.

AMERICAN PSYCHOLOGICAL ASSOCIATION

August 2, 2006

CONFIDENTIAL MEMORANDUM

To: Robin M. Deutsch, Ph.D., Vice-Chair

From: Patricia Dixon, Investigator PSD

Re: John F. Leso, Ph.D.

Robin, this matter is ready to determine cause for action. The following excerpt is from a book entitled "Oath Betrayed" by Steven H. Miles, M.D.

> "In 2002, a BSCT psychologist, John Leso, monitored the interrogation of Mohammed al-Qahtani. The fifty-day diary gives a detailed chronology of the application of isolation, sleep deprivation, humiliation, masking, head shaving, shackling, threatening with a dog, and so on. The log shows regular monitoring by medics, who, at one point, intravenously administered nearly three bags of medical saline while the prisoner was tied to a chair. When Mr. al-Qahtani asked to be allowed to urinate, he was told to urinate in his pants. He was treated twice, including at least one hospitalization, for a slow heart rate caused by hypothermia that was intentionally induced by means of air conditioning…It was FBI agents, not medical personnel, who complained about this life-threatening treatment."

In deciding whether to open a case, close, or monitor, we must address several rules and policies. Per Committee policy, when the conditions stated in Part II, Section 5.6.2. of the Rules and Procedures are met, we will only open show cause and sua sponte cases in unusual circumstances and when the behavior is expellable. The conditions in II. 5.6.2. are that we do not open show cause and sua sponte case when the following conditions apply: a) a state or local board or similar entity has taken disciplinary action against an Association member, b) the action is either not final or the member has not completed all directives, probation or other requirements, and c) the behavior at issue is not likely to result in expulsion.

Condition c) is operationally defined by two Committee policies. The first policy, "Consistency of Sanctions," states that "the following behaviors generally 'indicate' consideration of loss of membership: sexual misconduct; felony conviction; insurance fraud; plagiarism; noncooperation; blatant, intentional misrepresentation; and other behavior likely to cause substantial harm. . . ." The second policy, "Explication of 'Other Behavior Likely to Cause Substantial Harm,' " states: "the phrase '. . . other behavior likely to cause substantial harm. . .' as used in the Rules and in Committee policies, should generally be interpreted as 'of a kind similar to' " the listed behaviors.

4

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I think that the methods used in this interrogation are disturbing and, if Dr. Leso was an active participant in administering the methods, this could possibly be seen as behavior that is similar to expellable behavior (such as Medicaid fraud, plagiarism or sexual misconduct). Since we don't know the exact role Dr. Leso played in the interrogation, I would recommend that we open a preliminary investigation and ask Dr. Leso to explain in detail, his role in the interrogation. Once we have this information, we will hopefully have a better understanding of what occurred.

What do you think? If you have any other questions you would like to pose, please let me know.

Please advise me of your recommendation by August 15, 2006.

What do you think?

Case type: C5/C10C9

4A

STEVEN H. MILES, M.D.

Torture, Medical Complicity, and the War on Terror

OATH BETRAYED

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LIBRARY OF CONGRESS CATALOGING-IN-PUBLICATION DATA
Miles, Steven H.
Oath betrayed : torture, medical complicity, and the war on terror /
Steven H. Miles, M.D.
p. cm.
ISBN 1-4000-6578-X
1. Prisoners of war—Medical care—Moral and ethical aspects. 2. Medical personnel—Professional ethics—United States. 3. Medicine, Military—Moral and ethical aspects. 4. Torture—Moral and ethical aspects. 5. Prisoners of war—Abuse of—Iraq. 6. Prisoners of war—Abuse of—Afghanistan. 7. Prisoners of war—Abuse of—Cuba. 8. War on terrorism, 2001—Moral and ethical aspects. 9. Abu Ghraib Prison. 10. Guantánamo Bay Naval Base (Cuba) I. Title.

R725.5.M55 2006
174.2—dc22 2006044863

Printed in the United States of America on acid-free paper

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First Edition

Book design by Simon M. Sullivan

The index will be included in subsequent printings. It is currently available online at http://www.bioethics.umn.edu/faculty/oath_betrayed_index.html.

AUG 01 2006

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remain classified—with one exception. This log was leaked from Guantánamo; excerpts were published by *Time*, and the Pentagon confirmed its authenticity.[118] In 2002, a BSCT psychologist, John Leso, monitored the interrogation of Mohammed al-Qahtani.[119] The fifty-day diary gives a detailed chronology of the application of isolation, sleep deprivation, humiliation, masking, head shaving, shackling, threatening with a dog, and so on. The log shows regular monitoring by medics, who, at one point, intravenously administered nearly three bags of medical saline while the prisoner was tied to a chair. When Mr. al-Qahtani asked to be allowed to urinate, he was told to urinate in his pants. He was treated twice, including at least one hospitalization, for a slow heart rate caused by hypothermia that was intentionally induced by means of air conditioning. Such heart disturbances can be very dangerous.[120,121] The physicians who aggressively treated this hypothermia, a condition unusual in tropical Cuba, returned him to the interrogators. It was FBI agents, not medical personnel, who complained about this life-threatening treatment.[122]

WITHHOLDING MEDICAL CARE DURING QUESTIONING

In December 2002, Defense Secretary Rumsfeld empowered Guantánamo interrogators to disapprove a prisoner's "medical visits of a non emergent nature."[123] This directive violates the Geneva Convention Relative to the Treatment of Prisoners of War: "Prisoners of war may not be prevented from presenting themselves to the medical authorities for examination." A month later, on the advice of legal counsel, Rumsfeld revoked this order.[124]

Nevertheless, the practice of punitive denial of treatment apparently continued throughout the prison system. In Pakistan, Abu Zubaydah, a senior Al Qaeda official, was shot in the chest, groin, and thigh during his capture in March 2002. A month later, Secretary Rumsfeld announced, "We have him. He is under U.S. control. We are responsible for him. . . . He is receiving medical care and we intend to get every single thing out of him to try to prevent terrorist acts in the future."[125] Several sources report that interrogators withheld painkillers and may have administered mind-altering drugs to procure information during

2-1

AUG 0 3 2020

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Instructions for guard force assigned to 2nd Brigade holding area. Nov. 14, 2003, 001334–346.
101. Stefanowicz (aka Stephanowicz) S. Sworn statement. Jun. 22, 2004, Taguba Annex 25/26, in Greenberg and Dratel, 475–76.
102. Snider S. Sworn statement. Feb. 12, 2004, Taguba Annex 84.
103. Army Inspector General in Greenberg and Dratel, 666–68.
104. Taguba Executive Summary in Greenberg and Dratel, 410.
105. Wojdakowski W. Corrective actions required after riots and shootings at Abu Ghraib prison on 24 November 2003. [date redacted], Taguba Annex 8.
106. Higham S, Stephens J. Punishment and amusement. Washington Post May 22, 2004, A1.
107. Secretary of Defense. Memorandum for the Commander, US Southern Command; Counter Resistance Techniques in the War on Terrorism. Apr. 16, 2003, in Greenberg and Dratel, 360–65.
108. Sanchez R. Combined Joint Task Forces Interrogation and Counter Resistance Policy. Oct. 12, 2003; in Greenberg and Dratel, 460–65.
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112. [Name redacted, of the 519th Military Intelligence Battalion]. Sworn statement. May 19, 2004, DOD 000867–71.
113. [Name redacted, of Combined Joint Special Operation Task Force–Arabian Peninsula]. Sworn statement of command psychologist. Jul. 12, 2004. DODDOACID 000558.
114. 43rd Military Policy Detachment, 22 Military Police. CID Report of Investigation-Final C-0139-03-CID469-60206-5YEFeb. 5Y2PSep. 9G1. Oct. 13, 2004, DODDOACID 008809–9008 at 008818–27.
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127. Bonner R, Van Natta D, Waldman A. Questioning terror suspects in a dark and surreal world. New York Times Mar. 9, 2003.
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130. US Army, Criminal Investigation Command. CID Final Report of Investigation. Dec. 28, 2004 DODDOACID 008604–008762.
131. *Al-Laithi S et al. v. George Walker Bush et al.*, cvi no 05cv429, US District Court for District of Columbia, filed July 21, 2005.
132. FBI. Interview memo. Sep. 5, 2002, Detainees-3894-95.
133. FBI. Interview memo. Jul. 2, 2003, Detainees-4051-53.
134. Saar and Viveca, 73–74.
135. Mayer J. The experiment. The New Yorker Jul. 11, 2005, 60–71.
136. Surgeon General, 11:1–3
137. Tudor J. Airmen provide exams before, after interrogations. Air Force News Jul. 27, 2005.
138. Stephens S. Army doctors implicated in abuse. Washington Post Jan. 6, 2005, A6.

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DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
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CONFIDENTIAL

REPLY TO
ATTENTION OF

March 25, 2008

Office of the Staff Judge Advocate

APR 1 2008

Ms. Patricia Dixon
Office of Ethics
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242

Dear Ms. Dixon:

This letter is on behalf of a former Army psychologist, Dr. John F. Leso, regarding an ethics complaint against him by Dr. Alice Shaw, a fellow member of the American Psychological Association. The complaint alleges that Dr. Leso violated ethical standards while serving on active duty as an Army psychologist on a Behavioral Science Consultation Team (BSCT) at Guantanamo Bay (GTMO), Cuba, from July 2002 to January 2003.

A review of the available records indicates that Dr. Leso did not do anything wrong and does not deserve sanction for his performance of his official military duties. Two senior Army psychologists reviewed the records of interrogations in which Dr. Leso was involved and found no evidence that he behaved in an unethical manner or harmed anyone in any way. In fact, the information from those who served with him suggests that Dr. Leso worked diligently to protect the safety of the detainees.

In May 2005, Major General Lester Martinez-Lopez completed an extensive review of medical support to detainee operations, which assessed the use of BSCTs in the interrogation process at GTMO (the Martinez-Lopez Report). The report concludes: "There is no indication that BSCT personnel participated in abusive interrogation methods." In fact, the report gives several instances where psychologists either stopped or reported inappropriate behavior. A redacted copy of the Martinez-Lopez report is available at: http://www.armymedicine.army.mil/news/news.html.

Subsequent to Dr. Leso's participation as member of a BSCT, the DoD and the Army published detailed policy guidance on the use of psychologists in support of interrogation and detainee operations. As this guidance makes clear, psychologists assist the command in conducting intelligence interrogations and detainee debriefings by ensuring they are carried out safely, legally, ethically, and effectively. From all indications, Dr. Leso's actions complied with this guidance.

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APR 1 2008

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On behalf of Dr. Leso, and other Army psychologists similarly situated, I respectfully request that the American Psychological Association determine that the ethical allegations against him are not credible.

If you have any questions or need further information, please contact my Staff Judge Advocate, Colonel Kevin Luster, at (210) 221-8400 or kevin.luster@us.army.mil.

ERIC B. SCHOOMAKER, M.D., Ph.D.
Lieutenant General, U.S. Army
The Surgeon General

31A

APR 1 2008

AMERICAN PSYCHOLOGICAL ASSOCIATION

November 16, 2007

CONFIDENTIAL

VIA FEDERAL EXPRESS

John F. Leso, Ph.D.
PRIVACY REDACTION

Dear Dr. Leso:

This office has received the enclosed ethics complaint made against you by Alice Lowe Shaw, Ph.D. of PRIVACY REDACTION After a review of the complaint material, we are opening a preliminary investigation to seek more information regarding this matter. This decision comes prior to deciding whether to open a case or to close the matter. (See Rules and Procedures, Part V, Section 5.3.)

Please note that this matter is a preliminary investigation. As such, there has been no finding against you, no ethics charges have been brought against you, and there is no presumption that you have violated the APA Ethics Code.

Please provide us with any information that will help us better understand the situation and make a determination regarding whether to open a case. You may, for example, provide statements from psychologists with whom you consulted regarding your work. It will also be helpful for you to explain your role in the interrogation of Mohammed al-Qahtani, to the extent that you may do so without providing material the disclosure of which would violate the law. When you respond, please submit a copy of your current resume including a description of your formal education, any supervised clinical education, and any continuing education. Note that any information or documentation that you provide or cause to be provided to the Ethics Committee can be used as evidence pertaining to this matter.

We are enclosing the Ethical Principles of Psychologists and Code of Conduct as well the APA Ethics Committee's Rules and Procedures. The Rules require a response from you personally and in writing within 30 days of your receipt of this letter. (See Rules, Part II, Section 8.2.) The Rules provide that you may not resign your membership in the Association until this matter is resolved. (See Rules, Part II, Section 5.4.)

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We would like to reiterate that this is a preliminary review and not a formal ethics case. We would be glad to answer any questions you have about our ethics process. We discuss general procedural questions by telephone but address questions concerning specific complaints only in writing.

Thank you for your cooperation.

Sincerely,

Patricia Dixon

Patricia Dixon
Board and Investigative Officer
Office of Ethics

Enc.: File material
Rules and Procedures, 2001
APA Ethics Code 1992 and 2003
"Information for Members Responding to Ethics Complaints"

15A

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

November 27, 2006

CONFIDENTIAL

Alice Lowe Shaw, Ph.D.
PRIVACY REDACTION

Dear Dr. Shaw:

This is to acknowledge the receipt of the form regarding your ethics complaint against Dr. John Leso. While reviewing your complaint, it was noted that you did not provide detailed responses to numbers 7(a) and 7(b) on page 2 of the complaint form. I am writing to confirm that you do not have any more information relevant to these questions, and to request that if you do have further information, you please provide it to the Ethics Office on or before January 4, 2007.

In addition, please provide copies of any documents that you are aware of which support the alleged misconduct in your complaint. Please note that relevant portions of documents should be highlighted.

If you have any questions, please let me know. We may answer procedural questions by telephone; however, specific questions regarding your complaint must be made in writing.

Thank you for your cooperation.

Sincerely,

Patricia Dixon

Patricia Dixon
Board and Investigative Officer
Office of Ethics

5

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ETHICS CODE TASK FORCE MINUTES (Draft)
October 23-25, 1998
(Revised December 3, 1998)

ITEM TYPE	SUBJECT	
Action	Approval of Ethics Code Task Force Minutes, March 27-29, 1998	1
Information	Reference Materials	2
Discussion	Report from APA's 106th Annual Convention	3
Action	Consideration of Process for Resolving Disagreements	4
Action	Process for Reviewing Comments	5
Action	Process for Reviewing Critical Incidents	6
Discussion	Format of the Code: Ethical Standards	7
Action	Format of the Code: Working Format for Ethical Standards	8
Discussion	Format of the Code: General Principles	9
Discussion	Criteria for Revising and Writing Standards	10
Discussion	Modeling the Review and Revision Process	11
Discussion	Formation of an Ethical Decision Making Model	12
Discussion	Prohibition of Sex with Former Clients	13
Discussion	Sex with Current and Likely Students and Supervisees	14
Action	Review for Urgent Need for Interim Revision	15
Discussion	Report from Legal Counsel	16
Action	Information Gathering Status Report	17
Information	Updates from Ethics Committee, Board of Directors, and Council of Representatives	18
Action	Plans for 1999	19
Information	Ethics Of Research with Human Participants	20
Information	Communication With Ethics Committee Regarding Issues Raised by CEMA	21
Information	Terms of ECTF Members	22
Information	American Psychologist Article	23
Information	Mailings Received	24

Item #1. Approval of Ethics Code Task Force Minutes, March 27-29, 1998.

The ECTF approved the draft minutes of the March 27-29, 1998 meeting with a change to Item 7, Report from Legal Counsel. The following was deleted:

> It was agreed that it is best to have legal counsel present as an observer for discussion of such concerns at the October 1998 meeting, rather than to discuss how to frame issues for legal counsel prior to meeting with counsel. This process will be used for the October 1998 meeting, at which time the process will be reevaluated for use at future meetings.

Attachment 1 to the minutes, the Comment Review Table, was also approved as previously distributed in rough form.

Item #2. Reference Materials.

The ECTF received as information Reference Booklet Part 4, which included comments on the Ethics Code numbered 118-123, 126-137, 139, 141-152. A compilation booklet of members' comment evaluation forms and a summary table were provided at the meeting.

The ECTF was also informed that staff have collected available APA guidelines for reference use by the ECTF. The guidelines collection was available at the meeting.

The ECTF accepted as information the plan of staff and the Chair, that staff will continue to maintain a collection of reference materials for use by the ECTF and that copies will be provided to the ECTF at the discretion of the Chair.

Item #3. Report from APA's 106th Annual Convention.

Dr. Fisher reported on themes emerging from the various sessions she attended at the convention, including the ECTF open session and two Ethics Committee invitation-only meetings: a meeting with Groups Interested in Disciplinary Actions (e.g., ASPPB, state licensure boards), and a meeting with current and former Ethics Committee members regarding use of the Ethics Code. Dr. Fisher asked for feedback regarding other issues of which ECTF members had taken note.

Given discussion raised at the open convention meeting regarding enforcement of the Ethics Code, the ECTF considered its responsibility regarding the current debate among APA members regarding ethics enforcement activity. The ECTF discussed the issues briefly and agreed to take no position at this time, but agreed that their task included the revision of an Ethics Code that could be enforced. The ECTF agreed to revisit each year the question of whether it would be appropriate for the ECTF to make a statement on this issue.

Item #4. Consideration of Process for Resolving Disagreements.

The ECTF discussed options for resolving disagreements among ECTF members about standards, sections of the Code, and other issues, before the need arises so that such decisions will be neither personalized nor arbitrary.

It was agreed that the primary task is to reach consensus, since this is more likely to represent the larger membership. The individual task is to focus on what is good for the whole association, and not just to argue a personal point of view. The ECTF should be sensitive to areas in which there is no professional standard and/or no APA policy, but does not need to avoid encouraging the adoption of new policy.

An initial step in addressing disagreement is to clarify disagreement and, if the group agrees that more data would help to reach consensus, defer to later in the meeting or to a future meeting, with efforts to articulate pros and cons. Steps to obtain additional information include examination of how other ethics codes address the topic, assignment of position papers, and use of ethical principles and ethical decision making models to explore the topic. Efforts will be made to resolve the issue within a reasonable time, so that later meetings are not overloaded with difficult issues.

There was discussion regarding how formal votes of the ECTF may change as the representatives of Ethics Committee, Board of Directors, Council of Representatives, and APAGS rotate through their terms. Dr. Jones described the rationale for maintaining a connection with the Ethics Committee, Board of Directors, and Council of Representatives, due to a history of revision task forces becoming insulated from those groups.

In the context of discussion of use of a two-thirds vote, the question was raised as to whether Keesey applies to the ECTF. Dr. Jones indicated that he believed that it does, and obtained information from Jim McHugh, General Counsel, regarding how Keesey addresses the method for counting a two-thirds vote. The ECTF discussed and agreed that they would use two-thirds of the eligible votes cast, rather than one of the alternative methods such as two-thirds of the members present, or a quorum, or of all members even if not present. For a motion that requires two-thirds vote to pass, there must be twice as many votes in the affirmative as in the negative. Votes of 8 to 4 (or 7 to 3 or 6 to 3) pass, and 7 to 4 (or 6 to 4 or 5 to 3) do not.

There was also discussion of voting by the Chair. Keesey says: "As a member of the group the presiding officer has the same right to vote as any other member. However, it is probably wise for the presiding officer to vote only in cases in which a vote is needed to change the outcome. Thus, he or she may vote to break or create a tie, and to prevent or make possible a 2/3 vote. The presiding officer should always participate when the vote is by secret ballot, whether or not he or she wishes to write anything on the ballot."

There was discussion regarding providing rationale when there is disagreement, and discussion regarding whether specific rationale, versus general overarching rationale, is needed when proposing changes to the current Ethics Code. The ECTF agreed that dissenting minority reports would not be used.

The ECTF voted to require a two-thirds vote to send a proposal forward. If the vote is less than two-thirds, the group will discuss further and consider whether to (a) continue working on the issue, (b) to put forward more than one option for Council, or (c) to recommend leaving the Code unchanged. The final action must be approved by a two-thirds vote or by a determination of consensus by the chair. The ECTF agreed that a vote of 50/50 would by default indicate that the 1992 Code should remain unchanged.

The ECTF discussed how to talk about group process outside of ECTF. There was agreement that discussion could identify issues but not individuals. Specific votes will not be reported in the minutes, but the minutes will need to note use of two-thirds votes as the governing principle.

Item #5. Process for Reviewing Comments.

As stated at its March 27-29, 1998 meeting, the ECTF qualifies work at meetings with the following statement: "We are conducting a critical self-evaluation. All comments are working comments, tentative and subject to change."

In the discussion of this item and Item 6, comments are coded by the primary recommendation of each reviewer: "Y" for include in the revision and "N" for do not include. Both reviewers recommending do not include is "NN," both recommending include is "YY," and disagreement is "YN."

The ECTF discussed efficient and useful procedures for integrating the comment review and standard revision process. The ECTF approved the following plan:

1. There will be an initial review of each comment by 2 ECTF members.
2. As in the past, all ECTF members will continue to receive all comments, as well as all comment review forms.
3. Comments rated YN are discussed by the ECTF to determine whether to include, and to identify the broad topics to use for assignment for revision.
4. There will be no further review of comments rated as NN, unless requested by any other ECTF member.
5. Using the comment review forms, staff will catalogue YY comments, and any comments that remained YN after discussion, under broad topics, e.g., retention of records.
6. These YY and YN comments are assigned to the appropriate drafting subgroup(s) based on the general topic.
7. The full ECTF will review subgroups' drafts of standards.

The ECTF discussed the comment review form, and made minor changes, primarily to facilitate the identification of critical incidents. Additionally, under Category N: Do Not Consider for Revision, the criteria was added: "Does not need a standard." Attachment 1 is the revised form.

The ECTF received as information a table summarizing members' evaluations of newly received comments on the Code. Attachment 2 is a revised version of that table, changed to reflect ECTF discussion at the meeting.

The ECTF discussed (and made the following decisions regarding) comments that

had been rated YN, or that had been designated for discussion with legal counsel in executive session:

Comment 119: After discussion in executive session, the ECTF kept this comment coded as YY.

Comment 121: If it is determined that the code (Standard 1.21) covers this situation, is the code requirement clear enough?

Comment 122: Change to NN

Comment 123: This comment needs to be reviewed in terms of a combination of 1.06 and 4.09b. If these are judged to handle the concern, is it clear enough?

Comment 127: After discussion in executive session, the coding was changed to NN.

Comment 128: This (resubmitted) comment was previously addressed by the ECTF as Comment 70.

Comment 131: An ECTF discussion is needed regarding a section or combination of standards regarding suicide, assisted suicide, and related issues. (Unrelated to this comment in particular.)

Comment 132a: Change to NN. Consider "civility" as a topic for the General Principles.

Comment 132e: Change to NN. Emphasis by ECTF on ensuring input by industrial/organizational (I/O) psychologists.

Comment 132h: Change to NN. Address as format.

Comment 133: Include with discussion of suicide issues.

Comment 134: Include with student-faculty group and supervision; format issue.

Comment 135a & c: Change to NN. Discuss under ethical decision making.

Comment 136: Change to NN

Comment 139: Change to NN.

Comment 142: During discussion in executive session, it was determined that this comment was coded in error as needing legal review.

Item #6. Process for Reviewing Critical Incidents.

The ECTF discussed how to evaluate the critical incidents that have been submitted. The ECTF voted to use Option A (as detailed in the agenda) for evaluation of new incidents. Later in the meeting, in reviewing deadlines required to move drafting forward, the ECTF reconsidered that decision and elected Option B: Staff will catalogue the general topic(s) of each critical incident and assign to appropriate subgroup(s). Each subgroup incorporates consideration of the the critical incident into its decision making/standard revision processes, (or if subgroup deems the incident to be erroneously cataloged, sends the incident back to staff to be reassigned.)

Item #7. Format of the Code: Ethical Standards.

The ECTF discussed the adequacy of the current sections and section titles of the 1992 Ethics Code and possible alternative organizations of standards into sections that can adequately reflect the ethical issues that arise across various psychological activities, roles, work contexts, clients, colleagues, and other persons impacted by the psychologist's work. ECTF members' "assignment" reports were used to guide discussion.

Reasons for organizing several standards into a separate section, rather than placing the standards into a larger, less differentiated section, include a) helping users to find information; b) keeping together standards that are context specific; and c) emphasizing particular issues to psychologists, the public, or others.

Discussion of format included the comment that many psychologists do not appear to read the Ethics Code. One suggestion was to develop continuing education materials, that could be marketed by the APA continuing education program, the APA College, and/or the APA Insurance Trust.

The ECTF discussed methods for elaborating the information included in the Code, such as via a companion document, or through APA (or other) documents independent of the Ethics Code.

Questions considered and notes of relevant discussion follow. As previously noted, all comments are working comments, tentative and subject to change:

a. Are General Standards (1.01-1.27) adequately reflected in other sections. Are there advantages to a parallel structure for these issues? (Assignment Report: Drs. Nathan, Swenson, Ramos-Grenier.)

Three possible changes were discussed. There was general agreement to move all standards sections that are "general" to the beginning, all prior to the more context-specific sections. The sentence that introduces the current sections for General Standards and Privacy and Confidentiality (i.e., "These ... Standards are potentially applicable to the professional and scientific activities of all psychologists.") would be modified or deleted. A proposal to modify the structure of the Ethics Code ("Change #3" of the assignment report) to place the General Standards under the most relevant General Principle was not accepted, in part due to the perception that this would increase the length of the Code.

b. Are Privacy and Confidentiality Standards (5.01-5.11) and the concept of Informed Consent adequately reflected in other sections? Are there advantages to a parallel structure for these issues? (Assignment Report: Drs. Nathan, Vasquez, and Oakland.)

The Privacy and Confidentiality section is proposed to remain a separate section, grouped with the other "general" sections. Informed Consent will continue to be addressed in individual context-specific sections. There was some consideration to grouping some sections or standards together, possibly with regard to the psycho-legal context.

c. Can current section headings adequately reflect ethical issues involving:

1. Third Parties (Assignment Report: Drs. Koocher and Brown.)

Do not create a special section. Might be treated in general section.

HC00007680

2. Organized Systems (including but not limited to schools, businesses, managed care organizations, and military and law enforcement. Assignment Report: Drs. Oakland and Bennett.)

Based on feedback from Dr. Bennett regarding the conclusions of the CAPP task force regarding ethics and managed care, the tentative decision is not to have a special section of standards on this topic in the Code. During drafting and review, each standard in the Code will be reviewed as to its relevance to these areas. These areas will also be considered with regard to standards regarding "third parties" and Standard 8.03.

3. Group and Family Practice (Assignment Report: Ms. Moody and Dr. Koocher.)

Do not create a special section. Consider change of title of 4.03 to "Multiple Client Therapies." Include such standards in the therapy section primarily. During drafting and review, all standards in the Code will be reviewed regarding whether they address the concerns raised. APA Divisions specializing in these issues should be consulted to determine if concerns are being addressed.

4. Social Interventions (Assignment Report: Drs. Wilcox and Daniel.) Is there a meaningful distinction between the terms "Intervention" in Standard 2 and "Therapy" in Standard 4?

Discussion suggested a subgroup within the area of general standards (or separately) titled Working With Institutions, Communities, and Organizations. This was later adopted as a proposed structure.

5. Culture Fair Practices (Assignment Report: Drs. Ramos-Grenier and Daniel.)

The recommendation is not to have a special section, but to review several standards needing revision. During the meeting there was a discussion regarding institutional racism, led by Drs. Ramos-Grenier and Henderson Daniel. Dr. Henderson Daniel will provide some readings on the concept of white power. It was agreed generally that all ECTF members need to recognize and be sensitive to bias and to consider all sections of the Ethics Code (not just the General Principles) with regard to issues of diversity and bias. The process of review of

the Code for institutional racism should include consideration of the history of psychology as it relates to racist or discriminatory practices, and consideration of the disenfranchised person's point of view. It is not only ECTF members of color who should identify such issues. The discussion also encompassed diversity issues beyond ethnicity.

6. Vulnerable Populations (children, cognitively impaired, prisoners)

Do not create a special section. During drafting and review, each standard in the Code will be reviewed as to its relevance to these areas.

7. New & Emerging Areas (e.g., telehealth, media psychology).

Do not create a special section. Discussion did not indicate that any one current or proposed section of standards is a best fit for all these topics.

d. What are the advantages to combined vs separate sections on Teaching and Research?

The tentative decision is to reorganize standards currently in section 6 into two sections, one for the teaching area and the other for Research and Publication, with later consideration as to whether to separate publication, or place it (or elements of it) elsewhere (such as advertising). There was no decision regarding a tentative name for the teaching and supervision section. There was objection to the term "training" as a modifier, but no objection to the scope of the section covering only supervision for an educational/preparatory purpose. The teaching section covers formal education and continuing education activities.

e. Should the Code continue to have a separate section on Forensic issues?

The tentative decision is to keep the section. The rationale is that a) there continues to be a high incidence of complaints and need for guidance and b) there are many inexperienced providers, in part due to therapists who are not providing forensic services being called to testify regarding forensic matters, and due to this being a popular area for expanding practice.

f. Other issues.

No other areas were identified for discussion.

Item #8. Format of the Code: Working Format for Ethical Standards.

The ECTF agreed on the following as a "working" format for the standards sections, to guide the subgroups which will be assigned to revise specific standards:

I General Sections

Resolving Ethical Issues (Include 1.01 and 1.02; 8.01-8.07 [not 8.03])
Competence (1.03-1.07)
Human Relations (1.08-1.14,1.17-1.20)
Privacy and Confidentiality (5.01-5.11)
Advertising and Other Public Statements (3.01-3.06)
Working With Institutions, Communities, and Organizations. (1.15, 1.16,1.21, 1.22, 8.03)
Fees/Business (1.23-1.27)

II Specific Sections
Teaching and Training Supervision (6.01-6.05)
Research and Publication (6.06-6.26)
Assessment (2.01-2.10)
Therapy (4.01-4.09)
Forensic Activities (7.01-7.06)

Attachment 3 shows the subgroup assignments based upon this working format. Comments and critical incidents regarding new, emerging, or not readily apparent standards/areas will be assigned to the Chair.

The ECTF discussed whether individual members could consult with other groups in drafting standards. There was agreement to route through the Ethics Office any requests to be made of groups; individuals may consult others, but should not represent the input in the context of the consulted person providing the draft language.

Item #9. Format of the Code: General Principles.

HC00007680

The ECTF discussed the purpose of the General Principles, and the ECTF's rationale for revising the current General Principles. Several questions posed in a memorandum from Dr. Bennett and an "assignment" report on the General Principles from Drs. Brown and Appleby were used to guide the discussion.

The tentative list of General Principles, arranged in alphabetical order, is:

- Beneficence
- Fidelity
- Integrity
- Justice
- Nonmaleficence
- Respect for Others' Rights and Dignity

A review of each of the current General Principles resulted in the following recommendations:

- Do not keep competence, since it is not an overriding value; it is an activity that can fulfill values.
- Integrity: keep.
- Professional and Scientific Responsibility: will become Fidelity
- Rights and Dignity...: keep.
- Concern for others' welfare: will become Beneficence
- Social reponsibility: some elements of this section fit Beneficence and others Justice. Overarching aspect to go into the preamble.

Item #10. Criteria for Revising and Writing Standards.

Dr. Bennett's memo served as a departure point for the ECTF's discussion of criteria for revising and writing standards. Evaluation of standards include decisions to keep a standard as is, modify, add something new, or delete. The purpose of standards was described as to set forth enforceable rules of conduct. Discussion led to the "Guide for Drafting Standards" (Attachment 4).

A "Standard Drafting Form" (Attachment 5) was also developed for use in drafting and providing rationale. The rationale section was seen as helpful as

record for future reviewers, and as rationale to forward to reviewers of the ECTF product (for example, Ethics Committee, Board of Directors, and Council of Representatives).

Item #11. Modeling the Review and Revision Process.

The ECTF reviewed several standards or issues to model the review process by which reviewers would propose revisions. Following are notes relevant to topics and discussion:

Whether the Ethics Code should have a standard requiring a specific time period for retention of records.

Do not add a requirement for retention of records for a specific number of years. In part this is due to there being no apparent ethical basis for a specific number of years. Also, the Code requires compliance with any laws requiring retention of records, and very brief retention of records would be likely to violate state law and therefore the Code.

Combine 1.23 and 1.24; Include confidentiality of records in 1.23/1.24 instead of 5.04, 5.07, 5.09.

Add see also regarding 1.23 (or whatever would reference confidentiality of records) in 5.02.

Whether the Ethics Code should have a standard requiring informed consent for psychological evaluation, assessment, and diagnosis.

Comments on both sides. Some argue that the consent may be assumed and is not needed explicitly. Draft test standards (which included wording that would require informed consent for assessment, with exceptions) were consulted. The ECTF asked that the subgroup for assessment write a draft standard requiring informed consent

Whether existing standards adequately address ethical issues associated with the use of translators/interpreters in assessment and psychotherapy.

Key Words: Culture, Language, Diverse population, interpreters, translators, supervision, assessment.

Discussion regarding adding something about translators and interpreters to

2.04 and cross referencing from 2.01, 2.02, 2.08, 2.09, and 1.22. Add language to 2.03. Believe that last sentence of 2.05 addresses the issue. Question regarding deleting 2.06 (pose to CPTA).

Whether standards relevant to competence should address the manner in which psychological activities are conducted?

Is 1.14 sufficient to deal with incompetent work? Generally yes, but consider whether 1.06 can use language more like 6.06a.

Whether Standard 1.04c is sufficient to deal with therapists using experimental or unusual treatments?

Consider informed consent reference on 1.04c (e.g. to 4.01a and 4.02a)? Concluded by planning to put in explicit informed consent requirement for experimental treatments.

Whether the use of word "reasonable" in Standard 6.03a can be improved.

This appears okay.

Regarding "reasonable" in Standard 6.03b.

"Make reasonable efforts" discussed and no change recommended. Discussion noted that previous consideration included that this standard includes an "eye of the beholder" element and that deleting "reasonable" (to leave "make efforts") would actually weaken the standard.

Regarding Standard 8.03.

The ECTF discussed the following alternative wording, and after the discussion below, took no action pending a recommendation from the reviewers.

"In addition to complying with provisions in the Ethics Code, when demands of an organization with which psychologists are affiliated conflict with this Ethics Code, psychologists clarify the nature of the conflict and make known their commitment to the Ethics Code."

Issues to be considered include:
Whether the alternative wording adds an additional responsibility for organizationally based psychologists to address conflicts.
Whether organizationally based psychologists must, in the end, follow the

HC00007680

Ethics Code.
If it does not require them to comply with the Code in the end, one rationale for such a policy is that this might keep psychologists who are advocating for change in such settings, rather than forcing the psychologist's resignation or dismissal.
Whether, if it does not require them to comply with the Code in the end, it is problematic that this may mean that other psychologists (such as private practitioners) must meet a higher standard.
Whether to have no provision regarding such matters.

Relevant General Principles. Fidelity, Integrity, Nonmaleficence.

Regarding how diversity is handled throughout the Code:

4.01d re "to address misunderstandings"

4.01d modified above and add cross reference to new diverse population standard in therapy

4.02c or new add something re interpreters and language. With reference to 1.22, which should also add something re interpreters.

4.03 add cross reference to one or more of these new ones.

4.08

5.01 add something.

5.02 add cross reference from 1.22?

7.02b cross reference 1.22 and diversity.

Item #12. Formation of an Ethical Decision Making Model.

The ECTF discussed the addition of a decision making model to the Ethics Code. The "assignment" report from Drs. Appleby and Vasquez was used to guide discussion. Nathalie Gilfoyle, J.D., Deputy General Counsel, provided information regarding legal issues to keep in mind regarding a decision making model.

HC00007680

The ECTF agreed to include an ethical decision making model and to make it a "severable" recommendation, subject to acceptance or rejection by the Council of Representatives.

Agenda Item #13. Prohibition of Sex with Former Clients.

The ECTF discussed the prohibition against sexual involvement with former therapy clients. Drs. Bennett and Wilcox were assigned to report from the standpoints of "almost never" and "in perpetuity."

The current rule was evaluated in terms of the type of psychological service. Regarding "more than one contact" psychotherapy with a DSM diagnosis, a straw vote indicated that the ECTF does not currently see Standard 4.07 as adequate. The ECTF discussed whether the current Standard is adequate regarding contacts that are not (or probably not) "therapy" as addressed by standards in section 4 of the current Ethics Code (e.g. outplacement counseling or smoking cessation treatment). Part of the concern expressed is whether the current rule is correctly understood by psychologists and the public.

Drs. Vasquez and Bennett have been assigned as the subgroup to review Therapy standards, and will explore an "in perpetuity" standard for real therapy (defining therapy?) and a "non-perpetuity" standard for other areas of practice. Other suggestions included placing the current 4.07b before 4.07a to emphasize the "almost never" aspect of the standard.

Item #14. Sex with Current and Likely Students and Supervisees.

The ECTF discussed the issue of sex with current and "likely" students and supervisees, and direct and indirect teaching authority. The "assignment" report from Dr. Swenson and Ms. Moody served as a point of departure for discussion.

The ECTF tentatively agreed on the following text for Standard 1.19, still tentatively titled "Exploitative Relationships":

(a) Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as students, supervisees, employees, research participants, and clients or patients. (See also Standards 4.05 -

HC00007680

4.07 regarding sexual involvement with clients or patients.) Add "see also" or other reference to part b, as revised and moved below.

Move part b to the teaching section. (b) Psychologists do not engage in sexual relationships with students or supervisees in training who are in their department or over whom the psychologist has or is likely to have evaluative, direct, or indirect authority, because such relationships are so likely to impair judgment or be exploitative.

Item #15. Review for Urgent Need for Interim Revision.

The ECTF reviewed comments 79, 84, 118-123, 126-137, 139, and 141-152 and voted that there is no urgent concern about the Ethics Code that cannot be delayed until the major revision.

Item #16. Report from Legal Counsel.

The ECTF received privileged and confidential memoranda from legal counsel on a variety of topics requested by the ECTF, and discussed the memoranda with counsel in executive session.

Item #17. Information Gathering Status Report.

The ECTF's information gathering activities thus far have included publication of a call for comments in the January through August 1998 issues of *APA Monitor*, a 3,000-member random sample critical incident survey, a 500-student-affiliate critical incident survey distributed at the 1998 convention, and memoranda to State and Provincial Psychological Association Presidents and APA Division Presidents requesting formal input from their organizations and to State and Provincial Psychological Association Ethics Committee Chairs, requesting input from themselves and members of their Committees.

Additionally, there was reference to the code revision in the APAGS spring 1998 newsletter (albeit followed up by additional information via the APAGS campus representatives' listserv when it was discovered that the actual "call" article was accidentally omitted from the newsletter). Also, the Ethics Committee is responding to the ECTF's request for input, including solicitation of comments from former Ethics Committee members and associates.

The ECTF received the information that ECTF information (including mention of the call for comment) has been distributed in the form of information items to the Council and Consolidated/Cross-Cutting meetings. Staff liaisons to APA Boards and Committees were informed of the availability of ECTF minutes from the October 1997 meeting.

After review of the remaining planned steps for information gathering (reported in the ECTF October 1997 minutes and supplemented by the Ethics Committee at its November 1997 meeting), the ECTF voted to complete only the request for input from ASPPB, National Register, and ABPP. Requests for input from other groups originally identified will be implemented once drafts are available for comment.

The ECTF received information regarding the demographic analysis of response to the ECTF critical incident survey. The Committee discussed the response rate from ethnic minorities (32 responses from 300 sample) and estimated the oversampling used. The ECTF noted that good response was received from academic settings, and that while ethnic minority and industrial/organizational psychologists' numbers appeared low, the level of response did in fact proportionally reflect APA's membership.

The ECTF discussed the low number of responses received from the surveys distributed to students at the convention (5 responses from 500 surveys), and the previous omission of the "call for comments" article in an APAGS newsletter that carried an article encouraging comment. The ECTF asked that the APAGS staff person receive an expression of its disappointment that the call article was omitted in the summer newsletter, and that there was such a low response to the student survey. The communication is not intended to be criticism of the staff person specifically, since the ECTF has not determined why the problems occurred. A copy of the communication is to be sent to Marcia Moody as the APAGS representative to the ECTF.

The ECTF agreed that the "call for comments" article should run in the January issue of the APAGS newsletter (deadline for submission of materials: November 30, 1998).

Item #18. Updates from Ethics Committee, Board of Directors, and Council of

HC00007680

Representatives.

The ECTF received the information that, in accordance with the Board of Directors' June 1998 action recommending that all task force, working group, and ad hoc committee meetings be reduced by one in 1999, the ECTF will hold two meetings in 1999. (Three had been requested by the ECTF.) The meeting dates for 1999 are April 9-11, 1999 and October 1-3, 1999.

A memorandum regarding support of the ECTF, from Celia B. Fisher, Ph.D., Chair of the ECTF, to George Stricker, Ph.D., Chair of the Ethics Committee, was provided to Norine G. Johnson, Ph.D., Board of Directors' Liaison to the Ethics Committee and Gerald P. Koocher, Ph.D., Board of Directors' Representative to the ECTF.

The ECTF received information items sent to the Ethics Committee, Board of Directors, Council of Representatives, and Consolidated Meetings.

Item #19. Plans for 1999 and 2000.

As noted above, the ECTF has two meetings scheduled for 1999. The ECTF reviewed the time frame for its project and recommends that it hold 3 meetings in 2000. The Chair will provide a memorandum to the Ethics Committee at its November 1998 meeting, providing rationale for three meetings.

The ECTF discussed plans for its 1999 meetings, as well as plans for reporting its activities.

The ECTF asked that Drs. Fisher and Wilcox make another presentation to Council in February 1999, and discussed possible content. A presentation should also be requested for the August 1999 Council meeting. The ECTF noted that information items are provided for each Council meeting, and include the ECTF minutes.

The minutes of the March 1998 and October 1998 ECTF meetings and a verbal report from Dr. Swenson will be provided to the Ethics Committee at its November 1998 meeting.

The ECTF requested that staff convey to the Ethics Committee that it has noted in

its information gathering that mandatory participation by students in experiential training remains an area of ethical concern. The ECTF suggests that the Ethics Committee consider distributing any relevant policy statement to all APA accredited programs.

The ECTF plans a one hour informational report to the membership at the 1999 convention, and generally plans to hold a two hour meeting at the convention once drafts are available.

The ECTF discussed *APA Monitor* articles and other information to be sent to various groups. Minutes are provided to staff liaisons and the ECTF asked that they also be sent to monitors to the Ethics Committee. The ECTF also requested a brief article in the *APA Monitor*, to remind the membership of the current plan for revision of the Ethics Code.

Dr. Fisher, and possibly other ECTF members, have been interviewed for an article in the National Psychologist regarding the revision.

The ECTF asked that staff arrange to provide information regarding the revision via the APA web site.

Staff will assign critical incidents to ECTF members for drafting based on topical area. The primary drafter will review all incidents, comments, and standards in the assigned area, and draft revised standards using the standard drafting form. Staff will send an email request mid-January, asking for email feedback on how the process is going. Forms will be sent by the primary drafter to the secondary reviewer by February 1, 1999. Secondary reviewers will complete their reviews and send the form back to the primary drafter by February 15. The primary drafter will submit materials to the Ethics Office by March 1, 1999. The Chair, working with staff, will integrate materials. Materials for the April meeting are targeted for mailing by April 1, 1999.

At the meeting, each member was provided a computer disk copy of the Ethics Code and the "Standard Review Form."

The ECTF was informed that Deborah Felder has been hired to coordinate the Ethics Code revision process and provide staff support for the ECTF. She will join the Ethics Office on November 2, 1998. Ms. Felder was in attendance as an

observer at this meeting.

The Chair and the ECTF thanked Emily Laumeier for her excellent contributions to the work of the ECTF.

Item #20. Ethics Of Research with Human Participants.

The ECTF received the Ethics Committee's comment to the task force regarding this document, and also received the comments of Drs. Fisher and Jones. Dr. Jones indicated that the draft was being forwarded to BSA for direction on how to proceed, including the question of whether the original mission of the task force would be pursued and the draft proposed as guidelines through the Council of Representatives. The ECTF discussed the comments and asked that a memo be sent to BSA indicating that the ECTF has great concerns about the failure of this work to adequately reflect the current Ethics Code in relationship to research, and strongly recommends against its use as guidelines in its present version.

Item #21. Communication With Ethics Committee Regarding Issues Raised by CEMA.

The ECTF received as information a memo dated August 5, 1998 written by Drs Ramos Grenier and Jones to address the issue as raised by CEMA's inquiries to the Ethics Committee. No further response from the ECTF to the Ethics Committee is planned at this time.

Item #22. Terms of ECTF Members.

The ECTF received the information that Dr. Wilcox was reelected to Council, and thus his appointment to the ECTF continues.

As indicated by the Ethics Committee's Plan for Next Review of the Ethics Code, the ECTF members formerly known as liaisons are to be reappointed as needed in order to ensure that each representative is a current member of the represented group. Dr. Wilcox's new term ends December 31, 2001. Other representatives' terms are as follows: Gerald P. Koocher, Ph.D., December 31, 1999; Elizabeth V. Swenson Ph.D., J.D., December 31, 1999. The term of Marcia J. Moody M.Ed. on APAGS ends December 31, 2000. At Ms. Moody's appointment APAGS indicated that it would use the same reappointment policy. There is, however, no

Ethics Committee or ECTF policy regarding continuity of APAGS terms. Unlike the other APA constituencies represented on the ECTF, APAGS does not vote on the eventual revision.

Item #23. American Psychologist Article.

The ECTF received the Ethics Committee's annual report, as published in the August 1998 issue of *American Psychologist.* The report included a summary of ECTF activities, which was completed in consultation with Dr. Fisher.

The ECTF discussed the Ethics Committee policy (reflected in point number 5 of the "guiding principles" on page 969) regarding avoidance of disciplinary investigations or actions in response to notifications of disciplinary action taken by state boards and similar entities, where loss of APA membership is not likely to result.

Item #24. Mailings Received.

The ECTF received as information a recap of substantive mailings sent to the task force members following the March 1998 ECTF meeting.

Attachments:

Attachment 1: ECTF Comment/Critical Incident Review Form
Attachment 2: Comment Review Summary Table, ECTF 10/98
Attachment 3: Reviewer Assignments Table
Attachment 4: Guide for Drafting Standards
Attachment 5: Standard Drafting Form

Attachment 1

ECTF COMMENT/ CRITICAL INCIDENT REVIEW FORM: REVISED NOVEMBER 6, 1998

Disclaimer: The following reflects working comments that are subject to future reevaluation by the evaluator and discussion by the ECTF

COMMENT/ INCIDENT #_____ ECTF REVIEWER_____

RELEVANT PRINCIPLE(S) OR STANDARD(S) *(letters or numbers)*::

SUMMARY OR GIST OF COMMENT *and (optional) ECTF member's additional suggestions*:

If incident, is this a good illustrative incident to include in future educative documents?
Yes_____ No_____

REVIEWER RECOMMENDATION
Check ONE category below (1-7) that fits the comment(s); use additional sheets if multiple points in comment

Category N: Do NOT Consider for Revision

1. Comment/suggestion is not clear to ECTF 1_____
2. Comment covered adequately by current Ethics Code 2_____
3. Issue for APA guidelines, not the Ethics Code 3_____
4. Comment/suggestion is inimical to the spirit of ethics 4_____
5. Change would be likely unenforceable 5_____
6. Does not need a standard 6_____

Category Y: Consider Including in Revision

7. Consider including and discuss 7_____
8. Consider including, but do not discuss--topic already under consideration 8_____
   Provide reference below to the similar previous comments:

CHECK HERE TO REQUEST LEGAL REVIEW
Briefly describe issue for legal review:

LEGAL REVIEW * _____
Write "Confidential" at the top of this form

CHECK HERE IF COMMENT WARRANTS DISCUSSION FOR URGENT REVISION?: * _____
Write "Confidential" at the top of this form

Excerpt from Minutes of the October 24-26, 1997 Meeting of the ECTF:
"The ECTF discussed the following criteria for the review of urgent need for interim revision. Interim revision would be recommended if the comment under consideration indicated that the 1992 Ethics Code was causing (1) unreasonable legal exposure to the organization, (2) significant harm to the public, or (3) significant harm to APA membership or the profession of psychology."

If legal review is requested or comment warrants discussion for urgent review, this is a confidential document

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Attachment 2

Supplemental Exhibit, Agenda Item 5
REVISED

The following review of comments is tentative to further consideration of other comments and to further review by the ECTF

Comment Number	Relevant Principles or Standards	Status	Reviewer	Reviewer	Urgent Review?	Legal Review?
079	1.17, 1.18, 4.05	Y	Oakland	None	N	N
084	6.06,6.07,6.08,6.10, 6.14,6.15,6.25	Y	Koocher	None	N	N
118	1.04,1.13,1.14	NN	Ramos-Grenier	Daniel	N	N
119	B,D,E Preamble,1.10	YY	Appleby	Nathan	N	Y
120	6.19,6.25	NN	Appleby	Moody	N	N
121	1.07,1.21	YN	Oakland	Koocher	N	N
122	5.11	NN	Brown	Vasquez	N	N
123	A,1.05,1.06,4.09b	NY	Bennett	Nathan	N	N
126	1.08,1.14,2.01,2.02, 2.04,2.5,New	YY	Ramos-Grenier	Vasquez	N	N
127	8.02,5.05,5.03	NN	Moody	Swenson	N	Y
128	6.23	YN	Swenson	Moody	N	N
129	5.05a	NN	Wilcox	Bennett	N	N
130	New	YY	Brown	Vasquez	N	N
131	1.14,1.04,(Many)	YN	Moody	Daniel	N	N
132	Many	NN	Swenson	Ramos-Grenier	N	N
132a	B	NN	Swenson	Ramos-Grenier	N	N
132e	7.04a,7.06	NN	Swenson	Ramos-Grenier	N	N
132h	1.19b	NN	Swenson	Ramos-Grenier	N	N
133	5.05a	NY	Wilcox	Koocher	N	N
134	6.many, B	NY	Vasquez	Moody	N	N
135	Preamble,gp's	NN	Moody	Bennett	N	N
135a		NN	Moody	Bennett	N	N
135c		NN	Moody	Bennett	N	N
136	Preamble	NN	Brown	Bennett	N	N
137	1.17	NN	Brown	Daniel	N	N
139	D,E	NN	Appleby	Wilcox	N	N
141	2.02,2.10	YY	Ramos-Grenier	Vasquez	N	N
142	6.15	YY	Swenson	Bennett	N	N
143	5.10,5.02,5.03,5.04	YY	Oakland	Nathan	N	N
144	1.24,5.04,2.01,5.02, 3.10	NN	Wilcox	Daniel	N	N
145		YY	Appleby	Nathan	N	N
146	1.04,1.17,1.18	YY	Swenson	Oakland	N	N
147	All	YY	Brown	Koocher	N	N
148	GP's	NN	Appleby	Swenson	N	N
149	3.06,4.08	YY	Bennett	Koocher	N	N
150	6.many	NN	Wilcox	Nathan	N	N
151	2.02,2.09,2.10	YY	Ramos-Grenier	Oakland	N	N
152	General	Y	Appleby	None	N	N

Reviewer Assignments*
Drafted October 24, 1998
Revised November 6, 1998

WORKING DRAFT FOR PROCESSES OF CRITICAL SELF EVALUATION, TENTATIVE AND SUBJECT TO FURTHER REVIEW AND MODIFICATION BY ECTF

	Standards Included	Reviewer	
		Primary	Secondary
I General Sections			
1. Resolving Ethical Issues	Include 1.01 and 1.02; 8.01-8.07 [Not 8.03]	Appleby	Wilcox
2. Competence	1.03-1.07	Daniel	Nathan
3. Human Relations	1.08-1.14,1.17-1.20	Brown	Vasquez
4. Privacy and Confidentiality	5.01-5.11	Swenson	Koocher
5. Advertising and Other Public Statements	3.01-3.06	Koocher	Appleby
6. Working With Institutions, Communities, and Organizations.	1.15, 1.16,1.21, 1.22, 8.03	Bennett	Oakland
7. Fees/Business	1.23-1.27	Nathan	Moody
II Specific Sections			
8. Teaching and Training Supervision	6.01-6.05	Moody	Daniel
9. Research and Publication	6.06-6.26	Wilcox	Swenson
10.Assessment	2.01-2.10	Oakland	Ramos-Grenier
11.Therapy	4.01-4.09	Vasquez	Bennett
12.Forensic Activities	7.01-7.06	Ramos-Grenier	Brown

*Comments and critical incidents regarding new, emerging, or not readily apparent standards/areas will be assigned to the Chair

Guide for Drafting Standards
Drafted 10/24/98
Last Revised 11/06/98

WORKING DRAFT FOR PROCESSES OF CRITICAL SELF EVALUATION, TENTATIVE AND SUBJECT TO FURTHER REVIEW AND MODIFICATION BY ECTF

Each reviewer will review all comments and critical incidents that have been coded as relevant to the topic/standards being considered. The reviewer will also consult the "commentary" book regarding the standard.

Modifiers: If the standard involves use of one of the "modifiers" ("reasonable," "appropriate," "potentially," "seek")[1], consider the following approach. Modifiers should be used if their absence would:

Remove professional judgment from the Ethics Committee.
Create situations that would lead to injustice.
Impose a one-size-fits-all mentality to the Ethics Code.

For each standard, ask whether it is demonstrated that a change would:

1. Have a significant positive impact on the educational value of the EC
2. Significantly increase the enforceability of the EC
3. Result in an ethical rule that is too vague or ambiguous to be enforceable (would a "reasonably intelligent member of the profession" understand that the document in question is unethical?)
4. Significantly enhance the justice achieved in enforcing the EC
5. Result in a rule that is arbitrary or capricious (is there adequate evidence to support the rule or a violation of the rule?)
6. Be contrary to public policy (do the rules conflict with societal values that rise to the level of public policy?)
7. Significantly increase the degree of positive personal conduct on the part of APA members in the specific ethical situation being addressed.
8. Violate antitrust laws (would it restrict the manner in which members can compete with each other to either restrict price competition or do procompetitive effects outweigh anticompetitive effects?)

Unlikely issue
Not impeding good practice - undue burden

[1] "Strive to" was deleted, since it does not appear in the enforceable standards.

HC00007680

If a change meets the above tests, ask whether the change is not appropriate based on:

1. Change for change sake should always be avoided.
2. Change proposed to make a Standard "tighter," or "better," but not more enforceable, would not be acceptable.
3. Change proposed only to make a Standard "clearer" should be justified based on substantive feedback from diverse groups reviewing the EC (i.e., a lack of clarity on the part of one or a few APA members does not justify modification of any particular Standard).
4. Likewise to suggest that a Standard might be improved when the changes would have no impact on psychologists' ultimate conduct would not be efficient.
5. To add Standards that are redundant with existing Standards in order to emphasize the specific behavior may only serve to confuse the issue. Redundancy should be avoided. A better cross referencing mechanism would serve the same purpose.
6. Change should not increase the length of the Code unnecessarily.

Review the standard with reference to its conformity with the morals and values embodied in the new Principles below; is it demonstrable that each standard promotes these overarching values for both the psychologist and the consumers of psychological services.

1. Beneficence
2. Fidelity
3. Integrity
4. Justice
5. Nonmaleficence
6. Respect for Others' Rights and Dignity

Review the standard with reference to institutional racism and other historial or current forms of disempowerment:

1. Is this an area of past/present misuse or neglect by psychologist.
2. Attempt to review the standard from the perspective of disempowered or disenfranchized group members.
3. Recognize limits of the Code's applicability to personal behavior.

ELL:/ ectf/ectf1098/review list post meeting

HC00007680

Standard Drafting Form

Drafted 10/24/98, Revised 11/06/98

Disclaimer: The following reflects working comments that are subject to future reevaluation by the evaluator and discussion by the ECTF

Date Submitted (after review by both primary and secondary): _____

Primary Drafter:
Secondary Reviewer:
Numbers of relevant comments/critical incidents:

Would any critical incidents be good illustrative examples to include in future educative documents?

Original Standard # _____ Name:
New # (or "New") _____ Name (if changed):

Current Text:

Recommended Text:

Comparison of Current and Recommended Text (New text underlined; deleted text in []'s or use strikeout):

Rationale and Consequences of Changing the Standard:

Consequences of Not Changing the Standard:

Relevant General Principles. Beneficence Fidelity Integrity Justice Nonmaleficence Respect
Key Words:
Standards to Cross Reference from this Standard:
Standards to Cross Reference to this Standard:

ETHICS CODE TASK FORCE AGENDA
April 12—14, 2002 **Action Item**
Agenda Item #1

Approval of Ethics Code Task Force Minutes, October 19—21, 2001

Issue:

The ECTF is asked to approve the draft minutes of the October 19—21, 2001 meeting.

Implementation Plan:

If the task force adopts the main motion, staff will make any corrections voted and complete the final minutes.

Fiscal Implications:

None

Main Motion:

1 That the minutes of the October 19—21, 2001 meeting are approved as distributed.

Recommendations:

None.

Exhibit

1. Draft Minutes, Ethics Code Task Force, October 19—21, 2001.

Stephen H. Behnke, J.D., Ph.D., and Deborah S. Felder
Ethics Office

Ethics Code Task Force Minutes (Draft)
October19—21, 2001

Action	Approval of Ethics Code Task Force Minutes, June 22—24, 2001	1
Information	Reference Materials	2
Information	Criteria for Revising and Writing Standards	3
Information	Established Voting Procedures	4
Information	Web Site Presentation of Draft 5	5
Discussion	Ethics Code Task Force Presentation at the 109th APA Convention	6
Information	Review of Comments Received Since Last Meeting	7
Information	Ethics Committee Action ConcerningReview for Urgent Need for Interim Revision	8
Information	Review of Comments Received in Response to Request for Feedback from Groups and Individuals	9
Information	Review of Comments in Response to Request for Feedback on Standard 6.02c, Issues Related to Handling Records	10
Information	Review of Comments in Response to Request for Feedback on Standard 8.07, Deception in Research	11
Information	Review of Comments in Response to Request for Feedback on Standard 9.04, Release of Test Data	12
Information	Review of Comments in Response to Request for Feedback on Changes to Standards on Forensics Issues	13
Discussion	Feedback from the Ethics Committee	14
Action	Review of Draft 5 (June 2001)	15
Action	Revision Schedule	16
Information	Appointment of New Representatives from Council and the Ethics Committee	17
Action	Planning for the April 2002 Meeting	18
Discussion	Process and Format for Presentation of Code to Council for Adoption	19
Information	Ethics Committee Annual Report in the August 2001 Issue of the *American Psychologist*	20
Information	Information Gathering Status Report	21
Discussion	Updates for the Ethics Committee, Board of Directors, and Council of Representatives	22
Information	Meeting Date for 2002	23
Information	Mailings Received	24

Supplemental Item

Action	Voting Procedures for Conference Call Meeting	25

Attendance

Participation by phone

Celia B. Fisher, Ph.D., Chair
Dennis J. Grill, Ph.D.
Jessica Henderson Daniel, Ph.D.
Samuel J. Knapp, Ed.D.
Peter E. Nathan, Ph.D.
Thomas D. Oakland, Ph.D.
Julia M. Ramos-Grenier, Ph.D.
Melba J.T. Vasquez, Ph.D.
* Gerald P. Koocher, Ph.D., Representative, Board of Directors
Abigail B. Sivan, Ph.D., Representative, Ethics Committee
Nabil El-Ghoroury, M.A., APAGS Representative
Jean A. Carter, Ph.D., Observer from Committee for the Advancement of Professional Practice (CAPP)
* Elizabeth V. Swenson, Ph.D., J.D., Observer from Division 2
Stewart Cooper, Ph.D., Observer from Division 13
Deirdre J. Knapp, Ph.D., Observer from Division 14
Martin H. Williams, Ph.D., Observer from Division 42
Linda F. Campbell, Ph.D., Oncoming Representative, Council of Representatives (observing)
Steven N. Sparta, Ph.D., Oncoming Representative, Ethics Committee (observing)

Present in the APA Board Room

Bruce E. Bennett, Ph.D.
Mary H. Quigley, J.D.
* Brian L. Wilcox, Ph.D., Representative, Council of Representatives

Staff

Stephen H. Behnke, J.D., Ph.D., Director, Ethics Office
Stanley E. Jones, Ph.D., Ethics Consultant
* Nathalie Gilfoyle, J.D., General Counsel
Deborah S. Felder, Ethics Code Revision Coordinator
Jonathan Tin, Educative Assistant

*Indicates partial attendance.

As stated at its March 27—29, 1998 meeting, the ECTF qualifies work at meetings with the following statement: "We are conducting a critical self-evaluation. All comments are working comments, tentative and subject to change."

Celia B. Fisher, Ph.D., Chair, ECTF, began the meeting by introducing the two new oncoming members of the task force. As of January 1, 2002, Linda F. Campbell, Ph.D., and Steven N. Sparta, Ph.D., will be the ECTF representatives from Council and the Ethics Committee, respectively. Brian L. Wilcox, Ph.D., and Abigail, B. Sivan, Ph.D., will be completing their terms as representatives from Council and the EC on December 31, 2001.

See Supplemental Item # 25 (listed as the last item of these minutes) on "Voting Procedures for Conference Call Meeting," which was the first item of business addressed during the call.

Item # 1. Approval of Ethics Code Task Force Minutes, June 22—24, 2001

The ECTF approved the draft minutes of the June 22—24, 2001 meeting.

Item # 2. Reference Materials

The ECTF received as information Reference Book Part 10, which included Comments 451—581 submitted online with each comment paired with its comment review. Comments 438—461, received as hard copy submissions, were also included in the Reference Book with reviews of these comments summarized in a table. Hard copy comments 462—467 were provided in supplemental and will be included in the next reference book. Comment # 465 from Gary R. VandenBos, Ph.D., and Susan Knapp, APA Publications Office, was received in response to a request for feedback on Standards 8.11—8.14. Comment # 466 was submitted by APA's Research Ethics Officer, Sangetta Panicker, Ph.D., in the Science Directorate. Both of these comments were provided to the ECTF by email immediately preceding the meeting. In addition, the Chair, Celia B. Fisher, Ph.D, shared feedback on wording in Section 10, Therapy, received from Russ Newman, Ph.D., J.D., APA Practice Directorate.

Item # 3. Criteria for Revising and Writing Standards

The ECTF received as information a copy of the Guide for Drafting Standards as revised following their March 2000 meeting as well as the chapter on Standards, Guidelines, or Recommendations from *Legal Risk Management: A Guide for Volunteers and Staff of the American Psychological Association* in preparation for the discussion of standards.

Item # 4. Established Voting Procedures

The ECTF received as information a copy of the revised voting procedures established at their October 1998 meeting and updated in June 2001.

Item # 5. Web Site Presentation of Draft 5

The ECTF received information about the APA web site presentation of Draft 5, which was posted on August 10, 2001.

Item # 6. Ethics Code Task Force Session at the 109th APA Convention

The ECTF received information about the APA one-hour open discussion on Saturday, August 2001 at the APA 109th Convention. In addition, observers from Divisions 13 (Stewart Cooper, Ph.D.) and 14 (Deirdre J. Knapp, Ph.D.) thanked the Chair, Celia B. Fisher, Ph.D., for the productive meeting regarding organizational, consulting, and public service psychologists, which took place at Convention.

Item # 7. Review of Comments Received Since Last Meeting

The ECTF received information concerning the hard copy and online comments received since the posting of Draft 5 on the APA web site (August 10, 2001). Action on these comments was taken under Agenda Item # 15, Review of Draft 5 (June 2001).

Item # 8. Ethics Committee Action Concerning Review for Urgent Need for Interim Revision

The ECTF received the information that, at its July 2001 meeting, the Ethics Committee took the following action:

> The Ethics Committee voted to agree to the recommendation of the Ethics Code Task Force to discontinue specific review of comments on the Ethics Code for consideration of urgent need for interim revision. The current revision is sufficiently advanced to render such an interim revision impractical.

Item # 9. Review of Comments Received in Response to Request for Feedback from Groups and Individuals

The ECTF received comments from numerous groups in response to requests for feedback on Draft 5 and considered that feedback during its review of the draft under Agenda Item # 15. A list of groups providing comments is attached. (See Attachment 1.)

Item # 10. Review of Comments in Response to Request for Feedback on Standard 6.02c, Issues Related to Handling Records

Consolidated meetings were cancelled and the ECTF had not as of the meeting date received a response from the Board of Professional Affairs or the Committee on Professional Practice and Standards

Item # 11. Review of Comments in Response to Request for Feedback on Standard 8.07 Deception in Research

As of the meeting date, the ECTF had not received a response from the Board of Scientific Affairs, Division 8, or Division 9.

Item # 12. Review of Comments in Response to Request for Feedback on Standard 9.04, Release of Test Data

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As of the meeting date, the ECTF had not received a response from the Committee for the Advancement of Professional Practice, the Board of Professional Affairs, the Committee on Professional Practice and Standards, Division 40, or Division 41. Comment # 459 from the Ad Hoc Committee on Legal Issues (COLI) was considered during the review of the draft under Agenda Item# 15.

Item # 13. Review of Comments in Response to Requests for Feedback on Changes to Standards on Forensic Issues

As of the meeting date, the ECTF had not received a response from Division 41. Comment # 459 from the Ad Hoc Committee on Legal Issues (COLI) was considered during the review of the draft under Agenda Item# 15.

Item # 14. Feedback from the Ethics Committee

The Ethics Committee canceled its scheduled September 2001 retreat meeting. Feedback from the EC on Draft 6 will be provided to the ECTF when available.

Item # 15. Review of Draft 5 (June 2001)

The main work of the ECTF was the review of Draft 5, June 2001. The ECTF voted standard by standard as it worked to produce Draft 6. A comparison table showing Draft 6 (with insertions and deletions indicated) and Draft 5 is provided as Attachment 2. Draft 6 alone, without marked changes, is provided in Attachment 3.

The ECTF voted to allow staff in consultation with the Chair to make grammatical changes that do not affect substantive meaning.

Item # 16. Revision Schedule

The ECTF reviewed the revision schedule provided in a August 9, 2001 memo to the Board of Directors. (See Attachment 4.)

Item # 17. Appointment of New Representatives from Council and the Ethics Committee

The ECTF received the following information on appointments to the task force. Linda F. Campbell, Ph.D., has been appointed as the representative to the ECTF from the Council of Representatives to replace Brian L. Wilcox, Ph.D., whose service on Council and the ECTF ends on December 31, 2001, and Steven N. Sparta, Ph.D., has been appointed as the representative from the Ethics Committee to replace Abigail B. Sivan, Ph.D., whose term on the EC ends on December 31, 2001.

Item # 18. Planning for the April 2002 Meeting

The ECTF discussed plans for the April 2002 meeting.

Item # 19. Process and Format for Presentation of Code to Council for Adoption

Contingent upon Board and Ethics Committee approval, the ECTF discussed presenting the Ethics Code to Council as a discussion item in February 2002 and for a vote in August 2002.

Item # 20. Ethics Committee Annual Report in the August 2001 Issue of the *American Psychologist*

The ECTF received as information a copy of the Ethics Committee's Annual Report for 2000 as published in the August 2001 issue of the *American Psychologist.*

Item # 21. Information Gathering Status Report

The ECTF received information regarding posting Draft 6 on the web site with a deadline of March15, 2002 for the next round of comments.

Item # 22. Updates for the Ethics Committee, Board of Directors, and Council of Representatives

The ECTF received as information an update on information items provided to the Board of Directors (August 2001), Council of Representatives (August 2001), and Ethics Committee (July 2001) following the June 2001 ECTF meeting.

Item # 23. Meeting Date for 2002

The ECTF received as information a reminder that meetings in 2002 were rescheduled, and that there will now be one meeting April 12-14, 2002.

Item # 24. Mailings Received

The ECTF received as information a list of the mailings sent to the task force since the October 2000 meeting.

Item # 25. Voting Procedures for Conference Call Meeting.

The ECTF voted to accept the proposed process for voting on revised standards addressed during the October 19—21 conference call meeting. The item stated:

> When work is complete on a standard, Celia B. Fisher, Ph.D., Chair, will ask for a vote. Dr. Fisher will say "In favor" in which case all those in favor will say "Aye"; then she will say "opposed," in which case all those opposed will say "nay"; and then finally "abstain," in which case all those abstaining will say "abstain." If there is any uncertainty concerning whether the new language has passed, Dr. Fisher will then ask those in favor to identify themselves, those opposed to identify themselves, and those abstaining to identify themselves. Any ECTF member may ask for a vote count.

Attachments

1. List of groups providing comments.
2. Comparison tables showing Draft 5 and Draft 6
3. Clean Draft 6 (without redline/strikeout)

4. Revision Schedule (August 9, 2001 memo to the Board of Directors).

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Comments on Draft 5 Submitted by Groups
In Response to Requests for Feedback

Web Submissions

Group	Comment Number(s)
Divisions 28 and 50	560—570
San Francisco Psych. Assn.	559
Council of Counseling Psychology Training Programs	571

Hard Copy Submissions

Group	Comment Number(s)
Division 5	462
Division 13	455, 463
Division 14	456
Division 38	451
Ohio Psych. Assn.	452
Indiana State Psych. Board	438
Washington State Board of Psych.	445
Ad Hoc Committee on Legal Issues	459
Committee for the Advancement of Professional Practice (CAPP)	461
Committee on Aging	460

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Redline Comparison of APA Ethics Code Revision Draft 5, June 24, 2001, and Draft 6, October 21, 2001

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF. The left column is Draft 5. The right column is Draft 6 with changes from Draft 5 shown by underlining for inserted text and strikeout for deleted text.

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT	ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT
TABLE OF CONTENTS [To be added in final.]	TABLE OF CONTENTS [To be added in final.]
INTRODUCTION AND APPLICABILITY	INTRODUCTION AND APPLICABILITY
The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A – E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by the Ethics Code does not mean that it is necessarily either ethical or unethical.	The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A – E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by the Ethics Code does not mean that it is necessarily either ethical or unethical.
This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.	This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.
Membership in the APA commits members and student affiliates to comply with the APA Ethics Code and to the rules and procedures used to enforce it Lack of awareness or misunderstanding of an ethical standard is not itself a defense to a charge of unethical conduct.	Membership in the APA commits members and student affiliates to comply with the APA Ethics Code and to the rules and procedures used to enforce it. Lack of awareness or misunderstanding of an ethical standard is not itself a defense to a charge of unethical conduct.
The procedures for filing, investigating, and resolving	The procedures for filing, investigating, and resolving

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure.	complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure.
The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether or not a psychologist has violated the Ethics Code does not by itself determine whether he or she is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.	The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether or not a psychologist has violated the Ethics Code does not by itself determine whether the psychologist ~~he or she~~ is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.
The modifiers used in some of the standards of this Ethics Code (e.g., reasonably, appropriate, potentially, usually) are included in the standards when they would (1) allow professional judgment on the part of the psychologist, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated.	The modifiers used in some of the standards of this Ethics Code (e.g., reasonably, appropriate, potentially, usually) are included in the standards when they would (1) allow professional judgment on the part of ~~the~~ psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated.
In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. If the Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, the psychologist may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights. If neither law nor the Ethics Code resolves an issue, psychologists should consider other professional materials and guidelines that have been adopted or endorsed by	In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. If this ~~the~~ Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this ~~the~~ Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, ~~the~~ psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights. If neither law nor this ~~the~~ Ethics Code resolves an issue, psychologists may ~~should~~ consider other ~~professional~~ materials and guidelines that have been adopted or endorsed by

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
professional psychological organizations, the dictates of their own conscience, as well as seek consultation with others within the field.	scientific and professional psychological organizations; they may also consider, ~~-~~the dictates of their own conscience, as well as ~~seek-~~consult~~ation~~ with others within the field.
[The ECTF has not completed revision of the section immediately below on History and Effective date. The section of these 34 lines (number of section lines as published in the APA Monitor) will be revised and updated upon presentation of a final draft to Council for approval.] History and effective date. This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, _____, and is effective beginning _____. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. This Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred, except that no provisions repealed in June 1989, will be enforced even if an earlier version contains the provision. The Ethics Code will undergo continuing review and study for future revisions; comments on the Ethics Code may be sent to the above address. The APA has previously published its Ethical Standards as follows: American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author. American Psychological Association. (1959). Ethical standards of psychologists. American Psychologist, 14, 279- 282. American Psychological Association. (1963). Ethical standards of psychologists. American Psychologist, 18, 56-60. American Psychological Association. (1968). Ethical standards of psychologists. American Psychologist, 23, 357-361. American Psychological Association. (1977, March). Ethical standards of psychologists. APA Monitor, 22-23. American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author. American Psychological Association. (1981). Ethical principles of psychologists. American Psychologist, 36, 633-638. American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989).	[The ECTF has not completed revision of the section immediately below on History and Effective date. The section of these 34 lines (number of section lines as published in the APA Monitor) will be revised and updated upon presentation of a final draft to Council for approval.] History and effective date. This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, _____, and is effective beginning _____. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. This Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred, except that no provisions repealed in June 1989, will be enforced even if an earlier version contains the provision. The Ethics Code will undergo continuing review and study for future revisions; comments on the Ethics Code may be sent to the above address. The APA has previously published its Ethical Standards as follows: American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author. American Psychological Association. (1959). Ethical standards of psychologists. American Psychologist, 14, 279- 282. American Psychological Association. (1963). Ethical standards of psychologists. American Psychologist, 18, 56-60. American Psychological Association. (1968). Ethical standards of psychologists. American Psychologist, 23, 357-361. American Psychological Association. (1977, March). Ethical standards of psychologists. APA Monitor, 22-23. American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author. American Psychological Association. (1981). Ethical principles of psychologists. American Psychologist, 36, 633-638. American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989).

Draft 5, June 24, 2001	***Draft 6, October 21, 2001***
American Psychologist, 45, 390-395. American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. American Psychologist, 47, 1597-1611. Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.	American Psychologist, 45, 390-395. American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. American Psychologist, 47, 1597-1611. Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.
PREAMBLE	PREAMBLE
Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They also strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of values upon which psychologists build their professional and scientific work.	Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They also strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of values upon which psychologists build their professional and scientific work.
This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.	This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.
The development of a dynamic set of ethical standards for a psychologist's work-related conduct requires a personal commitment to a lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems. Each psychologist supplements, but does not violate, the Ethics Code's values and rules on the basis of guidance drawn from personal values, culture, and experience.	The development of a dynamic set of ethical standards for ~~a~~ psychologist~~'s~~s' work-related conduct requires a personal commitment to a lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems. ~~Each~~ pPsychologists supplement~~s~~, but do~~es~~ not violate, the Ethics Code's values and rules on the basis of guidance drawn from personal values, culture, and experience.
This section consists of General Principles. General Principles, as opposed to ethical standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to ethical standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these	[moved to **General Principles**] ~~This section consists of General Principles. General Principles, as opposed to ethical standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to ethical standards, do not represent obligations and should not form the basis for imposing sanctions.~~

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
reasons distorts both their meaning and purpose.	~~Relying upon General Principles for either of these reasons distorts both their meaning and purpose.~~
GENERAL PRINCIPLES	GENERAL PRINCIPLES
	[Moved from **Introduction and Applicability**] This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.
PRINCIPLE A: BENEFICENCE AND NON-MALEFICENCE Psychologists strive to have a positive effect on those with whom they work, while taking care to do no harm. By thoughtful and prudent conduct, psychologists aspire to maximize the benefits of their work and to prevent or minimize harm to others through acts of commission or omission in their professional behavior. In their professional actions, psychologists weigh the welfare and rights of their patients or clients, students, supervisees, human research participants, and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts and to perform their roles in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence.	PRINCIPLE A: BENEFICENCE AND NON-MALEFICENCE Psychologists strive to benefit ~~have a positive effect on~~ those with whom they work, and ~~while~~ takeing care to do no harm. ~~By thoughtful and prudent conduct, psychologists aspire to maximize the benefits of their work and to prevent or minimize harm to others through acts of commission or omission in their professional behavior.~~ In their professional actions, psychologists seek to safeguard ~~weigh~~ the welfare and rights of those with whom they interact professionally and ~~their patients or clients, students, supervisees, human research participants, and,~~ other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts ~~and to perform their roles~~in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be sensitive to the possible negative consequences of personal impairment that might harm those with whom they work.
PRINCIPLE B: FIDELITY AND RESPONSIBILITY Psychologists establish relationships of loyalty and trust with those with whom they work. In the course of their work, psychologists are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and avoid conflicts of interest. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of their students, research participants,	PRINCIPLE B: FIDELITY AND RESPONSIBILITY Psychologists establish relationships of ~~loyalty and~~ trust with those with whom they work. In the course of their work, psychologists are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage ~~avoid~~ conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
patients, clients, or other recipients of their services. Psychologists' moral standards and conduct are personal matters to the same degree as is true for any other person, except as psychologists' conduct may compromise their professional responsibilities or reduce the public's trust in psychology and psychologists. Psychologists are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Given that psychologists are better able to care for others when they care for themselves, psychologists take measures to promote and maintain their own physical and mental health.	interests of those with whom they work ~~their students, research participants, patients, clients, or other recipients of their services. Psychologists' moral standards and conduct are personal matters to the same degree as is true for any other person, except as psychologists' conduct may compromise their professional responsibilities or reduce the public's trust in psychology and psychologists.~~ Psychologists are concerned about the ethical compliance of their colleagues' scientific and professional conduct. ~~Given that psychologists are better able to care for others when they care for themselves, psychologists take measures to promote and maintain their own physical and mental health.~~
PRINCIPLE C: INTEGRITY Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. In relationships involving legitimate expectations of trust, psychologists are candid and forthright. In their work, psychologists strive to keep their promises and to avoid bad-faith excuses, unwise or unclear commitments, and conflicts of interest. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.	PRINCIPLE C: INTEGRITY Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. ~~In relationships involving legitimate expectations of trust, psychologists are candid and forthright. In their work, p~~Psychologists strive to keep their promises and to avoid ~~bad-faith excuses,~~ unwise or unclear commitments~~, and conflicts of interest~~. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.
PRINCIPLE D: JUSTICE Psychologists recognize that fairness and justice require that all persons are entitled to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust or discriminatory practices.	PRINCIPLE D: JUSTICE Psychologists recognize that fairness and justice entitle ~~require that~~ all persons ~~are entitled~~ to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust ~~or discriminatory~~ practices.
PRINCIPLE E: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY Psychologists accord appropriate respect to the fundamental rights, dignity, and worth of all people. They respect the rights of individuals to privacy, confidentiality, self-determination, and autonomy, and are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision-making. Psychologists are aware of and respect cultural, individual, and role differences,	PRINCIPLE E: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY Psychologists ~~accord appropriate~~ respect ~~to~~ the ~~fundamental rights,~~ dignity~~,~~ and worth of all people~~.~~ and ~~They respect~~ the rights of individuals to privacy, confidentiality, self-determination, and autonomy~~,~~ ~~and~~ Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision-making. Psychologists are aware of and respect cultural, individual, and role differences,

Draft 5, June 24, 2001	***Draft 6, October 21, 2001***
including those based on age, gender, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.	including those based on age, gender, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.
ETHICAL STANDARDS	ETHICAL STANDARDS
1. RESOLVING ETHICAL ISSUES	1. RESOLVING ETHICAL ISSUES
1.01 Misuse of Psychologists' Work. If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.	1.01 Misuse of Psychologists' Work. If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.
1.02 Conflict Between Ethics and Law, Regulations, or Other Governing Legal Authority. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, the psychologist may adhere to the requirements of the law, regulations, or other governing legal authority.	1.02 Conflict Between Ethics and Law, Regulations, or Other Governing Legal Authority. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, ~~the~~ psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.
1.03 Conflicts Between Ethics and Organizational Demands. If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.	1.03 Conflicts Between Ethics and Organizational Demands. If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.
1.04 Reporting Ethical Violations. A psychologist who has knowledge that another psychologist has committed a violation of this Ethics Code that raises a substantial question as to that psychologist's honesty, trustworthiness or fitness as a psychologist shall either (1) attempt to resolve the issue by bringing it to the attention of that individual, if in the judgment of the psychologist an informal resolution appears appropriate, or (2) take further action appropriate to the situation, unless such action conflicts with confidentiality rights in ways that cannot be resolved. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when a psychologist has been retained to review the work of another psychologist whose professional conduct is in question.	1.04 Informal Resolution of ~~Reporting~~ Ethical Violations. When ~~A~~ psychologists believe ~~who has knowledge~~ that there may have been an ethical violation by another psychologist, ~~has committed a violation of this Ethics Code that raises a substantial question as to that psychologist's honesty, trustworthiness or fitness as a psychologist shall either (1)~~ they attempt to resolve the issue by bringing it to the attention of that individual, if ~~in the judgment of the psychologist~~ an informal resolution appears appropriate and ~~, or (2) take further action appropriate to the situation, unless such action conflicts with confidentiality rights in ways that cannot be resolved. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an~~ the intervention does not ~~would~~ violate any confidentiality rights that may be involved~~or when a psychologist has~~

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
	~~been retained to review the work of another psychologist whose professional conduct is in question.~~
1.04 Reporting Ethical Violations. A psychologist who has knowledge that another psychologist has committed a violation of this Ethics Code that raises a substantial question as to that psychologist's honesty, trustworthiness or fitness as a psychologist shall either (1) attempt to resolve the issue by bringing it to the attention of that individual, if in the judgment of the psychologist an informal resolution appears appropriate, or (2) take further action appropriate to the situation, unless such action conflicts with confidentiality rights in ways that cannot be resolved. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when a psychologist has been retained to review the work of another psychologist whose professional conduct is in question.	1.05~~1.04~~ Reporting Ethical Violations. If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04 or is not resolved properly in that fashion, ~~A psychologist who has knowledge that another psychologist has committed a violation of this Ethics Code that raises a substantial question as to that psychologist's honesty, trustworthiness or fitness as a psychologist shall either (1) attempt to resolve the issue by bringing it to the attention of that individual, if in the judgment of the psychologist an informal resolution appears appropriate, or (2)~~ psychologists take further action appropriate to the situation. ~~, unless such action conflicts with confidentiality rights in ways that cannot be resolved.~~ Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when ~~a~~ psychologists ~~have~~s been retained to review the work of another psychologist whose professional conduct is in question.
1.05 Cooperating With Ethics Committees. Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they make reasonable efforts to resolve any issues as to confidentiality. Failure to cooperate is itself an ethics violation.	1.06~~1.05~~ Cooperating With Ethics Committees. Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they make reasonable efforts to resolve any issues as to confidentiality. Failure to cooperate is itself an ethics violation.
1.06 Improper Complaints. Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.	1.07~~1.06~~ Improper Complaints. Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.
1.07 Unfair Discrimination Against Complainants and Respondents. Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made, or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or consideration of other appropriate information.	1.08~~1.07~~ Unfair Discrimination Against Complainants and Respondents. Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made, or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or consideration of other appropriate information.
2. COMPETENCE	2. COMPETENCE
2.01 Boundaries of Competence. (a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience,	2.01 Boundaries of Competence. (a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience,

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
consultation, study, or professional experience.	consultation, study, or professional experience.
(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of age, gender, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Extraordinary Circumstances.	(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of age, gender, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Extraordinary Circumstances.
(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.	(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.
(d) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.	(d) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.
(e) When psychologists should reasonably know that there is a substantial likelihood that their work, opinions, or testimony will be offered as evidence or otherwise used in a judicial or administrative proceeding, they are or become reasonably familiar with the rules governing their roles in these settings.	(e) When assuming forensic roles, psychologists ~~should reasonably know that there is a substantial likelihood that their work, opinions, or testimony will be offered as evidence or otherwise used in a judicial or administrative proceeding, they~~ are or become reasonably familiar with the judicial or administrative rules governing their roles ~~in these settings~~.
2.02 Providing Services in Extraordinary Circumstances. (a) In emergencies, when a psychologist is asked to provide services to individuals for whom appropriate mental health services are not available and for which the psychologist has not obtained the competence necessary, the psychologist may provide such services in order to ensure that services are not denied.	2.02 Providing Services in Extraordinary Circumstances. (a) In emergencies, when ~~a~~ psychologists are ~~is~~ asked to provide services to individuals for whom appropriate mental health services are not available and for which ~~the~~ psychologists have ~~has~~ not obtained the competence necessary, ~~the~~ psychologists may provide such services in order to ensure that services are not denied.
(b) When a psychologist is asked to provide services to individuals for whom appropriate mental health services are not available and for which the psychologist has not obtained the competence necessary, a psychologist with closely related prior training or experience may provide such services in order to ensure that services are not denied if the psychologist makes a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.	(b) When ~~a~~ psychologists are ~~is~~ asked to provide services to individuals for whom appropriate mental health services are not available and for which ~~the~~ psychologists have ~~has~~ not obtained the competence necessary, ~~a~~ psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if ~~the~~ psychologists ~~makes~~ a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.
2.03 Maintaining Expertise. Psychologists undertake ongoing efforts to maintain competence in the skills they use.	2.03 Maintaining Expertise. Psychologists undertake ongoing efforts to maintain competence in the skills they use.
2.04 Bases for Scientific and Professional Judgments. Psychologists' work is based upon established	2.04 Bases for Scientific and Professional Judgments. Psychologists' work is based upon established

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
scientific and professional knowledge of the discipline.	scientific and professional knowledge of the discipline.
2.05 Delegation of Work to Others and Use of Interpreters. Psychologists who delegate work to employees, supervisees, and research and teaching assistants or who use the services of others, such as interpreters, (1) take reasonable steps to authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided and (2) take reasonable steps to see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Extraordinary Circumstances; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessment; 9.02, Development and Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)	2.05 Delegation of Work to Others and Use of Interpreters. Psychologists who delegate work to employees, supervisees, and research and teaching assistants or who use the services of others, such as interpreters, ~~(1)~~ take reasonable steps to: (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (~~2~~3) ~~take reasonable steps to~~ see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Extraordinary Circumstances; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Development and Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)
2.06 Personal Problems and Conflicts. (a) Psychologists refrain from undertaking an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.	2.06 Personal Problems and Conflicts. (a) Psychologists refrain from undertaking an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.
(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating the Professional Relationship.)	(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy ~~the Professional Relationship~~.)
3. HUMAN RELATIONS	3. HUMAN RELATIONS
3.01 Unfair Discrimination. In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.	3.01 Unfair Discrimination. In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.
3.02 Sexual Harassment. Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a	3.02 Sexual Harassment. Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.07, Unfair Discrimination Against Complainants and Respondents.)	single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08~~1.07~~, Unfair Discrimination Against Complainants and Respondents.)
3.03 Other Harassment. Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.	3.03 Other Harassment. Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.
3.04 Avoiding Harm. Psychologists take reasonable steps to avoid harming their clients/patients, research participants, students, supervisees, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.	3.04 Avoiding Harm. Psychologists take reasonable steps to avoid harming their clients/patients, ~~research participants,~~ students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.
3.05 Multiple Relationships. (a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom they have the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person. A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.	3.05 Multiple Relationships. (a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom they have the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person. A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.
(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist attempts to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.	(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist attempts to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.
(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)	(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)
3.06 Conflict of Interest. A psychologist refrains from taking on a professional role when prior personal, scientific, professional, legal,	3.06 Conflict of Interest. ~~A p~~Psychologists refrain~~s~~ from taking on a professional role when ~~prior~~ personal, scientific, professional, legal,

Draft 5, June 24, 2001	***Draft 6, October 21, 2001***
financial, or other interests or relationships could reasonably be expected (1) to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist or (2) to expose the person or organization with whom the professional relationship exists to harm or exploitation.	financial, or other interests or relationships could reasonably be expected (1) to impair their ~~psychologist's~~ objectivity, competence, or effectiveness in performing their ~~his or her~~ functions as ~~a~~ psychologists or (2) to expose the person or organization with whom the professional relationship exists to harm or exploitation.
3.07 Third-Party Requests for Services. When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist attempts to clarify at the outset of the service the nature of the relationship with each party (i.e., individuals or organizations). This clarification includes the role of the psychologist (such as therapist, consultant, diagnostician, or expert witness), the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)	3.07 Third-Party Requests for Services. When ~~a~~ psychologists agree~~s~~ to provide services to a person or entity at the request of a third party, ~~the~~ psychologists attempt~~s~~ to clarify at the outset of the service the nature of the relationship with each party (i.e., individuals or organizations). This clarification includes the role of the psychologist (such as therapist, consultant, diagnostician, or expert witness), the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)
3.08 Exploitative Relationships. Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as students, supervisees, employees, research participants, and clients/ patients. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter with Clients/Patients; 7.07, Sexual Relationships with Students and Supervisees; and 10.05—10.08 regarding sexual involvement with clients/patients.)	3.08 Exploitative Relationships. Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees~~, research participants, and clients/patients~~. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter with Clients/Patients; 7.07, Sexual Relationships with Students and Supervisees; ~~and~~ 10.05, Sexual Intimacies With Current Therapy Clients/Patients;10.06, Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; —10.08, Sexual Intimacies With Former Therapy Clients/Patients~~regarding sexual involvement with clients/patients.~~)
3.09 Cooperation with Other Professionals. When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately.	3.09 Cooperation with Other Professionals. When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)
3.10 Informed Consent. (a) When psychologists conduct research or provide assessment, psychotherapy, counseling, or consulting with an individual or organization in person or via electronic transmission or other forms of communication, they obtain the informed consent of that individual or organizational representative using language that is reasonably understandable to that person except when conducting such activities without consent is mandated or prescribed by law or governmental regulation or as otherwise provided in this Ethics Code. The content of informed consent will	3.10 Informed Consent. (a) When psychologists conduct research or provide assessment, psychotherapy, counseling, or consulting services ~~with an individual or organization~~ in person or via electronic transmission or other forms of communication, they obtain the informed consent of the~~at~~ individual ~~or organizational representative~~ using language that is reasonably understandable to that person except when conducting such activities without consent is mandated or prescribed by law or governmental regulation or as otherwise provided in this Ethics Code. The content of informed consent will

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
vary depending on many circumstances; however, informed consent ordinarily requires that the person (1) has the capacity to consent, (2) has been provided information concerning participation in the activity that reasonably might affect his or her willingness to participate including limits of confidentiality and monetary or other costs or reimbursements, (3) is aware of the voluntary nature of participation and has freely and without undue influence expressed consent, and (4) has had the opportunity to ask questions and receive answers regarding the activities. (See also Standards 3.10, Informed Consent; 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)	vary depending on many circumstances; however, informed consent ordinarily requires that the person (1) has the capacity to consent, (2) has been provided information concerning participation in the activity that reasonably might affect his or her willingness to participate including limits of confidentiality and monetary or other costs or reimbursements, (3) is aware of the voluntary nature of participation and has freely and without undue influence expressed consent, and (4) has had the opportunity to ask questions and receive answers regarding the activities. (See also Standards ~~3.10, Informed Consent;~~ 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)
(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.	(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.
(c) When psychological services are court ordered or otherwise mandated, the psychologist informs the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.	(c) When psychological services are court ordered or otherwise mandated, ~~the~~ psychologists inform~~s~~ the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.
(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 3.10, Informed Consent; 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)	(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards ~~3.10, Informed Consent;~~ 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)
3.11 Describing the Nature and Results of Psychological Services. (a) When psychologists provide program evaluation, supervision, consultation, or scientific or other psychological services to an individual, a group, or an organization, they provide, using language that is reasonably understandable to the recipients of those services, information beforehand about the nature of such services and information later about results and conclusions. (See also Standard 9.10, Explaining Assessment Results.)	3.11 ~~Describing the Nature and Results of~~ Psychological Services Delivered To or Through Organizations. (a) Psychologists delivering services to or through organizations provide to clients and when appropriate those directly affected by the services, information beforehand about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits to confidentiality. As soon as feasible, they provide information about the results and conclusions of such

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
	services to appropriate persons. ~~When psychologists provide program evaluation, supervision, consultation, or scientific or other psychological services to an individual, a group, or an organization, they provide, using language that is reasonably understandable to the recipients of those services, information beforehand about the nature of such services and information later about results and conclusions. (See also Standard 9.10, Explaining Assessment Results.)~~
(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.	(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.
[Moved from 10.09] (a) Psychologists make reasonable efforts to plan for facilitating care in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, or relocation or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)	3.12~~10.09~~ Interruption of Psychological Services. ~~(a)~~ Unless otherwise covered by contract, p~~P~~sychologists make reasonable efforts to plan for facilitating services ~~care~~ in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, or relocation or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)
4. PRIVACY AND CONFIDENTIALITY	4. PRIVACY AND CONFIDENTIALITY
4.01 Maintaining Confidentiality. Psychologists have a primary obligation and take reasonable precautions to protect confidentiality rights, recognizing that they may be established by law, institutional rules, or professional or scientific relationships. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)	4.01 Maintaining Confidentiality. Psychologists have a primary obligation and take reasonable precautions to protect confidentiality rights, recognizing that they may be established by law, institutional rules, or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)
4.02 Discussing the Limits of Confidentiality. (a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limitations on confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)	4.02 Discussing the Limits of Confidentiality. (a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limitations on confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)
(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.	(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.
(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limitations on confidentiality.	(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limitations on confidentiality.
4.03 Recording. Psychologists obtain permission before recording the voice or image of individuals to whom they provide	4.03 Recording. Psychologists obtain permission before recording the voice or image of individuals to whom they provide

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
services. (See also Standards 8.03, Informed Consent for Recording Voice and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)	services. (See also Standards 8.03, Informed Consent for Recording Voice and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)
4.04 Minimizing Intrusions on Privacy. (a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.	4.04 Minimizing Intrusions on Privacy. (a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.
(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.	(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.
4.05 Disclosures. (a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or of another legally authorized person on behalf of the client/patient unless prohibited by law.	4.05 Disclosures. (a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or of another legally authorized person on behalf of the client/patient unless prohibited by law.
(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose, such as (1) to provide needed professional services to the patient or the individual or organizational client, (2) to obtain appropriate professional consultations, (3) to protect the client/patient, psychologist, or others from harm, or (4) to obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04c, Fees and Financial Arrangements.)	(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law or for a valid purpose such as to (1) ~~to~~ provide needed professional services ~~to the patient or the individual or organizational client~~, (2) ~~to~~ obtain appropriate professional consultations, (3) ~~to~~ protect the client/patient, psychologist, or others from harm, or (4) ~~to~~ obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04c, Fees and Financial Arrangements.)
4.06 Consultations. When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a patient, client, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)	4.06 Consultations. When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, ~~client,~~ research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)
4.07 Use of Confidential Information for Didactic or Other Purposes. Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, organizational clients, students, research participants, or other recipients of their services that they obtained during the course of their work, unless (1) psychologists take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is other ethical or legal authorization for doing so.	4.07 Use of Confidential Information for Didactic or Other Purposes. Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, ~~organizational clients,~~ students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) ~~psychologists~~ they take reasonable steps to disguise the person or organization~~,~~ ; (2) the person or organization has consented in writing~~,~~ ; or (3) there is other ethical or legal authorization for doing so.

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
5. ADVERTISING AND OTHER PUBLIC REPRESENTATIONS	5. ADVERTISING AND OTHER PUBLIC ~~REPRESENTATIONS~~ STATEMENTS
5.01 Avoidance of False or Deceptive Representations. (a) Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent, concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated. Public representations include but are not limited to paid or unpaid advertising, product endorsements, grant and credentialing applications, brochures, printed matter, directory listings, personal resumes or curriculum vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials.	5.01 Avoidance of False or Deceptive Statements ~~Representations~~. (a) ~~Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent, concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.~~ Public statements ~~representations~~ include but are not limited to paid or unpaid advertising, product endorsements, grant and credentialing applications, brochures, printed matter, directory listings, personal resumes or curriculum vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent, concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.
(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.	(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.
(c) Psychologists claim degrees as credentials for their mental health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.	(c) Psychologists claim degrees as credentials for their mental health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.
5.02 Statements by Others. (a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.	5.02 Statements by Others. (a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.
(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item.	(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)
(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.	(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.
5.03 Descriptions of Workshops and Non-degree-Granting Educational Programs. To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately	5.03 Descriptions of Workshops and Non-~~degree~~Degree-Granting Educational Programs. To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.	describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.
5.04 Media Presentations. When psychologists provide public advice or comment, they take precautions to ensure that (1) the statements are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice, (2) the statements are otherwise consistent with this Ethics Code, and (3) the statements do not indicate that a relationship has been established personally with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)	5.04 Media Presentations. When psychologists provide public advice or comment via print, internet, or other electronic transmission, they take precautions to ensure that (1) the statements are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice, (2) the statements are otherwise consistent with this Ethics Code, and (3) the statements do not indicate that a professional relationship has been established ~~personally~~ with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)
5.05 Testimonials. Psychologists do not solicit testimonials from current psychotherapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.	5.05 Testimonials. Psychologists do not solicit testimonials from current ~~psycho~~therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.
5.06 In-Person Solicitation. Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential psychotherapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster outreach services.	5.06 In-Person Solicitation. Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential ~~psycho~~therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.
6. RECORD KEEPING AND FEES	6. RECORD KEEPING AND FEES
6.01 Documentation of Professional and Scientific Work and Maintenance of Records. (a) Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals , (2) allow for replication of research design and analyses,, (3) meet institutional requirements , (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. . (See also Standard 4.01, Maintaining Confidentiality.)	6.01 Documentation of Professional and Scientific Work and Maintenance of Records. ~~(a)~~ Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)
(b) When there is a substantial likelihood that psychologists' work will be used in judicial or administrative proceedings, psychologists create and maintain documentation in the kind of detail and quality adequate to allow reasonable judicial or administrative scrutiny. (See also Standard 1.02, Conflict Between Ethics and Law, Regulations, or Other Governing Legal Authority.)	~~(b) When there is a substantial likelihood that psychologists' work will be used in judicial or administrative proceedings, psychologists create and maintain documentation in the kind of detail and quality adequate to allow reasonable judicial or administrative scrutiny. (See also Standard 1.02, Conflict Between Ethics and Law, Regulations, or Other Governing Legal Authority.)~~
6.02 Maintenance, Dissemination, and Disposal of	6.02 Maintenance, Dissemination, and Disposal of

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
Confidential Records of Professional and Scientific Work. (a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standard 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)	Confidential Records of Professional and Scientific Work. (a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standard 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)
(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.	(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.
(c) A psychologist makes plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of the psychologist's withdrawal from the position or practice.	(c) ~~A p~~Psychologists makes plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of ~~the~~ psychologists's withdrawal from ~~the~~ positions or practice.
6.03 Withholding Records for Nonpayment. Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.	6.03 Withholding Records for Nonpayment. Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.
6.04 Fees and Financial Arrangements. (a) As early as is feasible in a professional or scientific relationship, the psychologist and the client/patient or other recipient of psychological services reach an agreement specifying the compensation and the billing arrangements.	6.04 Fees and Financial Arrangements. (a) As early as is feasible in a professional or scientific relationship, ~~the~~ psychologists and the client/patient or other recipient of psychological services reach an agreement specifying the compensation and the billing arrangements.
(b) Psychologists' fee practices are consistent with law.	(b) Psychologists' fee practices are consistent with law.
(c) Psychologists do not misrepresent their fees.	(c) Psychologists do not misrepresent their fees.
(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the client/patient or other recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Services, and 10.10, Terminating the Professional Relationship.)	(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the client/patient or other recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Services, and 10.10, Terminating Therapy~~the Professional Relationship~~.)
(e) If the client/patient or other recipient of services does not pay for services as agreed, and if the psychologist wishes to use collection agencies or legal measures to collect the fees, the psychologist first informs the person that such measures will be taken and provides that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.04, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)	(e) If the client/patient or other recipient of services does not pay for services as agreed, and if ~~the~~ psychologists intend ~~wishes~~ to use collection agencies or legal measures to collect the fees, ~~the~~ psychologists first informs the person that such measures will be taken and provides that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.~~04~~03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)
6.05 Barter With Clients/Patients. Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. A psychologist may	6.05 Barter With Clients/Patients. Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. ~~A p~~Psychologists

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
barter only if (1) it is not clinically contraindicated, and (2) the relationship is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)	may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement ~~relationship~~ is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)
6.06 Accuracy in Reports to Payors and Funding Sources. In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)	6.06 Accuracy in Reports to Payors and Funding Sources. In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)
6.07 Referrals and Fees. When a psychologist pays, receives payment from, or divides fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation with Other Professionals.)	6.07 Referrals and Fees. When ~~a~~ psychologist~~s~~ pay~~s~~, receive~~s~~ payment from, or divide~~s~~ fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation with Other Professionals.)
7. EDUCATION AND TRAINING	7. EDUCATION AND TRAINING
7.01 Design of Education and Training Programs. Psychologists who are responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-degree-Granting Educational Programs.)	7.01 Design of Education and Training Programs. Psychologists ~~who are~~ responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-~~degree~~Degree-Granting Educational Programs.)
7.02 Descriptions of Education and Training Programs. (a) Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.	7.02 Descriptions of Education and Training Programs. ~~(a)~~ Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.
(b) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as	7.03 Accuracy in Teaching ~~(b)~~ (a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Representations.)	it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive ~~Representations~~Statements.)
7.03 Accuracy in Teaching. When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Expertise.)	~~7.03 Accuracy in Teaching.~~ (b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Expertise.)
7.04 Student Disclosure of Personal Information. Psychologists do not require students to disclose personal information, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except (1) if the program or training facility has clearly identified this requirement in its admissions and program materials or (2) if the information is necessary to evaluate or obtain assistance for a student whose personal problems could reasonably be judged to be interfering with his or her work with clients or posing a threat to the student or others.	7.04 Student Disclosure of Personal Information. Psychologists do not require students or supervisees to disclose personal information, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) ~~if~~ the program or training facility has clearly identified this requirement in its admissions and program materials or (2) ~~if~~ the information is necessary to evaluate or obtain assistance for ~~a~~ students whose personal problems could reasonably be judged to be preventing them from performing their work-related activities in a competent manner ~~interfering with his or her work with clients~~ or posing a threat to the students or others.
7.05 Mandatory Individual or Group Therapy. (a) A program that requires mandatory individual or group therapy must disclose this requirement to students prior to enrollment.	7.05 Mandatory Individual or Group Therapy or Experiential Activities. ~~(a) A program that requires mandatory individual or group therapy must disclose this requirement to students prior to enrollment.~~
(c) When individual or group therapy is a program or course requirement, students in undergraduate and graduate programs are allowed the option of selecting such therapy outside the program.	(a)~~(c)~~ When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs ~~are allowed~~ the option of selecting such therapy outside the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)
(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy (See also Standard 3.05, Multiple Relationships.)	(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)
7.06 Assessing Student and Supervisee Performance. (a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.	7.06 Assessing Student and Supervisee Performance. (a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.
(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.	(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.
7.07 Sexual Relationships with Students and Supervisees. Psychologists do not engage in sexual relationships with students or supervisees in training who are in their department, agency, or training center or over whom	7.07 Sexual Relationships with Students and Supervisees. Psychologists do not engage in sexual relationships with students or supervisees ~~in training~~ who are in their department, agency, or training center or over whom

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
the psychologist has or is likely to have evaluative authority.	~~the~~ psychologists have ~~has~~ or are ~~is~~ likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)
8. RESEARCH AND PUBLICATION	8. RESEARCH AND PUBLICATION
8.01 Institutional Approval. Psychologists obtain from host institutions, or organizations approval prior to conducting research, and they provide accurate information about their research proposals. They conduct the research in accordance with the approved research protocol.	8.01 Institutional Approval. Psychologists obtain from host institutions, or organizations approval prior to conducting research, and they provide accurate information about their research proposals. They conduct the research in accordance with the approved research protocol.
8.02 Informed Consent to Research. (a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limitations on confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. (See Standards 8.05, Dispensing with Informed Consent for Research, and 8.07, Deception in Research.)	8.02 Informed Consent to Research. (a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limitations on confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. (See Standards 8.05, Dispensing with Informed Consent for Research, and 8.07, Deception in Research.)
(b) Psychologists conducting intervention research involving the use of experimental treatments, clarify to participants at the outset of the research the experimental nature of the treatment, the services that will or will not be available to the control group(s) if appropriate, the means by which assignment to treatment and control groups will be made, and available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun.	(b) Psychologists conducting intervention research involving the use of experimental treatments, clarify to participants at the outset of the research the experimental nature of the treatment, the services that will or will not be available to the control group(s) if appropriate, the means by which assignment to treatment and control groups will be made, and available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun.
8.03 Informed Consent for Recording Voice and Images in Research. Psychologists obtain informed consent from research participants prior to recording their voice or image unless (1) the research consists solely of naturalistic observations in public places and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm or (2) the research design includes deception and consent is obtained during debriefing. (See also Standard 8.07, Deception in Research.)	8.03 Informed Consent for Recording Voice and Images in Research. Psychologists obtain informed consent from research participants prior to recording their voice or image unless (1) the research consists solely of naturalistic observations in public places and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm or (2) the research design includes deception and consent is obtained during debriefing. (See also Standard 8.07, Deception in Research.)
8.04 Student and Subordinate Research Participants. (a) When psychologists conduct research with students or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing	8.04 Client/Patient, Student, and Subordinate Research Participants. (a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
from participation.	prospective participants from adverse consequences of declining or withdrawing from participation.
(b) When research participation is a course requirement or opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.	(b) When research participation is a course requirement or opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.
8.05 Dispensing With Informed Consent for Research. Psychologists may dispense with informed consent only where permitted by law, applicable regulations and institutional review board requirements or where (1) research is conducted in commonly accepted educational settings and involves the study of normal educational practices, instructional strategies, or effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods and that would not reasonably be assumed to create distress or harm; (2) research involves only anonymous questionnaires, naturalistic observations, or certain kinds of archival research for which participants cannot be identified and for which disclosure of the participants' responses would not place them at risk of criminal or civil liability or be damaging to the participants' financial standing, employability, or reputation or that would not reasonably be assumed to create distress or harm; or (3) research is conducted in organizational settings and concerns factors related to job or organization effectiveness for which there is no risk to participants' employability or future academic progress, and confidentiality is protected.	8.05 Dispensing With Informed Consent for Research. Psychologists may dispense with informed consent only where permitted by law, applicable federal or institutional regulations ~~and institutional review board requirements~~ or where research (1) ~~research~~ is conducted in commonly accepted educational settings and involves the study of normal educational practices, instructional strategies, or effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods and that would not reasonably be assumed to create distress or harm; (2) ~~research~~ involves only anonymous questionnaires, naturalistic observations, or certain kinds of archival research for which participants' confidentiality is protected ~~cannot be identified~~ and for which disclosure of the participants' responses would not place them at risk of criminal or civil liability or be damaging to the participants' financial standing, employability, or reputation or that would not reasonably be assumed to create distress or harm; or (3) ~~research~~ is conducted in organizational settings and concerns factors related to job or organization effectiveness for which there is no risk to participants' employability or future academic progress, and confidentiality is protected.
8.06 Offering Inducements for Research Participants. (a) When offering professional services as an inducement to obtain research participants, psychologists make clear the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)	8.06 Offering Inducements for Research Participants. (a) When offering professional services as an inducement to obtain research participants, psychologists make clear the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)
(b) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements to obtain research participants when such inducements are likely to coerce participation.	(b) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements to obtain research participants when such inducements are likely to coerce participation.
8.07 Deception in Research. (a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.	8.07 Deception in Research. (a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.
(b) Psychologists never deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.	(b) Psychologists do not ~~never~~ deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.
(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible,	(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible,

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)	preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)
8.08 Debriefing. (a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and psychologists take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.	8.08 Debriefing. (a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and psychologists take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.
(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.	(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.
(c) When a psychologist becomes aware that research procedures have had a harmful impact on the individual participant, the psychologist takes reasonable steps to minimize the harm.	(c) When ~~a~~ psychologists becomes~~s~~ aware that research procedures have ~~had a~~ harmed ~~ful impact on the individual~~ a participant, they ~~psychologist takes~~ reasonable steps to minimize the harm.
8.09 Humane Care and Use of Animals in Research. (a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.	8.09 Humane Care and Use of Animals in Research. (a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.
(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.	(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.
(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)	(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)
(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.	(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.
(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.	(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.
(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.	(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.
(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.	(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.
8.10 Reporting Research Results. (a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Representations.)	8.10 Reporting Research Results. (a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive ~~Representations~~Statements.)

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.	(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.
8.11 Plagiarism. Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.	8.11 Plagiarism. Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.
8.12 Publication Credit. (a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed.	8.12 Publication Credit. (a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed.
(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.	(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.
(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate.	(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate.
8.13 Duplicate Publication of Data. Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.	8.13 Duplicate Publication of Data. Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.
8.14 Sharing Research Data. After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.	8.14 Sharing Research Data for Verification. (a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.
	(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for that purpose. Psychologists obtain prior agreement for other uses of the data.
8.15 Professional Reviewers. Psychologists who review material submitted for	8.15 Professional Reviewers. Psychologists who review material submitted for

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
publication, grant, or other research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.	publication, grant, or other research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.
9. ASSESSMENT	9. ASSESSMENT
9.01 Bases for Assessments. (a) Psychologists base their assessments, recommendations, reports, opinions, and diagnostic or evaluative statements on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)	9.01 Bases for Assessments. (a) Psychologists base their assessments, recommendations, reports, opinions, and diagnostic or evaluative statements on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)
(b) Except as noted in (c) and (d), below, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions.	(b) Except as noted in 9.01 (c) and (d), ~~below,~~ psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions.
(c) When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)	(c) When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)
(d) When psychologists conduct a record review and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the bases upon which they arrived at this opinion in their conclusions and recommendations.	(d) When psychologists conduct a record review and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the bases upon which they arrived at this opinion in their conclusions and recommendations.
9.02 Development and Use of Assessments. (a) Psychologists develop, administer, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.	9.02 ~~Development and~~ Use of Assessments. (a) Psychologists ~~develop,~~ administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.
(b) When working with diverse populations, psychologists use appropriate assessment instruments whose validity and reliability have been established for that population. When such instruments are not available, care is taken to interpret test results cautiously, with regard to the potential bias and misuse of such results.	(b) ~~When working with diverse populations,~~ pPsychologists use ~~appropriate~~ assessment instruments whose validity and reliability have been established for members of the~~at~~ population tested. When such validity or reliability have not been established, psychologists describe the strengths and limitations of test results and interpretation.~~instruments are not available, care is taken to interpret test results cautiously, with regard to the potential bias and misuse of such results.~~
(c) When appropriate tests for diverse populations have not been developed, psychologists who use existing standardized tests may adapt the administration and interpretation procedures only if the adaptations have a basis in the knowledge and experience of the discipline. Psychologists must	~~c) When appropriate tests for diverse populations have not been developed, psychologists who use existing standardized tests may adapt the administration and interpretation procedures only if the adaptations have a basis in the knowledge and experience of the discipline. Psychologists must document such~~

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
document such adaptations and clarify their probable impact on the findings.	~~adaptations and clarify their probable impact on the findings.~~
(d) Except as described in 9.02c, psychologists use assessment methods in a manner appropriate to an individual's language preference and competence and cultural background, unless the use of an alternative language is relevant to the assessment issues.	(c)~~(d) Except as described in 9.02c, p~~Psychologists use assessment methods ~~in a manner~~ that are appropriate to an individual's language preference and competence and cultural background, unless the use of an alternative language is relevant to the assessment issues.
(e) Psychologists using the services of an interpreter who has been adequately trained, obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and discuss any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others and Use of Interpreters; 4.01 Maintaining Confidentiality; 9.01, Bases for Assessment; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)	[Moved to 9.03c of Draft 6] ~~(e) Psychologists using the services of an interpreter who has been adequately trained, obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and discuss any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others and Use of Interpreters; 4.01 Maintaining Confidentiality; 9.01, Bases for Assessment; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)~~
9.03 Informed Consent In Assessments. (a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulation, (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity.	9.03 Informed Consent In Assessments. (a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulation~~,~~ ; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity.
(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.	(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.
[9.02](e) Psychologists using the services of an interpreter who has been adequately trained, obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and discuss any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others and Use of Interpreters; 4.01 Maintaining Confidentiality; 9.01, Bases for Assessment; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)	(c)~~(e)~~ Psychologists using the services of an interpreter ~~who has been adequately trained,~~ obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and discuss any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others and Use of Interpreters; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; ~~9.03, Informed Consent in Assessments;~~ and 9.07, Assessment by Unqualified Persons.)
9.04 Release of Test Data. Test data refer to the test protocols, record forms, scores and notes regarding an individual's responses to test items in any media. Psychologists may release test data to a psychologist or another qualified professional based on a client/patient release.	9.04 Release of Test Data. Test data refer to the test protocols, record forms, scores and notes regarding an individual's responses to test items in any media. Psychologists may release test data to ~~a~~ other psychologists or ~~a~~nother qualified professionals based on a client/patient release.

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
Psychologists refrain from releasing test data to persons who are not qualified to use such information, except (1) as required by law or court order, (2) to an attorney or court based on a client/patient release or (3) to the client/patient as appropriate. Psychologists may refrain from releasing test data to protect a client/patient from harm or to protect test security. (See also Standards 1.02, Conflict Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 2.01, Boundaries of Competence.)	Psychologists refrain from releasing test data to persons who are not qualified to use such information, except (1) as required by law or court order, (2) to an attorney or court based on a client/patient release or (3) to the client/patient as appropriate. Psychologists may refrain from releasing test data to protect a client/patient from harm or to protect test security. (See also Standards 1.02, Conflict Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 2.01, Boundaries of Competence.)
9.05 Test Construction. Psychologists who develop and conduct research with tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.	9.05 Test Construction. Psychologists who develop and conduct research with tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.
9.06 Interpreting Assessment Results. When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant reservations they have about the accuracy or limitations of their interpretations. (See also Standards 2.01 b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)	9.06 Interpreting Assessment Results. When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant reservations they have about the accuracy or limitations of their interpretations. (See also Standards 2.01 b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)
9.07 Assessment by Unqualified Persons. Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)	9.07 Assessment by Unqualified Persons. Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)
9.08 Obsolete Tests and Outdated Test Results. (a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.	9.08 Obsolete Tests and Outdated Test Results. (a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.
(b) Similarly, psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.	(b) Similarly, psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.
9.09 Test Scoring and Interpretation Services. (a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.	9.09 Test Scoring and Interpretation Services. (a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.
(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See	(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
also Standard 2.01 b and c, Boundaries of Competence.)	also Standard 2.01 b and c, Boundaries of Competence.)
(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.	(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.
9.10 Explaining Assessment Results. Regardless of whether the scoring and interpretation are done by the psychologist, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.	9.10 Explaining Assessment Results. Regardless of whether the scoring and interpretation are done by ~~the~~ psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative ~~.~~ unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.
9.11 Maintaining Test Security. Psychologists make reasonable efforts to maintain the integrity and security of tests and other assessment techniques consistent with law, contractual obligations, and in a manner that permits compliance with the requirements of this Ethics Code. (See also Standards 1.02, Conflict Between Ethics and Law, Regulations, and Other Governing Legal Authority, and 9.04, Release of Test Data.)	9.11 Maintaining Test Security. Psychologists make reasonable efforts to maintain the integrity and security of tests and other assessment techniques consistent with law, contractual obligations, and in a manner that permits adherence to ~~compliance with the requirements of~~ this Ethics Code. (See also Standards 1.02, Conflict Between Ethics and Law, Regulations, and Other Governing Legal Authority, and 9.04, Release of Test Data.)
10. THERAPY	10. THERAPY
10.01 Informed Consent to Therapy. (a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about appropriate information, including the nature and anticipated course of therapy, fees, involvement of third parties, and confidentiality. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)	10.01 Informed Consent to Therapy. (a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about appropriate information, including the nature and anticipated course of therapy, fees, involvement of third parties, and confidentiality. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)
(b) When obtaining informed consent for treatment involving emerging areas in which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the experimental nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01d, Boundaries of Competence, and 3.10, Informed Consent.)	(b) When obtaining informed consent for treatment involving emerging areas in which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developmental ~~experimental~~ nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01d, Boundaries of Competence, and 3.10, Informed Consent.)
(c) When the therapist is being supervised as part of his or her training and the legal responsibility resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is	(c) When the therapist is a trainee ~~being supervised as part of his or her training~~ and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
given the name of the supervisor.	and is being supervised and is given the name of the supervisor.
10.02 Couple and Family Relationships. (a) When a psychologist agrees to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), the psychologist attempts to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the role of the psychologist and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)	10.02 Therapy Involving Couples or ~~and~~ Family ~~Relationships~~ies. (a) When ~~a~~ psychologists agree~~s~~ to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), ~~the~~ psychologists attempt~~s~~ to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role ~~of the psychologist~~ and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)
(b) If it becomes apparent that the psychologist may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), the psychologist attempts to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c Multiple Relationships.)	(b) If it becomes apparent that ~~the~~ psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), ~~the~~ psychologists attempt~~s~~ to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)
10.03 Group Therapy When a psychologist provides services to several persons in a group setting, the psychologist describes at the outset the roles and responsibilities of all parties and the limits of confidentiality.	10.03 Group Therapy When ~~a~~ psychologists provide~~s~~ services to several persons in a group setting, ~~the~~ psychologists describe~~s~~ at the outset the roles and responsibilities of all parties and the limits of confidentiality.
10.04 Providing Mental Health Services to Those Served by Others. In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. The psychologist discusses these issues with the client/patient, or another legally authorized person on behalf of the client/patient, in order to minimize the risk of confusion and conflict, consults with the other service providers when appropriate, and proceeds with caution and sensitivity to the therapeutic issues.	10.04 Providing Therapy ~~Mental Health Services~~ to Those Served by Others. In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. ~~The~~ pPsychologists discusses these issues with the client/patient, or another legally authorized person on behalf of the client/patient, in order to minimize the risk of confusion and conflict, consults with the other service providers when appropriate, and proceeds with caution and sensitivity to the therapeutic issues.
10.05 Sexual Intimacies With Current Therapy Clients/Patients. Psychologists do not engage in sexual intimacies with current therapy clients/patients.	10.05 Sexual Intimacies With Current Therapy Clients/Patients. Psychologists do not engage in sexual intimacies with current therapy clients/patients.
10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients. Psychologists do not engage in sexual intimacies with individuals they know to be the parents, guardians, spouses, significant others, children, or siblings of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.	10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients. Psychologists do not engage in sexual intimacies with individuals they know to be the parents, guardians, spouses, significant others, children, or siblings of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.
10.07 Therapy With Former Sexual Partners. Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual	10.07 Therapy With Former Sexual Partners. Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
intimacies.	intimacies.
10.08 Sexual Intimacies With Former Therapy Clients/Patients. (a) Psychologists do not engage in sexual intimacies with a former client/patient for at least two years after cessation or termination of therapy.	10.08 Sexual Intimacies With Former Therapy Clients/Patients. (a) Psychologists do not engage in sexual intimacies with a former client/patient for at least two years after cessation or termination of therapy.
(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. The psychologist who engages in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bears the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated, (2) the nature, duration, and intensity of the therapy, (3) the circumstances of termination, (4) the client's/patient's personal history, (5) the client's/patient's current mental status, (6) the likelihood of adverse impact on the client/patient, and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)	(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. ~~The p~~Psychologists who engage~~s~~ in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear~~s~~ the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated, (2) the nature, duration, and intensity of the therapy, (3) the circumstances of termination, (4) the client's/patient's personal history, (5) the client's/patient's current mental status, (6) the likelihood of adverse impact on the client/patient, and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)
(a) Psychologists make reasonable efforts to plan for facilitating care in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, or relocation or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)	[Moved to new standard 3.12] ~~(a) Psychologists make reasonable efforts to plan for facilitating care in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, or relocation or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)~~
(b) When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient.	10.09 Interruption of Therapy~~Services~~. ~~(b)~~ When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)
10.10 Terminating the Professional Relationship. (a) Psychologists must terminate a professional relationship when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.	10.10 Terminating Therapy ~~the Professional Relationship~~. (a) Psychologists must terminate therapy ~~a professional relationship~~ when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.
(b) Psychologists may terminate a professional relationship when threatened or otherwise endangered	(b) Psychologists may terminate therapy ~~a professional relationship~~ when threatened or otherwise endangered

Draft 5, June 24, 2001	*Draft 6, October 21, 2001*
by the client/patient or another person with whom the client/patient has a relationship.	by the client/patient or another person with whom the client/patient has a relationship.
(c) Except where precluded by the actions of clients/patients or third party payors, prior to termination the psychologist discusses the client's/patient's views and needs, provides pretermination counseling, suggests alternative service providers as appropriate, and takes steps to facilitate transfer of responsibility to another provider if the client/patient needs one immediately.	(c) Except where precluded by the actions of clients/patients or third party payors, prior to termination ~~the~~ psychologists ~~discusses the client's/patient's views and needs,~~ provide~~s~~ pretermination counseling and~~,~~ suggest~~s~~ alternative service providers as appropriate~~, and takes steps to facilitate transfer of responsibility to another provider if the client/patient needs one immediately~~.

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CONTENTS

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT 1
CONTENTS 1
INTRODUCTION AND APPLICABILITY 1
PREAMBLE 4
GENERAL PRINCIPLES 5
PRINCIPLE A: BENEFICENCE AND NON-MALEFICENCE 5
PRINCIPLE B: FIDELITY AND RESPONSIBILITY 5
PRINCIPLE C: INTEGRITY 6
PRINCIPLE D: JUSTICE 6
PRINCIPLE E: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY . 6
ETHICAL STANDARDS 7
1. RESOLVING ETHICAL ISSUES .. 7
1.01 Misuse of Psychologists' Work. 7
1.02 Conflict Between Ethics and Law, Regulations, or Other Governing Legal Authority. 7
1.03 Conflicts Between Ethics and Organizational Demands. 7
1.04 Informal Resolution of Ethical Violations. 7
1.05 Reporting Ethical Violations. . 8
1.06 Cooperating With Ethics Committees 8
1.07 Improper Complaints. 8
1.08 Unfair Discrimination Against Complainants and Respondents. 8
2. COMPETENCE 8
2.01 Boundaries of Competence. 8
2.02 Providing Services in Extraordinary Circumstances. 9
2.03 Maintaining Expertise 9
2.04 Bases for Scientific and Professional Judgments. 9
2.05 Delegation of Work to Others and Use of Interpreters. 10
2.06 Personal Problems and Conflicts. 10
3. HUMAN RELATIONS 10
3.01 Unfair Discrimination. 10
3.02 Sexual Harassment. 10
3.03 Other Harassment. 11
3.04 Avoiding Harm. 11
3.05 Multiple Relationships 11
3.06 Conflict of Interest. 11
3.07 Third-Party Requests for Services. 12
3.08 Exploitative Relationships. ... 12
3.09 Cooperation with Other Professionals 12
3.10 Informed Consent. 12
3.11 Psychological Services Delivered To or Through Organizations 13
3.12 Interruption of Psychological Services. 14
4. PRIVACY AND CONFIDENTIALITY 14
4.01 Maintaining Confidentiality ... 14
4.02 Discussing the Limits of Confidentiality 14
4.03 Recording. 14
4.04 Minimizing Intrusions on Privacy. 15
4.05 Disclosures. 15
4.06 Consultations. 15
4.07 Use of Confidential Information for Didactic or Other Purposes. 15
5. ADVERTISING AND OTHER PUBLIC STATEMENTS 16
5.01 Avoidance of False or Deceptive Statements. 16
5.02 Statements by Others. 16
5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs. 16
5.04 Media Presentations. 17
5.05 Testimonials. 17
5.06 In-Person Solicitation. 17
6. RECORD KEEPING AND FEES 17
6.01 Documentation of Professional and Scientific Work and Maintenance of Records. 17
6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work. 17
6.03 Withholding Records for Nonpayment. 18
6.04 Fees and Financial Arrangements. 18
6.05 Barter With Clients/Patients. 18
6.06 Accuracy in Reports to Payors and Funding Sources. 19
6.07 Referrals and Fees. 19
7. EDUCATION AND TRAINING .. 19
7.01 Design of Education and Training Programs. 19
7.02 Descriptions of Education and Training Programs. 19
7.03 Accuracy in Teaching 19
7.04 Student Disclosure of Personal Information 20
7.05 Mandatory Individual or Group Therapy or Experiential Activities. 20
7.06 Assessing Student and Supervisee Performance. 20
7.07 Sexual Relationships with Students and Supervisees. 20
8. RESEARCH AND PUBLICATION 21
8.01 Institutional Approval. . 21
8.02 Informed Consent to Research. 21
8.03 Informed Consent for Recording Voice and Images in Research. 21
8.04 Client/Patient, Student, and Subordinate Research Participants. 21
8.05 Dispensing With Informed Consent for Research. 22
8.06 Offering Inducements for Research Participants. 22
8.07 Deception in Research. 22
8.08 Debriefing. 23
8.09 Humane Care and Use of Animals in Research. 23
8.10 Reporting Research Results. . 23
8.11 Plagiarism. 24
8.12 Publication Credit. 24
8.13 Duplicate Publication of Data. 24
8.14 Sharing Research Data for Verification. 24
8.15 Professional Reviewers. 24
9. ASSESSMENT 25
9.01 Bases for Assessments. 25
9.02 Use of Assessments. 25
9.03 Informed Consent In Assessments. 26
9.04 Release of Test Data 26
9.05 Test Construction. 27
9.06 Interpreting Assessment Results 27
9.07 Assessment by Unqualified Persons. 27
9.08 Obsolete Tests and Outdated Test Results. 27
9.09 Test Scoring and Interpretation Services. 27
9.10 Explaining Assessment Results. 28
9.11 Maintaining Test Security. 28
10. THERAPY 28
10.01 Informed Consent to Therapy. 28
10.02 Therapy Involving Couples or Families 29
10.03 Group Therapy 29
10.04 Providing Therapy to Those Served by Others. 29
10.05 Sexual Intimacies With Current Therapy Clients/Patients. . 29
10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients. . 29
10.07 Therapy With Former Sexual Partners. 29
10.08 Sexual Intimacies With Former Therapy Clients/Patients. 30
10.09 Interruption of Therapy. 30
10.10 Terminating Therapy 30

HC00007718

APA Ethics Code Revision Draft 6, October 21, 2001

The following are working comments that are subject to future reevaluation by the evaluators and discussion by the ECTF.

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

CONTENTS

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT 1
CONTENTS 1
INTRODUCTION AND APPLICABILITY... 2
PREAMBLE..... 3
GENERAL PRINCIPLES 4
PRINCIPLE A: BENEFICENCE AND NON-MALEFICENCE..... 4
PRINCIPLE B: FIDELITY AND RESPONSIBILITY..... 4
PRINCIPLE C: INTEGRITY..... 4
PRINCIPLE D: JUSTICE..... 4
PRINCIPLE E: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY 5
ETHICAL STANDARDS 5
1. RESOLVING ETHICAL ISSUES 5
1.01 Misuse of Psychologists' Work.5
1.02 Conflict Between Ethics and Law, Regulations, or Other Governing Legal Authority..... 5
1.03 Conflicts Between Ethics and Organizational Demands..... 5
1.04 Informal Resolution of Ethical Violations. 5
1.05 Reporting Ethical Violations. ... 5
1.06 Cooperating With Ethics Committees..... 6
1.07 Improper Complaints. 6
1.08 Unfair Discrimination Against Complainants and Respondents. 6
2. COMPETENCE..... 6
2.01 Boundaries of Competence..... 6
2.02 Providing Services in Extraordinary Circumstances. 6
2.03 Maintaining Expertise. 7
2.04 Bases for Scientific and Professional Judgments..... 7
2.05 Delegation of Work to Others and Use of Interpreters. 7
2.06 Personal Problems and Conflicts. 7
3. HUMAN RELATIONS..... 7
3.01 Unfair Discrimination. 7
3.02 Sexual Harassment. 7
3.03 Other Harassment. 7
3.04 Avoiding Harm..... 8
3.05 Multiple Relationships. 8
3.06 Conflict of Interest. 8
3.07 Third-Party Requests for Services. 8
3.08 Exploitative Relationships. 8
3.09 Cooperation with Other Professionals. 9
3.10 Informed Consent..... 9
3.11 Psychological Services Delivered To or Through Organizations. 9
3.12 Interruption of Psychological Services. 9
4. PRIVACY AND CONFIDENTIALITY10
4.01 Maintaining Confidentiality. 10
4.02 Discussing the Limits of Confidentiality. 10
4.03 Recording..... 10
4.04 Minimizing Intrusions on Privacy.10
4.05 Disclosures. 10
4.06 Consultations. 11
4.07 Use of Confidential Information for Didactic or Other Purposes..... 11
5. ADVERTISING AND OTHER PUBLIC STATEMENTS..... 11
5.01 Avoidance of False or Deceptive Statements. 11
5.02 Statements by Others. 11
5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs. 11
5.04 Media Presentations. 12
5.05 Testimonials..... 12
5.06 In-Person Solicitation. 12
6. RECORD KEEPING AND FEES..12
6.01 Documentation of Professional and Scientific Work and Maintenance of Records. 12
6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work. ...12
6.03 Withholding Records for Nonpayment. 12
6.04 Fees and Financial Arrangements. 13
6.05 Barter With Clients/Patients. ..13
6.06 Accuracy in Reports to Payors and Funding Sources..... 13
6.07 Referrals and Fees. 13
7. EDUCATION AND TRAINING 13
7.01 Design of Education and Training Programs. 13
7.02 Descriptions of Education and Training Programs. 13
7.03 Accuracy in Teaching..... 14
7.04 Student Disclosure of Personal Information..... 14
7.05 Mandatory Individual or Group Therapy or Experiential Activities....14
7.06 Assessing Student and Supervisee Performance. 14
7.07 Sexual Relationships with Students and Supervisees. 14
8. RESEARCH AND PUBLICATION.15
8.01 Institutional Approval..... 15
8.02 Informed Consent to Research.15
8.03 Informed Consent for Recording Voice and Images in Research. 15
8.04 Client/Patient, Student, and Subordinate Research Participants.15
8.05 Dispensing With Informed Consent for Research. 15
8.06 Offering Inducements for Research Participants..... 16
8.07 Deception in Research..... 16
8.08 Debriefing. 16
8.09 Humane Care and Use of Animals in Research. 16
8.10 Reporting Research Results..17
8.11 Plagiarism. 17
8.12 Publication Credit..... 17
8.13 Duplicate Publication of Data..17
8.14 Sharing Research Data for Verification. 17
8.15 Professional Reviewers. 17
9. ASSESSMENT..... 18
9.01 Bases for Assessments. 18
9.02 Use of Assessments..... 18
9.03 Informed Consent In Assessments. 18
9.04 Release of Test Data..... 19
9.05 Test Construction. 19
9.06 Interpreting Assessment Results. 19
9.07 Assessment by Unqualified Persons. 19
9.08 Obsolete Tests and Outdated Test Results. 19
9.09 Test Scoring and Interpretation Services. 19
9.10 Explaining Assessment Results.20
9.11 Maintaining Test Security. 20
10. THERAPY..... 20
10.01Informed Consent to Therapy.20
10.02 Therapy Involving Couples or Families..... 20
10.03 Group Therapy 21
10.04 Providing Therapy to Those Served by Others. 21
10.05 Sexual Intimacies With Current Therapy Clients/Patients. 21
10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients. 21
10.07 Therapy With Former Sexual Partners..... 21
10.08 Sexual Intimacies With Former Therapy Clients/Patients. 21
10.09 Interruption of Therapy. 21
10.10 Terminating Therapy 21

INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A – E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by the Ethics Code does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the APA Ethics Code and to the rules and procedures used to enforce it. Lack of awareness or misunderstanding of an ethical standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether or not a psychologist has violated the Ethics Code does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this Ethics Code (e.g., reasonably, appropriate, potentially, usually) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights. If neither law nor this Ethics Code resolves an issue, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations; they may also consider the dictates of their own conscience, as well as consult with others within the field.

[The ECTF has not completed revision of the section immediately below on History and Effective date. The section of these 34 lines (number of section lines as published in the APA Monitor) will be revised and updated upon presentation of a final draft to Council for approval.]

History and effective date.

This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, _____, and is effective beginning _____. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242.

This Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred, except that no provisions repealed in June 1989, will be enforced even if an earlier version contains the provision. The Ethics Code will undergo continuing review and study for future revisions; comments on the Ethics Code may be sent to the above address.

The APA has previously published its Ethical Standards as follows: American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author.
American Psychological Association. (1959). Ethical standards of psychologists. American Psychologist, 14, 279- 282.
American Psychological Association. (1963). Ethical standards of psychologists. American Psychologist, 18, 56-60.
American Psychological Association. (1968). Ethical standards of psychologists. American Psychologist, 23, 357-361.
American Psychological Association. (1977, March). Ethical standards of psychologists. APA Monitor, 22-23.
American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author.
American Psychological Association. (1981). Ethical principles of psychologists. American Psychologist, 36, 633-638.
American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). American Psychologist, 45, 390-395.
American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. American Psychologist, 47, 1597-1611.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They also strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of values upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment to a lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems. Psychologists supplement, but do not violate, the Ethics Code's values and rules on the basis of guidance drawn from personal values, culture, and experience.

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

PRINCIPLE A: BENEFICENCE AND NON-MALEFICENCE

Psychologists strive to benefit those with whom they work, and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be sensitive to the possible negative consequences of personal impairment that might harm those with whom they work.

PRINCIPLE B: FIDELITY AND RESPONSIBILITY

Psychologists establish relationships of trust with those with whom they work. In the course of their work, psychologists are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. Psychologists are concerned about the ethical compliance of their colleagues' scientific and professional conduct.

PRINCIPLE C: INTEGRITY

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

PRINCIPLE D: JUSTICE

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

PRINCIPLE E: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY

Psychologists respect the dignity and worth of all people, and t the rights of individuals to privacy, confidentiality, self-determination, and autonomy. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision-making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS

1. RESOLVING ETHICAL ISSUES

1.01 Misuse of Psychologists' Work.

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflict Between Ethics and Law, Regulations, or Other Governing Legal Authority.

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.

1.03 Conflicts Between Ethics and Organizational Demands.

If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.

1.04 Informal Resolution of Ethical Violations.

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.

1.05 Reporting Ethical Violations.

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04 or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question.

1.06 Cooperating With Ethics Committees.

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they make reasonable efforts to resolve any issues as to confidentiality. Failure to cooperate is itself an ethics violation.

1.07 Improper Complaints.

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents.

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made, or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or consideration of other appropriate information.

2. COMPETENCE

2.01 Boundaries of Competence.

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of age, gender, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Extraordinary Circumstances.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(e) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Extraordinary Circumstances.

(a) In emergencies, when psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists may provide such services in order to ensure that services are not denied.

(b) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if psychologists make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

2.03 Maintaining Expertise.

Psychologists undertake ongoing efforts to maintain competence in the skills they use.

2.04 Bases for Scientific and Professional Judgments.

Psychologists' work is based upon established scientific and professional knowledge of the discipline.

2.05 Delegation of Work to Others and Use of Interpreters.

Psychologists who delegate work to employees, supervisees, and research and teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Extraordinary Circumstances; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Development and Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts.

(a) Psychologists refrain from undertaking an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

3. HUMAN RELATIONS

3.01 Unfair Discrimination.

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment.

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment.

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm.

Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.05 Multiple Relationships.

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom they have the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist attempts to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest.

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected (1) to impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) to expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services.

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with each party (i.e., individuals or organizations). This clarification includes the role of the psychologist (such as therapist, consultant, diagnostician, or expert witness), the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships.

Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter with Clients/Patients; 7.07, Sexual Relationships with Students and Supervisees; 10.05, Sexual Intimacies With Current Therapy Clients/Patients; 10.06, Sexual Intimacies with Relatives or Significant Others of

Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; 10.08, Sexual Intimacies With Former Therapy Clients/Patients)

3.09 Cooperation with Other Professionals.

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent.

(a) When psychologists conduct research or provide assessment, psychotherapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual using language that is reasonably understandable to that person except when conducting such activities without consent is mandated or prescribed by law or governmental regulation or as otherwise provided in this Ethics Code. The content of informed consent will vary depending on many circumstances; however, informed consent ordinarily requires that the person (1) has the capacity to consent, (2) has been provided information concerning participation in the activity that reasonably might affect his or her willingness to participate including limits of confidentiality and monetary or other costs or reimbursements, (3) is aware of the voluntary nature of participation and has freely and without undue influence expressed consent, and (4) has had the opportunity to ask questions and receive answers regarding the activities. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered To or Through Organizations.

(a) Psychologists delivering services to or through organizations provide to clients and when appropriate those directly affected by the services, information beforehand about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits to confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services.

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's

illness, death, unavailability, or relocation or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. PRIVACY AND CONFIDENTIALITY

4.01 Maintaining Confidentiality.

Psychologists have a primary obligation and take reasonable precautions to protect confidentiality rights, recognizing that they may be established by law, institutional rules, or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)

4.02 Discussing the Limits of Confidentiality.

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limitations on confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limitations on confidentiality.

4.03 Recording.

Psychologists obtain permission before recording the voice or image of individuals to whom they provide services. (See also Standards 8.03, Informed Consent for Recording Voice and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy.

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures.

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or of another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law or for a valid purpose such as to (1) provide needed professional services, (2) obtain appropriate professional consultations, (3) protect the client/patient, psychologist, or others from harm, or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04c, Fees and Financial Arrangements.)

4.06 Consultations.

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes.

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization; (2) the person or organization has consented in writing; or (3) there is other ethical or legal authorization for doing so.

5. ADVERTISING AND OTHER PUBLIC STATEMENTS

5.01 Avoidance of False or Deceptive Statements.

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant and credentialing applications, brochures, printed matter, directory listings, personal resumes or curriculum vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent, concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their mental health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others.

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs.

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations.

When psychologists provide public advice or comment via print, internet, or other electronic transmission, they take precautions to ensure that (1) the statements are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice, (2) the statements are otherwise consistent with this Ethics Code, and (3) the statements do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials.

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation.

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. RECORD KEEPING AND FEES

6.01 Documentation of Professional and Scientific Work and Maintenance of Records.

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standard 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice.

6.03 Withholding Records for Nonpayment.

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

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6.04 Fees and Financial Arrangements.

(a) As early as is feasible in a professional or scientific relationship, psychologists and the client/patient or other recipient of psychological services reach an agreement specifying the compensation and the billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the client/patient or other recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Services, and 10.10, Terminating Therapy.)

(e) If the client/patient or other recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter With Clients/Patients.

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources.

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees.

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation with Other Professionals.)

7. EDUCATION AND TRAINING

7.01 Design of Education and Training Programs.

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs.

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or

program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Expertise.)

7.04 Student Disclosure of Personal Information.

Psychologists do not require students or supervisees to disclose personal information, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their work-related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy or Experiential Activities.

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy outside the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance.

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships with Students and Supervisees.

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. RESEARCH AND PUBLICATION

8.01Institutional Approval.

Psychologists obtain from host institutions, or organizations approval prior to conducting research, and they provide accurate information about their research proposals. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research.

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limitations on confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. (See Standards 8.05, Dispensing with Informed Consent for Research, and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments, clarify to participants at the outset of the research the experimental nature of the treatment, the services that will or will not be available to the control group(s) if appropriate, the means by which assignment to treatment and control groups will be made, and available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun.

8.03 Informed Consent for Recording Voice and Images in Research.

Psychologists obtain informed consent from research participants prior to recording their voice or image unless (1) the research consists solely of naturalistic observations in public places and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm or (2) the research design includes deception and consent is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants.

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing With Informed Consent for Research.

Psychologists may dispense with informed consent only where permitted by law, applicable federal or institutional regulations or where research (1) is conducted in commonly accepted educational settings and involves the study of normal educational practices, instructional strategies, or effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods and that would not reasonably be assumed to create distress or harm; (2) involves only anonymous questionnaires, naturalistic observations, or certain kinds of archival research for which participants' confidentiality is protected and for which disclosure of the participants' responses would not place them at risk of criminal or civil liability or be damaging to the participants' financial standing, employability, or reputation or that would not reasonably be assumed to create distress or harm; or (3) is conducted in organizational settings and concerns factors related to job or organization effectiveness for which there is no risk to participants' employability or future academic progress, and confidentiality is protected.

8.06 Offering Inducements for Research Participants.

(a) When offering professional services as an inducement to obtain research participants, psychologists make clear the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)

(b) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements to obtain research participants when such inducements are likely to coerce participation.

8.07 Deception in Research.

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing.

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and psychologists take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research.

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results.

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism.

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit.

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed.

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate.

8.13 Duplicate Publication of Data.

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification.

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for that purpose. Psychologists obtain prior agreement for other uses of the data.

8.15 Professional Reviewers.

Psychologists who review material submitted for publication, grant, or other research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. ASSESSMENT

9.01 Bases for Assessments.

(a) Psychologists base their assessments, recommendations, reports, opinions, and diagnostic or evaluative statements on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01 c and d, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions.

(c) When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(d) When psychologists conduct a record review and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the bases upon which they arrived at this opinion in their conclusions and recommendations.

9.02 Use of Assessments.

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for members of the population tested. When such validity or reliability have not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence and cultural background, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent In Assessments.

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulation; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and discuss any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others and

Use of Interpreters; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data.

Test data refer to the test protocols, record forms, scores and notes regarding an individual's responses to test items in any media. Psychologists may release test data to other psychologists or other qualified professionals based on a client/patient release. Psychologists refrain from releasing test data to persons who are not qualified to use such information, except (1) as required by law or court order, (2) to an attorney or court based on a client/patient release or (3) to the client/patient as appropriate. Psychologists may refrain from releasing test data to protect a client/patient from harm or to protect test security. (See also Standards 1.02, Conflict Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 2.01, Boundaries of Competence.)

9.05 Test Construction.

Psychologists who develop and conduct research with tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results.

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant reservations they have about the accuracy or limitations of their interpretations. (See also Standards 2.01 b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons.

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)

9.08 Obsolete Tests and Outdated Test Results.

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Similarly, psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services.

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01 b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results.

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11 Maintaining Test Security.

Psychologists make reasonable efforts to maintain the integrity and security of tests and other assessment techniques consistent with law, contractual obligations, and in a manner that permits adherence to this Ethics Code. (See also Standards 1.02, Conflict Between Ethics and Law, Regulations, and Other Governing Legal Authority, and 9.04, Release of Test Data.)

10. THERAPY

10.01Informed Consent to Therapy.

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about appropriate information, including the nature and anticipated course of therapy, fees, involvement of third parties, and confidentiality. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment involving emerging areas in which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developmental nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01d, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families.

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), psychologists attempt to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists attempt to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, psychologists describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others.

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient, or another legally authorized person on behalf of the client/patient, in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies With Current Therapy Clients/Patients.

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients.

Psychologists do not engage in sexual intimacies with individuals they know to be the parents, guardians, spouses, significant others, children, or siblings of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy With Former Sexual Partners.

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies With Former Therapy Clients/Patients.

(a) Psychologists do not engage in sexual intimacies with a former client/patient for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated, (2) the nature, duration, and intensity of the therapy, (3) the circumstances of termination, (4) the client's/patient's personal history, (5) the client's/patient's current mental status, (6) the likelihood of adverse impact on the client/patient, and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy.

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

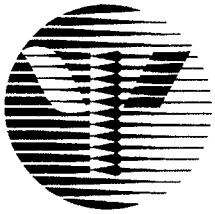
10.10 Terminating Therapy.

(a) Psychologists must terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

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AMERICAN PSYCHOLOGICAL ASSOCIATION

August 9, 2001

MEMO

To: Board of Directors

From: Celia B. Fisher, Ph.D., Chair, Ethics Code Task Force (ECTF)

Re: Tentative Timeline for Remaining Work on the Revision of the Ethics Code

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At its June 22—24, 2001 meeting, the ECTF discussed a tentative schedule for completion of the revision of the APA Ethics Code and presentation of a draft to Council for a vote in August 2002. The task force and I would like to share our thinking with members of the Board and would welcome and appreciate any feedback on our proposed timing and process.

Tentative Schedule for Completion of the Ethics Code Revision

- Sept 20-22, 2001 Ethics Committee Retreat. Opportunity for Ethics Committee to discuss Draft 5 and provide feedback for ECTF at their October meeting.
- Sept 21-23, 2001 Fall Consolidated Meetings, First Round. Information item with continuing encouragement to provide feedback. Although comment deadline will be past, groups may submit feedback directly to Celia Fisher. Statement that Celia will be available to meet with interested groups at Spring Consolidated Meetings.
- Oct 19-21, 2001 ECTF Meeting. Consider all comments received before meeting. Create new draft.
- Following Oct ECTF Meeting. Inquire if Board would like Celia Fisher to be present to receive Board's feedback on the October draft at their Dec 7-9, 2001 meeting.
- Oct 26-28, 2001 Fall Consolidated Meetings, Second Round. Information item with continuing encouragement to provide feedback. Statement that Celia will be available to meet with interested groups at Spring Consolidated Meetings.
- Nov 2-4, 2001 Ethics Committee Meeting. Provide October draft to EC members by mail as soon as possible following this meeting with a request for feedback in time for April 12-14, 2002 ECTF meeting.
- Dec 7-9, 2001 Board Meeting. Presentation of October draft for review with encouragement to provide feedback. Celia Fisher available to receive Board's comments and answer questions at the Board's convenience.
- Feb 15-17, 2002 Council Meeting. Presentation of Oct draft to Council with request for feedback before April ECTF. Celia Fisher attending caucuses, answering questions, and making a brief presentation at plenary session.

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- Mar 15-17, 2002 Spring Consolidated Meetings. Information item with continuing encouragement to provide feedback. Celia Fisher attending to provide information about the latest draft at the plenary session and receive feedback.
- April 5-7, 2002 EC Meeting. Opportunity for Ethics Committee to provide feedback on October draft.
- April 12-14, 2002 ECTF Meeting. Address Board's, Council's, Ethics Committee's feedback and otherwise fine-tune the draft for final presentation to the Ethics Committee (by mail) and Board at June meeting.
- Late April or early May send final draft to the Ethics Committee with request for vote of approval by mid-May to go forward to Board and Council.
- June 7-9, 2002 Board Meeting. Request for vote of approval from Board for presentation to Council for vote in Aug 2002.
- Aug 2002 Council Meeting. Presentation of revised Code for vote (and approval!)

As always, I welcome any feedback from the Board on the proposed schedule and am available to answer any questions by email Celia Fisher

Thank you for your continuing support on this important project.

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ETHICS CODE TASK FORCE AGENDA
March 27-29, 1998

ASME Guidelines, Governance-Staff Interactions, Travel Procedures, & Task Force List

ITEM TYPE	SUBJECT	ITEM
Action	Approval of Ethics Code Task Force Minutes, October 24-26, 1997	1
Information	Reference Materials	2
Action	Review of Comment Evaluations	3
Discussion	Consideration of the Purpose of the Ethics Code	4
Discussion	Consideration of the Format of the Ethics Code	5
Action	Critique of the Comment Review Form	6
Discussion	Report from Legal Counsel	7
Action	Plans for October 23-25, 1998 and Future Meetings of the ECTF	8
Action	Statement to Ethics Committee Regarding 1999 ECTF Meetings	9
Action	Critical Incident Study Update	10
Action	Grant Subcommittee Update	11
Information	Updates from the Ethics Committee, Board of Directors, and Council of Representatives	12
Discussion	Convention Plans	13
Action	Reporting and Other Information Processes	14
Action	Review for Urgent Need for Interim Revision	15
Action	Processes for Handling Incoming Comments on the Code	16
Information	Mailings Received	17

AMERICAN PSYCHOLOGICAL ASSOCIATION

"ASME GUIDELINES"

Limitations on the Authority of APA Volunteers and Staff to Act on Behalf of the Association

Introduction

In 1982 the United States Supreme Court determined that a professional association is liable for antitrust violations arising from activities of its volunteers or staff even when the association does not know about, approve of, or benefit from those activities, as long as the volunteers or staff appear to outsiders to be acting with the association's approval (i.e., with its "apparent authority").

The famous decision is American Society of Mechanical Engineers, Inc. (ASME) v. Hydrolevel Corp.. In it the Supreme Court made clear that associations are to be held strictly liable for the activities of volunteers and staff that have even the apparent authority of the associations. The imposition of liability is intended as a warning to associations that they must adopt and follow procedures to assure that antitrust violations, even unauthorized ones, do not occur.

The American Psychological Association has promulgated procedures, called the "ASME Guidelines", to provide guidance for volunteers and staff on the limits of their authority to act on behalf of the Association.

The ASME Guidelines apply to all volunteers and staff of APA and bodies integral to APA, i.e., councils, boards, divisions, committees, subcommittees, ad hoc groups, task forces, work groups, etc. These include all governance structure leadership, division leadership, and employees of the Association. State psychological associations, which are affiliated with APA but are not bodies integral to APA, are encouraged to implement these Guidelines in their own associations.

GUIDELINES

1. Standards, Guidelines, and Credentials. Extreme care is necessary in the development of standards, guidelines, or credentials that affect economic interests or competition. When these kinds of APA programs might have effects upon scope of practice or modes of practice, compensation or reimbursement, professional engagements or positions, assignment of tasks or titles, or other economic or competitive factors in psychology, the antitrust laws are implicated.

Standards, guidelines, or credentials must be reasonable. Reasonableness can be enhanced by circulating the proposed standards, guidelines, or credentials for comment by those who will be affected. The final versions should reflect, to the extent practicable, the consensus of opinion of those affected by the standards, guidelines, or credentials after review and consideration of all comments received.

Standards, guidelines, and credentials must state who is authorized to interpret them, such as the Council of Representatives, the Board of Directors, other boards, committees, divisions, or their authorized representatives. Interpretations must be issued in writing. Extreme care must be used in formulating any

statements regarding standards, guidelines, or credentials which are expected to be relied upon by APA members or by others, whether or not there are specific enforcement mechanisms related to the standards, guidelines, or credentials.

If the standards, guidelines, or credentials do include enforcement mechanisms, there must be provisions to assure that due process is afforded to those affected, including the opportunity for appeal.

2. Correspondence and Statements. Official correspondence and statements, whether issued explicitly or implicitly by or on behalf of APA or a body integral to APA, must be approved in advance.

Approval can be either by the entire body responsible for the correspondence or statements, such as where an APA board or committee has voted on a resolution to issue correspondence or statements, or by the highest level of volunteer leadership or staff leadership involved, such as the chair of a board or committee or the chief staff official responsible for the board or committee, if the body has delegated authority to those individuals. The correspondence or statements must then be limited to what has been authorized and must be within the scope of duties of the volunteer or staff leadership.

Other correspondence or statements must not be on APA letterhead and, if they could possibly be interpreted as issued by or on behalf of the Association or a body integral to the Association, must include a disclaimer indicating that they are not made by or on behalf of APA.

3. Meetings and Conflicts. All meetings of APA or bodies integral to APA must be scheduled in advance if practicable, have agendas circulated to attendees in advance, be open if practicable, and have written minutes prepared and circulated to attendees.

Conflicts of interest are subject to separate APA guidelines on that subject.

Approved June 1992 by the Board of Directors of the American Psychological Association. (The original version of the "ASME Guidelines" was approved by the Board of Directors and published in 1985.) Any questions about the "ASME Guidelines" should be addressed to the APA Executive Office.

Governance-Staff Interactions
Principles and Guidance

Preamble

APA has established several principles throughout its history regarding the roles and responsibilities of governance members and staff, some of which are listed below. The most recent principle was established in August, 1994 by the Council of Representatives. Council passed a resolution to establish specific procedures for adjudicating complaints against APA members (who are not also APA staff members) regarding sexual or other harassment or discriminatory behaviors. These procedures have become part of APA's *Policies and Procedures Manual.*

Council further directed staff to hold formal discussions with board and committee members and to develop written guidelines for appropriate governance-staff interactions. This document reflects review and comment by APA staff and by board and committee members. It is intended to provide broad parameters about expected behaviors and to develop a shared understanding and appreciation of the differences in the roles of staff and governance members.

Association Rule 200-4
Relation of Staff to Committees and Boards

200-4.1 The chief staff officer shall assign staff to serve as liaisons to boards and committees. These staff shall inform themselves about the work of the board or committee and shall support the board or committee in the conduct of its business. The committee shall keep Central Office informed of its activities through staff assigned to serve as liaisons unless, in the opinion of the committee's chair, the matter is privileged.

APA Policies and Procedures Manual
Equal Employment Opportunity

B.1.01 The American Psychological Association (APA) provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, national origin, gender, age, sexual orientation, marital status, number of dependent children or the ages of the children, physical or mental disability (visible or nonvisible), or any other basis on which discrimination is prohibited by federal, state, or local law. This policy applies to recruiting, hiring, training, promotion, and all terms, conditions, and privileges of employment.

Sexual Harassment

B8.01 APA in its effort to maintain a safe, fair, humane, and respectful working environment for all employees sets forth its policy regarding sexual harassment. The principles and practices described in this policy apply equally to harassment due to race, color, religion, national origin, age, disability, sexual orientation, or any of the other characteristics enumerated in B1.01. APA deplores such conduct and will not tolerate any acts that violate this policy. APA employees, agents, and supervisory staff are prohibited from harassing other APA employees on the basis of the enumerated characteristics.

General Principle I

Staff and members are professionals; all interactions should be on a professional-to-professional basis.

Guidance:

1. Harassment or intimidation of any nature is not tolerated. Civility, courtesy and mutual respect in all interactions are expected.

2. Relationships among professionals require equality. Requests made of one party should stand the test of reciprocity.

3. Over time relationships can often become more personal. It is important that mutual respect continue to be part of the ongoing relationship.

General Principle II

Staff's primary responsibility is to facilitate the work of the group; requests from board or committee members should relate to the goals of the group.

Guidance:

1. Staff are responsible for providing support for the board or committee. This includes, but is not limited to, making meeting arrangements, developing agenda items, working with chairs to facilitate meetings, acting as resources at the meeting, and carrying out and managing complex and extensive activities subsequent to the meetings.

2. Requests from members from staff that go beyond staff responsibility such as personal favors (i.e., picking member up at airport, making reservations for personal activities, etc.) are not appropriate, and generally will not be honored.

3. A member with a disability may request special assistance or a specific accommodation that may initially appear personal in nature, i.e. holding a door for a person in a wheelchair, carrying meeting materials for a person with a disability, or reading written material for a person who is blind or visually impaired. Such accommodations may allow the member with a disability to carry out functions or tasks consistent with the purpose of the meeting and may aid in that person's interaction or participating in the meeting.

   There are some requests that are personal in nature, i.e. a member asking for staff to pick up dry cleaning or arrange for tours of a popular local museum. Staff should always have a personal level of comfort when providing a requested service or accommodation. Requests may be denied if determined personally inappropriate or clarified as inappropriate by senior staff. It is not the responsibility of the staff person to anticipate any personal accommodations or requests.

General Principle III

In meetings after regular working hours and in social situations, staff are still performing work-related duties.

Guidance:

1. Social functions and/or meetings outside regular working hours or outside regular meeting locations are characterized by more informal and sometimes personal interactions. It is important to remember that in these situations, staff and members are expected to remain professional and courteous.

2. Staff and members can view social situations differently. Members may find these settings a time to relax and to enjoy the company of others. For staff, these events are part of their professional obligations. It is important to recognize that individuals may experience these situations in different ways.

General Principle IV

All staff ultimately report to the CEO of APA and receive work instructions from their supervisor.

Guidance:

1. Members should recognize that work priorities for staff are set by the staff's supervisor. It is not appropriate for members to give work direction to staff, except in cases in which the chair directs implementation of decisions made by the board or committee. If members make an unusual and unreasonable request of staff, it is appropriate for the staff to notify their supervisor of the request.

2. If a project requires unusual resources from a specific staff person, the chair may contact the Executive Director to request that priorities be re-assigned, if possible.

3. Some staff may be asked to leave during executive sessions of the board or committee, however all staff may not be excluded without prior approval of the CEO or his/her designate, and without a member of the Board of Directors (which includes the CEO and his/her designee) being present during the executive session.

8/96

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

MEMORANDUM

To: APA Boards, Committees & Task Forces

From: Raymond D. Fowler, PhD
Chief Executive Officer

Date: September 27, 1996

Subject: Closed Meetings of Governance and Policy Advisory Groups

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Over the years questions have been raised periodically regarding the circumstances under which APA boards, committees and task forces may go into executive session, and who may be excluded. The instructions set forth below on this subject are based on the advice of legal counsel has been consistent on this subject since counsel was first sought in 1982. This memorandum restates the requirements and restrictions on excluding certain persons from meetings when boards/committees wish to restrict attendance.

1. *When is it appropriate for a closed session to be held?*

During board, committee and task force meetings, sensitive matters must often be discussed. It is acknowledged that requiring that all meetings be open could inhibit full and frank discussion. However, in order to respect the free and open flow of information within the association and to reduce the appearance of "secret decisions," closed meetings should be as infrequent as possible and primarily limited to personnel issues or issues that might cause personal embarrassment to the individual being discussed.

2. *Who may be excluded from a closed session?*

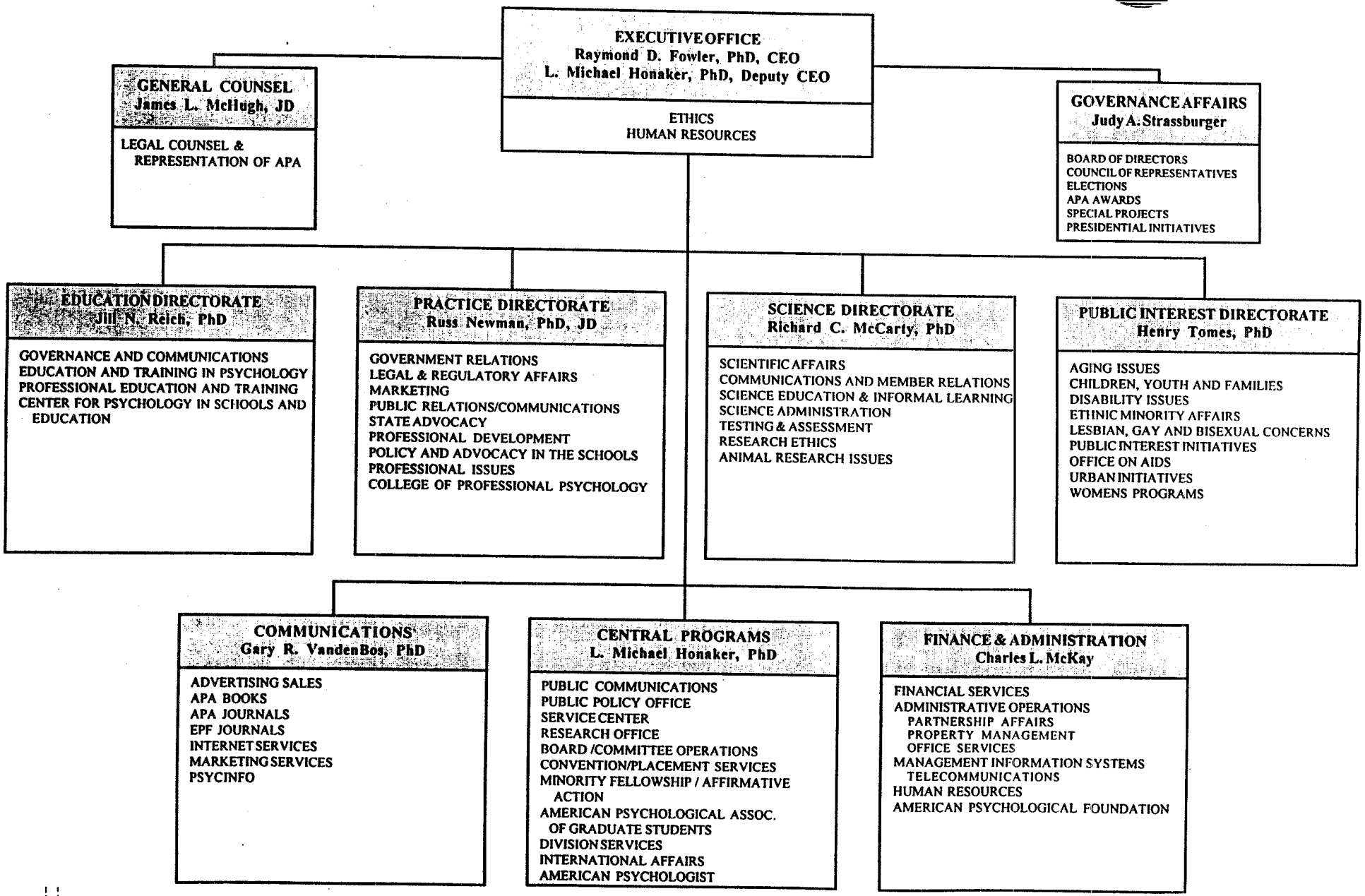
When a committee (or other governance group) believes that a closed session is necessary, attendance may generally be limited to members only. However, it is also clear that no APA groups may exclude members of the Board of Directors (including the CEO and/or his/her designate). Members of the Board of Directors as well as the CEO have fiduciary obligations to APA under the Bylaws and Association Rules to supervise and monitor the actions of APA's various components. Excluding members of the Board of Directors or the CEO from APA meetings would violate the Bylaws and Association Rules and could, under certain circumstances, expose APA to legal risk. In addition, since the CEO is empowered to delegate his/her responsibilities, the CEO's delegate may not be barred from APA meetings.

This memorandum is not distributed to deal with any current problem but to avoid problems that might arise. It is intended to restate existing legal requirements and to outline reasonable restrictions on excluding certain individuals from meetings consistent with those requirements. If you have any questions concerning this memorandum, please do not hesitate to contact me or James L. McHugh, APA General Counsel.

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Washington, DC 20002-4242
(202) 336-5500
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American Psychological Association
Organizational Chart

AMERICAN PSYCHOLOGICAL ASSOCIATION



January 21, 1998

HC0000842

APA Travel Guidelines for Members

The following guidelines for members of the American Psychological Association who travel on Association business are designed to assist travellers in an efficient and cost effective manner. Additionally, adherence to the guidelines will ensure compliance with Internal Revenue Service requirements.

Members who travel for the Association do so as volunteers, donating their time to Association activities. At the same time, hotel and airline travel costs represent a large operating expense for the Association. The following guidelines attempt to balance the need to make efficient use of our volunteer members' time yet take full advantage of savings opportunities wherever possible. Only with the support of those who travel for the Association will we be able to exercise control over the significant and ever-rising expenses related to business travel.

Of course, not every situation can be anticipated and covered by a set of written guidelines. Travelers should use their judgement and common sense where the appropriate action is not clearly stated in these guidelines. Any questions members have about business related travel expenses should be referred to their staff liaison.

Air Travel Arrangements:

APA Travel Office: APA has established an on-site travel office managed by Cal Simmons Travel. Members are strongly advised to use the APA Travel Office.

APA Travel Office
1-800-925-2864
202-336-6161
FAX: 202-336-5525

Booking Air Travel: Since most Association meetings are scheduled several months in advance, members are expected to make their travel arrangements far enough in advance to take full advantage of discounted airfares. Currently, the airlines offer the deepest discounts for travel booked more than 21 days in advance. Last minute arrangements, cancellations or changes to travel plans should be avoided unless absolutely necessary as they substantially increase travel costs and frequently result in the assessment of penalties. To facilitate the advance "booking" process, staff liaisons are requested to contact the Committee members by FAX or phone 3½ - 4 weeks prior to the meeting to remind them to book their travel to take advantage of advance purchase rates.

If last minute arrangements are required, members should consult with the APA Travel Office concerning the availability of any "free" tickets. APA earns several dozen "productivity tickets" annually through negotiated agreements with the airlines. These tickets are utilized for last minute official APA travel in lieu of high cost tickets.

Lowest Fare Routing: With three airports in the Washington metropolitan area, the competitive nature of the air travel business can frequently result in substantial savings for utilizing Baltimore-Washington International Airport - BWI. BWI is just as close to downtown Washington as Dulles Airport. Even with the increased cost of ground transportation from BWI vs National Airport, the savings can be upwards of $500 or more. Members are encouraged to consider BWI when it is a cost-effective option.

Senior Citizen Discounts: Members who qualify for senior citizen discounts (varies by airline, but generally age 62 qualifies) are encouraged to mention this fact to the travel agent. Discounts are normally 10% off the quoted fare. Additionally, if economical to do so, members should consider purchasing senior citizen air travel coupons. Consult the APA Travel Office for details.

Travel on Preferred Airline: Members often prefer to travel on a specific airline due to participation in frequent flyer programs. A preferred airline could be used only if no additional costs are incurred and the trip is booked within the guidelines stated above. Members may keep for personal use any frequent flyer mileage earned on APA travel. Since APA can reimburse only for actual costs incurred, members may not use tickets earned through frequent flyer mileage then seek reimbursement for what the ticket cost would have been.

Class of Travel: Members are expected to travel coach. Upgrades to first class are at personal expense.

Combining Personal and Business Travel: When combining personal and business travel, members

are expected to pay for any cost differential between the least expensive air fare for business purposes and the actual total fare. When combining two business trips, APA should be billed for the pro-rated share of the cost of the trip. If such trips are arranged through Cal Simmons Travel and billed directly to the Association, the appropriate amount should be deducted from the member's expense report.

If the member can reduce the business cost of the trip by staying over a Saturday night, and the member is agreeable, then APA will assume the cost of one additional hotel night at the business destination as long as there is a net savings to APA after total expenses are calculated. Additionally, APA will consider any alternate routing which enables the Association to save money.

Reimbursement for Air Travel: Members who arrange their travel through the APA Travel Office will have the cost of airline tickets billed directly to the Association. Members who make other arrangements should submit the original airline ticket stub or, in the case of ticketless travel, request and submit the "E" ticket receipt with their expense reimbursement form.

Hotels:

Hotel Arrangements: Given the large number of members who travel for the Association, APA has been able to negotiate favorable rates with a number of hotels. Whenever practical, APA will make hotel reservations for members and arrange for direct billing. Members are expected to stay at the hotel booked by APA to take full advantage of these negotiated rates. Since rooms are guaranteed, it is the member's responsibility to notify APA or (if on the day of travel) the hotel if the room is to be canceled.

Reimbursable Hotel Charges: If APA has made hotel reservations, typically APA has arranged for direct billing to APA of room and tax. For members making their own arrangements, hotel charges should be limited to room, tax, meals and business-related telephone expenses as required. On business trips which extend more than 5 days, reimbursement is permitted for reasonable hotel laundry and valet services expenses. Charges for movies and/or fees for recreation/exercise facilities are a personal expense.

Ground Transportation: Members are expected to utilize the most efficient, cost effective mode of transportation to and from home to the airport, and to and from their hotel. When using a personal automobile, members are reimbursed for mileage at $.31 per mile. Car rentals are authorized only when it is the most cost effective means of ground transportation.

Meals: APA often provides some or all meals during an APA meeting; members are expected to participate in such group activities. Members are reimbursed for reasonable meal expenses with appropriate receipts for those meals not provided by APA. Members are asked to use "reasonable and customary" criteria when claiming reimbursement for meals (example: $50 for dinner in Washington, DC). If a member pays for a group meal, then the member should list the names of other participants on the expense report. When a member's spouse or guest also participates in a group meal paid by the Association, members are expected to deduct the approximate cost of the meal for the spouse or guest from the expense report.

Special Accommodations: For members with special needs who require an attendant, APA will reimburse for airfare and other travel-related expenses, hotel charges and meal expenses within the guidelines established above. Additionally, if an attendant is required to travel with the member due to the member's travel needs only, but not regularly, and a stipend/fee is charged, APA will reimburse for the stipend or fee.

Submitting Expense Reports: Members should submit their expense reports to their staff liaison within 30 days of the trip. Note: Original receipts are required for all items regardless of amount. Receipts should include the airline ticket stub, hotel folio, meal receipts, taxi receipts, etc.

As approved by the Board of Directors August 10,1996
(Revised November 1, 1996 to reflect increased mileage reimbursement rate.)
(Revised February 19, 1997 to reflect travel company name change.)

1998 ETHICS CODE TASK FORCE LIST

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** Dr. Wilcox is also a monitor to the ECTF for the Committee on Children, Youth, and Families (CYF)

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Marcia J. Moody, M.Ed.
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Observer from Division 39
Stuart Pizer, Ph.D.
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ETHICS CODE TASK FORCE AGENDA
March 27-29, 1998 **Action Item**
Agenda Item #1

Approval of Ethics Code Task Force Minutes, October 24-26, 1997

Issue:

The ECTF is requested to approve the minutes of the October 24-26, 1997 meeting.

Implementation Plan:

N/A

Fiscal Implications:

N/A

Main Motion:

1 That the minutes of the October 24-26, 1997 meeting are approved as distributed.

Recommendations:

N/A

Exhibits

1 Draft Minutes, Ethics Code Task Force, October 24-26, 1997 (Revised November 18, 1997)

Stanley E. Jones Ph.D. and Emily Laumeier
Ethics Office

ETHICS CODE TASK FORCE MINUTES (DRAFT)
October 24-26, 1997

ASME Guidelines, Governance-Staff Interactions, Travel Procedures, & Task Force List

ITEM TYPE	SUBJECT	ITEM
Information	Reference Booklet	1
Discussion	Mission of the Ethics Code Task Force	2
Discussion	Relationship of Phase 1 to Phase 2 in Ethics Committee's Plan for Revision of the Ethics Code	3
Discussion	Role of Legal Counsel in Revision Process	4
Action	Information Gathering Plan: Critical Incident Study or Other	5
Discussion	Evaluation Process for Comments on the Ethics Code	6
Action	Review for Urgent Need for Interim Revision	7
Discussion	1998 and Future Meetings of the ECTF	8
Action	Statement to Ethics Committee and Board Regarding 1998 Funding Request	9
Action	Reporting and Other Information Processes	10
Information	Mailings Received	11

ITEM TYPE	SUPPLEMENTAL AGENDA ITEMS	ITEM
Information	ECTF Designation as Task Force	12
Information	Appointment of APAGS Representative	13
Discussion	APA/APS Task Force on Research Ethics	14
Information	Institute on Telehealth	15

ITEM TYPE	SUPPLEMENTAL AGENDA EXHIBITS	ITEM
Exhibit	Information Gathering Plan: Critical Incident Study or Other	5
Exhibit	Review for Urgent Need for Interim Revision	7
Exhibit	Reporting and Other Information Processes	10

Item #1 Reference Booklet

The ECTF received as information and to facilitate ongoing work two separate reference booklets containing historical and current documents related to the work of the ECTF.

Exhibits included (but were not limited to) the following: *Ethical Principles of Psychologists and Code of Conduct, December 1992*; *Ethical Principles of Psychologists, Amended June 2, 1989*; Ethics Committee and Ad Hoc Policy and Education Committee (PEC) plans and recommendations for review of the Ethics Code; results of the PEC survey on possible revision methods for the *Ethical Principles of Psychologists and Code of Conduct*; collected historical articles on Ethics Code revision processes; collected articles on critical incident study methodology; and comments on the Ethics Code.

Item #2 Mission of the Ethics Code Task Force

The ECTF reviewed its mission as established at the November 1995 meeting of the Ethics Committee:

> "to implement the Ethics Committee's plan for the next review of the Ethics Code, to submit a recommendation to the Ethics Committee regarding revision, and, if directed by the Ethics Committee, to undertake a revision of the *Ethical Principles and Code of Conduct*."

Celia B. Fisher, Ph.D., chair, asked each ECTF member to comment and exchange views on such topics as the purpose of the Ethics Code, reactions to the 92 Ethics Code (process and product), visions for the new Ethics Code (process and product), and salience and perspective on different Phase 1 tasks (e.g., critical incident study, call for comments, consideration of format, role of legal counsel).

The ECTF reviewed the August 8, 1997 Ethics Committee Plan for Next Review of the Ethics Code. (The plan dated August 8,1997 differs from the November 20, 1995 plan only in reflection of the new voting status of ECTF liaisons.) The ECTF made the following recommendations for changes to the plan dated August 8, 1997: that focus groups will not be used due to budget concerns; and that the initial drafting of a revised Ethics Code should be projected now for 1999, removing the distinction between Phase 1 and Phase 2 of the plan (as discussed in Agenda Item 3, below).

A separate discussion pertained to the problems encountered during the last Ethics Code revision, and included consideration of how to minimize such problems in the current revision process. Suggestions for avoiding problems focused on (1) limiting the role of attorneys to legal issues and opinions, and to contributions made in an advisory rather than advocacy role; and (2) minimizing the appearance of secrecy through using contact persons to stay in continuous contact with various constituencies, allowing observers, conducting open forums at the APA convention, and keeping boards and committees informed. Additional strategies believed to be helpful were ensuring access to drafts, providing a synopsis of meetings in the

APA Monitor, and updates at Council meetings (not just information items).

Item #3 Relationship of Phase 1 to Phase 2 in Ethics Committee's Plan for Revision of the Ethics Code

The Ethics Committee's plan for revision of the Ethics Code includes two phases: "1. The Task Force presents the data and a recommendation regarding a need for the revision, based on [information gathered on] format, role of legal counsel, content area, and other relevant information; 2. If so directed by the Ethics Committee, the Task Force prepares drafts of revisions for presentation to the Ethics Committee."

The ECTF discussed the relationship between Phase 1 to Phase 2 of the plan, and determined that at this point in time, a differentiation between the phases would produce inefficiencies in the process. The ECTF voted unanimously that revision of the Ethics Code is indicated and that the ECTF will recommend to the Ethics Committee that the plan be revised so that the revision process may proceed immediately. The rationale for initiating the revision process included:

- The Ethics Committee promised an ongoing revision process. Even if the process begins immediately and resources for this revision are increased, it will be 10 years after the effective date of the last revision before a major revision can be completed.

- There is sufficient concern about various aspects of the code to indicate a need for revision, even if there is not necessarily agreement about each reason.

- APA has a responsibility to keep the Ethics Code viable, healthy, and up to date. The Code is used by groups other than APA, and APA's reputation is enhanced by a healthy Code.

- For many standards, a decision of whether to revise can only be made through a process of considering alternatives to the current language. Considering comments and redrafting at the same time is more efficient.

Item #4 Role of Legal Counsel in Revision Process

Without legal counsel present, the ECTF discussed potential use of legal services, including the history of concerns about the utilization and role of legal counsel during the last revision. Concerns identified in the last revision were legal counsel's perceived role as advocate and legal counsel's influence on policy choices in drafts. Currently, most members of the ECTF believe that the presence of legal counsel might have an inhibiting effect on their work, and that legal counsel's involvement in portions of the meeting for specific questions will be sufficient at this stage of the revision process.

One task identified by the Ethics Committee in its plan for the next review of the Ethics Code was consideration of the role of legal counsel in terms of the following:

a. Mechanism to achieve consultative and facilitative legal advice
b. Number and types of attorneys
c. Timing of input
d. Roles to play
    i. Drafting/language consultation
    ii. APA liability review
    iii. Individual psychologist risk, ability of APA (and other groups) to enforce,and protection of public

Previously and at this meeting, the ECTF received information regarding legal services. James L. McHugh, Jr., J.D., as APA General Counsel, is responsible for deciding who is appointed to provide all APA legal services. His plan is for the primary legal counsel for the revision process to be in-house counsel Nathalie Gilfoyle, J.D., Deputy General Counsel. He has also recommended that one or more outside counsels review drafts at various points in order to ensure representation of differing points of view.

The ECTF will ask Ms. Gilfoyle to attend a portion of each meeting to answer questions. Active review of drafts will occur once the primary draft is completed. Dr. Jones noted that routine consideration of APA's liability concerns would result in additional legal reviews aside from those requested during ECTF meetings. For example, all statements to be published are reviewed by legal counsel (e.g., the call for comments).

Nathalie Gilfoyle met with the ECTF in order to discuss the role of legal counsel. She expressed her hope that, as the process progresses, the ECTF will include her in discussions on as frequent a basis as the ECTF finds comfortable, so that she can become directly informed about competing viewpoints and identify legal issues sooner rather than later.

An executive session was held for discussion of the need for information to be privileged in attorney-client discussions. (The observer was excused.) It was decided that executive session minutes will be kept, and that actions based on attorney-client opinion will be reported as appropriate in open minutes. There should also be a report in the open minutes explaining when executive sessions will be used and what information from executive sessions will be reported. Legal counsel was asked to explore the options available to the ECTF to protect privileged communications (including attorney-client communications and self-evaluative work), and to report back to the ECTF with guidelines for executive sessions and any other necessary procedural safeguards. Counsel will specifically consider the status of observers (or other nonmembers of the ECTF) and whether there is a basis on which they may be included in privileged discussions without waiving the privilege in issue.

For this meeting, all significant executive session actions were appropriate for general report in the open minutes, and as such, no executive session minutes were produced. The ECTF members affirmed that confidential information from the executive session discussions would not be shared with those not eligible to receive the information.

Item #5 Information Gathering Plan: Critical Incident Study or Other

The ECTF affirmed proceeding with a critical incident study, and made the following decisions.

The ECTF determined that the critical incident survey should consist of a data collection strategy that uses a single survey instrument asking for comments that include critical incidents. The survey would be targeted to multiple groups, including an open call to the membership through the *Monitor* and publication in newsletters from divisions and other societies, specific groups and individuals (described below), and a random sample of the membership with oversampling of underrepresented groups.

The plan to sample groups is to send 3000 surveys, with an estimate of 1000 responses. Three groups will be used for oversampling: psychologists of color (based on ethnic minority status in APA database), researchers/scientists (based on membership in APA Divisions 3, 6, 7, 8, 25, and 28), and industrial/organizational psychologists (based on membership in APA Division 14). The degree of oversampling is to be determined by Jessica Kohout, Ph.D., in the APA Research Office. Students will be directly surveyed by sending the survey to the APAGS regional representatives on each campus (about 500, estimate a 50% return rate). Responses will be coded so that data may later be analyzed in terms of responses to the sampled call as opposed to open calls in the APA Monitor or other outlets. All respondents/commentors will be asked for primary employment setting, ethnicity, and gender, and whether they were responding to the sampled or open call.

Dr. Koocher recommended that APA explore support for this project through a grant from a charitable foundation such as the Ford Foundation. Dr. Jones was asked to contact Mark Frankel at AAAS to see if he had any suggestions on who might be contacted. Dr. Jones was also asked to then contact possible foundations to explore possibilities. A subcommittee of Drs. Koocher, Wilcox, and Fisher was appointed by Dr. Fisher to work with staff on this effort.

The ECTF reviewed wording of the critical incident request, and agreed generally to language via a call for comments and critical incidents. (See Attachment 1) Completing several suggested revisions was delegated to Dr. Fisher and Ms. Moody in consultation with Dr. Jones. Any major changes would be submitted to the ECTF for approval.

The call frames responses in terms of focus on (1) existing provisions and (2) proposals for coverage of new areas. It includes a request that existing provisions of the current Ethics Code, or proposals for coverage of new areas, be evaluated in terms of the extent to which they:

a) enhance or impair the ability of psychologists to conduct their work in an ethical manner,
b) protect (or do not protect) the public,
c) reflect (or do not reflect) the scope of psychologists' work-related activities,
d) are (or are not) clearly understood, and
e) are (or are not) enforceable.

The broad call would include publication of the same questions in the APA Monitor, to be

done as soon as possible and continuing publication through April. The response deadline for the Monitor and most calls will be "as soon as possible and no later than June 30,1998." It was recognized that it will not be practical to reprint the Ethics Code with each call, so instructions will be provided for getting a copy (publication cite, web address, and contacting APA).

The call would also be placed on a world wide web page at APA's site. It will be determined if this can also allow entry of critical incidents and comments on a form. This will save entry expenses and is likely to be a preferred method of input for many individuals. Individuals contacted by mail or other methods will be informed of this option for input.

Other groups to be sent a copy of the call for comments and critical incidents, requesting publication in their newsletters or other publications, will include:

APA divisions,
State and provincial psychological associations,
APAGS,
Feminist Therapy Institute,
American Psychological Society,
American Counseling Association,
American Orthopsychiatric Association,
National Association of Social Workers,
American Association of Marriage and Family Therapists

Staff were asked to consult with Sarah Jordan, who maintains a master list of associations.

In addition, a number of groups and individuals will be directly invited to comment. These include:

State licensure boards (each member invited to comment via a request sent to the board),
Association of State and Provincial Psychology Boards,
APA divisions (group via President),
State and provincial psychological associations (ethics committee members, group via president),
APAGS,
?American Psychological Society,
National Register,
COGDOP,
NCSPP,
Association of Women in Psychology,
Assoc of Black Psychologists
Hispanic Psy Assoc

Dr Jones was asked to contact Bertha Holliday, Ph.D., Director of Ethnic Minority Affairs, regarding the best way to contact coalition groups, and to inquire which groups have newsletters.

Former Ethics Committee members (19??-1997)
(The current Ethics Committee will comment through a process yet to be determined by the committee)

Ethics specialists/previously interested individuals (Staff to develop initial list of ethics specialists/previously interested individuals and circulate for ECTF revision)

The ECTF discussed obtaining input from consumers. It was decided that consumer input might be most useful in response to the first revision draft. This will be explored with Rhea Farberman of Public Communications. (It was noted that consumers are students, therapy clients, other types of clients, research participants, and corporations.) Options discussed included a call for comment in *Consumer Reports*, consumer/self help groups (e.g. the group in Massachusetts), and contacting Gary Schoener (regarding his mailing list for conferences). Specific consumer groups to ask for input might include National Alliance for the Mentally Ill, National Organization for Victim Assistance, NMHA. No action will be taken regarding consumer groups until further review by the task force.

Item #6 Evaluation Process for Comments on the Ethics Code

The ECTF discussed the process to be used for receiving and evaluating comments on the Code. The following tentative decisions were made, which will be evaluated further at the March 1998 meeting.

Comments will be acknowledged without promising to provide a rationale for action taken regarding the comment, and the ECTF will discuss further whether to provide feedback to commentors.

Comments will be coded by keywords and other categories so that they are searchable in a database. Staff in consultation with the Chair will generate initial lists based on areas such as individual elements of the Ethics Code (general principle by letter; standards by number and letter), general area of Code, areas of psychological work, and special content area (such as telehealth). These keyword lists and other coding strategies will be reviewed and refined by the ECTF.

Staff will log comments by number and assign tentative coding based on the keyword lists. Only the text of incidents and demographic information describing the commentor will be entered into the critical incident database, not other parts of submissions. Each comment will be assigned in consultation with the Chair to two task force members for review of staff coding and for a recommendation regarding status for review of the full submission by the full ECTF. A preliminary list of ECTF members' areas of interest, to be used in assigning comments, is Attachment 2.

The ECTF received the information that as of this meeting, 108 comments had been logged as follows: Comments 1-22 were amendments held over from the August 1992 meeting of the Council of Representatives. Comments 23-47 comprise a "future" list compiled during the

1992 revision of the Ethics Code. Comments 48-108 are new comments on the 1992 Ethics Code.

The Policy and Education Committee had previously reviewed comments 1-96, but the purposes of the PEC review were limited in scope to tune-up revision or urgent interim revision. The ECTF determined the following process for review of all comments with regard to their relevance to the major revision, and decided not to simply accept PEC classifications.

All ECTF members will review all comments, and the following process will be used to set priorities for discussion of comments by the full group. The ECTF discussed the previously used PEC criteria for inclusion and exclusion from the tuneup revision, and agreed to the categories and criteria detailed below. Attachment 3 is the resulting list of categories and criteria.

One category of comments will not be discussed by the full group in detail. The criteria that define this category are: PEC Exclusion #7, "comment/suggestion is not clear to the ~~PEC~~ [ECTF]" (with additional consideration as to whether unclear requests should lead to either a request for clarification or no action) and PEC Exclusion #8 "supports existing Code." It was decided that a consent list would be subject to acceptance by the full group for at least the March 1998 meeting, at which time this would be discussed further.

A second category will receive at least brief discussion by the full ECTF, but with a recommendation from the assigned primary reviewers that the suggestion should not be included in the active revision. The criteria for this category are PEC Exclusion #1, "change does not substantially ~~strengthen~~ [improve] the standard;" PEC Exclusion #6, "issue for APA Guidelines, not Ethics Code;" and a new category that the change is inimical to spirit of ethics.

Additionally, the ECTF requested that Nathalie Gilfoyle be asked to provide a recommendation regarding how to address comments that would raise issues related to the Federal Trade Commission order or that otherwise may be legally problematic (due to concerns about enforceability or otherwise). The PEC exclusions that addressed similar concerns were PEC Exclusion #3, "change in FTC negotiated section," and PEC Exclusion #5, "not legally enforceable."

Criteria for a third category of comments that should be discussed by the full ECTF as well as included in the revision are: improves clarity of standard (based on PEC Inclusion #1 "Lack of clarity, wording change only"); over- or under-inclusion of issues for general standard sections versus separate sections (based on PEC Inclusion #2 of the same wording. The ECTF recognized that this criteria needs to be more clearly defined); addresses new area (based on PEC Inclusion #3, "major omission"); addresses inconsistency in Ethics Code (based on PEC Inclusion #4, "inconsistency in code"); and a new criterion, creates potential new policy (based in part on PEC Exclusion #2 "significant study needed to determine policy issues or wording," and PEC Exclusion #4 "change requires more than minor tune-up, e.g., requires changes in multiple standards").

Item #7 Review for Urgent Need for Interim Revision

Seven new comments (102-108) on the Ethics Code have been received since the Ethics Committee delegated to the ECTF the task of review of incoming comments to determine (1) if there is an urgent concern about the Ethics Code that should not be delayed until the major revision, and (2) that there should be an interim revision.

The evaluation for urgent need for an interim revision was previously done by the PEC (for comments 48-96), and following sunset of the PEC, by the Ethics Committee (for comments 97-101).

The ECTF discussed the following criteria for the review of urgent need for interim revision. Interim revision would be recommended if the comment under consideration indicated that the 1992 Ethics Code was causing (1) unreasonable legal exposure to the organization, (2) significant harm to the public, or (3) significant harm to APA membership or the profession of psychology.

The ECTF reviewed comments 102-108 for this need, and concluded that none reflected a problem in the Ethics Code indicating an urgent need for an interim revision prior to the major revision.

Item #8 1998 and Future Meetings of the ECTF

The ECTF discussed agenda plans for the March 27-29, 1998 meeting. As described in other items, the ECTF also agreed on the need for additional meetings and discussed agenda plans for those other meetings should they be scheduled.

Goals for 1998 include a review of existing comments on the Ethics Code and reassessment of the coding strategy (March 1998); implementation of the critical incident study and analysis of the data collected (June/July 1998); a review of existing ethics codes, guidelines, and reference books (March 1998); review of incoming new comments on the Ethics Code (ongoing, but particularly October/November 1998); and a case law review by legal counsel (March 1998).

Item # 9 Statement to Ethics Committee and Board Regarding 1998 Funding Request

The ECTF drafted a statement to the Ethics Committee to be presented to the Board of Directors at its December 1997 meeting, as an attachment to the Ethics Committee's request for contingency funding for a second 1998 meeting of the ECTF. The statement is Attachment 4. As noted in the statement, the ECTF believes that funding for two additional meetings is needed.

Item #10 Reporting and Other Information Processes

The ECTF discussed processes for information flow from the task force. The following decisions were made:

Informational reports on an ongoing basis will include the ECTF minutes. Other information to be distributed will be determined by the ECTF at each meeting. From the current meeting, the call for comments and critical incidents will be provided broadly.

Groups to be kept informed by information items are the APA Council of Representatives (including Liaison/Observers and Caucus Chairs), APA Board of Directors, all APA Boards and Committees, and any relevant ad hoc groups (such as the BPA task force examining managed care). In addition, the Council of Representatives will receive at its February 1998 meeting a brief update from the Council representative to the ECTF and the ECTF Chair to reinforce the information item. (Martin E.P. Seligman, Ph.D., incoming APA President, will be asked to invite the presentation.)

Groups to be kept informed by memoranda are "Contact Persons" who will be the designees of APA Division and SPPA Presidents, Division and State/Provincial Psychological Association Presidents and Ethics Chairs, ASPPB (via Executive Director), National Register (via Executive Director), and ABPP (via Executive Director).

The membership will also be kept informed through open fora at the APA Convention. For 1998 (San Francisco), the ECTF will request a one hour session from the Ethics Committee's time. In future years, two hours is likely to be needed.

The ECTF received as information that the Ethics Committee has indicated that information items may be submitted directly from the ECTF to the Council of Representatives, Board of Directors, and other Boards and Committees. Only recommendations for action need to be submitted through the Ethics Committee.

Item #11 Mailings Received

The ECTF received as information copies of substantive mailings sent to the task force members since the appointment of the ECTF in November 1996. These included:

March 21, 1997 Memo from Dr. Fisher re: ECTF Agenda Planning Update
July 9, 1997 Memo from Dr. Fisher re: ECTF News
August 29, 1997 Memo from Dr. Fisher re: More ECTF News

Item #12 ECTF Designation as Task Force

The ECTF received as information that at the August, 1997 meeting of the Board of Directors, Gerald P. Koocher, Ph.D., Treasurer, asked for clarification regarding the designation of the ECTF as a task force rather than as an ad hoc committee. Memoranda exchanged among Dr. Koocher, Dr. Jones, and APA General Counsel James McHugh were provided.

Mr. McHugh's opinion was that the designation as a task force was not inconsistent with the Association Rules.

It was also noted in the agenda item that yearly approval of the ECTF's continuation, and notification of the Council of Representatives, were planned.

Item #13 Appointment of APAGS Representative

The ECTF received the information that on September 30, 1997, APAGS Officer Ron Wilder reported the appointment of Marcia J. Moody, M. Ed. as the APAGS representative to the ECTF. Marcia J. Moody, M. Ed., is the Chair-Elect of APAGS.

Item #14 APA/APS Task Force on Research Ethics

The ECTF received as information (a) an article that appeared in the March 1997 issue of the *APA Monitor*, entitled "APA, APS Collaborate on Ethics Principles" and (b) a draft version of an information item to be sent to the Board of Scientific Affairs in November 1997 regarding the status of the Joint Task Force's document, *Ethical Guidelines for Researchers Studying Human Behavior.*

It was noted that the ECTF will endeavor to remain aware of ethics-related research efforts made by other groups within APA, in order to avoid duplication of efforts and to ensure the benefits of receiving recommendations from such groups.

Item #15 Institute on Telehealth

The ECTF received as information a communication to Dr. Jones and the Ethics Committee regarding the Board of Professional Affairs upcoming Institute on Telehealth.

Norma P. Simon, Ed.D, chair of the Ethics Committee, had been asked to outline issues and activities in which the Ethics Committee will be interested, and she asked the ECTF to provide input regarding Recommendation 1 in the BPA Task Force on On-Line Psychotherapy and Counseling Report (December 1996).

The ECTF reviewed Recommendation 1, and endorsed a memo from Celia B. Fisher, Ph.D., chair of the ECTF, to Dr. Simon. (See Attachment 5.)

Attachments:

Attachment 1 Call for critical Incidents and comments on the Ethics Code (working draft)
Attachment 2 Areas of interest for assignments as comment readers
Attachment 3 Categories and criteria for review of comments on the Ethics Code
Attachment 4 Request to Board of Directors for additional ECTF funding
Attachment 5 Memo to Dr Simon regarding Institute on Telehealth

Call for Critical Incidents and Comments on the Ethics Code
Working Draft, Last Revised 11/13/97

The Ethics Code Task Force (ECTF) is moving forward with processes that will culminate in a revision of the 1992 APA Ethical Principles of Psychologists and Code of Conduct (*American Psychologist*, Vol. 47, No. 12, [December 1992], pp 1597-1611; Also http://www.apa.org/ethics). For details of revision processes prior to the appointment of the ECTF, refer to *American Psychologist* for annual reports from the Ethics Committee. (The most recent: Report of the Ethics Committee, 1996. *American Psychologist*, Vol. 52, No.8, [August 1997] pp 897-905).

The ECTF requests input from the membership regarding this important revision. Previously accepted comments, collected in an ongoing fashion following the publication of the 1992 Ethics Code, will be included with any new comments received as a result of this call. The ECTF seeks (1) feedback on the adequacy of its existing Ethics Code, as well as (2) recommendations for additional principles and standards to address areas currently not covered.

Possible areas for revised or new standards include (but are not limited to) the following:

telehealth, electronic data bases, and other new technologies; managed care and other organized systems of care; media psychology; practice in institutional settings (e.g., schools, military, law enforcement); empirically supported treatments; practice with families and groups; supervision; multiple relationships and abuses of power (sexual or nonsexual) with current or former clients and students; forensic activities; and research, teaching, and practice with diverse populations.

For each comment you submit, describe a brief situation of which you have direct knowledge that provides a context for discussing how the components of the Preamble, the six General Principles, and/or one or more of the 109 Standards:

a) enhance or impair the ability of psychologists to conduct their work in an ethical manner,
b) protect (or do not protect) the public,
c) reflect (or do not reflect) the scope of psychologists' work-related activities,
d) are (or are not) clearly understood, and
e) are (or are not) enforceable.

If applicable, suggest wording for specific revised or new principles or standards that would address your ethical concerns.

Examples or descriptions that include personally identifying information about others will not be used.

Return responses to Ethics Code Revision, APA Ethics Office, 750 First St., N.E.,Washington DC 20002-4242 as soon as practical but no later than June 30, 1998. Please, provide your name, address, type of employment setting, gender, and ethnicity. You may also respond through the APA Web site at http://www.apa.org/ethics.

call7

AREAS OF INTEREST FOR ASSIGNMENTS AS COMMENT READERS
Ethics Code Task Force, October 24-26, 1997

[Numbers identify the relevant sections of the 1992 *Ethical Principles of Psychologists and Code of Conduct*, see page 146 in Reference Booklet Part 1]

Celia	Anything
Bruce	Anything
Laura	4, 7, Telehealth, Abuse of Power
Jessica	4, 6
Peter N	6, 8
Tom	2, 6
Julia	2, 7
Melba	4, 5, Training, Supervision
Peter A	Introduction, Preamble, General Principles, 3
Brian	3, 6, Not Supervision
Gerry	3, 8, 7
Elizabeth	6, 7, Teaching
Marcia	6, Teaching, Supervision, Diverse Populations

ell\ectf\readers

Attachment 3, Categories and Criteria for Review of Comments on the Ethics Code
(** This is a working draft, footnotes to be removed from the "official" criteria list)

Category A: Do Not Discuss.

1 Comment/suggestion is not clear to ECTF[1]
- a comment merits request for clarification, or
- b comment merits no further action

2 Supports existing Ethics Code[2]

Category B: Discuss; Do Not Include in Revision.

3 Change does not substantially improve the standard[3]
4 Issue for APA guidelines, not the Ethics Code[4]
5 Comment/suggestion is inimical to spirit of ethics
6 Change would be legally problematic (due to concerns about enforceability or otherwise).[5]

Category C: Discuss; Include in Revision.

7 improves clarity of standard[6]
8 over- or under-inclusion of issues for general standard sections versus separate sections[7]
9 addresses new area[8]
10 addresses inconsisency in Ethics Code[9]
11 creates potential new policy[10]

---

[1]Based on PEC Exclusion #7, "comment/suggestion is not clear to PEC."

[2]Based on PEC Exclusion #8, "supports existing Code".

[3]Based on PEC Exclusion #1, "change does not substantially strengthen the standard."

[4]Based on PEC Exclusion #6, "issue for APA Guidelines, not Ethics Code."

[5]Included as placeholder pending recommendation from Nathalie Gilfoyle re how to address comments that involve standards related to the Federal Trade Commission order or that otherwise may legally problematic. The PEC criteria that addressed similar concerns were PEC Exclusion #3, "change in FTC negotiated section," and PEC Exclusion #5, "not (legally) enforceable."

[6]Based on PEC Inclusion #1, "lack of clarity, wording change only)".

[7]Based on PEC Inclusion #2, "over- or under-inclusion of issues for general standard sections versus separate sections (therapy, assessment, etc.)" The ECTF recognized that this criteria needs to be more clearly defined.

[8]Based on PEC Inclusion #3, "major omission."

[9]Based on PEC Inclusion #4, "inconsistency in Code."

[10]Based in part on PEC Exclusion #2 "significant study needed to determine policy issues or wording," and PEC Exclusion #4 "change requires more than minor tune-up, e.g., requires changes in multiple standards."
*[Confirm with Celia regarding how the PEC exclusions 2 and 4 were to be addressed]

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

MEMORANDUM

November 13, 1997

To: Norma P. Simon, Ed.D., Chair, Ethics Committee
From: Celia B. Fisher, Ph.D., Chair, Ethics Code Task Force
Re: Request to Board of Directors for Additional ECTF Funding

---

The ECTF held its first meeting October 24-26, 1997. At that meeting, the ECTF was informed about the status of funding for its work, and specifically regarding the planned request to the Board of Directors for an additional 1998 meeting. In order to provide you feedback regarding the need for an additional meeting, the ECTF reviewed its mission, tasks, and the likely timeline for completion of its work. The ECTF voted unanimously that revision of the Ethics Code is indicated and that the revision process should begin in 1998 in order to ensure the Code's viability. To accomplish this mission the ECTF believes it will need three meetings per year for 1998 and 1999.

Conservative projections indicate that this project will take at least five more years to complete, counting 1998 as year one. This is based on only one year in which to collect data (critical incident study, comments, etc.), one year for the ECTF to redraft the Ethics Code based on input received, one year for initial comments on the draft (publication in the APA Monitor, initial reactions by Boards and Committees, etc.), and two years for additional comment and revision in coordination with APA governance, and passage by the Ethics Committee, Board of Directors, and the Council of Representatives. While it might be possible that the latter stages of revision and adoption can move more quickly, history suggests that delays are more likely to occur. It should also be noted that the one year each for data collection and initial drafting is very ambitious.

This timeline requires additional meetings of the ECTF, and in fact other unbudgeted expenses as well. The ECTF believes that it clearly needs three meetings per year for 1998 and 1999. Alternatives such as work by mail, email, and conference calls will be used but will not eliminate the need for the additional meetings. Stanley E. Jones, Ph.D., Ethics Office Director, was asked to develop budget requests to meet the ECTF's plan. The ECTF took several actions designed to reduce the level of staff work (direct entry of comments through the APA web site; work by ECTF members), but has asked Dr. Jones to ensure that an adequate level of staffing is provided. Dr. Jones' current estimate is that a full time equivalent is needed. (Current allocation is approximately 1/3 to 1/2 of one staff member's time.)

The ECTF also notes that this project has already been delayed. Decisions made in 1995 delayed the first meeting of this task force from 1996 to 1997. Also, in spite of the plan stated to the Board of Directors and Council of Representatives including three meetings once the task force began, only one meeting was approved for 1998, since we were only approved for the initial meeting in 1997. The ECTF is sensitive to APA's budgetary pressures, and

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recognizes the Board of Directors and Council of Representatives need to balance a difficult range of priorities. The APA Ethics Code is an important document to the Association and to many other groups, due to the role it plays in licensure regulation, malpractice actions, and many actions in other areas of psychological work, including academia. At a general level, the Ethics Code and its reputation are an important element of APA's public relations. APA needs to keep the Code viable and up to date, and this can not be done quickly. It should also be remembered that at the time of passage of the current code it was promised that there would be an ongoing process of revision. The process must be sufficiently funded to keep that commitment.

CBF:sej
ell\ectf\simo1113.cbf

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

MEMORANDUM

October 26, 1997

To: Norma P. Simon, Ed.D., Chair, Ethics Committee

From: Celia B. Fisher, Ph.D., Chair, Ethics Code Task Force (ECTF) CBF (ell)

Re: Institute on Telehealth

You asked on behalf of the Ethics Committee that the ECTF review information regarding the Board of Professional Affairs upcoming Institute on Telehealth. In particular, you asked us to identify issues and activities related to telehealth in which the task force will be interested. You identified "Recommendation 1" in the *BPA Task Force on On-Line Psychotherapy and Counseling Task Force Report, December 1996* as of specific relevance to revision of the code.

The ECTF considers all issues related to telehealth as of potential relevance to the Ethics Code revision process, and will be interested in receiving input and comments from official groups and individuals regarding this topic.

"Recommendation 1" raises some suggestions as to how an Ethics Code revision might proceed regarding telehealth specifically. At this point, the revision plan is to complete a full revision, including review of areas such as telehealth, and not to review only limited areas for more immediate revision. The current timetable estimates five years (2002) for the just-beginning revision.

cc: Stanley E. Jones, Ph.D., Director, Office of Ethics

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ectf:\fish1026.tel

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Confidential List of Nominees

for the

Presidential Task Force to Explore the Ethical Aspects of Psychologists' Involvement and the Use of Psychology in National Security-Related Investigations

Names submitted to serve on the APA Presidential Task Force to Explore the Ethical Aspects of Investigations Related to National Security

1. Annon, Jack S.
2. Arrigo, Jean Maria
3. Banks, Morgan
4. Barbanel, Laura
5. Barclay, Allan G.
6. Bartone, Paul T.
7. Basso, Michael
8. Belzer, Haim
9. Blum, Richard H.A.
10. Borris, Eileen
11. Borum, Randy
12. Bradt, Kenneth H.
13. Brady, Douglas O.
14. Branaman, Tim F.
15. Brehm, Sharon S.
16. Bush, Shane S.
17. Campbell, Linda
18. Caplan, Arthur
19. Carlson, Helena
20. Civiello, Cathleen
21. Darley, John M.
22. DeMay, Terrence
23. DiFrancesca, Katherine
24. Donner, Michael B.
25. Doran, Anthony
26. Dunivin, Debra
27. Eells, Tracy D.
28. Erdberg, S. Philip
29. Everly, George
30. Ewing, Charles P.
31. Fein, Robert A.
32. Fischoff, Baruch
33. Fisher, Celia

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34. Fulero, Solomon
35. Gallagher, Robert W.
36. Gelles, Michael G.
37. Gonsalves, Carlos J.
38. Goreczny, Tony
39. Gottlieb, Michael
40. Grabowski, John
41. Graham, Stanley R.
42. Greene, Lorri A.
43. Grill, Dennis
44. Gubkin, Rut
45. Habban, Corey
46. Haney, Craig
47. Hibler, Neil S.
48. Holguin, Gabriel
49. James, Larry
50. Kendall, Arthur J.
51. Kimmel, Paul
52. Kinscherff, Robert
53. Knowles, Caroline H.
54. Kolditz, Thomas
55. Krueger, Gerald
56. Krumboltz, John
57. Lattal, Alice Darnell
58. Lefever, Bryce
59. Limon, Kimel A.
60. Linton, John C.
61. Matarazzo, Joseph
62. Meloy, J. Reid
63. Miller, Arthur G.
64. Morehead-Slaughter, Olivia
65. Mulick, James A.
66. Murphy, Kevin R.
67. Neafsey, John
68. Nicoletti, John A.
69. Noblitt, James R.
70. Okorodudu, Corann
71. Paniagua, Freddy A.
72. Patterson, Terrence
73. Resnick, Robert J.

74. Roberts, Michael
75. Roland, Robert
76. Roll, John
77. Rom-Rymer, Beth N.
78. Rostow, Cary D.
79. Sanders, Gilbert
80. Saxe, Leonard
81. Scalora, Mario
82. Schepp, Kay Frances
83. Schoen, Stephen J.
84. Schuldberg, David
85. Servin-Guerrero Lopez, Selia
86. Shapiro, David
87. Shapiro, David L.
88. Shumate, Rodney S.
89. Slater, Harold R.
90. Smith, Bruce L.
91. Sperbeck, David J.
92. Stock, Harley V.
93. Stone, Patrick
94. Strongin, Timothy S.
95. Swenson, Elizabeth V.
96. Thomas, Nina
97. Tobach, Ethel
98. Turner, James T.
99. Wagaman, George Lane
100. Walker, Lenore
101. Wallsten, Thomas S.
102. Weinberg, Sheldon
103. Wessells, Michael
104. Williams, Thomas J.
105. Wise, Erica H.
106. Woody, Robert H
107. Woolf, Linda
108. Younger, Robert
109. Younggren, Jeffrey
110. Zimbardo, Philip G.

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Submissions from Boards / Committees / Divisions / Associations

COLI	-	Randy Borum Charles P. Ewing Robert A. Fein Michael G. Gelles J. Reid Meloy Mario J. Scalora R. Scott Shumate
Board of Professional Affairs	-	Larry C. James
Board of Scientific Affairs	-	Baruch Fischoff
Policy and Planning Board	-	Larry C. James Bryce E. Lefever
Division 2	-	Elizabeth Swenson
Division 7	-	Celia Fisher
Division 19	-	Neil S. Hibler Thomas A. Kolditz Bryce Lefever Joseph D. Matarazzo Thomas J. Williams
Division 21	-	Gerald P. Krueger
Division 28	-	John Grabowski John M. Roll
Division 33	-	James A. Mulick
Division 39	-	Laura H. Barbanel
Division 42	-	Laura H. Barbanel Robert W. Gallagher
Division 44	-	Helena M. Carlson

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Nominations submitted through the California Psychological Association	-	Richard H.A. Blum Michael B. Donner Carlos J. Gonsalves Lorri A. Greene Caroline H. Knowles Kimel A. Limon Harold R. Slater Bruce L. Smith James T. Turner Jeffrey Younggren Philip Zimbardo
Colorado Psychological Association	-	John A. Nicoletti
Hawaii Psychological Association	-	Jack S. Annon
Kentucky Psychological Association	-	Tracy D. Eells
New Mexico Psychological Association	-	Timothy S. Strongin
New Jersey Psychological Association	-	Nina K. Thomas
Vermont Psychological Association	-	Kay Frances Schepp
Committee on International Relations	-	Joy Rice
National Academy of Neuropsychology	-	Shane S. Bush Cary D. Rostow

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Your Last Name Search Results for Jack Annon

MemRec Database Online

Annon, Jack S [PRIVACY REDACTION]

Address	Telephone
Jack S Annon, PhD [PRIVACY REDACTION] Address Updated as of: 1/1/1969 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Fellow Dues exempt since 1995	Associate Since 1969 Member Since 1972 Fellow Since 1985
Divisions	

12 - Fellow - Society of Clinical Psychology
13 - Fellow - Society of Consulting Psychology
18 - Member - Psychologists in Public Service
29 - Fellow - Psychotherapy
37 - Member - Child, Youth, and Family Services
41 - Member - American Psychology-Law Society
42 - Fellow - Psychologists in Independent Practice

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	8/28/2004

Search Again

Nominated by Tanya J. Schwartz, PhD
(President of Hawaii Psychological Association)

Hawaii Psychological Association
1188 Bishop St., Suite 912
Honolulu, HI 96813
(808) 521-8995

February 25, 2005

Stephen Behnke
APA's President Task Force on Ethics and National Security
APA's Ethics Office
American Psychological Association
750 First Street NE
Washington, D.C. 20002

Re: Nomination of Jack S. Annon, Ph.D., ABFP

Committee Members:

As President of the Hawaii Psychological Association (HPA), I would like to offer my enthusiastic support for Dr. Jack S. Annon's nomination to the President's Task Force on Ethics and National Security. Having worked with and learned of Dr. Annon's ongoing participation in the HPA, I can speak with confidence about Dr. Annon's considerable assets, high professionalism, strong leadership abilities, and sincere desire to serve on the Committee.

Dr. Annon is:

Licensed to practice psychology in the State of Hawaii Since 1971, and a licensed private detective, with his own agency, in the State of Hawaii since 1983.

A forensic and criminal psychologists, and American Board of Forensic Psychology certified in Forensic Psychology in 1981.

Chair of the then State Board of Certification of Practicing Psychologists in Hawaii from 1975 to 1983, and an appointed Member of the Advisory Committee of the Hawaii State Board of Psychology since 1990.

Past Chair of the Professional Standards Committee, and current Chair of the Ethics Committee of the Hawaii State Psychological Association since 1990.

Current Chair of the Ethics Committee of the Hawaii Division of the American Association of Marriage and Family Therapists since 1994.

Current Chair of the Ethics Committee of the American Association of Sex

Educators, Counselors, and Therapists since 2002.

He has taught Professional Ethics and Conduct courses to graduate students on a yearly basis since 1996.

He is also well trained in security and investigative issues. He is a contributing member of such organizations as the National and State American Association of Industrial Security; Hawaii Joint Police Association; Association of Certified Fraud Examiners, among others. He has received training in combating terrorism as a member of the Citizen's Academy of the Honolulu Police Department, and the Citizen's Academy of the Federal Bureau of Investigation, Honolulu Division.

Without a doubt, Dr. Annon would be an experienced and dedicated addition to the Committee. Please give him the highest consideration.

Sincerely,

Tanya J. Schwartz, Ph.D., ABPP
President

Your Last Name Search Results for Arrigo

MemRec Database Online

Arrigo, Bruce A PRIVACY REDACTION

Arrigo, Jean Maria PRIVACY REDACTION

Address	Telephone
Jean Maria Arrigo, PhD PRIVACY REDACTION Address Updated as of: 3/29/2004 Exclude from Mailings: No Address is Bad: No	Home Phone: PRIVACY REDACTION Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Affiliate Since 1991 Member Since 1999
Divisions	
48 - Member - Society for the Study of Peace, Conflict and Violence: Peace Psychology Division	
Membership Number: PRIVACY REDACTION	**Record Last Changed On:** 11/3/2004

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FROM ETHICS OFFICE / SCIENCE DIRECTORATE ORIGINAL LIST

Jean Maria Arrigo, PhD (Recommended by Division 48) Dr. Arrigo is a social psychologist with a focus on the Ethics of Military Intelligence. She has contacts in the US military which could be a valuable source of information to the deliberations of the Task Force. She recently published an article entitled, "A Utilitarian Argument Against Torture Interrogation of Terrorists," in the July 2004 issue of *Science and Engineering Ethics*. She is also co-editor of a special issue of the *Journal of Peace and Conflict* on Military Ethics and Peace Psychology: A Dialogue.

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Col. Morgan Banks, PhD

(Non APA Member)

Nominated by Debra Dunivin, PhD

Debra Dunivin wrote:

Gerry:

Just another note about this ethics/national security/military task force - I know folks are looking to add military members. The person who knows most about this topic is COL Morgan Banks, Command Psychologist and Director of the Psychological Applications Directorate, Special Operations Command. Those Special Ops folks have been involved in this work for twenty years. AMEDD psychologists only recently became involved. This is something most folks don't appreciate.

Can you ensure that Morgan Banks is one of the task force members?

Thanks and see you tomorrow,

Debra

Recommendation for inclusion on
APA Presidential Task Force to Explore the Ethical Aspects of Psychologists' Involvement and the Use of Psychology in National Security-Related Investigations

Nominee: **Colonel Morgan Banks**, BANKSL@soc.mil
Recommender: Lt Col Debra Dunivin, Debra Dunivin

Colonel Morgan Banks is currently the Director of the Psychological Applications Directorate of the United States Army Special Operations Command. This Directorate is responsible for oversight of psychological selection and assessment of all Army Special Operations Forces (SOF) personnel, research into effectiveness of these selection programs, several leader development and performance enhancement programs for Army SOF personnel, psychological oversight of high-risk Army SOF training, and various types of operational psychology support to combat units. He has served over twenty-three years on active duty, most of that time as a Psychologist in Army Special Operations. He spent four months in 2001/2002 in Bagram, Afghanistan, supporting combat operations against Al-Qaida and Taliban fighters. He is the senior Army Survival, Evasion, Resistance, and Escape (SERE) Psychologist, responsible for training and oversight of all Army SERE Psychologists, to include those involved in SERE training and in repatriation. COL Banks was recently a member of the Department of the Army Inspector General's team studying treatment of detainees in U.S. custody. Degrees: Bachelor of Arts, Psychology, University of New Orleans; Masters and Doctor of Philosophy, Psychology, University of Southern Mississippi; Masters of Military Art and Science in Military History, Army Command and General Staff College.

HC00008594

Your Last Name Search Results for Laura Barbanel

MemRec Database Online

Barbanel, Laura H [PRIVACY REDACTION]

Address	Telephone
Laura H Barbanel, EdD [PRIVACY REDACTION] Address Updated as of: 10/30/2000 Exclude from Mailings: Yes Address is Bad: No	Home Phone: Business Phone: [PRIVACY REDACTION] Facsimile: Email: No Spam, please.

Membership Status	Membership Elect Dates
Fellow	Member Since 1971 Fellow Since 1994

Divisions

01 - Fellow - Society for General Psychology
02 - Member - Society for the Teaching of Psychology
09 - Member - Society for the Psychological Study of Social Issues - SPSSI
16 - Member - School Psychology
29 - Fellow - Psychotherapy
31 - Member - State Psychological Association Affairs
35 - Fellow - Society for the Psychology of Women
39 - Fellow - Psychoanalysis
42 - Fellow - Psychologists in Independent Practice
45 - Member - Society for the Psychological Study of Ethnic Minority Issues
51 - Member - Society for the Psychological Study of Men and Masculinity
52 - Member - International Psychology
55 - Member - American Society for the Advancement of Pharmacotherapy

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	8/31/2004

Search Again

Search Again

Nominated by Harriette Kaley, PhD

and Divisions 39 and 42

From Division 42 and Division 39

Nomination of Laura Barbanel

Dr. Laura Barbanel has worked extensively with victims of trauma as well as victims of abuse and torture. She has been immersed in issues requiring the finest of ethical judgments, in regard to students, faculty and institutions. At the university she has been involved in these ethical issues by virtue of her role as a program head and senior faculty member. Most importantly she has served as mentor to countless psychologists who have had knotty ethical dilemmas to navigate; psychologists who wish to fulfill their ethical responsibilities but because of the nature of their work roles and responsibilities, may have conflicting pressures that make the following of the letter of the ethical guidelines seem problematic.

When does the need of the patient or the job overrule the ethical guild line can become an important question. Certainly in the area of security this is an important question and one that needs the greatest sensitivity and information to navigate.

Dr Barbanel has also served of the APA Board of Directors, having the opportunity and responsibility to review countless cases of ethical violations.

Intelligence, reflective ness and composure make her an excellent person to have on any team.

From Harriette Kaley, PhD

I nominate Laura Barbanel. Laura has worked extensively with post-9/11 victims and their families, and is acutely sensitive to their concerns about security. She is also a person who has for years been immersed in issues requiring the finest of ethical judgments, in regard to students, institutions, and treatment. Because of her intelligence, reflectiveness and composure, she is an excellent person to have on any team.

Harriette Kaley, Ph.D.
PRIVACY REDACTION

Search Again

Your Last Name Search Results for Allan Barclay

MemRec Database Online

Barclay, Allan G [PRIVACY REDACTION]

Address	Telephone
Allan G Barclay, PhD Dept. of Psychology St.Loius Univ [PRIVACY REDACTION] Address Updated as of: 10/26/2004 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Fellow Dues exempt since 1996	Member Since 1958 Fellow Since 1967

Divisions

01 - Fellow - Society for General Psychology
12 - Fellow - Society of Clinical Psychology
13 - Fellow - Society of Consulting Psychology
22 - Fellow - Rehabilitation Psychology
29 - Fellow - Psychotherapy
31 - Fellow - State Psychological Association Affairs
33 - Fellow - Mental Retardation and Developmental Disabilities
38 - Fellow - Health Psychology
42 - Fellow - Psychologists in Independent Practice
52 - Fellow - International Psychology
53 - Fellow - Society of Clinical Child and Adolescent Psychology
54 - Member - The Society of Pediatric Psychology
55 - Member - American Society for the Advancement of Pharmacotherapy

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	10/27/2004

Search Again

Self-nomination

Search Again

-----Original Message-----
From: Allan G. Barclay [mailto PRIVACY REDACTION
Sent: Thursday, February 24, 2005 6:17 PM
To: Behnke, Stephen
Subject:

I am self-ominating...have been a consultant to ssa/oha for several years and am currently undergoing security procedures for this and in contact with choicepoint re their procedures...ron levant knows my background well...let me know

Allan Barclay Ph.D
Psychology
Saint Louis University
PRIVACY REDACTION

Your Last Name Search Results for Paul Bartone

MemRec Database Online

Bartone, Paul T [PRIVACY REDACTION]

Address	Telephone
Paul T Bartone, PhD Professor of Behavioral Sciences National Defense Univ (ICAF) Washington, DC 20319-0001 Address Updated as of: 10/3/2003 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: [PRIVACY REDACTION] Facsimile: Email:

Membership Status	Membership Elect Dates
Fellow	Affiliate Since 1984 Member Since 1987 Fellow Since 2004

Divisions

01 - Member - Society for General Psychology
08 - Member - Society for Personality and Social Psychology
13 - Member - Society of Consulting Psychology
19 - Fellow - Society for Military Psychology
52 - Member - International Psychology

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	11/18/2004

Search Again

FROM ETHICS OFFICE / SCIENCE DIRECTORATE ORIGINAL LIST

Col. Paul T. Bartone, PhD (Recommended by Division 19) (Member, Divisions 1,8,13,52; Fellow, 19) is the former President of APA's Division 19, Society for Military Psychology, and is currently a Professor of Behavioral Sciences at the National Defense University's Industrial College of the Armed Forces at Fort McNair in Washington, DC. Previous appointments include Director of the U.S. Military Academy's Behavioral Science and Leadership Division, and Commander of the U.S. Army Medical Research Unit-Europe. Bartone's research covers a range of issues related to military personnel performance, including stress, leadership and coping with POW conditions.

HC00008594

MemRec Database Online

Basso, Michael R [PRIVACY REDACTION]

Address	Telephone
Michael R Basso, PhD Dept of Psychol U of Tulsa 600 S College Ave Tulsa, OK 74104-3126 Address Updated as of: 12/11/1997 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: [PRIVACY REDACTION] Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Affiliate Since 1990 Member Since 1994
Divisions	
40 - Member - Clinical Neuropsychology	
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:** 10/18/2004

Search Again

Self-nominated

Dr. Behnke:

I am writing to express my interest in serving on the APA Task Force regarding psychology and national security.

I am very interested in these issues, and, as per the instructions below, I will summarize my background in this letter.

As an undergraduate, my minor was philosophy, and I focused upon the study of ethics. During the past few years, my research has focused upon ethical treatment of patients and clinical research participants. In particular, I will soon receive an R01 award to study capacity of neurological patients to provide competent consent to participation in clinical trials.

I also am a commissioned officer in the US Navy Reserve, and I have served as a clinical psychologist on active duty. As such, I have at least a modest understanding of our national security apparatus and its functions.

If further information would be helpful, please let me know.

Sincerely,
Michael Basso, Ph.D.
Associate Professor and Director of Clinical Training-University of Tulsa
Clinical Associate Professor of Psychiatry-University of Oklahoma

HC00008594

Your Last Name Search Results for Haim Belzer

MemRec Database Online

Belzer, Haim [PRIVACY REDACTION]

Address	Telephone
Haim Belzer, PhD [PRIVACY REDACTION] Address Updated as of: 6/27/2001 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Member Since 1983
Divisions	
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:** 8/28/2004

Search Again

Search Again

Nominated by Katherine R. DiFrancesca, PhD
and Self-nominated

Brief autobiography

My name is Haim Belzer . I was born and raised in Israel. Both my parents are survivors of the holocaust and I grew up in the shadow of their traumatic experiences. Growing up in Israel I was exposed to the effects of terrorism . during my youth numerous bombings at movie theaters and public places took place nearby my home.
Following completion of high school, I served in the Israeli Defense Forces. I extended my compulsory duty to become an officer. During the 1973 Yom Kippur War, I was elevated tot he rank of Captain and was in charge of a unit in Battle. After the war, I was honorably discharged and subsequently began the studies of psychology at Tel Aviv University where I completed my B. A in 1977. I completed my masters and Ph.D. in Clinical Psychology at U.S.I.U in San Diego , California. I received my Ph.D. in 1982 and became licensed in January of 1984.
Between 1991 to 1996 I worked as a Preceptor/supervisor with both Navy and Marines personnel in the area of substance abuse. I also served for three years as a member of the ethics committee of the San Diego Psychological Association. Lastly I was elected to serve as the Treasurer of the California Psychological Association. I served fro three years in this capacity.
I hope this summary of my past experience is helpful to you.

Sincerely,

Haim Belzer Ph.D.

Address	Telephone	
Richard H. A. Blum, PhD PRIVACY REDACTION Address Updated as of: 11/30/1992 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: Facsimile: Email:	PRIVACY REDACTION
Membership Status	**Membership Elect Dates**	
Fellow Dues exempt since 1993	Associate Since 1951 Member Since 1958 Fellow Since 1968	
Divisions		
Membership Number: PRIVACY REDACTION	**Record Last Changed On:**	8/28/2004

Nominated by Eva M. Spitz-Blum, PhD and submitted through the California Psychological Association

NOMINATIONS
APA NATIONAL SECURITY ETHICS TASK FORCE
March 1, 2005

My name is Eva M. Spitz-Blum, PhD, APA PRIVACY REDACTION I believe the Ethics Task Force is extremely important and I would have proposed to serve myself. But a more effective candidate would be my former husband, Richard H. Blum, PhD (Stanford 1951), as member of the ethics task force. He is a recent recipient of the Bronze Medal, served as army psychologist in the Korean war. An article on him will be published shortly in the Monitor. He served as consultant for a number of years for the Central Intelligence Agency and is therefor personally familiar with ethics problems involved in investigation, research and operations related to national security.

Please consider his qualifications. I have talked to him about the work of the Task Force, he is willing and interested in serving. BUT he has no e-mail, time is short, therefore I am providing you with his FAX number and snail mail address so you may contact him directly:

PRIVACY REDACTION

Sincerely,

Eva M. Spitz-Blum, PhD

HC00008594

MemRec Database Online

Borris, Eileen Ruth PRIVACY REDACTION

Address	Telephone
Eileen Ruth Borris, EdD PRIVACY REDACTION Address Updated as of: 2/23/1993 Exclude from Mailings: No Address is Bad: No	Home Phone: PRIVACY REDACTION Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Member Since 1986
Divisions	

09 - Member - Society for the Psychological Study of Social Issues - SPSSI
48 - Member - Society for the Study of Peace, Conflict and Violence: Peace Psychology Division
52 - Member - International Psychology

Membership Number:	PRIVACY REDACTION	Record Last Changed On:	10/26/2004

Search Again

Nominated by the Committee on International Relations
(Joy Rice, PhD, Chair)

Dear Dr. Benke:

The APA Committee on International Relations (CIRP) nominates Eileen R. Borris, EdD, to serve on the Presidential Task Force to Explore the Ethical Aspects of Investigations Related to National Security. Dr. Borris is a clinical and political psychologist and Director of Training and Program Development for the Institute for Multi-Track Diplomacy in Washington D.C. She is currently the President of Division 48: The Society for Study of Peace, Conflict and Violence and on the Committee for International Relations in Psychology. Dr. Borris teaches global negotiation and International Corporate Diplomacy at the American Graduate School of International anagement. She has worked in the field of conflict resolution especially in emerging democracies for the past 15 years and has worked with many different governments concerning issues of security in the context of diplomacy as Director of Training for the Institute for Multi-Track Diplomacy. Dr. Borris has been extremely concerned with issues of the use of psychology in National Security Investigations and is one of the movers of new business to council to support and complement the Board of Directors' approved Task Force to Explore the Ethical Aspects of Psychologists' Involvement and the Use of Psychology in National Security-Related Investigations for Division 48. She received her doctorate in psychology from Columbia University (1985), a certificate of advanced studies in Communicative Sciences from Johns Hopkins University (1980), and a Masters in special education from Columbia University (1972).

Joy Rice, PhD, Chair
Committee on International Relations in Psychology

MemRec Database Online

Borum, Randy [PRIVACY REDACTION]

Address	Telephone
Randy Borum, PsyD [PRIVACY REDACTION] Address Updated as of: 4/9/2002 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: [PRIVACY REDACTION] Facsimile: Email:

Membership Status	Membership Elect Dates
Member	Affiliate Since 1987 Member Since 1993

Divisions

18 - Member - Psychologists in Public Service
41 - Member - American Psychology-Law Society

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	12/16/2004

Search Again

Search Again

Recommended by COLI with the following comment: "He has an ongoing contract with a defense agency and recently completed a (declassified) monograph on psychology and terrorism that is available for review."

HC00008594

Search Again

Your Last Name Search Results for Bradt

MemRec Database Online

Bradt, Kenneth H [PRIVACY REDACTION]

Address	Telephone
Kenneth H Bradt, PhD [PRIVACY REDACTION] Address Updated as of: 4/20/2003 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Fellow Dues exempt since 1994	Associate Since 1951 Member Since 1958 Fellow Since 2004

Divisions

01 - Member - Society for General Psychology
13 - Fellow - Society of Consulting Psychology
14 - Member - Society for Industrial and Organizational Psychology

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	8/28/2004

Search Again

Nominated by Ann M. O'Roark, PhD

FEB. 25, 2005
TO: Stephen Behenke, APA Ethics Office
RE:APA Presidential Task Force to Explore the Ethical Aspects of Investigations Related to National Security

Nomination: Kenneth H. Bradt, Ph.D.

Dr. Bradt is past president of Division 13, a recipient of the Division's RHR award for excellence in consulting, and received the highest award given by the CIA where he served as chief psychologist and advisor to top national leaders. Ken has fifty plus years of experience as a clinician, professor, research psychologist for the US Army, Chief Psychologist for the Central Intelligence Agency where he supervised assessment of agents and introduced a leadership development training program, Post retirement from the CIA, as director of leadership training for business and industry. The title of Bradt's invited Fellow's address [2005] at APA is, "Values, Ethics, and Politics: Dilemmas for the Consulting Psychologist."

It is with great pleasure that I recommend my colleague, mentor, and co-worker in leadership training, Dr. Kenneth H. Bradt.

New address:
PRIVACY REDACTION

Ann M. O'Roark

Ann M. O'Roark, Ph.D., ABAP
Society for Consulting Psychology Council Representative 2004 - 2006

PRIVACY REDACTION

Your Last Name Search Results for Douglas Brady

MemRec Database Online

Brady, Douglas O [redacted]

Address	Telephone
Douglas O Brady, PhD [redacted] Address Updated as of: 1/6/2003 Exclude from Mailings: No Address is Bad: No	Home Phone: [redacted] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Fellow	Member Since 1976 Fellow Since 1998
Divisions	
13 - Member - Society of Consulting Psychology 40 - Member - Clinical Neuropsychology 42 - Fellow - Psychologists in Independent Practice 55 - Member - American Society for the Advancement of Pharmacotherapy	
Membership Number: [redacted]	**Record Last Changed On:** 8/28/2004

Search Again

Search Again

Nominated by Beth N. Rom-Rymer, PhD

HC00008594

Your Last Name Search Results for Branaman

MemRec Database Online

Branaman, Tim F [redacted]

Address	Telephone
Tim F Branaman, PhD [redacted] Address Updated as of: 2/12/2004 Exclude from Mailings: Yes Address is Bad: No	Home Phone: [redacted] Business Phone: Facsimile: Email: No Spam, please.
Membership Status	**Membership Elect Dates**
Member	Member Since 1985
Divisions	

41 - Member - American Psychology-Law Society
55 - Member - American Society for the Advancement of Pharmacotherapy

Membership Number:	[redacted]	Record Last Changed On:	10/20/2004

Search Again

Self-nominated

Dr. Behnke,

I would like to offer myself for nomination to the APA Presidential Task Force that is being convened to explore the ethical aspects of investigations related to national security. I am interested due to experience that I have had that, perhaps, provides me with special knowledge and expertise in addressing those issues.

My experience includes having served on the Clinical Advisory Committee of the Dallas Center for Survivors of Torture (CST) following its inception in 1997, providing pro bono forensic services for the evaluation of asylum seekers, and serving as a paid consultant to CST in developing forensic psychological services in other areas of Texas. In this capacity, I have come to understand through training and experience the nature of physical and psychological force that can be used in the control and interrogation of individuals. I have also conducted post-job offer medical/psychological evaluations of security personnel being contracted for services via the U.S. State Department. These individuals have generally been former military personnel and law enforcement officers. Due to my specialization in forensic psychology and work with criminal cases, I have had the opportunity to develop an understanding of the use of psychological and physical methods of interrogation, as well. The review and discussion of ethical issues involved with the interface between psychology and the law for the purpose of my forensic board examination has also given me an appreciation for the concerns being addressed by this Task Force.

If additional information is required, my CV is available at my practice web site at PRIVACY REDACTION or I may be reached by telephone at PRIVACY REDACTION

--

Tim F. Branaman, Ph.D, FICPP, ABPP/ABFP

PRIVACY REDACTION

Your Last Name Search Results for Sharon Brehm

MemRec Database Online

Brehm, Sharon S [PRIVACY REDACTION]

Address	Telephone
Sharon S Brehm, PhD Department of Psychology Indiana University 1101 East 10th St Bloomington, IN 47405-7007 Address Updated as of: 5/10/2004 Exclude from Mailings: No Address is Bad: No	Home Phone: PRIVACY REDACTION Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Fellow	Member Since 1974 Fellow Since 2004

Divisions

01 - Member - Society for General Psychology
02 - Member - Society for the Teaching of Psychology
07 - Member - Developmental Psychology
08 - Fellow - Society for Personality and Social Psychology
09 - Member - Society for the Psychological Study of Social Issues - SPSSI
12 - Member - Society of Clinical Psychology
35 - Member - Society for the Psychology of Women
52 - Member - International Psychology
53 - Member - Society of Clinical Child and Adolescent Psychology

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	10/27/2004

Search Again

Self-nominated

and nominated by Janet Swim, PhD
Division 8, COR Rep

-----Original Message-----
From: SSB [mailto:PRIVACY REDACTION
Sent: Wednesday, February 23, 2005 3:33 PM
To: Behnke, Stephen
Subject: APA Presidential Task Force

Dear Steve, I just saw the notice about the APA Presidential Task Force to explore the ethical aspects of investigations related to national security. I applaud APA for establishing this task force and I want to express my interest in serving on it. As indicated in the description of the TF, many (though certainly not all) of the issues to be explored involve academic institutions and academics in their roles as scientists and teachers. I have held senior administrative positions on campuses that did (Ohio University) and did not (Indiana University) permit classified research. At OU, I had the necessary security clearance to be informed about classified research. In addition, the participation of international students in specific degree programs and on specific research topics has become more much complicated since 9-11. And, of course, as a social psychologist, I am quite familiar with the research literature on many of the topics (e.g., attitudes, persuasion, terror management, prejudice, stereotypes, deindividuation, etc.) that the TF is likely to consider. If additional information about my interest and/or qualfications is needed, just let me now. Best regards, Sharon

Sharon S. Brehm
Indiana University

HC00008594

-----Original Message-----
From: Janet Swim [mailto[redacted]
Sent: Friday, March 04, 2005 4:50 PM
To: Behnke, Stephen
Cc: Brehm, Sharon Stephens
Subject: Sharon Brehm [COR] Call for Nominations

Sharon Brehm has noted that she is interested in serving on the Task Force to Explore the Ethical Aspects of
Investigations Related to National Security. I wanted to send my support for her on this committee. It seems likely that it would be useful to have a Social Psychologist on this committee and Sharon would be a good person to be on the committee.

Janet Swim,
Division 8, COR rep

Janet Swim
Professor of Psychology

Psychology Department
515 Moore Building
Penn State University
University Park, PA 16802

[redacted]

http://psych.la.psu.edu/jswim
http://psych.la.psu.edu/social.htm

HC00008594

Your Last Name Search Results for Shane Bush

MemRec Database Online

Bush, Shane S [PRIVACY REDACTION]

Address	Telephone
Shane S Bush, PhD [PRIVACY REDACTION] Address Updated as of: 10/25/1999 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Member	Affiliate Since 1988 Member Since 1996

Divisions

20 - Member - Adult Development and Aging
22 - Member - Rehabilitation Psychology
40 - Member - Clinical Neuropsychology

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	12/2/2004

Search Again

Self-Nominated

and nominated by Robert W. Elliott, PhD, President
National Academy of Neuropsychology

NATIONAL
ACADEMY OF
NEUROPSYCHOLOGY

Robert W. Elliott, Ph.D.
President
2121 S. Oneida Street
Suite 550
Denver, CO 80224
TEL (303) 691-3694
FAX (303) 691-5983
E-mail: office@nanonline.org

February 28, 2005

To: Ron Levant, APA President

RE: Nomination of Shane Bush for APA Presidential Task Force to Explore the Ethical Aspects of Investigations Related to National Security

Dr. Levant:

The National Academy of Neuropsychology (NAN) wishes to nominate Dr. Shane Bush for the Presidential Task Force. As a major organization within the field of neuropsychology, NAN sets standards for the study of brain-behavior relationships. Ethical issues are central to these standards which NAN supports with education programs, research grants, and advocacy efforts.

Dr. Bush is the Chair of our Education Committee, which is responsible for NAN's general education programs, distance education programs and our education and training task force. This committee is high profile and very productive within the NAN organization because of Dr. Shane's dynamic leadership style and creative thinking.

Dr. Bush has served APA, NAN and the New York Psychological Association in many ways. He has chaired the Division 22 Social and Ethical Responsibility Committee and served on the Division 40 Ethics Committee, the New York State Psychological Association's Committee on Ethical Practice, and the NAN Policy and Planning Committee. Dr. Bush has published three books on ethics in health care and neuropsychology and has authored position papers for NAN. He has presented workshops at APA and NAN on ethics issues. His workshops at both APA and NAN consistently receive the highest ratings by the participants.

Dr. Bush has published in the forensic arena and is on the editorial board of two major journals. Because of his military background he is aware of and sensitive to
security-related issues, particularly as they related to military behavior.

Dr. Bush is a knowledgeable leader in the field of neuropsychology. He is exceptionally well-informed about ethical issues and has presented and published on the topic. His prior and current service in the U.S. military makes him especially sensitive to
security-related issues.

Dr. Bush has our strongest support. Rest assured that if Dr. Bush is accepted onto this task force, he will be an active and productive participant.

Yours truly,

Robert W. Elliott, Ph.D., ABPP (Cn, Sc), ABPN
President
National Academy of Neuropsychology

HC00008594

Dear Steve,

I am writing to request that I be considered for service on the Task Force to Explore the Ethical Aspects of Psychologists' Involvement and the Use of Psychology in National Security-Related Investigations. My qualifications include my service to APA divisions and other professional organizations, including serving on and chairing the Division 22 Social and Ethical Responsibility Committee, serving on the Division 40 Ethics Committee, serving on the New York State Psychological Association's Committee on Ethical Practice, and serving on the National Academy of Neuropsychology Policy & Planning Committee; considerable writing on ethics-related matters, including publication of 3 books on ethics in health care and neuropsychology (with a 4th manuscript currently with APA books) and authorship of position papers for the National Academy of Neuropsychology; presentations on psychological ethics at national conferences; prior service in the U.S. military; and observation of world events and a strong desire to contribute to optimal ethical behavior.

Please let me know if I can provide a CV or other information to facilitate further review of my credentials. I would consider it an honor to serve on this important Task Force.

Sincerely,

Shane Bush

HC00008594

Address	Telephone
Linda F Campbell, PhD PRIVACY REDACTION Address Updated as of: 10/2/2003 Exclude from Mailings: No Address is Bad: No	Home Phone: PRIVACY REDACTION Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Fellow	Member Since 1985
Divisions	

17 - Member - Society of Counseling Psychology
29 - Fellow - Psychotherapy
31 - Member - State Psychological Association Affairs
35 - Member - Society for the Psychology of Women
38 - Member - Health Psychology
42 - Member - Psychologists in Independent Practice
55 - Member - American Society for the Advancement of Pharmacotherapy

Membership Number:	PRIVACY REDACTION	Record Last Changed On:	12/16/2004

Search Again

Nominated by Neil Massoth, PhD

1) Linda Campbell - former Ethics Committee member and Chair of Ethics. With all of the very competent people I have served with on Ethics, I have never
met anyone more impressive than Linda. She has an ability to understand and apply the Ethics Code in an brilliant manner. She is not someone who has simple memorized the Code. She understand ethics and can be creative in her applications to unusual situations.

Memorandum

To: Neil Massoth, Ph.D.
Steve Behnke, J.D., Ph.D.

From: Linda Campbell, Ph.D.

Re: APA Board of Directors' Task Force to Explore the Ethical Aspects of Psychologists' Involvement and the Use of Psychology in national Security-Related Investigations

Neil, you are very kind to nominate me for this task force and I appreciate very much the regard you have expressed for my suitability on this initiative. I don't know that I would bring any added experience to what I am sure will be an excellent group. I am happy, however, to provide a short summary of experiences that might be applicable.

Dr. Linda Campbell is the immediate past chair of the APA Ethics Committee and is currently serving as vice-president of the licensing board in her state of Georgia. She is a co-author of the in progress ethics commentary to be published by APA. Further, in her academic teaching position, she is coordinator of ethics education in her APA accredited doctoral program. Dr. Campbell was a member of the Ethics Code Task Force and also is past chair of the GPA Ethics Committee and member of several years.

Dr. Campbell does not have expertise in national security, psychological aspects of military operations, or interpretation of military activities in the context of the treaties and agreements that the U.S. has with other countries regarding treatment of prisoners in various statuses. Dr. Campbell is, however, interested in and has experience in the interpretation of professional ethics and standards for the profession. Further, she appreciates the importance of continued clarification and delineation of psychologists' professional involvement in the many increasing contexts of our scope of practice, particularly one of this importance and magnitude.

HC00008594

ARTHUR CAPLAN, PHD

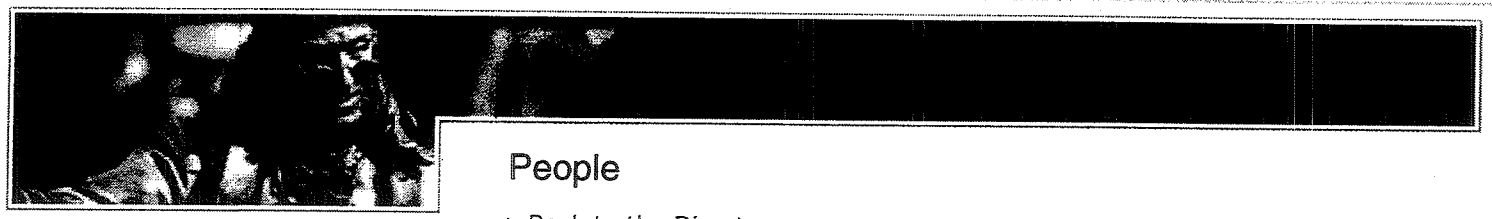
(Non member)

Nominated by Joseph Matarazzo, PhD

HC00008594

HC00008594

Penn
CENTER FOR BIOETHICS



People

▸ Back to the Directory

Arthur Caplan, Ph.D.

Emmanuel and Robert Hart Professor of Bioethics

[redacted]

Research Interest:
Transplantation research ethics, genetics, reproductive technologies, health policy, and general bioethics

Currently, the Emmanuel and Robert Hart Professor of Bioethics, Chair of the Department of Medical Ethics and the Director of the Center for Bioethics at the University of Pennsylvania in Philadelphia.

Prior to coming to Penn in 1994, Caplan taught at the University of Minnesota, the University of Pittsburgh, and Columbia University. He was the Associate Director of the Hastings Center from 1984-1987.

Born in Boston, Caplan did his undergraduate work at Brandeis University, and did his graduate work at Columbia University where he received a Ph.D in the history and philosophy of science in 1979.

Caplan is the author or editor of twenty-five books and over 500 papers in refereed journals of medicine, science, philosophy, bioethics and health policy.

He writes a regular column on bioethics for MSNBC.com. He is a frequent guest and commentator on National Public Radio, CNN, MSNBC, the New York Times, Washington Post, Philadelphia Inquirer and many other media outlets.

HC00008594

He has served on a number of national and international committees including as the Chair of the Advisory Committee to the United Nations on Human Cloning, the Chair of the Advisory Committee to the Department of Health and Human Services on Blood Safety and Availability, a member of the Presidential Advisory Committee on Gulf War Illnesses, the special advisory committee to the International Olympic Committee on genetics and gene therapy, the American Chemistry Council and the special advisory panel to the National Institutes of Mental Health on human experimentation on vulnerable subjects. He is a member of Dupont's biotechnology advisory panel and has consulted with many corporations and consumer organizations.

Caplan is the recipient of many awards and honors including the McGovern Medal of the American Medical Writers Association, Person of the Year-2001 from USA Today, one of the fifty most influential people in American health care by Modern Health Care magazine and one of the ten most influential people in America in biotechnology by the National Journal. He holds six honorary degrees from colleges and medical schools. He is a fellow of the Hastings Center, the NY Academy of Medicine, the College of Physicians of Philadelphia and the American Association for the Advancement of Science.

49

Professional Titles

- Emanuel and Robert Hart Professor of Bioethics, University of Pennsylvania
- Chair, Department of Medical Ethics, University of Pennsylvania
- Director, Center for Bioethics, University of Pennsylvania

Born
Boston, Massachusetts, March 31, 1950.

Education

- Framingham (Mass.) North High School; B.A.
- Brandeis University, 1971; M. A., M. Phil., Ph.D.
- Columbia University, 1979.

Previous Professional Positions
Director, Center for Biomedical Ethics, University of Minnesota and, Professor of Philosophy and Professor of Surgery, University of Minnesota, 1987 to

HC00008594

1994; Associate Director, the Hastings Center, 1985-1987; Visiting Associate Professor, University of Pittsburgh 1986; Associate for the Humanities, the Hastings Center, 1977-84; Instructor, Department of Medicine and School of Public Health, Columbia University College of Physicians and Surgeons, 1977-81.

Books
Author or editor of 23 books including; *Who Owns Life?* (2002), *Finding Common Ground: Ethics and Assisted Suicide* (2001), *ETHICS AND ORGAN TRANSPLANTS,* (1999), *AM I MY BROTHER'S KEEPER?* (1998), *DUE CONSIDERATION: Controversy in an Age of Medical Miracles,* (1997) *PRESCRIBING OUR FUTURE: Ethical Challenges in Genetic Counseling,* Aldine Press, (1993); *IF I WERE A RICH MAN COULD I BUY A PANCREAS AND OTHER ESSAYS ON MEDICAL ETHICS,* (1992); *WHEN MEDICINE WENT MAD: BIOETHICS AND THE HOLOCAUST* (1992).

Scientific Articles and Reviews in
SCIENCE, NEW ENGLAND JOURNAL OF MEDICINE, NATURE, LANCET, TRANSPLANTATION PROCEEDINGS, HASTINGS CENTER REPORT, JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, AMERICAN JOURNAL OF HUMAN GENETICS, AMERICAN ZOOLOGIST, BRITISH MEDICAL JOURNAL, ANNALS OF INTERNAL MEDICINE, ETHICS. Written more than 475 articles and reviews in professional journals in philosophy, medicine, health policy and the biological sciences.

Sample chapter of Assisted Suicide: Finding Common Ground. Edited by Lois Snyder and Arthur L. Caplan

Science Article
Is Biomedical Research Too Dangerous to Pursue?
[Summary] - [Full Text]

Consulting and Policy

- Chair, Advisory Committee to the United Nations on Human Cloning, 2002.
- Chairman, Advisory Committee to the Department of Health and Human Services, Centers for Disease Control and Food and Drug Administration on Blood Safety and Availability 1997-2001.
- Member, Presidential Advisory Committee on Gulf War Veterans' Illnesses.
- Member of the Scientific Advisory Board of the National Holocaust Museum, Member of the Clinton Health Care Task Force, Chairman of various panels

50

HC00008594

for the Office of Technology Assessment of the United States Congress.

- Serves or has served as a consultant to; the International Olympic Committee, American Association of Blood Banks, American Foundation for AIDS Research, National Institutes of Health, Department of Health and Human Services, National Marrow Donor Program, Lifesource-Organ Procurement Organization, National Academy of Sciences-Institute of Medicine, and state legislatures of Pennsylvania, Minnesota, New York and New Jersey.

Other Activities

Lectured widely in the United States, Canada, Europe, Russia, and the Caribbean; is a frequent commentator in the media including National Public Radio, ABC-Nightline, the New York Times, CNN, the Washington Post, the Los Angeles Times, Fox Television, and Philadelphia Inquirer;
Member of the Boards of Celera Genomics, National Center for Policy Research for Women and Families and the National Disease Research Interchange. Writes a regular column on bioethics for MSNBC.com.

Honors and Awards

- First President, American Association of Bioethics.
- Fellow of: the American Association for the Advancement of Science, The Hastings Center, The College of Physicians of Philadelphia, the New York Academy of Medicine.
- Brandeis University Alumni Achievement Award, 1995;
- McGovern Medal, American Medical Writers Association, 1998.
- Recipient of six honorary degrees from colleges and universities.
- Named "Person to Watch in 2001" by USA Today.
- Named "Top Fifty Most Influential People in American Health Care", Modern Health Care Magazine.

Updated: 1/2003

HC00008594

MemRec Database Online

Carlson, Helena M [PRIVACY REDACTION]

Address	Telephone
Helena M Carlson, PhD [PRIVACY REDACTION] Address Updated as of: 9/11/2002 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Fellow Dues exempt since 2000	Member Since 1978 Fellow Since 2001

Divisions

09 - Fellow - Society for the Psychological Study of Social Issues - SPSSI
27 - Member - Society for Community Research and Action: Division of Community Psychology
35 - Member - Society for the Psychology of Women
44 - Fellow - Society for the Psychological Study of Lesbian, Gay and Bisexual Issues

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	8/31/2004

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Nominated by Michael R. Stevenson, PhD
(President, Division 44)

On behalf of Division 44, I would like to nominate Helena Carlson for the ethics and national security task force. She can be reached at carlsonh@earthlink.net.

When Helena served on and chaired the old Committee on Lesbian and Gay Concerns, she contributed to the development of ethical guidelines on research on people with AIDS. She has also served on and chaired the APA Committee on Women which dealt with a lot of concerns with the DSM, and other issues. In addition, she has served for years as chair of her college's committee on research review for ethical issues in the protection of the research participants.

Her own research in Northern Ireland provides a background in the conduct of interrogation of suspected terrorist prisoners. Britain was finally condemned by the European Commission on Human rights for the treatment of prisoners, including masking; beatings, sleep deprivation, stripping them naked, and inhuman and degrading treatment. She has published a recent article on policing in Northern Ireland where the police had both a civil role in controlling crime and a political role in dealing with nationalists.
Her background in LGB research and her recent work on Division 44's committee on aging illustrates her interest and concern with LGBT issues. Taken together, I believe Dr. Carlson has the background and APA governance experience to make significant contributions to the Task Force on Ethics and National Security.

Michael R. Stevenson, Ph.D.
President, Division 44
Director, The Diversity Policy Institute
Chair, The Department of Psychological Science
Ball State University
Muncie IN 47306

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Your Last Name Search Results for Civiello

MemRec Database Online

Civiello, Cathleen L [PRIVACY REDACTION]

Address	Telephone
Cathleen L Civiello, PhD [PRIVACY REDACTION] Address Updated as of: 10/3/2001 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Associate Since 1987 Member Since 1990
Divisions	
13 - Member - Society of Consulting Psychology	
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:** 8/28/2004

Search Again

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Nominated by Jeff Barnett, PsyD

-----Original Message-----
From: Jeff Barnett [mailto:PRIVACY REDACTION
Sent: Sun 2/20/2005 11:03 PM
To: Behnke, Stephen
Cc:
Subject: Nomination

Dear Steve, I am forwarding to you this nomination for the task force on ethics and national security. Dr. Civiello can be contacted directly at PRIVACY REDACTION Thanks for your consideration of Dr. Civiello for a position on this important task force. Best regards - Jeff

Jeff Barnett, Psy.D.
President, APA Division 42
Psychologists in Independent Practice
PRIVACY REDACTION

Cathleen Civiello, PhD has been employed by the US Government for more than 15 years with a specialty in corporate psychology. Her current position focuses on corporate risk assessment and risk mitigation, prevention of betrayal of trust, and violence prevention. Dr. Civiello, a psychologist and credentialed Special Agent, merges this background with her management skills to address these concerns within the government and to foster safer work environments.

Prior to her current position, Dr. Civiello managed an employee assistance program that served the European theatre and a medical clinic in Germany for the Defense Department. She earned her Masters and Doctorate in Clinical Psychology from the California School of Professional Psychology and a Masters in Public Administration from Troy State.

Your Last Name Search Results for John Darley

MemRec Database Online

Darley, John M [PRIVACY REDACTION]

Address	Telephone
John M Darley, PhD [PRIVACY REDACTION] Address Updated as of: 6/25/2002 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Fellow	Member Since 1966 Fellow Since 1976
Divisions	
07 - Member - Developmental Psychology 08 - Fellow - Society for Personality and Social Psychology 09 - Fellow - Society for the Psychological Study of Social Issues - SPSSI 41 - Member - American Psychology-Law Society	
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:** 12/16/2004

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FROM ETHICS OFFICE / SCIENCE DIRECTORATE ORIGINAL LIST

John M. Darley, PhD, (Member, Divisions 7 and 41; Fellow, 8 and 9) is the Warren Professor of Psychology at Princeton University. Much of his research has focused on decisions and actions that have moral components or implications. More recently, he has been looking directly at moral decisions, particularly ones involved in the decision to punish another for a transgression. He has a related interest in interpersonal power and how it plays out in social interactions, and how we attempt to manage others with incentive systems.

HC00008594

TERRENCE DEMAY, EdD (Non Member)

Nominated by Elizabeth Winkelman, JD, PhD

Dear Dr.Behnke,

I would like to nominate Dr. Terrence DeMay, Director of Mental Health Services at the CIA for the task force. I believe he has been in that position for the past 12 years. There was an article in the APA Monitor in 2002 that interviewed him and discussed his work in some detail.

I am currently a Congressional Fellow and liaison to CAPP. (We met briefly at the reception for new Fellows in the fall.) Please feel free to contact me if you would like any further information about Dr. DeMay.

Best regards,
Elizabeth

Elizabeth Winkelman, JD, PhD
Legislative Fellow
Office of Senator Jack Reed
728 Hart Building
Washington, DC 20510
PRIVACY REDACTION
elizabeth_winkelman@reed.senate.gov

HC00008594

me 33, No. 4 April 2002

Psychologists in the CIA

The first U.S. casualty of the war on terrorism in Afghanistan was a Central Intelligence Agency (CIA) officer. Johnny Micheal "Mike" Spann was killed Nov. 25 during an uprising of Taliban prisoners. Within 24 hours of his death, CIA psychologists offered support to all those who needed help in coping with the tragedy, from his family to his co-workers, domestically and overseas.

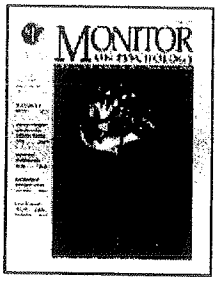
That's just one example of the many critical roles CIA psychologists play in support of America's national security. In an interview with the Monitor, psychologist Terrence W. DeMay, EdD, offers a glimpse of the important work of Agency psychologists. DeMay is chief of the Mental Health Division, Office of Medical Services, at the CIA.

Q: What is the psychologist's role at the CIA?

A: One of our primary roles is to help CIA employees with the unique challenges they are required to cope with: security requirements, intense training, unconventional tasking, unfamiliar working conditions, unexpected and time-sensitive challenges, multiple and competing requirements, and the burden of a secretive, silent and sometimes misunderstood mission.

CIA employees and their families find themselves living in unfamiliar, unpredictable, unfriendly, unhealthy or potentially dangerous surroundings. Some are asked to endure hardships and inconveniences never experienced by most people. Some are placed directly in harm's way in service of their country, living and working in areas of the world affected by natural disasters, manmade disasters, crime, terrorism and war.

They are not asked to take on these challenges alone. Within the CIA, Office of Medical Services (OMS) psychologists, psychiatrists and other support personnel care for their mental and physical well-being from the onset of employment. The Mental Health Division of OMS develops and implements worldwide response capabilities that address both the needs of the individual and



CIA psychologists are grounded firmly in traditional clinical psychology and accepted professional practices. Screening, evaluation, selection, consultation, crisis intervention, short-term counseling, follow-up and training are the cornerstones of a program that enjoys widespread acceptance and has experienced consistent growth during the last decade.

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unique organizational requirements. The work of CIA psychologists is grounded firmly in traditional clinical psychology and accepted professional practices. Screening, evaluation, selection, consultation, crisis intervention, short-term counseling, follow-up and training are the cornerstones of a program that enjoys widespread acceptance and has experienced consistent growth during the last decade.

Q: Screening potential employees must also be an important part of your job.

A: Psychologists evaluate all candidates for CIA employment to determine their suitability for a position of trust. Pre-employment evaluations focus on clinical disorders, risk factors and vulnerabilities that might impact adversely on the ability of the individual to protect classified information. Reliability, responsibility, impulse control and good judgment are required of all employees. We use structured interviews, developmental histories, psychological testing and collateral data to determine suitability for employment. We make recommendations in the context of a broader applicant-processing system that includes input from security professionals, human resources specialists and substantive experts.

Some candidates for unusually sensitive positions--those requiring labor-intensive or expensive training, or positions involving safety issues--complete additional psychological testing and interviews. We conduct job analyses to determine the specific requirements of each position. These analyses are updated on the basis of changing requirements and manager, trainer and incumbent input.

CIA psychologists also participate directly in many training activities that enhance their first-hand knowledge of Agency requirements. We develop testing and interview protocols to address the strengths and weaknesses of each candidate in relationship to the current requirements of the anticipated position.

Q: How do most employees fare under what can be challenging work environments?

A: Our pre-employment screening and evaluation appear to contribute to a relatively healthy and resilient work force capable of supporting the

Agency's unique mission. Base rates of diagnosable mental health problems are significantly lower for Agency employees than they are for comparable age groups in the general population. Agency employees also tend to experience fewer severe or disabling conditions and fewer life-threatening conditions. Rates of relapse are lower than what would usually be expected.

Agency employees are not immune to psychological disorders, however, and in some cases are at greater-than-average risk because of the unique stressors they are asked to endure routinely. CIA psychologists attempt to understand the potential impact of these stressors, develop relevant preventive interventions, monitor individual and systemic impact, and ensure the availability of consultation, treatment and follow-up. Thousands of employees also attend mental health workshops, seminars and briefings conducted by Agency psychologists each year. Coping with conflict, coping with organizational change, time management and stress management are just a few of the topics covered in these popular presentations.

Q: Do psychologists play a role in the assignment of employees and their families overseas?

A: CIA psychologists and psychiatrists screen employees and their families. We consider the needs of the individuals involved in the context of the demands of the anticipated assignment, support and resources available, and types of problems encountered in the past. We interview employees and sometimes their spouses and review the developmental histories of their children, and pay particular attention to their psychoeducational needs. We seek second opinions from specialists when doubts regarding assignability remain. Candidates for particularly unpleasant, inconvenient or dangerous assignments receive additional attention from CIA psychologists who are knowledgeable about the living and working conditions they will encounter. These individuals participate in additional interviews and complete additional psychological testing. Psychologists are often asked to participate in multidisciplinary assignment panels to assist management in making informed decisions that can affect the career of the individual and the Agency's mission.

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Q: What happens when a CIA employee needs psychological services?

A: Psychological problems that occur in the context of an overseas assignment can be disruptive and costly. The success of CIA personnel is determined at least in part by their ability to maintain a low profile and function with relative anonymity. Employees in distress can draw unwanted attention to themselves and to their parent organization.

In the worst-case scenario, untreated problems can result in the exposure of clandestine activities and possibly even the loss of life. In the best-case scenario, mission-critical activities are unaffected but the individual must be returned home for appropriate treatment that often is not available overseas. Bringing an employee home can result in lost productivity, disruption of spousal employment, disruption of the education of children and a significant financial burden for the individual and the organization.

CIA psychologists are prepared to assist in the prevention and remediation of mental health problems wherever they occur. They travel extensively, providing routine consultations and responding to crises. Although travel in some parts of the world is difficult, CIA psychologists and psychiatrists can generally get to any employee in less than 24 hours. Pre-employment screening, pre-assignment screening and rapid response capabilities combine to minimize the number of employees and family members that must be returned home short of tour for mental health reasons.

Q: Do you feel that your role is well-integrated into the Agency's overall goals?

A: The success and professional effectiveness of CIA psychologists depend on their ability to understand individual needs in the context of the unique mission they support. Throughout their careers, they participate in the same kind of specialized training afforded employees outside of the mental health arena--experiencing the same stressors, enduring the same long hours and developing some of the same knowledge, skills and abilities. Understanding of organizational dynamics is fostered through participation on interdisciplinary panels that focus on recruitment, hiring, training, risk management and emergency response

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readiness.

Psychologists have become welcome partners in a wide range of forums impacting on both the individual and the Agency. Some components within the Agency have psychologists assigned to their area of responsibility on a full-time basis, giving them immediate and ongoing access to a behavioral scientist who becomes intimately familiar with their requirements.

Q: Are you able to engage with psychology colleagues outside the Agency?

A: Yes. There is a great deal of emphasis on multidisciplinary service delivery and on the continuing education needed to sustain and enhance clinical competencies. CIA psychologists work closely with staff psychiatrists, staff physicians and other medical specialists. Continuing education needs are surveyed yearly and outside speakers with substantive expertise are invited to share their knowledge. Psychologists from other government organizations with similar missions are often invited to attend, creating additional opportunities for professional interactions and development. Agency psychologists also attend continuing education programs sponsored by other organizations.

In addition, Agency psychologists are encouraged to participate in other professional activities that encourage interactions and exchanges of ideas with their non-Agency peers. Some have part-time private practices in the evenings that broaden their perspective on current practice issues.

Q: What do you like best about your job at the CIA?

A: The challenges of providing mental health services within the intelligence community are many and varied--but so are the rewards. When earthquakes erupt, planes crash, assaults occur, buildings are bombed or people are wounded or killed by acts of war, CIA psychologists are there to minimize the impact of the traumatic event, formulate appropriate intervention strategies and coordinate follow-up plans. When a Headquarters employee seeks help for clinical symptoms, problems related to job satisfaction or more common problems of daily living, CIA psychologists are there to assess the nature and extent of the

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problem and facilitate its resolution. And when the impact of a traumatic event, clinical disorder or situational stressor extends beyond the affected employee, support is available for spouses, children and other family members.

Thousands of miles from home or across the hallway at CIA Headquarters, CIA psychologists address the mental health needs of all employees.

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Your Last Name Search Results for DiFrancesca

MemRec Database Online

DiFrancesca, Katherine Raleigh [redacted]

Address	Telephone
Katherine Raleigh DiFrancesca, PhD [redacted] Address Updated as of: 1/19/1999 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: [redacted] Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Member Since 1970
Divisions	
12 - Member - Society of Clinical Psychology 41 - Member - American Psychology-Law Society	
Membership Number: [redacted]	**Record Last Changed On:** 8/28/2004

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Self-Nominated

I am nominating myself for the President's task force on National Security. My specialty is forensic psychology and I have experience interviewing people in difficult situations. Between 1974 and 1986 I interviewed and evaluated defendants for the court. Since 1986 I have been interviewing and evaluating criminal defendants in full time private practice. I average 4 evaluations per week. When I worked in the forensic department, I was assigned 8 evaluations each week. Most of the cases are very serious with murder, rape, molest and gang related crimes being prevalent. I have worked on more than 40 death penalty cases. I have also evaluated victims, for example, victims of priest molest. I have had the opportunity to read transcripts of every kind of police interrogation, juvenile and adult.

I have served on the Ethics Committee for the San Diego Psychological Association 2 times and I am currently on the APA Ethics Committee.

I have some experience in crisis situations having been a Red Cross mental health first responder in San Diego for 14 years. I have served at 3 major fires and I am on the "on-call" list rotation list.

Thank you for considering me for this task force. Katherine DiFrancesca

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KATHERINE DIFRANCESCA

MemRec Database Online

Donner, Michael B [redacted]

Address	Telephone	
Michael B Donner, PhD [redacted] Address Updated as of: 7/2/2004 Exclude from Mailings: Yes Address is Bad: No	Home Phone: Business Phone: Facsimile: Email:	 [redacted] No Spam, please.
Membership Status	**Membership Elect Dates**	
Member	Member Since 1990	
Divisions		
Membership Number: [redacted]	**Record Last Changed On:**	12/16/2004

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Submitted by the California Psychological Association

NOMINATIONS
APA NATIONAL SECURITY ETHICS TASK FORCE
March 1, 2005

Statement of Qualifications for the APA Task Force on Ethics and National Security.

Psychologists face complex dilemmas when the protection of the needs and rights of the individual conflicts with the needs of society for safety and security. For over twenty years, I have been teaching and writing about the relationship between ethics, privacy and confidentiality. I am a member of the California Psychological Association Ethics Committee, Ethics Chair of my county psychological association, and have taught law and ethics in three graduate psychology programs. As a continuing education provider and consultant, I have worked with psychologists and organizations struggling to apply ethical concepts in a variety of settings. including school based health centers, inpatient psychiatric hospitals, correctional facilities, court mandated drug treatment programs, probation and parole.

I assumed a leadership role in my local and state professional associations and helped California psychologists integrate and apply the USA Patriot Act to informed consent and confidentiality, and need of society to protect itself. As our government struggles to balance civil liberties and national security against individual rights, psychologists are and will be involved. I believe I have the experience and background to help psychologists utlilize the broad tenets of our ethical principals, whether confronted by a powerful authority, or confronted by a terrifying threat.

Michael B. Donner, Ph.D.
PRIVACY REDACTION

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Your Last Name Search Results for Anthony Doran

MemRec Database Online

Doran, Anthony P [PRIVACY REDACTION]

Address	Telephone	
Anthony P Doran, PsyD [PRIVACY REDACTION]	Home Phone:	[PRIVACY REDACTION]
	Business Phone:	
Address Updated as of: 8/17/2004	Facsimile:	
Exclude from Mailings: No Address is Bad: No	Email:	doran@faso.nasb.navy.mil

Membership Status	Membership Elect Dates
Member	Affiliate Since 1989 Member Since 1999

Divisions

01 - Member - Society for General Psychology
19 - Member - Society for Military Psychology

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	12/16/2004

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FROM ETHICS OFFICE / SCIENCE DIRECTORATE ORIGINAL LIST

CDR Anthony (Tony) P. Doran, PsyD. (Member, Divisions 1 and 19) is a psychologist with the Navy Personnel Command's Behavioral Health Program & EFM Program in Tennessee. Division 19's President notes that Commander Doran has had very recent and intensive experience with repatriations, detainees in Cuba, and running a survival and evasion school.

HC00008594

Your Last Name Search Results for Dunivin

MemRec Database Online

Dunivin, Debra Lina [redacted]

Address	Telephone
Debra Lina Dunivin, PhD [redacted]	Home Phone: [redacted] Business Phone: Facsimile: Email: debra.dunivin@na.amedd.army.mil
Address Updated as of: 12/2/2002 Exclude from Mailings: No Address is Bad: No	

Membership Status	Membership Elect Dates
Fellow	Associate Since 1977 Member Since 1983 Fellow Since 1997

Divisions

09 - Member - Society for the Psychological Study of Social Issues - SPSSI
18 - Member - Psychologists in Public Service
19 - Member - Society for Military Psychology
28 - Member - Psychopharmacology and Substance Abuse
31 - Fellow - State Psychological Association Affairs
35 - Member - Society for the Psychology of Women
42 - Fellow - Psychologists in Independent Practice
55 - Fellow - American Society for the Advancement of Pharmacotherapy

Membership Number:	[redacted]	Record Last Changed On:	8/31/2004

Search Again

Nominated by Corey J. Habben, PhD

and

From Ethics Office / Science Directorate Original List

Debra Dunivin, PhD (Member, Divisions 9,18,19,28,35; Fellow, Divisions 31,42,55) is deputy director of the department of psychology and director of training for the Clinical Psychology Residency Program at Walter Reed Army Medical Center in Washington, D.C. Other duties include a clinical practice in psychopharmacology and consultation to Walter Reed's Clinical Breast Care Project, conducting research in psycho-oncology and telehealth. Currently an active duty Army officer, Dunivin previously spent a year as a Fellow in the office of Sen. Daniel K. Inouye (D-HI) and participated in the Department of Defense Psychopharmacology Demonstration Project. Last year she consulted to the APA Board Task Force on Sexual Orientation and Military Service.

HC00008594

HC00008594

Your Last Name Search Results for Tracy eells

MemRec Database Online

Eells, Tracy D [redacted]

Address	Telephone
Tracy D Eells, PhD [redacted] Address Updated as of: 9/11/1999 Exclude from Mailings: No Address is Bad: No	Home Phone: [redacted] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Affiliate Since 1986 Member Since 1993
Divisions	
12 - Member - Society of Clinical Psychology 29 - Member - Psychotherapy 39 - Member - Psychoanalysis	
Membership Number: [redacted]	**Record Last Changed On:** 12/16/2004

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Nominated by the Kentucky Psychological Association

The Kentucky Psychological Association is pleased to nominate Tracy Eells, MBA, PhD, to the APA Task Force exploring ethical aspects of psychologists' involvement in national security-related investigations.

Several training and professional influences would help Dr. Eells contribute to the work of the Task Force. He recently ended service on the Kentucky Board of Examiners in Psychology. During this experience, including two terms as board chair, he struggled with numerous ethical and legal issues regarding clinical practice and training programs. As Associate Dean of Faculty Affairs at the University of Louisville School of Medicine, his responsibilities include advising department chairs and faculty on issues involving policy and ethics. As a member of the School's Compliance Committee, he faces decisions regarding medical documentation that affect patient care and medical training.

Dr. Eells' work in forensic psychology and conducting fitness-for-duty evaluations involves consideration of his ethically appropriate role. In addition, the presence of the Center for Bioethics and the Law at the University of Louisville could provide a valuable resource for his work on the task force. Regarding the national security focus of the task force, his background in political science at the University of California, Riverside augments his psychology training, adding to the breadth he could offer.

Given the range of his education, training, and professional experiences, the KPA Board feels that Dr. Eells would be an excellent addition to this very timely and important Task Force. Please feel free to contact me if you need any additional information.

HC00008594

Your Last Name Search Results for Erdberg

MemRec Database Online

Erdberg, S Philip [PRIVACY REDACTION]

Address	Telephone	
S Philip Erdberg, PhD [PRIVACY REDACTION] Address Updated as of: 12/7/1999 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: Facsimile: Email:	[PRIVACY REDACTION]

Membership Status	Membership Elect Dates
Member	Member Since 1971

Divisions

12 - Member - Society of Clinical Psychology
39 - Member - Psychoanalysis

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	8/28/2004

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FROM ETHICS OFFICE / SCIENCE DIRECTORATE ORIGINAL LIST

Phil Erdberg, PhD (Member, Divisions 12 and 39) An active duty Army psychologist from 1969 to 1974 (clinical psychology internship at Walter Reed Army Medical Center and staff psychologist at Letterman Army Medical Center). Has continued his involvement with military psychology since leaving active duty, providing yearly training in psychological assessment for Army training programs in the United States and Europe and for the National Navy Medical Center in Bethesda, MD. Significant consultation relationship with FBI. A leading expert on the Rorschach, trained as a research psychoanalyst.

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Your Last Name Search Results for George Everly

MemRec Database Online

Everly, George S [PRIVACY REDACTION]

Address	Telephone
George S Everly, Jr, PhD [PRIVACY REDACTION] Address Updated as of: 8/3/2004 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Member	Member Since 1981

Divisions

06 - Member - Behavioral Neuroscience and Comparative Psychology
31 - Member - State Psychological Association Affairs
38 - Member - Health Psychology
40 - Member - Clinical Neuropsychology

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	8/28/2004

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Self Nominated

BIOGRAPHICAL SUMMARY - January, 2005

George S. Everly, Jr., Ph.D., F.A.P.M.

George S. Everly, Jr., Ph.D. serves on the faculties of The Johns Hopkins University Bloomberg School of Public Health and Loyola College in Maryland. He holds honorary professorships at the University of Hong Kong and Universidad de Norbert Weiner (Lima, Peru). In addition he serves on the adjunct faculty of the Federal Emergency Management Agency, the CDC Mental Health Exemplars Committee, and the NVOAD Emotional & Spiritual Care Committee, as well as the NVOAD Early Psychological Intervention subcommittee. He serves on the U. S Dept. of Homeland Security Infrastructure Protection advisory team, as well. He is an advisor to the Hospital Authority of Hong Kong. Dr. Everly is co-founder of the International Critical Incident Stress Foundation, a non-profit United Nations-affiliated public health and safety organization, was formerly Distinguished Visiting Professor, Universidad de Flores (Argentina), and was Senior Research Advisor, Social Development Office, Office of His Highness, the Amir of Kuwait, State of Kuwait. Prior to these appointments, Dr. Everly Chief Psychologist and Director of Behavioral Medicine for the Johns Hopkins' Homewood Hospital Center.

HC00008594

Search Again

Your Last Name Search Results for Charles Ewing

MemRec Database Online

Ewing, Charles P [redacted]

Address	Telephone
Charles P Ewing, PhD [redacted] Address Updated as of: 2/19/1999 Exclude from Mailings: No Address is Bad: No	Home Phone: PRIVACY REDACTION Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Fellow	Member Since 1978 Fellow Since 1991
Divisions	
41 - Fellow - American Psychology-Law Society	
Membership Number: [redacted]	**Record Last Changed On:** 12/9/2004

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NOMINATED BY ROBERT KINSCHERFF, PhD and COLI. The following comment is from COLI: "He has published with Michael Gelles, PhD on ethical issues in this arena in a recent issue of Behavioral Sciences and the Law. Is an attorney, as well."

HC00008594

Your Last Name Search Results for Robert Fein

MemRec Database Online

Fein, Robert A [PRIVACY REDACTION]

Address	Telephone	
Robert A Fein, PhD [PRIVACY REDACTION] Address Updated as of: 10/18/2002 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: Facsimile: Email:	[PRIVACY REDACTION]

Membership Status	Membership Elect Dates
Member	Member Since 1977

Divisions

18 - Member - Psychologists in Public Service
41 - Member - American Psychology-Law Society
51 - Member - Society for the Psychological Study of Men and Masculinity

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	11/4/2004

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Nominated by Robert Kinscherff, PhD
and

Recommended by COLI with the following comment:
"He has an ongoing contract with a defense agency and provides consultation in this area."

and

Self-nominated

plication to serve on the APA Task Force to Explore the Ethical Aspects of - sychologists' Involvement and the Use of Psychology in National Security-Related Investigations

I write to ask to be considered for a position on the APA Task Force that will examine the ethics of psychologists' work in national security investigations.

After 25+ years as a forensic psychologist first working on questions related to mentally disordered offenders and systems and then with the Secret Service on the prevention of assassination and other kinds of targeted violence, after the events of 9/11/2001, I decided to try to contribute to prevention of targeted terrorist attacks by working in the national security area.

Since then, I have consulted to the DoD's Criminal Investigative Task Force (and have thereby reviewed cases of several hundred detainees at Guantanamo as part of efforts to think through what risk individual detainees might pose to the US if released) and have worked with the DoD Counterintelligence Field Activity as part of the Directorate for Behavioral Science (where I serve on the Professional Advisory Committee). I have also had the privilege of being one of two psychologists on the Intelligence Science Board, which was chartered by the Director of Central Intelligence in August 2002 to advise the Intelligence Community on emerging and significant questions, developments, and issues in science that might bear on national security concerns. I am currently chairing an ISB study on educing information.

Over the past several months, I have found myself musing about the importance of our thinking through the roles of psychologists in various national security endeavors. I do not think that there is a forum dedicated to this kind of consideration in the DoD or the IC, so I greeted the announcement of the APA Task Force with some hope.

I have a full range of security clearances and would be able to participate in both classified and unclassified discussions relating to the work of the Task Force. If not chosen to serve on the Task Force, I would be glad to provide assistance to the members of the group in any way that I might be of use.

Sincerely,

Robert Fein

Robert A. Fein, Ph.D.
3/1/05

HC00008594

Baruch Fischoff, PhD (non-member)

Carnegie Mellon University

Nominated by the Board of Scientific Affairs

"Dr. Fischoff is the premier psychologist doing work on the perception and understanding of risk and has served on many research panels at the National Academy of Sciences on these topics. A description of his research follows: Judgment and decision making, with special interests in risk perception and management, expert judgment, value elicitation, adolescence, use of formal methods in public policy making, historical judgment, human factors engineering."

HC00008594

HC00008594

Your Last Name Search Results for Celia Fisher

MemRec Database Online

Fisher, Celia B [PRIVACY REDACTION]

Address	Telephone
Celia B Fisher, PhD Ctr for Ethics Educ-Dealy Hall Fordham Univ-Dept of Psychology 441 East Fordham Rd Bronx, NY 10458-5149 Address Updated as of: 7/17/2002 Exclude from Mailings: No Address is Bad: No	Home Phone: PRIVACY REDACTION Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Fellow	Member Since 1979 Fellow Since 1994

Divisions

03 - Member - Experimental Psychology
07 - Fellow - Developmental Psychology
20 - Member - Adult Development and Aging
35 - Member - Society for the Psychology of Women
37 - Fellow - Child, Youth, and Family Services
45 - Member - Society for the Psychological Study of Ethnic Minority Issues

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	12/17/2004

Search Again

Nominated by Charles Brewer, PhD
Nominated by Joseph E. Trimble, PhD
Nomination endorsed by Felicisima C. Serafica, PhD
Nominated also by Division 7 (Ann S. Masten, PhD, President)

-----Original Message-----
From: Charles Brewer [mailto: PRIVACY REDACTION
Sent: Sunday, February 20, 2005 2:19 PM
To: Behnke, Stephen
Subject: Nominee for Task Force

Dear Steve:

I nominate Celia Fisher for the "Task Force to Explore the Ethical Aspects of Psychologists' Involvement and the Use of Psychology in Security-Related Investigations," which is probably the longest name for any task force since the APA was established in 1892.

Celia probably knows as much about ethics as any psychologist ever has. For chairing the APA Ethics Code Task Force responsible for the latest revision of the Code, she earned permanent sainthood in psychology's heaven, if there is such a place.

Celia is the perfect person for this important task force.

Cordially,

Charles

Good day friends and colleagues. It is with a distinct pleasure that I nominate Celia Fisher for the APA Presidential Task Force to explore the ethical aspects of investigations related to national security. As you well know, there is no APA member more well-informed about the ethical responsibilities of APA psychologists than Celia. Celia also has national credibility from her exemplary service on the HHS Secretary's Advisory Board on Human Research Protections, her work in helping other government agencies and IRBs develop guidelines for research ethics, her credibility in both the practice and science areas of APA, and her exceptional body of empirical and theoretical work on ethical issues in psychological research, practice, expert testimony, use of the Internet; and research involving diverse populations such as children, the elderly, and adults with cognitive impairments and mental disorders. What you may not be aware of is the respect that Celia has received from members of APA's Division 45, Society for the Study of Ethnic Minority Issues, stemming from her dedication to promoting a research ethic that respects and reflects the values of diverse ethnocultural populations. As former President of Division 45 I believe that our division's members have been well served by Celia's work on the Ethics Code Task Force, her empirical studies on racial discrimination, her chairing of the Fordham-APA-NIMH conference on Research Ethics for Mental Health Science Involving Ethnic Minority Children and Youth, and our co-editorship of an upcoming handbook on Ethics and Responsible Research Involving Ethnocultural Populations and Communities. Also, I am taking the opportunity to provide you with a short biographical sketch of Celia's impressive accomplishments and credentials; the sketch appears below my signature. Thank you for your consideration and interest.
In spirit,
--Joseph

Joseph E. Trimble, PhD
Professor of Psychology
Center for Cross-Cultural Research
Department of Psychology
Western Washington University
516 High Street
Bellingham, WA 98226-9089
PRIVACY REDACTION
Web - http://www.wwu.edu/~trimble

Biographic Sketch
Celia B. Fisher, Ph.D., Marie Ward Doty Professor of Psychology and Director of the Fordham University Center for Ethics Education is a member of the DHHS Secretary's Advisory Committee on Human Research Protections (SACHRP), Co-Chair of the SACHRP Subcommittee on Research Involving Children, Vice-Chair of the APA Insurance Trust, and a founding editor of the journal Applied Developmental Science. She chaired the American Psychological Association's (APA) Ethics Code Task Force, the New York State Board for Psychology, the Ethics Committee of the Society for Research in Child Development, and the National Task Force on Applied Developmental Science; and is past member of the Ethics Working Group of the National Children's Study, the NIMH Data Safety and Monitoring Board, and the Institute of Medicine s Committee on Clinical Research Involving Children. Dr Fisher is author of Decoding the Ethics Code: A Practical Guide for Psychologists (Sage Publications), co-editor of 5 books including Ethical Issues in Mental Health Research with Children and Adolescents (Erlbaum Associates), author of over 100 publications in the areas of ethics in research, practice, forensic evaluations, and use of the Internet; adult and child visual perception; and life-span development and of commissioned papers for the President's National Bioethics Advisory Commission on relational ethics and vulnerable populations and on the ethics of suicide research for NIMH. With support from NICHD she studied how to assess and enhance research consent capacity of adults with developmental disabilities. With funding from NSF and NIH she has developed research ethics instructional materials for undergraduates, graduate students, senior scientists, and IRBs. In July 2001 she co-chaired the APA, NIMH, and Fordham Ethics Center sponsored national conference on Research Ethics for Mental Health Science Involving Ethnic Minority Children and Youth (American Psychologist, December 2002). She has developed assessment instruments to evaluate how teenagers and parents from different racial/ethnic backgrounds prepare for and react to racial discrimination, examined the validity of child abuse assessment techniques in institutional and forensic settings, and with additional support from NSF has partnered with ethnically diverse communities to understand their perspectives on the ethics of adolescent risk research.

-----Original Message-----
From: ann masten [mailto PRIVACY REDACTION
Sent: Sun 3/6/2005 6:29 PM
To: Behnke, Stephen
Cc:
Subject: Celia Fisher

It is with great please as President of Division 7 that I nominate Celia Fisher for the APA Task Force on Ethics and National Security. A 200 word statement is attached and appears below as well. The Executive Committee of Division 7 enthusiastically shares my view that she is exactly the right person for this important task force.

Thank you!

Ann S. Masten, Ph.D.
President of Division 7, American Psychological Association

Distinguished McKnight University Professor
Institute of Child Development
University of Minnesota
51 East River Road
Minneapolis, MN 55455-0345
PRIVACY REDACTION

Celia B. Fisher, Ph.D., is Marie Ward Doty Professor of Psychology and Director of the Fordham University Center for Ethics Education, a member of the DHHS Secretary's Advisory Committee on Human Research Protections (SACHRP), Co-Chair of the SACHRP Subcommittee on Research Involving Children, Vice-Chair of the APA Insurance Trust, and a founding editor of *Applied Developmental Science*. She has chaired the APA Ethics Code Task Force, the New York State Board for Psychology, the Ethics Committee of the Society for Research in Child Development, and the National Task Force on Applied Developmental Science; and is past member of the Ethics Working Group of the National Children's Study, the NIMH Data Safety and Monitoring Board, and the Institute of Medicine's Committee on Clinical Research Involving Children. Dr Fisher is author of *Decoding the Ethics Code: A Practical Guide for Psychologists*, co-editor of 5 books, including *Ethical Issues in Mental Health Research with Children and Adolescents*, and author of over 100 publications focused on developmental science and ethics. In July 2001 she co-chaired the national conference on Research Ethics for Mental Health Science Involving Ethnic Minority Children and Youth (*American Psychologist, December 2002).* She has extraordinary expertise (from extensive research, training, advising, and publishing) relevant to the Task Force on Ethics and National Security Investigations.

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HC00008594

MemRec Database Online

Fulero, Solomon Max [redacted]

Address	Telephone	
Solomon Max Fulero, PhD Dept of Psychology Sinclair College 444 West Third St Dayton, OH 45402-1421 Address Updated as of: 9/12/2002 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: Facsimile: Email:	[redacted]
Membership Status	**Membership Elect Dates**	
Fellow	Member Since 1985 Fellow Since 2000	
Divisions		
02 - Member - Society for the Teaching of Psychology 08 - Member - Society for Personality and Social Psychology 41 - Fellow - American Psychology-Law Society		
Membership Number:	[redacted]	**Record Last Changed On:** 12/16/2004

Search Again

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Self-nominated and

Nominated by Carol Patrick, PhD

From: Fulero, Solomon [mailto:PRIVACY REDACTION
Sent: Thursday, February 17, 2005 11:03 AM
To: Behnke, Stephen
Subject: The Terrorism Task Force

Steve, I am writing to express my STRONG interest in being appointed to the task force---as you know, I am in the
midst of the committee to revise the SGFP, and your comments along this line (Terrorism) were helpful. I have also
recently been involved "sub rosa" in some of the recent military cases involving interrogation, and knew this sort of
issue was coming down the pike. Please consider me for this----I think it is fascinating as an ethics issue.
Thanks, Steve, and see you at APLS (maybe?) or at APA.

Sol Fulero

-----Original Message-----
From: Patrick [mailto PRIVACY REDACTION
Sent: Tuesday, February 22, 2005 9:59 PM
To: Behnke, Stephen
Subject:

David,

I don't know if he would be interested, but Sol Fulero would be a very good choice for this type of task force. I doubt that his political persuasions agree with mine, but he is objective and professional in all situations. Sol is trained as a Ph.D. level social psychologist (a very important background for this issue), an attorney, and a PsyD. trained clinical psychologist. How many people in the U.S. have those kind of qualifications. All very relevant and important expertise in my opinion.

Carol Patrick

HC00008594

MemRec Database Online

Gallagher, Robert P [PRIVACY REDACTION]

Gallagher, Robert W [PRIVACY REDACTION]

Address	Telephone
Robert W Gallagher, PhD [PRIVACY REDACTION] Address Updated as of: 9/19/2000 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Affiliate Since 1989 Member Since 1998
Divisions	
Membership Number: [PRIVACY REDACTION]	Record Last Changed On: 12/16/2004

Search Again

Gallagher, Roberta E (69135004)

Nominated by Division 42

-----Original Message-----
From: Jeff Barnett [mailto PRIVACY REDACTION
Sent: Tue 3/1/2005 9:41 PM
To: Behnke, Stephen
Cc:
Subject: Fw: Task force on ethics and national security

Dear Steve, I am forwarding an additional nomination from APA Division 42 for the task force on ethics and national security. The nominee is Robert Gallagher, Ph.D. His personal statement is below. Thanks so much for receiving and considering this nomination. Best regards - Jeff.

Statement for Task Force on Ethics and National Security

Robert Gallagher, Ph.D.

I am interested in serving on the Task Force because I bring a perspective not widely found in the mainstream of American Psychology. My relevant experience includes:

-Former Air Force Psychologist
-Completed brief rotation with Air Force Office of Special Investigations.
-National Security Agency (NSA), as military assignee conducted psychological evaluations to determine eligibility for Top Secret access.
-NSA, became a civilian credentialed Special Agent. Conducted psychological evaluations of people with Top Secret access who were unable to successfully pass polygraph. Failure to eventually complete polygraph resulted in the opening espionage investigations or simple loss of Top Secret access.
- Currently employed by the Department of Defense's Defense Intelligence Agency (DIA). DIA is the DoD's premier all source intelligence agency. It is the agency with the responsibility for intelligence in direct support of the war fighter. It is also the main proponent for Human Intelligence in support of the Global War on Terrorism. This would include the interrogations that served as the impetus for this Task Force. As the only psychologist employed by DIA I have unique insight into the true role of psychology in these special circumstances and would like to opportunity to share it with the Task Force.

Search Again

Your Last Name Search Results for Michael Gelles

MemRec Database Online

Gelles, Michael G [PRIVACY REDACTION]

Address	Telephone
Michael G Gelles, PsyD [PRIVACY REDACTION] Address Updated as of: 10/4/2002 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Member Since 1988
Divisions	
18 - Member - Psychologists in Public Service 30 - Member - Society for Psychological Hypnosis 41 - Member - American Psychology-Law Society	
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:** 12/16/2004

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Nominated by Robert Kinscherff, PhD and COLI

COLI Comment: "A psychologist with naval intelligence and an author of a very interesting paper on ethical issues arising in national security investigations."

Michael Gelles, PsyD (Member, Divisions 18, 30, 41) Chief Psychologist of the United States Naval Criminal Investigative Service. Co-author, "Ethical Concerns in Forensic Consultation Regarding National Safety and Security."

Also from Ethics Office / Science Directorate Original List

HC00008594

MemRec Database Online

Gonsalves, Carlos Joseph [redacted]

Address	Telephone
Carlos Joseph Gonsalves, PhD [redacted] Address Updated as of: 9/1/1995 Exclude from Mailings: No Address is Bad: No	Home Phone: [redacted] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Member Since 1981
Divisions	
45 - Member - Society for the Psychological Study of Ethnic Minority Issues	
Membership Number: [redacted]	**Record Last Changed On:** 11/23/2004

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Self-nominated and endorsed by California Psychological Assn.

NOMINATIONS
APA NATIONAL SECURITY ETHICS TASK FORCE
March 1, 2005

I would like to volunteer for the APA Task Force on ethical aspects of investigation related to national security. I am a current member of APA and CPA, and have been an active member in support of human rights.

I completed my dissertation in 1979 on the effects of torture and exile on Chilean parolees. I have published several articles in refereed journals on the topic of the physical and psychological effects of torture. The Center for Survivors of Torture, San Jose, CA was funded by the Office of Refugee Resettlement in 2000 based on a grant written by myself and the CEO of Asian American for Community Involvement (ACCI), San Jose, CA. I am the Executive Director of the Institute for the Study of Psychosocial Trauma, Palo Alto, CA that has provided research, training and therapeutic interventions for professionals and paraprofessionals in the United States and Latin America. I would be happy to serve, and to provide some input to the Task Force.

Sincerely yours,
Carlos J. Gonsalves, Ph.D.
PRIVACY REDACTION

HC00008594

MemRec Database Online

Goreczny, Anthony J [redacted]

Address	Telephone
Anthony J Goreczny, PhD Dir of Grad and Prof Programs Chatham Col Woodland Rd Pittsburgh, PA 15232 Address Updated as of: 1/30/2002 Exclude from Mailings: No Address is Bad: No	Home Phone: PRIVACY REDACTION Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Member	Member Since 1991

Divisions

12 - Member - Society of Clinical Psychology
18 - Member - Psychologists in Public Service
20 - Member - Adult Development and Aging
22 - Member - Rehabilitation Psychology
33 - Member - Mental Retardation and Developmental Disabilities
38 - Member - Health Psychology
41 - Member - American Psychology-Law Society

Membership Number:	[redacted]	Record Last Changed On:	12/16/2004

Search Again

Self-nominated

Dr. Goreczny has served as an ethics educator for many years and attends the annual Pennsylvania Ethics Educators Conference. He serves on the Advisory Board of the JHF Pittsburgh Health Sciences Fellowship, an interdisciplinary collaboration among Pittsburgh area colleges and universities, including the University of Pittsburgh and Carnegie Mellon University. Emphasis is on development of ethical health care leaders. He helped establish the Forensics Program at Chatham College and serves on its Advisory Committee. Dr. Goreczny is also a member of Division 41 (American Psychology-Law Society) and has experience with APA governance. He served on the Continuing Professional Education Committee and chaired the committee for one year. He was also an APA representative to the Human Genome Education Module. As such, he has experience and skills to work collaboratively with APA governance and other professionals. Current terrorism threats necessitate APA providing guidelines on how to balance responsibilities (e.g., assisting in detection of possible terrorists and helping terror victims versus using psychological techniques to interrogate terrorists) and doing so in an ethically responsible fashion that preserves human rights, respect, and dignity. Dr. Goreczny's experiences will help the task force during discussions and when disseminating information to constituencies.

Your Last Name Search Results for Michael Gottlieb

MemRec Database Online

Gottlieb, Michael C [PRIVACY REDACTION]

Address	Telephone
Michael C Gottlieb, PhD [PRIVACY REDACTION] Address Updated as of: 1/13/1987 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Fellow	Member Since 1974 Fellow Since 1994

Divisions

12 - Member - Society of Clinical Psychology
17 - Member - Society of Counseling Psychology
29 - Member - Psychotherapy
35 - Fellow - Society for the Psychology of Women
41 - Fellow - American Psychology-Law Society
42 - Member - Psychologists in Independent Practice
43 - Fellow - Family Psychology
51 - Fellow - Society for the Psychological Study of Men and Masculinity

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	8/28/2004

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SELF NOMINATED

MAR 0 4 2005

Michael C. Gottlieb, Ph.D.

26 February 2005

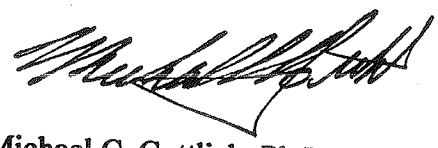
Dr. Stephen Behnke, Director
Ethics Office
American Psychological Association
750 First St. N. E.
Washington, D.C. 20004

Dear Dr. Behnke:

It has come to my attention that Council has established a Task Force to Explore the Ethical Aspects of Investigations Related to National Security. Please accept this message as my statement in support of an appointment to this task force.

Conflicts of interest may arise in situations of crisis and personal distress, and at those times psychologists are vulnerable to ethical violations. Such vulnerabilities also arise when our national security is at stake and our country threatened. I am quite familiar with problems of role conflict having written on various aspects of this matter for a number of years. I also have extensive experience providing guidance on such issues. In addition to being involved in the last two revisions of the APA Ethical Principles, I served a term on COPPS where I was one of the authors of the Child Protection Guidelines. More recently, I completed a term on the Ethics Committee where I was involved in its educational efforts. In both cases, I was selected for these positions in part due to my familiarity with legal issues. Finally, I also have extensive experience in APA governance having severed two terms on Council. For these reasons I feel that I can bring a useful perspective to the work of the group.

Thank you for your consideration,



Michael C. Gottlieb, Ph.D., F.A.F.P.
Board Certified, Academy of Family Psychology, ABPP
Clinical Associate Professor, University of Texas Southwestern Medical Center
Fellow, American Psychological Association

PRIVACY REDACTION

HC00008594

MemRec Database Online

Grabowski, John [PRIVACY REDACTION]

Address	Telephone	
John Grabowski, PhD Dept of Psychiat & Beh Sci Univ of Texas Hlth Sci Ctr 1300 Moursund Houston, TX 77030-3406 Address Updated as of: 1/6/1992 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: Facsimile: Email:	PRIVACY REDACTION

Membership Status	Membership Elect Dates
Fellow	Member Since 1972 Fellow Since 1984

Divisions

25 - Fellow - Division of Behavior Analysis
28 - Fellow - Psychopharmacology and Substance Abuse
33 - Member - Mental Retardation and Developmental Disabilities

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	11/9/2004

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Nominated by Jim Zacny, PhD
(President, Division 28)

HC00008594

John Grabowski PhD: Professor, Department of Psychiatry and Behavioral Sciences (University of Texas Health Science Center-Houston); Director, Substance Abuse Research Center

I have served on IRB's, advisory groups in our Health Science Center and University System, NIH groups addressing policy issues, NIH IRG's and other bodies devoted directly or indirectly to review of ethical practice and conduct of science. I developed and contributed to a graduate course on 'drug policy' that covers the gamut of legal, economic, therapeutic and ethical issues regarding control of medication. As an aside, I was for several years a member of the APA Council, the Division 28 executive committee, and am a past president of the Division, and have been a member of and chaired working groups for APA. I have had a career long interest in ethical conduct with regard to societal issues as well as those related to professional/scientific activity. As a well read and well informed US citizen I have more than a passing interest in issues of ethical conduct in our society. I expect that I contribute substantially to the dialog and decisions of the proposed APA working group focusing on 'national security'.

HC00008594

Search Again

Your Last Name Search Results for Stanley Graham

MemRec Database Online

Graham, Stanley R [redacted]

Address	Telephone
Stanley R Graham, PhD [redacted] Address Updated as of: 12/22/2003 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: [redacted] Facsimile: Email:
Membership Status	**Membership Elect Dates**
Fellow Dues exempt since 2000	Associate Since 1956 Member Since 1958 Fellow Since 1972
Divisions	

12 - Fellow - Society of Clinical Psychology
29 - Fellow - Psychotherapy
39 - Member - Psychoanalysis
42 - Fellow - Psychologists in Independent Practice
43 - Fellow - Family Psychology
51 - Member - Society for the Psychological Study of Men and Masculinity

Membership Number:	[redacted]	Record Last Changed On:	8/28/2004

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Self-nominated

-----Original Message-----
From: PRIVACY REDACTION
Sent: Tuesday, February 22, 2005 1:56 PM
To: Behnke, Stephen
Subject: (no subject)

I should like to be considered as a member of the Task Force to explore the ethical aspects in psychologists involvement and the use of psychology in national security investigations.

I spent a number of years as consultant to the NYC Police Department in areas relative to these issues and also spent five years as a consultant to a committee of a New York Bar Association.

There is no question but that those individuals who pursue information in security related investigations utilize methodologies which are derived from the various histories of psychological research, experimentation into the processes of manipulation and coercion with the hope of obtaining information.

The ethics of utilizing psychology in the examination of putative enemies may easily cross the barrier of moral values which we hold as psychologists since the concepts derived from our theories and our work we must take a proactive position in defining the right to use such methodologies and if any the limitations on the use of material derived from our work.

Stanley R. Graham, Ph.D.
PRIVACY REDACTION

Your Last Name Search Results for Larri Greene

MemRec Database Online

Greene, Larri A [PRIVACY REDACTION]

Address	Telephone	
Larri A Greene [PRIVACY REDACTION] Address Updated as of: 1/1/1986 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: Facsimile: Email:	[PRIVACY REDACTION]
Membership Status	**Membership Elect Dates**	
Student Affiliate	Affiliate Since 1986	
Divisions		
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:**	9/11/2004

Search Again

Self-nominated and submitted by California Psychological Assn.

NOMINATIONS
APA NATIONAL SECURITY ETHICS TASK FORCE
March 1, 2005

My name is Lorri A. Greene and I am a licensed psychologist in San Diego, California. As you know, San Diego has a large military presence. I have spent much time and energy working pro bono with a group called "Military Families Speak Out." It is a loose affiliation of people whose sons and daughters are, or were, in Iraq, and other areas of the world, at this time. I have seen many violations of confidentiality and privacy by national government as I have worked with this group. They are too numerous to mention in this e-mail.

My interest in this group has to do with my deep concern that the national government of the United States has overstepped personal and private boundaries in the name of National Security. Profiling of certain groups has become common, and since San Diego has a large Hispanic population, this group is sometimes ferreted out as being on the "terrorist" list.

Confidentiality is at an all-time low, and illegal acts on the part of our government are carried out in the name of national security.

I believe in national security. However, our First Amendment rights are being slowly being taken away; the media is often afraid to report all of the truth, such as not showing the coffins of the dead soldiers returning from Iraq; and people such as Fernando del Solar are being made to seem as if they are "enemies of the State.

I would like to help change some of this and still preserve our national security through the psychological tools that we know and have come to respect.

Thank you for considering me for the task force.

Sincerely,

Lorri A. Greene, Ph.D.
Psychologist
PRIVACY REDACTION

HC00008594

Your Last Name Search Results for Dennis Grill

MemRec Database Online

Grill, Dennis Joseph [redacted]

Address	Telephone
Dennis Joseph Grill, PhD [redacted] Address Updated as of: 8/13/2002 Exclude from Mailings: No Address is Bad: No	Home Phone: [redacted] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Fellow	Member Since 1981 Fellow Since 1999
Divisions	
19 - Fellow - Society for Military Psychology	
Membership Number: [redacted]	**Record Last Changed On:** 8/28/2004

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FROM ETHICS OFFICE / SCIENCE DIRECTORATE ORIGINAL LIST

Dennis Grill, PhD (Fellow, Division 19) Served on the Ethics Code Task Force as representative of Division 19.

HC00008594

MemRec Database Online

Gubkin, Rut [PRIVACY REDACTION]

Address	Telephone	
Rut Gubkin, PhD [PRIVACY REDACTION] Address Updated as of: 8/22/2002 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: Facsimile: Email:	 [PRIVACY REDACTION]
Membership Status	**Membership Elect Dates**	
Member	Member Since 2002	
Divisions		
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:**	8/28/2004

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Self-nominated

-----Original Message-----
From: PRIVACY REDACTION
Sent: Monday, March 07, 2005 2:26 PM
To: Behnke, Stephen
Subject: Homeland Security/missed deadline

Dear Dr. Behnke:

I was out of the country and I missed the deadline to be considered as a candidate for the task force on Homeland Security you are putting together. Even though I am not clear as to the duties and goals of this task force, I would like to give you some information about myself to see if I can be involved in any way with this task force.

My name is Rut Gubkin. I am a licensed psychologist in CA, with expertise in trauma, rehabilitation, child and cross-cultural psychology (among other areas). I was born and raised in Buenos Aires, Argentina. In my late teens I moved to Israel. I studied Psychology, became a licensed psychologist in 1980 and a licensed psychologist specialist in Rehabilitation psychology in 1981. In Israel I lived through two wars (Yom Kippur and Lebanon). During the Lebanon war I was a full time psychologist doing post traumatic work with soldiers brought straight from the line of fire to the ICU, crisis intervention and psychotherapy with quadriplegic and other severely injured soldiers, CISDs to the staff at the ICU, etc. I also did psychotherapy with Prisoners of War, individually and/or with their families who were brought to Israel with the help of the Red Cross. This therapy was done in Arabic, language I had study and spoke at the time.

I came to the States in 1985. Since my licenses, professional education and training were not recognized here at the Ph.D.level, after becoming a Licensed Marriage and Family therapist (1985), I enrolled for the second time in school and completed my Ph.D. in 1991.

In CA I have been doing CISDs (Critical Incident Stress Debriefings) since approximately 1988. I do debriefings once/twice a month (depending on my schedule), I was also involved with many around 9/11. In addition, I also do volunteer trauma work In Israel (in different capacities) once/twice a year with children and adults.

In California, I have a general practice with offices both in Albany and San Francisco. I work with children and adults. I do therapy in English, Spanish and Hebrew. I work extensively with the Latino population (including survivors of wars). I lecture on Latino culture and other topics. For the last 5-6 years I have been a frequent guest speaker on different Radio programs on topics of war, children, trauma, etc. I am currently on the Spanish Speaking Radio once a week, and frequently also on the news of the Spanish Speaking TV (Univision). This is pro-bono work which I see as a service to the Latino community.

I have recently started serving as the co-chair for both the diversity and

disaster relief committees of the Alameda County Psychological Association. My cross-cultural background and expertise, experience with wars and trauma work with all ages, commitment to the field of Psychology and interest in promoting the safety and well being of our community has motivated me to send you this email, even though I am late.

Thank you for taking the time to read this.

Sincerely,

Rut Gubkin, Ph.D.

Rut Gubkin, Ph.D.
PRIVACY REDACTION

HC00008594

HC00008594

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Your Last Name Search Results for Habben

MemRec Database Online

Habben, Corey J [redacted]

Address	Telephone
Corey J Habben, PsyD [redacted] Address Updated as of: 3/5/2003 Exclude from Mailings: No Address is Bad: No	Home Phone: [redacted] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Member	Affiliate Since 1994 Member Since 1998

Divisions

12 - Member - Society of Clinical Psychology
42 - Member - Psychologists in Independent Practice
51 - Member - Society for the Psychological Study of Men and Masculinity
55 - Member - American Society for the Advancement of Pharmacotherapy

Membership Number:	[redacted]	Record Last Changed On:	12/16/2004

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NOMINATED BY NEIL MASSOTH, PhD

Cory Habben expressed strong interest. He is now at Walter Reed (works with Debra Dunivin) and is the only (I believe) non military person working there on contract.

AND Self-nominated

-----Original Message-----
From: Corey J Habben PRIVACY REDACTION
Sent: Monday, February 21, 2005 11:41 PM
To: levantr@nova.edu
Subject: TF

Hi Ron,
I imagine you have been solicited by a bunch already, but I want you to know how interested I am in the Task Force on Ethics/Investigations/National Security. I will send my qualifications along with my nomination statement, but I hope you will give me your special attention and consideration. I have been working for the military as a civilian contractor since before the war (at Walter Reed) and I believe my background is a unique fit for this topic. I'm already in DC, so I would be a cheap date (no travel, etc) and I have been itching to get back involved in APA governance since I am no longer attached to any board, committee, or division position. I think this is a very important issue and I believe I would bring a balanced and informed early career psychologist to the table. I hope I can count on your support.

HC00008594

MemRec Database Online

Haney, Craig William [PRIVACY REDACTION]

Address	Telephone	
Craig William Haney, PhD Dept of Psych Univ of Calif Santa Cruz, CA 95064 Address Updated as of: 8/7/1998 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: Facsimile: Email:	[PRIVACY REDACTION]

Membership Status	Membership Elect Dates
Member	Member Since 1981

Divisions

08 - Member - Society for Personality and Social Psychology
09 - Member - Society for the Psychological Study of Social Issues - SPSSI
41 - Member - American Psychology-Law Society

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	8/28/2004

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Nominated by Anne C. Bernstein, PhD

To: Stephen Behnke, J.D. PhD
Director APA Ethics Office

I am writing to nominate Craig Haney, J.D., Ph.D. to the APA Presidential Task force to Explore the Ethical Aspects of Investigations Related to National Security.
I have pasted in the correspondence with APA President Ron Levant below, to explain the delay in the formal submission of this nomination. I had originally contacted Dr. Levant concerning this nomination in early February.
Professor Haney is exceptionally well-qualified for this Task Force A full professor at the University of California at Santa Cruz, he earned doctoral degrees in both law and psychology at Stanford University and has served as chair of his own department, psychology, and the sociology department, a testament to his collaborative and leadership skills. The principal focus of his research and consultation has been on the application of social psychological principles to legal and civil rights issues. He has specialized in the assessment of institutional environments, especially individual adjustment and the psychological effects of incarceration. He has also worked on the way in which attitudes and beliefs about crime and punishment are changed by legal procedures, as well as the role of such attitudes and beliefs in influencing legal fairness and impartiality. Haney's current research examines the psychological effects of different forms of incarceration, the role of pre-trial publicity in creating juror prejudice and pre-judgment, and the structure of criminal justice attitudes and the mechanisms that underlie discriminatory legal decision making. Haney's work is highly applied and policy oriented, and he consults widely on issues particularly pertinent to the work of the Task Force.

Yours truly,
Anne C. Bernstein, Ph.D.
APA Fellow in Family Psychology

Documentation for the reason for the delay.

3/3/2005

MemRec Database Online

Hibler, Neil S [redacted]

Address	Telephone
Neil S Hibler, PhD [redacted] Address Updated as of: 2/16/2005 Exclude from Mailings: No Address is Bad: No	Home Phone: PRIVACY REDACTION Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Member	Member Since 1979

Divisions

12 - Member - Society of Clinical Psychology
18 - Member - Psychologists in Public Service
19 - Member - Society for Military Psychology
30 - Member - Society for Psychological Hypnosis
41 - Member - American Psychology-Law Society

Membership Number:	[redacted]	Record Last Changed On:	8/28/2004

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Nominated by Division 19

Neil S. Hibler, Ph.D., ABPP

For some time now I have been following Jeff Mumford's inititives to ensure our profession's role in national security. This task force promises to be another success for APA in defining how psychologists can contribute to legitimate, legal and effective practices in this time of risk. I am in PRIVACY REDACTION which would perhaps add to the convenience of my involvement, but more importantly I offering what I believe to be an unusual background that is relevant to the need.

I am a retired Air Force clinical psychologist, who was also a special agent and counterintelligence officer. In the course of my duties I have been an instructor in interviewing and interrogating, directed the federal government's program for using hypnosis to enhance memory and directed the nation's espionage research program.

As the Command Clinical Psychologist for the Air Force Office of Special Investigations I have participated in thousands of investigations by supplying behavioral science support. In that regard, I have conducted a significant amount of investigative and operational activity as an Agent, and when later becoming a psychologist conducted casework, mindful of the ethical implications of our profession. Now that I am retired from the military I believe I there may be an advantage in that I don't have a career to protect, meaning that my views would not be influenced by having to be in agreement with military policy.

At this time I am as yet deeply involved in psychological activities that support our national security. My top secret clearance is current. I am the psychologist used by the U.S. Secret Service for examining uniformed and special agent personnel, to include the team that protects the President. Additionally, I am the consultant used by the FBI for their employees, as well as being their internal security consultant. There are a number of these consultant positions, many obtained after efforts by other psychologists failed. For example, I am the psychologist now used by the Federal Air Marshal program, after their initial consultant proved unable to provide viable services. These agencies typically find me due to my role as a psychology consultant to the Department of Health and Human Services (HHS) and the Office of Personnel Management (OPM).

PRIVACY REDACTION

Your Last Name Search Results for Holguin

MemRec Database Online

Holguin, Gabriel [PRIVACY REDACTION]

Address	Telephone
Gabriel Holguin, PhD [PRIVACY REDACTION] Address Updated as of: 10/23/2002 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Affiliate Since 1997 Member Since 2005
Divisions	
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:** 1/6/2005

Search Again

Self-Nominated

Hello Dr. Behnke,

My name is Gabe Holguin and I am a military (U.S. Air Force) clinical psychologist. Currently, I am the Chief of Psychological Services at Kirtland Air Force Base, New Mexico.

I am writing in regards to my interest in serving on the APA Presidential Task Force to Explore the Ethical Aspects of Psychologists' Involvement and the Use of Psychology in National Security-Related Investigations. Throughout my military career as a psychologist, I have engaged in experiences that are directly related to the focus and overarching purpose of the task force. I integrally participated in the mental health response efforts to the terrorist attacks of September 11 on the Pentagon while I was stationed at Andrews AFB. Furthermore, I was deployed in support of Operations Iraqi & Enduring Freedom and served in Iraq to provide much needed psychological services to the Army, Marines, Airmen, and Coalition Forces members during the crux of the war. Also, a large portion of my duties are to perform psychological evaluations and clearances for positions in which national security is a pivotal concern (e.g., access to nuclear weapons, top-secret clearances, etc.).

Practicing as a clinical psychologist in the military (both overseas in Iraq while serving in the war and here stateside as well) has inevitably placed me in many situations in which the ethical dimensions regarding the practice of psychology were of paramount importance as it relates to matters of national security. I would love to use my background, experiences, and qualifications as a member of the task force in pushing on-going efforts of exploring and examining the ethical dimensions of psychology's involvement/role with regards to national-security related investigations. Doing so can help ensure that psychology's involvement in these types of activities are undertaken in such a way that protects the integrity of the profession and practitioners involved in such endeavors, while simultaneously acting as a positive and vital influence on critical issues regarding national security.

Please do not hesitate to contact me if I can be of any further assistance and/or if any more information is desired. Take care and have a great day. I hope to hear from you in the near future.

Dr. Gabriel Holguin
Captain, USAF, 377 MDOS/SGOHL
Clinical Psychologist
Chief of Psychological Se-
PRIVACY REDACTION

HC00008594

Your Last Name Search Results for Larry James

MemRec Database Online

James, Larry C [PRIVACY REDACTION]

Address	Telephone
Larry C James, PhD [PRIVACY REDACTION] Address Updated as of: 11/17/2004 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Fellow	Affiliate Since 1987 Member Since 1989
Divisions	
12 - Fellow - Society of Clinical Psychology 17 - Member - Society of Counseling Psychology 19 - Fellow - Society for Military Psychology 38 - Fellow - Health Psychology	
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:** 12/16/2004

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SELF NOMINATED

and Nominated by Corey J. Habben, PhD
and Janet R. Matthews, PhD (Policy and Planning Board)
and Board of Professional Affairs

Nomination of Dr. Larry C. James

It is my pleasure, on behalf of the Policy and Planning Board, to nominate Larry C. James, Ph.D. for membership in the Task Force to Explore the Ethical Aspects of Psychologists' Involvement and the Use of Psychology in National Security-Related Investigations. Larry brings a somewhat unique history to this group that would be most beneficial. He is not only a licensed and board certified clinical psychologist but also a Colonel on active duty with the United States Army. In his capacity as a military psychologist he not only trains psychologists but has also completed two deployments to Iraq, including one following the problems at Abu Ghraib prison. He has also consulted at the detainment center at Guantanamo, Cuba. This military background is combined with experience in APA governance and policies. Currently he serves on the Board of Professional Affairs. As BPA's liaison to COPPS he is current on issues of standards of practice.

I have had the opportunity to interact with Larry in multiple ways. I served on his oral examination committee for his clinical ABPP. As chair of the Louisiana licensing board, I assisted him in license renewal when he was deployed to Iraq. I have also interacted with him socially during APA events. Larry brings not only his professional qualifications but also the ability to work effectively in task-oriented groups. He understands both psychological ethics and the requirements of government employees.

Janet R. Matthews, Ph.D., ABPP
Member of Policy & Planning Board

HC00008594



BIO For Colonel Larry C. James, Ph.D.,ABPP

Colonel Larry C. James served as the Chief, Department of Psychology at Walter Reed Army Medical Center for the past five years. In this capacity, he also was the Chief Psychologist for the Army's northeast region and had responsibility over 100 psychologists in this region. Currently, Dr James is the Chief, Department of Psychology, Tripler Army Medical Center, Honolulu, Hawaii. During the Military's response to 9-11 at the Pentagon, Colonel James was the Chief Psychologist for the Mental Health Task Force. Dr James has been awarded the Bronze Star and the Joint Service Commendation medals for his superior and distinguished services during the global war on terrorism. In 2003 he was the Chief Psychologist for the Joint Intelligence Group at GITMO, Cuba and in 2004 he was the Director, Behavioral Science Unit, Joint Interrogation and Debriefing Center at Abu Ghraib, Iraq. Colonel James was assigned to Iraq to develop legal and ethical policies consistent with the Geneva Convention guidelines and the APA ethics code in response to the abuse scandal. Also, while at Abu Ghraib, Iraq Dr James was tasked with developing a mental health clinic to deliver services to approximately 8,000 prisoners.

Contact Information: PRIVACY REDACTION

HC00008594

Steve:

I am writing this note to let you know that the Board of Professional Affairs (BPA) endorses the nomination of Larry James to this group. I know that you already have his materials. BPA believes that he is one of the few members who actually have direct experience in this area. He has a record of contributions to APA and the profession and is currently a member of BPA. APA is fortunate to have such a resource with regard to the charge of this task force. I am sending this by e-mail because the nominations were already due. If you would like me to send you a more formal letter from Rosie Philips Bingham, Ph.D., BPA Chair, who I have copied on this e-mail, please let me know and I will do so.

Best,

--Geoff

Geoffrey M. Reed, Ph.D.
Assistant Executive Director for Professional Development
Practice Directorate
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
(202) 336-5968 Voice
(202) 336-5797 Fax

HC00008594

Address	Telephone
Arthur James Kendall, PhD PRIVACY REDACTION Address Updated as of: 1/1/1976 Exclude from Mailings: No Address is Bad: No	Home Phone: PRIVACY REDACTION Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Fellow	Associate Since 1976 Member Since 1980 Fellow Since 2001
Divisions	
05 - Member - Evaluation, Measurement and Statistics 08 - Member - Society for Personality and Social Psychology 09 - Fellow - Society for the Psychological Study of Social Issues - SPSSI 34 - Member - Population and Environmental Psychology 48 - Member - Society for the Study of Peace, Conflict and Violence: Peace Psychology Division	
Membership Number: PRIVACY REDACTION	**Record Last Changed On:** 11/10/2004

Self-nominated

-----Original Message-----
From: Art Kendall [mailto:[redacted]
Sent: Saturday, March 05, 2005 6:40 PM
To: Behnke, Stephen
Subject: Re: Board Task Force

Thank you.

I'll send a note to Ron Levant tomorrow..

I retired a couple of years ago from a Sr Math Statistician position at GAO where my resposibilities included assuring that the methods used in investigations for the Congress were objective and impartial. Many were classified studies in national security and international affairs. This looks like an effort that would be within my long standing interests.

Art

MemRec Database Online

Kimmel, Paul R PRIVACY REDACTION

Address	Telephone
Paul R Kimmel, PhD PRIVACY REDACTION Address Updated as of: 9/13/2004 Exclude from Mailings: No Address is Bad: No	Home Phone: PRIVACY REDACTION Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Fellow	Member Since 1983 Fellow Since 1987
Divisions	
09 - Fellow - Society for the Psychological Study of Social Issues - SPSSI 48 - Fellow - Society for the Study of Peace, Conflict and Violence: Peace Psychology Division	
Membership Number: PRIVACY REDACTION	**Record Last Changed On:** 10/21/2004

Search Again

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Self-nominated

-----Original Message-----
From: [redacted]
Sent: Monday, March 07, 2005 12:19 PM
To: Behnke, Stephen
Cc: [redacted]
Subject: Re: New BoD Task Force

Stephen Behnke, JD, PhD
Ethics Office

Stephen,

Please considered me for the APA Task Force on National-Security Related Investigations. I am currently chair of the APA's Task Force on the Psychological Effects of Efforts to Prevent Terrorism that will be making its report to Council in August. I am also President of Psychologists for Social Responsibility and Past President of Division 48. I was the first Public Policy Fellow at the American Psychological Association where I worked on the legislation establishing the U.S. Institute of Peace. As a Fellow at USIP I wrote a monograph on the influence of cultural factors on international negotiations. I have served on the Boards of the Multicultural Institute in Washington, D.C. and the Pre-Negotiation Project in Tel-Aviv.

I have developed and run programs in intercultural communication for police, educators and international business persons. These training programs assist professionals in conflict situations that involve differences in culture and economic conditions. Working with the International City Managers Association's program, I trained city officials in Sidney, OH, and Kotzebue, AK, as well as the Long Beach police department in community oriented public safety and problem solving.

I teach courses in ethics, research methods and conflict management at the Saybrook Graduate School and Research Center.

Thanks for your consideration,

Dr. Paul Kimmel

MemRec Database Online

Kinscherff, Robert T [PRIVACY REDACTION]

Address	Telephone
Robert T Kinscherff, Ph.D., PhD [PRIVACY REDACTION] Address Updated as of: 9/30/2003 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: [PRIVACY REDACTION] Facsimile: Email:

Membership Status	Membership Elect Dates
Member	Affiliate Since 1986 Member Since 1989

Divisions

12 - Member - Society of Clinical Psychology
18 - Member - Psychologists in Public Service
41 - Member - American Psychology-Law Society

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	11/2/2004

Search Again

Nominated by Julia Ramos-Grenier, PhD

-----Original Message-----
From: Julia Grenier [mailto: PRIVACY REDACTION
Sent: Friday, February 18, 2005 1:59 PM
To: Behnke, Stephen
Cc: 'Robert Kinscherff'
Subject: Nomination

Steve,

I would like to nominate Robert Kinscherff to Ron Levant's Task Force on the ethical dimensions of investigations related to national security. I received an email which directed these nominations to go to you. You know Robert well, but I can add that in addition to his work on the Ethics Committee, he has also been involved in several national security activities, was recently facilitator for a two-day National Institute of Justice applications of research conference on suicide terrorism, and has also participated in a preliminary meeting between APA and the national security community on exploring ethical issues. I think he'd be a great asset to this effort.

Thanks,

Julia Ramos-Grenier, Ph.D., ABPP

MemRec Database Online

Hoffberg Knowles, Caroline [PRIVACY REDACTION]

Address	Telephone
Caroline Hoffberg Knowles, PhD [PRIVACY REDACTION] Address Updated as of: 9/11/1999 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member Dues exempt since 2000	Member Since 1960
Divisions	
12 - Member - Society of Clinical Psychology	
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:** 8/28/2004

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Self-nominated and submitted by the California Psychological Assn.

NOMINATIONS
APA NATIONAL SECURITY ETHICS TASK FORCE
March 1, 2005

I am a psychologist in private practice, licensed in California PRIVACY REDACTION and also an attorney admitted to the California Bar PRIVACY REDACTION. My current work is as a forensic psychologist, assisting attorneys in defending capital cases, evaluating applicants for social security benefits, and examining workers compensation claimants. I have a keen interest in the role of psychologists in the public arena. I would be interest in serving on the task force to define the ethical practice of psychology in the era of the "war on terror."

Caroline H. Knowles, Ph.D., J.D., Esq.
PRIVACY REDACTION

HC00008594

MemRec Database Online

Kolditz, Thomas Alan [PRIVACY REDACTION]

Address	Telephone
Thomas Alan Kolditz, PhD [PRIVACY REDACTION] Address Updated as of: 8/8/2000 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Member Since 2000
Divisions	
14 - Member - Society for Industrial and Organizational Psychology 19 - Member - Society for Military Psychology	
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:** 10/27/2004

Search Again

Nominated by Division 19

Division 19 Nominees for APA Presidential Task Force on Ethical Aspects of Investigations Related to National Security

Colonel Thomas A. Kolditz, Ph.D. (nonclinical nominee)

Tom Kolditz is the Head of the Department of Behavioral Sciences and Leadership at the United States Military Academy. He has served in tactical assignments worldwide, and as a human resources policy analyst in the Pentagon. Colonel Kolditz's most recent troop assignment was commander of a battalion in Korea. He is responsible for Psychology, Sociology, Leadership, and Management programs at West Point.

He holds a Bachelor's in Psychology and Sociology from Vanderbilt University, three masters degrees, and a Ph.D. in Social Psychology from the University of Missouri. He has published across an array of academic, military, and leadership trade publications, and serves on the advisory boards of several academic journals. He is a member of the Academy of Management, the American Psychological Association, and a Fellow in the Inter-University Seminar on Armed Forces and Society. Colonel Kolditz worked on major Army studies, including the Secretary of the Army Senior Review Panel on Sexual Harassment (1997) and the Chief of Staff, Army Study Group on Well-being in the US Army (2000). His professional interests center on applied psychology and leadership. In 2003, he traveled throughout Iraq to study cohesion in small units during hostilities.

PRIVACY REDACTION

HC00008594

Your Last Name Search Results for Gerald Krueger

MemRec Database Online

Krueger, Gerald P [PRIVACY REDACTION]

Address	Telephone
Gerald P Krueger, PhD [PRIVACY REDACTION] Address Updated as of: 6/25/2002 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Fellow	Member Since 1978 Fellow Since 1996

Divisions

19 - Fellow - Society for Military Psychology
21 - Fellow - Applied Experimental and Engineering Psychology

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	10/25/2004

Search Again

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NOMINATED BY DEBORAH BOEHM-DAVIS (Division 21)

Stephen Behnke
Director, APA Ethics Office

On behalf of Division 21, I would like to nominate Gerald Krueger for the APA Task Force exploring Ethical Aspects of Psychologist in National Security Related Investigations. Dr. Krueger's statement is appended below for your consideration. Should you have any further questions about his nomination, please do not hesitate to contact either Dr. Krueger or myself.

Deborah Boehm-Davis
President, Division 21
****

Gerald P. Krueger, Ph.D., is a Past President, and an APA Fellow in both Divisions 19 and 21. He is a retired U.S. Army Colonel, Medical Service Corps, having had a successful 25-year active duty career as a human factors research psychologist. For years, Dr. Krueger has been very active in APA Advocacy work, has worked with both the Science Directorate and the Public Policy Directorate, testifying on behalf of psychological research funding before the Defense Appropriations Committees -- in the Senate (twice) and once in the House of Representatives. He is currently the official representative of the Human Factors and Ergonomics to the Board of the Federation of Behavioral, Psychological, and Cognitive Sciences (FBPCS).

As the Principal Scientist at the Wexford Group International in Vienna, VA, Dr. Krueger is head of the Human Factors, Ergonomics and Medical Research Team. He also is an adjunct associate professor of military psychology in the department of clinical medical psychology at the Uniformed Services University of the Health Sciences in Bethesda, MD. In that later capacity, he teaches military psychology to new uniformed Ph.D. clinical psychologists who from time to time, do wrestle with ethical issues concerning their service as psychologists in uniform.

Gerald P. Krueger, Ph.D., CPE
PRIVACY REDACTION

PRIVACY REDACTION

Deborah A. Boehm-Davis
Psychology Department, George Mason University

HC00008594

Your Last Name Search Results for Krumboltz

MemRec Database Online

Krumboltz, John D [PRIVACY REDACTION]

Address	Telephone	
John D Krumboltz, PhD School of Education Stanford University 485 Lasuen Mall Stanford, CA 94305-3096 Address Updated as of: 2/20/2001 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: Facsimile: Email:	[PRIVACY REDACTION]

Membership Status	Membership Elect Dates
Fellow Dues exempt since 1995	Associate Since 1955 Member Since 1958 Fellow Since 1963

Divisions

05 - Fellow - Evaluation, Measurement and Statistics
15 - Fellow - Educational Psychology
17 - Fellow - Society of Counseling Psychology
25 - Member - Division of Behavior Analysis
45 - Member - Society for the Psychological Study of Ethnic Minority Issues

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	12/30/2004

Search Again

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Self-Nominated

-----Original Message-----
From: Krumboltz, John D [mailto[redacted]
Sent: Friday, February 18, 2005 8:11 PM
To: Behnke, Stephen
Cc: Krumboltz, John D
Subject: Ethics in National Security

Stephen Behnke-- I would be interested in serving on the Presidential Task Force on Psychological Ethics in National Security. I have taught workshops on ethics at Stanford and have served in the U.S. Air Force as an officer with a secret clearance. I strongly advocate for ethical behavior among psychologists (others too!) and see the urgent need to protect national security. Those two values need not compete, but defining the line may well be a complex task.

I am currently Professor of Education and Psychology at Stanford University, a Fellow of the American Psychological Association and the American Association for the Advancement of Science. My Ph.D. was in educational psychology and counseling from the University of Minnesota.

I have worked as a high school counselor and algebra teacher, a research psychologist for the U.S. Air Force, and I taught educational psychology at Michigan State University before moving to Stanford. During sabbatical years I accepted year-long invitations as a Visiting Senior Research Psychologist at the Educational Testing Service, as a Fellow at the National Center for Research in Vocational Education at Ohio State University, and as a Visiting Colleague in the Institute of Psychiatry at the University of London as well as at the National Institute for Careers Education and Counseling in Cambridge, England.

I received a Guggenheim Fellowship and spent a year as a Fellow at the Center for Advanced Studies in the Behavioral Sciences. On three occasions I received the Outstanding Research Award from the American Personnel and Guidance Association (now the American Counseling Association). In 1990 the American Psychological Association's Division of Counseling Psychology gave me the Leona Tyler Award, the nation's foremost award in the field of counseling psychology. In 2002 the American Psychological Association honored me with The Distinguished Professional Contributions to Knowledge Award. In 2004 the American Counseling Association designated me a Living Legend in Counseling.

If I can be of service, please call on me. John Krumboltz

Your Last Name Search Results for Lattal

MemRec Database Online

Lattal, Alice Darnell [PRIVACY REDACTION]

Address	Telephone
Alice Darnell Lattal, PhD [PRIVACY REDACTION] Address Updated as of: 1/21/2004 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Member	Member Since 1984

Divisions

09 - Member - Society for the Psychological Study of Social Issues - SPSSI
25 - Member - Division of Behavior Analysis

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	12/16/2004

Search Again

Lattal, Kennon A [PRIVACY REDACTION]

Lattal, Kennon Matthew [PRIVACY REDACTION]

Search Again

NOMINATED BY CYNTHIA ASHWORTH, MA
and Kennon A. Lattal, PhD

To whom it may concern:

I would like to nominate Dr. Alice Darnell Lattal for membership on the special Ethics Task Force. I have known Darnell for over 30 years and in my view she would be ideally suited to serve. She has held a profound interest in the ethics arena for as long as I have known her and her second book on ethics in business is soon to be published. As a behavior analyst she is acutely aware of the effect of environmental conditions on behavior. She is very thoughtful and articulate in expressing herself. She listens well to others and does her homework. She would function as a well informed, active participant on the task force.

Dr. Lattal is currently the President of Aubrey Daniels International, a business consulting firm that bases interventions on the science of Behavior Analysis. She is an adjunct professor at West Virginia University. She is on the board of the Cambridge Center. She is a former board member for Handgun Control. Her background also includes working in Community Mental Health. She is very much a psychologist and an active citizen. She would be an excellent member of the Task Force.

Thank you for considering this nomination.

Sincerely,

Cynthia L. Ashworth, MA

Note: I received this notice through the WV Psychological Association.

Department of Psychology R Eberly College of Arts & Sciences

West Virginia University

P.O. Box 6040, Morgantown, WV 26506-6040

February 28, 2005

Dr. Stephen Behnke,
Dierector
APA Ethics Office
sbehnke@apa.org

Dear Dr. Behnke:

I nominate Dr. Alice Darnell Lattal, for the APATask Force to Explore the Ethical Aspects of Psychologists' Involvement in National Security-Related Investigations. She has worked in mental health, academic administration, clinical private practice, as a consultant to corporate clients in the US, Europe and Asia. She is currently president of Aubrey Daniels International. Her work, first inside large institutions such as universities, her own private practice, then as a consultant to corporations, and now a leader of consultants, has given her a unique vantage, not afforded many psychologists, of working on a daily basis with ethics in the workplace across manufacturing, service, the civilian/military operations levels (General Officers Corps) and educational institutions. Her early training was in American Studies where her interests in the social pressures and constraints of culture continue to influence her work.

In 1993, Darnell co-authored *Workplace Ethics; Winning the Integrity Revolution.* She has completing her second book called *Ethics at Work* (2005). Both books explore complex issues of achieving ethical behavior in situations where ethics sometimes is used or confused to justify questionable action on the basis of the 'greater good' or the like, like the circumstances that, I surmise, contributed to your call for the present task force

She served three 2-year elected terms on the Board of Directors of Handgun Control, Inc. and The Center to Prevent Handgun Violence. She served all six years on the Board of Trustees, the group that oversees the functioning of both corporations. She was the head of the Trustee's Executive Committee when President Clinton signed the Brady bill into law. Her steady, patient, realistic and persistent leadership was a key feature in the passage of this important piece of legislation. She has had many other leadership roles, recognitions and faculty appointments. All of these experiences, combined with her impeccable personal ethics, compel me to nominate this exceptionally talented, productive, and socially committed psychologist to serve on the task force.

Sincerely,

Kennon A. Lattal
Centennial Professor
APA Fellow, Divisions 2, 3, and 25

HC00008594

HC00008594

Your Last Name Search Results for Bryce Lefever

MemRec Database Online

Lefever, Bryce E [PRIVACY REDACTION]

Address	Telephone	
Bryce E Lefever, PhD [PRIVACY REDACTION] Address Updated as of: 7/11/2003 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: Facsimile: Email:	 [PRIVACY REDACTION]
Membership Status	**Membership Elect Dates**	
Member	Member Since 1997	
Divisions		
19 - Member - Society for Military Psychology		
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:**	10/22/2004

Search Again

Self-nominated and endorsed by CDR Morgan T. Sammons, PhD

Nominated also by the Policy and Planning Committee

Nominated also by Division 19

Steve

-----Original Message-----
From: Sammons, Morgan T. CDR BUMED [mailto:MTSammons@US.MED.NAVY.MIL]
Sent: Wednesday, February 23, 2005 4:32 PM
To: Behnke, Stephen
Subject: nomination for Task Force

Steve, I am forwarding an interest statement from CDR Bryce Lefever who is, I think, an excellent nominee for the Task Force on ethical aspects of interrogation. Bryce has spent a career in this area and would, I think, be a very strong participant who could bring a first hand perspective to the table. As assistant specialty leader for Navy Clinical Psychology, Bryce has my strongest endorsement.

Best regards,

MTS

Morgan T. Sammons
CDR, MSC, USN
Director, BUMED Clinical Operations (M3H2)
PRIVACY REDACTION

Friday, February 23, 2005

To: APA Presidential Task Force, Stephen Behnke, Ph.D.
Via: Morgan T. Sammons, Ph.D.

From: CDR Bryce Lefever, Ph.D. ABPP

Re: TASK FORCE PERTAINING TO THE ETHICAL PARTICIPATION OF PSYCHOLOGISTS IN THE INTERROGATION OF PRISONERS, THE GATHERING OF INTELLIGENCE, AND OTHER MATTERS PERTAINING TO NATIONAL SECURITY

1. Please consider my qualifications for participation in this important task force. I have a strong interest and a very strong background in these topics. I believe that I can make a significant contribution.

2. Please consider the following: I am the only Navy psychologist to have been assigned to the SERE (survival) school and the Naval Special Warfare Development Group where I held a TS-SCI security clearance. I have been through all of the Joint Personnel Recovery Agency (JPRA) training—both classified and unclassified. I am well-versed in interrogation issues. I have lectured on Brainwashing and The Psychology of Captivity for many years.

3. While deployed to Afghanistan as the Joint Special Operations Task Force psychologist shortly after 9-11, I coached interrogations of Taliban and al Qaida prisoners at the detention facility. I also provided a series of lectures on methods pertaining to difficult resistors.

4. I have consulted ethics experts on matters of screening of personnel and other matters pertaining to National Defense including Joe Matarazzo.

5. I have nearly 18 years of active duty in the United States Navy and will be promoted to Captain in June. I presently serve as Head of the Substance Abuse Rehabilitation Program in Norfolk, VA.

6. You may contact me:
   a. belefever@mar.med.navy.mil
   b. PRIVACY REDACTION
   c. [redacted]

Bryce Lefever

Task Force Nomination of Bryce Lefever, PhD, ABPP

The Policy and Planning Committee is pleased to submit the name of Bryce Lefever, PhD, ABPP, into consideration as a member of the Task Force Pertaining to the Ethical Participation of Psychologists in the Interrogation of Prisoners, the Gathering of Intelligence, and other matters pertaining to National Security.

CDR Lefever has probably the most extensive operational experience of any military psychologist now on active duty. He is the only Navy psychologist to have been assigned to both Navy's survival and rescue schools, where issues of interrogation are central to the curriculum, as well as with Navy SEAL teams. He has been completely trained via the Joint Personnel Recovery Agency, an entity that facilitates the repatriation of captured personnel. He has lectured on interrogation and the psychology of captivity for many years.

CDR Lefever has 18 years of active duty in the US Navy and will be promoted to the rank of Captain in June, 2005. He is eminently qualified to serve on this task force and will provide a perspective on national security, intelligence gathering, and interrogation that is informed by extensive direct experience in the field.

HC00008594

Division 19 Nominees for APA Presidential Task Force on Ethical Aspects of Investigations Related to National Security

Slate 1: Active Duty (Uniformed) with Recent Prisoner Experience

Bryce Lefever, Ph.D., ABPP

Please consider my qualifications for participation in this important task force. I have a strong interest and a very strong background in these topics. I believe that I can make a significant contribution.

Please consider the following: I am the only Navy psychologist to have been assigned to the SERE (survival) school and the Naval Special Warfare Development Group where I held a TS-SCI security clearance. I have been through all of the Joint Personnel Recovery Agency (JPRA) training—both classified and unclassified. I am well-versed in interrogation issues. I have lectured on Brainwashing and The Psychology of Captivity for many years.

While deployed to Afghanistan as the Joint Special Operations Task Force psychologist shortly after 9-11, I coached interrogations of Taliban and al Qaida prisoners at the detention facility. I also provided a series of lectures on methods pertaining to difficult resistors.

I have consulted ethics experts on matters of screening of personnel and other matters pertaining to National Defense including Joe Matarazzo.

I have nearly 18 years of active duty in the United States Navy and will be promoted to Captain in June. I presently serve as Head of the Substance Abuse Rehabilitation Program in Norfolk, VA.

belefever@mar.med.navy.mil
PRIVACY REDACTION

HC00008594

HC00008594

Kimel A. Limon, PsyD

(non-member)

Self-nominated; nomination submitted by California Psychological Association

HC00008594

NOMINATIONS
APA NATIONAL SECURITY ETHICS TASK FORCE
March 1, 2005

KIMEL A. LIMON, PSYD

March 2, 2005

California Psychological Association

RE: APA Presidential Task Force

I would like to be nominated for participation in referenced Task Force. From 1981-1989, I was a Member of the Air Force serving as an office administrator for the Air Force Office of Special Investigations. During this time, I had exposure to criminal, fraud, and counterintelligence investigations serving in Germany, the U.S. and Korea. During my tenure, I had exposure to a variety of investigative techniques including investigative interrogations. Other assignments included Program Management for a Satellite program, representing the Air Force Comptroller conducting research at Rand Corporation, and Assistant Professor in Aerospace Studies and the University of California, Los Angeles for ROTC until my retirement in 1998. Since this time, I have been working as a Clinical Psychologist providing individual psychotherapy to the Chronically Mentally Ill and conducting psychological assessments for treatment and planning. Recently, I served on a team for the Board of Psychology's CJPEE Item Writer Workshop creating examination questions for the California Jurisprudence Examination. I feel my background may offer the Task Force some insight from a military perspective, as well as that of a clinician. Please feel free to contact me at (310) 749-0317 if you have any questions. Thank you for your consideration.

Sincerely,

Kimel A. Limon, PsyD

PRIVACY REDACTION

HC00008594

Your Last Name Search Results for John Linton

MemRec Database Online

Linton, John C [PRIVACY REDACTION]

Address	Telephone
John C Linton, PhD Dept of Beh Med WVU Sch of Med PO Box 1547 Charleston, WV 25326-1547 Address Updated as of: 3/7/2000 Exclude from Mailings: No Address is Bad: No	Home Phone: PRIVACY REDACTION Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Fellow	Member Since 1975 Fellow Since 1990

Divisions

12 - Fellow - Society of Clinical Psychology
18 - Member - Psychologists in Public Service
22 - Member - Rehabilitation Psychology
29 - Member - Psychotherapy
31 - Fellow - State Psychological Association Affairs
38 - Fellow - Health Psychology

Membership Number:	PRIVACY REDACTION	Record Last Changed On:	8/28/2004

Search Again

Search Again

Self-nominated

HC00008594

Dear Steve, I would like to be considered for nomination to the APA Presidential Task Force. Among what must be a sea of qualified nominees, I have a dual interest and experience in both professional ethics and law enforcement. I served on the APA Ethics Committee, and have served as our state board's ethics officer for the past decade, as well as teaching ethics for years locally and nationally. But I have also been involved with law enforcement officers, having spent some time at the FBI academy with police psychologists and agents, as well as being quite busy with local and state law enforcement agencies. Perhaps this balanced view might be of some service to the group, with an understanding of both sides of the proverbial street, so to speak. Having served on a ton of APA boards and committees, I understand how things work, and the time commitments involved. Thanks very much for your consideration. Best wishes, John

John C. Linton, PhD, ABPP
West Virginia University School of Medicine
Department of Behavioral Medicine
PO Box 1547 Charleston, WV 25326
PRIVACY REDACTION

HC00008594

Your Last Name Search Results for Joseph Matarazzo

MemRec Database Online

Matarazzo, Joseph D [PRIVACY REDACTION]

Address	Telephone
Joseph D Matarazzo, PhD [PRIVACY REDACTION] Address Updated as of: 11/4/1991 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Fellow Dues exempt since 1992	Associate Since 1951 Member Since 1958 Fellow Since 1959
Divisions	

03 - Fellow - Experimental Psychology
12 - Fellow - Society of Clinical Psychology
14 - Member - Society for Industrial and Organizational Psychology
19 - Fellow - Society for Military Psychology
26 - Fellow - Society for the History of Psychology
38 - Fellow - Health Psychology
40 - Fellow - Clinical Neuropsychology

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	10/18/2004

Search Again

FROM ETHICS OFFICE / SCIENCE DIRECTORATE ORIGINAL LIST
Also nominated by Division 19

Joseph D. Matarazzo, PhD (Member, Division 14; Fellow, Divisions 3,12,19,26,38,40) is a very distinguished research psychologist considered one of the "founding fathers" of health psychology. He currently serves as Professor of Behavioral Neuroscience at Oregon Health & Science University (he was chair of the medical school's Department of Medical Psychology from the late 50's through 90's, when it became the Department of Behavioral Neuroscience). Most well-known for his research in psychological testing and assessment (intelligence testing in particular), Matarazzo's current research interests relate to the domains of behavioral cardiology and of neuropsychology, including studies of neuropsychological functioning of patients following neurotoxic exposure or traumatic injury to the brain. Matarazzo has been extremely active in APA governance over the years.

HC00008594

Steve,

I would be pleased to be nominated for this task force. Some of my relevant experience includes:

1) A career- spanning set of experiences in interviewing and related psychological assessment, plus a published book and dozens of peer reviewed, published articles on the anatomy and structure of the interview.

2) Two decades of concurrent experience as the National Civilian Consultant in Clinical Psychology to the Surgeon General of the U.S. Navy (1976 - 1996); Surgeon General of the U.S. Army (1976 - 1992); and Surgeon General of the U.S. Air Force (1976 - 2000). I was privileged to visit with active duty psychologists and their hospital commanding officers at numerous DOD facilities, and had the opportunity on many occasions to discuss with these psychologist practitioners how to try best to balance adherence to a psychologists code of ethical conduct with the needs and demands of the military requirement.

3) Active duty, U.S. NAVY (1943 - 1947) and U.S. Navy Ready Reserve (1947 - 1988), with rank of Navy Captain 1974 - 1988.

4) APA President (1989 - 1990)

5) APA Board of Directors Liaison to the APA Ethics Committee (1985 - 1988).

6) Member, Advisory Panel on Psychological Assessment, Central Intelligence Agency (1966 - 1970)

7) Member, Psychological Advisory Council, Central Intelligence Agency (2001 - 2004) In these last two assignments I had experience relevant to the issues of interest to this new APA Presidential Task Force.

Joseph D Matarazzo
Professor of Behavioral Neuroscience
School of Medicine
Oregon Health & Science University
Portland, OR 97239

HC00008594

Meloy, J. Reid [PRIVACY REDACTION]

Address	Telephone
J. Reid Meloy, PhD [PRIVACY REDACTION] Address Updated as of: 6/25/2002 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: [PRIVACY REDACTION] Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Member Since 1982
Divisions	

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	8/28/2004

Search Again

Nominated by COLI

HC00008594

HC00008594

Your Last Name Search Results for Arthur Miller

MemRec Database Online

Miller, Arthur G [PRIVACY REDACTION]

Address	Telephone
Arthur G Miller, PhD Dept of Psychol Miami Univ Oxford, OH 45056 Address Updated as of: 2/1/1999 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Member	Associate Since 1967 Member Since 1968

Divisions

08 - Member - Society for Personality and Social Psychology
09 - Member - Society for the Psychological Study of Social Issues - SPSSI

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	8/28/2004

Search Again

FROM ETHICS OFFICE / SCIENCE DIRECTORATE ORIGINAL LIST

Arthur G. Miller, PhD (Member, Divisions 8 and 9) is a Professor of Psychology at Miami University. His research interests have been focused primarily on prejudice, stereotyping, and biases in social judgment. In 1979, he was awarded an NIMH senior post-doctoral fellowship to study with Ned Jones at Princeton University. In 1986, he authored a definitive volume concerning the impact of Stanley Milgram's controversial experimental studies of obedience. He is the editor of a recent issue of the Journal of Social Issues entitled "Perspectives on Obedience to Authority: The Legacy of the Milgram Experiments" (Barry Collins of UCLA is second editor on this issue). He has recently conducted a graduate seminar on the social psychology of health, and is currently pursuing research on biases in the processing of health-relevant information. He has published on the subject of college students' attitudes and behaviors toward suntanning, and has given several presentations to the media (print and radio interviews) concerning psychological factors relating to risk-taking in the context of sun-exposure.

HC00008594

HC00008594

Your Last Name Search Results for Moorehead-Slaughter

MemRec Database Online

Moorehead-Slaughter, Olivia D [redacted]

Address	Telephone
Olivia D Moorehead-Slaughter, PhD [redacted] Address Updated as of: 8/19/1991 Exclude from Mailings: No Address is Bad: No	Home Phone: [redacted] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Member Since 1989
Divisions	
Membership Number: [redacted]	**Record Last Changed On:** 8/28/2004

Search Again

FROM ETHICS OFFICE / SCIENCE DIRECTORATE ORIGINAL LIST

Olivia Moorehead-Slaughter, Ph.D (general APA Member) Vice-Chair of APA Ethics Committee. Chair of Massachusetts Licensing Board.

HC00008594

Your Last Name Search Results for James Mulick

MemRec Database Online

Mulick, James Anton [PRIVACY REDACTION]

Address	Telephone
James Anton Mulick, PhD Ohio State Univ Dept of Pediat 700 Children's Dr CHPB 4 Columbus, OH 43205-2664 Address Updated as of: 11/21/2002 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Fellow	Member Since 1976 Fellow Since 1985
Divisions	
01 - Fellow - Society for General Psychology 25 - Fellow - Division of Behavior Analysis 28 - Member - Psychopharmacology and Substance Abuse 33 - Fellow - Mental Retardation and Developmental Disabilities 37 - Fellow - Child, Youth, and Family Services 54 - Member - The Society of Pediatric Psychology	
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:** 12/13/2004

Search Again

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Nominated by Division 33

-----Original Message-----
From: Sara Sparrow [mailto: PRIVACY REDACTION
Sent: Thursday, February 24, 2005 10:42 AM
To: Behnke, Stephen
Cc: Ann Kaiser; Sara Sparrow; Bruce Baker; Bob Hodapp; Bill McLean; Dennis Harper; Wayne Silverman; Laraine M. Glidden; Stan Lunde; Mike Cataldo; Matt Janicki; Jim Mulick; Sam Thios; Sharon Ramey; Susan Heimlich; Pat Meinhold; Phil Davidson; WBZIGMAN@aol.com; james A. Mulick
Subject: APA Presidential Task Force to explore the ethical aspects of investigations related to national security.

Dear Dr. Behnke,
Division 33 would like to nominate James Mulick, Ph.D. to the APA Presidential Task Force to explore the ethical aspects of investigations related to national security. Our division and Dr. Mulick have long been interested in having the APA board of governors institute such a task force. Dr. Mulick has always demonstrated a strong interest in ethical issues. We would like to nominate him as member concerned about the ethical uses of aversive control to influence human behavior, about which he has written and lectured extensively. We think this perspective can inform the deliberations of the committee. The perspective of a specialist in developmental disabilities would assist the work group by assuring that a person sensitive to the effects of social marginalization on the choice to use inappropriate intervention methods with the target population, such as the history of performing surgery without anesthesia with people in MR institutions and the use of helpless people in dangerous experiments like testing plutonium as a food preservative with residents of the Fernald State School in the mid-20th Century. We think Dr. Mulick would be a very important addition to the task force. I have given Dr. Mulick's contact information below.

Please let me know if there is anything additional that I need to do to support this nomination.

Sincerely,
Sara S. Sparrow, Ph.D.
President, Division 33, Mental Retardation and Developmental disabilities

James A. Mulick, Ph.D.
Professor, Pediatrics & Psychology
The Ohio State University
PRIVACY REDACTION

HC00008594

Search Again

Your Last Name Search Results for Kevin Murphy

Address	Telephone	
Kevin Richard Murphy, PhD Dept of Psychol Penn State U University Park, PA 16802 Address Updated as of: 6/12/2000 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: Facsimile: Email:	PRIVACY REDACTION
Membership Status	**Membership Elect Dates**	
Fellow	Member Since 1980 Fellow Since 1991	
Divisions		
05 - Fellow - Evaluation, Measurement and Statistics 14 - Fellow - Society for Industrial and Organizational Psychology		
Membership Number:	PRIVACY REDACTION	**Record Last Changed On:** 8/28/2004

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Nominated by Fritz Drasgow, PhD

HC00008594

Dear Stephen,

I am pleased to recommend Kevin R. Murphy for the Task Force on Ethics and National Security.

Kevin is currently the Chair of the Department of Psychology at the Pennsylvania State University.

He is a former President of the Society for Industrial and Organizational Psychology (Division 14) and received the SIOP Distinguished Scientific Contributions Award in 2004. Prof. Murphy was the Editor of the Journal of Applied Psychology (1996 - 2002) and Chaired the U.S. Department of Defense's Advisory Committee on Military Personnel Testing (1995-1998). He's also served on several National Academy of Sciences committees, including the Committee on Drug Use in the Workplace.

Prof. Murphy has been asked to serve in these numerous role because he is extraordinarily smart, conscientious, and sensible. He is particularly appropriate for the Task Force on Ethics and National Security because he has the ability to see beyond rhetoric and hype and get to the underlying key issues. Prof. Murphy has grappled with difficult ethical issues before (e.g., the NAS Committee on Drug Use) and has the rare ability to simultaneously grasp perspectives of multiple stakeholders.

In sum, I strongly recommend Prof. Murphy for the ask Force on Ethics and National Security.

Please contact me PRIVACY REDACTION if I can provide any additional information.

Best regards,

Fritz Drasgow

President, Society for Industrial and Organizationl Psychology (APA Division 14)

HC00008594

Your Last Name Search Results for Neafsey

MemRec Database Online

Neafsey, John Patrick [PRIVACY REDACTION]

Address	Telephone
John Patrick Neafsey, PsyD [PRIVACY REDACTION] Address Updated as of: 4/30/1996 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Affiliate Since 1988 Member Since 1994
Divisions	
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:** 8/28/2004

Search Again

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Self - Nominated

Stephen,

Thanks for sending along the info about the new Task Force. This is very encouraging. I'm interested in exploring the possibility of being a member of the Task Force. I've attached a brief statement that describes some of my professional activities & interests relevant to the issue at hand. I'm currently working on a book on the subject of personal vocation and social conscience in which I will examine psychological, spiritual, and ethical dimensions of personal vocation and social conscience (to be published by Orbis Books in 2006). The book will include a chapter on the "War on Terror" and will address the issue of torture.

Peace,

John Neafsey

The short list of recent books from the review in the Nation that I just sent you includes the following:

Chain of Command: The Road From 9/11 to Abu Ghraib
by Seymour Hersh

The Torture Papers: The Road to Abu Ghraib
by Karen J. Greenberg and Joshua L. Dratel, eds.

Torture and Truth: America, Abu Ghraib and the War on Terror
by Mark Danner

Torture: A Collection
by Sanford Levinson, ed.

The Interrogators: Inside the Secret War Against Al-Qaeda
by Chris Mackey and Greg Miller

Guantanamo: The War on Human Rights
by David Rose

Guantanamo: What the World Should Know
by Michael Ratner and Ellen Ray

The Abu Ghraib Investigations: The Official Reports of the Independent Panel and the Pentagon on
by Steven Strasser, ed.

HC00008594

MemRec Database Online

Nicoletti, John A [redacted]

Address	Telephone
John A Nicoletti, Jr, PhD [redacted] Address Updated as of: 12/27/1994 Exclude from Mailings: No Address is Bad: No	Home Phone: [redacted] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Member	Member Since 1977

Divisions

18 - Member - Psychologists in Public Service

Membership Number:	[redacted]	Record Last Changed On:	8/28/2004

Search Again

Nominated by Lis Kaley-Isley, PhD
President, Colorado Psychological Association

HC00008594

Your Last Name Search Results for Noblitt

MemRec Database Online

Noblitt, James Randall [PRIVACY REDACTION]

Address	Telephone
James Randall Noblitt, PhD [PRIVACY REDACTION] Address Updated as of: 3/15/2004 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Member Since 1998
Divisions	
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:** 12/16/2004

Search Again

Search Again

Self-Nominated

Dear Dr. Behnke,

I am writing to volunteer to serve on the APA Presidential Task Force to Explore the Ethical Aspects of Investigations Related to National Security. Although you and I have not previously met, I have discussed my interest in making application with Melba Vasquez who says that I should mention to you that she has encouraged me to apply. My brief statement is as follows:

National security is important to many U.S. citizens. At the same time there are a number of ethical risks that are posed in conducting security investigations. Psychologists should actively explore this problem and contribute toward efforts to clarify and resolve these potential ethical conflicts.

I currently teach ethics and forensic psychology for the Texas School of Professional Psychology and serve on the Board of Trustees of the Texas Psychological Association. I was formerly on active duty in the USAF for 10 years. I was a behavioral scientist at the Human Resources Laboratory at Lowry AFB and a clinical psychologist at a variety of Air Force installations. In this capacity I have conducted and supervised psychological evaluations that were associated with investigations for security clearances and also the required psychological evaluations of individuals who have access to nuclear weapons (Human Reliability Program). It would be a pleasure to serve on this task force.

I look forward to hearing from you.

Best wishes,

Randy Noblitt, PhD
Associate Professor
The Texas School of Professional Psychology
Argosy University, Dallas
88080 Park Lane, Suite 400-A
Dallas, TX 75231
PRIVACY REDACTION

Your Last Name Search Results for Okorodudu

MemRec Database Online

Okorodudu, Corann [PRIVACY REDACTION]

Address	Telephone
Corann Okorodudu, EdD Psychol Dept Rowan Univ Robinson Building Glassboro, NJ 08028 Address Updated as of: 12/12/2000 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Member	Member Since 1984

Divisions

09 - Member - Society for the Psychological Study of Social Issues - SPSSI
35 - Member - Society for the Psychology of Women
45 - Member - Society for the Psychological Study of Ethnic Minority Issues
48 - Member - Society for the Study of Peace, Conflict and Violence: Peace Psychology Division
52 - Member - International Psychology

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	8/28/2004

Search Again

FROM ETHICS OFFICE / SCIENCE DIRECTORATE ORIGINAL LIST

Corahann Okorodudu, Ph.D. (Member, Divisions 9, 35, 45, 48, 52) is Division 48 representative to Council. Co-sponsor of Council of Representatives item on this issue.

HC00008594

Your Last Name Search Results for Paniagua

MemRec Database Online

Paniagua, Freddy A (17074474)

Address	Telephone
Freddy A Paniagua, PhD Dept of Psychiat & Beh Sci Univ of Tex Med Br Galveston, TX 77555-0001 Address Updated as of: 1/19/1999 Exclude from Mailings: No Address is Bad: No	Home Phone: PRIVACY REDACTION Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Fellow	Member Since 1983 Fellow Since 2001
Divisions	
25 - Member - Division of Behavior Analysis 45 - Fellow - Society for the Psychological Study of Ethnic Minority Issues	
Membership Number: PRIVACY REDACTION	**Record Last Changed On:** 8/28/2004

Search Again

Paniagua, Rodrigo (49684530)

Search Again

Self-Nominating

I am a member of the Committee on Psychological Test and Assessment , APA, and I receive the call for nomination from CPTA regarding the Task Force to Explore the Ethical Aspects of Psychologists' Involvement and the Use of Psychology in National Security-Related Investigations.

This is a self-nomination.

I currently receiving formal training in the area of homeland security from Lamar Institute of Technology, Beaumont, Texas (one of the components of the University of Texas System and the only one approved by the UT-system to provide this formal training on homeland security). At the end of the Spring 2005 academic year, I will receive a certification on Homeland Securing from that institute, and later an associate degree. Please consider my name among psychologists selected for that task force.

Sincerely,

Freddy A. Paniagua, PhD
Professor
Psychiatry and Behavioral Sciences
University of Texas Medical Branch
Galveston, Texas 77555=0189



Your Last Name Search Results for Terence Patterson

MemRec Database Online

Patterson, Terence E [PRIVACY REDACTION]

Address	Telephone
Terence E Patterson, EdD [PRIVACY REDACTION] Address Updated as of: 6/4/1990 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Fellow	Member Since 1986

Divisions

17 - Member - Society of Counseling Psychology
43 - Fellow - Family Psychology

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	12/16/2004

Search Again

Self-Nominated

HC00008594

MemRec Database Online

Resnick, Robert J PRIVACY REDACTION

Address	Telephone
Robert J Resnick, PhD Dept of Psychol Randolph Macon Colg Ashland, VA 23005 Address Updated as of: 12/18/1996 Exclude from Mailings: No Address is Bad: No	Home Phone: PRIVACY REDACTION Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Fellow	Associate Since 1968 Member Since 1969 Fellow Since 1985

Divisions

12 - Fellow - Society of Clinical Psychology
29 - Fellow - Psychotherapy
38 - Member - Health Psychology
42 - Fellow - Psychologists in Independent Practice
55 - Fellow - American Society for the Advancement of Pharmacotherapy

Membership Number:	PRIVACY REDACTION	Record Last Changed On:	8/28/2004

Search Again

Resnick, Robert W PRIVACY REDACTION

Search Again

Self-Nominated

Hello Steve,

I am interested in serving on the Presidential Task Force on the ethical aspects in national security.

Relevant background includes six years on the APA Board of Directors reviewing all ethics cases completed by the Ethics Committee. Perhaps, more relevant to this particular taskforce are the several years I worked with the Army psychologists. Among the tasks we undertook were the problems military psychologists confronted trying to serve two-masters: the APA ethics code and the military chain of command. This has a direct application to the work of the task force. For my work with the Army, I was awarded the Outstanding Civilian Service Medal" the highest civilian decoration given by the Department of the Army and the only psychologist to have been awarded this honor. Thus, I bring to the task force relevant experience, senior psychologist status and credibility with those whom we ultimately want to influence. Be glad to expand anything stated here.

Best,
Bob

Robert J. Resnick, Ph.D., ABPP
Professor of Psychology
Randolph-Macon College
Ashland, VA 23005
PRIVACY REDACTION

Address	Telephone
Michael D Roberts, PhD PRIVACY REDACTION Address Updated as of: 2/21/1997 Exclude from Mailings: No Address is Bad: No	Home Phone: PRIVACY REDACTION Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Fellow	Member Since 1976 Fellow Since 1989
Divisions	
12 - Fellow - Society of Clinical Psychology 31 - Fellow - State Psychological Association Affairs 42 - Fellow - Psychologists in Independent Practice	
Membership Number: PRIVACY REDACTION	**Record Last Changed On:** 8/28/2004

Search Again

Self-nominated

-----Original Message-----
From: Mike Roberts [mailto PRIVACY REDACTION
Sent: Fri 2/25/2005 11:34 AM
To: Behnke, Stephen
Cc:
Subject: APA Task Force

I am interested in serving on the APA Presidential Task Force to Explore the Ethical Aspects of Investigations Related to National Security. Having served a term on the APA Ethics Committee, I have general knowledge of the current Ethical Code and its application. As the director of a community mental health center, I have extensive experience in creating and implimenting patient confidentialty policy. I respond to subpoenas, court orders,regulatory body requests and other requests for patient information on a regular basis. As a psychologist who is politically conservative, I am concerned that APA properly recognize legitimate governmental security needs when constructing any ethical guidelines regarding patient confidentiality. I would seek to insure that we not place collegues in a position of conflict between our ethical standards and any lawful, governmental inquiries regarding confidential patient matters. I would also want to be sure that any APA guideline in this regard could not be regarded by psychologists or others as obstructionistic or insensitive to national security.

Mike Roberts

HC00008594

Your Last Name Search Results for Robert Roland

MemRec Database Online

Roland, Robert R [PRIVACY REDACTION]

Address	Telephone	
Robert R Roland, PsyD [PRIVACY REDACTION] Address Updated as of: 1/2/1997 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: Facsimile: Email:	 [PRIVACY REDACTION]
Membership Status	**Membership Elect Dates**	
Member	Member Since 1987	
Divisions		
19 - Member - Society for Military Psychology 38 - Member - Health Psychology		
Membership Number:	[PRIVACY REDACTION]	**Record Last Changed On:** 12/16/2004

Search Again

FROM ETHICS OFFICE / SCIENCE DIRECTORATE ORIGINAL LIST

Robert (Bob) Roland, PsyD (Member, Divisions 19 and 38) is a clinical psychologist and Professor of Behavioral Sciences and Information Strategy for the Industrial College of the Armed Forces at the National Defense University in Washington, DC. Roland's commissioned military career spans 30 years and includes organizational consultation, research, administration, direct service mental health and command. His assignments include the Army Medical Command Headquarters in Heidelberg, Command Medical Company Berlin Brigade, Special Operations Command, Special Forces Command, and the Army Intelligence and Security Command. He has worked extensively on clinical and operational issues related to POWs.

HC00008594

HC00008594

Your Last Name Search Results for John Roll

MemRec Database Online

Roll, John M [PRIVACY REDACTION]

Address	Telephone
John M Roll, PhD [PRIVACY REDACTION] Address Updated as of: 6/14/2004 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Member	Affiliate Since 1989 Member Since 1995

Divisions

25 - Member - Division of Behavior Analysis
26 - Member - Society for the History of Psychology
28 - Member - Psychopharmacology and Substance Abuse

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	12/16/2004

Search Again

Schroll, John T [PRIVACY REDACTION]

Nominated by Jim Zacny, PhD
(President, Division 28)

JOHN ROLL'S STATEMENT

Dr. Roll is an experimental psychologist who has been supported by NIH for the past decade, and has had both foundation and pharmaceutical company support. His research focuses on the use of behavior analytic techniques to change behavior, primarily in the context of drug abuse treatment. He has also conducted work in the field of behavioral pharmacology. Currently, he has four funded projects, two examining mechanisms to promote long-term behavior change among substance abusers, one looking at how consequences that follow ingestion of drugs alter the likelihood of taking the drug in the future, and one examining ways to reduce the use of seclusion and restraint for the seriously mentally ill. This later project has been designed to alter the behavior of both the patients and the staff. Dr. Roll has been a member of an Institutional Review Board, is a member of the College on Problems of Drug Dependence's Human Research Committee, and is a member of the NIH-wide Ethical Consideration in Human Studies Review Panel. In the past year he served on NIH review committees dealing with adolescent substance abuse, medications development, and cognition and perception. He is also a reviewer of the department of Veteran's Affairs grants.

MemRec Database Online

Rom-Rymer, Beth N [redacted]

Address	Telephone
Beth N Rom-Rymer, PhD [redacted] Address Updated as of: 11/18/1986 Exclude from Mailings: No Address is Bad: No	Home Phone: [redacted] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Associate Since 1982 Member Since 1987
Divisions	
41 - Member - American Psychology-Law Society 55 - Member - American Society for the Advancement of Pharmacotherapy	
Membership Number: [redacted]	**Record Last Changed On:** 8/28/2004

Search Again

Self-nominated

-----Original Message-----
From: PRIVACY REDACTION
Sent: Sun 2/27/2005 4:21 PM
To: Behnke, Stephen
Cc:
Subject: APA Presidential Task Force to Explore the Ethical Aspects of Investigations

Dear Stephen,

I would like to nominate myself for the APA Presidential Task Force to Explore the Ethical Aspects of Investigations Related to National Security.

Throughout my career, I've been involved in the interplay between psychological principles and legal problems. I began working in the Criminal Justice System in 1976, while on internship at Vanderbilt University Medical Center, with the Metropolitan Police Department, Nashville, Tennessee. I continued my work in the legal system as Director, Victim Witness Assistance, State Attorney's Office, Tallahassee, Florida 1977 - 1979. Most notably, I co-founded a shelter for battered women and their children in Tallahassee (that just recently celebrated its 25th anniversary) and I was integrally involved in the Ted Bundy case. As an Illinois licensed psychologist (1987 - the present), I continued my work with the training of law enforcement in the interviewing of victims of violent crimes; in the identification of perpetrators of sexual violence; in stress management within its own ranks; in the identification of mental health issues when police officers were involved in shootings with resultant deaths. Today, I am very much involved, as a forensic psychologist, in civil litigation, nationally, in which there are allegations of sexual and physical abuse, particularly in the context of nursing homes, child custody disputes, and workplace complaints.

I have taught Forensic Psychology, as an adjunct lecturer, at The University of Chicago Pritzker School of Medicine and as a guest lecturer at The Northwestern Medical School and at The Chicago Medical School. I am currently a guest faculty member at The Massachusetts School of Professional Psychology where I teach the Ethics of Prescribing. As president and past president of Division 55, I organized our first Mid-Winter Conference in Orlando February 10th - 13th, 2005, in which we advanced the agenda for prescribing psychologists and continued our discussions of the ethical issues of psychologists in their new modality of having

prescriptive authority. In June, I will be an invited speaker at the Canadian Psychological Association's meetings, at which I will be giving a talk, entitled, "The Coming of Age of Psychopharmacology among Psychologists." I have written book chapters on nursing home abuse of the elderly for lawyers and psychologists.

Because of my lifelong work in forensics and psychology; my work with ethical issues; and my leadership in Division 55, I am submitting my nomination to you for consideration.

Respectfully yours,

[redacted]

HC00008594

HC00008594

MemRec Database Online

Rostow, Cary D [PRIVACY REDACTION]

Address	Telephone
Cary D Rostow, PhD [PRIVACY REDACTION] Address Updated as of: 1/1/1978 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Member Since 1978
Divisions	
18 - Member - Psychologists in Public Service 40 - Member - Clinical Neuropsychology	
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:** 8/28/2004

Search Again

Nominated by the National Academy of Neuropsychology

NATIONAL ACADEMY OF NEUROPSYCHOLOGY

Robert W. Elliott, Ph.D.
President
2121 S. Oneida Street
Suite 550
Denver, CO 80224
TEL (303) 691-3694
FAX (303) 691-5983
E-mail: office@nanonline.org

March 3, 2005

To: Ron Levant, APA President

RE: Nomination of Cary D. Rostow for APA Presidential Task Force to Explore the Ethical Aspects of Investigations Related to National Security

Dr. Levant:

The National Academy of Neuropsychology (NAN) wishes to nominate Dr. Cary Rostow for the Presidential Task Force to Explore the Ethical Aspects of Investigations Related to National Security. As a major organization within the field of neuropsychology, NAN sets standards for the study of brain-behavior relationships. Ethical issues are central to these standards which NAN supports with education programs, research grants, and advocacy efforts.

Dr. Rostow is a clinical psychologist/ neuropsychologist who is president of Matrix Inc., a professional psychology corporation for law enforcement and security consultation. He has performed hundreds of Fitness for Duty evaluations (FFDEs) with law enforcement, security, firefighter, probation/parole and corrections personnel and is the senior author of A Handbook for Psychological Fitness for Duty Evaluations in Law Enforcement (2004). Along with Dr. Robert Davis, he has developed a unique actuarial methodology and test instrument for police officer candidate selection and FFDEs that forecasts potential civil rights violations and ethical misconduct of public sector personnel rather than targeting psychopathology as the construct of interest.

Dr. Rostow has been a consultant to Southern University (Dr. Ivory Toldson) for DOJ grant projects of police civil rights misconduct and the prediction of inappropriate behavior through Structured Models related to a variety of demographic, observational and psychometric variables. He has developed programmatic units of instruction for both police trainees and command executives dealing with the their responsibilities under the ADA, the management of mentally ill suspects, identification of substance impaired persons and anger management. He is the Chairperson for the Louisiana Association for Medical Psychologists (LAMP) committee on Professional Practices and Standards, among the first organizations for prescribing psychologists in the US.

Dr. Rostow has presented workshops at NAN annual conferences and national psychology conventions. In his line of practice and research he has demonstrated a unique sensitivity to ethical and security-related issues, particularly as they related to law enforcement behavior and personnel.

Dr. Rostow has our strongest support. We believe that Dr. Rostow would present a unique perspective to the objectives of the task force and would be an active and productive participant.

Yours truly,

Robert W. Elliott, Ph.D., ABPP (Cn, Sc), ABPN
President
National Academy of Neuropsychology

HC00008594

Your Last Name Search Results for Gilbert Sanders

MemRec Database Online

Sanders, Gilbert O [redacted]

Address	Telephone
Gilbert O Sanders, EdD [redacted] Address Updated as of: 5/3/2004 Exclude from Mailings: No Address is Bad: No	Home Phone: [redacted] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Member	Member Since 1980

Divisions

17 - Member - Society of Counseling Psychology
18 - Member - Psychologists in Public Service
19 - Member - Society for Military Psychology
42 - Member - Psychologists in Independent Practice
55 - Member - American Society for the Advancement of Pharmacotherapy

Membership Number:	[redacted]	Record Last Changed On:	1/25/2005

Search Again

Search Again

Self-nominated

From: GILBERT SANDERS [mailto:PRIVACY REDACTION
Sent: Friday, February 18, 2005 12:11 AM
To: Behnke, Stephen
Subject: task force

Steven: I would like to self nominate for the ethnics in security task force. I will attempt to be very brief. I served on active duty in the uniformed service for over 22 years and had over 34 years of commissioned service in three uniformed services. While I was in the US Air Force and US Army I served mainly in "Line" units. Specifically, while in the US Army I was in nuclear weapons units (as a battery commander of a Pershing Missile Battery and the Operations Officer (S-3) of a Pershing Missile Battalion), later I was a human factors researcher in the Patriot Missile System. In these roles I had be absolutely sure of the background, and psychological reliability of each of the unit members under my command or direction. I had to review and later participate in background investigations of these service members. Thus, with the number of years that I have in assisting in the provision of national security and in reviewing and assisting in background investigations I could be of significant assistance to the task force.

Gilbert OF. Sanders, EdD
Psychologist
Captain (retired) U. S. Public Health Service

MemRec Database Online

Saxe, Leonard [PRIVACY REDACTION]

Address	Telephone
Leonard Saxe, PhD [PRIVACY REDACTION] Address Updated as of: 1/31/2002 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Fellow	Associate Since 1973 Member Since 1977 Fellow Since 1992

Divisions

08 - Member - Society for Personality and Social Psychology
09 - Fellow - Society for the Psychological Study of Social Issues - SPSSI

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	8/28/2004

Search Again

Self-Nominated

Leonard Saxe, Ph.D.

Leonard Saxe is Professor of Social Policy at Brandeis University. Professor Saxe is a social psychologist and his work has concerned the use and application of psychological research. In 1980, he was a Congressional Science Fellow at the U.S. Congress, Office of Technology Assessment (OTA). For more than ten years, he was a consultant to OTA and authored a number of their assessments, including a 1983 study of the scientific validity of polygraph tests. He has worked on security issues with numerous federal investigative agencies and testified in more than 100 cases (mostly serving as a witness for U.S. Attorneys and local district attorneys) on issues related to lie detection. In 1989, he received APA's award for Distinguished Contributions to Psychology in the Public Interest, Early Career. Among his nearly 250 publications are a host of articles on the application of lie detector technologies (including two articles in the *American Psychologist*, in 1985 and 1991). At Brandeis, he teaches a Ph.D. research methodology course and another graduate course on research ethics. Professor Saxe is an APA Fellow, has been a member of the Board of Social and Ethical Responsibility, Secretary-Treasurer of Division 8 and a member of council of Division 9 (SPSSI).

HC00008594

Your Last Name Search Results for Scalora

MemRec Database Online

Scalora, Mario J [PRIVACY REDACTION]

Address	Telephone
Mario J Scalora, PhD [PRIVACY REDACTION] Address Updated as of: 7/1/1999 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Member	Affiliate Since 1987 Member Since 1989

Divisions
41 - Member - American Psychology-Law Society

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	12/16/2004

Search Again

Recommended by COLI with the following comment: "At UNL in the Department of Psychology who is active in researching these types of issues."

HC00008594

Address	Telephone	
Kay Frances Schepp, EdD PRIVACY REDACTION Address Updated as of: 7/14/2003 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: Facsimile: Email:	PRIVACY REDACTION
Membership Status	**Membership Elect Dates**	
Member Dues exempt since 2000	Member Since 1969	
Divisions		
17 - Member - Society of Counseling Psychology		
Membership Number:	PRIVACY REDACTION	**Record Last Changed On:** 8/28/2004

Search Again

Nominated by Vermont Psychological Association
(Rosanna Czermak)

QUALIFICATIONS AND EXPERIENCE

KayFrances Schepp was licensed to practice as a Psychologist-Doctorate in the State of Vermont in May 1977. She received her Master's degree from Syracuse University in Counselor Education in 1964 and her doctorate in Psychology from the University of Tennessee in 1968.

Dr. Schepp obtained certification as a sex therapist and a sex therapy supervisor during the 1970's through the American Association of Sex Educators, Counselors and Therapists. She then held the position of National Chair for Professional Development, and was the Resource Review Editor for The Journal of Sex Education and Therapy for six years. Her clinical experience in this area was published in a textbook for graduate students in human services in 1986: Sexuality Counseling: A Training Program.

After being certified as a Mediator, and attending training in psychology and the law, Dr. Schepp became a member of a four-person mediation practice in the 1980's. At present mediation experience is utilized during consultation to organizations and groups. She is a Past President and Newsletter Editor of the Vermont Psychological Association and is currently the Chair of the Ethics Committee.

Beginning in 1968 Dr. Schepp served on the staff of the University of Vermont Counseling Center, first as a senior psychologist, next as Training Director/Associate Director, and then as Director from 1993-2002. She was responsible for supervising the mental health and personal growth work for over 1000 adult clients a year, by a staff of thirty licensed professionals and interns. In addition Dr. Schepp was a member of the faculty in the graduate program in Mental Health Counseling at the University from 1968-1994, developing courses in psychological and educational testing, sexuality counseling and advanced counseling lab.

Dr. Schepp's consistent and current professional interests have been in the treatment of anxiety and trauma in their many forms, sexuality issues, individual differences related to culture, ethnicity, religion, abilities, and gender, attention deficit disorder, and the training and supervision of professionals in mental health.

Dr. Schepp, having been appointed by the Governor of Vermont, is currently serving as a member of the Vermont Board of Psychological Examiners.

HC00008594

MemRec Database Online

Schoen, Stephen Joseph [redacted]

Address	Telephone
Stephen Joseph Schoen, PhD [redacted] Address Updated as of: 5/3/1996 Exclude from Mailings: No Address is Bad: No	Home Phone: [redacted] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Member	Member Since 1984

Divisions

50 - Member - Addictions

Membership Number:	[redacted]	Record Last Changed On:	11/19/2004

Search Again

Self-nominated

-----Original Message-----
From: S&JS [mailto: PRIVACY REDACTION
Sent: Sunday, March 06, 2005 12:18 PM
To: Behnke, Stephen
Subject: task force on ethics/nat security

I would like to nominate myself for the APA Presidential Task Force on ethics and national security.

I know it is past the deadline for nominations, but I'm just getting to my emails. For the past 9 years I have been a psychologist with medical services at the US Dept. of State. One of my duties was to evaluate employees and applicants for substance abuse issues which might affect getting or retaining their security clearances. I have also been the subject of a security investigation since I have a top secret clearance.

Stephen J. Schoen
PRIVACY REDACTION

HC00008594

Your Last Name Search Results for Schuldberg

MemRec Database Online

Schuldberg, David [PRIVACY REDACTION]

Address	Telephone
David Schuldberg, PhD Dept of Psychology The Univ. of Montana Missoula, MT 59812-1584 Address Updated as of: 1/12/2005 Exclude from Mailings: No Address is Bad: No	Home Phone: PRIVACY REDACTION Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Member	Member Since 1984

Divisions

05 - Member - Evaluation, Measurement and Statistics
10 - Member - Society for the Psychology of Aesthetics, Creativity and the Arts

Membership Number: [PRIVACY REDACTION]	Record Last Changed On:	1/13/2005

Search Again

Search Again

Nominated by Delia Campfield, PhD

As the State Advocacy Coordinator for APAGS for Montana, I received the notification regarding the special Task Force that is being established to explore the ethical aspects of investigations related to National Security investigations. I had requested a deadline extension, but did not get a response. I am hoping that it is not to late to submit a nomination as I feel that Dr. David Schuldberg would be a tremendous asset to the Task Force. Thank you for your consideraton of Dr. Schuldberg.

Sincerely,

Delia Campfield
State Advocacy Coordinator
APA Graduate Student Association
University of Montana
Missoula, MT 59812

HC00008594

Your Last Name Search Results for Servin-Guerrero

MemRec Database Online

Servin-Guerrero Lopez, Selia Felicianita PRIVACY REDACTION

Address	Telephone
Selia Felicianita Servin-Guerrero Lopez, PsyD PRIVACY REDACTION Address Updated as of: 3/28/1997 Exclude from Mailings: No Address is Bad: No	Home Phone: PRIVACY REDACTION Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Affiliate Since 1997 Member Since 2002
Divisions	
Membership Number: PRIVACY REDACTION	**Record Last Changed On:** 8/28/2004

Search Again

Search Again

Self-nominated

-----Original Message-----
From: Selia Servin-Guerrero Lopez [mailto: PRIVACY REDACTION
Sent: Thursday, February 17, 2005 3:03 PM
To: Behnke, Stephen
Subject: Task Force to Explore the Ethical Aspects of Psychologists' Involvement and the Use of psychology in Natl Security-Related Investigations

I am very interested in serving on this task force. I am certainly very committed to doing the research and collaboration that is necessary to address this issue. The experience that I have had has been primarily in working with individuals and families who have been tortured or in situations where they have had to flee from oppressive countries or environments. My work in the past has been primarily with Spanish Speaking populations and I have worked in low income communities. Currently I am the Ethics Coordinator in a Counseling and Consultation Center. I am the Co-Chair of the Division of Psychology of Women of the Texas Psychological Association and one of the HOPE Trainers. It is my hope that you will consider me as a person that can serve on this Task Force. It would be an honor to be of service to such an important issue.
References: Melba Vasquez, Ph.D., Cynthia de Las Fuentes, Ph.D., Will PannabeckerPh.D.

Selia Servín-Guerrero López, Psy.D.
Assistant Director / Training Coordinator
St. Edward's University Counseling and Consultation Center
3001 South Congress Austin, Tx, 78704-64489
PRIVACY REDACTION

MemRec Database Online

Shapiro, David [PRIVACY REDACTION]

Address	Telephone
David Shapiro, PhD [PRIVACY REDACTION] Address Updated as of: 12/14/2004 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Member Dues exempt since 1991	Associate Since 1951 Member Since 1958

Divisions
39 - Member - Psychoanalysis

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	8/28/2004

Search Again

FROM ETHICS OFFICE / SCIENCE DIRECTORATE ORIGINAL LIST

Nominated also by Trish Crawford, PhD (see attached)

David Shapiro, PhD. (Member, Division 39) is Professor of Psychology, Director of Clinical Training, Graduate Faculty, New York University. Wrote a letter that Trisha Crawford forwarded to the Council of Representatives listserve regarding activities at Guantanamo Bay.

Dear Dr. Behnke:

I am submitting the name of Dr. David Shapiro for the Task Force on Ethical Aspects of investigations related to National Security.

I have already indicated to Dr. Levant that I thought Dr. Shapiro would be an excellent candidate. Dr. Shapiro is located in New York City, at the New School and has alreay corresponded with APA and Dr. Levant about this matter. He has the depth, breadth, experience and intelligence to deal with this very complex issue and is well known and respected in the field of psychology. I hope you will consider him.

I copied this email to him. You would be able to obtain any additional information about his interest and qualifications from him.

Yours truly,

Trish Crawford, Ph.D.
BCPA - COR delegate

MemRec Database Online

[redacted] Shapiro, David L ▼

Address	Telephone
David L Shapiro, PhD Ctr for Psychological Studies Nova Southeastern Univ 3301 College Ave Ft Lauderdale, FL 33314-7721 Address Updated as of: 9/18/2000 Exclude from Mailings: No Address is Bad: No	Home Phone: [redacted] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Fellow	Member Since 1973 Fellow Since 1988

Divisions

12 - Member - Society of Clinical Psychology
41 - Fellow - American Psychology-Law Society
42 - Fellow - Psychologists in Independent Practice
46 - Member - Media Psychology

Membership Number:	[redacted]	Record Last Changed On:	8/28/2004

Search Again

Nominated by Lenore E. Walker, EdD

HC00008594

Dr. David Shapiro is an Associate Professor of Psychology at Nova Southeastern University, Center for Psychological Studies and the Criminal Justice Institute. He also has a part time private practice in forensic psychology. He has been known for his expertise in the area of ethics, especially ethics in forensic psychology. He has served on the APA Ethics Committee and has continued to provide consultation to the APA Office on Ethics particularly in the forensic area. Dr. Shapiro chaired the Division 42 TF on the revisions of the 2002 ethics code when Dr. Walker became President of the division. Dr. Shapiro deals with the questions set forth by the COR agenda item in the doctoral psychology ethics classes he teaches. He was chair of the Maryland Psychological Association's Ethics Committee for many years and continues to deal with psychologists across the country who have ethics complaints in his private practice. Dr. Shapiro has published several books in forensic psychology and was a founder of the American Board of Forensic Psychology's Academy in Forensic Psychology where he continues to teach the ethics courses in their continuing education program.

Your Last Name Search Results for Rodney Shumate

MemRec Database Online

Shumate, Rodney Scott [PRIVACY REDACTION]

Address	Telephone
Rodney Scott Shumate, PsyD [PRIVACY REDACTION]	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email: No Spam, please.
Address Updated as of: 4/29/2004	
Exclude from Mailings: Yes Address is Bad: No	
Membership Status	**Membership Elect Dates**
Member	Member Since 1986
Divisions	
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:** 8/28/2004

Search Again

FROM ETHICS OFFICE / SCIENCE DIRECTORATE ORIGINAL LIST

R. Scott Shumate, PsyD (general APA Member) is the Director of Behavioral Sciences for the Department of Defense's Counterintelligence Field Activity office in the Washington, DC area. Shumate's previous experiences include a long operational career in the intelligence community. He has high level security clearances and participated in the summer 2004 workshop and luncheon meeting on psychology and national security settings coordinated by APA's Geoff Mumford.

Nominated also by Michelle Keeney, PhD and COLI

COLI Comment: "Director of Behavioral Sciences at the DoD/ Counterintelligence Field Activity. He has almost 20 years of experience with such investigations and currently oversees the behavioral sciences aspect of such investigations for CIFA. CIFA is the umbrella organization that oversees all of DoD's counterintelligence activities."

HC00008594

MemRec Database Online

Slater, Harold R PRIVACY REDACTION

Address	Telephone
Harold R Slater, PhD PRIVACY REDACTION Address Updated as of: 10/28/1998 Exclude from Mailings: No Address is Bad: No	Home Phone: PRIVACY REDACTION Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Associate	Affiliate Since 1981 Associate Since 1990
Divisions	
Membership Number: PRIVACY REDACTION	**Record Last Changed On:** 8/28/2004

Search Again

Self nominated; nomination submitted by
California Psychological Association

NOMINATIONS
APA NATIONAL SECURITY ETHICS TASK FORCE
March 1, 2005

I would like to submit my name to be considered for the APA Presidential Task Force to explore the ethical aspects of investigations related to national security.

My work experience prior to being exclusively in private practice included working for the Los Angeles Police Department as a Police Psychologist for a four year period from 1987 through 1991. During that time my duties included providing psychotherapy for police officers, performing critical incident debriefings, and consultation with various divisions of the LAPD.

After reading the call for nominations for the APA task force, I thought perhaps my experience working with law enforcement might add some value and perspective to the discussion concerning ethics and national security.

Sincerely,

Harold R. Slater, Ph.D.
PRIVACY REDACTION

HC00008594

Address	Telephone	
Bruce Lazar Smith, PhD PRIVACY REDACTION Address Updated as of: 3/12/1997 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: Facsimile: Email:	 PRIVACY REDACTION
Membership Status	**Membership Elect Dates**	
Member	Member Since 1975	
Divisions		
39 - Member - Psychoanalysis 41 - Member - American Psychology-Law Society 42 - Member - Psychologists In Independent Practice		
Membership Number: PRIVACY REDACTION	**Record Last Changed On:**	10/12/2004

Search Again

Smith, Bruce Nairn PRIVACY REDACTION

Self-nominated; nomination submitted by the California Psychological Association

NOMINATIONS
APA NATIONAL SECURITY ETHICS TASK FORCE
March 1, 2005

I am interested in being nominated for the APA Task Force To Explore Ethical Implications of Psychologists' Involvement and the Use of Psychology in National Security-Related Investigations.

I have been a practicing clinical and forensic psychologist for over 30 years and have an academic-clinical appointment at the University of California, Berkeley. Much of my forensic practice involves issues that touch on current national security issues insofar as I conduct psychological evaluations for immigration court (primarily involving applications for 1099 status, i.e., political asylum). In addition, I have recently been working with a group that is considering offering assessment services to the Departments of Energy and Homeland Security.

I believe I have considerable relevant expertise in the area of assessment. I co-authored a paper on the implications of the HIPAA Privacy Rule for the ethical practice of psychological assessment and have served as the President of the Society for Personality Assessment. Currently, I am the Advocacy Coordinator for that organization as well as President of the Society for Personality Assessment Foundation. In these capacities I have worked closely with the Practice Directorate of APA.

Thank you for your consideration.

Yours sincerely,

Bruce L. Smith, Ph.D.



Your Last Name Search Results for David Sperbeck

MemRec Database Online

Sperbeck, David Joseph [redacted]

Address	Telephone
David Joseph Sperbeck, PhD [redacted] Address Updated as of: 5/3/1994 Exclude from Mailings: No Address is Bad: No	Home Phone: [redacted] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Member Since 1982
Divisions	
40 - Member - Clinical Neuropsychology 41 - Member - American Psychology-Law Society	
Membership Number: [redacted]	**Record Last Changed On:** 8/28/2004

Search Again

Self-nominated and nominated by Paul L. Craig, PhD

David J. Sperbeck, Ph.D.
PRIVACY REDACTION
Licensed Clinical Psychologist
Fellow, American College of Forensic Psychology
Member, American Psychological Association
Member, National Academy of Neuropsychology

PRIVACY REDACTION

PRIVACY REDACTION

February 22, 2005

Stephen Behnke, J.D., Ph.D.
Director, Ethics Office
American Psychological Association
750 First Street, NE
Washington, D.C. 20002-4242

FEB 28 2005

Dear Dr. Behnke:

At the encouragement of Dr. Paul Craig, Member-at-Large of the APA Board of Directors, I am submitting this letter of interest for your consideration of my appointment to the APA's Task Force on Ethics and National Security.

My interest in participating in this important initiative relates to my experience serving as a Consulting Forensic and Clinical Psychologist to a variety of local, state, and federal law enforcement agencies. In this capacity, I have advised law enforcement agencies on issues related to the humane and ethical use of interrogation procedures, suspect profiling, and procedures for evaluating and managing the risk of harm to criminal and civil detainees.

1982-present	Forensic Psychologist: State of Alaska (Criminal & Civil Litigation)
1983-present	Consulting Psychologist: FBI, Secret Service, Alaska State Troopers
1987-present	Contract Clinical & Forensic Psychologist: Anchorage Police Department
1994-present	Contract Psychologist: U.S. Immigration & Naturalization
1996-2003	Chair: Alaska Psychology Licensing Board
1995-present	Chief Ethics Consultant: Alaska Medical, Dental, Psychology, & Social Work Boards
1995-present	Consulting Psychologist: State of Alaska Human Rights Commission
2004-present	Contract Psychologist: Department of Homeland Security/Transportation Security Admin.

I am interested in assisting the APA in closely reviewing and revising, if necessary, ethical guidelines which will assure that psychologists can continue to assume roles of critical importance to our local and national security while simultaneously embracing the virtues of human dignity and respect so fundamental to our profession. Thank you for considering my application to serve in this vital endeavor.

Sincerely,

David J. Sperbeck, Ph.D.

David J. Sperbeck, Ph.D.
Associate Clinical Professor
University of Washington School of Medicine

cc: Ronald F. Levant, Ph.D.

HC00008594

Paul L. Craig, Ph.D.
American Board of Professional Psychology
Board Certified in Clinical Neuropsychology
PRIVACY REDACTION
PRIVACY REDACTION
PRIVACY REDACTION

February 23, 2005

Stephen Behnke, J.D., Ph.D.
Director, Ethics Office
American Psychological Association
750 1st Street NE
Washington, D.C. 20002-4242

Re: David J. Sperbeck, Ph.D.

Dear Dr. Behnke:

Please be advised that I have encouraged Dr. David Sperbeck to submit a letter of interest relative to serving on the APA's Task Force on Ethics and National Security.

I have known Dr. Sperbeck for more than two decades, and have nothing but the highest regard for his thoughtfulness, competence, and experience. These qualities would lend themselves very well to service on the Task Force. A brief letter cannot capture the breadth and depth of Dr. Sperbeck's experiences. Given the sensitive and classified nature of some of his work with the FBI and the Department of Homeland Security, I suspect that he cannot fully disclose the range and depth of experience that he has that would be useful as a member of the Task Force.

I had the honor of serving with Dr. Sperbeck on the Alaska Board of Psychologist and Psychological Associate Examiners. He was chairperson of the Board during my tenure on the licensing board. His leadership in this small-group context was superlative, focused, and effective. He is a team player with a keen eye toward issues involving ethics and maintaining appropriate standards for professional practice in all arenas.

I cannot recommend him highly enough for this Task Force. I am aware that members of the APA Board of Directors cannot endorse candidates for specific elected offices within the APA. Given that this is a Task Force appointment, it is my understanding that expressing my opinion regarding Dr. Sperbeck's credentials is consistent with the APA Bylaws and Association Rules. I am aware that there are many interested and appropriate candidates for this Task Force, and will be fully understanding if Dr. Sperbeck is not selected. At the same time, if he is selected, I can assure you

February 23, 2005
Re: David J. Sperbeck, Ph.D.
Page 2

from my extensive experience with him that you will be delighted and pleased with his ability to contribute meaningfully to the work of the Task Force.

Sincerely,

Paul L. Craig, Ph.D. ABPP
Board Certified in Clinical Neuropsychology

PLC/jvw

cc: Ronald F. Levant, Ph.D.
APA President

FEB 24 2005

HC00008594

MemRec Database Online

Stock, Harley V [PRIVACY REDACTION]

Address	Telephone
Harley V Stock, PhD [PRIVACY REDACTION] Address Updated as of: 4/2/1990 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Member Since 1983
Divisions	
41 - Member - American Psychology-Law Society	
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:** 8/28/2004

Search Again

Search Again

Self-nominated

-----Original Message-----
From: PRIVACY REDACTION
Sent: Monday, March 07, 2005 10:40 AM
To: Behnke, Stephen
Subject: APA Presidential Task Force

Dear Dr. Behnke,

Dr. William Foote suggested I submit my name for a position on the task force concerning ethical investigations related to national security. Please find attached related information.

Respectfully submitted,

Harley V. Stock, Ph.D., ABPP
Diplomate, American Board of
Forensic Psychology
Fellow, American Academy of
Forensic Psychology

Harley V. Stock, Ph.D., ABPP

ABPP – Forensic Psychology

Clinical Forensic Psychologist and Deputy Director, Outpatient Evaluation Unit, Center for Forensic Psychiatry, Ann Arbor Michigan, August 1977 to February 1990.

Trained in Hostage Negotiation - F.B.I. Hostage Negotiation School, F.B.I. Academy, Quantico, Virginia.

Certified S.W.A.T. - Michigan Law Enforcement Officer Training Council

Invited Guest Instructor - Special Operations and Research Section, F.B.I. Academy, Quantico, Virginia - Hostage Negotiation School

Invited Instructor – U.S. Secret Service Field Office (Detroit, MI)

Security Clearance - OPM

Invited Guest Instructor - Behavioral Science Section, F.B.I. Academy, Criminal Psychological Profiling School

Invited Guest - International Symposium on Terrorism, F.B.I. Academy

Instructor - United States Secret Service Training Academy - Interview and Interrogation

Stock, H.: Spates, R. and Lanceley, F. "High Technology Terrorism: Multi-Level Response." American Psychological Association Annual Convention: Washington, D.C., 1982.

Stock, H.: Spates, R. and Ressler, R. "Criminal Psychological Profiling - Help or Hindrance." American Psychological Association Annual Convention, Washington, D.C., 1982.

Consultant – United States Secret Service – Threats to the President of the United States

"Psychological Aspects of SWAT Selection." American Psychological Association, Annual Meeting, 1993.

Invited Guest Instructor - Behavioral Science Section, F.B.I. Academy, Threat Assessment (2000)

Stock, Harley V.; Garcia, Tim. "Law Enforcement as a Partner in Preventing Workplace Violence." Federal Bureau of Investigation Workplace Violence Symposium (FBI Academy), June, 2002.

HC00008594

Stock, Harley V.; Christian, Maureen; Lion, John; Saathoff, Greg. "The Workplace Violence Offender." Federal Bureau of Investigation Workplace Violence Symposium (FBI Academy), June, 2002

Stock, Harley V. "Threat Assessment: An Approach to Targeted Violence". American Academy of Forensic Psychology, Nashville, TN, May, 2004.

Stock, Harley V. "Law Enforcement as a Partner in Preventing Workplace Violence". Federal Bureau of Investigation Field Office (Miami, FL), June, 2004.

Stock, Harley V. "Law Enforcement as a Partner in Preventing Workplace Violence". Federal Bureau of Investigation Field Office (Miami, FL), August, 2004.

Stock, Harley, Cardasis, William . "Violence Risk Assessment in the Workplace". American Academy of Forensic Sciences, Annual Meeting, New Orleans, LA, February, 2005.

Consultant on Violent Behavior/Threat Assessment to U.S. Department of Justice, U.S. Department of Energy, U.S. Department of Education, F.B.I. and other governmental agencies.

Conducted over 10,000 pre-employment law enforcement screenings.

Consultant to Fortune 100 companies on Workplace Violence and Threat Assessment.

Spates, R: Little, P.: Stock, H: Goncalves, S. "Intervention in Events of Terrorism" in Handbook of Violence and Prevention: Herzberg, L.: Field, J. and Ostrom, J. (Eds.), 1985.

Stock, Harley; Borum, Randy; & Baltzley, Dennis. "Police Use of Deadly Force". In H.V. Hall (Ed.), Lethal Violence 2000: A Sourcebook on Fatal Domestic, Acquaintance and Stranger Aggression. Kauela, Hawaii: Pacific Institute for the Study of Conflict and Aggression, 1996

Stock, H. Upcoming Chapter "Workplace Violence: Consultation & Assessment". In A. Goldstein (Ed.), Forensic Psychology: Advanced Topics. Hoboken, NJ: John Wiley & Sons, Inc., 2005.

PRIVACY REDACTION

HC00008594

Your Last Name Search Results for Patrick Stone

MemRec Database Online

Stone, Patrick J [redacted]

Address	Telephone	
Patrick J Stone, PhD [redacted] Address Updated as of: 1/14/2005 Exclude from Mailings: No Address is Bad: Yes	Home Phone: Business Phone: Facsimile: Email:	 PRIVACY REDACTION
Membership Status	**Membership Elect Dates**	
Member	Member Since 1980	
Divisions		
Membership Number: [redacted]	**Record Last Changed On:**	11/5/2004

Search Again

Self-Nominated

Dear Dr. Behnke;

I would like to be considered for membership on the APA presidential task force to "Explore the Ethical Aspects of Psycholologists' involvement and the Use of Psychology in National Security-Related Investigations."

I am a former US Army infantryman who served in and was wounded (I was awarded the purple heart) in combat operations in Vietnam. I know first hand the urgency, stress and importance of intelligence information in an active combat zone of operation. I have personally witnessed the interogation of prisioners under field conditions.

I served on the Oregon Board of Psychologist Examiners for two years (Vice-chair) and on the Oregon Psychological Association Ethics Committee (Chair) and governing board (President) for a total of seven years.

I have taught and continue to teach ethics at the undergraduate and graduate level, first at Daystar University in Nairobi, Kenya and now at George Fox University. I understand ethical concerns from a Cross-cultural perspective.

Last year I was the "APA 2003-2004 Senior Congressional Fellow" and worked on the US Senate Veterans Affairs Committee. I dealt with DOD mental health policy, VA mental health policy and had many opportunities to attend the congressional hearings regarding the Abu Graib prision scandal. I have met some US Senate intelligence committee staffers and we informally discussed psychology's role in National Security. My briefing memo which was submitted in support of my application for the APA fellow ship was focused on this issue.

I have worked with combat veterans and their families for over twenty years. I believe that these combination of experiences would allow me to make a useful contribution to this task force.

Thank you for your consideration.

Patrick J. Stone, Ph.D.

PRIVACY REDACTION

HC00008594

TIMOTHY S. STRONGIN, PhD

Nominated by the New Mexico Psychological Association

(not an APA member)

-----Original Message-----
From: PRIVACY REDACTION
Sent: Wednesday, February 23, 2005 11:06 AM
To: Behnke, Stephen
Cc: rlevant@apa.org
Subject: Nominee for Security Task Force

Feb. 23, 2005

Stephen Behnke
Director
APA Office of Ethics

Dear Dr. Behnke,

The New Mexico Psychological Association (NMPA) wishes to nominate Timothy S. Strongin, Ph.D., to membership in the APA Presidential Task Force that will explore the ethical aspects of investigations related to national security.

Tim Strongin has been a member of NMPA for many years and previously served in several capacities on the NMPA Executive Committee. He served as a member of the State Board of Psychologist Examiners from 1997-2003. He was chair of the applications and complaints committees. He has been licensed since 1981 and completed his ABPP Diplomate in clinical psychology in 1987. Most recently, he spent over a year as co-chair of the original "Joint Committee" charged with proposing rules and regulations to impliment the prescribing law in New Mexico.

Tim's interest in security matters stems from over 30 years service as a member of the Air Force and Air Force Reserve. He is presently a Colonel and Commander of the 944th Medical Squadron, with over 100 medical professionals who provide routine health care and disaster medicine services. He has held a Top Secret security clearance since 1988. He has many years of experience evaluating pilots, aircrewmembers, and personnel with responsibility for the security and transportaion of nuclear weapons. He has consulted with both the Departments of Defense and Energy in these matters.

He is currently employed as a full-time clinician with Lovelace Sandia Health Systems where he serves on the credentials committee for an HMO with over 150,000 members. He has been married for 32 years and has 3 children (Matt, 22, Eric 18 and Emily 16).

Sincerely,

Amelia Myer
Executive Director
New Mexico Psychological Association
2501 San Pedro NE, Suite 110
Albuquerque, NM 87110
PRIVACY REDACTION
Website: www.nmpa.com

HC00008594

MemRec Database Online

Swenson, Elizabeth V [redacted]

Address	Telephone	
Elizabeth V Swenson, PhD DEPT. OF PYCHOLOGY JOHN CARROLL UNIVERSITY UNIVERSITY HGTS ,, OH 44118 Address Updated as of: 12/20/2001 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: Facsimile: Email:	[redacted]

Membership Status	Membership Elect Dates
Fellow	Member Since 1975 Fellow Since 1995

Divisions
02 - Fellow - Society for the Teaching of Psychology 35 - Member - Society for the Psychology of Women 41 - Member - American Psychology-Law Society

Membership Number:	[redacted]	Record Last Changed On:	10/21/2004

Search Again

Search Again

Nominated by William E. Addison, PhD
(President of Division 2)

Elizabeth Swenson, Ph.D., J.D. is a professor of psychology at John Carroll University. She has served for a total of five years on the APA Ethics Committee as well as three years on the Ethics Code Revision Task Force. She is currently on the APA Committee on Continuing Education and has served several terms as a representative from Division 2 (Society for the Teaching of Psychology) on the Council of Representatives. Dr. Swenson has been active in Division 2 for a number of years and has held a number of offices, including President. In addition to law-related psychology courses, she regularly teaches professional ethics in psychology to both undergraduates and graduate students. In her practice of law she specializes in child protection and has represented several Ohio psychologists charged with violating the ethics code.

Elizabeth Swenson's Contact Information:
Department of Psychology
John Carroll University
University Heights, Ohio 44118
PRIVACY REDACTION

HC00008594

Search Again

Your Last Name Search Results for Nina Thomas

MemRec Database Online

Thomas, Nina K [redacted]

Address	Telephone
Nina K Thomas, PhD [redacted] Address Updated as of: 11/15/2004 Exclude from Mailings: Yes Address is Bad: No	Home Phone: [redacted] Business Phone: Facsimile: Email: No Spam, please.

Membership Status	Membership Elect Dates
Fellow	Member Since 1982 Fellow Since 2004

Divisions

39 - Member - Psychoanalysis
42 - Fellow - Psychologists in Independent Practice
48 - Member - Society for the Study of Peace, Conflict and Violence: Peace Psychology Division
49 - Member - Group Psychology and Group Psychotherapy
51 - Member - Society for the Psychological Study of Men and Masculinity

Membership Number:	[redacted]	Record Last Changed On:	11/29/2004

Search Again

Self-Nominated

Search Again

Nominated by the New Jersey Psychological Association (Lorryn Wahler)

Nominated by Neil Massoth, PhD

2) Nina Thomas - has experience unlike any other psychologist I know. Has devoted many months to volunteering with groups experiencing terrorism - 4 extended stints in Bosnia alone.

Subject: Task Force on Ethics and National Security

Dear Steve -

It was good to see you over the weekend at Council. I am including below a brief description of that part of my background that I think dovetails with the to-be-appointed Task Force on Ethics and National Security.

Since 1999 I have been conducting research on how victims of ethnic conflict, genocide, war and state-sponsored repression are affected psychologically by giving testimony at war crimes tribunals and truth commission proceedings. Although my primary interview data comes from people I have met with in Bosnia and South Africa and the procedings of the International Criminal Tribunal for the Former Yugoslavia in The Hague, my research has extended to include Argentina and Chile as well. In connection with that work I audited a course (academic year 2000) at NYU Law School (I am an adjunct Associate Professor of Social Sciences at NYU GSAS), in transitional justice, taught by the former vice chair-person of the South African Truth and Reconciliation Commission.

I have presented regularly on issues related to this overall research at Division 39 meetings and am scheduled to do so again in April this year as well as at a conference in South Africa in August 2005. Recently, I published an article in the Division 39 Section IX Newsletter (The Psychoanalyst Activist) entitled: "When the rules of war are broken."

I am a member of the Task Force on the Psychological Effects of the Efforts to Prevent Terrorism, having produced the report on the effect on immigrant groups for that report. Further, I periodically conduct evaluations of survivors of torture who are applicants for political asylum within the United States as a pro bono activity for Doctors of the World.

If there is any additional information I can offer, please do not hesitate to let me know.

Warm regards,
Nina Thomas

Nina K. Thomas, Ph.D., ABPP
PRIVACY REDACTION

Dear Stephen,

The New Jersey Psychological Association is pleased to nominate Nina K. Thomas, PhD for the APA Task Force on Ethics and National Security.

Here is a statement concerning Dr. Thomas' qualification.

Since 1999, Dr. Thomas has been conducting research on how victims of ethnic conflict, genocide, war and state-sponsored repression are affected psychologically by giving testimony at war crimes tribunals and truth commission proceedings. Although her primary interview data comes from people she has met with in Bosnia and South Africa and the proceedings of the International Criminal Tribunal for the Former Yugoslavia in The Hague, her research has extended to include Argentina and Chile as well. In connection with that work, she audited a course (academic year 2000) at NYU Law School (she is an adjunct Associate Professor of Social Sciences at NYU GSAS), in transitional justice, taught by the former vice chairperson of the South African Truth and Reconciliation Commission.

Dr. Thomas has presented regularly on issues related to this overall research at Division 39 meetings and is scheduled to do so again in April this year as well as at a conference in South Africa in August 2005. In both instances she is presenting papers on: "Victims' voices: narratives of survival." Recently, she published an article in the Division 39 Section IX Newsletter (*The Psychoanalyst Activist*) entitled: "When the rules of war are broken."

Dr. Thomas is a member of the Task Force on the Psychological Effects of the Efforts to Prevent Terrorism, and wrote the report on the effect on immigrant groups of such efforts. Further, she periodically conducts evaluations of survivors of torture who are applicants for political asylum within the United States as a pro bono activity for Doctors of the World.

Dr. Thomas has served on NJPA's Ethics Committee, is a past-president, and served on CAPP.

Please contact me if you have any questions.

Thank you.

Best regards,
Lorryn

Lorryn Wahler
Executive Director

New Jersey Psychological Association
PRIVACY REDACTION
Website: www.PsychologyNJ.org

HC00008594

Your Last Name Search Results for Ethel Tobach

MemRec Database Online

Tobach, Ethel [PRIVACY REDACTION]

Address	Telephone
Ethel Tobach, PhD American Museum of Natural History Central Park W at 79th St New York, NY 10024 Address Updated as of: 1/7/2004 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: [PRIVACY REDACTION] Facsimile: Email:

Membership Status	Membership Elect Dates
Fellow Dues exempt since 1990	Associate Since 1954 Member Since 1958 Fellow Since 1972

Divisions

01 - Fellow - Society for General Psychology
03 - Fellow - Experimental Psychology
06 - Fellow - Behavioral Neuroscience and Comparative Psychology
09 - Fellow - Society for the Psychological Study of Social Issues - SPSSI
26 - Fellow - Society for the History of Psychology
27 - Member - Society for Community Research and Action: Division of Community Psychology
28 - Member - Psychopharmacology and Substance Abuse
35 - Fellow - Society for the Psychology of Women
45 - Member - Society for the Psychological Study of Ethnic Minority Issues
48 - Fellow - Society for the Study of Peace, Conflict and Violence: Peace Psychology Division

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	10/28/2004

Search Again

Self-Nominated

and

Nominated and Supported by: William A. Fraenkel, PhD
Joseph E. Trimble, PhD
Vicki M. Mays, PhD
Leila F. Dane, PhD
Kathryn Quina, PhD
Maram Hallak, PhD
Corann Okorodudu

HC00008594

-----Original Message-----
From: Ethel Tobach [mailto:PRIVACY REDACTION
Sent: Thursday, February 17, 2005 2:45 PM
To: Behnke, Stephen
Cc: Figueroa, Alberto; DIV45@LISTS.APA.ORG; Corann Okorodudu
Subject: APA Presidential TF Explore Ethical Aspects of Investigations related to National Security

I would like to offer my name for the task force. Here is my 200 word statement.

As a former president of Division 48 (The Society for the Study of Peace, Conflict and Violence), I am well acquainted with the issues developing out of the procedures used to explore the Ethical Aspects of National Security Investigations. I am a fellow of SPSSI and am familiar with the publications on this topic by psychologists and by other political and social scientists. I am ready to avail myself and the task force of reports, articles and books dealing with these issues produced by public, professional and governmental entities.

Given the recent discussion among APA council members and other APA members about the ethical aspects of the activities of psychologists in carrying out policies relating to individuals detained by the military and government, I believe that the task force could consider reviewing the ethical policies, guidelines and procedures prescribed by the APA. Such a review would consider how the membership would view broadening the ethical guidelines to include international psychological activities. The review process might benefit from the participation of the APA bodies that deal with international issues (Divisions 19 (Military Psychology) and 52 (International Psychology)).

APAcounantisempeggyletter

Ethel Tobach, Ph.D. Curator Emerita
Adjunct Professor, Psychology, Biology Comparative
The Graduate Center Psychology
The City University of New
York Research Group

To the2005 APA Council members,
Enclosed is a document that I hope you will have time to read; your comments are welcome. I am sending it as a private letter; I do not represent any group or other persons. You can write me at
PRIVACY REDACTION
I am asking the Council and the Board of Directors to accept the report made by the NGO delegation representing the APA at the UN Durban anti-racism conference. I hope the information I am sending you will be useful in making that decision.
As I am not a member of the Council, I am only privy to informal discussions I have heard at various meetings. I understand that there is to be some discussion at the February Council meeting of the report by the delegation representing the APA at the UN World Conference against Racism,
Racial Discrimination, Xenophobia and Related Intolerance. If I am mistaken, I trust I will hear from people who will be able to correct me,
My discussion deals with the issues of criticism of Israel, Zionism and expressions of anti-Semitism. I am particularly concerned about these questions and hope that the material I am sending you will be informative.
As a Jewish woman, I have always been proud of the record of Jews in the USA and other countries (e.g., South Africa) who have fought for the equality of all peoples, and against any form of discrimination. As a Jewish woman, I was pleased when the nation of Israel was formed, although I regret that I did not quite understand the role of the British, the USA and others in this development, as the establishment of Israel did not result in the establishment of two nations, that is, Palestine and Israel. I hope that problem will soon be resolved. As a Jewish woman, I have tried to integrate my scientific work with an effort to build peace and bring justice to the peoples of the world, exposing racism and sexism by my writings.
For these reasons, I hope you will take the time to read the enclosed document

HC00008594

From: Ethel Tobach 2/8/05

ANTI-SEMITISM, ANTI-RACISM AND RELEVANT MATTERS

I. Introduction

Outline:

Situation in Council: Pages 1-2

Council discussion in February: Page 3

Why this is important: Page 3

Terminology: Language as a clarifying tool: Definitions and history

Pages 3-5: Anti-Semitism; Semitic; Judeophobia

Pages 6-7: Racism

Pages 7-8: Zionism

Pages 8-9: Chauvinism

II. Situation in council

A. History of UN World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance

ET: The organization of this Conference is of signal importance to psychologists. USA psychologists have long been in the forefront of the need to combat racism both in the USA and elsewhere, and the establishment of Division 45 (The Society for the Psychological Study of Ethnic Minority Issues) and the Multicultural Summit Conferences attest to that commitment. It is within that commitment that the Council and the

HC00008594

Board of Directors need to accept the report given by the APA Delegation as an NGO entity.

1. Actions of governmental delegations: Israel and USA left the conference. I have no explicit references for their reasons for leaving.

2. Report of APA delegation

ET: I have had access to the Working Draft prepared by the American Psychological Association Delegation. I have also seen the report by Dr. Melba Vasquez on behalf of Drs. J. G. Benedict, G. Rita Dudley Grant, Stanley Graham, Stanley Moldawsky, and Tom Stigall. In that report by Dr. Vasquez two issues are mentioned: (1) the issues of reparations for former slaves; and (2) the Israeli/Palestinian conflict. There is no mention of these issues in the Working Draft of the report by the delegation.

The report by Dr. Vasquez states that "Some Council members took issue with the report and expressed the perception that anti-Semitism was a theme at the WCAR [World Conference against Racism], and that the report should not be accepted." Anti-Semitism was not discussed in the report by the Delegation; the call for not accepting the report by the Council members is in need of further consideration. For this reason I submit this material.

B. APA council discussion

ET: I find that the document provided by the Delegation is worthy of acceptance by the Board of Directors and the Council. Criticisms of the APA delegation, the report, or the process by which the delegation went to Durban and reported on its participation can be discussed subsequently.

C. Why this is important

ET: The Jews in the diaspora have long fought for the equality of all people, e.g., South Africa, USA. The solidarity of all peoples who are for equality is important. Psychologists should be part of that solidarity.

III. Terminology: Need for accuracy in use of terms

A. Defining anti-Semitism

ET: As described below, the term "anti-Semitism was the product of a Jew hater in Germany who wanted to make the concept "scientific." As a result, the use of the term from that time forward, and as elaborated by the Nazis has become synonymous with Judeophobia, and restricted to Jewish Semites only. Accordingly, my comments on anti-Semitism need to be viewed in that history. I raise the issue of history because that is important today in the forging of solidarity among all the Semites.

From the Encyclopedia Britannica article on anti-Semitism:

"...hostility toward or discrimination against Jews as a religious or racial group. The term anti-Semitism was coined in 1879 by the German agitator Wilhelm Marr to designate the anti-Jewish campaigns underway in central Europe at that time. Although this term now has wide currency, it is a misnomer, since it implies a discrimination against all Semites. Arabs and other peoples are also Semites, and yet they are not the targets of anti-Semitism as it is usually understood. The term is especially inappropriate as a label for the anti-Jewish prejudices, statements, or actions of Arabs or other Semites. Nazi anti-Semitism, which culminated in the Holocaust, had a racist dimension in that it targeted Jews because of their supposed biological characteristics—even those who had themselves converted to other religions or whose parents were converts. This variety of anti-Jewish racism dates only to the emergence of so-called "scientific racism" in the 19th century and is different in nature from earlier anti-Jewish prejudices."

ET: I think this is an important piece of history to be considered seriously. Rabbi Michael Melchior (2001; read by someone else) also comments: "It [anti-Semitism] has always, and only, been used to describe hatred and discrimination directed at Jews. Attempts to eradicate the plain meaning of the word are not only anti-Semitic, indeed they are anti-semantic".

I offer the following material for your consideration of these statements.

Consultation (again of the Encyclopedia Britannica, as a commonly used source by the public) on the history of the term "Semitic" indicates that the basic characteristics of language are the criteria for defining it. This is rather controversial and requires more research than I care to burden you

with at this time. However, it is important to remember that many of the Arab peoples find the term anti-Semitic inaccurate and somewhat offensive as it neglects many who are also considered "Semitic".

From the Encyclopedia Britannica again:

> "The Semitic languages are divided into four groups (1) Northern Peripheral, or Northeastern, with only one language, ancient Akkadian; (2) Northern Central, or Northwestern, including the ancient Canaanite, Amorite, Ugaritic, Phoenician and Punic and Aramaic languages and ancient and modern Suyroia and Hebrews; (3) Southern Central, including Arabic and Maltese; and (4) Southern Peripheral, including South Arabic and the languages of northern Ethiopia."

ET: It would appear that the term anti-Semitic has a convoluted semantic history, as well as a seriously complicated political history.

The book by Peter Schafer is also worth consulting. Although he uses the term "anti-Semitism" throughout his book, in the meaning of hostility and hatred of Jews, he calls his book "Judeophobia: attitudes towards the Jews in the Ancient World." The term, Judeophobia , which I think is most accurate, was used by Yavetz (1993). Three dictionaries of etymology (Barnhart, 1994; Onions, 1972; Skeat, 1965) give the history of the word "Jew" which is recorded in Greek and Roman writings. The history of the attitude of ancient peoples towards the Jews is well discussed in the Schafer book.

HC00008594

B. Racism:

ET: The Encyclopedia Britannica equates "racist dimension" with "supposed biological characteristics." The Oxford English Dictionary also calls Jews "a race." They are not a race.

From the online Oxford Dictionary:

"**a.** The theory that distinctive human characteristics and abilities are determined by race. **b.** = RACIALISM.
n. Race (From Dictionary.com)

1. A local geographic or global human population distinguished as a more or less distinct group by genetically transmitted physical characteristics.
2. A group of people united or classified together on the basis of common history, nationality, or geographic distribution: *the German race.*
3. A genealogical line; a lineage.
4. Humans considered as a group.
5. *Biology.*
   a. An interbreeding, usually geographically isolated population of organisms differing from other populations of the same species in the frequency of hereditary traits. A race that has been given formal taxonomic recognition is known as a subspecies.
   b. A breed or strain, as of domestic animals.

Etymology: French, from Old French, from Old Italian razza, race, lineage.

Usage Note: The notion of race is nearly as problematic from a scientific point of view as it is from a social one. European physical anthropologists of the 17th and 18th centuries proposed various systems of racial classifications based on such observable characteristics as skin color, hair type, body proportions, and skull measurements, essentially codifying the perceived differences among broad geographic populations of humans. The traditional terms for these populations *Caucasoid* (or *Caucasian*), *Mongoloid, Negroid,* and in some systems *Australoid*are now controversial in both technical and nontechnical usage, and in some cases they may well be considered offensive. (*Caucasian* does retain a certain currency in American English, but it is used almost exclusively to mean "white" or "European" rather than "belonging

to the Caucasian race," a group that includes a variety of peoples generally categorized as nonwhite.) The biological aspect of race is described today not in observable physical features but rather in such genetic characteristics as blood groups and metabolic processes, and the groupings indicated by these factors seldom coincide very neatly with those put forward by earlier physical anthropologists. Citing this and other points such as the fact that a person who is considered black in one society might be nonblack in another. Many cultural anthropologists now consider race to be more a social or mental construct than an objective biological fact."

ET: I think that this history of the definitions makes clear that it is desirable not to consider Jews, or the Germans, a race. By the first and third definition based on genetic characteristics there is no group of people that can be defined as a race. There are, however, populations that can be defined by genetic characteristics, for example, all people with type O blood. (See Lewontin, 1982).

C. Zionism:

Oxford English Dictionary, Online: A movement among modern Jews having for its object the assured settlement of their race upon a national basis in Palestine; after 1948, concerned chiefly with the development of the State of Israel.

ET: The articles in the Encyclopedia on Zionism are quite informative. The definition above indicates the motivation for establishing a basis in nationalization for the movement.

Criticism of Zionism is part of its history. The founding of Israel through the militant efforts of the Zionist movement engenders criticism. The criticism of Zionism and Israel is serious; it has a different history from anti-Semitism. The equating of such criticism with anti-Semitism produces a serious problem for resolving the conflict between the two nations. As psychologists we are sensitive to the problem of resolving conflicts.

D. Chauvinism

ET: As we are dealing primarily with a conflict between nations (one established, and one desiring establishment as a nation), when referring to the demeaning of one by the other, the term "racism" is incorrect for several reasons. Rather, I would call to your attention the term "chauvinism." This is an eponym for the belief system of Nicolas Chauvin a soldier in Napoleon's army, about France and the military life under Napoleon (1769-1821).

Oxford English Dictionary, Online: Militant devotion to and glorification of one's country; fanatical patriotism. Prejudiced belief in the superiority of one's own group, or kind. (I have removed gender from these classifications as not relevant).

ET: The policies of the Israeli State in the Palestine/Israel

situation are that of a nation that is expressing its opinion of another nation, by using economic, political and lethal means to affect the other nation's welfare (homes, land, civilians). This is chauvinism.

That nationalistic, chauvinistic policies have engendered lethal conflict between the two nations is not unexpected. The reaction of conquered people to the Napoleonic policies towards other nations was similar.

IV. The Council might be interested in further readings on the use of the terms anti-Semitism, Zionism, racism, etc.

References

Barnhart, R. K. (1994). The Barnhart concise Dictionary of Etymology. New York: Harper Collins

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Melchior, Rabbi Michael (2001). (actually read by someone else) http://www.un.org/WCAR/statements/israelE.htm

Okorodudu, Corann (2001). Working Draft: Declaration for the UN World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance prepared by the American Psychological Association.

Onions, C. T. (1972). The Oxford Dictionary of English Etymology. New York: Oxford University Press

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Skeat, W. W. (1965). A concise etymological dictionary of the English language. Oxford: Clarendon Press

Svorkin, Stuart (1997). Jews against prejudice. New York: Columbia University Press.

Yavetz, Z. (1993). Judeophobia in Classical Antiquity: A different approach. Journal of Jewish Studies, 44, 1-22.

Zimmermann, Moshe (1986). Wilhelm Marr: The patriarch of anti-Semitism. New York: Oxford University Press

-----Original Message-----
From: william fraenkel [mailto: PRIVACY REDACTION
Sent: Friday, February 18, 2005 4:42 PM
To: Behnke, Stephen
Cc: william A. Fraenkel
Subject: Nominations for new APA Presidential Task Force.

I WISH TO NOMINATE ETHEL TOBACH TO THE NEWLY FORMED APA PRESIDENTAIL TASK FORCE TO EXPLORE ETHICAL ASPECTS OF INVESTIGATIONS RELATED TO NATIONAL SECURITY. ETHEL HAS SERVED APA WELL AS IMMEDIATE PAST PRESIDENT OF DIVISION 48 AND HAS BEEN ACTIVELY INVOLVED IN OTHER ON OTHER RELATED APA COMMITTEES. SHE WILL BRING TO THIS NEW COMMITTEE HER WEALTH OF KNOWLEDGE AND EXPERIENCE IN MATTERS RELATED TO OUR ASSOCIATION IN AN IMPARTIAL AND SCHOLARLY MANNER. RESPECTFULLY WILLIAM A. FRAENKEL, PhD, FELLOW, APA AND MEMBER FOR 56 YEARS.

-----Original Message-----
From: Dr. Leila F. Dane , PhD [mailto[redacted]
Sent: Mon 2/28/2005 11:57 AM
To: Behnke, Stephen
Cc:
Subject: APA Ethics Nat'l Security TF nomination

Dear Dr. Behnke,

I nominate ETHEL TOBACH for the APA Presidential Task Force to explore the ethical aspects of investigations related to national security, and I present the following statement in support of her.

Currently serving as Past-President of Division 48, the Society for the Study of Peace, Conflict and Violence, Ethel Tobach has been a watchdog for the division, monitoring the post-9/11 events for lapses in human rights practice, and guiding the younger members through the labyrinth of checks and balances governing international behavior of this kind. A longstanding member of SPSSI, she is articulate and well-read when it comes to publications on this topic; indeed, she can demonstrate relevance harking back to the years before the International Declaration of Human Rights. Few can provide the dedicated energy and historical relevance that Ethel Tobach can.

Respectfully submitted, Leila Dane

Leila F. Dane, Ph.D.
[redacted]

I was pleased to hear that the APA Board has set up a Task Force on the ethical issues of national security investigations. Our voice is certainly needed!

I would like to nominate Ethel Tobach PRIVACY REDACTION for this Task Force. Her wisdom would be a tremendous asset. The statement follows:

As a former president of Division 48 (The Society for the Study of Peace, Conflict and Violence), Ethel Tobach is well acquainted with the issues developing out of the procedures used to explore the Ethical Aspects of National Security
Investigations. She is a fellow of SPSSI and is familiar with the publications on this topic by psychologists and by other political and social scientists. She is ready to avail herself and the task force of reports, articles and books dealing with these issues produced by public, professional and governmental entities.

Dr. Tobach states: "Given the recent discussion among APA council members and other APA members about the ethical aspects of the activities of psychologists in carrying out policies relating to individuals detained by the military and government, I believe that the task force could consider reviewing the ethical policies, guidelines and procedures prescribed by the APA. Such a review would consider how the membership would view broadening the ethical
guidelines to include international psychological activities. The review process might benefit from the participation of the APA bodies that deal with international issues (Divisions 19, Military Psychology, and 52, International Psychology)."

Thank you for considering this nomination.

Kathryn Quina, Ph.D.
Fellow, DIvisions 2, 9, 35
Professor of Psychology & Women's Studies
University of Rhode Island
PRIVACY REDACTION

HC00008594

I am delighted to know of the recent Board Director?s decision to establish a Presidential Task Force assigned to explore ethical issues regarding National Security investigations. As an Arabian psychologist who often stands on the recipient side of the negative effects of National Security investigations, I would like to respectfully request that you give your utmost consideration to Ethel Tobach (tobach@amnh.org).

Dr. Tobach?s experiences and accomplishments are limitless and impressive. Her service as president of Division 48 (The Society for the Study of Peace, Conflict and Violence), in addition to a life long notable research and scholarship, will surly be valuable in addressing the issues of a task force of this nature. Yet, most importantly, what makes her really the most worthy candidate is her unique eagerness and commitment for social justice. I would personally be assured that this task force will better meet its goals with her as an active member.

Thank you truly for your kind consideration.

Maram Hallak, Ph. D.
Borough of Manhattan Community College
The City University of New York
PRIVACY REDACTION

HC00008594

-----Original Message-----
From: Okorodudu, Corahann [mailto:PRIVACY REDACTION
Sent: Wednesday, March 02, 2005 8:59 PM
To: Behnke, Stephen
Cc: Ethel Tobach
Subject: Support for Nomination to Presidential Task Force

Dear Stephen,

I write briefly to offer my personal strong support for the nomination of Dr. Ethel Tobach, of the Comparative Psychology Research Group of the American Museum of Natural History, to be considered for membership on the Presidential Task Force to explore the ethical aspects of psychologists' involvement and the use of psychology in national security investigations. Apart from her familiarity with the issues and the relevant literature, she is a productive scholar with strong interest in promoting the integrity of the practice of psychology and its contribution to the advancement of human welfare.

All the best,
Corann Okorodudu

MemRec Database Online

Turner, James T [PRIVACY REDACTION]

Address	Telephone
James T Turner, PhD [PRIVACY REDACTION] Address Updated as of: 11/4/2004 Exclude from Mailings: Yes Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email: No Spam, please.
Membership Status	**Membership Elect Dates**
Member	Member Since 1978
Divisions	
13 - Member - Society of Consulting Psychology	
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:** 11/5/2004

Search Again

Nominated by Lilli Friedland, PhD
(California Psychological Association)

NOMINATIONS
APA NATIONAL SECURITY ETHICS TASK FORCE
March 1, 2005

I would like to recommend James Turner, Ph.D. for the APA Task Force. Jim is a psychologist who has worked with the top federal security agencies in our country; terrorist negotiations; and advises on security and risk matters. Jim is an excellent psychologist and has advised non-profits, major entertainment companies, hospitals, and governmental organizations in a variety of areas. He will certainly make significant contributions to such a group.

His email is PRIVACY REDACTION

PRIVACY REDACTION

Sincerely,
Lilli Friedland

Lilli Friedland, Ph.D., A.B.P.P.
PRIVACY REDACTION

Your Last Name Search Results for Wagaman

MemRec Database Online

Wagaman, George Lane [PRIVACY REDACTION]

Address	Telephone
George Lane Wagaman, EdD [PRIVACY REDACTION] Address Updated as of: 1/15/1991 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Member Since 1984
Divisions	
17 - Member - Society of Counseling Psychology 41 - Member - American Psychology-Law Society	
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:** 8/28/2004

Search Again

Nominated by Jeannie A. Sperry, PhD

HC00008594

I am writing to recommend nomination of Dr. Lane Wagaman to the Task Force on Ethics and National Security. Lane has worked for many years in a federal prison setting,and has been involved in hostage negotiations, etc. He is also a member of the West Virginia Board of Examiners for Psychologists, and so has been invoved in ethics investigations, etc. I believe that he has the ideal credentials and experience for the Task Force. Additionally, Lane was a member of the WV Executive Committee when I was president, and he is an ideal team member: calm and even tempered yet assertive and knowledgable. I have not contacted Lane to learn of his interest in this, but if you agree with me that he would be an appropriate nominee, he may be contacted at

PRIVACY REDACTION

Jeannie A. Sperry, Ph.D.

PRIVACY REDACTION

HC00008594

Your Last Name Search Results for Lenore Walker

MemRec Database Online

Walker, Lenore E [PRIVACY REDACTION]

Address	Telephone
Lenore E Walker, EdD Center for Psych Studies Nova Southeastern University 3301 College Ave Ft Lauderdale, FL 33314-7721 Address Updated as of: 6/18/2001 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Fellow	Member Since 1974 Fellow Since 1984

Divisions

12 - Fellow - Society of Clinical Psychology
29 - Fellow - Psychotherapy
35 - Fellow - Society for the Psychology of Women
37 - Fellow - Child, Youth, and Family Services
41 - Fellow - American Psychology-Law Society
42 - Fellow - Psychologists in Independent Practice
43 - Fellow - Family Psychology
44 - Fellow - Society for the Psychological Study of Lesbian, Gay and Bisexual Issues
45 - Member - Society for the Psychological Study of Ethnic Minority Issues
46 - Fellow - Media Psychology
51 - Fellow - Society for the Psychological Study of Men and Masculinity
52 - Fellow - International Psychology
55 - Member - American Society for the Advancement of Pharmacotherapy

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	11/3/2004

Search Again

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Self-Nominated

Dr. Lenore Walker is a Professor of Psychology at Nova Southeastern University, Center for Psychological Studies and Coordinator of Forensic Psychology in the Doctoral Program. She is also a Professor in the Criminal Justice Institute and has a part time private practice in forensic and family psychology. Her expertise is in working with domestic violence families including the psychological aspects of perpetrators and victims and the long term effects of PTSD responses. She was the Chair of the APA Presidential TF on Violence and the Family which studied the problem from 1994-1996 and produced a number of APA publications that are still used ten years later. In that position, she was able to coordinate with other APA task forces studying violence and its aftermath. She also has just completed an MS degree in Clinical Psychopharmacology with expertise in the intervention and treatment of PTSD from trauma. In addition, Dr. Walker served as the first chair of the Division 42 TF on the revisions of the 2002 ethics code and was the president of Division 42 at the time the code was passed. A frequent trainer all over the world, and former chair of CIRP, she has the knowledge and respect in the gender and multicultural public interest communities.

3/2/2005

Your Last Name Search Results for Wallsten

MemRec Database Online

Wallsten, Thomas S [PRIVACY REDACTION]

Address	Telephone	
Thomas S Wallsten, PhD University of Maryland Bio-Psyc. Building 1145 A College Park, MD 20742-0001 Address Updated as of: 3/26/2002 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: Facsimile: Email:	[PRIVACY REDACTION]
Membership Status	**Membership Elect Dates**	
Fellow	Member Since 1972 Fellow Since 1986	
Divisions		
03 - Fellow - Experimental Psychology		
Membership Number:	[PRIVACY REDACTION]	**Record Last Changed On:** 1/19/2005

Search Again

Nominated by David V. Budesu, PhD

and Barbara A. Wanchisen, PhD

HC00008594

Dr. David V. Budescu
http://www.psych.uiuc.edu/~dbudescu
Department of Psychology, University of Illinois
603 E. Daniel Street, Champaign, IL 61820

Stephen Behnke, Director
APA's Ethics Office
sbehnke@apa.org

Saturday, February 19, 2005

Dear Mr. Behnke

I would like to nominate Professor Thomas S. Wallsten from the Psychology Department of the University of Maryland PRIVACY REDACTION to the APA Presidential Task Force to Explore the Ethical Aspects of Investigations Related to National Security.

Professor Wallsten is a distinguished mathematical psychologist (former Editor of the Journal of Mathematical Psychology and Associate Editor of the Journal of Experimantal Psychology: Learning, memory & Cognition) specializing in Behavioral Decision Theory (Former President of the Society of Judgment and Decision Making). He is also the President Elect of the Federation of Behavioral, Psychological and Cognitive Sciences.

For the last two years he serves as Area Research Director at the Center for Advanced Study of Language, at the University of Maryland Affiliated Research Center (the only one in the Behavioral Sciences) funded by DOD to do research aimed at improving foreign language and analysis capabilities relevant to national security and diplomacy. His work in this environment has exposed, and caused him to devote a lot of time and thought, to many of the issues that the task force is set to study. He will bring to the task force considerable academic expertise, sound judgment and a vantage point that very few psychologists have.

Sincerely,

David V. Budescu, Ph.D.
Professor of Psychology

PRIVACY REDACTION

HC00008594

-----Original Message-----
From: PRIVACY REDACTION
Sent: Monday, February 28, 2005 9:56 AM
To: Breckler, Steven J.
Subject: APA task force on national security

Steve-

With this email I am nominating Thomas Wallsten (U of MD) to serve on the APA Presidential Task Force on Ethics in National Security Research. I believe Tom has unique experience and would make a great task force member. He has become deeply involved in research relevant to national security over the past two years and has given considerable thought to, and now
has some direct experience with, the very types of issues the task force is being asked to consider. From another perspective, I have broad interests and contacts in cognitive and mathematical psychology, with experience as a journal editor (J. Math. Psyc), associate editor (JEP:LMC; and some years back Psychometrika), NSF review panel, twice on NSF Committee of Visitors; and of course he is President-Elect of the Federation.

Attached please find his CV. Let me know if you need more!

barb

Barbara A. Wanchisen, Ph.D.
PRIVACY REDACTION
www.thefederationonline.org

HC00008594

Your Last Name Search Results for Sheldon Weinberg

MemRec Database Online

Weinberg, Sheldon R [redacted]

Address	Telephone
Sheldon R Weinberg, PhD [redacted] Address Updated as of: 6/17/1998 Exclude from Mailings: No Address is Bad: No	Home Phone: [redacted] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Associate Since 1970 Member Since 1978
Divisions	
17 - Member - Society of Counseling Psychology 28 - Member - Psychopharmacology and Substance Abuse 40 - Member - Clinical Neuropsychology 50 - Member - Addictions	
Membership Number: [redacted]	**Record Last Changed On:** 11/4/2004

Search Again

Search Again

Self-nominated

-----Original Message-----
From: Shel Weinberg [mailto: PRIVACY REDACTION
Sent: Thursday, February 17, 2005 2:51 PM
To: Behnke, Stephen
Cc: PRIVACY REDACTION
Subject: Self-nomination for ethics and national security task force

Dear Dr. Behnke,

Please consider this a self-nomination for the Task Force on ethics and national security investigations.

I have participated in a number of challenging situations concerning ethically sensitive and contentious issues; and, I have been tasked with analytic, problem solving, and mediational aspects of these problem situations. I served as the expert witness for EEOC in the first case brought by EEOC under the ADA on behalf of someone with a mental disorder (EEOC v Union Carbide), and I was asked to develop responses to numerous aspects of the case, including whether or not Union Carbide showed "good faith." I had been interested in such issues for years in terms of my activities related to EAP (Employee Assistance Programs), drug testing, and the balance of rights and responsibilities. I also gave an affidavit on behalf of the attorneys from the Department of Justice who sued to block the originally developed drug screening/testing program prompted by President Reagan's executive order (and I have been told by the attorneys who successfully took the case to the Supreme Court that one of the justice's gave a footnote related to my main suggestion, stating that the government was under no obligation whatsoever to use a 'best' or 'better' approach but could use any legal approach it wished).

I have an extensive background in test and measurements, including work with faculty rank at several colleges/universities and with Jane Loevinger at Washington University, and extending across age ranges and types of disadvantagements. I am a member of Division 40 and NAN, and I served Texaco as an expert witness regarding diagnostic and testing issues related to the first case brought against a major corporation for the conduct and activities of its EAP program and staff. Lastly, I developed considerable expertise regarding non-invasive methods of drug/impairment testing, including work on certain types of eye movements and responses; and, this work was of interest to the intelligence community as well as others. I was also trained in graduate school on the Personality Assessment System (PAS), and I have some distant familiarity with the challenges of working within the national security arena.

Please let me know if there is anything else you wish for me to do in these regards. No reply is necessary. If I do not hear from you, I will assume I have not been selected for consideration.

Sincerely,

Shel Weinberg

Sheldon R. Weinberg, Ph.D.
PRIVACY REDACTION

Your Last Name Search Results for Michael Wessells

MemRec Database Online

Wessells, Michael G [PRIVACY REDACTION]

Address	Telephone
Michael G Wessells, PhD [PRIVACY REDACTION] Address Updated as of: 10/29/2004 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: [PRIVACY REDACTION] Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Member Since 1985
Divisions	
09 - Member - Society for the Psychological Study of Social Issues - SPSSI 48 - Member - Society for the Study of Peace, Conflict and Violence: Peace Psychology Division 52 - Member - International Psychology	
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:** 8/28/2004

Search Again

FROM ETHICS OFFICE / SCIENCE DIRECTORATE ORIGINAL LIST

Michael Wessells, PhD (Member, Divisions 9, 48, and 52). Received an APA Presidential Citation in 2004 in recognition of his "contribution to the development of peace psychology, including his role as founder and president of Division 48…co-chair of the Joint APA-Canadian Psychological Association presidential initiative on ethnopolitical warefare, and president of Psychologists for Social Justice."

HC00008594

Your Last Name Search Results for Thomas Williams

MemRec Database Online

Williams, Thomas J [PRIVACY REDACTION]

Address	Telephone	
Thomas J Williams, PhD [PRIVACY REDACTION] Address Updated as of: 9/11/2002 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: Facsimile: Email:	 [PRIVACY REDACTION] thomas.williams@carlisle.army.mil
Membership Status	**Membership Elect Dates**	
Member	Affiliate Since 1991 Member Since 1996	
Divisions		
12 - Member - Society of Clinical Psychology 19 - Member - Society for Military Psychology 47 - Member - Exercise and Sport Psychology		
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:**	10/27/2004

Search Again

FROM ETHICS OFFICE / SCIENCE DIRECTORATE ORIGINAL LIST

Col. Tom Williams, PhD (Recommended by Division 19) (Member, Divisions 12,19,47) is Director of the Army Physical Fitness Research Institute (APFRI) at the U.S. Army War College in Carlisle, Pennsylvania. Williams is a clinical psychologist with extensive military operations and ethics experience and comes highly recommended by Division 19.

HC00008594

Division 19 Nominees for APA Presidential Task Force on Ethical Aspects of Investigations Related to National Security

Slate 1: Active Duty (Uniformed) with Recent Prisoner Experience

Thomas J. Williams, Ph.D., currently serves as the Director, Army Physical Fitness Research Institute as a member of the faculty and leadership at the U.S. Army War College, Carlisle, PA. Dr. Williams served for four years as the Command Psychologist for the Army's largest Counterintelligence unit, providing assessments and consultations worldwide in support of some of our Nation's most sensitive national security operations involving multidiscipline counterintelligence and counterespionage operational activities. Dr. Williams has also served for two years as the Deputy Director, Policy Analysis, Office of the Assistant Secretary of Defense, Health Affairs, The Pentagon, where he evaluated and developed DoD health policies related to medical malpractice and personnel, along with legislative proposals to address these issues. He has worked on Department of the Army-level medical policy issues as a member of the Army Staff. Dr. Williams has also served as chief psychologist at Walter Reed Army Medical Center with oversight for both a Clinical Psychology Internship and Neuropsychology Fellowship. Dr. Williams served as the last Director of the Congressionally-mandated Psychopharmacology Demonstration Project, the profession's first program to train psychologists to administer psychotropic medications, guiding this program's final report into a format conducive to providing an accurate representation of the relative merits and issues involved. He recently returned from a deployment in Northern Iraq with the 10th Special Forces Group. Dr. Williams has served on active duty in the U.S. Army for 24 years and holds the rank of colonel. He currently serves as the associate editor of Military Psychology, and is a member of Divisions 12 and 19, as well as the Society for Personality Assessment.

thomas.williams@carlisle.army.mil
PRIVACY REDACTION

HC00008594

Your Last Name Search Results for Erica Wise

MemRec Database Online

Wise, Erica H [PRIVACY REDACTION]

Address	Telephone
Erica H Wise, PhD [PRIVACY REDACTION] Address Updated as of: 12/17/1999 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Member	Member Since 1981

Divisions

12 - Member - Society of Clinical Psychology
35 - Member - Society for the Psychology of Women
42 - Member - Psychologists in Independent Practice

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	8/28/2004

Search Again

Self-nominated with the support of
Ann Louise Barrick, PhD and Sally Cameron

Steve,
I am nominating myself for this committee with the support of Ann Louise Barrick (NCPA President) and Sally Cameron, (NCPA Executive Director). I am attaching a 200 word statement regarding my qualifications. My recent experience participating in a multidisciplinary university faculty fellowship program is particularly relevant to the issues being considered by this task force.
Please let me know if I can provide any additional information.
All the best,
Erica

Erica H. Wise, Ph.D.
Director, Psychology Clinic
Clinical Associate Professor
Department of Psychology
CB# 3270
University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-3270
PRIVACY REDACTION

HC00008594

Erica H.Wise, Ph.D.
Brief Statement of Interest
Task Force on Ethics and National Security

Dr. Wise received her Ph.D. in Clinical Psychology from Southern Illinois University at Carbondale in 1980 after completing her internship in the School of Medicine at UNC Chapel Hill. She currently directs the Psychology Training Clinic in the Department of Psychology at UNC Chapel Hill where she is a Clinical Associate Professor.

Her experience in ethics includes serving as chair of both the APA Ethics Committee and the Committee on Professional Practice and Standards. She recently completed a 10-year term on the North Carolina Psychology Board. She is currently co-chair of the NCPA Ethics Committee and regularly provides CE workshops for psychologists in North Carolina on ethical and legal issues in professional practice.

During the fall 2004 academic semester she participated in the Ethics Faculty Fellow program in the Institute of Arts and Humanities at UNC. This program was designed to expose faculty to a multidisciplinary approach to ethical and moral reasoning. Topics included the philosophical underpinnings of ethics and the ethical study of current social issues such as the "torture memos" that have received extensive press coverage. Our primary focus was on the complex role of medical and psychological providers in such government sanctioned activities. This latter experience seems particularly relevant to the task force being developed by APA.

HC00008594

HC00008594

MemRec Database Online

Woody, Robert Henley ([redacted])

Address	Telephone
Robert Henley Woody, JD [redacted] Address Updated as of: 12/9/1991 Exclude from Mailings: No Address is Bad: No	Home Phone: [redacted] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Fellow Dues exempt since 2001	Member Since 1966 Fellow Since 1975

Divisions

12 - Fellow - Society of Clinical Psychology
16 - Fellow - School Psychology
17 - Fellow - Society of Counseling Psychology
18 - Fellow - Psychologists in Public Service
38 - Fellow - Health Psychology
40 - Fellow - Clinical Neuropsychology
41 - Fellow - American Psychology-Law Society
42 - Fellow - Psychologists in Independent Practice
43 - Fellow - Family Psychology

Membership Number:	[redacted]	Record Last Changed On:	8/31/2004

Search Again

Nominated by:
Norman Abeles, PhD
and
Danny Wedding, PhD

Hi Steve--I would like to nominate Robert Woody for the Task force on ethics and National Security.Bob is a JD, PhD and has written widely on ethics and has served on the ethics committee.He has just completed a book manuscript titled "Search and seizure:The fourth amendment for law enforcement officers. This certainly realtes to constitutional issues related to the PAtriot Act. In addition, Bob recently received national publicity for being the oldest individual to complete a very tough physical training task usually limited primarily to police officers.He also teaches a the University of Nebraska at Omaha.I think he is well qualified as a candidate for this task force. Norman Abeles.
Norman Abeles, PhD
Professor of Psychology
Michigan State University
110C Psychology Building
Michigan State University
East Lansing, MI 48824-1116

-----Original Message-----
From: Wedding, Danny [mailto:PRIVACY REDACTION
Sent: Wednesday, February 23, 2005 10:41 AM
To: Behnke, Stephen
Subject: APA Presidential Task Force to Explore the Ethical Aspects of Investigations Related to National Security (Nomination)

Dear Steve:

I am writing to nominate Council Member Robert Woody (the Florida Representative) as an extremely well qualified potential member of Ron Levant's Presidential Task Force to Explore the Ethical Aspects of Investigations Related to National Security.

Some of the reasons Dr. Woody would be an excellent member of the Task Force follow:

- Bob is a practicing attorney as well as a diplomate in clinical psychologist.
- Bob teaches relevant graduate and undergraduate courses (e.g., Forensic Psychology; Ethics and Law for Psychologists)
- Bob has been actively involved in training law enforcement officers
- Last year Bob actually took and completed the Basic Police Academy course and passed the State Officer Certification Examination (in his 60's), serving as President of his academy class
- Bob's PhD dissertation addressed the use of electroencephalography used to diagnose behavioral problems
- Bob is a member of the International Association of Chiefs of Police

Perhaps more important than any of the above qualifications, Bob is a team player who is able to achieve consensus among individuals with divergent and sometimes divisive viewpoints. We have both served in leadership roles in Division 12 (Society of Clinical Psychology) and I have had an opportunity to observe first hand Bob's group skills and his ability to see a task through to completion. I cannot imagine that any of our members would bring more to this particular Task Force.

I have told Bob of my interest in making this nomination, and he has indicated that he would be willing to serve as a member of the Task Force if he is selected for this role by President Levant.

Don't hesitate to contact me if any additional information is required.

Sincerely,

Danny

Danny Wedding, PhD, MPH
(Council Member Representing Missouri)
Professor of Psychiatry and Director
Missouri Institute of Mental Health (MIMH)
University of Missouri-Columbia School of Medicine
5400 Arsenal Street
Saint Louis, MO 63139
PRIVACY REDACTION
www.mimh.edu
www.mimh.edu/danny_wedding

February 28, 2005

To: Dr. Stephen Behnke

From: Robert Woody, Ph. D., Sc. D., J. D.

Re: Task Force to Explore the Ethical Aspects of Psychologists' Involvement and the Use of Psychology in National Security-Related Investigations

I was pleased to learn that I had been nominated for the above-stated Task Force. I would welcome being approved for membership.

The events of and related to September 11, 2001, led me to make a significant, and presumably permanent, shift in my professional work. My teaching and writing now emphasize the psychological aspects of law enforcement.

In 2004, I took a sabbatical from my University teaching and law practice, and completed a full-time (five months, fully accredited) police academy. I found that this new set of knowledge and skills provided unique support for my work as both an attorney (admitted in FL, MI, & NE) and a psychologist (licensed in FL & MI).

For years, I have taught and written about ethics, particularly as relevant to clinical and forensic psychology, and have served on ethics committees for the Nebraska Bar, APA, AAMFT, and AASECT. I have been voted into the International Association of Chiefs of Police. Effective June, 2005), I shall be teaching under the auspices of the Florida Office of the Attorney General, training law enforcement officers for working with children and youth in the schools. I also expect to soon be consulting with the Children Victims Unit within the Florida Department of Law Enforcement.

I have written 34 books, just finishing the manuscript for "Search and Seizure: The Fourth Amendment for Law Enforcement Officers" (which is, of course, highly relevant to the purpose of the Task Force). I have authored about two hundred articles, including "Confronting Terrorism: The New Challenge for Clinical Psychology" (*Clinical Psychologist, 2004*) and "Citizen Involvement in Developing Policies for Policing" (*Police Chief*, under review).

I am a Diplomate in both Clinical and Forensic Psychology, ABPP, and a Fellow of APA (Divisions of Clinical Psychology, School Psychology, Counseling Psychology, Health Psychology, Clinical Neuropsychology, Psychology and Law, Family Psychology, Psychologists in Independent Practice, and Psychologists in Public Service). In 2001, I was President of the Florida Psychological Association, and am currently the Florida Representative to the APA Council of Representatives.

I will appreciate your consideration of my application for membership on the Task Force to Explore the Ethical Aspects of Psychologists' Involvement and the Use of Psychology in National Security-Related Investigations

HC00008594

HC00008594

Your Last Name Search Results for Linda Woolf

MemRec Database Online

Woolf, Linda M [PRIVACY REDACTION]

Address	Telephone
Linda M Woolf, PhD [PRIVACY REDACTION] Address Updated as of: 3/25/1999 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:

Membership Status	Membership Elect Dates
Member	Member Since 1999

Divisions

02 - Member - Society for the Teaching of Psychology
08 - Member - Society for Personality and Social Psychology
26 - Member - Society for the History of Psychology
35 - Member - Society for the Psychology of Women
48 - Member - Society for the Study of Peace, Conflict and Violence: Peace Psychology Division

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	12/20/2004

Search Again

FROM ETHICS OFFICE / SCIENCE DIRECTORATE ORIGINAL LIST

(see statement attached)

HC00008594

Linda M. Woolf, Ph.D.
President-Elect, Peace Psychology Division 48, APA
Secretary, Society for the Teaching of Psychology (Div. 2, APA)
Professor of Psychology
Center for the Study of the Holocaust, Genocide, and Human Rights
Webster University
470 East Lockwood
St. Louis, MO 63119
PRIVACY REDACTION
Main Webpage: http://www.webster.edu/~woolflm/

Dr. Linda M. Woolf is a Peace Psychologist and Professor of Psychology at Webster University where she teaches courses related to genocide, terrorism, human rights, and peace psychology. She is also the Coordinator of the Center for the Study of the Holocaust, Genocide, and Human Rights. Additionally, Dr. Woolf teaches within the International Human Rights and Multicultural Studies programs at Webster including a course related to ethical issues in human experimentation. Her recent publications concern the psychosocial roots of mass violence including the roots of intra- and inter-religious hate and violence. Additionally, she is actively involved in the development of curriculum resources related to mass violence, terrorism, torture, refugee studies, and international human rights. In response to events related to the Abu Ghraib prison abuse scandal and concerns about torture at Guantanamo Bay, Dr. Woolf developed a resource webpage for psychologists concerning the issue of torture: http://www.webster.edu/peacepsychology/torture.html. She is currently President-Elect of the Society for the Study of Peace, Conflict, and Violence: Peace Psychology Division (Division 48 of APA).

HC00008594

Your Last Name Search Results for Robert Younger

MemRec Database Online

Younger, Robert Dale [PRIVACY REDACTION]

Address	Telephone
Robert Dale Younger, PhD [PRIVACY REDACTION] Address Updated as of: 2/18/2005 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Member	Member Since 1983
Divisions	
38 - Member - Health Psychology 46 - Member - Media Psychology	
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:** 8/28/2004

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Nominated by Beth N. Rom-Rymer, PhD

and Self-nominated

HC00008594

From: PRIVACY REDACTION
Sent: Saturday, March 05, 2005 6:08 PM
To: Behnke, Stephen
Subject: Application

Dear Dr. Behnke,

I am interested in the proposed Task Force to Explore the Ethical Aspects of Psychologists' Involvement and the Use of Psychology in National Security-Related Investigations. I believe I am qualified for such a task force because of active involvement in such investigations for several years. After a clinical internship, I did training and worked for the Department of Justice (Federal Prison System), at times evaluating terrorists and serial killers. Presently I am on an active duty recall with the U.S. Navy and work with investigators from the war zone and deployed in a combat stress unit in 2003. I have prescriptive authority, and could provide insight into use of medications with detainees/prisoners. Furthermore, I am taking the weapons of mass destruction course at the Uniformed Services University and took the National Security Decision Making course at the Navy War College. Finally, I have also conducted national investigations for the U.S. Navy and the Department of Veterans Affairs.

CAPT Robert Younger, MSC, USNR
Assistant for Reserve Matters M09B-MSCR
Prescribing Psychologist
PRIVACY REDACTION

Dear Dr. Behnke,

Please accept this delayed application; I was delayed by deployment to work with returning Marines from Operational Iraqi Freedom. I am interested in the proposed Task Force to Explore the Ethical Aspects of Psychologists' Involvement and the Use of Psychology in National Security-Related Investigations. I believe I am qualified for such a task force because of active involvement in such investigations for several years. After a clinical internship, I did training and worked for the Department of Justice (Federal Prison System), at times evaluating terrorists and serial killers. Furthermore, I am taking the weapons of mass destruction course at the Uniformed Services University and took the National Security Decision Making course at the Navy War College. I have also conducted national investigations for the U.S. Navy and the Department of Veterans Affairs.

Presently I am on an active duty recall with the U.S. Navy and work with investigators from the war zone and deployed in a combat stress unit in 2003. Finally, I have prescriptive authority, and could provide insight into use of medications with detainees/prisoners.

CAPT Robert Younger, MSC, USNR
Assistant for Reserve Matters M09B-MSCR
Prescribing Psychologist
PRIVACY REDACTION

HC00008594

Your Last Name Search Results for Jeffrey Younggren

MemRec Database Online

Younggren, Jeffrey Nels [PRIVACY REDACTION]

Address	Telephone
Jeffrey Nels Younggren, PhD PRIVACY REDACTION Address Updated as of: 1/9/1989 Exclude from Mailings: No Address is Bad: No	Home Phone: PRIVACY REDACTION Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Fellow	Member Since 1974 Fellow Since 1996
Divisions	
12 - Fellow - Society of Clinical Psychology 29 - Member - Psychotherapy 41 - Member - American Psychology-Law Society 42 - Fellow - Psychologists in Independent Practice	
Membership Number: [PRIVACY REDACTION]	**Record Last Changed On:** 8/28/2004

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Nominated by Bruce Bennett, PhD

and Leon VandeCreek, PhD

and the California Psychological Association

A Fellow of the American Psychological Association, Dr. Younggren is a clinical and forensic psychologist who practices in Rolling Hills Estates, California. He also is an associate clinical professor at the University of California, Los Angeles, School of Medicine. Dr. Younggren served as a member and chair of the Ethics Committees of the California Psychological Association and the American Psychological Association. He consults to various licensing boards on ethics and standards of care, and he qualifies as an expert in criminal, civil, and administrative proceedings. Recently Dr. Younggren retired as the United States Army Reserve Clinical Psychology Consultant to the Surgeon General of the Army with the rank of Colonel. Dr. Younggren currently is a Risk Management Consultant to the APA Insurance Trust and also is a member of the Committee on Accreditation of APA.

-----Original Message-----
From: Leon VandeCreek [mailto: PRIVACY REDACTION
Sent: Wednesday, February 23, 2005 7:46 PM
To: Behnke, Stephen
Subject: Nomination

Steve: I would like to nominate Dr. Jeffrey N. Younggren for the presidential task force on ethics and national security. He is a past chair of the APA ethics committee, a retired Army Colonel, and a very knowledgeable forensic psychologist. I think he has very good credentials for such an appointment.

Best regards,

Leon VandeCreek

HC00008594

NOMINATIONS
APA NATIONAL SECURITY ETHICS TASK FORCE
March 1, 2005

Fellow of the American Psychological Association, Dr. Younggren is a clinical and forensic psychologist who practices in Rolling Hills Estates, California. He also is an associate clinical professor at the University of California, Los Angeles, School of Medicine. Dr. Younggren served as a member and chair of the Ethics Committees of the California Psychological Association and the American Psychological Association. He consults to various licensing boards on ethics and standards of care, and he qualifies as an expert in criminal, civil, and administrative proceedings. Recently Dr. Younggren retired as the United States Army Reserve Clinical Psychology Consultant to the Surgeon General of the Army with the rank of Colonel. Dr. Younggren currently is a Risk Management Consultant to the APA Insurance Trust and also is a member of the Committee on Accreditation of APA.

Jeffrey Younggren, Ph.D.



(from California Psychological Association)

HC00008594

MemRec Database Online

Zimbardo, Philip G [PRIVACY REDACTION]

Address	Telephone
Philip G Zimbardo, PhD [PRIVACY REDACTION] Address Updated as of: 12/9/1998 Exclude from Mailings: No Address is Bad: No	Home Phone: [PRIVACY REDACTION] Business Phone: Facsimile: Email:
Membership Status	**Membership Elect Dates**
Fellow Dues exempt since 2001	Associate Since 1959 Fellow Since 1970
Divisions	

01 - Fellow - Society for General Psychology
02 - Fellow - Society for the Teaching of Psychology
03 - Fellow - Experimental Psychology
08 - Fellow - Society for Personality and Social Psychology
09 - Fellow - Society for the Psychological Study of Social Issues - SPSSI
13 - Member - Society of Consulting Psychology
15 - Fellow - Educational Psychology
26 - Member - Society for the History of Psychology
45 - Member - Society for the Psychological Study of Ethnic Minority Issues
46 - Fellow - Media Psychology
48 - Fellow - Society for the Study of Peace, Conflict and Violence: Peace Psychology Division
52 - Fellow - International Psychology

Membership Number:	[PRIVACY REDACTION]	Record Last Changed On:	8/28/2004

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Nominated by Ann Watters, PhD through the California Psychological Assn.

NOMINATIONS
APA NATIONAL SECURITY ETHICS TASK FORCE
March 1, 2005

Since the timeline is so short I am advancing the names of two people I would argue would make strong positive contributions to this committee.

Dr. Zimbardo of course is well known and has researched issues related to abuse of power, including the recent Iraq prison scandal, and I would argue that his credentials as former APA President as well as his status as a researcher/scholar and his interest in this area make him an ideal candidate.

Philip Zimbardo, Ph.D.
Psychology Department
Stanford University
Stanford, CA 94305
PRIVACY REDACTION

HC00008594

Report of the American Psychological Association Presidential Task Force

on Psychological Ethics and National Security

June 2005

HC00008888

REPORT OF THE PRESIDENTIAL TASK FORCE ON PSYCHOLOGICAL ETHICS AND NATIONAL SECURITY

I. Overview of the Report

The Presidential Task Force on Psychological Ethics and National Security (PENS) met in response to the Board of Directors' February 2005 charge, that the Task Force:

> [E]xamine whether our current Ethics Code adequately addresses [the ethical dimensions of psychologists' involvement in national security-related activities], whether the APA provides adequate ethical guidance to psychologists involved in these endeavors, and whether APA should develop policy to address the role of psychologists and psychology in investigations related to national security.

Recognizing the ethical complexity of this work, which takes place in unique settings and constantly evolving circumstances, the Task Force was nonetheless able to set forth 12 clear and agreed-upon statements about psychologists' ethical obligations.

As a context for its statements, the Task Force affirmed that when psychologists serve in any position by virtue of their training, experience, and expertise as psychologists, the APA Ethics Code applies. The Task Force thus rejected the contention that when acting in roles outside traditional health-service provider relationships psychologists are not acting in a professional capacity as psychologists and are therefore not bound by the APA Ethics Code.

The Task Force noted that the Board of Directors' charge did not include an investigative or adjudicatory role, and as a consequence emphasized that it did not render any judgment concerning events that may or may not have occurred in national security-related settings. Nonetheless, the Task Force was unambiguous that psychologists do not engage in, direct, support, facilitate, or offer training in torture or other cruel, inhuman, or degrading treatment and that psychologists have an ethical responsibility to be alert to and report any such acts to appropriate authorities. The Task Force stated that it is consistent with the APA Ethics Code for psychologists to serve in consultative roles to interrogation and information-gathering processes for national security-related purposes, as psychologists have a long-standing tradition of doing in other law enforcement contexts. Acknowledging that engaging in such consultative and advisory roles entails a delicate balance of ethical considerations, the Task Force stated that psychologists are in a unique position to assist in ensuring that these processes are safe and ethical for all participants.

The Task Force Report concludes with a series of recommendations to the American Psychological Association Board of Directors.

II. Introduction to the Report

The Task Force believes it is critical for the American Psychological Association to address the ethical challenges facing psychologists whose work involves national security-related activities. APA is the world's largest association of psychologists. Article I of the Association Bylaws states:

> The objects of the American Psychological Association shall be to advance psychology as a science and profession and as a means of promoting health, education and human welfare by the...improvement of the qualifications and usefulness of psychologists through high standards of ethics...[and] by the establishment and maintenance of the highest standards of professional ethics and conduct of the members of the Association...[1]

Many association members work for the United States government as employees or consultants in national security-related positions. It is the responsibility of APA to think through and provide guidance on the complex ethical challenges that face these psychologists, who apply their training, skills, and expertise in our nation's service.

The Task Force addressed the argument that when psychologists act in certain roles outside traditional health-service provider relationships, for example as consultants to interrogations, they are not acting in a professional capacity as psychologists and are therefore not bound by the APA Ethical Principles of Psychologists and Code of Conduct (hereinafter the Ethics Code).[2] The Task Force rejected this contention. The Task Force believes that when psychologists serve in a position by virtue of their training, experience, and expertise as psychologists, the APA Ethics Code applies. Thus in any such circumstance, psychologists are bound by the APA Ethics Code.

Principle B of the Ethics Code, Fidelity and Responsibility, states that psychologists "are aware of their professional and scientific responsibilities to society." Psychologists have a valuable and ethical role to assist in protecting our nation, other nations, and innocent civilians from harm, which will at times entail gathering information that can be used in our nation's and other nations' defense. The Task Force believes that a central role for psychologists working in the area of national security-related investigations is to assist in ensuring that processes are safe, legal, and ethical for all participants.

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[1] American Psychological Association (2004). *Bylaws of the American Psychological Association* [Brochure]. Washington, DC: Author. (Also available at http://www.apa.org/governance/)

[2] American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist, 57,* 1060–1073. (Also available at http://www.apa.org/ethics/)

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The Task Force looked to the APA Ethics Code for fundamental principles to guide its thinking. The Task Force found such principles in numerous aspects of the Ethics Code, such as the Preamble, "Psychologists respect and protect civil and human rights" and "[The Ethics Code] has as its goals the welfare and protection of the individuals and groups with whom psychologists work"; Principle A, Beneficence and Nonmaleficence, "In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons"; Principle D, Justice, "Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices"; and Principle E, Respect for People's Rights and Dignity, "Psychologists respect the dignity and worth of all people." The Task Force concluded that the Ethics Code is fundamentally sound in addressing the ethical dilemmas that arise in the context of national security-related work.

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III. Twelve Statements Concerning Psychologists' Ethical Obligations in National Security-Related Work and Commentary on the Statements

1. Psychologists do not engage in, direct, support, facilitate, or offer training in torture or other cruel, inhuman, or degrading treatment. The Task Force endorses the 1986 Resolution Against Torture of the American Psychological Association Council of Representatives,[3] and the 1985 Joint Resolution Against Torture of the American Psychological Association and the American Psychiatric Association.[4] (Principle A, Beneficence and Nonmaleficence, and Ethical Standard 3.04, Avoiding Harm) The Task Force emphasizes that the Board of Directors' charge did not include an investigative or adjudicatory role and so the Task Force does not render any judgment concerning events that may or may not have occurred in national security-related settings. The Task Force nonetheless feels that an absolute statement against torture and other cruel, inhuman, or degrading treatment is appropriate.

2. Psychologists are alert to acts of torture and other cruel, inhuman, or degrading treatment and have an ethical responsibility to report these acts to the appropriate authorities. This ethical responsibility is rooted in the Preamble, "Psychologists respect and protect civil and human rights...the development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically [and] to encourage ethical behavior by...colleagues," and Principle B, Fidelity and Responsibility, which states that psychologists "are concerned about the ethical compliance of their colleagues' scientific and professional conduct." (Ethical Standard 1.05, Reporting Ethical Violations) The Task Force notes that when fulfilling the obligation to respond to unethical behavior by reporting the behavior to appropriate authorities as a prelude to an adjudicatory process, psychologists guard against the names of individual psychologists being disseminated to the public. Inappropriate or premature public dissemination can expose psychologists to a risk of harm outside of established and appropriate legal and adjudicatory processes. (Ethical Standard 3.04, Avoiding Harm)

3. Psychologists who serve in the role of supporting an interrogation do not use health care related information from an individual's medical record to the detriment of the individual's safety and well-being. While information from a medical record may be helpful or necessary to ensure that an interrogation process remains safe, psychologists do not use such information to the detriment of an individual's safety and well-being. (Ethical Standards 3.04, Avoiding Harm, and 3.08, Exploitative Relationships)

"exploit" adverse?

[3] American Psychological Association Council of Representatives. (1986). American Psychological Association resolution against torture. Retrieved from http://www.apa.org/about/division/cpminternatl.html#3

[4] American Psychiatric Association & American Psychological Association. (1985). Against torture: Joint resolution of the American Psychiatric Association and the American Psychological Association. Retrieved from http://www.psych.org/edu/other_res/lib_archives/archives/198506.pdf

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4. Psychologists do not engage in behaviors that violate the laws of the United States, although psychologists may refuse for ethical reasons to follow laws or orders that are unjust or that violate basic principles of human rights. Psychologists involved in national security-related activities follow all applicable rules and regulations that govern their roles. Over the course of the recent United States military presence in locations such as Afghanistan, Iraq, and Cuba, such rules and regulations have been significantly developed and refined. Psychologists have an ethical responsibility to be informed of, familiar with, and follow the most recent applicable regulations and rules. The Task Force notes that certain rules and regulations incorporate texts that are fundamental to the treatment of individuals whose liberty has been curtailed, such as the United Nations Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment and the Geneva Convention Relative to the Treatment of Prisoners of War.[5]

The Task Force notes that psychologists sometimes encounter conflicts between ethics and law. When such conflicts arise, psychologists make known their commitment to the APA Ethics Code and attempt to resolve the conflict in a responsible manner. If the conflict cannot be resolved in this manner, psychologists may adhere to the requirements of the law. (Ethical Standard 1.02) An ethical reason for psychologists to not follow the law is to act "in keeping with basic principles of human rights." (APA Ethics Code, Introduction and Applicability) The Task Force encourages psychologists working in this area to review essential human rights documents, such as the United Nations Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment and the Geneva Convention Relative to the Treatment of Prisoners of War.[6]

5. Psychologists are aware of and clarify their role in situations where the nature of their professional identity and professional function may be ambiguous. Psychologists have a special responsibility to clarify their role in situations where individuals may have an incorrect impression that psychologists are serving in a health care provider role. (Ethical Standards 3.07, Third-Party Requests for Services, and 3.11, Psychological Services Delivered to or Through Organizations)

The Task Force noted that psychologists acting in the role of consultant to national security issues most often work closely with other professionals from various disciplines. As a consequence, psychologists rarely act alone or independently, but rather as part of a group of professionals who bring together a variety of skills and experiences in order to provide an ethically appropriate service. (Ethical Standard 3.09, Cooperating with Other Professionals)

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[5] United Nations. (1987, June 26). *Convention against torture and other cruel, inhuman or degrading treatment or punishment.* Retrieved from http://www.unhchr.ch/html/menu3/b/h_cat39.htm
United Nations. (1950, October 21). *Geneva convention relative to the treatment of prisoners of war.* Retrieved from http://www.unhchr.ch/html/menu3/b/91.htm

[6] Ibid.

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Regardless of their role, psychologists who are aware of an individual in need of health or mental health treatment may seek consultation regarding how to ensure that the individual receives needed care. (Principle A, Beneficence and Nonmaleficence)

6. Psychologists are sensitive to the problems inherent in mixing potentially inconsistent roles such as health care provider and consultant to an interrogation, and refrain from engaging in such multiple relationships. (Ethical Standard 3.05, Multiple Relationships, "A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.")

7. Psychologists may serve in various national security-related roles, such as a consultant to an interrogation, in a manner that is consistent with the Ethics Code, and when doing so psychologists are mindful of factors unique to these roles and contexts that require special ethical consideration. The Task Force noted that psychologists have served in consultant roles to law enforcement on the state and federal levels for a considerable period of time. Psychologists have proven highly effective in lending assistance to law enforcement in the vital area of information gathering and have done so in an ethical manner. The Task Force noted special ethical considerations for psychologists serving as consultants to interrogation processes in national security-related settings, especially when individuals from countries other than the United States have been detained by United States authorities. Such ethical considerations include:

- How certain settings may instill in individuals a profound sense of powerlessness and may place individuals in considerable positions of disadvantage in terms of asserting their interests and rights. (Ethical Standards 1.01, Misuse of Psychologists' Work, and 3.08, Exploitative Relationships)
- How failures to understand aspects of individuals' culture and ethnicity may generate misunderstandings, compromise the efficacy and hence the safety of investigatory processes, and result in significant mental and physical harm. (Principle E, "Psychologists are aware of and respect cultural, individual, and role differences, including those based on...race, ethnicity, culture, national origin... and consider these factors when working with members of such groups"; Ethical Standard 2.01(b), Boundaries of Competence, "Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with...race, ethnicity, culture, national origin...is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals..."; and Ethical Standard 3.01, Unfair Discrimination, "In their work-related activities, psychologists do not engage in unfair discrimination based on...race, ethnicity, culture, national origin...")

- How the combination of a setting's ambiguity with high stress may facilitate engaging in behaviors that cross the boundaries of competence and ethical propriety. As behavioral scientists, psychologists are trained to observe, respond to, and ideally correct such processes as they occur. (Principle A, Beneficence and Nonmaleficence, and Ethical Standard 3.04, Avoiding Harm)

8. Psychologists who consult on interrogation techniques are mindful that the individual being interrogated may not have engaged in untoward behavior and may not have information of interest to the interrogator. This ethical obligation is not diminished by the nature of an individual's acts prior to detainment or the likelihood of the individual having relevant information. At all times psychologists remain mindful of and abide by the prohibitions against engaging in or facilitating torture and other cruel, inhuman, or degrading treatment. Psychologists inform themselves about research regarding the most effective and humane methods of obtaining information and become familiar with how culture may interact with the techniques consulted upon. (Principle E, Respect for Peoples' Rights and Dignity; Ethical Standards 2.01, Boundaries of Competence; 2.03, Maintaining Competence; and 3.01, Unfair Discrimination)

9. Psychologists make clear the limits of confidentiality. (Ethical Standard 4.02, Discussing the Limits of Confidentiality). Psychologists who have access to, utilize, or share health or mental health related information do so with an awareness of the sensitivity of such information, keeping in mind that "Psychologists have a primary obligation and take reasonable precautions to protect confidential information…" (Ethical Standard 4.01, Maintaining Confidentiality) When disclosing sensitive information, psychologists share the minimum amount of information necessary, and only with individuals who have a clear professional purpose for obtaining the information. (Ethical Standard 4.04, Minimizing Intrusions on Privacy) Psychologists take care not to leave a misimpression that information is confidential when in fact it is not. (Ethical Standards 3.10, Informed Consent, and 4.02, Discussing the Limits of Confidentiality)

10. Psychologists are aware of and do not act beyond their competencies, except in unusual circumstances, such as set forth in the Ethics Code. (Ethical Standard 2.02, Providing Services in Emergencies) Psychologists strive to ensure that they rely on methods that are effective, in addition to being safe, legal, and ethical. (Ethical Standards 2.01, Boundaries of Competence; 2.04, Bases for Scientific and Professional Judgments; 9.01, Bases for Assessments)

11. Psychologists clarify for themselves the identity of their client and retain ethical obligations to individuals who are not their clients. (Ethical Standards 3.07, Third-Party Requests for Services, and 3.11, Psychological Services Delivered to or Through Organizations) Regardless of whether an individual is considered a client, psychologists have an ethical obligation to ensure that their activities in relation to the individual are safe, legal, and ethical. (Ethical Standard 3.04, Avoiding Harm) Sensitivity to the entirety of a psychologist's ethical obligations is especially important where, because of a setting's unique characteristics, an individual may not be fully able to assert relevant rights and interests. (Principle A, Beneficence and Nonmaleficence, "In their professional

actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons..."; Principle D, Justice, "Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices"; Principle E, Respect for People's Rights and Dignity, "Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making"; Ethical Standard 3.08, Exploitative Relationships)

12. Psychologists consult when they are facing difficult ethical dilemmas. The Task Force was emphatic that consultation on ethics questions and dilemmas is highly appropriate for psychologists at all levels of experience, especially in this very challenging and ethically complex area of practice. (Preamble to the Ethics Code, "The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically...and to consult with others concerning ethical problems"; and Ethical Standard 4.06, Consultations)

The Task Force drew several other conclusions:

- The development of professional skills and competencies, ethical consultation and ethical self-reflection, and a willingness to take responsibility for one's own ethical behavior are the best ways to ensure that the national security-related activities of psychologists are safe, legal, ethical, and effective.
- It is critical to offer ethical guidance and support especially to psychologists at the beginning of their careers, who may experience pressures to engage in unethical or inappropriate behaviors that they are likely to find difficult to resist.
- APA should develop a process whereby psychologists whose work involves classified material and who need ethical guidance or consultation may consult their national organization for assistance and support.
- Psychologists should encourage and engage in further research to evaluate and enhance the efficacy and effectiveness of the application of psychological science to issues, concerns and operations relevant to national security. One focus of a broad program of research is to examine the efficacy and effectiveness of information-gathering techniques, with an emphasis on the quality of information obtained. In addition, psychologists should examine the psychological effects of conducting interrogations on the interrogators themselves to explore ways of helping to ensure that the process of gathering information is likely to remain within ethical boundaries. Also valuable will be research on cultural differences in the psychological impact of particular information-gathering methods and what constitutes cruel, inhuman, or degrading treatment.
- The Task Force noted a potential area of tension between conducting research that is classified or whose success could be compromised if the research purpose and/or methodology become known and ethical standards that require

debriefing after participation in a study as a research subject. (Ethical Standards 8.07, Deception in Research, and 8.08, Debriefing) APA should identify and further examine the ethical dimensions of such tensions.

- Psychologists working in this area should inform themselves of how culture and ethnicity interact with investigative or information-gathering techniques, with special attention to how failing to attend to such factors may result in harm.

The Task Force engaged in vigorous discussion and debate and did not reach consensus on several issues:

- *The role of human rights standards in an ethics code.* While all Task Force members felt that respect for human rights is critical, some task force members felt strongly that international standards of human rights should be built into the ethics code and others felt that the laws of the United States should be the touchstone.
- *The degree to which psychologists may ethically disguise the nature and purpose of their work.* While all members of the Task Force agreed that full disclosure of the nature and purpose of a psychologist's work is not ethically required or appropriate in every circumstance, members differed on the degree to which psychologists may ethically dissemble their activities from individuals whom they engage directly.
- *Whether the discussions of the Task Force should have been made available outside the Task Force.* Some members believed that sharing the substance of the discussions, debates, and disagreements of the Task Force would be helpful to others in fostering the development of professional ethics in other areas of national security. Others felt that not sharing information beyond this report and other public statements would facilitate richer and more productive exchanges during the Task Force meeting. The Task Force voted on this issue. By a vote of seven to one, with one abstention, the Task Force voted to limit what information is disclosed concerning its deliberations to this report and other public statements made by the Task Force as a whole.

HC00008888

III. Recommendations

The Task Force recommends that APA:

1. Publicly reaffirm its 1986 Resolution Against Torture and Other Cruel, Inhuman, or Degrading Treatment.
2. Develop a document that will serve as a companion to the 12 statements contained in this report, for the purpose of providing illustrative examples and commentary. Such a document will be especially important if APA adopts the statements as guidelines or if the Ethics Committee deems the statements appropriate interpretations and applications of the Ethics Code.
3. Continue to examine the goodness of fit between the Ethics Code and this area of practice. While the Task Force believes the Ethics Code is fundamentally sound and adequately addresses the great majority of ethical dilemmas that arise in national security-related settings, there are certain aspects in which the Code does not speak as well to this area of practice as the Code speaks to other areas of practice. The Task Force believes the Ethics Committee could undertake this task.
4. Develop a process to offer ethics consultation to psychologists whose work involves classified material and who seek ethical guidance.
5. Continue to develop a strong relationship with psychologists working in national security-related settings, with special attention to the unique ethical challenges these psychologists confront in their daily work, and collaborate with organizations having national security-related responsibilities to promote psychological practice consistent with APA Ethical Standards.
6. Forward a copy of this Task Force Report, or a summary of the report, to the United States Department of Defense and other relevant government agencies and bodies, as the government develops policy on these complicated and challenging ethical issues.
7. Encourage psychologists to engage in further research relevant to national security, including evaluation of the efficacy and effectiveness of methods for gathering information that is accurate, relevant, and reliable. Such research should be designed to minimize risks to research participants such as emotional distress, and should be consistent with standards of human subject research protection and the APA Ethics Code.
8. Recognize that issues involving terrorism and national security affect citizens in all countries and so encourage behavioral scientists to collaborate across disciplines, cultures, and countries in addressing these concerns.
9. Consider supporting the creation of a repository to record psychologists' contributions to national security. Such information, divided into classified and unclassified sections, could serve as a historical record and a resource concerning how psychologists involved in national security-related activities have met the ethical challenges of their work.

HC00008888

Independent Inquiry?

10. View the work of this Task Force as an initial step in addressing the very complicated and challenging ethical dilemmas that confront psychologists working in national security-related activities. Viewed as an initial step in a continuing process, this report will ideally assist APA to engage in thoughtful reflection of complex ethical considerations in an area of psychological practice that is likely to expand significantly in coming years.

∃ legitimate approach

→ (Geneva + Torture
) Q on international law

→ [Standard in Geneva Convention]

→ Independent (?) inquiry ←

medical Records?

→ [Assisting interrogators to structure
formulate interrogation strategies
+ Conversation w/providers]

exclude From access to Clinical information.

Nisur

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Chapter 1

Purpose of Psychological Support to Interrogation and Detainee Operations

Mission Statement

> Provide psychological expertise and consultation in order to assist the command in conducting safe, legal, ethical, and effective interrogation and detainee operations.

This mission is composed of two complementary objectives:

Objective 1: To provide psychological expertise to assist the command in ensuring that the interrogation process is conducted in a safe, legal, and ethical manner.

Objective 2: To provide psychological expertise in order to maximize the effectiveness of the legal interrogation process, and to promote the overall effectiveness of detainee operations.

These two objectives contain four critical components that psychologists must manage as they operate in this arena:

Safety: The psychologist is one of many people whose presence is designed to insure the safety of both DoD personnel and detainees. This role is not unlike the role psychologists play in support of Survival, Evasion, Resistance and Escape (SERE) programs operated within DoD aimed at training DoD personnel to successfully cope with captivity.

Legal: While psychologists are not necessarily legal experts, they must be familiar with regulatory guidance and policies (i.e. Geneva Conventions, DoD regulations, etc.) that govern interrogation and detainee operations. In addition, as a commander's consultant and participant in these operations they are obligated to report any actual or suspected violations to appropriate command representatives.

Ethical: Psychologists in support of interrogation and detainee operations must regularly monitor their behavior and remain within the ethical boundaries defined by their profession (i.e. American Psychological Association), by their licensing state, and by their military ethical standards.

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Effective: Psychologists bring to the interrogation mission the ability to provide detailed psychological assessments of individual detainees, their environment, and of the interaction between interrogator and detainee. By providing their analysis to the interrogators, psychologists are able to assist in maximizing the effectiveness of the interrogation process.

Description of the Behavioral Science Consultation Team (BSCT)

Often, psychology support to interrogations is conducted by individual psychologists (73B)[1], working alone. In other situations, more common in permanent long-term facilities, a team of psychologists and one or more behavioral science Non-commissioned Officers (NCO) (91X) will be created to form what is called a Behavioral Science Consultation Team (BSCT). Although the psychologist may operate alone, the behavioral science NCO requires regular and direct supervision by a licensed psychologist.

Functions of the Psychologist Supporting Interrogations

The box to the right provides a list of the possible functions that a psychologist may perform when supporting interrogation and detainee operations.

Understanding the limits of each of these functions, and establishing clear boundaries around these functions will allow the psychologist to perform ethically in a field ripe with many potential breaches. These boundaries also assist in establishing clear and proper relationships with command and staff.

PSYCHOLOGIST'S FUNCTIONS
Interrogation Assessment
Environmental Consultant
Profiling
Training
Oversight

Interrogation Assessment

The psychologist's function in Interrogation Assessment is to evaluate the psychological strengths and vulnerabilities of the detainee, and to assist in integrating these factors into a successful interrogation process.

Environmental Consultation

Psychologists, with their expertise in human behavior, can advise interrogators, MPs, and command on aspects of the detention environment that will assist in all aspects of detainee operations. The detention environment includes: holding cells, hallways, toilet and bathing facilities, vehicles and interrogation rooms. The psychologist can provide insight into the likely effects of this environment and how changes may affect detainees. The

[1] For the sake of consistency and readability, the term psychologist will be used to refer to doctoral level psychologists who are licensed and privileged to provide mental health care by the Department of Defense. The Army job description for this is Clinical Psychologist (Medical Functional Area designation of 73B), but it can also include Counseling Psychologists. In this manual, the term psychologist is not meant to include doctoral level psychologists who are not licensed for independent practice, e.g., research psychologists, personnel psychologists.

HC00008909

psychologist's goal is to assist in helping make sure that the environment maximizes effective detainee operations. The psychologist can assist in making sure that everything that a detainee sees, hears, and experiences is a part of the overall interrogation plan.

Profiling

Psychologists may be called upon to provide detailed psychological assessments of individual detainees. These profiles can be delivered in a traditional written format, but more often are verbally communicated to interrogation personnel in a more informal and timely manner. These products will routinely address both basic personality characteristics and the detainees' strengths and vulnerabilities. Profiling is usually conducted as a routine part of the interrogation assessment, but may be conducted independently of an interrogation. This assessment will usually be conducted by direct observation, not including direct interaction, and not by the administration of written psychological instruments. The assessment will not ordinarily include access to or review of medical records.

Training

Another key function for the interrogation support psychologist is training of guards and interrogators. Periodic training sessions provide the reiteration of standards, awareness of the subject matter, as well as a culture conductive to behavioral correction, peer monitoring and self-assessment. The concomitant healthy training environment can prevent "behavioral drift" that, in the long term, would be detrimental to the mission. "Behavioral drift" is the continual reestablishment of new, often unstated and unofficial standards in a certain direction.

Indeed, FM 34-52, Chapter 6 identifies one aspect training should cover as "Principles of human behavior that emphasize the social and cultural characteristics of behavior considered acceptable in the target countries." The psychologist may also conduct trainings on:

- Psychological aspects of detention.
- Psychological aspects of exploitation.
- Recognizing the use of resistance techniques in the detainee.
- Establishing and clarifying the roles of the supervisor, interrogator, guard and psychologist.
- Identifying and coping with behavioral drift.

In addition to providing training on the psychological aspects of interrogation, the psychologist should ensure that interrogation and guard supervisors are regularly conducting training on Standing Operating Procedures. The psychologist should also identify and recommend areas of training that have either been neglected or are in need of review.

Oversight

The function of Oversight can help prevent the inclination of interrogators and detention guards to behaviorally drift from their assigned rules of engagement.

Essential to oversight is the ability for the psychologist to have direct access to, consult with, and advise, all personnel involved with detainee operations, from the commander on down. Ideally the psychologist should advise the commander directly with no intervening line of authority or administrative pressure on matters that affect mission integrity. In other words, the Psychologist should be a Special Staff Officer, with direct access to the commander. The psychologist is to be the commander's on site representative and have unrestricted access to detention and interrogation areas. In fact, the psychologist should be required to monitor as much of the detainee operation as possible.

OVERSIGHT HIGHLIGHTS
Passive oversight reinforces inappropriate behavior.
Drift begins in as early as 36 hours without oversight.
Intervene at the lowest level until it does not work.
Never compromise safety. What you tolerate will occur.
Document issues as they arise.

Even the very best staff must be continually monitored for compliance with SOPs. Behavioral drift can occur extremely rapidly, and must be quickly corrected when it occurs. The goal is to address problems with tact and at the lowest level possible. While minor deviations can be corrected at the individual level and typically on the spot, more significant issues or a pattern of deviations should be addressed with command.

Psychological Screening

Under some circumstances, it is possible for the psychologist to provide psychological screening of personnel prior to their assignment to a role interacting with detainees. This can greatly assist, though not eliminate, the risk of inappropriate behavior.

The screening of interrogators may include an interview, objective and projective assessment instruments, and an estimate of intellectual functioning. The assessment should evaluate the suggested qualities described in FM 34-52. These qualities include, but are not limited to, motivation, alertness, patience and tact, credibility, objectivity, self-control, adaptability, perseverance, and a solid personal appearance and demeanor. They should also possess more than adequate ability for conceptualization and problem solving, situational awareness, emotional stability, integrity, a good self-concept, be open to criticism and feedback, and have self-awareness.

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Chapter 2

The Ethics of Psychological Support to Interrogation

Psychologists are bound by both legal and ethical constraints when supporting interrogations. Every psychologist who supports detainee operations must know first, the legal requirements regarding the treatment of detainees, and second, the ethical requirements established by their profession. The psychologists involved in interrogation support strive to help the government in developing informed judgments and choices concerning human behavior. Because of the particularly sensitive and dynamic nature of interrogation operations it has become important to outline the ethical standards of psychological support.

Psychologists have specific knowledge, training, and experience that can insure the ethical treatment of prisoners of war and detained persons. A clear understanding of the social psychological forces that influence power relationships is key in this environment.

Legal Requirements

The United States is a signatory to the Geneva Convention relative to the Treatment of Prisoners of War. The requirements of this convention are explicated in Army Regulation 190-8, Enemy Prisoners of War, Retained Personnel, Civilian Internees and Other Detainees. (This regulation is proscriptive for all US military forces, not only for the US Army.) Every psychologist who supports detainee operations must read and understand the specific requirements contained in this regulation. These requirements will not be discussed in detail here, but specifically prohibit inhumane treatment. Portions of the regulation are reprinted below.

> 1–5. General protection policy
>
> *a.* U.S. policy, relative to the treatment of EPW, CI and RP in the custody of the U.S. Armed Forces, is as follows:
>
> (1) All persons captured, detained, interned, or otherwise held in U.S. Armed Forces custody during the course of conflict will be given humanitarian care and treatment from the moment they fall into the hands of U.S. forces until final release or repatriation.
>
> (2) All persons taken into custody by U.S. forces will be provided with the protections of the GPW until some other legal status is determined by competent authority.

HC00008914

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

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

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

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

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

RECAP ON THE POINTS OF LAW
▪ Humanitarian care and treatment from initial capture to release.
▪ Inhumane treatment is never justified and is punishable by law.
▪ Photographing and filming is prohibited apart from internment administration.
▪ Respect all persons as human beings.

Ethical Requirements

The ethical requirements for psychologists are contained in the 2002 version of the American Psychological Association's Ethical Principles of Psychologists and Code Of Conduct (Ethics Code). The principles are guidance for the professional activities of psychologists. Although interrogation support is not mentioned, forensic activities and consultation are both specifically discussed. The Ethics Code is binding on all psychologists who are members of the American Psychological Association, and all those who are licensed by a State Psychology Licensing board. All Military psychologists are required to maintain state licensure; therefore the Ethics Code is applicable to all Military psychologists. Sanctions for violations of the Ethics Code can include the revocation of a psychologist's state license, placing the psychologist's military standing in jeopardy.

The following discussion identifies several aspects of the Ethics Code that necessitate interpretation given the practice of psychological support for interrogation and detainee operations. Relevant sections of the

HC00008914

Introduction, Preamble, General Principles and Ethics Code are discussed and interpreted in light of the other chapters of this pamphlet, as well as the relevant legal requirements. The review will discuss the topics in the box to the right.

POTENTIAL ETHICAL ISSUES
The balance of law, duty, and the Ethics Code.
Issues of harm and exploitation
Boundaries of Competence
Managing Multiple Relationships
Informed consent and confidentiality

The Balance of Law, Duty, and the Ethics Code

The law that governs the active duty military psychologist is the United States Constitution, Uniform Code of Military Justice (UCMJ), and applicable regulations of the branch of service. The Ethics Code is always subordinate to the law and regulations.

The Ethics Code pertains ONLY to a psychologist's activities that are "part of their scientific, educational or professional roles" pertaining to the profession of psychology. The Code does not, therefore, have purview over the psychologist's role as a soldier that is unrelated to the practice of psychology. For instance, the dictum for beneficence does not pertain to our actions against the enemy in combat. Unlike the Chaplaincy, a psychologist is not always required to be a non-combatant.

Conversely, the Ethics Code is broad in its application. It pertains to all psychologists in the performance of their profession. All U.S. state licensing boards use the Ethics Code as a standard of behavior, requiring compliance with the code to maintain licensure. As stated above, the Ethics Code does not supersede the state, federal or military laws and regulations.

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

The method of resolving conflicts between the law and regulations with the Ethics Code are addressed within the Code, "When the psychologists responsibilities conflict with the law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If...unresolvable..., psychologists may adhere to the requirements of the law, regulations... in keeping with basic principles of human rights (Introduction; 1.02; 1.03)." The balance between maintaining adherence to the Code when it conflicts with the law and regulations is outlined below:

- Address and attempt to resolve the issue.
- If initially not resolvable, consult with a psychologist experienced in Interrogation Support.
- If the issue continues to elude resolution, adhere to law and regulations in a responsible manner.

Again, as noted above, regulation and international law require that all detainees, regardless of status, be treated humanely, completely consistent with the Ethics Code.

Issues of Harm and Exploitation

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

This is consistent with the legal requirements of the GPW and of AR 190-8, which require the humane treatment of all detainees. The psychologist must make a reasonable effort to prevent unavoidable harm to detainees, and to treat all persons with dignity and respect. One function of the psychologist supporting interrogations is to assist the command in preventing abuse of detainees, and in monitoring the detainee environment. This does not preclude the psychologist from assisting in interrogations, even if these interrogations result in consequences such as long-term confinement or conviction of war crimes.

Boundaries of Competence

This pamphlet is intended to provide training, guidelines and standards for the psychological practice of supporting interrogations. The Ethics Code states that "Psychologists provide services...with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study or professional experience (2.01 Boundaries of Competence)" However, there is no certification process, to date, that exists for interrogation support. Furthermore, there is little information and research published on this practice. Often, psychologists are pushed forward on the battlefield, beyond the readily accessible supervision or consultation, or are otherwise placed in positions without access to other psychologists trained in this area.

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

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

Multiple Relationships

While performing the duties related to interrogation the psychologist functions as a Command Psychologist. The client is the command and the U.S. government. It is not possible, in this environment, to avoid all multiple relationships. Military psychologists, like psychologists in small communities, must be keenly aware of the nature of these multiple relationships.

Except under very unusual circumstances, the psychologist consulting for interrogation operations does not conduct mental health evaluations or provide mental health treatment to detainees. All medical treatment, to include mental health evaluation and treatment, for detainees is provided by a designated medical element not involved in interrogation support. The psychologist will take all reasonable steps to ensure that he or she is not perceived as a healthcare provider for detainees.

When concerns about health care status or medical condition of detainees are raised through observation by the psychologist, through inquiries by interrogators, or other reporting mechanisms, these concerns will be conveyed to medical personnel for evaluation, treatment, and disposition.

The issue of multiple relationships is addressed in Paragraph 3.05 of the Ethics Code. "A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness... or otherwise risks exploitation or harm to the person with whom the professional relationship exists."

Only in a case of an emergency, for example, where another mental health provider or physician is not present, will the psychologist supporting interrogations break with their function and provide emergency services "to ensure that services are not denied (Paragraph 2.02)." "The services are discontinued as soon as the emergency has ended or appropriate services are available. (Paragraph 2.02)"

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

Psychologists supporting interrogations, as with all military psychologists, must always be alert to the risk of multiple relationships. For example, it would probably be inappropriate for a psychologist to conduct long-term psychological therapy with an interrogator that is working alongside the psychologist. On the other hand, brief consultation with the same interrogator might be appropriate. The psychologist, in consultation with other psychologists if possible, must evaluate each situation in order to minimize the risk of harm.

Informed Consent

Except as discussed above, psychologists supporting interrogations do not have a medical or mental health relationship with detainees. Ordinarily, they do not directly interact with detainees, they do not provide services to detainees, nor do they routinely engage in psychological testing of detainees. The Department of Defense is the identified client, the organization the psychologist is supporting. Although it is possible for exceptions to be

made to the above proscriptions, it should only be done after careful thought and consultation with other experienced psychologists.

The Code of Ethics (3.11(a)) states, "Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about...."

Psychologists supporting interrogations will discuss with the organization the limits and purpose of the assessment; it is not appropriate, given the functions of the psychologist in this role and the Department of Defense, to inform the detainee that he is being assessed by a psychologist. In fact, it would increase the likelihood of misunderstanding by the detainee of the psychologist's role.

The Code of Ethics (3.10(b)) also states, "When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare."

Any psychologist, whether supporting interrogations or not, has a duty to ensure the humane treatment of all detainees. This duty is not diminished by the nature of the detainee's acts prior to detainment.

The APA Ethics Code states that psychologists "are aware of their professional and scientific responsibilities to society and to the specific communities in which they work." (Principle B) Psychologists have a valuable and ethical role to assist in gathering information that can be used in our Nation's and other nations' defense. A central role for psychologists working in the area of national security related investigations is to assist to ensure that all processes are safe, legal, and ethical for all participants in the process.

The Ethical Principles of Psychologist and Code of Conduct (2002) applies to psychologists across a range of behaviors. Whether the APA Ethics Code applies is not dependent upon a psychologist serving in a health care provider role.

The Preamble to the APA Ethics Code states "Psychologists respect and protect civil and human rights."

Psychologists do not condone or participate in torture.

Psychologists do not engage in behaviors that violate the law of the United States. Psychologists involved in national security-related activities follow all applicable rules and regulations that govern their roles. Over the course of the United States involvement in numerous locations, such as Afghanistan, Iraq, and Cuba, such rules and regulations have been significantly developed and refined. Psychologists have an ethical responsibility to be informed of, familiar with, and follow the most recent applicable regulations and rule.

Psychologists are aware of their competencies. Psychologists do not act beyond their competence, except in unusual circumstances., such as set for in the Ethical Principles of Psychologists and Code of Conduct, standard 2.02.

Psychologists are aware of their role and clarify their role in situations where the nature of their professional identity and professional function may be ambiguous. Psychologists have a special responsibility to clarify their role in situations where individuals may have an incorrect impression that the psychologists are serving in a health care provider role.

Psychologists clarify the identity of their client.

Psychologists who may serve in the role of supporting an interrogation do not use health care related information except for the purpose of promoting or safeguarding an individual's safety and well-being.

Torture and terrorists



Don't tie the hands of interrogators

If it looks like torture, sounds like torture and — most importantly — feels like torture, there's a good chance it's, well, abuse, or mistreatment or — just maybe — torture. Torture is, after all, in the eye (and sometimes in the mind or fingernails, teeth, feet, genitals or some other body part) of the receiver. At least, that's what the experts — the beholders — tell us.

People familiar with information-gathering techniques used by military and other governmental interrogators say that before abuses came to light at Abu Ghraib prison in Iraq, interrogators had been left pretty much on their own in determining what physical and psychological pressures could be applied to foreign prisoners during questioning. Basic ethical considerations, it was felt, provided adequate moral constraints on the actions of government agents conducting interrogations. Causing the death of a prisoner during an interrogation was a strong indication that a questioner had erred and, probably, exceeded his authority. The basic rule was: If you sign out a prisoner for an interrogation session, you're expected to return the same prisoner — alive — when it's over.

Other than that, U.S. interrogators in Afghanistan, Iraq and at Guantanamo Bay, Cuba, operated within a closed system — one with virtually no outside oversight — in which, sadly, legal and moral ambiguity became guiding principles. But that changed when evidence of prisoner abuse at Abu Ghraib came to light in widely published photographs.

Those photos, though, didn't involve interrogation sessions, and very few went beyond abuse into the realm of what a typical, dispassionate observer would consider "torture." Still, because of the linkage between the actions depicted in the photos and the interrogations that took place in another section of Abu Ghraib, the photos had a profound effect on how U.S. military interrogators are expected to conduct fact-finding interviews and interrogations.

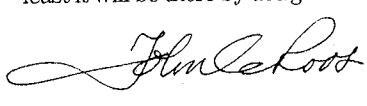
Note that the conduct captured in the Abu Ghraib photographs is generally described in terms such as "abhorrent," "degrading" or "humiliating," and the actions themselves are usually referred to as "abuse" or "misconduct" — not "torture." According to the prevailing legal opinion of the United States government, actions (or omissions) aren't torture unless they are "equivalent in intensity to the pain accompanying serious physical injury, such as organ failure, impairment of bodily function or even death."

That definition, crafted by now-Attorney General Alberto Gonzales, gave U.S. government agents wide latitude in interrogating foreign prisoners, particularly suspected terrorists and enemy combatants held outside U.S. territory. It also gave the U.S. government legal cover for delivering prisoners to foreign governments for what U.S. officials describe as "aggressive interrogations." Such deliveries, known as "extraordinary renditions," also find questionable legal footing through a loose interpretation of a 1984 U.N. convention that prohibits such transfers only when there is "substantial" reason to believe the transferee will be tortured. In deference to this prohibition, before turning over a prisoner to a foreign government, the U.S. agents must get a verbal promise from the new custodian that the prisoner will not be tortured.

The U.S. government's assessment of what constitutes torture does virtually nothing to safeguard a prisoner during a questioning session. That's by design. But from a practical standpoint, it also falls short of establishing useful guidelines for interrogators. It simply leaves open the possibility that an interrogator might be held criminally liable for egregious conduct that results in either extremely serious injury or death to a prisoner during an interrogation session.

Ironically, the definition's vagueness, which originally was intended to give U.S. agents wide latitude in conducting interrogations, is working against them. Because of continuing fallout from Abu Ghraib revelations, we're told, military officials charged with establishing interrogation guidelines have severely limited the options open to interrogators. Certainly, this isn't the outcome the Bush administration expected when it adopted its present definition of torture.

In order to return the upper hand to interrogators, the U.S. government should abandon the moral high ground when interrogating terrorists. It should adopt an unequivocal policy specifying our determination to do whatever is necessary to extract information from known terrorists, short of causing life-threatening injury or death to prisoners. True, torture will remain in the eye of the receiver, but at least it will be there by design. ■



Armed Forces Journal
Army Times Publishing Co.
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Web: *www.armedforcesjournal.com*

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Subscription rates: $60 one year U.S. and Canada; $145 one year foreign (air mail). For subscription inquiries and orders: (703) 750-7400; fax (703) 658-8314; email to cust-svc@atpco.com. Within the U.S. call toll free (800) 368-5718.
Periodicals postage paid at Springfield, Va., and additional offices.

Armed Forces Journal (ISSN 0196-3597) is published monthly by Army Times Publishing Co., 6883 Commercial Drive, Springfield, VA 22159.
Vol. 142, No. 10, Whole No. 5922
Postmaster: Send address changes to Armed Forces Journal, 6883 Commercial Drive, Springfield, VA 22159.
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BPA WORLDWIDE

HC00008928

Provisions in FY06 Defense Authorization Bill Relevant to PENS Task Force
Heather O'Beirne Kelly, PhD
June 10, 2005

On May 25th, 2005, The U.S. House of Representatives passed H.R. 1815, the National Defense Authorization Act for Fiscal Year 2006. The Senate's draft authorization bill, S. 1042, was reported out of the Senate Armed Services Committee on May 17th and has been placed on the legislative calendar. Once the Senate bill is passed, both versions will be "conferenced" to work out differences before another vote in each house and eventual signing into law by the President.

In the Senate draft legislation, the following language was inserted requiring the Department of Defense to develop policy on the role of military medical and behavioral science personnel in interrogations of people detained by the Armed Forces. There is no similar language in the House-passed defense authorization bill and it is unclear what position House conferees might take on the issue during conference. Should this provision remain in the final bill signed by the President, DoD policy must be reported to Congress by March 1, 2006.

I have heard from DoD sources that work already is underway within the agency to write the new policy, and that a major focus will be on removing "dual role" conflicts by disallowing interrogation support by mental health personnel who also are providing any kind of mental health services to people being interrogated.

[from S. 1042, Senate FY06 Defense Authorization Bill]

"SEC. 1071. POLICY ON ROLE OF MILITARY MEDICAL AND BEHAVIORAL SCIENCE PERSONNEL IN INTERROGATION OF DETAINEES.

(a) POLICY REQUIRED- The Secretary of Defense shall establish the policy of the Department of Defense on the role of military medical and behavioral science personnel in the interrogation of persons detained by the Armed Forces. The policy shall apply uniformly throughout the Armed Forces.

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Jacobson, Rhea

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There will likely be much common ground that will be the basis for policy guidance on ethical standards for psychologists involved in national security. All sides of the dialogue have important points to be made and considered in the final suggestions. Having been involved on a personal level in the protection of this country in foreign lands I have over the years gained a greater appreciation that the doves need the hawks and the hawks need the doves. The balance that is achieved is vastly superior to anyone leaning and that the openness of the debate is the foundation of of our strength as a society. I hope I can speak for my colleagues in the Department of Defense that we embrace the discussions and various viewpoints that will be represented at the table during the next four days. I look forward to sorting out the ethical guidance that we will recommend to the APA while also being vigilant that we are not there to debate nor confront the past, present nor future policies of the Administration or the Department. I believe that we can do what is right for psychology while holding reserve on those aspects that we have neither the authority nor the charge to address. I am sure that others may feel differently about what boundaries we must remain within and the discussion may yield interesting dilemmas for us to tease out.

I applaud the APA in this undertaking and the APA's willingness to explore the ethical dilemmas that we in the national security arena have confronted throughout our career. Lets have fun, lets be productive and lets be inclusive. Scott Shumate

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Seating at the table

Discussion Thursday evening?

My taking notes

The APA Ethics Code states that psychologists "are aware of their professional and scientific responsibilities to society and to the specific communities in which they work." (Principle B) Psychologists have a valuable and ethical role to assist in gathering information that can be used in our Nation's and other nations' defense. A central role for psychologists working in the area of national security related investigations is to assist to ensure that all processes are safe, legal, and ethical for all participants in the process.

The Ethical Principles of Psychologist and Code of Conduct (2002) applies to psychologists across a range of behaviors. Whether the APA Ethics Code applies is not dependent upon a psychologist serving in a health care provider role.

The Preamble to the APA Ethics Code states "Psychologists respect and protect civil and human rights."

Psychologists do not condone or participate in torture.

Psychologists do not engage in behaviors that violate the law of the United States. Psychologists involved in national security-related activities follow all applicable rules and regulations that govern their roles. Over the course of the United States involvement in numerous locations, such as Afghanistan, Iraq, and Cuba, such rules and regulations have been significantly developed and refined. Psychologists have an ethical responsibility to be informed of, familiar with, and follow the most recent applicable regulations and rule.

Psychologists are aware of their competencies. Psychologists do not act beyond their competence, except in unusual circumstances., such as set for in the Ethical Principles of Psychologists and Code of Conduct, standard 2.02.

Psychologists are aware of their role and clarify their role in situations where the nature of their professional identity and professional function may be ambiguous. Psychologists have a special responsibility to clarify their role in situations where individuals may have an incorrect impression that the psychologists are serving in a health care provider role.

Psychologists clarify the identity of their client.

Psychologists who may serve in the role of supporting an interrogation do not use health care related information except for the purpose of promoting or safeguarding an individual's safety and well-being.

Torture and terrorists



Don't tie the hands of interrogators

If it looks like torture, sounds like torture and — most importantly — feels like torture, there's a good chance it's, well, abuse, or mistreatment or — just maybe — torture. Torture is, after all, in the eye (and sometimes in the mind or fingernails, teeth, feet, genitals or some other body part) of the receiver. At least, that's what the experts — the beholders — tell us.

People familiar with information-gathering techniques used by military and other governmental interrogators say that before abuses came to light at Abu Ghraib prison in Iraq, interrogators had been left pretty much on their own in determining what physical and psychological pressures could be applied to foreign prisoners during questioning. Basic ethical considerations, it was felt, provided adequate moral constraints on the actions of government agents conducting interrogations. Causing the death of a prisoner during an interrogation was a strong indication that a questioner had erred and, probably, exceeded his authority. The basic rule was: If you sign out a prisoner for an interrogation session, you're expected to return the same prisoner — alive — when it's over.

Other than that, U.S. interrogators in Afghanistan, Iraq and at Guantanamo Bay, Cuba, operated within a closed system — one with virtually no outside oversight — in which, sadly, legal and moral ambiguity became guiding principles. But that changed when evidence of prisoner abuse at Abu Ghraib came to light in widely published photographs.

Those photos, though, didn't involve interrogation sessions, and very few went beyond abuse into the realm of what a typical, dispassionate observer would consider "torture." Still, because of the linkage between the actions depicted in the photos and the interrogations that took place in another section of Abu Ghraib, the photos had a profound effect on how U.S. military interrogators are expected to conduct fact-finding interviews and interrogations.

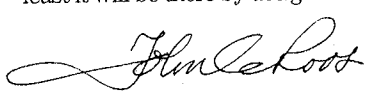
Note that the conduct captured in the Abu Ghraib photographs is generally described in terms such as "abhorrent," "degrading" or "humiliating," and the actions themselves are usually referred to as "abuse" or "misconduct" — not "torture." According to the prevailing legal opinion of the United States government, actions (or omissions) aren't torture unless they are "equivalent in intensity to the pain accompanying serious physical injury, such as organ failure, impairment of bodily function or even death."

That definition, crafted by now-Attorney General Alberto Gonzales, gave U.S. government agents wide latitude in interrogating foreign prisoners, particularly suspected terrorists and enemy combatants held outside U.S. territory. It also gave the U.S. government legal cover for delivering prisoners to foreign governments for what U.S. officials describe as "aggressive interrogations." Such deliveries, known as "extraordinary renditions," also find questionable legal footing through a loose interpretation of a 1984 U.N. convention that prohibits such transfers only when there is "substantial" reason to believe the transferee will be tortured. In deference to this prohibition, before turning over a prisoner to a foreign government, the U.S. agents must get a verbal promise from the new custodian that the prisoner will not be tortured.

The U.S. government's assessment of what constitutes torture does virtually nothing to safeguard a prisoner during a questioning session. That's by design. But from a practical standpoint, it also falls short of establishing useful guidelines for interrogators. It simply leaves open the possibility that an interrogator might be held criminally liable for egregious conduct that results in either extremely serious injury or death to a prisoner during an interrogation session.

Ironically, the definition's vagueness, which originally was intended to give U.S. agents wide latitude in conducting interrogations, is working against them. Because of continuing fallout from Abu Ghraib revelations, we're told, military officials charged with establishing interrogation guidelines have severely limited the options open to interrogators. Certainly, this isn't the outcome the Bush administration expected when it adopted its present definition of torture.

In order to return the upper hand to interrogators, the U.S. government should abandon the moral high ground when interrogating terrorists. It should adopt an unequivocal policy specifying our determination to do whatever is necessary to extract information from known terrorists, short of causing life-threatening injury or death to prisoners. True, torture will remain in the eye of the receiver, but at least it will be there by design. ■



Armed Forces Journal
Army Times Publishing Co.
6883 Commercial Drive
Springfield, VA 22159
Editorial telephone: (703) 642-7300
Editorial fax: (703) 658-8412
Web: *www.armedforcesjournal.com*

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Armed Forces Journal (ISSN 0196-3597) is published monthly by Army Times Publishing Co., 6883 Commercial Drive, Springfield, VA 22159.
Vol. 142, No. 10, Whole No. 5922
Postmaster: Send address changes to Armed Forces Journal, 6883 Commercial Drive, Springfield, VA 22159.
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AMERICAN
PSYCHOLOGICAL
ASSOCIATION

- OLIVIA none - H - Ethics

- Larry Jang
- Gelles
- Schmaltz
- Banks/ Williams

19 / questions

- MAZARAZZO > Science
- WESSELLS > interests
- 48
- 48 > place
-

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Recycled Paper

~~Ethics~~
Quarters
Mean / mode
~~Stats~~
International
Race

- Robert Fein
- Gelles / Shmate
= Olivia

OLIVIA

Williams ~~/Bastone~~ Matapazzo — 19

Fein / Gelles / Shmate

Gerulls — International

40 + 48 —

X

Kevin Murphy — PA State → organizati

HC00008982

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PSYCHOLOGICAL
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Kevin Murphy — PA State → organizati

HC00008982

Medical Records wkly/09

Social ↓ → depression/anxiety →

mbity

48

FD/Forensic

Trauma /Effects
International
JD
Forensic

Trauma

joint ABA? — [ABA member]

security clearance

1. Morgan Banks —
2. ~~Feist~~ =
3. James —
4. ~~Geller~~ —
5. ~~Shorate~~ —

3 women
3 minorities

6. ~~Tressilla~~ —
7. Arango —

later —

8. ~~Minor~~ Thomas — Torture + International
9. Slayton —
10. ~~Tom~~ ~~Williams~~? — Lefevre, Bryce

HC00008985

Alternate > Schä Lopez
> Freddy Paniagua
> Yangdon
> Sperbeck
> murphy

- E
- Yangdon
- Panaigua

- Murphy
- Freddy Panagua
- Freddy
- Yangdon
-

Deliberations > confidential

→ Explore > - membership
- Ugly > embarrassment
would you not to talk yourself off list.

Task force ψ and Ethics + operational Security

Chair →

HC00008985

- (APA Ethics Code)
- Morgan ↳ conscious

all licensed

(so are a computer that knows what they do or why they do it.)

Debra Dunivin – said

↳ Balance of law, duty & Ethics code

morgan ⇒ [PRIVACY REDACTION]

PRIVACY REDACTION ? Conners

ok

PRIVACY REDACTION

Steve Bard →

[risk assessment]

→ How + when "yes" to "no"
→ + ordered in // defined by others + having entered infinity

* / pushed into a process where repetition is heralded

→ How to define role?
→ " " " Capture?

Were no ethical guidelines
Where would we say "no"

Kirk
Geoff
Robert

Steve

[Where does intel become valuable?
How " " " " ?

Amount of time?

SS "To protect + defend"
Presents // appreciation for presence

Balance > greater good

TP Tethers > principles that exist absolutely
Situation

HC00009080

Andy Morgan → e.g. > physician death penalty

Capture

MG > Who is CLIENT?

Problem of role-definition

R Phillips – Normativity of clinical practice?

(Problem of Role + Agency
vs.
Conflicts of Conscience)

SS > Continuum > gravity of coercion
Locus

→ role of physs
→
→

(High high acc Stats
How coercive are procedures)

Andy

Jeff → where do we start?

MG > deliver credible, ethical service
need to protect society
AAA Ethics

HC00009080

MEL > Best Interests of Group

Kirk > most obliged to address Homeland Security + Defense

Robert Fein → 1) intelligence value
2) law enforcement "
3) risk to U.S.
↑
result
Should we participate??

Community of people w/ whom you can talk through
Who can we talk w. R?
Who is community?

SB > Involuntary Commitment

APM > medical

Tony > Coercion + enforcement

RK > Data re: what works
Robert - what is out.
When do we start? Jeff
When do we say no? Mel
What are our capacities? Andy

(How far does it go?)

HC00009080

Scott > next of waste

Robert - group

[what is role of E Ethics Code]

Jeff - what to steal

Medal - when to say no

Andy - options

>

Michael [Ethical capitalism to understand adversary]

Ethical obligations > owe societies to person we are working

(Hearty + Strong For Activity)

SS > (Significant (+) persistent (+) continued impact in eye of beholder)

Roles

Robert Phillips → A Framework

M ← → Ethics of Role

HC00009080

→ Duty to person you are working?

(Manipulate / Coercion)

Behavioral expectations

Keith ⇒ Should ~~if~~ cadet investigation alternatives?

mel ⇒ Public perception

phillips ⇒ Can you distance yourself for public
↳ Do what & role / agency

→ Issue of Role / Agency
→ Can you distance yourself?

SS ⇒ are there some roles that are inherently incompatible?

mel ⇒ police ⇒ cannot have both Laws & Force?

RK ⇒ Ability to decide criminal ⇒ ∃ Circumstance

SS ⇒ Degree of influence

RK ⇒

(Ethical / practice / Scrutiny)

→ Clarification // clarify

HC00009080

PRIVACY REDACTION PRIVACY REDACTION

PRIVACY REDACTION

DRAFT REPORT OF THE PRESIDENTIAL TASK FORCE ON PSYCHOLOGICAL ETHICS AND NATIONAL SECURITY

I. Overview of the Report

The Presidential Task Force on Psychological Ethics and National Security (PENS) met in response to the Board of Directors' February 2005 charge, that the Task Force:

> [E]xamine whether our current Ethics Code adequately addresses [the ethical dimensions of psychologists' involvement in national security-related activities], whether the APA provides adequate ethical guidance to psychologists involved in these endeavors, and whether APA should develop policy to address the role of psychologists and psychology in investigations related to national security.

Recognizing the ethical complexity of this work, which takes place in unique settings and constantly evolving circumstances, the Task Force was nonetheless able to set forth 12 clear and agreed-upon statements about psychologists' ethical obligations.

As a context for its statements, the Task Force affirmed that when psychologists serve in a position by virtue of their training, experience, and expertise as psychologists, the APA Ethics Code applies. The Task Force thus rejected the contention that when acting in roles outside traditional health-service provider relationships psychologists are not acting in a professional capacity as psychologists and are therefore not bound by the APA Ethics Code.

The Task Force noted that the Board of Directors' charge did not include an investigative or adjudicatory role, and as a consequence emphasized that it did not render any judgment concerning events that may or may not have occurred in national security-related settings. Nonetheless, the Task Force was unambiguous that psychologists do not engage in, direct, support, facilitate, or offer training in torture or other cruel, inhuman, or degrading treatment and that psychologists have an ethical responsibility to be alert to and report any such acts to appropriate authorities. The Task Force stated that it is consistent with the APA Ethics Code for psychologists to serve in consultative roles to interrogation and information-gathering processes for national security-related purposes, as psychologists have a long-standing tradition of doing in other law enforcement contexts. Acknowledging that engaging in such consultative and advisory roles entails a delicate balance of ethical considerations, the Task Force stated that psychologists are in a unique position to assist in ensuring that these processes are safe and ethical for all participants.

The Task Force Report concludes with a series of recommendations to the American Psychological Association Board of Directors.

PRIVACY REDACTION

II. Introduction to the Report

The Task Force believes it is critical for the American Psychological Association to address the ethical challenges facing psychologists whose work involves national security-related activities. APA is the world's largest association of mental health professionals. Article I of the Association Bylaws states:

> The objects of the American Psychological Association shall be to advance psychology as a science and profession and as a means of promoting health, education and human welfare by the...improvement of the qualifications and usefulness of psychologists through high standards of ethics...[and] by the establishment and maintenance of the highest standards of professional ethics and conduct of the members of the Association...[1]

Many association members work for the United States government as employees or consultants in national security-related positions. It is the responsibility of APA to think through and provide guidance on the complex ethical challenges that face these psychologists, who apply their training, skills, and expertise in our nation's service.

The Task Force addressed the argument that when psychologists act in certain roles outside traditional health-service provider relationships, for example as consultants to interrogations, they are not acting in a professional capacity as psychologists and are therefore not bound by the APA Ethical Principles of Psychologists and Code of Conduct (hereinafter the Ethics Code).[2] The Task Force rejected this contention. The Task Force believes that when psychologists serve in a position by virtue of their training, experience, and expertise as psychologists, the APA Ethics Code applies. Thus in any such circumstance, psychologists are bound by the APA Ethics Code.

Principle B of the Ethics Code, Fidelity and Responsibility, states that psychologists "are aware of their professional and scientific responsibilities to society." Psychologists have a valuable and ethical role to assist in protecting our nation, other nations, and innocent civilians from harm, which will at times entail gathering information that can be used in our nation's and other nations' defense. The Task Force believes that a central role for psychologists working in the area of national security-related investigations is to assist in ensuring that processes are safe, legal, and ethical for all participants.

---

[1] American Psychological Association (2004). *Bylaws of the American Psychological Association* [Brochure]. Washington, DC: Author. (Also available at http://www.apa.org/governance/)

[2] American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist, 57,* 1060–1073. (Also available at http://www.apa.org/ethics/)

HC00010682

The Task Force looked to the APA Ethics Code for fundamental principles to guide its thinking. The Task Force found such principles in numerous aspects of the Ethics Code, such as the Preamble, "Psychologists respect and protect civil and human rights" and "[The Ethics Code] has as its goals the welfare and protection of the individuals and groups with whom psychologists work"; Principle A, Beneficence and Nonmaleficence, "In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons"; Principle D, Justice, "Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices"; and Principle E, Respect for People's Rights and Dignity, "Psychologists respect the dignity and worth of all people." The Task Force concluded that the Ethics Code is fundamentally sound in addressing the ethical dilemmas that arise in the context of national security-related work.

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III. Twelve Statements Concerning Psychologists' Ethical Obligations in National Security-Related Work and Commentary on the Statements

1. Psychologists do not engage in, direct, support, facilitate, or offer training in torture or other cruel, inhuman, or degrading treatment. The Task Force endorses the 1986 Resolution Against Torture of the American Psychological Association Council of Representatives,[3] and the 1985 Joint Resolution Against Torture of the American Psychological Association and the American Psychiatric Association.[4] (Principle A, Beneficence and Nonmaleficence, and Ethical Standard 3.04, Avoiding Harm) The Task Force emphasizes that the Board of Directors' charge did not include an investigative or adjudicatory role and so the Task Force does not render any judgment concerning events that may or may not have occurred in national security-related settings. The Task Force nonetheless feels that an absolute statement against torture and other cruel, inhuman, or degrading treatment is appropriate.

2. Psychologists are alert to acts of torture and other cruel, inhuman, or degrading treatment and have an ethical responsibility to report these acts to the appropriate authorities. This ethical responsibility is rooted in the Preamble, "Psychologists respect and protect civil and human rights...the development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically [and] to encourage ethical behavior by...colleagues," and Principle B, Fidelity and Responsibility, which states that psychologists "are concerned about the ethical compliance of their colleagues' scientific and professional conduct." (Ethical Standard 1.05, Reporting Ethical Violations) The Task Force notes that when fulfilling the obligation to respond to unethical behavior by reporting the behavior to appropriate authorities as a prelude to an adjudicatory process, psychologists guard against the names of individual psychologists being disseminated to the public. Inappropriate or premature public dissemination can expose psychologists to a risk of harm outside of established and appropriate legal and adjudicatory processes. (Ethical Standard 3.04, Avoiding Harm)

3. Psychologists who serve in the role of supporting an interrogation do not use health care related information from an individual's medical record to the detriment of the individual's safety and well-being. While information from a medical record may be helpful or necessary to ensure that an interrogation process remains safe, psychologists do not use such information to the detriment of an individual's safety and well-being. (Ethical Standards 3.04, Avoiding Harm, and 3.08, Exploitative Relationships)

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[3] American Psychological Association Council of Representatives. (1986). American Psychological Association resolution against torture. Retrieved from http://www.apa.org/about/division/cpminternatl.html#3

[4] American Psychiatric Association & American Psychological Association. (1985). Against torture: Joint resolution of the American Psychiatric Association and the American Psychological Association. Retrieved from http://www.psych.org/edu/other_res/lib_archives/archives/198506.pdf

HC00010682

4. Psychologists do not engage in behaviors that violate the laws of the United States, although psychologists may refuse for ethical reasons to follow laws or orders that are unjust or that violate basic principles of human rights. Psychologists involved in national security-related activities follow all applicable rules and regulations that govern their roles. Over the course of the recent United States military presence in locations such as Afghanistan, Iraq, and Cuba, such rules and regulations have been significantly developed and refined. Psychologists have an ethical responsibility to be informed of, familiar with, and follow the most recent applicable regulations and rules. The Task Force notes that certain rules and regulations incorporate texts that are fundamental to the treatment of individuals whose liberty has been curtailed, such as the United Nations Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment and the Geneva Convention Relative to the Treatment of Prisoners of War.[5]

The Task Force notes that psychologists sometimes encounter conflicts between ethics and law. When such conflicts arise, psychologists make known their commitment to the APA Ethics Code and attempt to resolve the conflict in a responsible manner. If the conflict cannot be resolved in this manner, psychologists may adhere to the requirements of the law. (Ethical Standard 1.02) An ethical reason for psychologists to not follow the law is to act "in keeping with basic principles of human rights." (APA Ethics Code, Introduction and Applicability) The Task Force encourages psychologists working in this area to review essential human rights documents, such as the United Nations Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment and the Geneva Convention Relative to the Treatment of Prisoners of War.[6]

5. Psychologists are aware of and clarify their role in situations where the nature of their professional identity and professional function may be ambiguous. Psychologists have a special responsibility to clarify their role in situations where individuals may have an incorrect impression that psychologists are serving in a health care provider role. (Ethical Standards 3.07, Third-Party Requests for Services, and 3.11, Psychological Services Delivered to or Through Organizations)

The Task Force noted that psychologists acting in the role of consultant to national security issues most often work closely with other professionals from various disciplines. As a consequence, psychologists rarely act alone or independently, but rather as part of a group of professionals who bring together a variety of skills and experiences in order to provide an ethically appropriate service. (Ethical Standard 3.09, Cooperating with Other Professionals)

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[5] United Nations. (1987, June 26). *Convention against torture and other cruel, inhuman or degrading treatment or punishment.* Retrieved from http://www.unhchr.ch/html/menu3/b/h_cat39.htm
United Nations. (1950, October 21). *Geneva convention relative to the treatment of prisoners of war.* Retrieved from http://www.unhchr.ch/html/menu3/b/91.htm

[6] Ibid.

HC00010682

Regardless of their role, psychologists who are aware of an individual in need of health or mental health treatment may seek consultation regarding how to ensure that the individual receives needed care. (Principle A, Beneficence and Nonmaleficence)

6. Psychologists are sensitive to the problems inherent in mixing potentially inconsistent roles, such as health care provider and consultant to an interrogation, and refrain from engaging in such multiple relationships. (Ethical Standard 3.05, Multiple Relationships, "A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.")

7. Psychologists may serve in various national security-related roles, such as a consultant to an interrogation, in a manner that is consistent with the Ethics Code, and when doing so psychologists are mindful of factors unique to these roles and contexts that require special ethical consideration. The Task Force noted that psychologists have served in consultant roles to law enforcement on the state and federal levels for a considerable period of time. Psychologists have proven highly effective in lending assistance to law enforcement in the vital area of information gathering and have done so in an ethical manner. The Task Force noted special ethical considerations for psychologists serving as consultants to interrogation processes in national security-related settings, especially when individuals from countries other than the United States have been detained by United States authorities. Such ethical considerations include:

- How certain settings may instill in individuals a profound sense of powerlessness and may place individuals in considerable positions of disadvantage in terms of asserting their interests and rights. (Ethical Standards 1.01, Misuse of Psychologists' Work, and 3.08, Exploitative Relationships)
- How failures to understand aspects of individuals' culture and ethnicity may generate misunderstandings, compromise the efficacy and hence the safety of investigatory processes, and result in significant mental and physical harm. (Principle E, "Psychologists are aware of and respect cultural, individual, and role differences, including those based on...race, ethnicity, culture, national origin... and consider these factors when working with members of such groups"; Ethical Standard 2.01(b), Boundaries of Competence, "Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with...race, ethnicity, culture, national origin...is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals..."; and Ethical Standard 3.01, Unfair Discrimination, "In their work-related activities, psychologists do not engage in unfair discrimination based on...race, ethnicity, culture, national origin...")

HC00010682

- How the combination of a setting's ambiguity with high stress may facilitate engaging in behaviors that cross the boundaries of competence and ethical propriety. As behavioral scientists, psychologists are trained to observe, respond to, and ideally correct such processes as they occur. (Principle A, Beneficence and Nonmaleficence, and Ethical Standard 3.04, Avoiding Harm)

8. Psychologists who consult on interrogation techniques are mindful that the individual being interrogated may not have engaged in untoward behavior and may not have information of interest to the interrogator. This ethical obligation is not diminished by the nature of an individual's acts prior to detainment or the likelihood of the individual having relevant information. At all times psychologists remain mindful of and abide by the prohibitions against engaging in or facilitating torture and other cruel, inhuman, or degrading treatment. Psychologists inform themselves about research regarding the most effective and humane methods of obtaining information and become familiar with how culture may interact with the techniques consulted upon. (Principle E, Respect for Peoples' Rights and Dignity; Ethical Standards 2.01, Boundaries of Competence; 2.03, Maintaining Competence; and 3.01, Unfair Discrimination)

9. Psychologists make clear the limits of confidentiality. (Ethical Standard 4.02, Discussing the Limits of Confidentiality). Psychologists who have access to, utilize, or share health or mental health related information do so with an awareness of the sensitivity of such information, keeping in mind that "Psychologists have a primary obligation and take reasonable precautions to protect confidential information..." (Ethical Standard 4.01, Maintaining Confidentiality) When disclosing sensitive information, psychologists share the minimum amount of information necessary, and only with individuals who have a clear professional purpose for obtaining the information. (Ethical Standard 4.04, Minimizing Intrusions on Privacy) Psychologists take care not to leave a misimpression that information is confidential when in fact it is not. (Ethical Standards 3.10, Informed Consent, and 4.02, Discussing the Limits of Confidentiality)

10. Psychologists are aware of and do not act beyond their competencies, except in unusual circumstances, such as set forth in the Ethics Code. (Ethical Standard 2.02, Providing Services in Emergencies) Psychologists strive to ensure that they rely on methods that are effective, in addition to being safe, legal, and ethical. (Ethical Standards 2.01, Boundaries of Competence; 2.04, Bases for Scientific and Professional Judgments; 9.01, Bases for Assessments)

11. Psychologists clarify for themselves the identity of their client and retain ethical obligations to individuals who are not their clients. (Ethical Standards 3.07, Third-Party Requests for Services, and 3.11, Psychological Services Delivered to or Through Organizations) Regardless of whether an individual is considered a client, psychologists have an ethical obligation to ensure that their activities in relation to the individual are safe, legal, ethical, and effective. (Ethical Standard 3.04, Avoiding Harm) Sensitivity to the entirety of a psychologist's ethical obligations is especially important where, because of a setting's unique characteristics, an individual may not be fully able to assert relevant rights and interests. (Principle A, Beneficence and Nonmaleficence, "In their professional

actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons..."; Principle D, Justice, "Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices"; Principle E, Respect for People's Rights and Dignity, "Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making"; Ethical Standard 3.08, Exploitative Relationships)

12. Psychologists consult when they are facing difficult ethical dilemmas. The Task Force was emphatic that consultation on ethics questions and dilemmas is highly appropriate for psychologists at all levels of experience, especially in this very challenging and ethically complex area of practice. (Preamble to the Ethics Code, "The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically...and to consult with others concerning ethical problems"; and Ethical Standard 4.06, Consultations)

The Task Force drew several other conclusions:

- The development of professional skills and competencies, ethical consultation and ethical self-reflection, and a willingness to take responsibility for one's own ethical behavior are the best ways to ensure that the national security-related activities of psychologists are safe, legal, ethical, and effective.
- It is critical to offer ethical guidance and support especially to psychologists at the beginning of their careers, who may experience pressures to engage in unethical or inappropriate behaviors that they are likely to find difficult to resist.
- APA should develop a process whereby psychologists whose work involves classified material and who need ethical guidance or consultation may consult their national organization for assistance and support.
- Psychologists should encourage and engage in further research to evaluate and enhance the efficacy and effectiveness of the application of psychological science to issues, concerns and operations relevant to national security. One focus of a broad program of research is to examine the efficacy and effectiveness of information-gathering techniques, with an emphasis on the quality of information obtained. In addition, psychologists should examine the psychological effects of conducting interrogations on the interrogators themselves to explore ways of helping to ensure that the process of gathering information is likely to remain within ethical boundaries. Also valuable will be research on cultural differences in the psychological impact of particular information-gathering methods and what constitutes cruel, inhuman, or degrading treatment.
- The Task Force noted a potential area of tension between conducting research that is classified or whose success could be compromised if the research purpose and/or methodology become known and ethical standards that require

HC00010682

debriefing after participation in a study as a research subject. (Ethical Standards 8.07, Deception in Research, and 8.08, Debriefing) APA should identify and further examine the ethical dimensions of such tensions.

- Psychologists working in this area should inform themselves of how culture and ethnicity interact with investigative or information-gathering techniques, with special attention to how failing to attend to such factors may result in harm.

The Task Force engaged in vigorous discussion and debate and did not reach consensus on several issues:

- *The role of human rights standards in an ethics code.* While all Task Force members felt that respect for human rights is critical, some task force members felt strongly that international standards of human rights should be built into the ethics code and others felt that the laws of the United States should be the touchstone.
- *The degree to which psychologists may ethically disguise the nature and purpose of their work.* While all members of the Task Force agreed that full disclosure of the nature and purpose of a psychologist's work is not ethically required or appropriate in every circumstance, members differed on the degree to which psychologists may ethically dissemble their activities from individuals whom they engage directly.
- *Whether the discussions of the Task Force should have been made available outside the Task Force.* Some members believed that sharing the substance of the discussions, debates, and disagreements of the Task Force would be helpful to others in fostering the development of professional ethics in other areas of national security. Others felt that not sharing information beyond this report and other public statements would facilitate richer and more productive exchanges during the Task Force meeting. The Task Force voted on this issue. By a vote of seven to one, with one abstention, the Task Force voted to limit what information is disclosed concerning its deliberations to this report and other public statements made by the Task Force as a whole.

HC00010682

III. Recommendations

The Task Force recommends that APA:

1. Publicly reaffirm its 1986 Resolution Against Torture and Other Cruel, Inhuman, or Degrading Treatment.
2. Develop a document that will serve as a companion to the 12 statements contained in this report, for the purpose of providing illustrative examples and commentary. Such a document will be especially important if APA adopts the statements as guidelines or if the Ethics Committee deems the statements appropriate interpretations and applications of the Ethics Code.
3. Continue to examine the goodness of fit between the Ethics Code and this area of practice. While the Task Force believes the Ethics Code is fundamentally sound and adequately addresses the great majority of ethical dilemmas that arise in national security-related settings, there are certain aspects in which the Code does not speak as well to this area of practice as the Code speaks to other areas of practice. The Task Force believes the Ethics Committee could undertake this task.
4. Develop a process to offer ethics consultation to psychologists whose work involves classified material and who seek ethical guidance.
5. Continue to develop a strong relationship with psychologists working in national security-related settings, with special attention to the unique ethical challenges these psychologists confront in their daily work, and collaborate with organizations having national security-related responsibilities to promote psychological practice consistent with APA Ethical Standards.
6. Forward a copy of this Task Force Report, or a summary of the report, to the United States Department of Defense and other relevant government agencies and bodies, as the government develops policy on these complicated and challenging ethical issues.
7. Encourage psychologists to engage in further research relevant to national security, including evaluation of the efficacy and effectiveness of methods for gathering information that is accurate, relevant, and reliable. Such research should be designed to minimize risks to research participants such as emotional distress, and should be consistent with standards of human subject research protection and the APA Ethics Code.
8. Recognize that issues involving terrorism and national security affect citizens in all countries and so encourage behavioral scientists to collaborate across disciplines, cultures, and countries in addressing these concerns.
9. Consider supporting the creation of a repository to record psychologists' contributions to national security. Such information, divided into classified and unclassified sections, could serve as a historical record and a resource concerning how psychologists involved in national security-related activities have met the ethical challenges of their work.

HC00010682

10. View the work of this Task Force as an initial step in addressing the very complicated and challenging ethical dilemmas that confront psychologists working in national security-related activities. Viewed as an initial step in a continuing process, this report will ideally assist APA to engage in thoughtful reflection of complex ethical considerations in an area of psychological practice that is likely to expand significantly in coming years.

HC00010682

New Yorker

→ interrogation staff & Stress positions

[Reverse engineered Soviet Stuff]

Mitchell

SERE

Jim Mitchell

[Ali Soufan
Bob McFadden]

PRIVACY REDACTION

[redacted]

CHURCH DOCUMENTS

Respondent: **Michael G. Gelles, Ph.D.**
Sua sponte
Investigator: **D. Carliner**
Monitor: **P. Mayfield**
Readers: **L. Callahan and E. Swenson**

Recusals?
B/D Present?

(For/Against/Abstain/Recuse)

Charge 1: Standard 1.15 ("Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence.")

in that allegedly you misused your influence as a psychologist when you told complainant you were there to "help" him when you were actually there to provide direct support to a criminal investigation.

Violation: ____
No Violation 7/0/0/0___

Charge 2: Standard 1.15 ("Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against

personal, financial, social, organizational, or political factors that might lead to misuse of their influence.")

in that allegedly you misused your influence as a psychologist when you encouraged the complainant's cooperation with the agents whose job it was to interrogate him and investigate his activities by you stating that you and the agents were complainant's "friends" and he should trust the relationship.

Violation: ____
No Violation: 7/0/0/0

Charge 3: Standard 1.15 ("Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence.")

in that allegedly you misused your influence as a psychologist when you failed to explain to complainant about false memories but instead concentrated on suppressed memories and encouraged him to work on releasing the memories.

Violation: ____
No Violation: 7/0/0/0_

Charge 4: Standard 1.16(a) ("Psychologists do not participate in activities in which it appears likely that their skill or data will be misused by others, unless corrective mechanisms are available.")

in that allegedly you misused your influence as a psychologist when you told complainant you were there to "help" him when you were actually there to provide direct support to a criminal investigation.

Violation: ____
No Violation: 7/0/0/0

Charge 5: Standard 1.16(a) ("Psychologists do not participate in activities in which it appears likely that their skill or data will be misused by others, unless corrective mechanisms are available.")

in that allegedly you misused your influence as a psychologist when you encouraged the complainant's cooperation with the agents whose job it was to interrogate him and investigate his activities by you stating that you and the agents were complainant's "friends" and he should trust the relationship.

Violation: ____
No Violation: 7/0/0/0

Charge 6: Standard 1.16(a) ("Psychologists do not participate in activities in which it appears likely that their skill or data will be misused by others, unless corrective mechanisms are available.")

in that allegedly you misused your influence as a psychologist when you failed to explain to complainant about false memories but instead concentrated on suppressed memories and encouraged him to work on releasing the memories.

Violation: ____
No Violation: 7/0/0/0

Charge 7: Standard 1.21(a) ("When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist clarifies to the extent feasible, at the outset of the service, the nature of the relationship with each party. This clarification includes the role of the psychologist (such as therapist, organizational consultant, diagnostician, or expert witness), the probable uses of the

services provided or the information obtained, and the fact that there may be limits to confidentiality.")

in that allegedly you evaluated complainant and provided him services at the request of a third party, your employer, and failed to clarify at the outset of the service or any other time, the nature of your relationship with complainant, your relationship with the Naval Criminal Investigative Service, the role you were playing, and the impact your relationships with the parties would have on the services provided.

Violation: ____
No Violation: 7/0/0/0

Charge 8: Standard 5.01(a) ("Psychologists discuss with persons and organizations with whom they establish a scientific or professional relationship (including to the extent feasible, minors and their legal representatives) (1) the relevant limitations on confidentiality, including limitations where applicable in group, marital, and family therapy or in organizational consulting, and (2) the foreseeable uses of the information generated through their services."),

in that allegedly you failed to discuss with complainant the limitations on confidentiality, that

the session with him was not covered by rules of confidentiality, or that there was a possibility that you would be called upon to testify against him.

Violation: ____
No Violation: 7/0/0/0

Charge 9: Standard 5.01(c) ("Permission for electronic recording of interviews is secured from clients and patients."),

in that allegedly you conducted your session with complainant while it was videotaped without his knowledge or permission.

Violation: ____
No Violation: 7/0/0/0

Charge 10: Standard 1.07(a) ("When psychologists provide assessment, evaluation, treatment, counseling, supervision, teaching, consultation, research, or other psychological services to an individual, a group, or an organization, they provide, using language that is reasonably understandable to the recipient of those services, appropriate information beforehand about the nature of such services and

appropriate information later about results and conclusions.")

in that allegedly you evaluated complainant and failed to provide to him beforehand the true nature of the services that you were offering and failed to inform him that you were precluded from doing so by virtue of your employment.

Violation: ____
No Violation: 7/0/0/0

Charge 11: Standard 1.07(b) ("If psychologists will be precluded by law or by organizational roles from providing such information particular individuals or groups, they so inform those individuals or groups at the outset of the service.")

in that allegedly you evaluated complainant and failed to provide to him beforehand the true nature of the services that you were offering and failed to inform him that you were precluded from doing so by virtue of your employment.

V

Block vote: No violation: 7/0/0/0

Independence:

Committee Recommendation

Vote:

Expel
Stipulated Resignation with Contingent Expel
Censure
Reprimand
Remand
Dismiss **7/0/0/0**
Educative letter

Rationale: **Vote:**

Directives:

Vote:

Notifications:

Vote:

##

notes: all charges voted no violation as block vote; dismiss

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

February 13, 2002

CONFIDENTIAL

VIA CERTIFIED MAIL

Michael G. Gelles, Psy.D.
Naval Criminal Investigative Service
Washington Navy Yard Building 111
716 Sicard Street S.E. PRIVACY REDACTION
Washington, D.C. 20388-5380

Dear Dr. Gelles:

We have now completed the preliminary investigation of the complaint filed against you by Daniel M. King. This letter opens a case as described in the Rules, Part V, Section 6.1.1. We want to assure you on behalf of the Ethics Committee that this investigation does not imply the presumption of unethical behavior on your part. The intent of the Ethics Committee is to investigate fairly and thoroughly all complaints filed in accordance with the Rules. There has been no determination at this stage as to whether the charges are substantiated. This case has been opened because it has been agreed that, if substantiated, the charges detailed below would constitute a violation of the Ethics Code. The process by which we reached this determination is described in the Rules, Part V, Section 5.

You have previously received the Ethics Complaint Form and other evidence related to this matter. You may notice repetition in this letter from previous correspondence, but we want you to have a clear statement of the issues and our procedures. General materials to assist you in responding to the complaint include the following: the APA Ethics Committee's Rules and Procedures, the relevant Ethics Code(s), and an information sheet that provides answers to frequently asked questions.

The charges against you are stated in terms of a specific provision in the Ethics Code that is at issue (Principle or Standard), and one or more behaviors that are alleged to violate that provision ("in that...."). The version of the Ethics Code that is applicable is the one that was in effect at the time the behavior occurred.

Currently at issue as set forth in the 1992 Ethical Principles of Psychologists and Code of Conduct are:

Standard 1.15 ("Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence."

Standard 1.16(a) ("Psychologists do not participate in activities in which it appears likely that their skill or data will be misused by others, unless corrective mechanisms are available."),

in that allegedly you misused your influence as a psychologist

1) when you told complainant you were there to "help" him when you were actually there to provide direct support to a criminal investigation;

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2) when you encouraged the complainant's cooperation with the agents whose job it was to interrogate him and investigate his activities by you stating that you and the agents were complainant's "friends" and he should trust the relationship; and

3) when you failed to explain to complainant about false memories but instead concentrated on suppressed memories and encouraged him to work on releasing the memories.

Standard 1.21(a) ("When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist clarifies to the extent feasible, at the outset of the service, the nature of the relationship with each party. This clarification includes the role of the psychologist (such as therapist, organizational consultant, diagnostician, or expert witness), the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality.")

in that allegedly you evaluated complainant and provided him services at the request of a third party, your employer, and failed to clarify at the outset of the service or any other time, the nature of your relationship with complainant, your relationship with the Naval Criminal Investigative Service, the role you were playing, and the impact your relationships with the parties would have on the services provided.

Standard 5.01(a) ("Psychologists discuss with persons and organizations with whom they establish a scientific or professional relationship (including to the extent feasible, minors and their legal representatives) (1) the relevant limitations on confidentiality, including limitations where applicable in group, marital, and family therapy or in organizational consulting, and (2) the foreseeable uses of the information generated through their services."),

in that allegedly you failed to discuss with complainant the limitations on confidentiality, that the session with him was not covered by rules of confidentiality, or that there was a possibility that you would be called upon to testify against him.

Standard 5.01(c) ("Permission for electronic recording of interviews is secured from clients and patients."),

in that allegedly you conducted your session with complainant while it was videotaped without his knowledge or permission.

Standard 1.07(a) ("When psychologists provide assessment, evaluation, treatment, counseling, supervision, teaching, consultation, research, or other psychological services to an individual, a group, or an organization, they provide, using language that is reasonably understandable to the recipient of those services, appropriate information beforehand about the nature of such services and appropriate information later about results and conclusions.")

Standard 1.07(b) ("If psychologists will be precluded by law or by organizational roles from providing such information particular individuals or groups, they so inform those individuals or groups at the outset of the service.")

39A

in that allegedly you evaluated complainant and failed to provide to him beforehand the true nature of the services that you were offering and failed to inform him that you were precluded from doing so by virtue of your employment.

Rules, Part V, Section 6.1.4 and Part II, Section 8.2 discuss your required response. The response should be as complete as possible and must be in writing. You are free to consult with legal counsel, but correspondence must be from you and not from legal counsel or anyone else on your behalf. Your response must be received by us within 30 days of your receipt of this letter. Extensions can be granted for good cause, but must be requested in time to allow us to respond to you within your deadline for response.

The content of your response is largely up to you. You need to address the charges stated or referred to in this letter, but are not required to respond to allegations by the complainant that are outside the scope of these charges. However, the Committee may review information from the complainant or other witnesses outside the scope of these charges, if the Committee considers it relevant evidence that bears on whether the charged ethical violation(s) occurred or that addresses what sanctions or directives are appropriate should a violation be found. Thus, you may choose to address allegations beyond the charges set forth in this letter. You may also be recharged and asked to respond to additional allegations as this investigation progresses.

If we have questions following receipt of your response, we will ask them. The Committee has found that it is helpful to have a copy of your current resume, including a description of your formal education, any supervised clinical education, and any continuing education. The attached "Information for Members Responding to Ethics Complaints" provides guidelines for the format of submissions. You should provide copies (not originals) of any documentation you wish to submit. If there are witnesses or others who could corroborate your statements or furnish additional information or documentation, please either include their statements with your response or ask those individuals to send their statements to the Ethics Committee within the deadline for your response. If individuals submit letters or documents to us directly, rather than through you, ask them to state specifically in the letter or cover letter, that

I understand that Dr. Michael G. Gelles will be provided a copy of this submission.

Note that any statements or other information or documentation which you provide or cause to be provided to the Ethics Committee can be used as evidence pertaining to this matter should further proceedings ensue, including review by the Ethics Committee, a hearing panel, the Board of Directors, or other review body.

The Rules provide that you may not resign your membership in the Association until this matter is resolved. (See Rules, Part II, Section 5.4.). Standard 8.06 of the Ethical Principles of Psychologists and Code of Conduct requires your cooperation and Part II, Section 9 of the Rules states that noncooperation is itself a violation of the Ethics Code which may result in loss of membership.

Because the Committee resolves complaints based upon the materials made available to it, we ask that you take advantage of the opportunity to respond to this matter.

The enclosed "Information for Members Responding to Ethics Complaints" includes discussion of telephone calls to us regarding specific cases, acknowledgement of your correspondence, and telecopying materials. In addition you must notify us of any address changes promptly in order to ensure that you receive information and requests from us.

We want to reiterate that the intent of the Ethics Committee is to provide a fair process for review of this matter, as detailed in the Rules. We would be glad to answer any questions you have about our ethics process. We discuss general procedural questions by telephone but address questions concerning specific complaints only in writing.

I have not included with the case materials the videotape of your session with Mr. King, which is part of the record. If you would like us to send you a copy, please let us know.

Thank you for your cooperation during the preliminary investigation of this matter.

Sincerely,

Deborah Carliner
Ethics Investigator
Office of Ethics

Enclosures

Complaint Form and related materials
Ethics Code
Rules and Procedures
Information for Members Responding to Ethics Complaints

cc: Richard Bloch

39C

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

February 13, 2002

CONFIDENTIAL

To: The File

From: Deborah Carlinert

Re: King v. Gelles

The Chair and I had a telephone conversation in which we discussed further the facts of this matter. The Chair had not had the entire record when he requested additional information before charging Dr. Gelles with Standard 5.01c. When he learned we had the necessary information, he agreed to the charge.

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36

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AMERICAN PSYCHOLOGICAL ASSOCIATION

February 11, 2002

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To: Steven N. Sparta, Ph.D., Chair

From: Deborah Carliner, J.D., Ethics Investigator

Re: King v. Gelles

This is a preliminary investigation ready for review for cause for action for which the former Chair was asked to act in your stead because he had been involved during the preliminary investigation. He and I have agreed about most of the in thats, but there is one on which Robert wanted your input.

Daniel King, on whose behalf a complaint was filed (by his lawyer), is a petty officer in the Navy and was being investigated for spying. Dr. Michael Gelles is a psychologist employed by the Naval Criminal Investigative Service. Mr. King was questioned at great length by investigators and was very confused. He wanted to be hypnotized in order to sort out his memories The investigators took him to Dr. Gelles ostensibly to evaluate the appropriateness of hypnotism and their session was videotaped. Dr. Gelles and the two investigators who stayed in the room knew of the videotaping but Mr. King did not. No hypnotizing occurred then or later. There are other issues but for the purpose of this one in that, I think those are all the relevant facts.

The in that on which Robert wanted your input is:

Standard 5.01(c) ("Permission for electronic recording of interviews is secured from clients and patients.").

> in that allegedly you conducted your session with complainant while it was videotaped without his knowledge or permission.

I think the question is whether Mr. King is a client or patient in this context. Dr. Gelles may very well claim that Mr. King was not his client or patient and therefore he didn't need his permission to tape the session. It was my thought that we should charge him with this in that, see his defense, and let the Committee decide if it believes Dr. Gelles violated this Standard.

Aiming for simplification, I am not now sending you the record, which includes the videotape. Please let me know if you would like the record before giving your recommendation.

Thanks for your help

Hello Deborah,
King was already aware he was being investigated. After the fact, King requested being hypnotized. He is then brought to Gelles. Gelles may have understood he was being involved in a limited role following an arrangement which had already been determined by King, his attorney and investigators. I would recommend obtaining some clarification PRIOR to charging him.
thanks Steve

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AMERICAN
PSYCHOLOGICAL
ASSOCIATION

February 11, 2002

CONFIDENTIAL

To: Steven N. Sparta, Ph.D., Chair

From: Deborah Carliner, J.D., Ethics Investigator

Re: King v. Gelles

This is a preliminary investigation ready for review for cause for action for which the former Chair was asked to act in your stead because he had been involved during the preliminary investigation. He and I have agreed about most of the in thats, but there is one on which Robert wanted your input.

Daniel King, on whose behalf a complaint was filed (by his lawyer), is a petty officer in the Navy and was being investigated for spying. Dr. Michael Gelles is a psychologist employed by the Naval Criminal Investigative Service. Mr. King was questioned at great length by investigators and was very confused. He wanted to be hypnotized in order to sort out his memories. The investigators took him to Dr. Gelles ostensibly to evaluate the appropriateness of hypnotism and their session was videotaped. Dr. Gelles and the two investigators who stayed in the room knew of the videotaping but Mr. King did not. No hypnotizing occurred then or later. There are other issues but for the purpose of this one in that, I think those are all the relevant facts.

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Thanks for your help.

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PSYCHOLOGICAL
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FEB 1 1 2002

January 22, 2002

DEBORAH – Has Steve seen the 5.01(c) standard? Otherwise I concur. But would want input on that one Standard. Robert

CONFIDENTIAL MEMORANDUM

To: Robert T. Kinscherff, Ph.D., J.D.

From: Deborah Carliner, M.S., Ethics Investigator

Re: King v. Gelles

****

This preliminary investigation is now ready for review. Since it is a complicated case and you are familiar with it, the Chair has deputized you to act in his stead in determining where to go from here. Although asked, Dr. Gelles failed to tell us what he knew of the conditions of Mr. King's confinement (which he said was not confinement) or to provide us with documents he said were classified. I don't think we need the information to proceed. I believe we should open a case, citing the following Standards:

Standard 1.15 ("Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence."

Standard 1.16(a) ("Psychologists do not participate in activities in which it appears likely that their skill or data will be misused by others, unless corrective mechanisms are available."),

in that allegedly you misused your influence as a psychologist

1) when you told complainant you were there to "help" him when you were actually there to provide direct support to a criminal investigation;

2) when you encouraged the complainant's cooperation with the agents whose job it was to interrogate him and investigate his activities by you stating that you and the agents were complainant's "friends" and he should trust the relationship; and

3) when you failed to explain to complainant about false memories but instead concentrated on suppressed memories and encouraged him to work on releasing the memories.

Standard 1.07(a) ("When psychologists provide assessment, evaluation, treatment, counseling, supervision, teaching, consultation, research, or other psychological services to an individual, a group, or an organization, they provide, using language that is reasonably understandable to the recipient of those services, appropriate information beforehand about the nature of such services and appropriate information later about results and conclusions.")

Standard 1.07(b) ("If psychologists will be precluded by law or by organizational roles from providing such information particular individuals or groups, they so inform those individuals or groups at the outset of the service.")

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DR ROB KINSCHERFF

PRIVACY REDACTION

02/11/2002 09:41

AMERICAN
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ASSOCIATION

January 22, 2002

CONFIDENTIAL MEMORANDUM

To: Robert T. Kinscherff, Ph.D., J.D.

From: Deborah Carliner, J.D., Ethics Investigator

Re: King v. Gelles

****

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in that allegedly you evaluated complainant and failed to provide to him beforehand the true nature of the services that you were offering and failed to inform him that you were precluded from doing so by virtue of your employment.

Standard 1.21(a) ("When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist clarifies to the extent feasible, at the outset of the service, the nature of the relationship with each party. This clarification includes the role of the psychologist (such as therapist, organizational consultant, diagnostician, or expert witness), the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality.")

in that allegedly you evaluated complainant and provided him services at the request of a third party, your employer, and failed to clarify at the outset of the service or any other time, the nature of your relationship with complainant, your relationship with the Naval Criminal Investigative Service, the role you were playing, and the impact your relationships with the parties would have on the services provided.

Standard 5.01(a) ("Psychologists discuss with persons and organizations with whom they establish a scientific or professional relationship (including to the extent feasible, minors and their legal representatives) (1) the relevant limitations on confidentiality, including limitations where applicable in group, marital, and family therapy or in organizational consulting, and (2) the foreseeable uses of the information generated through their services."),

in that allegedly you failed to discuss with complainant the limitations on confidentiality, that the session with him was not covered by rules of confidentiality, or that there was a possibility that you would be called upon to testify against him.

Standard 5.01(c) ("Permission for electronic recording of interviews is secured from clients and patients."),

in that allegedly you conducted your session with complainant while it was videotaped without his knowledge or permission.

Dr. Gelles will probably claim that Mr. King was not his client or patient and therefore he didn't need his permission to tape the session, but I believe we should charge him with this in that anyway; we can let the Committee decide if it believes Dr. Gelles violated this Standard.

There may be more charges here than necessary. Please give me your opinion about what Standards should be charged and feel free to re-write the in thats.

If we disagree on whether or not there is cause for action, I will refer the matter to the Chair, who will cast the deciding vote.

What do you recommend?

In my opinion, the case type is C12.

Please advise me of your recommendation by February 12, 2002.

Thank you for your assistance.

Enclosures:

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DEPARTMENT OF THE NAVY

HEADQUARTERS
NAVAL CRIMINAL INVESTIGATIVE SERVICE
716 SICARD STREET SE [PRIVACY REDACTION]
WASHINGTON NAVY YARD DC 20388-5380

CONFIDENTIAL

21 December 01

DEC 2 6 2001

Ms. Deborah Carliner
Office of Ethics
The American Psychological Association
750 First Street, N.E.
Washington, D.C. 20002

Dear Ms. Carliner:

I am writing to you in response to your correspondence dated September 27, 2001, and as per the extension granted by your letter of October 9, 2001.

1. I was briefed regularly about Mr. King beginning several days after his admission of disclosure of sensitive classified information. The briefings were generally by the Special Agent in charge of the investigation, and included the specific admissions that Mr. King was making and the polygraph findings. No documents were given to me. I must point out that this was and remains a highly classified investigation regarding the information that Mr. King allegedly disclosed.

2. Mr. King was voluntarily participating in the inquiry into the admissions he had made and the interview process. He was not confined, but was staying in hotels during the period of time that I was involved. I was not aware, at any time, that he was confined prior to my interview.

3. I discussed my interview with the Special Agent in Charge for less than 30 minutes, if that long, concerning Mr. King. No one else was present, as this was a discussion as part of my employment with NCIS.

4. Obviously, the verbiage used in my memo was not complete. The memo was simply to document in the file my participation and conclusion that hypnosis was not indicated. It should have also stated that there was insufficient information for hypnosis, as set forth in my response of July 5, 2001. Due to the sensitive and serious nature of this case, it was determined that I would meet with Mr. King in response to his request to consider hypnosis.

30

5. My role was solely to determine whether, in my opinion on behalf of NCIS, Mr. King was a candidate for hypnosis, as is set forth in my response to allegation 3 on page 9 of my letter of July 5, 2001.

6. Based on the fact that (1) this was an interview requested of the Navy by Mr. King to answer his questions regarding hypnosis; (2) the sensitive allegations against Mr. King; (3) the fact that he was aware that I worked for NCIS; (4) the agents being in the room, and (5) this was not a clinical session, I felt that the disclosures made were appropriate. Due to the nature of the investigation, I was not permitted to meet with Mr. King alone. Therefore, confidentiality was not an issue, as the agents were present throughout the interview.

7. I was not analyzing whether there was false memory or suppressed memory. My sole objective was to determine if hypnosis would assist in determining the existence of reliable memory for Mr. King. I refer you to my notes, "enclosure 6" with my letter of July 5, 2001.

8. This was not a conclusion, but an observation. My clinical basis for considering whether Mr. King may be "capable of being able to "dissociate" or suppress selective memories" was his apparent confusion over what occurred and what he had done.

9. I prepared no additional written materials. I only prepared the memorandum of 20, October, 1999 and my handwritten notes, "enclosure 6".

10. There are no specific policies relating to this type of interview. I am attaching Chapter 18-11 of the NCIS Investigative Manual, describing forensic hypnosis. Please note that in reference to 18-14.1 b. and 18-14.2 b, the Special Agent in Charge determined that the potential loss of life was so significant that we had to at least conduct a screening interview to determine if hypnosis would be appropriate. As previously stated, after the screening interview for possible hypnosis, I determined hypnosis was contraindicated.

I trust these satisfactorily answer the questions you have raised, and this will assist you in promptly disposing of this matter.

If I may be of further assistance, please advise me.

Very truly yours,

Michael Gelles, Psy.D.

Enclosures
cc: Richard Bloch, Esquire

DEC 2 6 2001

30-A

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

September 27, 2001

CONFIDENTIAL

VIA CERTIFIED MAIL

Michael G. Gelles Ph.D.
Naval Criminal Investigative Service
Washington Navy Yard Building 111
716 Sicard Street S.E. PRIVACY REDACTION
Washington, D.C. 20388-5380

Dear Dr. Gelles:

We have been reviewing your response to the ethics complaint filed against you by Daniel M. King. Please also know that we watched the audiotape of your session with Mr. King and it will be part of the record.

After reviewing your response, we have some additional questions of you. Please provide us with the following information or documents:

1. When and for how long were you briefed concerning Mr. King prior to your session with him? Who conducted the briefing? On what topics were you briefed? Provide documents received.

2. What did you know of Mr. King's case, his situation, and the conditions of his interrogation and confinement prior to your session with him?

3. When, for how long, and with whom did you engage in discussions concerning Mr. King after your session with him? Was Mr. King or his representative present at any of these meetings?

4. In the enclosed document, which is dated October 20, 1999, after your session with Mr. King, you stated "Due to Regal Falcon (who I infer is Mr. King) being the subject of this investigation, a forensic hypnotic interview was contraindicated." Since you knew before the session that Mr. King was the subject of the investigation, what was the purpose of your session?

5. What did you believe was your role in the session?

6. Please describe what, if any steps, you took to characterize your role and the limits of confidentiality to Mr. King. If you did not take any steps, why not?

7. What, if any steps, did you take to safeguard against production of false memory or confession, given your concern about suppressed memory?

8. On what clinical basis did you conclude that Mr. King might have had suppressed memories?

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9. Please provide all written material you prepared either before or after your session with Mr. King of which he was the subject.

10. Please provide all written instructions, policies, and regulations that apply to interviewing or questioning suspects under circumstances similar to your interview of Mr. King.

Thank you for your cooperation. Please provide this information within 30 days of your receipt of this letter.

Sincerely,

Deborah Carliner

Deborah Carliner
Ethics Investigator
Office of Ethics

Enclosure: Document 6-131

cc: Richard Bloch

24-A

AMERICAN PSYCHOLOGICAL ASSOCIATION

SEP 2 7 2001

August 6, 2001

Deborah - See I agree additional questions next page - Robert

CONFIDENTIAL MEMORANDUM

To: Robert T. Kinscherff, Ph.D., J.D., Chair

From: Deborah Carliner, J.D., Ethics Investigator

Re: King v. Gelles

****

This preliminary investigation is now ready for your review. Now that we have Dr. Gelles's response, I believe we will ultimately charge him. But since this is such an unusual case that involves not just behavior we don't usually see but a unique situation, before we open a case, I think it would be helpful to ask Dr. Gelles specific questions.

We have received a videotape of the session between Dr. Gelles and Mr. King, which was their only contact. I had originally thought it could not be part of the record, but I have been corrected. The file we are sending you includes the tape. It would probably be helpful to read the record before you watch the tape.

I believe Dr. Gelles did not clarify his role, which was that of a psychologist working directly with the agents who had been interrogating Mr. King. (Note Document 18-17 which is his job description.) He led Mr. King to believe that he was there to help him, which in my opinion was not his role. I think he misused his influence when he stated that he and the agents were King's friends and King should trust the relationship. He failed to explain to King about false memories, but instead concentrated on suppressed memories and encouraged him to work on releasing the memories. While it seems obvious that there was no confidentiality because the two agents were in the room the whole time, Dr. Gelles made no attempt to explain the limits of confidentiality. It's not chargeable, but after watching the tape twice, I believe Dr. Gelles was mocking, patronizing, and abusive to Mr. King. Perhaps such behavior is necessary in military criminal investigations, but Dr. Gelles is a psychologist who belongs to APA and as such must abide by the Ethics Code, which I don't think he has done.

I would like to ask him to provide the following information or documents. Please let me know if you want to ask him any additional questions.

1. When and for how long was he briefed concerning Mr. King prior to his session with him? Who conducted the briefing? On what topics was he briefed? Provide documents received.

2. What did Dr. Gelles know of Mr. King's case, his situation, and the conditions of his interrogation and confinement prior to the session?

3. When, for how long, and with whom did he engage in discussions concerning Mr. King after his session with him? Was Mr. King or his representative present at any of these meetings?

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4. In Document 6-131, which is dated October 20, 1999, after Dr. Gelles' session with Mr. King, he stated "Due to Regal Falcon (who I infer is Mr. King) being the subject of this investigation, a forensic hypnotic interviewed was contraindicated." Since he knew before the session that Mr. King was the subject of the investigation, what was the purpose of the session?

5. Provide all written material Dr. Gelles prepared either before or after his session with Mr. King of which King was the subject.

6. Provide all written instructions, policies, and regulations that apply to interviewing or questioning suspects under circumstances similar to his interview of Mr. King.

What do you recommend?

In my opinion, the case type is C12.

Please advise me of your recommendation by August 28, 2001.

Thank you for your assistance.

Enclosures:

Also

(7) What did Dr. Gelles believe was his role in the session?

(8) Please describe what, if any steps, Dr. Gelles took to characterize his role and the limits of confidentiality to King, and if he did did, why not?

(9) What, if any, steps did Dr. Gelles take to safeguard against production of false memory or confession, given his concern about suppressed memory?

(10) On what clinical basis did he conclude that King might have had suppressed memories?

92-A
SEP 27 2001

DEPARTMENT OF THE NAVY

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JUL 06 2001

HEADQUARTERS
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WASHINGTON NAVY YARD BLDG 111
716 SICARD STREET SE SUITE [redacted]
WASHINGTON DC 20388-5380

5800
Ser 00GA/0114
July 5, 2001

Ms. Deborah Carliner
Office of Ethics
The American Psychological Association
750 First Street, N.E.
Washington, D.C. 20002

Re: Response to Daniel M. King's APA Complaint

Dear Ms. Carliner:

I am writing to you in response to your correspondence dated May 8, 2001, regarding a formal complaint filed against me by Daniel M. King, through his attorney, Jonathan Turley, Esquire. Although your letter indicates the complaint was made by Petty Officer King, it appears obvious to me that in fact the complaint is being filed by Mr. Turley, rather than by Petty Officer King. I think this is an important factor in reviewing the posture taken in the complaint.

In response to your request, I am enclosing a copy of my current resume. As further explanation, I advise that I am currently employed as a psychologist with the Naval Criminal Investigative Service (NCIS), where I was employed at the time of the interview which is the subject of the complaint. I have been a civilian employee with NCIS for the past 7 1/2 years, and am enclosing a copy of my job description for your reference.

Since 1989, I have been involved in work relating to consultation in criminal investigations and counter-intelligence investigations and operations. As an experienced psychologist in the U.S. Government, I will often consult with a variety of agencies in the area of investigations for the U.S. and foreign governments. I have consulted with the FBI, where I assist in coordinating the Forensic Hypnosis Program. I also consult with the Bureau of Alcohol, Tobacco and Firearms as a consultant to the crisis negotiation teams, the United States Secret Service in the area of risk assessment, and the United States Customs Service for undercover operation and training. I am currently the Chairman of the Psychological Services Section of the International Association of Chiefs of Police.

I have been licensed to practice psychology since 1987, after receiving a license in the state of New York while on active duty in the United States Navy. I placed my license in an

(8-47) 18

inactive status after receiving a license to practice psychology in the state of Maryland in 1990. I also have a part-time private practice in which I have been engaged for approximately 11 years.

I received my bachelor's degree in psychology from the University of Delaware in 1981. I received my master's degree (MA) and doctor of psychology (Psy.D) from Yeshiva University in 1987. I completed the program in School/Child Clinical psychology in 1987. I completed a clinical psychology internship at the National Naval Medical Center in 1987.

From 1987 until 1989 I was a staff psychologist at the Naval Hospital Camp Pendleton, California. During that time, I received supervision regarding clinical and forensic assessments. I was also the psychologist on staff at the Marine Corps Base Brig where I conducted evaluations and was a member of the Parole and Clemency Broad. I received supervision from both a psychiatrist as well as a psychologist on a weekly basis during that time.

In 1989, I enrolled in the Advanced Psychotherapy Training Program at the Washington School of Psychiatry. This program is a three-year curriculum focused in personality theory, assessment and psychotherapy. The program required a three-year course of four hours didactic, and one hour of clinical supervision, per week, for three years. I completed the program in 1992. In 1998 I was invited to join the faculty where I teach Borderline Personality Disorders.

During my study at the Washington School of Psychiatry I was a staff psychologist at the National Naval Medical Center. During the course of two years, I received regular weekly supervision in forensic assessments and forensic hypnosis as well as specialized assessment pertaining to issues relevant to national security. In 1988, I completed basic, and, then, in the early 1990's advanced training in hypnosis. I became a member of the American Association of Clinical Hypnosis and subsequently obtained consultant status for purposes of supervising others.

In regard to other academic appointments I am also on the faculty at the Uniformed Services University of the Health Sciences in the Department of Psychiatry. I teach a practicum on an annual basis in the clinical psychology internship program at the National Naval Medical Center on psychological autopsy. I have also recently sat on the dissertation committee of a graduate student in the Department of Psychology at Loyola University.

In 1991, I was formally assigned to the Naval Criminal Investigative Service. During my initial assignment I sought peer supervision from the senior psychologist at the Air Force Office of Special Investigations.

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I continue to participate on a regular basis in a variety of continuing education programs. I routinely provide educational training and professional paper presentations on a variety of topics that require ongoing monitoring of the academic literature. I provide training within the context of seminars and conferences for the Maryland Psychological Association. I routinely participate in continuing education for psychologists. I earn continuing education credits (which are required for licensure in Maryland), approved by the APA, at the Psychological Meetings of the International Association of Chiefs of Police, and the Association of Threat Assessment Professionals. I recently completed an ethics course given by the Maryland Psychological Association this past winter. I am a strong advocate of peer supervision and routinely participate in peer supervision in the area of risk assessment and forensic evaluations.

I routinely consult with colleagues on forensic hypnosis cases. I help to coordinate the FBI Forensic Hypnotic Program and conduct approximately 5-8 interviews per year. I also conduct interviews for other federal, state and local law enforcement agencies around the country as part of my position at Naval Criminal Investigative Service.

By way of background, the Naval Criminal Investigative Service (NCIS) is a world-wide federal law enforcement organization, whose mission is to protect and serve the men and women of the Navy and Marine Corps, their families and the Department of the Navy civilian employees, by conducting felony criminal investigations and counter-intelligence for the Department of the Navy and managing Navy security programs. It is my understanding that in 1999, NCIS began an investigation of Petty Officer King.

Let me say at the outset, that I think it is imperative that the tape of the interview submitted by Mr. Turley be viewed by whoever is reviewing this case. In the complaint that was filed, there are gross misrepresentations of the dialogue that occurred. For example, on Page 26 of his transcript (the final page), Mr. Turley transcribed the phrase "we'll stick with you." It is obvious from the context, and in the audio of the tape, that the actual word is "will". Mr. Turley does this to create the appearance of my encouragement of Petty Officer King to continue discussions, when in fact, that was not the case. Mr. Turley has made these types of inappropriate references and interpretations of the interview throughout the complaint. Please advise me if you need me to submit a second copy of the tape with an accurate transcription.

I point out that I saw Petty Office King only once, on this occasion when it was taped. It is apparent from Mr. Turley's summary and conclusions that it is his desire to eliminate or restrict the role of forensic psychology in the Intelligence Community. This involved an investigation of a potentially serious espionage case that could affect the lives and safety of a

18-3
JUL 06 2001

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large number of people in the Intelligence Community. The interview of Petty Office King was at **his** request. He wanted to determine if he was a candidate for hypnosis (or other methods) to assist in clearing up his perceived confusion regarding the history of certain events.

If in fact he was a good candidate for hypnosis, the effect on the legal proceedings was less important than the overall protection of the hundreds of people who may have been effected by the potential breach. Much of the information that would shed light on the context of this interview is Classified, and therefore not accessible by Petty Officer King, Mr. Turley or me. This is an important fact in the context of my interview of Petty Officer King.

A viewing of the videotaped interview will, I think, clearly indicate that the interview was in response to Petty Officer King's request, and that certain aspects, such as suicide, were not topics he had expected to discuss. Petty Officer King states when the subject of suicide was approached: "this is not really something that I thought we were gonna...." When the topic is continued, he specifically indicates that he is not feeling suicidal at that time, and had not had any suicidal thoughts since he left Guam. After his episode of upset, during which he left the room for a moment, he specifically indicated that he had no suicidal intent, and "I have to get everything resolved first, for me and my kids." See Pages 12 and 13 of the Turley Transcript.

Before I address the specifics of the complaint, I do want to indicate that I am not an agent. I am a psychologist, who was asked to interview Petty Officer King, at his request, to help determine if he was a candidate for hypnosis. Although generally a suspect in such a case would not be hypnotized, in view of the serious nature of the case and Petty Officer King's stated frustrations, it was appropriate to determine if he was in fact a candidate. The statement by Mr. Turley that I violated Petty Officer King's legal rights is simply wrong.

I am attaching hereto a copy of my records pertaining to Petty Officer King, a copy of the Miranda Warnings of October 19, 1999 at 10:00 A.M., and the Order authorizing the taping of the interview. The Miranda Warnings and taping of the interview were in the context of the criminal investigation, and were beyond my control. I also enclose for your edification a copy of Petty Officer King's request to the Chief of Naval Operations that the videotaped interview be released to CBS 60 Minutes II.

I think the following comments released by the Director of NCIS sets forth the posture of this investigation:

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JUL 06 2001

HC00011662

Response to Daniel M. King's APA Complaint
5800/ Ser 00GA/0114
July 5, 2001

On September 29, 1999, Petty Officer King, who was then assigned to the Naval Security Group, Naval Computer and Telecommunications Station on Guam, took a routine Counterintelligence Scope Polygraph (CSP) examination required for his follow-on assignment to Naval Security Group Activity, Fort Meade, Maryland. The CSP requirement was due to Petty Officer King's knowledge of and potential access to the most sensitive Top Secret Navy operations, the compromise of which could cause grave damage to our national security and potentially endanger the lives of American Sailors. Petty Officer King did not pass the routine CSP. During follow up questioning to determine the reasons for the problems in the CSP, he made statements that he wanted to hurt the Navy because he thought the Navy had been unfair to him. Petty Officer King also said he considered going to Russia to hurt the Navy by revealing sensitive information, and that he had committed serious security violations.

During the following four weeks, while in the presence of NCIS agents but not yet in confinement, Petty Officer King failed multiple additional polygraph examinations, all of which were conducted in accordance with strict Department of Defense guidelines. During this time, Petty Officer King was also interviewed by our investigators. He repeatedly and freely admitted to serious security violations, including mailing a computer disk with highly classified information to a foreign embassy. He admitted to purposefully removing highly classified information from the Navy's control, wrongfully and purposefully destroying highly classified material, and purposefully making unauthorized disclosures of highly classified material.

The manner in which Mr. Turley staged the circumstances preceding the filing of this complaint is obvious. Mr. Turley provided a prepared statement to the Senate Select Committee. He allowed the statement to be posted on the Federation of American Scientists website and in fact references the website in his complaint. The Federation of American Scientists (FAS) is an organization of scientists and intellectuals, who, I believe, have a negative view of the practices used in foreign counterintelligence. In his prepared statement to the Senate Select Committee on Intelligence, (posted on the FAS web site as of **April 2, 2001**, three days before his April 5 letter), Mr. Turley states:

Dr. Gelles has already been notified of our intention to file formal charges against him with the American Psychological Association. Dr. Gelles has refused to give licensing information to the defense or to respond to allegations of violation of basic canons of professional conduct as a licensed psychologist.

These allegations, of my "refusal" to provide information or respond, are made less than ten days after the date of Mr. Turley's initial correspondence to me requesting licensing information. See Mr. Bloch's letter in the addendum to the complaint.

18-D
JUL 06 2001

HC00011662

These statements are followed by inquiries couched by Mr. Turley as efforts to obtain my licensing information. The timing and wording of the letters speak for themselves as to his real motives.

On April 5, 2001, Mr. Turley sent a letter to Dr. Carolyn A. Morrisey, Executive Director of the Washington School of Psychiatry, where I am an instructor, stating that "Dr. Gelles has been informed that he is to be charged with serious violations in the role he played during the interrogation of Petty Officer King." Mr. Turley refers her to his prepared statement before the Senate Select Committee on Intelligence for more details and provides the FAS web site. He goes on to state that "Dr. Gelles participated in one of the most disturbing aspects of the interrogation and a videotape has been secured by the defense which, in our opinion, establishes a host of serious violations." Mr. Turley asks Dr. Morrissey to send to him my "background or vitae".

On April 9, 2001, Mr. Turley sent identical letters to my colleagues, Dr. Charles Ewing, Professor of Law at State University of New York at Buffalo, and Dr. Jon Frederickson, MSW, and Dr. Deborah Blessing, MSW, Co-Chairs, Advanced Psychotherapy Program, Washington School of Psychiatry.

On April 17, 2001, in a press release entitled CHARGES BROUGHT AGAINST NAVY OFFICERS IN THE KING ESPIONAGE CASE, FOUR NAVY OFFICERS AND A NAVY PSYCHOLOGIST CHARGED WITH MISCONDUCT, Mr. Turley provides his version of the October 19, 1999 interview:

> Charges were also filed against Dr. Michael Gelles. Gelles was the individual shown on notorious videotape previously broadcast by CBS Sixty Minutes II and CNN. On the tape, Gelles is shown lying to King to encourage his continuation in interrogations. King was interrogated for 29 days for interrogation sessions lasting 15- 20 hours. King admits on the tape that he has suicidal thoughts and breaks down in the midst of the session. King asks for hypnosis because he can no longer tell the difference between fantasy and reality. A document obtained by the defense shows that Gelles decided that hypnosis was barred in King's case. Yet, on the tape, Gelles tells King that he might give King hypnosis if King goes back into interrogation and gives the agents "corroborating" evidence. Gelles tells King that he and the agents are his friends and will stand by him forever. An emotional and exhausted King agrees to try again. Nine days later, King tried to commit suicide. Gelles has repeatedly refused to disclose the states where he is licensed, an unethical position that has delayed the filing of charges for the revocation of his license to practice. Counsel is still trying to determine where, if anywhere, he is licensed. Charges were filed with the American Psychological Association and charges will be made with relevant state boards.

18-E

JUL 0 6 2001

HC00011662

The press release states that Lead Defense Counsel, Professor Jonathan Turley of George Washington University Law School, submitted an over fifty-page series of charges against Dr. Michael Gelles, Chief Psychologist of the Naval Criminal Investigative Service and released the following statement:

> As for Dr. Gelles, we will vigorously pursue his de-licensing and discipline before state boards, the APA and other venues. Dr. Gelles lied to a sailor in distress to encourage his continuation in abusive interrogations....

The OSI group decided that an oral intercept was to be initiated during the interview that I was to participate in with Petty Officer King. I raised the issue of consent, but they wanted to proceed with the oral intercept. The Special Agents sought the guidance of the Staff Judge Advocate at NCIS Headquarters and a request for a video recording of the interview was processed. It was stated to me that the decision to use an oral intercept was not up to me. The Director of NCIS, who has the legal authority, signed it. NCIS Special Agents from the Tech Support Unit set up the camera and the interview was videotaped. It was and is my understanding that the taping was legally performed.

I was never informed by Petty Officer King or anyone else that Petty Officer King wanted to see a psychologist for any emotional distress or symptoms of depression. Petty Officer King requested to see the NCIS psychologist about hypnosis. The Agents told him I was "the psychologist with NCIS". At the door, I was introduced to Petty Officer King as "Dr. Mike Gelles". In the transcript of the October 19, 1999 interview, it is very clear that Petty Officer King knows that I am there to discuss hypnosis. He brings with him a list of questions about hypnosis, which I try to answer for him. (Turley Transcript pages 2, 14, 15 through 24). While Petty Officer King states in his declaration, attached to his APA complaint, that " When I returned to the United States I asked to see a psychiatrist about my confusion, depression, and my interest in finding a way to unlock memories that the agents said that I had suppressed." (King declaration paragraph 16, page 4), he clearly did not believe that he was coming to talk to me about depression, as evidenced by the following exchange during the interview:

> **Gelles** -- you don't have any experiences, where, since that time where you have been significantly depressive. It is probably an important question given what you described about your mother, did you ever have suicidal thoughts? Have you ever considered suicide.
> **King** -- Yes.
> **Gelles**- You have.
> **King**--- But I'd never do it.
> **Gelles**---Well obviously you didn't.
> **King**—I never even came close. I've had thoughts, but I never....

18-F
JUL 0 6 2001

HC00011662

Gelles—Is that, during the time that you were feeling depressed?
King—Yeah.
Gelles—What did you think about?
King—This is not really something that I thought we were gonna...(emphasis added). (Turley Transcript page 11)

Petty Officer King was surprised by my questions regarding his mental state. I asked the questions as part of my routine hypnosis screening. He expected the discussion to be limited to questions about hypnosis.

I thoroughly explored his suicidal ideation. I respected his moment to take a break and compose himself, when he became upset during this discussion. I got assurances from Petty Officer King that he was not experiencing any current suicidal ideation, plan or intent. Petty Officer King stated he never had any plan or intent. He stated that he had children and that would keep him from acting out any ideation, should he have it again. I reinforced his children as a mitigating factor and he stated he would never do anything and especially until he got closure. I supported his wish for closure.

In the following paragraphs, I will respond to the various specific allegations contained in Section V, "Ethical Violations Committed by Dr. Gelles" in Mr. Turley's Complaint.

1. Violations Of Federal Law And Regulations:

Mr. Turley's legal statement is without basis. The case of *Estelle vs. Smith*, cited by Mr. Turley is inapplicable, as it applies to an involuntary interview. There is a 1986 case that specifically provides that in a voluntary interview such as the one I conducted with Petty Officer King, Miranda Warnings are not required. Nonetheless, as stated earlier, Miranda Warnings were specifically given just prior to the interview. It is important in the context of this allegation, that you remember this was a meeting requested by Petty Officer King to explore his request for hypnosis.

The APA principles referencing respect for the legal rights of patients, is clearly not applicable to this case. I never violated, nor was responsible for the legal rights of Petty Officer King.

To suggest, at the conclusion of this Section 1, I was acting outside of the scope of my capacity, is totally without support. Mr. Turley in this instance is arguing about the appropriateness of the Navy providing the requested interview to Petty Officer King. Since I was qualified to do the screening, was an employee of

18-G
JUL 0 6 2001

HC00011662

NCIS, the organization that was conducting the investigation, and was specifically responding to a request by Petty Officer King within the context of that investigation, my role was clearly within the scope of my employment.

2. Working As A Clinical Psychologist Without Proper Licensing or Authority:

I do not know on what basis Mr. Turley suggests that I am not authorized to act as a psychologist in my employment with the federal government. I am currently and was at the time, licensed by the state of Maryland. The later suggestion by Mr. Turley that the Navy and NCIS would be in a disagreement regarding the appropriateness of my interview is totally without factual support. As a licensed Maryland psychologist, I am permitted to function as a psychologist within the federal system.

With regard to the absurd manner in which Mr. Turley raises my "refusal" to disclose my licensing information, I refer you to Mr. Bloch's letter of April 13, 2001, which is attached to the Addendum to the Complaint. I will also state that in contacting the Board of Examiners of Psychologists in Maryland, it was easily determined that "Michael G. Gelles" is licensed in the state of Maryland. The statement by Mr. Turley "that a "Gelles" is licensed in Maryland, but we are still pursuing confirmation that it is the same Dr. Gelles", indicates that he had no intention of determining that it was me.

3. Failure To Reveal Conflicts Of Interest In Working As A Clinical Psychologist:

This argument is predicated on the misstatements in Section 1 of any alleged violations. Petty Officer King requested this interview. I was not in "a (sic) interrogation or investigative function." I was screening Petty Officer King to determine whether or not hypnosis would be an appropriate avenue for him. He was already warned of his Miranda Rights. I know of no basis on which I would have been called as witness to testify against Petty Officer King. If Petty Officer King did not want to see a Navy/NCIS affiliated psychologist, he could have so requested. There is no guarantee that that request would have been honored. Petty Officer King was well aware that this interview was being conducted in the presence of and under the jurisdiction of the agents investigating his alleged espionage. They were present in the room during the entire interview. I was not serving in two capacities, as my only role was advising NCIS, and in this instance assisting NCIS in determining whether or not Petty Officer King was a proper subject for hypnosis. Moreover, the screening was to answer questions, which were specifically brought by Petty Officer King to the interview.

18-N
JUL 06 2001

HC00011662

4. Harming A Patient Through Psychological Treatment:

This was an interview requested by Petty Officer King regarding hypnosis screening. This was not an evaluation or therapeutic treatment session for Petty Officer King. In reviewing family history, it was revealed that Petty Officer King had had suicidal ideation. I was surprised because a comprehensive review of his military medical record, as well as contact with other colleagues, within the government, who worked at agencies where Petty Officer King may have received services, was unremarkable for any mental health issues. When I was presented with the suicidal ideation during the screening, I took reasonable steps to fully evaluate his ideation and potential for suicide, and I attempted to ensure Petty Officer King's safety and psychological well being. I fully explored his past and present suicidal ideation, and repeatedly informed the Special Agent in charge and the Agents involved in this case about his suicidal ideation as it related to the stress of the interviews. I offered precautions to ensure safety while in protective custody well beyond my interview on October 19, 1999. I also offered an oral briefing following the interview and wrote a case file note that is documented in the case file.

I am advised that approximately 10 days later, Petty Officer King went to a drawer and put a knife in his hand in the presence of a female agent. She grabbed his hand and he dropped the knife. He later told a different agent that he just wanted the agent who had been with him "to comfort him." This was information given to me in the course of this investigation. Contrary to the statements made by Mr. Turley, Petty Officer King clearly indicated during the interview that he did not think he was having current suicidal thoughts, and clearly did not believe that he was going to follow through with any such thoughts even if he had them. At no time, following our interview of October 9, 1999, am I aware that Petty Officer King ever requested further communication with me or any other mental health therapist.

At no time was I using my position to suggest to Petty Officer King that he continue with or "reduce his resistance of interrogation". My only indication was that in order for us to consider hypnosis any further, he would have to provide "anchors" (which were corroborative) of dates, times or specifics related to the general information he was giving me during the interview. After evaluating Petty Officer King's statements regarding suicide and depression, I saw no reason to suspend the interview, nor did I see any specific need for further evaluation of these issues. As stated above, I advised the agents involved.

18-I

JUL 0 6 2001

HC00011662

As a footnote, I point out that there was nothing I could do to have "stopped" this investigation or the interrogation of Petty Officer King. Not only was my role limited to this interview and overall consultation, but the authority for a criminal investigation rests with the proper authorities, not with me as a psychologist.

5. Offering False Or Misleading Information To A Patient To Achieve Non-Treatment Objectives or Goals:

I will not repeat the inaccuracies and misstatements made by Mr. Turley in his Complaint, but simply repeat that I made no false or misleading statements to Petty Officer King. The purpose of this interview was not "pursuit of a non-treatment, extrinsic objective: to seek the release of further incriminating or corroborating information from the patient." This was an interview for the sole purpose of examining Petty Officer King's request for hypnosis. I was not performing multiple or conflicting roles in this interview. To my knowledge there was no misuse of any information gleaned from this interview, as there was no "new" information revealed that was relevant to the investigation of the criminal activities of Petty Officer King.

6. Failure To Act In the Best Interest Of A Patient:

Petty Officer King was not a patient of mine. This was an evaluative interview designed to answer questions raised by Petty Officer King. He came to the interview with a list of questions he had prepared. I already had reservations regarding hypnosis prior to the interview, based on the difficulty he was having recalling specific times and places, which would be necessary for hypnosis. This was compounded by my sense that he was suggestible. I determined that he was not suitable for hypnosis and wrote a memo the following day in as brief a manner as possible. Although I stated it was because he was a subject of an investigation, this alone was not the sole reason, since suspects and defendants have been hypnotized in the past. During the course of the interview, I was supportive and empathetic. When confronted with the issues of depression and suicidal ideation, I explored them appropriately, and assured myself that Petty Office King was not so inclined. Obviously, this was considered in the context of this investigation of alleged espionage by Petty Officer King. I repeat that I wrote a note to the file, and in both orally and in writing voiced my concerns regarding his potential for self destructive acts and his suggestibility and vulnerability to coercion and a false confession. However, this was a national security

18-J

JUL 06 2001

HC00011662

investigation, in which Petty Officer King had made allegations that the Navy believed could put the lives of hundreds, if not thousands, of soldiers and sailors at risk.

I did not encourage Petty Officer King to give "corroborating evidence". I advised him that he needed information that would corroborate his timeframes and serve as anchors if hypnosis was going to be considered.

It is also my understanding that in the days after the interview, Petty Officer King was "happy and cheerful", and was not reported to be in any distress. A review of the tape will indicate that Mr. Turley's scenario of suggestive action on my part is totally taken out of context.

7. Misuse Of Influence Over A Patient:

This appears to be a repetition of the earlier allegations. I identified myself as a psychologist working with the agents. I was at the interview at Petty Officer King's request to screen him for hypnosis. I did not suggest to Petty Officer King that he provide evidence to the agents.

8. Violations Of The Confidentiality And Privacy Rights Of A Patient:

As stated above, Petty Officer King was interviewed with both agents physically present in the room and they were referred to on several occasions. Petty Office King was well aware that this interview was being conducted at his request for the specific purpose of discussing hypnosis. He had been previously advised of and waived his Miranda rights. The interview was taped at the direction of NCIS and legal authority. I was informed and directed by agency counsel that I would be required to interview Petty Officer King in this manner. This was not a private therapy session, and was taped in accordance with applicable federal law. This was not an interview to discuss "possible abuses or coercion in interrogation." Mr. Turley attempts to suggest that Petty Officer King requested this interview for a purpose other than hypnosis screening. Assuming, for the purposes of this discussion, that legal abuses by other government personnel occurred, it was not my role to advise Petty Officer King of any rights of his or obligations of the Navy or NCIS.

18-K
JUL 06 2001

9. Failure To Properly Define An Organizational Role To Avoid Violations Of Ethical Standards:

Petty Officer King was fully advised of my role. He asked to see a psychologist or psychiatrist on several occasions for the purpose of discussing hypnosis. He was told for whom I worked before this interview, and I also advised him. The second paragraph of this Section clearly indicates that Mr. Turley's goal is to eliminate the use of psychologists within NCIS.

10. Refusing To Respond To A Former Patient's Inquiry As To Licensing Information To Prevent Formal Charges From Being Filed With State Psychological Boards:

This suggestion is well answered by Mr. Bloch's letter of April 13, 2001 and the discussions above. Upon receiving Mr. Turley's threatening letter, I immediately contacted legal counsel. Upon the advice of counsel, I did not respond to Mr. Turley, and waited for my attorney to act in his best judgment. It is inconceivable to me that Mr. Turley could not have determined from the Maryland Board of Examiners of Psychologists that I was licensed in Maryland. My name, as a licensed psychologist, is given freely upon telephone inquiry to the Board.

Mr. Turley wrote a threatening letter to me, faxed it to an open machine at NCIS, demanded my licensing information, and requested that I advise him in writing if I refused to give it to him. As stated before, I relied upon advice of counsel. When he did not hear from me, he faxed a letter on April 5, 2001, insisting on a response by 5:00 P.M. on that same date. I did not even see that letter until the next day. Nonetheless, I would not have responded, and believe that Mr. Turley was setting the stage for his blatant misstatement that I "refused" to provide the licensing information. He had already prepared his statement to the Senate Committee, which was posted on the FSA website. His letters to my colleagues, under the guise of requesting licensing information, were also clearly intended to impugn my integrity and reputation, and to somehow substantiate his statements that I refused to disclose the information. As noted above, this is easily obtainable public information. Mr. Turley admits he called the District of Columbia and Virginia Boards, as well as the Maryland Board. Nonetheless, this information was provided within a couple of weeks, which is clearly not unreasonable in the context of the seriousness of his allegations, the nature of the interview, as well as the nature of the public campaign carried on by Mr. Turley.

18-L

JUL 0 6 2001

HC00011662

In conclusion, I suggest that Mr. Turley's Complaint (allegedly on behalf of Petty Officer King) is totally without merit. His intention is to attack both me and my colleagues as forensic psychologists consulting in the intelligence and espionage fields, and somehow establish the basis for a lawsuit. Mr. Turley's intent, as stated in his letter, is to get me "de-licensed" and eliminate me as a government consultant/employee and resource in forensic psychology.

Please advise me if you are in need of any further information or clarification of any of the matters herein. Please also note that I am represented by Richard Bloch, Esquire, Shiling, Bloch & Hirsch, P.A., 600 Baltimore Avenue, PRIVACY REDACTION Towson, Maryland 21204-4022; phone PRIVACY REDACTION I would appreciate it if you would provide a copy of all correspondence to Mr. Bloch.

Very truly yours,

Michael G. Gelles, Psy.D.

cc: Richard Bloch, Esquire

18-M

JUL 0 6 2001

HC00011662

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

May 8, 2001

CONFIDENTIAL

PRIVACY REDACTION

VIA CERTIFIED MAIL PRIVACY REDACTION

Michael G. Gelles, Psy.D.
PRIVACY REDACTION

Dear Dr. Gelles:

This office has received the enclosed ethics complaint made against you by Daniel M. King. After a review of the complaint materials, we have decided to open a Preliminary Investigation to seek more information prior to deciding whether to open a case or to close the matter. (See Rules and Procedures, Part V, Section 5.3.) Please note that were we to open a case, there would be no presumption that an ethics violation occurred.

Please provide us with any information that will help us understand the situation and make a determination whether or not to open a case. When you respond, please submit a copy of your current resume including a description of your formal education, any supervised clinical education, and any continuing education. Please note that any information or documentation that you provide or cause to be provided to the Ethics Committee can be used as evidence pertaining to this matter.

We are enclosing the Ethical Principles of Psychologists and Code of Conduct as well the APA Ethics Committee's **Rules and Procedures**. **Although this is not an ethics case at this time, the Rules require a response from you personally and in writing within 30 days of your receipt of this letter.** (See Rules, Part II, Section 8.2.) The Rules provide that you may not resign your membership in the Association until this matter is resolved. (See Rules, Part II, Section 5.4.)

We would be glad to answer any questions you have about our ethics process. We discuss general procedural questions by telephone but address questions concerning specific complaints only in writing.

Thank you for your cooperation.

Sincerely,

Deborah Carliner

Deborah Carliner
Ethics Investigator
Office of Ethics

Enclosures

Complaint Form and related materials
Ethics Code
Rules and Procedures
Information for Members Responding to Ethics Complaints

12

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FORMAL ALLEGATIONS OF MISCONDUCT

AGAINST

DR. MICHAEL GELLES

CHIEF PSYCHOLOGIST

NAVAL CRIMINAL INVESTIGATIVE SERVICE

TABLE OF CONTENTS

I. INTRODUCTION.....2

II. BACKGROUND.....4

III. THE PSYCHOLOGICAL SESSION.....11

IV. RELEVANT ETHICAL PROVISIONS.....26

V. ETHICAL VIOLATIONS COMMITTED BY DR. GELLES.....29

1. Violations of federal law and regulations.....29

2. Working as a clinical psychologist without proper licensing or authority.....32

3. Failure to reveal conflicts of interest in working as a clinical psychologist.....34

4. Harming a patient through unethical or unlawful psychological counseling or treatment.....36

5. Offering false or misleading information to a patient to achieve non-treatment objectives or goals.....40

6. Failure to act in the best interest of a patient.....42

6-3

APR 2 4 2001

7. Misuse of influence over a patient.....43

8. Violations of the confidentiality and privacy rights of a patient.....45

9. Failure to properly define an organizational role to avoid violations of ethical standards.....46

10. Refusing to respond to a former patient's inquiry as to licensing information to prevent formal charges from being filed with state psychological boards.....47

VI. REQUESTED RELIEF.....48

VII. CONCLUSION.....49

I. INTRODUCTION

In conjunction with the formal complaint form submitted by Petty Officer Daniel M. King and his legal representative, Professor Jonathan Turley of George Washington University Law School, the following detailed account of material facts and specific charges is submitted to the American Psychological Association (APA) as the basis for formal allegations of misconduct against Dr. Michael Gelles, Chief Psychologist, Naval Criminal Investigative Service (NCIS). In addition to this supplemental statement, other supporting information has been attached, including an affidavit from Petty Officer King (see Enclosure 1), a

6-4

APR 2 4 2001

transcript of a video of the psychological session in question (see Enclosure 2),[1] a memorandum from Dr. Gelles related to the session (see Enclosure 3), and letters sent to Dr. Gelles regarding these charges and his refusal to disclose the State, or States, in which he is licensed. (See Enclosure 4). Additionally, the original video of the psychological session has been enclosed to allow for visual review.[2]

Petty Officer King and Professor Turley are submitting this record in support of at least ten distinct violations of the ethics standards governing members of the APA. These violations include knowingly false and misleading information supplied by Dr. Gelles to convince King to continue his interrogations and to supply corroborating evidence to the NCIS. We respectfully submit that these charges are extremely serious and warrant expulsion from the APA, pursuant to Section 11.3 of the APA's General Operating Rules. We also believe that these violations further warrant a cease and desist order, pursuant to Section 12.1 of the APA's General Operating Rules, at the earliest possible time to prevent further harm to other sailors and Marines under interrogation or custody.

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1 Some of the transcribed language cited in this statement has been italicized on the transcript.

2 For those individuals reviewing this video, the tape begins with a significant period during which Dr. Gelles is sitting alone in the hotel room waiting for Petty Officer King to be brought into the room. A camera was set up in advance without Petty Officer King's consent and was running before his arrival.

6-5

APR 24 2001

II. BACKGROUND

The facts of this case are extremely disturbing and go beyond the misconduct of Dr. Gelles. The facts will not be fully presented in the interests of efficiency and materiality. However, three full accounts of the case were presented to the Senate Select Committee on Intelligence in a hearing on this case. This testimony is available on the Internet at www.fas.org/irp/ops/ci/king.[3]

It is important for the APA to have some general background on the case and the context in which this session with Dr. Gelles occurred. This entire case began when Petty Officer King took a routine polygraph on September 29, 1999 and the polygrapher recorded a "no opinion" result.[4] This is an extremely common result that simply means that the test cannot be read to establish truth or falsity. The test results should not have caused alarm and a simple polygraph reexamination should have been scheduled. Instead, the NCIS lied to Petty Officer King and told him that he had "failed the espionage questions on the examination. He was immediately informed that he was suspected of being a "spy" and, when he denied any espionage, the agents continued to interrogate him as a suspected spy. On this

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[3] In addition, CBS Sixty Minutes, CNN, and National Public Radio have long independent accounts of the case and the abuses by the Navy.

[4] As a point of comparison, both military lawyers assigned to the defense in this case received the same "no opinion" results on their first polygraph examinations for this case. Rather than initiate interrogations that would elevate

first day, Agent Robert Hyter specifically pressed King for any "fantasies of espionage." King readily admitted that he had such prior fantasies in his 20-years of intelligence work. Ironically, in a recorded deposition by the defense, Hyter later admitted that he also had such espionage fantasies, as did anyone working in this field. Hyter recorded these fantasies in a typed statement and had Petty Officer King sign the statement. Hyter also had King attest that there were times (years earlier) when he was angry with the Navy. The NCIS now had a statement that elevated espionage as the central issue in the investigation despite that fact that in the September 29, 1999 statement, King expressly stated that, while he had had such fantasies, he never engaged in such conduct. Within twenty-four hours, therefore, the NCIS had created statements that supplied a justification to continue the espionage investigation. The "no opinion" polygraph now had a sinister look due entirely to the chosen emphasis of the interrogator. The NCIS had created a damning context for reviewing any polygraph examinations: an angry sailor who fantasized about espionage.

On the second day, interrogations were increased with a heavy emphasis on espionage. Between such interrogations, Petty Officer King was put through a series of polygraph examinations with new questions beyond those used for a

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responses on the next examination, they were simply given additional

6-7

APR 2 4 2001

Counterintelligence Scope Polygraph (CSP) examination. Once again, the results came up indeterminate and King was further interrogated and polygraphed. The NCIS is heard on audiotapes lying to King that he "failed" tests that came up "no opinion." King clearly believes such lies and is heard moaning "Oh my god, oh my god" when he hears that he had failed another test.

In later polygraph examinations, the NCIS recorded signs of deception.[5] However, in three of the five polygraph sessions, Petty Officer King continues to register "no opinion" results. The agents again had Petty Officer King sign a statement about his fantasies. Petty Officer King once again denied that he ever committed espionage or had foreign contacts.

Within a couple of days, the NCIS had begun a full-fledge espionage investigation. Agents were flown to Guam from around the country. Teams proceeded to do tag-team interrogations and Petty Officer King was taken into custody and moved from safe house to safe house. In these safe houses, the lights were left on at night while agents blared the television or caused the telephone to ring every couple of minutes as King tried to sleep. Interrogations would last 15 hours to 20 hours at a stretch. King would be interrogated for 29 days. On

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examinations and passed.

6-8

APR 24 2001

October 2, 1999, King continued to deny any espionage in a written statement. However, the NCIS has added specific facts surrounding his anger with the Navy. Once again, the NCIS was creating a narrative that justified its emphasis on espionage while continuing to polygraph a sailor who is now terrified of the implications of these examinations. Professional police organizations are careful to avoid such self-fulfilling investigations and Department of Defense (DoD) regulations prohibit such practices. The NCIS, however, was now looking for a spy and never looked back to determine whether it had artificially framed the case.

On October 5, 1999, Agent Stuart Wilson, first stated that King had sent a disk to the Russian embassy. King had never mentioned any disk being used in any act of espionage. He had consistently denied any espionage. King asked to speak with a lawyer. Wilson told him that "he would not get away with that" and stated that he ate "JAG lawyers for breakfast." Written documentation proves that King requested a lawyer at least twice but the NCIS refused and continued interrogations and polygraph examinations. However, King's requests were unconstitutionally denied by NCIS agents.

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[5] Counsel for Petty Officer King has experience in such cases and sought the actual polygraph print-outs for independent review. The NCIS has refused despite the fact that such print-out do not reveal classified information.

6-9

APR 24 2001

King is also heard on audiotapes asking to sleep but being told by an agent to continue. Before polygraph examinations, agents state on these tapes that King is obviously "fatigued," "tired," and upset.[6] The interrogation continued for more than 19 hours. At the end of the session, King signed a statement at 3:30 a.m. on the morning of October 6, 1999. He had been interrogated for 30 out of the prior 39 hours. This was the statement that the government used as the basis for the espionage charge in this case.

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[6] This is in direct violation of procedures for polygraph examinations. DoD regulations expressly state that, before any polygraph examination is administered, agents must "[e]nsure that the person to be examined has not been subjected to prolonged interrogation immediately before the polygraph examination." See DoD Polygraph Program, DoD Directive 5210.48-R, January 1985 at 2-1. The DoD regulations expressly state that examiners should forego examinations if there is any doubt that the individual "is physically or mentally fit to be tested." Id. at 2-2. "In these instances, the examination shall be discontinued or postponed until appropriate medical, psychological, or technical authorities have declared the individual fit for testing." Id. This rule is repeated throughout the DoD guidelines:

> Persons who are not in sound physical or mental condition will not be subjected to a polygraph examination. Should the examiner or examinee have any doubt as to the physical or mental fitness of the examinee, the matter shall be referred to medical authorities. An examiner shall not attempt to make a psychological or physical diagnosis of an examinee.

Id. at 3-3; see also id. at 3-4 ("Polygraph examinations shall not be conducted if . . . the examinee is mentally or physically fatigued [or if] the examinee is unduly upset, intoxicated, or rendered unfit to undergo an examination because of excessive use of sedatives, stimulants, or tranquilizers.").

6-10

APR 24 2001

The King case was ultimately thrown out by a Navy military judge. Judge Winthrop's opinion is notable in reviewing the tape of Dr. Gelles because he specifically notes that the Navy searched for and failed to find any "corroborating evidence" of guilt, one of the issues on the tape. Judge Winthrop specifically rejected statements that the evidence in this case was "strong." He stated in his opinion, "I don't believe the government evidence on any of the charges in this case is strong. On the other hand, the defense evidence in extenuation and mitigation is significant." Notably, Judge Winthrop was not speaking of the evidence needed to convict in this case. He was speaking of the minimal evidence needed to bring a charge.

The function of an Article 32 hearing is to determine if the evidence in a case is sufficient to meet the minimal standard of probable cause to support a formal charge. Judge Winthrop stated that the evidence in this case fell short of this standard and that there was no need to continue the proceedings in light of the lack of sufficient evidence. He specifically noted that the signed statement in the case was contemporaneously contradicted and appeared coerced. Judge Winthrop further noted that such a statement would require corroboration to be admissible – even if it were not barred on the basis of interrogation abuses by the NCIS. He noted that no substantive corroborative evidence was offered in

the case. Judge Winthrop noted the reliance of the government on a log and said that claims that the log was corroborating evidence did not even meet a "slight" corroboration standard. Judge Winthrop expressed doubt that, even if the statement was found to be voluntary, "I question whether the mere existence of the daily log provides independent evidence of an 'essential fact' of the confession, i.e., the act of espionage."

Thus, the King case turned exclusively on a single statement that the court would ultimately reject as likely coerced and clearly contradicted. In order for a confession to be used in court, the government must show that it is not only voluntarily but supported by independent corroborative evidence. The NCIS literally had nothing but that confession. The tapes show that the NCIS was determined to force more information out of Petty Officer King over the course of 29 days of interrogation. It was essential for the NCIS that Petty Officer King give them corroborating evidence or they would face another public scandal over its competence and tactics. The NCIS has been repeatedly charged with abusive and unconstitutional behavior, including congressional investigations and countless formal charges. By the time that King was returned to the United States, these agents were facing another controversy and continued to press King for any corroboration of espionage.

6-12

APR 2 4 2001

This search for corroboration would ultimately lead King and the agents to Dr. Michael Gelles.

III. THE PSYCHOLOGICAL SESSION

When Petty Officer King was scheduled to meet with NCIS Chief Psychologist Dr. Michael Gelles, the NCIS was in serious trouble in its effort to make a case against King. By the time of the interview, the NCIS decided to proceed with the case, which would be ultimately charged as a death penalty prosecution. Ultimately, the Navy proceeded with the prosecution based solely on the signed statement. However, as indicated by Judge Winthrop, this statement was facially inadmissible given the denial of counsel, the evidence of coercion, and the contemporary denials by King. Even with a valid confession, no statement is admissible without corroborating evidence. Accordingly, the NCIS continued to hold and interrogate King for 29 days. These marathon interrogation sessions often involved continued affirmative statements by NCIS agents that they "knew" that King was guilty. The NCIS repeatedly lied to King about failing polygraph examinations and convinced him that polygraph examinations are entirely accurate. These agents further convinced King that, if he failed polygraph examinations, it proved that he had done something that he was suppressing. At the same time, the agents continued to get King to repeat and

6-13

APR 24 2001

expand on past fantasies and dreams until he repeatedly stated that he could not distinguish between the two. He then asked to speak to a "psychiatrist."

In response to that request, on October 19, 1999, Dr. Gelles met with King after he had been in custody for 17 days without a lawyer.[7] This meeting occurred in the Homewood Suites Hotel in Arlington, Virginia where King was being held without access to counsel during continued interrogation. Dr. Gelles arrived before King and, with NCIS agents, set up a camera to film the entirety of the session. King was never informed of the taping and never gave his consent to the taping.

On the videotape, King enters the room with two agents, Agent Stuart Wilson and Agent Helen Sherry, who would be later accused of some of the most serious abuses in the case. Agents Wilson and Sherry remain in the room during session, off-camera. Dr. Gelles acknowledges that he has been fully briefed on King's case and interrogations by the agents. Dr. Gelles identifies himself as a "clinical psychologist" and specifically stresses that he is not an agent. (See, e.g., Gelles: "you understand being a doctor, that I am not an agent and I am doctor.") Dr. Gelles repeatedly refers to himself as "the doctor" or "the doc" and states that he is there to "help" King. Ultimately, Dr. Gelles spoke with King about a range

6-14

APR 2 4 2001

of issues, including his suicidal tendencies, his depression, the facts of his case, his continuation in interrogation, his desire for hypnosis, and his relationship with his interrogators. Dr. Gelles would later produce an evaluation of King's psychological status after this one session.

In the course of this session, Dr. Gelles repeatedly lies to King about critical facts. For example, Dr. Gelles asks King a number of questions about King's actions on the express justification that he was determining if King was a suitable candidate for the hypnosis that King was seeking. Dr. Gelles had already been briefed on the case and documents show that Dr. Gelles was not willing to give King hypnosis. In one document, Dr. Gelles states that King's status as a suspect in an espionage case was a complete bar to any hypnosis. Yet, Dr. Gelles told King that, if he gave "corroborating" information to the agents, Dr. Gelles might give King the hypnosis that he was seeking. Dr. Gelles never tells King that hypnosis is contraindicated for individuals in King's position and that he never had an intention to give hypnosis in the case.

Dr. Gelles uses the pretense of a hypnosis evaluation to ask King a variety of potentially incriminating questions regarding the alleged acts of espionage as King is being secretly videotaped. Moreover, in the course of the session, Dr.

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[7] Military courts held that King was in custody from October 2, 1999 to the

6-15
APR 2 4 2001

Gelles never revealed that (1) anything that King states in the session can be used against him; (2) King is being videotaped; (3) Dr. Gelles is legally identical to "an agent" under constitutional criminal law and is paid to assist in such investigations; (4) Dr. Gelles can be called to testify against King at his trial; (5) his statements are not covered by traditional doctor-patient privilege and are not confidential; and (6) King can see a psychologist who is independent of the NCIS and without any conflict of interest. Under federal law, Dr. Gelles was required to read King his Miranda rights. See, e.g., Estelle v. Smith, 451 U.S. 454 (1981); Brown v. Butler, 876 F.2d 427 (5th Cir. 1989). He did not do so and, as a result, King was never given material information as to Dr. Gelles' true role as an extension of the NCIS investigation. Dr. Gelles never explained his conflicted role in serving as a clinical psychologist and continued to suggest that there was a distinction between him and the NCIS agents.

Soon after the session began, King reveals that he has had recent suicidal thoughts. King tells Dr. Gelles that he had long considered suicide and specifically considered various methods "everything from slitting my wrists to taking aspirin like my Mom to jumping off a building to putting a gun in my mouth and shooting." King stated that he had had such thoughts in the last few days before

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day of his release – 520 days later.

6-16

APR 24 2001

he left Guam. King also said that he was tired and had trouble sleeping. Dr. Gelles explained that King felt such impulses because "obviously you are feeling troubled about a lot of things" and that King needed closure. Shortly after speaking of his suicidal issues and his confusion over reality and fantasy, King broke down and had to leave the room. When King returned, he told Dr. Gelles that he would not commit suicide until he got "this whole thing resolved first." Dr. Gelles notes that King's suicidal inclinations clearly included such thoughts "in the last two weeks" and that he had "a lot of active ideas, lot [sic] of ideas" in how to commit suicide. Yet, Dr. Gelles would ultimately advise King to continue with his interrogations and would file a report with the Navy that King "did not demonstrate any behavior consistent with a psychosis or a delusion. He denied any current suicidal ideation but has referenced suicide as an option in response to a 'confession'."

Nine days after Dr. Gelles encouraged King to continue with his interrogations, King grabbed a kitchen knife and was about to plunge the knife into his chest when an agent rushed over and struggled the knife away from him. Even after this suicide attempt, King never spoke to Dr. Gelles after the October 19, 1999 session or any psychologist or psychiatrist.

6-17
APR 2 4 2001

During the session, King repeatedly raised with Dr. Gelles that he had lost the ability to distinguish between fantasy and reality. Despite the fact that the agents are obviously a likely cause or contributor to such confusion, Dr. Gelles allows the agents to remain in the room as he probes the source of such confusion. King reveals his mistaken belief that the polygraph examinations show that he had suppressed some memory. He states that "I want to be able to recall stuff that according to the polygraph I have inside of me." Dr. Gelles never corrects King about his view of polygraph examinations or informs King that many professionals doubt the accuracy and reliability of such tests. See. e.g., Psychologists Surveyed on Lie Detectors Say Most Are Not Valid: Not Scientifically Sound and Can Be Easily Deceived, APA News Release, June 10, 1997. Instead, he allows King to proceed on the false assumption that past polygraph examinations must indicate that there is something to reveal.

King states that he wants hypnosis or sodium pentothal to bring out any suppressed memories. King states that he cannot remember any details and that he thought that "hypnosis or drugs could help me if it is a suppressed memory" and that such treatment might "unlock suppressed memory." Dr. Gelles admits that he was told to expect this request. (See. e.g., Gelles: "that is kind of what I anticipated what we'd talk about.") King reveals that he has no memory of any

6-18
APR 2 4 2001

espionage while his other memories remain perfectly clear and that he has not historically had problems in remembering past events. Dr. Gelles does not state or even intimate that this may be due to the fact that the events did not occur. To the contrary, Dr. Gelles is often condescending and belittling in responding to King's questions.[8] In fact, when King raises the obvious possibility that these may be false memories, Dr. Gelles virtually rules out that possibility with a long definition of false memories that is confined to cases of long periods of therapy and allegations of incest or sexual abuse. Dr. Gelles specifically says that such cases are different from King's and leaves the obvious impression that there is little likelihood that King would be experiencing false memories.

While actively exploring the possibility that King had suppressed memories of acts of espionage, Dr. Gelles belittles any notion that these memories could be false or the result of the long interrogations. Obviously, there was every reason to believe that these tactics could produce such lingering false memories and certainly elevate responses on polygraph examinations. The NCIS had required

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[8] Some of Dr. Gelles' statements are rather bizarre if not comical. For example, Dr. Gelles is shown throughout the tape in a virtual continual movement of shifting, adjusting his tie, pulling up his socks. Suddenly, however, Dr. Gelles stops and interrupts King when King is trying to tell him about the stress that he is under. As discussed below, Dr. Gelles interrupts and says to a comparatively still King that he notices that he moves around a lot when he is nervous and that, in Dr. Gelles' "professional" judgment, such movement is quite telling.

6-19

APR 2 4 2001

King to continually write down fantasies and sign them as statements. The NCIS required King to discuss various ways that he could have used his position to commit espionage. Dr. Gelles never informs King that, due to weeks of interrogation sessions lasting as long as 20 hours, it is distinctly possible that King never committed such acts and did not suppress any memories. Instead, Dr. Gelles continues to suggest that he might give King hypnosis to unlock such memories if King gave corroborating evidence to the agents (despite the fact that this was never a possibility).

In reality, it is well-documented that false confession cases are sometimes based on false memories. False confessions occur every year in this country and perfectly innocent people have confessed to crimes that they did not commit.[9] False confessions can occur as an attempt to escape a coercive interrogation (the so-called "stress-compliant" false confession) or when "a suspect has no memory

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[9] For example, individuals like Robert Moore confessed in 1995 to felony murder in a case that was billed as a death penalty prosecution until it became obvious that the confession was entirely false. See generally, James R. Agar II, The Admissibility of False Confession Expert Testimony, 1999 Army Lawyer 26 (1999). Experiments with innocent individuals have shown that they could be forced to confess under the right circumstances. Id. at 28 (discussing a study done with 75 college students). Sixty false confession cases were detailed in Richard J. Ofshe & Richard A. Leo, The Social Psychology of Police Interrogation: The Theory and Classification of False Confession, 16 STUD. IN L. POL. & SOC'Y 189 (1997).

6-20 APR 24 2001

of a crime, yet he readily admits that he committed the crime and adopts a sincere belief that he is guilty," (the so-called "persuaded" false confession).[10] King was the perfect candidate for a persuaded false confession due to his personality, psychological status, and the conditions of the interrogations. Yet, Dr. Gelles never even suggests the possibility that these memories may be false or that King was putting too much reliance on the result of the polygraph examinations. To the contrary, Dr. Gelles does everything that he can to encourage King to continue in interrogation to unlock suppressed memories.

As mentioned above, there was never any chance that King would be given hypnosis. In documents obtained by the defense, Dr. Gelles clearly states that hypnosis could not be administered to an individual who was a likely defendant in an espionage case. In an October 20, 1999 memorandum, see Enclosure 3, Dr. Gelles states that "[d]ue to [King][11] being the subject of this investigation, a forensic hypnotic interview was contraindicated."[12] Of course, Dr. Gelles knew

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10 Richard J. Ofshe & Richard A. Leo, The Decision to Confess Falsely: Rational Choice and Irrational Action, 74 Den. U. L. Rev. 979, 999 (1997), see also Agar, supra (discussing these studies).

11 The code name used for King in some of these documents is "Regal Falcon."

12 What is intriguing is that, not only did Dr. Gelles lie to King in this session, his memorandum contains false information to the Navy. Dr. Gelles assures the Navy that his interview with King was "conducted on October 19, 1999, at a secure setting in the Washington, D.C. area." In fact, the interview was held in a hotel room that would not be considered, under any professional definition, to be a

6-21
APR 24 2001

that King was "the subject of this investigation" before the session. Yet, in this session, Dr. Gelles uses King's desire for hypnosis to get him to discuss the facts of the case and as an incentive to both continue in interrogation and to give "corroborating" facts to support the charges. For example, Dr. Gelles falsely tells King that he needs to ask him some questions to "try to see what it is that may make you a candidate or not make you a candidate." Yet, Dr. Gelles admitted that King was never a candidate due to the threshold fact that he was a suspect in an espionage case, a case on which Dr. Gelles admitted that he was previously briefed. Dr. Gelles repeatedly turns to hypnosis as a tantalizing way to unlock suppressed memories plaguing King. Dr. Gelles tells King that the only way to get "closure" and "peace" is by working with the agents to produce more specific facts relating to the espionage allegation. He advises King to go back into interrogation and "corroborate" the prior statements and give the agents specific locations, dates and other information that Dr. Gelles calls "anchors." Once King supplied such information, Dr. Gelles falsely told King that he might be inclined to give King the hypnosis that he requested.

"secure location." This expression in an espionage case is used to refer to a Sensitive Compartmented Information Facility (SCIF). A SCIF is a specially constructed and certified room that is secure from any possible penetration by foreign intelligence.

6-22
APR 24 2001

After telling King that he should continue interrogation and offer corroborating information as a precondition for hypnosis, Dr. Gelles notes that King looks "frustrated and troubled" at the end. However, Dr. Gelles assured King that, if he could, "get those anchors, we could talk." Dr. Gelles was openly lying to a patient to induce his cooperation with interrogation.[13]

Not only does Dr. Gelles dangle out the false possibility for hypnosis for cooperation from King, he actively encouraged King to entirely trust these agents. Dr. Gelles spared no effort to reinforce the false impression that the two agents were King's friends and would be for life. Dr. Gelles assured King that he should not hesitate to share corroborating information with him or the agents because neither Dr. Gelles nor Agents Wilson or Sherry would "pass judgment" on his conduct.[14] Dr. Gelles told King that King "tend[s] to maybe blow things out of proportion" and that he needed to rely on the special relationship that he had with Agents Wilson and Sherry and himself. Dr. Gelles told King that no matter what happened "relationships are more solid then anything else in the world and we'll stick with you." Dr. Gelles repeatedly stressed that King could trust Agent Wilson

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[13] It is noteworthy that Dr. Gelles encourages King to give such corroboration despite his stated belief that King was actively considering suicide "suicide as an option in response to a 'confession'."

[14] This statement comes almost directly out of the NCIS manual for interrogations.

6-23
APR 24 2001

and Agent Sherry. He told King that King had "a nice relationship" with the agents and that they are "good people." King agreed and said that he expected the agents would still be his friends in twenty years. Dr. Gelles supported this ridiculous delusion by telling King that "they care a lot about you" and that "I think you should form relationships like this . . . they stick with ya."

While Dr. Gelles' statements are fundamentally at odds with the obligations of an ethical psychologist, they are strikingly consistent with the directions given in the NCIS manual for interrogations. For example, the NCIS manual tells interrogators to "[r]educe a suspect's guilt feeling by minimizing the moral seriousness of the offense, particularly in embarrassing cases." The manual states that the interrogator should "sympathize" with the suspect and attempt to "induce[] mental relief and comfort in the suspect and allow[] the suspect to 'save face.'" The manual encourages interrogators to mention that family members will understand if the suspect comes clean with the truth. In telling King that he should continue with the interrogation and give corroborating information, Dr. Gelles assures King that he should not be embarrassed or blow the allegations out of proportion:

> there are a lot of people who don't pass judgment and support you one way or the other. I know these guys [Agents Wilson and Sherry] do, and your daughters do, and I do. I am like you, I mean, I have been in this system for so long, that now, it's, you tend to start to

6-24

APR 24 2001

> make judgments and assessments and you get yourself going and sometimes it's, never as big a deal as you make it out to be in your mind.

Likewise, Dr. Gelles uses some techniques (rather crudely) that come directly out of the manual. For example, the manual encourages interrogators to "[c]asually point out the suspect's physiological and psychological symptoms of guilt. A suspect who thinks his appearance and demeanor are betraying him is vulnerable. It destroys the suspects confidence in deceiving and strongly suggests the futility of resistance." Dr. Gelles chooses a rather clumsy moment for such a technique. Despite the fact that Dr. Gelles is shown on the videotape in virtual continual motion of adjusting socks, ties, and position, he suddenly interrupts King (who is comparatively still) and states:

Gelles:	Can I hear your thoughts on that. I notice that when you get real upset it is hard to sit still.
King:	Well, okay.
Gelles:	Well, you, you just got up and . . .
King:	Oh yeah, yeah
Gelles:	Now, I am just telling you what I observed, You got up.
King:	Someone told me that I don't like confrontation, or I don't like to show my feelings or something like that.
Gelles:	Just some free professional advice, there, there was the evidence. Do you do that with them? [indicating the two NCIS agents]

Dr. Gelles uses this technique again when King is innocently asking whether it was possible to be both hypnotized and polygraphed at the same time to

6-25
APR 24 2001

maximize the truth of any examination. King is clearly suggesting this as a way to finally bring certainty and closure but Dr. Gelles immediately confronts him with his view that "that infers that if you are not hypnotized and you are on a lie detector your lying." Obviously, that is not the most obvious inference for a man who is struggling to find a way to determine the truth, prove the truth beyond any doubt, and end the long interrogations.

The transcript is replete with such interrogation techniques. While Dr. Gelles repeatedly refers to himself as a "clinical psychologist," "the doctor," or "the doc," he is consistently acting in the role of an interrogator and using his influence to push King to give corroborating information. For any professional, the videotape of Dr. Gelles is nothing short of an outrage that shocks the conscience. The manipulation and false representations are used to further reduce any resistance of a sailor facing a capital punishment case. It is important to remember that the Navy ultimately could not secure any corroborating evidence and tried to proceed on the basis of the October 6, 1999 statement. At the time of this session, the Navy had already secured the evidence viewed sufficient to bring a capital punishment case and, only ten days after the session, King would be formally placed into the brig for trial. As

APR 24 2001

discussed below, this misconduct violates a host of ethical provisions. These ethical provisions fall into ten distinct categories of violations:

1. Violations of federal law and regulations.
2. Working as a clinical psychologist without proper licensing or authority.
3. Failure to reveal conflicts of interest in working as a clinical psychologist.
4. Harming a patient through psychological counseling or treatment.
5. Offering false or misleading information to a patient to achieve non-treatment objectives or goals.
6. Failure to act in the best interest of a patient.
7. Misuse of influence over a patient.
8. Violations of the confidentiality and privacy rights of a patient.
9. Failure to properly define an organizational role to avoid violations of ethical standards.
10. Refusing to respond to a former patient's inquiry as to licensing information to prevent formal charges from being filed with state psychological boards.

Each of these areas will be addressed in Section IV in conjunction with specific provisions of the ethics provisions governing American Psychological Association members.

6-27

APR 24 2001

IV. RELEVANT ETHICAL PROVISIONS

Principle B: Integrity

. . . . In describing or reporting their qualifications, services, products, fees, research, or teaching, they do not make statements that are false, misleading, or deceptive . . . To the extent feasible, they attempt to clarify for relevant parties the roles they are performing and to function appropriately in accordance with those roles. Psychologists avoid improper and potentially harmful dual relationships.

Principle D: Respect for People's Rights and Dignity

. . . [Psychologists] respect the rights of individuals to privacy, confidentiality, self-determination, and autonomy, mindful that legal and other obligations may lead to inconsistency and conflict with the exercise of these rights.

Principle E: Concern for Others' Welfare

. . . In their professional actions, psychologists weigh the welfare and rights of their patients and clients . . . . Psychologists are sensitive to real and ascribed differences in power between themselves and others, and they do not exploit or mislead other people during or after professional relationships.

Principle F: Social Responsibility

. . . Psychologists try to avoid misuse of their work. Psychologists comply with the law and encourage the development of law and social policy that serve the interests of their patients and clients and the public.

Ethical Standard 1.07: Describing the Nature and Results of Psychological Services

(a) When psychologists provide assessment, evaluation, treatment, counseling supervision, teaching, consultation, research, or other

6-28

APR 24 2001

psychological services to an individual, a group, or an organization, they provide, using language this is reasonably understandable to the recipient of those services, appropriate information beforehand about the nature of such services and appropriate information later about results and conclusions.

Ethical Standard 1.14: Avoiding Harm

Psychologists take reasonable steps to avoid harming their patients or clients, research participants, students, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

Ethical Standard 1.15: Misuse of Psychologists' Influence

Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence.

Ethical Standard 1.16: Misuse of Psychologists' Work

(a) Psychologists do not participate in activities in which it appears likely that their skills or data will be misused by others, unless corrective mechanisms are available.

Ethical Standard 1.19: Exploitative Relationships

(a) Psychologists do not exploit persons over whom they have supervisory, evaluative, or authority, such as . . . clients or patients.

Ethical Standard 1.20: Consultations and Referrals

(a) Psychologists arrange for appropriate consultations and referrals based principally on the best interests of their patients or clients, with appropriate consent, and subject to other relevant considerations, including applicable law and contractual obligations.

6-29

APR 2 4 2001

Ethical Standard 1.21: Third-Party Requests for Services

(a) When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist clarifies to the extent feasible, at the outset of the service, the nature of the relationship with each party. This clarification includes the role of the psychologist (such as therapist, organizational consultant, diagnostician, or expert witness), the probable use of the services provided or the information obtained, and the fact that there may be limits to confidentiality.

Ethical Standard 2.01: Evaluation, Diagnosis, and Interventions in Professional Context

(a) Psychologists perform evaluations, diagnostic services, or interventions only with the context of a defined professional relationship.

Ethical Standard 5:01: Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons and organizations with whom they establish a scientific or professional relationship . . . (1) the relevant limitations on confidentiality, including limitations where applicable in group, marital, and family therapy or in organizational consulting, and (2) the foreseeable uses of the information generated through their services.

Ethical Standard 5:02: Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to respect the confidentiality rights of those with whom they work or consult, recognizing that confidentiality may be established by law, institutional rules, or professional or scientific relationships.

Ethical Standard 7:01 Professionalism

Psychologists who perform forensic functions, such as assessments, interviews, consultations, reports, or expert testimony, must comply with all other provisions of this Ethics Code to the extent that they apply to such activities.

6-30

APR 2 4 2001

Ethical Standard 7:03: Clarification of Role

In most circumstances, psychologists avoid performing multiple and potentially conflicting roles in forensic matters. When psychologists may be called on to serve in more than one role in a legal proceeding—for example, as consultant or expert for one party or for the court and as a fact witness—they clarify role expectations and the extent of confidentiality in advance to the extent feasible, and thereafter as changes occur, in order to avoid compromising their professional judgment and objectivity and in order to avoid misleading other regarding their role.

Ethical Standard 8:03: Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, seek to resolve the conflict in a way that permits the fullest adherence to the Ethics Code.

V. ETHICAL VIOLATIONS COMMITTED BY DR. GELLES

The ethical principles and standards listed in Section III can be reduced to ten distinct categories of violations. Each of these areas will be briefly presented below. Petty Officer King and his counsel are prepared to give more complete accounts in support of any or all of these violations, if requested.

1. Violations of federal law and regulations.

Psychiatrists and psychologists are required by the United States Constitution and the United States Supreme Court to protect unwitting suspects from incriminating themselves due to their influence and apparent neutrality.

6-31

APR 2 4 2001

Miranda warnings were required by the Supreme Court to guarantee that suspects are aware of their rights and to guarantee that they understand the purpose and significance of communications with the government. The danger to suspects is at its apex when they are removed from traditional interrogations and brought into a psychiatric or psychological session with a "doctor" who appears to be giving clinical or therapeutic assistance. In such circumstances, the suspect must be told by the doctor that they are extensions of the government and that they may be asked to testify against the suspect. They must inform that suspect that anything that they say can and will be used against them in a court of law. See generally, Estelle v. Smith, 451 U.S. 454 (1981); Brown v. Butler, 876 F.2d 427 (5th Cir. 1989). If there was any question as to the need for such warnings, those questions can be easily answered by watching Dr. Gelles on the videotape with Petty Officer King.

Dr. Gelles never informs King of his rights or of his function as an NCIS employee in the session. To the contrary, Dr. Gelles does everything he can to emphasize that he is "the doctor and not one of the agents." King had signed a release form that day with regard to statements made to Agents Wilson and Sherry. Notably, he was never asked to sign a consent form in the session with Dr. Gelles, as he had in prior interrogations with other agents. From the moment

APR 2 4 2001

Dr. Gelles began his questioning, Dr. Gelles was in clear violation of federal law and in clear violation of the constitutional rights of Petty Officer King.

Ironically, if Dr. Gelles had informed King of his rights and explained his role in such sessions, he would have satisfied both his legal obligations of disclosure as well as some of his ethical obligations that are discussed below. Instead, he acted both unlawfully and unethically. The APA principles and standards make repeated reference to respecting the legal rights of patients and the obligations set by state and federal law. See, e.g., Principle D "Respect for People's Rights and Dignity;" Principle F "Social Responsibility;" Ethical Standard 1.20 "Consultations and Referrals;" and Ethical Standard 7.06 "Compliance with Law and Rules."

Additionally, there remains a significant question as to Dr. Gelles' ability to serve in a clinical psychological capacity. While Dr. Gelles expressly states his role as a clinical psychologist and a doctor, it is not clear that he is allowed to perform such a role under federal law. The Navy has licensed psychologists and psychiatrists for clinical or therapeutic sessions with Navy personnel. Dr. Gelles serves as a psychologist for the NCIS and, in that capacity, performs a variety of roles from assisting in profiling issues to evidence review to consultation with agents. The NCIS is not authorized to give any clinical psychological benefits to

6-33
APR 24 2001

service personnel. To the contrary, any such effort or pretense would be viewed as inherently in conflict with its investigatory functions. Navy personnel seeking psychological assistance or consultation are referred to Navy psychologists who perform such services. Thus, Dr. Gelles was acting outside of the scope of his employment in the session and not as a federally authorized psychologist.[15] As such, he was not only in violation of federal law but, as noted in the next subsection, he was acting without authority or proper license.

2. *Working as a clinical psychologist without proper licensing or authority.*

As noted in subsection 10, Dr. Gelles has refused numerous requests to reveal where he is licensed as a psychologist. Dr. Gelles was informed that a former patient is seeking formal charges against him but he has steadfastly and unethically refused to reveal his licensing information. While this is an obvious effort to frustrate any formal charges from being filed, counsel has called state-by-state to confirm the information. Counsel was told that Dr. Gelles is not licensed in either the District of Columbia or Virginia. The Virginia Board of Psychology reported that Dr. Gelles had filed for a license in 1995 but that the

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[15] As noted earlier, Dr. Gelles not only refers to himself as a clinical psychologist and does not expressly limit his function in that respect but he explores King's mental status, suicidal tendencies, history of depression, concerns over lack

6-34

APR 24 2001

application was incomplete. After Dr. Gelles was asked to supply missing information, he failed to respond and the application was terminated. The Maryland Board of Examiners of Psychologists reports that a "Gelles" is licensed in Maryland, but we are still pursuing confirmation that it is the same Dr. Gelles. There is a Dr. Michael Gelles listed with the New York Office of Professions who held a license (No. 009336) dated 1/29/88 but he does not have an active license. Rather, Dr. Gelles is listed as "not registered," a status defined as indicating "a registration [that] has lapsed without explanation."

It is possible that Dr. Gelles will claim that, as a federally employed psychologist, he is only required to be actively licensed in one jurisdiction. Obviously, it is our desire to file in that jurisdiction since no board of psychology is likely to condone or tolerate the conduct recorded on this videotape. However, this state licensing issue is immaterial to the unlicensed status of Dr. Gelles in this case. As noted above, the NCIS is not authorized to give clinical psychological services to Navy personnel. Such cases are referred to the medical and mental health departments operated by the military services. Moreover, it is doubtful that Navy psychologists would ever tolerate a NCIS employee serving in a clinical capacity given his obvious conflict of interest and the obvious danger to the

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of memories of critical events, and specifically tells King or the agents to call him

6-35
APR 24 2001

patient. If Dr. Gelles was (as we believe) clearly acting outside of the scope of his employment, he cannot claim that he was acting under some federal exemption or national licensing provision. Thus, Dr. Gelles was practicing as a clinical psychologist in Virginia without a license.

3. *Failure to reveal conflicts of interest in working as a clinical psychologist.*

One of the most obvious violations committed by Dr. Gelles was his failure to reveal his conflict of interest in his session with Petty Officer King. The ethics standards governing psychologists mirror the requirement of federal law: Dr. Gelles was under a clear and obvious requirement to warn King that he had a interrogation or investigative function. King should have been told that (1) there is no legal distinction between Dr. Gelles and the agents (in contrast to Dr. Gelles' statements to the contrary); (2) King's statement could be used against him; (3) Dr. Gelles could be called as a witness to testify against King; (4) King had a right to see a psychologist who was not employed by the NCIS and who could guarantee confidentiality; and (5) the true nature of his involvement with the agents in the case and his function in the session.

This requirement is stated throughout the ethical principles and standards of the APA. Principle B states that " psychologists avoid improper and potentially

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on these matters in the future if anything occurs.

6-36

APR 2 4 2001

harmful dual relationships." Ethical Standard 1.07 requires that "when psychologists provide assessment, evaluation, treatment, counseling supervision, teaching, consultation, research, or other psychological services to an individual, a group, or an organization, they provide, using language that is reasonably understandable to the recipient of those services, appropriate information beforehand about the nature of such services and appropriate information later about results and conclusions." Ethical Standard 1.21 states that "when a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist clarifies to the extent feasible, at the outset of the service, the nature of the relationship with each party." This standard expressly states that "this clarification includes the role of the psychologist (such as therapist, organizational consultant, diagnostician, or expert witness), the probable use of the services provided or the information obtained, and the fact that there may be limits to confidentiality." Ethical Standard 5:01 states "Psychologists discuss with persons and organizations with whom they establish a scientific or professional relationship . . . (1) the relevant limitations on confidentiality, including limitations where applicable in group, marital, and family therapy or in organizational consulting, and (2) the foreseeable uses of the information

APR 2 4 2001

generated through their services." Likewise, Ethical Standard 7:03 expressly establishes the rules governing the "Clarification of Role" for a psychologist.

> In most circumstances, psychologists avoid performing multiple and potentially conflicting roles in forensic matters. When psychologists may be called on to serve in more than one role in a legal proceeding—for example, as consultant or expert for one party or for the court and as a fact witness—they clarify role expectations and the extent of confidentiality in advance to the extent feasible, and thereafter as changes occur, in order to avoid compromising their professional judgment and objectivity and in order to avoid misleading others regarding their role.

Dr. Gelles not only did not explain his inherently conflicted role to Petty Officer King but repeatedly made statements that indicated that he was a doctor as distinguished from the agents.

4. Harming a patient through unethical or unlawful psychological counseling or treatment.

Dr. Gelles' misconduct is magnified by the fact that Petty Officer King was in an obvious and acute need for psychological or psychiatric assistance. Dr. Gelles was informed of the following facts: (1) King has a history of depression; (2) a previous doctor had diagnosed the need for Prozac; (3) King's mother had attempted suicide; (4) King had long-standing suicidal thoughts on how to commit suicide that ranged "from slitting my wrists to taking aspirin like my Mom to jumping off a building to putting a gun in my mouth and shooting," thoughts that Dr. Gelles described as "a lot of active ideas, lot of ideas;" (5) King stated that he

6-38

APR 24 2001

had had such thoughts as late as the date that he left Guam just three days before, a fact that Dr. Gelles notes as current suicidal thoughts "in the last two weeks; (6) King states only that he would "have to get everything resolved first" before he tried anything like suicide; and (7) King was overcome with emotion when discussing suicide and his inability to tell the difference between fantasy and reality in interrogations. With all of these facts, Dr. Gelles expressly encourages King to go back into interrogation and give the agents "corroborating" information as a precondition for hypnosis (which he admits in a document is effectively barred in King's case). Nine days later, King attempted to commit suicide with a knife and is over-powered by agents.

Dr. Gelles' misconduct covers the waterfront of unethical and unlawful conduct. Here, a psychologist is confronted with an individual in obvious mental anguish with suicidal ideation and a history of depression. Rather than work in the best interests of the patient, Dr. Gelles seeks to use his position to further reduce his resistance of interrogation and to acquire information at any cost for the investigation. He lies to King and tells him that he may be a candidate for the hypnosis that he desires if he gives the agents corroborating evidence of espionage. He tells King that his sleeplessness and anxiety is due to inner troubles. He tells King that he will only be able to sleep and have peace with

6-39

APR 24 2001

closure. To that end, he tells King to work with the agents on supplying corroborating evidence. He lies to King and tells him that he and the agents are King's friends and that they will be his friends forever. He tells King that neither he nor the agents will judge him and that the best thing for King is to reveal everything. As noted earlier, these lies and manipulative techniques come directly out of the NCIS manual for interrogations.

While such misconduct violates both the spirit and letter of the APA standards, a few obvious examples of violated principles include Principle B: Integrity ("Psychologists avoid improper and potentially harmful dual relationships."); Principle D: Respect for People's Rights and Dignity ("[Psychologists] respect the rights of individuals to privacy, confidentiality, self-determination, and autonomy, mindful that legal and other obligations may lead to inconsistency and conflict with the exercise of these rights."); Principle E: Concern for Others' Welfare (". . . In their professional actions, psychologists weigh the welfare and rights of their patients and clients . . . Psychologists are sensitive to real and ascribed differences in power between themselves and others, and they do not exploit or mislead other people during or after professional relationships."); Principle F: Social Responsibility (". . . Psychologists try to avoid misuse of their work. Psychologists comply with the law and encourage the

6-40

APR 24 2001

development of law and social policy that serve the interests of their patients and clients and the public.")

Likewise, this misconduct violates a host of ethical standards. For example, Ethical Standard 1.14 mandates that "Psychologists take reasonable steps to avoid harming their patients or clients . . . and others with whom they work, and to minimize harm where it is foreseeable and unavoidable." Ethical Standard 1.15 states that psychologists must "guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence." Ethical Standard 1.19 mandates that "Psychologists do not exploit persons over whom they have supervisory, evaluative, or authority, such as . . . clients or patients." Obviously, most of the ethical standards directly or indirectly forbid lying to a patient or using the influence of a clinical psychologist to undermining any resistance of a patient to interrogation. Had Dr. Gelles taken a professional and ethical approach in this case, he would have intervened to seek a suspension of interrogation pending a more complete evaluation of King's suicidal thoughts and an opportunity for King to sleep before resuming interrogations that are clearly psychologically adverse to King. An ethical psychologist would certainly have not encouraged an individual in this state to continue when he cannot even get through a session without breaking down. Ultimately, King attempts suicide and

6-41

APR 2 4 2001

is finally dumped by the NCIS into the brig when he is of no further use for interrogation. This misconduct of the NCIS agents is currently a subject for three separate investigations, including an inquiry by Congress. However, it is Dr. Gelles' conduct that is most disturbing since he could have stopped this abuse, but instead became a willing and active participant in the abuse of a vulnerable patient.

5. *Offering false or misleading information to a patient to achieve non-treatment objectives or goals.*

Without repeating Dr. Gelles' false and misleading statements discussed above, it is important to note that these statements were not only harmful to Petty Officer King but made in pursuit of a non-treatment, extrinsic objective: to seek the release of further incriminating or corroborating information from the patient. This is, of course, magnified by the lack of disclosure and honesty by Dr. Gelles in his communications with King. Dr. Gelles expressly told King that he was a "clinical psychologist" and "not one of the agents." It is this type of "improper and potentially harmful dual relationship" that the APA rules forbid as well as a relationship that abuses the influence and trust of a psychologist. See Principle B; Ethical Standard 1.14, Ethical Standard 1.15, Ethical 1.16, Ethical Standard 1.19. Ethical Standard 7:01 Professionalism. Psychologists who perform forensic functions, such as assessments, interviews, consultations, reports, or expert

6-42

APR 2 4 2001

testimony, must comply with all other provisions of this Ethics Code to the extent that they apply to such activities.

Ethical Standard 7:03: Clarification of Role

> In most circumstances, psychologists avoid performing multiple and potentially conflicting roles in forensic matters. When psychologists may be called on to serve in more than one role in a legal proceeding—for example, as consultant or expert for one party or for the court and as a fact witness—they clarify role expectations and the extent of confidentiality in advance to the extent feasible, and thereafter as changes occur, in order to avoid compromising their professional judgment and objectivity and in order to avoid misleading other regarding their role.

Even if Dr. Gelles attempts to shift responsibility to the agents themselves for these abuse, Ethical Standard 1.16 expressly states "Psychologists do not participate in activities in which it appears likely that their skills or data will be misused by others, unless corrective mechanisms are available." Ethical Standard 7:01: Professionalism. If Dr. Gelles seeks to work as a forensic psychologist, he is required by the APA to "perform forensic functions, such as assessments, interviews, consultations, reports, or expert testimony, must comply with all other provisions of this Ethics Code to the extent that they apply to such activities." See Ethical Standard 7:01. Instead, Dr. Gelles billed himself as a "clinical psychologist" and took advantage of an obviously tired, distressed, and potentially suicidal patient to further the objectives of the on-going interrogations.

6-43
APR 2 4 2001

6. Failure to act in the best interest of a patient.

While distinct, this violation is a natural progression from the principles and standards discussed above. Obviously, the best interest of Petty Officer King was not to continue with interrogations but to have a professional psychological evaluation and treatment. It was in his interest to sleep and to be told that much of his anxiety was based on clearly erroneous views of polygraph examinations. It was not in his interest to be encouraged to go back into interrogation and give corroborating evidence as a prerequisite for further treatment. It was not in his interest to be told that false memory issues are not relevant to his case while he was strongly encouraged to view his problem as issues of suppressed memories. Not only did Dr. Gelles lie to King about hypnosis, the friendship of the agents, and the possible rewards of supplying corroborating evidence but Dr. Gelles never even suggested that King might want to seek continued psychological treatment to deal with his depression and suicidal thoughts.

Moreover, Dr. Gelles is actively encouraging King to give corroborating evidence after weeks of interrogation without a lawyer. Dr. Gelles is fully aware that this is an espionage case that was certain to be brought by the Navy. Ultimately, King was charged with only the signed statements of October 6, 1999 and, as the military judge found, no credible evidence. He was charged on the

6-44

APR 24 2001

evidence as it existed on October 19, 1999. Yet, Dr. Gelles telling King that he would be better off giving incriminating information to bring "peace" and "closure" for King. He actively lowers King's resistance to such self-incrimination by assuring King that (1) he is blowing the matter out of proportion; (2) he should not be embarrassed about giving such information; (3) he should understand that Dr. Gelles and the agents are his special friends and will be with him forever; (4) his case is different from false memory cases; (5) his case could be a case of suppressed memories; and (6) corroborating evidence will allow possible hypnosis, which in turn could finally unlock suppressed memories. Thus, in Dr. Gelles' professional judgment, it is in the best interest of a potentially suicidal and overtly distressed patient to resume interrogation and give incriminating evidence in a likely death penalty case. This is guidance that serves the interests of the NCIS but clearly not the interests of the patient himself either psychologically or legally.

7. *Misuse of influence over a patient.*

Before the agents brought Petty Officer King to see Dr. Gelles, they had tried every approach to induce, cajole, and coerce a statement and corroborating evidence from him. They used sleep deprivation. They lied to him about the results of polygraph examinations. They threatened him. They used his family as

6-45 APR 2 4 2001

leveraging elements. They befriended him.[16] They played good cop/bad cop techniques. They had him repeatedly write down his fantasies or ideas of espionage and sign them as statements. Yet, even as King was signing the October 6, 1999 statement, he continued to say that he did not believe that he committed any act of espionage and he repeatedly objected that he could no longer distinguish between fantasy and reality.

Dr. Gelles was a critical addition to the interrogations. Dr. Gelles cloaked himself in the title of a "clinical psychologist" and expressly distinguished himself from the agents. He called himself "the doc" and explored various areas of King's mental health. He used this influence to belittle the notion of false memories while buttressing the idea of suppressed memories. He used his influence to promise the possible use of hypnosis to bring closure for King if he would give the agents more "corroborating" information. Despite Dr. Gelles' condescending and trivializing manner, he strived to guide King as a psychologist who was a self-

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[16] In one such effort, the NCIS brought in Agent Helen Sherry after King had admitted that he had just gone through a divorce and was lonely. Agent Sherry proceeded to tell King that she was also lonely and had just broken up a relationship. She convinced King that she was interested in him and she even did his laundry and brought it to him to further this manipulative technique. Agent Sherry has been accused of abusing such trust in other cases, including one case that is cited as evidence of the NCIS's long history of anti-gay investigations. See Roe v. Sherry, 91 F.3d 1270 (9th Cir. 1996).

6-46
APR 24 2001

described friend who would neither judge nor abandon King if he gave incriminating information. This is precisely the type of conduct that violates the principles and standards above. These violations include Ethical Standard 1.15, which prohibits the misuse of influence by psychologists. Likewise, Ethical Standard 1.19 states that "Psychologists do not exploit persons over whom they have supervisory, evaluative, or authority, such as . . . clients or patients." Dr. Gelles acted as the virtual antithesis of such ethical rules in using his role as a "clinical psychologist" to mislead and undermine Petty Officer King at his most vulnerable moment during the 29 days of interrogation.

8. Violations of the confidentiality and privacy rights of a patient.

As noted above, the APA repeatedly mandates that psychologists protect the confidentiality of psychological sessions. Dr. Gelles never informs Petty Officer King of the limits of confidentiality or "the foreseeable uses of the information generated through their services," as required under Ethical Standard 5:01. To the contrary, Dr. Gelles tapes the psychological session without the consent or knowledge of Petty Officer King. Dr. Gelles elicits answers of King that could be incriminating in front of two NCIS agents and never suggests that King has the right to meet alone with a psychologist to discuss possible abuses or coercion in interrogation. Dr. Gelles constructs the exact opposite of the confidential setting

APR 2 4 2001

647

described by the APA, a session in which everything the patient says is not only monitored but recorded for possible use against him.

9. *Failure to properly define an organizational role to avoid violations of ethical standards.*

Dr. Gelles' role as "chief psychologist" of the NCIS is dangerously undefined and vague. Where the APA struggles to require clarity and boundaries in psychological work, Dr. Gelles has a fluid function in which he both works for the NCIS to help build cases against individuals while continuing to portray himself as a "clinical psychologist" with those same individuals. This violates the principles and ethical standards of the APA, including Ethical Standard 8:03. Faced with conflicting organizational demands, the APA mandates that "psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, seek to resolve the conflict in a way that permits the fullest adherence to the Ethics Code." Likewise, Ethical Standard 7:03 requires that, in forensic matters, psychologists "clarify role expectations and the extent of confidentiality in advance to the extent feasible, and thereafter as changes occur, in order to avoid compromising their professional judgment and objectivity and in order to avoid misleading others regarding their role."

Dr. Gelles should not be performing any clinical psychological function under federal law, military regulations, or the APA rules. The Navy has

APR 2 4 2001

6-48

competent clinical psychologists who are available to sailors and Marines for such purposes. The NCIS is an investigatory body and Dr. Gelles is an employee of that organization. It is neither authorized to give such assistance nor properly suited to do so. The videotape shows a psychologist who has completely surrendered any professional and ethical standards in allegiance to the organization's goal and objectives. While Dr. Gelles insists that he is "not an agent" but a "doctor" and "clinical psychologist," he is clearly acting as part of the interrogation program and he is legally indistinguishable from an agent.

10. Refusing to respond to a former patient's inquiry as to licensing information to prevent formal charges from being filed with state psychological boards.

Finally, Dr. Gelles' response to these allegations have prompted a separate and distinct ethical issue. Most professions require members to reveal their licensing information and not to obstruct the filing and review of ethics complaints. Dr. Gelles, however, has steadfastly refused to reveal where he is licensed to allow for charges to be filed with the relevant state boards of psychology. It is outrageous that any professional would conceal such information. The obvious intent of Dr. Gelles is to obstruct the filing of ethics charges and the review of his conduct. Such conduct brings additional disrepute

APR 2 4 2001

649

upon the profession and its ethical standards. If psychologists can hide their licensing information, it makes a mockery out of the national and state standards.

Professor Turley repeatedly wrote to Dr. Gelles seeking his licensing information. Dr. Gelles also received copies of other letters seeking this information from independent sources. Dr. Gelles was aware that his refusal to supply this basic information was preventing charges from being filed against him. His refusal is an unethical and unprofessional position that is consistent with his wholesale refusal to follow the most minimal or basic requirement of a licensed professional.

VI. REQUESTED RELIEF

The misconduct in this case is both egregious and well-documented. The Complainant respectfully submits that this misconduct requires the clearest possible action by the APA to deter future such violations. As a preliminary matter, we ask that the APA to consider the issuance of a cease and desist order under Rule 12.1, if it confirms the facts alleged in this complaint. Dr. Gelles should be ordered to immediately halt any psychological sessions as a clinical psychologist with individuals under investigation by the NCIS. Moreover, Dr. Gelles should be told to clearly state to his true role and function in any sessions with individuals with whom he works as a forensic psychologist. Finally, Dr.

APR 2 4 2001

6-50

Gelles should be instructed to follow the ethical principles and standards, including a requirement for the referral of individuals who are in need of clinical psychological treatment, such as individuals with possible suicidal ideations. These interim measures are designed to protect other vulnerable patients from further harm pending the outcome of any disciplinary action. Finally, Dr. Gelles should be ordered to reveal his licensing information to Petty Officer King to allow for formal charges to be filed.

Petty Officer King and counsel stand ready to further support all of these charges and, if allowed, to appear before the ethics hearing panel investigating this matter. Ultimately, we believe that these facts demand the strongest possible sanction. These violations are precisely the "kind likely to cause substantial harm to another person or the profession" and was "of sufficient gravity as to warrant" expulsion. Accordingly, we ask that the APA act under Rule 11.3 and expel Dr. Gelles from the APA.

VII. CONCLUSION

The King case has become a national controversy in the media and in Congress for the documented abuses and violations of constitutional rights. Aspects of the case can only be accurately described as medieval. Legal experts like nationally renown constitutional scholar, Yale Kamisar of

6-51 APR 24 2001

Michigan Law School have stated that the misconduct of the Navy in this case has not been seen in this country for decades. Professor Kamisar stated that the closest case was from "1963 where the person was held--just questioned for 16 hours incommunicado just once and the court thought that made the confession involuntary and, therefore, inadmissible. So 26 days--I mean, you'd have to go way back to the 1930s to find a case that was that outrageous." Barbara Bradley, Navy Petty Officer Held for 500 Days on Suspicion of Spying for Russia Finally Released Without Being Charged, National Public Radio, March 28, 2001. However, it is the conduct of Dr. Gelles that is the most shocking and disturbing. An exhausted and potentially suicidal person was brought to Dr. Gelles, who identified himself as serving as a "clinical psychologist" and not as an agent. Dr. Gelles proceeded to lie and mislead Petty Officer King with the obvious objective of securing the corroborating evidence that the NCIS had sought but failed to secure in its prior interrogations. Dr. Gelles encouraged King to resume interrogations despite his suicidal inclinations and the fact that King broke down in the midst of the session. This encouragement is based on the false promise the King might receive the hypnosis that he thought could bring closure to this nightmare.

6-52

APR 24 2001

While Dr. Gelles has refused to identify where he is licensed to obstruct any charges from being filed, the APA has the ability to fully investigate and to take appropriate action in this matter. As documented on the videotape, Dr. Gelles has used his position as a "clinical psychologist" to serve interests extrinsic and opposed to the interests of his client. He has used the authority of this profession exclusively to advance the interests of the NCIS and engaged in deception, trickery, and dishonesty to achieve such objectives. The fact that the target of these techniques was a troubled and possible suicidal individual only magnifies the unethical and immoral character of his misconduct.

Dr. Gelles' conduct has brought disrepute upon the profession and seriously undermines the vital faith in the integrity and care afforded by members of the APA. While Congress and the Pentagon must deal with the aftermath of the national scandal, it is the community of psychologists who are the only appropriate judges of Dr. Gelles' conduct. We submit this matter to your judgment and ask that you act in the best interest of both the profession and the individuals who are entrusted to its care.

6-53

APR 24 2001

I hope that the APA will not hesitate to contact me for any additional information that may be needed or helpful in its review of these allegations.

Respectfully submitted,

Jonathan Turley
Counsel for Petty Officer Daniel King
Shapiro Professor of Public Interest Law
George Washington University Law School
2000 H St., N.W.
Washington, D.C. 20052
PRIVACY REDACTION

6-54
APR 24 2001

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

July 1, 2008

CONFIDENTIAL
VIA FEDERAL EXPRESS

Sharon Gadberry, PhD
PRIVACY REDACTION

Dear Dr. Gadberry:

Your email to Dr. Stephen Behnke was referred to me for a response.

Regarding your earlier complaint, our records indicate that Dr. Behnke responded to you in October 2005 and asked for additional evidence to support your allegations. We have no record of you responding to that letter. Of course, no complaint can proceed without a respondent who is both specifically identified and a member of APA.

Because the Ethics process is confidential, we cannot provide information on other complaints that may or may not have been received by this office. We are, however, able to respond to some of your questions regarding the Ethics process generally.

In terms of your question regarding why an ethics matter might not proceed, there must be evidence to support that the individual member psychologist has engaged in unethical behavior. Please see Part V, Section 5 of the Ethics Committee's Rules and Procedures for further discussion of when a case is opened. APA does not have the power to compel either testimony or the production of documentary evidence through a subpoena. The Ethics Office may encourage the individual filing the ethics complaint to provide evidence in support of the allegations of ethical violations (as the office did in your case).

With regard to your question concerning the involvement of attorneys in ethics matters, the Ethics Office works closely with the APA Office of the General Counsel in assuring that the Ethics Committee's Rules and Procedures are followed. Respondents may retain an attorney to assist them with their responses if they so wish.

We hope that this information is helpful to you.

Sincerely,

Lindsay Childress-Beatty, JD, PhD
Deputy Director, Ethics Office

750 First Street, NE
Washington, DC 20002-4242
(202) 336-5500
(202) 336-6123 TDD

Web: www.apa.org

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Behnke, Stephen

From: Behnke, Stephen
Sent: Tuesday, April 15, 2008 8:06 PM
To: 'Sharon Gadberry'
Subject: RE: Ethics Charges

Dear Dr. Gadberry,

You will shortly receive a reply by hardcopy; for confidentiality reasons, the Ethics Office does not correspond regarding case-related matters by email.

Thank you,

Stephen Behnke

From: Sharon Gadberry PRIVACY REDACTION
Sent: Monday, March 24, 2008 7:48 PM
To: Behnke, Stephen
Subject: Ethics Charges

Dear Dr. Behnke,

You may recall that I attempted to file ethics charges against three psychologists who were mentioned in the news accounts from several reputable sources, including the New England Journal of Medicine, Salon.Com, the New York Review of Books , and the book "Oath Betrayed." These individuals were mentioned as having either designed, managed, or participated in abusive in interrogation programs at the US Army's Guantanamo Bay facility. You responded that the charges could not be filed because there was not enough information provided. You also indicated that you had been unable to find out any more information when you made your own inquiries.

I recently learned that others have also filed charges against individuals mentioned in various reports, and that some of these charges will be proceeding. That is very good news, and I hope those cases are proceeding toward resolution.

It would be very helpful to me, and to others who share my interest in justice being done, to know more about the charges that have been filed, and the courses of action taken:

1. How many individuals or groups have either inquired about or filed ethics

charges against psychologists working in Guantanamo (or in Iraq, Afghanistan, or CIA "black sites.")? There is no need to provide the names of the individuals, even though I would not mind at all if you provided my name to others. It would be useful to know the dates, the charges, and the individuals being charged.

2. Of those ethics charges not accepted to proceed, what were the reasons for not proceeding?

3. To what degree can a discovery process (ie a subpoena) be used to obtain information related to ethics charges? Have these been used in past cases?

4. Have attorneys been involved in assisting either prosecution or defense in past ethics cases? What has been their role?

5. What is the involvement and obligation of the filer of ethics charges in following up on the case? What is the involvement of the APA, and what is their obligation to provide information back to the individual or group who files the charges?

Any other information related to these charges, that you could provide, would be most helpful.

Thank you,

Sharon Gadberry, Ph.D.

PRIVACY REDACTION

Dixon, Pat

From: Behnke, Stephen
Sent: Monday, March 24, 2008 9:19 PM
To: Dixon, Pat
Cc: Childress-Beatty, Lindsay
Subject: FW: Ethics Charges

Hi Pat, let's discuss, thank you!

From: Sharon Gadberry PRIVACY REDACTION
Sent: Monday, March 24, 2008 7:48 PM
To: Behnke, Stephen
Subject: Ethics Charges

Dear Dr. Behnke,

You may recall that I attempted to file ethics charges against three psychologists who were mentioned in the news accounts from several reputable sources, including the New England Journal of Medicine, Salon.Com, the New York Review of Books , and the book "Oath Betrayed." These individuals were mentioned as having either designed, managed, or participated in abusive in interrogation programs at the US Army's Guantanamo Bay facility. You responded that the charges could not be filed because there was not enough information provided. You also indicated that you had been unable to find out any more information when you made your own inquiries.

I recently learned that others have also filed charges against individuals mentioned in various reports, and that some of these charges will be proceeding. That is very good news, and I hope those cases are proceeding toward resolution.

It would be very helpful to me, and to others who share my interest in justice being done, to know more about the charges that have been filed, and the courses of action taken:

1. How many individuals or groups have either inquired about or filed ethics charges against psychologists working in Guantanamo (or in Iraq, Afghanistan, or CIA "black sites.")? There is no need to provide the names of the individuals, even though I would not mind at all if you provided my name to others. It would be useful to know the dates, the charges, and the individuals being charged.

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4. Have attorneys been involved in assisting either prosecution or defense in past ethics cases? What has been their role?

5. What is the involvement and obligation of the filer of ethics charges in following up on the case? What is the involvement of the APA, and what is their obligation to provide information back to the individual or group who files the charges?

Any other information related to these charges, that you could provide, would be most helpful.

Thank you,

Sharon Gadberry, Ph.D.

PRIVACY REDACTION

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

October 25, 2005

CONFIDENTIAL

Sharon Gadberry, Ph.D.
Gadberry and Associates
PRIVACY REDACTION

Dear Dr. Gadberry,

Thank you very much for contacting the APA Ethics Office. I have carefully reviewed your letter of September 21 and read the articles you reference.

It would be very helpful to our process if you could provide to the Ethics Office the passages in the articles (or any other materials you are aware of) that make specific allegations, and ideally provide evidence to support those allegations, against the psychologists whom you name in your complaint. Thus far--and despite a direct request to one of the authors of the New England Journal of Medicine--I have been provided no evidence to support a specific allegation that any psychologist member of APA has engaged, supported, facilitated, supervised, or in any other manner participated in torture or other cruel, inhuman, or degrading treatment. I have also reviewed four government investigations into detainee abuse.

I appreciate your concern regarding this matter of such great import to our profession and to society. The Ethics Office will process your complaint, although it will be difficult to move forward without evidence linking a specific psychologist member to unethical or illegal behavior. I can assure you that the Ethics Committee would move forward were it to receive such evidence, and that we are carefully monitoring what appears in the media to that end.

Sincerely,

Stephen Behnke

Stephen H. Behnke, J.D., Ph.D.
Director
Office of Ethics

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(202) 336-5500
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SEP 27 2005

ETHICS COMPLAINT FORM
APA ETHICS OFFICE

Please type or print in ink. The document entitled "Information for Individuals Filing APA Ethics Complaints" which is included as part of the Ethics Complaint Packet may assist you in completing this form.

1. Person Making Complaint: Sharon L. Gadberry

Address: PRIVACY REDACTION

Phone: PRIVACY REDACTION

2. Member(s) Against Whom You Are Complaining: Martin Seligman, Colonel Louie Banks, Others, unnamed, who have consulted to and assisted in, stressful/military interrogation procedures in Guantanamo, Iraq, + Afghanistan (Prof. Seligman) U.S. Army (Banks & Mitchell)

James Mitchell,

Address:

Phone: PRIVACY REDACTION

3. Please specify as accurately as possible the earliest date and the most recent date of the alleged unethical behavior:

Late 2002 – current

4. Have you discussed this situation with the psychologist(s) you are complaining about?

____ Yes ✓ No

5. Are you a member of the American Psychological Association?

✓ Yes ____ No

6. Have you filed a complaint with any other organization(s)?

____ Yes ✓ No

If you answered Yes, please indicate below where else you have filed and the date:

____ State Licensing Board _____
____ State Psychology Association Ethics Committee _____
____ Civil suit (e.g., malpractice) _____
____ Grievance Committee _____
____ Other _____

{Please describe the status of these complaint(s) in Item #7}

7. Please help us to understand your complaint by providing the following information typed or printed (in ink) on separate paper:

(a) A **concise**, one paragraph summary of the nature of the alleged ethical misconduct;

(b) A detailed description of the alleged misconduct, specifying as accurately as possible the dates and:

(i) the sequence of events leading up to the behavior,

(ii) a complete account of the behavior and the Ethical Standards you believe have been violated,

(iii) any relevant information about what happened after the behavior occurred,

(iv) the status of any other complaints you have filed and any other steps you have taken to address this situation.

RELEASES

8. I hereby give the member(s) against whom I am making this complaint permission to give the APA Ethics Committee any confidential information regarding me, including any records of our interactions, and to answer all questions the Committee may have concerning such information.

Signature: Sharon Gadberry Date: 8/23/05

9. I hereby give the APA Ethics Committee permission to send to the member(s) against whom I am making this complaint copies of any materials submitted by me or on my behalf concerning this complaint.

Signature: Sharon Gadberry Date: 8/23/05

10. I hereby waive any right to subpoena from APA or its agents, for the purposes of private civil litigation, any documents or information concerning this matter.

Signature: Sharon Gadberry Date: 8/23/05

****** IMPORTANT ******

Please sign each of the releases without modification. We will only process your complaint form if these releases are complete. If they are incomplete, processing of your complaint will be delayed while we return this form to you for your signature.

Date revised: August 14, 1996

SEP 27 2005

Please return completed form to:
APA Ethics Office, 750 First Street, NE, Washington, DC 20002

GADBERRY & ASSOCIATES
PRIVACY REDACTION

To: Dr. Stephen Behnke
APA Ethics Director
750 First Street, N.E.
Washington, DC 20002-4242

September 21, 2005

SUMMARY

This ethical complaint is lodged against at least three Psychologists who have been mentioned in well-documented written reports, as having consulted in the interrogations on U.S. military prisoners ("enemy combatants") held at Guantanamo, Iraq, and Afghanistan, at least since late 2002 and possibly since late 2001. I also wish to lodge complaints against other Psychologists involved in these offenses. Because of government secrecy, I have not been able to learn the names of the individuals in order to include them in this complaint. The APA Ethics Committee should be able to learn their names, either from the Army, from authors of the reports included in an addendum, or from the Psychologists who are named in the complaint. They are participants in at least two army programs: SERE (at Fort Bragg) and BSCT (Behavioral Science ConsultationTeams) at Guantanamo. These Psychologists have clearly violated all five of the basic principles of our professional ethics: Principle A, B, C, D and E. According to various news accounts, they have created, directed and condoned torture and excessive abuse of prisoners.

An article in the New England Journal of Medicine reports that psychologists have been "part of a strategy that employs extreme stress, combined with behavior-shaping rewards, to extract intelligence from resistant captives...These cruel and degrading measures are in violation of international human rights law and the laws of war." There are accounts that indicate that the methods employed by army interrogators come directly from psychological experiments, as well as from "reverse engineering" a Psychological training program (SERE)designed to deliver stress to US troops in order to "immunize" them should they be taken prisoner by enemy forces. Most experts on interrogation agree that stress interrogation is ineffective and counterproductive. More importantly, the use of torture violates humane principles, American values, and domestic and international laws. I agree with the authors that

SEP 27 2006

"The cruel and degrading measures taken by some, in violation of international human rights law and the laws of war, have become a matter of national shame." Their behavior brings professional shame on all Psychologists.

COMPLAINT

After the September 11 attacks on the World Trade Center, the US government began to hold suspected terrorists incommunicado, without benefit of representation, and out of the public eye. Many of these suspects are still being held, in Guantanamo,Cuba, and in prisons in Afghanistan and Iraq. These practices were spearheaded by the President and his appointees, over the objections of officials in our government, including the State Department, the Army, and the FBI.

News reports indicate that some Psychologists and other health professionals have been actively involved in designing and directing programs of physical and mental torture of these suspected terrorists, ostensibly for the purposes of extracting information during interrogations. Several Psychologists' influence and participation have been documented at Guantanamo, after the BSCT teams were formed on the principle of "reverse engineering" a program at Fort Bragg, (SERE, or "Survival, Evasion, Resistance, and Escape) which subjected American soldiers to various forms of torture on the theory that they would then be resistant to the effects if captured by adversaries . The program at Guantanamo is reportedly based on scientific theories of Martin Seligman, and one of the directors is Colonel Louie (Morgan) Banks. Another Psychologist, Dr. James Mitchell was named as urging an interrogator to employ physical torture during an interrogation session. Later the Guantanamo techniques were endorsed by the US State Department, and taken to Iraq, where they formed the policy and models for the infamous abuses documented at Abu Ghraib prison.

These behaviors violate the following ethical Principles:

Principle A: Beneficence and Nonmaleficence: Psychologists strive to benefit those with whom they work and take care to do no harm...they seek to safeguard the welfare and rights of those with whom they interact." Clearly, inventing, encouraging, and participating in torture violates Principle A.

Principle B: Fidelity and Responsibility: "Psychologists uphold

SEP 27 2005

professional standards of conduct, clarify their professional roles..and seek to manage conflicts of interest that could lead to exploitation or harm." By agreeing to serve as "scientists" in activities which were clearly not research, and by refusing to serve as caretakers of the prisoners, these psychologists have violated Principle B.

Principle C: Integrity: " Psychologists do not steal, cheat, or engage in fraud, subterfuge, or mispresentation of fact." Many of the abuses involved lying to the prisoners to induce stress. The Psychologists knowingly participated in abusing individuals who were held against their will, who were helpless to respond, and who were held without benefit of habeus corpus..a human right in the western world since the Magna Carta.

Principle D: Justice: "Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures and services being offered." This principle was violated when Psychologists created, directed, and participated in abuses of individuals who were classified as prisoners.

Principle E: Respect for People's Rights and Dignity:" Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality and self-determination." Needless to say, the vile abuses documented at Guantanamo and Abu Ghraib show no respect at all for people's rights and dignity.

Other professional organizations, including the Physicians for Human Rights and the American Psychiatric Assocation, have declared these behaviors to be unethical.

The individuals who have reported the abuses are eyewitnesses, including the prisoners and their lawyers, other professionals, journalists and members of the military. The incidents and programs are described in a number of articles, including M. Gregg Bloche, MD, "Doctors and Interrogators at Guantamo Bay," in the New England Journal of Medicine. The Physicians for Human Rights also described and documented the participation of Psychologists in "Break Them Down: The Systematic Use of Psychological Torture by US Forces."

I am requesting that the Ethics Committee use its powers to obtain the names of other Psychologists who have participated in the programs. These names are not public.

Here is a partial list of the abuses which were reportedly designed and overseen in careful detail by Psychologists:

SEP 27 2005

1. Withholding or dispensing medical care, depending on willingness to talk to interrogators.
2. Sexual embarrassment and humiliation.
3. Beatings and shackling.
4. Exploiting phobias (ie fear of the dark).
5. Defacing religious symbols.
6. " Waterboarding" : Controlled partial drowning
7. Noise stress.
8. Manipulating national flags.
9. Frequent moving from cell to cell.
10. "Psychological testing" designed to confuse and disorient.
11. Using confidential medical records to aid torture strategies.
12. Use of dogs to threaten and punish.

Obviously the prerequisites of informed consent, transparency, and confidentiality were not observed. Also, obviously, rather than treating stress and mental imbalance, all of the above methods were intended to create the opposite: a most catastrophic kind of mental and physical breakdown. Sometimes prisoners were subjected to these treatments in order to "soften" them for interrogations. Other times these treatments were punishments or random acts of sadism. The Psychologists involved not only allowed, observed, and participated in the treatments, in many instances they designed them and created the rationale.

Recently memos written by US Army (JAG) lawyers concluded the following about these abusive interrogation techniques :1) They could be found illegal in domestic courts of law. 2) They are of questionable practical value in obtaining reliable information. 3) They damage US efforts to counter terrorism, because Muslims throughout the world will not want to work with us as informants. 4) They endanger our citizens and our troops because enemies will retaliate in their treatment of our citizens as prisoners. 5) They run counter to our image in the world as a protector of human rights.

I have read the report of the APA task force on ethics. Strangely enough, the report delineates the ways in which torture violates our ethical principles, but does not reach the obvious conclusion that the individuals involved in it are behaving unethically. The task force seems to excuse their behavior because it was sanctioned by the military for whom they were working. They also imply that the Psychologists are working for the greater good of Americans in trying to extract information that would prevent or punish terrorism. Unfortunately, the integrity of task force was compromised by including one of the primary Psychologists involved on the BSCT teams (Colonel Banks), who is also being accused in this complaint.

SEP 27 2005

The Geneva Convention of 1950 clearly states that "dual loyalty" is not an excuse for health professional's participation in torture: " No prisoner of war may be subjected to physical mutilation or to medical or scientific experiments of any kind which are not justified by the medical, dental, or hospital treatment of the prisoner concerned." In 1975 the World Medical Association (Declaration of Tokyo) barred medical personnel from participation in either torture or abuse,even as monitors.

I am attaching a list of internet links to articles which document the abuses in detail, and which also refer to domestic and international laws that they violate.

Sincerely,

Sharon Gadberry

Sharon Gadberry Ph.D.

SEP 27 2005

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

February 6, 2008

Trudy Bond, Ed.D
PRIVACY REDACTION

Dear Dr. Bond,

Thank you for your letter of January 22, regarding the status of two ethics matters. I have reviewed the written materials related to your question.

There are two initial steps in the ethics process: the first step occurs when an individual contacts the Ethics Office and indicates a wish to file a complaint. This step is called an "inquiry." The Ethics Office processes the inquiry and determines whether APA has jurisdiction over the matter (for example, confirms that the psychologist is an APA member). If the preliminary determination is that APA does have jurisdiction over the matter, the second step occurs, when APA provides a complainant packet (including necessary forms) to the person who has contacted the Office. Please note that APA does not provide a complainant packet until it has processed the inquiry.

Our records indicate that on April 11, 2007, you contacted the Ethics Office and indicated a wish to file a complaint against Dr. John Leso. Our records indicate that on that same day, the Ethics Office processed your inquiry and sent you a complainant packet. An inquiry is closed if no signed complaint form is received within 6 months. Our records indicate that as of October, 2007, the Office had received neither the complaint form nor any additional information from you. As a result, on October 11 the inquiry was closed.

Our records indicate that on December 4, 2007, the Ethics Office received a request from you (dated November 26) to file a complaint against Dr. Larry James. Prior to our office sending a complainant packet to you in response to this inquiry, the Ethics Office received a completed complaint form from you (dated December 5, received December 10). The subject of this complaint was Dr. Larry James. It appears that you took the complainant packet sent in April, in response to your inquiry regarding Dr. Leso, and used this packet to file a complaint against Dr. James. Consistent with this understanding of events, the complaint form you submitted in the Dr. James matter has Dr. Leso's name covered by "white out" and replaced with "Colonel Larry C. James" on the form. In addition, the Ethics Office sent you only 1 complainant packet.

Your complaint against Dr. James is being processed. To date, we have not received any complaint from you against Dr. Leso.

Sincerely,

Stephen Behnke

Stephen Behnke, JD, PhD
Director, Ethics Office

750 First Street, NE
Washington, DC 20002-4242
(202) 336-5500
(202) 336-6123 TDD

Web: www.apa.org

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TRUDY BOND, Ed.D.
Counseling Psychology
PRIVACY REDACTION

JAN 28 2008

January 22, 2008

CONFIDENTIAL

Dr. Stephen Behnke
Ethics Office
750 First Street, NE
Washington, DC 20002

Re: Ethical Complaint against John Leso

Dr. Behnke:

On December 18, you wrote: "The Rules and Procedures dictate that the ethics process is confidential and that the process applies to all ethics matters that come before APA. There are no exceptions. Persons filing ethics complaints are informed of the status of the complaint throughout the process."

On December 24, I wrote to you in an email: "I filed a second formal complaint against John Leso on September 4, 2007 after I had received no contact from APA regarding the first complaint filed in April of this year. I also filed a formal complaint against Larry James on December 5, 2007. Both Leso and James are APA members. The APA Office of Ethics has not even acknowledged receipt of the complaints I filed, yet you state to Dr. Hildebrandt that "Persons filing ethics complaints are informed of the status of the complaint throughout the process."

You responded the same day, stating (highlights mine):
"Dear Dr. Bond,
Thank you for your message. The Ethics Office does not respond on email to questions regarding specific ethics matters. If you have a question regarding a specific case in which you are a complainant, please write [Ethics Office; 750 First Street, NE; Washington, DC; 20002] or fax

HC00017459

[(202) 336-5997)] the Ethics Office and I will ensure that you receive an **expeditious** response.

Stephen Behnke
Director, Ethics Office"

On December 26, I both faxed and sent by U.S. Postal Mail my email request of 12/24/07 to the address and fax number you provided.

On January 2, 2008, I received a certified letter from APA Department of Ethics acknowledging receipt of my complaint against Larry James, filed one month earlier.

On January 3, 2008, I again faxed and mailed to you a request for the status of my complaint against John Leso which you stated on 12/24/07 that you would "expeditiously" provide.

I am still waiting for both an acknowledgment of this claim filed September 4, 2007, three months before the James' complaint, as well as the status of the complaint for the past four months.

Sincerely,

Dr. Trudy Bond

JAN 2 8 2008
HC00017459

AMERICAN PSYCHOLOGICAL ASSOCIATION

CONFIDENTIAL MEMORANDUM

TO: Robin M. Deutsch, Ph.D., Chair

FROM: Stanley E. Jones, Ph.D, Ethics Investigator

RE: The Bond complaint against James

DT: December 20, 2007

Robin, the attached complaint is ready for your review.

I have been assigned as the investigator on this matter. The complainant, Trudy Bond, Ed.D., appears to have no first hand information regarding this matter, and is filing based on publicly available information regarding the respondent's (Larry James, Ph.D.) role with Behavioral Science Consultation Teams at Guantanamo. My determination, based on the information and analysis below, is that we have sufficient information to determine cause for action, and that cause is not met.

Documents and Whether Further Information Is Needed. This is a "third party" complaint; the complainant has no direct knowledge of the respondent's behaviors at issue. The complainant includes references to and quotes from public materials. Document 3 and 3a list the three documents that the complainant says the complaint is based on:

1. Report from the International Committee of the Red Cross (ICRC) after visiting Guantánamo in June 2004;
2. *Review of DoD-Directed Investigations of Detainee Abuse (Report No. 06-INTEL-10)* produced by the Office of the DoD Inspector General dated August 25, 2006; and
3. The Camp Delta Standard Operating Procedure Manual, dated February, 2003 and implemented March 27, 2003.

However, none of them are attached, and the urls she attaches for secondary sources are unavailable without accessing premium content (NY Times and Wall Street Journal). The International Committee of the Red Cross report was a confidential report that the ICRC says on their web site was published by the Wall Street Journal without their consent. The report does not appear to be available from the ICRC. This is the only document that appears to reach conclusions about torture that might be relevant to the current complaint. The information provided by the complainant is sufficient to review the allegations, however, by assuming that all

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her descriptions and quotes are accurate. Accessing the documents themselves or other materials would not appear to add to the substance of the review.

Application of Code Only or Including Recent APA Statements. The complainant argues that the recent APA resolutions should be applied to the respondent's responsibilities under the Ethics Code. The standards she listed after the brief appear to be all those cited in APA resolutions.[i]

Analysis. The complainant states that the respondent was present at Guantanamo Bay when, according to a media report, the ICRC stated that the treatment of detainees was "tantamount" to torture. There is no information or even allegation that the respondent revealed treatment information or directly engaged in behaviors that the ICRC report described as "tantamount to torture." In fact, the complainant's statements suggest that his role was such that he would not have been so involved.[ii]

Regarding allegations of isolation and the SOP, do the current behaviors at issue violate even the newest statements of APA? The only reference in the 2007 APA resolution essentially states that "...the following acts were banned for the purpose of eliciting information in an interrogations process: ... isolation and/or sleep deprivation used in a manner that represents significant pain or suffering or in a manner that a reasonable person would judge to cause lasting harm...." In addition, even if it has been clarified that certain behaviors violate the code, I do not see how it can be reasonably determined that a member would have known in 2003 that isolation (and the other listed behaviors) aimed at creating a degree of disorientation, disorganization, and dependence on the interrogator would violate any standards in the current ethics code.

The complainant makes reference to the respondent's public statements that he has never engaged in abuse or torture, but notes that in these statements the respondent has never specifically denied using isolation or sensory deprivation. The complainant, however, provides no data that the respondent ever in fact employed isolation or sensory deprivation at all, much less that he did so as part of an abusive interrogation process.

Recommendation. Accordingly, I recommend that this matter be closed as not meeting cause for action.

Please note that as provided in V 5.4, if we disagree on whether or not there is cause for action, the matter shall be reviewed by the Vice Chair, who will cast the deciding vote.

Please advise me of your recommendation.

Thank you for your assistance.

Case Type: B4

Enclosures: File materials

[i] "The PENS report and the 2006 and 2007 Resolutions are extensions of the 2002 Code of Ethics, which apply to Colonel Larry James' actions. The Ethical Standards which do represent obligations for Colonel Larry James and form the basis for imposing sanctions include the following:" (Document 3f).

[ii] Excerpts Describing the Allegations at Issue.

From Document 3b:

"I am aware that Colonel James has denied the use of SERE techniques but the facts speak to his knowledge and military command of Behavioral Science Consultation Teams (BSCTs) who utilized SERE techniques."

" 'The team of humanitarian workers, which included experienced medical personnel, also asserted that some doctors and other medical workers at Guantánamo were participating in planning for interrogations, in what the report called "a flagrant violation of medical ethics."

Doctors and medical personnel conveyed information about prisoners' mental health and vulnerabilities to interrogators, the report said, sometimes directly, but usually through a group called the Behavioral Science Consultation Team, or B.S.C.T. The team, known informally as Biscuit, is composed of psychologists and psychological workers who advise the interrogators, the report said.' "

From Document 3c and d:

" ' 4.-20 Behavior Management Plan

a. Phase One Behavior Management Plan (First thirty days or as directed by JIG [Joint Intelligence Group]). The purpose of the Behavior Management Plan is to enhance and exploit the disorientation and disorganization felt by a newly arrived detainee in the interrogation process. It concentrates on isolating the detainee and fostering dependence of the detainee on his interrogator. During the first two weeks at Camp Delta, classify the detainees as Level 5 and house in a Maximum Security Unit (MSU) Block. During this time, the following conditions will apply:

(1) Restricted contact: No ICRC or Chaplain contact
(2) No books or mail privileges
(3) MREs for all meals.
(4) Basic comfort items only:
(a) ISO mat
(b) One blanket
(c) One towel
(d) Toothpaste/Finger toothbrush
(e) One Styrofoam cup

(f) Bar of soap
(g) Camp Rules
(h) No Koran, prayer beads, prayer cap.
(5) Mail writing and delivery will be at the direction of the J-2.

b. Phase Two Behavior Management Plan. The two-week period following Phase 1 will continue the process of isolating the detainee and fostering dependence on the interrogator. Until the JIG Commander changes his classification, the detainee will remain a Level 5 with the following:
(1) Continued MSU
(2) Koran, prayer beads and prayer cup distributed by interrogator
(3) Contacts decided by interrogator
(4) Interrogator decides when to move the detainee to general population.'

The stark admission that all incoming detainees at Guantánamo were to be held in isolation for the first 30 days and all were prevented from having contact with representatives of the International Committee of the Red Cross (ICRC) during Colonel James' tenure is not alleged – these admissions have been committed to paper in an official document.

I am aware that Colonel James has responded to previous accusations of ethical violations by decrying his innocence: "No matter what we do, there is nothing we can do to convince some people that we do not abuse, beat or strip anybody, nor do we starve anybody or withhold medications." (http://www.jtfgtmo.southcom.mil/storyarchive/2007/07sepstories/091307-1-BSCTteam.html) He does not mention isolation, sensory deprivation or breaking down the psyche of the detainees in this denial."

ETHICS COMPLAINT FORM
APA ETHICS OFFICE

Please type or print in ink. The document entitled "Information for Individuals Filing APA Ethics Complaints" which is included as part of the Ethics Complaint Packet may assist you in completing this form.

1. Person Making Complaint: DR. TRUDY BOND

Address: PRIVACY REDACTION

Phone: PRIVACY REDACTION

2. Member(s) Against Whom You Are Complaining: Colonel Larry C. James

Address: Dept. of Psychology Tripler Army Medical Center Honolulu, HAWAII (Address and phone number as listed under APA membership.)

Phone: PRIVACY REDACTION

3. Please specify as accurately as possible the earliest date and the most recent date of the alleged unethical behavior:

4. Have you discussed this situation with the psychologist(s) you are complaining about?

____ Yes _X_ No

5. Are you a member of the American Psychological Association?

____ Yes _X_ No

6. Have you filed a complaint with any other organization(s)?

____ Yes _X_ No

If you answered Yes, please indicate below where else you have filed and the date:

___ State Licensing Board _____
___ State Psychology Association Ethics Committee _____
___ Civil suit (e.g., malpractice) _____
___ Grievance Committee _____
___ Other _____

{Please describe the status of these complaint(s) in Item #7}

DEC 10 2007

7. Please help us to understand your complaint by providing the following information typed or printed (in ink) on separate paper:

(a) A **concise**, one paragraph summary of the nature of the alleged ethical misconduct;

(b) A detailed description of the alleged misconduct, specifying as accurately as possible the dates and:

(i) the sequence of events leading up to the behavior,

(ii) a complete account of the behavior and the Ethical Standards you believe have been violated,

(iii) any relevant information about what happened after the behavior occurred,

(iv) the status of any other complaints you have filed and any other steps you have taken to address this situation.

RELEASES

8. I hereby give the member(s) against whom I am making this complaint permission to give the APA Ethics Committee any confidential information regarding me, including any records of our interactions, and to answer all questions the Committee may have concerning such information.

Signature: _____ Date: 12.05.07

9. I hereby give the APA Ethics Committee permission to send to the member(s) against whom I am making this complaint copies of any materials submitted by me or on my behalf concerning this complaint.

Signature: _____ Date: 12.5.07

10. I hereby waive any right to subpoena from APA or its agents, for the purposes of private civil litigation, any documents or information concerning this matter.

Signature: _____ Date: 12.05.07

****** IMPORTANT ******

Please sign each of the releases without modification. We will only process your complaint form if these releases are complete. If they are incomplete, processing of your complaint will be delayed while we return this form to you for your signature.

Date revised: August 14, 1996

DEC 10 2007

Please return completed form to:
APA Ethics Office, 750 First Street, NE, Washington, DC 20002

TRUDY BOND, Ed.D.
Counseling Psychology
PRIVACY REDACTION

DEC 10 2007

December 5, 2007

CONFIDENTIAL

APA Ethics Committee

To whom it may concern:

Attached is a copy of the form requested by the American Psychological Association (APA) Ethics Committee for the processing of filing a formal complaint against APA members. I am filing a complaint against APA member Larry C. James. Col. James has been a member of APA since 1989 and remains a member. In addition to the information requested on APA's form, I am providing the following information to clarify this complaint:

- I am not an APA member and therefore have five years from the date of the ethics violation to file a complaint.

- The American Psychological Association (APA) 2002 Code of Ethics demands that I file this complaint:

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation.

The following information is in response to Question 7 on the Ethics Complaint Form from the APA Ethics Office.

7. (a) A concise, one paragraph summary of the nature of the alleged ethical misconduct;

This complaint is based on the findings of three documents:

1. Report from the International Committee of the Red Cross (ICRC) after visiting Guantánamo in June, 2004;
2. *Review of DoD-Directed Investigations of Detainee Abuse (Report No. 06-INTEL-10)* produced by the Office of the DoD Inspector General dated August 25, 2006; and

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3. The Camp Delta Standard Operating Procedure Manual, dated February, 2003 and implemented March 27, 2003.

Colonel James was the commander of the Guantánamo Behavioral Science Consultation Teams (BSCTs) from January 2003 to mid-May 2003, during a time when the International Committee of the Red Cross (ICRC) reported the most serious abuses at Guantánamo. According to the ICRC report, doctors and medical personnel conveyed information about prisoners' mental health and vulnerabilities to interrogators, sometimes directly, but usually through a group called the Behavioral Science Consultation Team. After their June 2004 visit, the ICRC stated that the treatment of detainees at Guantánamo amounted to torture. The declassified August 2006 report by the Department of Defense Office of the Inspector General (OIG) describes in detail how psychologists from the military's Survival, Evasion Resistance, and Escape (SERE) program, who were under the command and supervision of Colonel James, were instructed to apply their expertise in abusive interrogation techniques in the interrogations of detainees in Guantánamo. The OIG report makes it clear that Guantánamo BSCTs played an essential role in transforming SERE techniques into standard operating interrogation procedure. To reiterate, Colonel Larry James "was the Chief Psychologist for the Joint Intelligence Group at GTMO, Cuba" starting in January 2003, according to his APA PENS biography. And finally, according to the Camp Delta Standard Operating Procedure Manual beginning during the time which Colonel James was the Chief Psychologist for the Joint Intelligence Group at Guantánamo, all incoming detainees were to be held in isolation for the first 30 days "to enhance and exploit the disorientation and disorganization felt by a newly arrived detainee in the interrogation process," which "concentrates on isolating the detainee and fostering dependence of the detainee on the interrogator." In addition, an additional directive of the SOP was that that, during this period, the detainees were to be prevented from having contact with representatives of the International Committee of the Red Cross (ICRC). Not only are these actions a violation of APA ethics, they also are illegal.

7. (b) A detailed description of the alleged misconduct, specifying as accurately as possible the dates and
(i) the sequence of events leading up to the behavior,

Colonel Larry James "was the Chief Psychologist for the Joint Intelligence Group at GTMO, Cuba" starting in January 2003, according to his APA PENS biography.

On May 7, 2004, 110 members of Congress formally requested that the Department of Defense (DoD) Inspector General "supervise the investigations of tortured Iraqi prisoners of war and other reported gross violations of the Geneva Conventions at Abu Ghraib Prison in Iraq." In response to this request, the Office of the Deputy Inspector General for Intelligence monitored allegations of detainee and prisoner abuse and evaluated 13 senior-level inspections, assessments, reviews, and investigations of detention and interrogation operations that were initiated as a

DEC 10 2007
HC00017493

result of allegations of detainee abuse. The purpose of this review was to evaluate these reports in order to determine whether any overarching, systemic issues, should be addressed.

As a result of these activities, the Office of the DoD Inspector General produced a *Review of DoD-Directed Investigations of Detainee Abuse (Report No. 06-INTEL-10)* on August 25, 2006. One of the three findings in the OIG report was that SERE, a course designed to prepare selected American forces to withstand interrogations that did not abide by the Geneva Conventions, was turned into a program for harsh, coercive interrogation. In this way, a course of training to resist cruel, degrading, and inhumane treatment was transformed into a program to counter this very resistance. This program was carried out in the interrogation of Guantánamo prisoners before it "migrated" to Iraq. Officially, Guantánamo prisoners were not entitled to the protections afforded by the Geneva Conventions. The declassified August 2006 report by the Department of Defense Office of the Inspector General (OIG) describes in detail how psychologists from the military's Survival, Evasion Resistance, and Escape (SERE) program, who were under the command and supervision of Colonel James, were instructed to apply their expertise in abusive interrogation techniques conducted by the DoD in Guantánamo. The OIG report makes it clear that Guantánamo BSCTs played an essential role in transforming SERE techniques into standard operating interrogation procedure. As the Chief Psychologist for the Joint Intelligence Group at Guantánamo, Colonel James was the commander of the Guantánamo Behavioral Science Consultation Teams (BSCTs) from January 2003 to mid-May, 2003.

I am aware that Colonel James has denied the use of SERE techniques but the facts speak to his knowledge and military command of Behavioral Science Consultation Teams (BSCTs) who utilized SERE techniques.

In November of 2004, the International Committee of the Red Cross, who had been visiting detainees since 2002, issued a report. Quoting from the New York Times (http://www.nytimes.com/2004/11/30/politics/30gitmo.html?_r=1&oref=slogin):

> The International Committee of the Red Cross has charged in confidential reports to the United States government that the American military has intentionally used psychological and sometimes physical coercion "tantamount to torture" on prisoners at Guantánamo Bay, Cuba.
>
> The finding that the handling of prisoners detained and interrogated at Guantánamo amounted to torture came after a visit by a Red Cross inspection team that spent most of last June in Guantánamo.
>
> The team of humanitarian workers, which included experienced medical personnel, also asserted that some doctors and other medical workers at Guantánamo were participating in planning for interrogations, in what the report called "a flagrant violation of medical ethics."

DEC 10 2007

HC00017493

Doctors and medical personnel conveyed information about prisoners' mental health and vulnerabilities to interrogators, the report said, sometimes directly, but usually through a group called the Behavioral Science Consultation Team, or B.S.C.T. The team, known informally as Biscuit, is composed of psychologists and psychological workers who advise the interrogators, the report said.

It was the first time that the Red Cross, which has been conducting visits to Guantánamo since January 2002, asserted in such strong terms that the treatment of detainees, both physical and psychological, amounted to torture. The report said that another confidential report in January 2003, which has never been disclosed, raised questions of whether "psychological torture" was taking place.

I am aware that Colonel James believes he has "cleaned up" the torture at Guantánamo. The reports from the ICRC both at the time that Colonel James was Chief Psychologist for the Joint Intelligence Group at Guantánamo and after he left documents continued ethical and abusive treatment of detainees.

According to his own biography, Colonel James initially arrived at Guantánamo as Chief Psychologist for the Joint Intelligence Group in January of 2003. By February 28, 2003, the Camp Delta Standard Operating Procedure (SOP) was written by the JTF-GTMO (https://secure.wikileaks.org/wiki/Gitmo-sop.pdf) and implemented March 27, 2003. Apart from his contribution to the SOP, Colonel James was also commanded to follow the SOP. Included in the SOP are the following APA ethical violations, most notably that of isolation, though also including actions designed to have severe negative psychological consequences for the detainee:

4-20 Behavior Management Plan
a. Phase One Behavior Management Plan (First thirty days or as directed by JIG [Joint Intelligence Group]). The purpose of the Behavior Management Plan is to enhance and exploit the disorientation and disorganization felt by a newly arrived detainee in the interrogation process. It concentrates on isolating the detainee and fostering dependence of the detainee on his interrogator. During the first two weeks at Camp Delta, classify the detainees as Level 5 and house in a Maximum Security Unit (MSU) Block. During this time, the following conditions will apply:

(1) Restricted contact: No ICRC or Chaplain contact
(2) No books or mail privileges
(3) MREs for all meals.
(4) Basic comfort items only:
(a) ISO Mat
(b) One blanket
(c) One towel
(d) Toothpaste/finger toothbrush

DEC 10 2007

HC00017493

(e) One Styrofoam cup
(f) Bar of soap
(g) Camp Rules
(h) No Koran, prayer beads, prayer cap.
(5) Mail writing and delivery will be at the direction of the J-2.

b. Phase Two Behavior Management Plan. The two-week period following Phase 1 will continue the process of isolating the detainee and fostering dependence on the interrogator. Until the JIG Commander changes his classification, the detainee will remain a Level 5 with the following:

(1) Continued MSU
(2) Koran, prayer beads and prayer cap distributed by interrogator
(3) Contacts decided by interrogator
(4) Interrogator decides when to move the detainee to general population."

The stark admission that all incoming detainees at Guantánamo were to be held in isolation for the first 30 days and all were prevented from having contact with representatives of the International Committee of the Red Cross (ICRC) during Colonel James' tenure is not alleged - these admissions have been committed to paper in an official document.

I am aware that Colonel James has responded to previous accusations of ethical violations by decrying his innocence: "No matter what we do, there is nothing we can do to convince some people that we do not abuse, beat or strip anybody, nor do we starve anybody or withhold medications." (http://www.jtfgtmo.southcom.mil/storyarchive/2007/07sepstories/091307-1-BSCTteam.html) He does not mention isolation, sensory deprivation or breaking down the psyche of the detainees in this denial.

7. (b) (ii) a complete account of the behavior and the Ethical Standards you believe have been violated,

•The American Psychological Association (APA) 2002 Code of Ethics includes both General Principles and Ethical Standards. (http://www.apa.org/ethics/code2002.html#1_01) Colonel Larry James has violated all five General Principles of the Code of Ethics.

Principle A: Beneficence and Nonmaleficence
Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions

DEC 10 2007

HC00017493

may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation,

DEC 10 2007

HC00017493

disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

However, in the introduction to the General Principles of the 2002 APA Code of Ethics, the following disclaimer is founds: "General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose."

The PENS report and the 2006 and 2007 Resolutions are extensions of the 2002 Code of Ethics, which apply to Colonel Larry James' actions. The Ethical Standards which do represent obligations for Colonel Larry James and form the basis for imposing sanctions include the following:

1.01 Misuse of Psychologists' Work
If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.03 Conflicts Between Ethics and Organizational Demands
If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code.

1.05 Reporting Ethical Violations
If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities.

3.01 Unfair Discrimination
In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment
Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and

DEC 10 2007

HC00017493

the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.

3.03 Other Harassment
Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm
Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

•In his article in the July/August 2006 volume of the Monitor on Psychology (http://www.apa.org/monitor/julaug06/interrogations.html), Stephen Behnke, JD, PhD and director of APA's Ethics Office, referred to the document, "REPORT OF THE PRESIDENTIAL TASK FORCE ON PSYCHOLOGICAL ETHICS AND NATIONAL SECURITY (PENS)." (http://www.apa.org/releases/PENSTaskForceReportFinal.pdf) which delineates the role of psychologists in the military. The PENS report became an extension of the 2002 Ethics Code. As Dr. Behnke wrote, "The Task Force looked to the APA Ethics Code for fundamental principles to guide its thinking. The Task Force found such principles in numerous aspects of the Ethics Code, such as the Preamble, 'Psychologists respect and protect civil and human rights' and '[The Ethics Code] has as its goals the welfare and protection of the individuals and groups with whom psychologists work'; Principle A, Beneficence and Nonmaleficence, 'In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons'; . . .The Task Force concluded that the Ethics Code is fundamentally sound in addressing the ethical dilemmas that arise in the context of national security-related work." In addition, Dr. Behnke stated in writing on August 29, 2007, "In 2005, the APA Ethics Committee determined that the 12 statements in the PENS report were appropriate interpretations and applications of the APA Ethics Code. The version of the Ethics Code that the PENS report was written under was adopted by our Council of Representatives in 2002." **Ironically, Colonel Larry James, Ph.D. was the chief psychologist for the Joint Intelligence Group at Guantánamo Bay and then became the director of the Behavioral Science Unit at Abu Ghraib, having violated the aforementioned ethics prior to being a member of the PENS task force.**

•At their convention in August, 2006, the APA Council of Representatives passed the 2006 APA Resolution Against Torture and Other Cruel, Inhuman, or Degrading

DEC 10 2007

HC00017493

Treatment or Punishment. The 2006 Resolution:
1. Unequivocally condemned torture and cruel, inhuman, or degrading treatment or punishment.
2. Prohibited psychologist involvement, either directly or indirectly, in behaviors that involved torture or cruel, inhuman, or degrading treatment or punishment and called upon psychologists to report violations.
3. Stated that the prohibition and condemnation applied to all persons, settings, and contexts.
4. Included the principle that settings could be defined as cruel, inhuman, or degrading.
5. Included the fundamental principle of denial of due process in as a primary characteristic in defining a setting as cruel, inhuman, or degrading.
6. Argued that there were no exceptional circumstances that justified the use of torture or cruel, inhuman, or degrading treatment or punishment, including instances of war or following orders. (http://www.peacepsych.org; http://www.counterpunch.org/woolf09012007.html)

•In response to my question posed in August of 2006 regarding the 2006 Resolution and the 2002 Code of Ethics, Dr. Stephen Behnke, Director of Ethics for the APA, responded that the Resolution was an elaboration of the 2002 Ethics Code, and not a replacement for such. He stated in an email to me "This Resolution was intended to update the 1986 Resolution Against Torture."

•At their convention in August, 2007, the APA Council of Representatives passed the 2007 Reaffirmation of the American Psychological Association Position Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment and Its Application to Individuals Defined in the United States Code as "Enemy Combatants." The 2007 Reaffirmation of the American Psychological Association Position Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment and Its Application to Individuals Defined in the United States Code as "Enemy Combatants" is aptly named. It is quite simply a reaffirmation and application of the 2006 APA Resolution Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment, and the elements as listed about but within the context of interrogations of individuals designated as "enemy combatants" and "illegal enemy combatants un the Military Commissions Act of 2006. (http://www.counterpunch.org/woolf09012007.html)

•In the Town Hall meeting at the APA convention in August of 2007, Dr. Stephen Behnke specifically stated that the 2007 Reaffirmation of the American Psychological Association Position Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment and Its Application to Individuals Defined in the United States Code as "Enemy Combatants." would override Section 1.02 from the Ethical Standards, thereby not to excuse psychologists from continuing to be accomplices to torture because the national policies allow such violation of international law. (1.02 Conflicts Between Ethics

DEC 10 2007

HC00017493

and Law, Regulations, or Other Governing Legal Authority: If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.)

•Two government documents and a report from the International Committee of the Red Cross detail the torture of detainees at Guantánamo during the time that Colonel Larry James was Chief Psychologist for the Joint Intelligence Group at Guantánamo. The specific behaviors which violate the Ethical Standards of APA as well as international law and the Geneva Conventions have been documented previously in this complaint.

• To summarize, as Chief Psychologist for the Joint Intelligence Group at Guantánamo, Colonel Larry James violated Ethical Codes 1.01 Misuse of Psychologists' Work, 1.03 Conflicts Between Ethics and Organizational Demands, 1.05 Reporting Ethical Violations, 3.01 Unfair Discrimination, 3.02 Sexual Harassment, 3.03 Other Harassment, and 3.04 Avoiding Harm.

7. (b) (iii) any relevant information about what happened after the behavior occurred,

• Ironically, the APA brought psychologist Colonel Larry James from Guantánamo to the August, 2007 APA convention to present their resolution on torture and interrogations to the APA's Council.

•As recently as August 19, 2007, Dr. Steven Behnke told Bob Egelko of the San Francisco Chronicle that he was unaware of any cases of members at military bases who have "developed the torture techniques and, in some cases, applied them."

7. (b) (iv) the status of any other complaints you have filed and any other steps you have taken to address this situation.

•I have not filed any other complaints regarding Colonel Larry James. State licensing boards have said that their offices, though initially in charge of licensing military psychologists, have no jurisdiction over military psychologists.

DEC 10 2007

HC00017493

[ABSTRACT]

REPORT OF THE PRESIDENTIAL TASK FORCE ON PSYCHOLOGICAL ETHICS AND NATIONAL SECURITY

DRAFT

The Presidential Task Force on Psychological Ethics and National Security (PENS) met on the weekend of June 24-26. The PENS Task Force met in response to the Board of Directors February, 2005 charge, that the Task Force:

"...examine whether our current Ethics Code adequately addresses [the ethical dimensions of psychologists' involvement in national security-related activities], whether the APA provides adequate ethical guidance to psychologists involved in these endeavors, and whether APA should develop policy to address the role of psychologists and psychology in investigations related to national security."

The Task Force believes it is critical for the American Psychological Association to address these issues. The American Psychological Association is the world's largest association of mental health professionals. The United States Department of Defense is the largest single employer of psychologists in the country, and many psychologists who do not work for the Department of Defense are involved in work related to our national defense and our national security. It is the responsibility of APA to accept the challenge of thinking through and providing guidance on the complex ethical dilemmas that face psychologists working in our nation's service.

In the American Psychological Association Ethical Principles of Psychologists and Code of Conduct (hereinafter the APA Ethics Code), Principle B, Fidelity and Responsibility, states that psychologists "are aware of their professional and scientific responsibilities to society." Psychologists have a valuable and ethical role to assist in protecting our nation, other nations, and innocent civilians from harm, which will at times entail gathering information that can be used in our Nation's and other nations' defense. The Task Force believes that a central role for psychologists working in the area of national security-related investigations is to assist to ensure that processes are safe, legal, and ethical for all participants in the process.

The Task Force confronted the argument that when psychologists act in certain roles outside traditional health-service provider relationships, for example as consultants to interrogations, they are not acting in a professional capacity as psychologists and are therefore not bound by the APA Ethics Code. The Task Force rejected this contention. The Task Force believes that when psychologists serve in a position by virtue of their training, experience, and expertise as psychologists, the APA Ethics Code applies. In any such circumstance, psychologists are bound by the APA Ethics Code.

The Task Force looked to the APA Ethics Code for fundamental principles to guide its thinking. The Task Force found such principles in the Preamble to the APA Ethics Code, which states "Psychologists respect and protect civil and human rights" and "[The Ethics

HC00017699

Code] has as its goals the welfare and protection of the individuals and groups with whom psychologists work"; Principle A, Beneficence and Nonmaleficence, which states "In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons"; Principle D, Justice, which states "Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices"; and Principle E, Respect for People's Rights and Dignity, which states "Psychologists respect the dignity and worth of all people." The Task Force derived a number of positions from these and other statements in the APA Ethics Code.

First, psychologists do not condone or participate in torture. The Task Force endorses the 1986 Resolution Against Torture, adopted by the American Psychological Association Council of Representatives, and the 1985 Joint Resolution Against Torture of the American Psychological Association and the American Psychiatric Association.

Second, psychologists have an ethical responsibility to report acts of torture to the appropriate authorities when they become aware of such acts. This ethical responsibility is rooted in the Preamble, which states "Psychologists respect and protect civil and human rights...the development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically [and] to encourage ethical behavior by...colleagues," and Principle B, Fidelity and Responsibility, which states that psychologists "are concerned about the ethical compliance of their colleagues' scientific and professional conduct." (Ethical Standard 1.05, Reporting Ethical Violations)

Third, psychologists do not engage in behaviors that violate the laws of the United States. Psychologists involved in national security-related activities follow all applicable rules and regulations that govern their roles. Over the course of the recent United States military presence in locations such as Afghanistan, Iraq, and Cuba, such rules and regulations have been significantly developed and refined. Psychologists have an ethical responsibility to be informed of, familiar with, and follow the most recent applicable regulations and rules. The Task Force notes that certain such rules and regulations incorporate texts that are fundamental to the treatment of individuals whose liberty has been curtailed, such as the Geneva Conventions.

Fourth, psychologists are aware of their role and clarify their role in situations where the nature of their professional identity and professional function may be ambiguous. Psychologists have a special responsibility to clarify their role in situations where individuals may have an incorrect impression that psychologists are serving in a health care provider role. The Task Force derived this position from standards in the APA Ethics Code that address the importance of clarity regarding a psychologist's role (Ethical Standards 3.07 and 3.11).

Fifth, psychologists are sensitive to the problems inherent in mixing potentially inconsistent roles, such as health care provider and consultant to an interrogation, and

HC00017699

refrain from engaging in such multiple relationships (Ethical Standard 3.05, "A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.")

Sixth, the Task Force reviewed roles that psychologists take in national security-related activities. The Task Force reviewed in particular the role of a consultant to interrogations, and believes that psychologists can serve in this role in a manner that is entirely consistent with the APA Ethics Code. The Task Force noted that psychologists have served in consultant roles to law enforcement on the state and federal levels for a considerable period of time, and have proven highly effective in lending assistance to law enforcement in the vital area of information gathering. The Task Force could find no persuasive arguments that such support to law enforcement is ethically inappropriate. The Task Force noted special ethical considerations for psychologists serving in this role, especially when individuals from countries other than the United States have been detained by United States authorities. Such ethical considerations include:

- Ways in which certain settings may instill in individuals a profound sense of powerlessness and may place individuals in considerable positions of disadvantage in terms of asserting their interests and rights. (See Ethical Standards 1.01, Misuse of Psychologists' Work and 3.08, Exploitative Relationships)
- Ways in which a failure to understand aspects of an individual's culture and ethnicity may generate misunderstandings and compromise the efficacy and hence the safety of investigatory processes. (Principle E, "Psychologists are aware of and respect cultural, individual, and role differences, including those based on…race, ethnicity, culture, national origin… and consider these factors when working with members of such groups"; Ethical Standard 2.01(b), Boundaries of Competence, "Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with…race, ethnicity, culture, national origin…is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals…", and Ethical Standard 3.01, Unfair Discrimination, "In their work-related activities, psychologists do not engage in unfair discrimination based on…race, ethnicity, culture, national origin…")

Seventh, psychologists do not consult on techniques that would cause psychological distress except for a clear, legitimate purpose, such as to prevent future acts of violence. Punishment and obtaining a confession do not constitute legitimate purposes. If psychologists consult on activities that would cause psychological distress, they follow the restrictions on psychological distress set forth in Ethical Standard 8.07, Deception in

HC00017699

Research, which places boundaries on the degree of psychological distress researchers may impose upon research subjects.

Eighth, psychologists who may serve in the role of supporting an interrogation do not use health care related information for the detriment of an individual's safety and well-being. (Ethical Standard 3.04, Avoiding Harm).

Ninth, psychologists who have access to, utilize, or share confidential medical or mental health related information do so with an awareness of the sensitivity of such information, keeping in mind that ""Psychologists have a primary obligation and take reasonable precautions to protect confidential information..." (Ethical Standard 4.01, Maintaining Confidentiality). When disclosing confidential information, psychologists share the minimum amount of information necessary, and only with individuals who have a clear professional purpose for obtaining the information. (Ethical Standard 4.04, Minimizing Intrusions on Privacy)

Tenth, psychologists are aware of their competencies. Psychologists do not act beyond their competence, except in unusual circumstances, such as set forth in the Ethics Code. (Ethical Standard 2.02, Providing Services in Emergencies) Thus, psychologists ensure that their activities are effective, in addition to being safe, legal, and ethical. (Ethical Standards 2.01, Boundaries of Competence; 2.04, Bases for Scientific and Professional Judgments; 9.01 Bases for Assessments)

Eleventh, psychologists clarify the identity of their client and retain ethical obligations to individuals who are not their clients. Regardless of whether an individual is considered a "client," psychologists have an ethical obligation to ensure that their activities in relation to the individual are safe, legal, ethical, and effective. Sensitivity to the entirety of a psychologist's ethical obligations is especially important where, because of a setting's unique characteristics, an individual may not be fully able to assert relevant rights and interests. (Principle A, Beneficence and Nonmaleficence, "In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons..." and Principle D, Justice; "Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.")

Twelth, psychologists have an ethical obligation to consult when they are facing difficult ethical dilemmas. The Task Force was emphatic that consultation on ethics questions and dilemmas is highly appropriate for psychologists at all levels of experience, especially in this very challenging and ethically complex area of practice. (Preamble to the Ethics Code, "The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically...and to consult with others concerning ethical problems.")

The Task Force drew several other conclusions:

HC00017699

- The development of professional skills and competencies, ethical consultation and ethical self-reflection, and a willingness to take responsibility for one's own ethical behavior are the best ways to ensure that the national security-related activities of psychologists are safe, legal, ethical, and effective
- It is critical to offer ethical guidance and support especially to psychologists at the beginning of their careers, who may experience pressures to engage in unethical or inappropriate behaviors that they find difficult to resist
- The American Psychological Association should develop a process whereby psychologists in need of ethical guidance or consultation may consult their national organization for assistance and support
- Psychologists should engage in research to examine and develop effective ways of obtaining information for the purpose of preventing acts of violence. Psychologists conducting such research should focus on the quality of the information obtained through various techniques. In addition to research into the effectiveness of information gathering techniques, psychologists should examine the psychological effects of conducting interrogations on the interrogators themselves, to explore ways of helping to ensure that the process of gathering information is likely to remain within ethical boundaries.

The Task Force engaged in vigorous discussion and debate and did not reach consensus on several issues:

- The role of human rights standards in an ethics code. While all Task Force members felt that respect for human rights is critical, some task force members felt strongly that international standards of human rights should be built into the ethics code and others felt that the laws of the United States should be the touchstone.
- The degree to which psychologists may ethically disguise the nature and purpose of their work. While all members of the Task Force agreed that full disclosure of the nature and purpose of a psychologist's work is not be ethically required or appropriate in every circumstance, members differed on the degree to which psychologists may ethically dissemble their activities from individuals whom they engage directly.
- Whether the discussion of the Task Force should have been made available outside the Task Force. Some members believed that sharing the substance of the discussions, debates, and disagreements of the Task Force would be helpful to others in understanding how the Task Force reached its conclusions. Others felt that not sharing information beyond this report and other public statements would facilitate richer and more productive exchanges during the Task Force meeting. The Task Force voted on this issue. By a vote of seven to one, with one abstention, the Task Force voted to limit what information is disclosed concerning its deliberations to this report and other public statements made by the Task Force as a whole.

HC00017699

Part of integrated class

Adherent to Code?

[vigorously debating violations]

Heavy if involved in work => Force for Good.

= Interrogators [4, 5, 1, 10]

add [→ Guided by Mesch]

add → to be alert to and upset

=

→ 8.07 > Mesch /##

→ Documents that ψ be familiar with

→ medical & Veterans as Mesch subjects

3.04

Robert F. * → Where for data that need duality to
Learn as interrogators
[get confidence, like emails, useful injuries]

=

[Determine Agent] — follow-on

* (Human) →

* → ongoing body ←

HC00017705

→ Cross-Hatch addressing interrogation process

→ unique issues we have identified ←

→ clarification of "client"

→ Ethics Code regarding addressing these issues

→ ~~not guilty~~

may be innocent of any actual

→ Is this technique appropriate for person who is guilty of nothing.

→ not engaged in any outward behavior relevant

repeat again to test factual content

→ quickly + effectively as possible

→ obtain accurate + reliable information

mindset ⟺ instead of: culture + visual cc's: effectiveness
cognitive styles, intuitive processing
interpersonal cc's: culture

→ efficiency

→ Tactical + Strategic

→ written document > Cognition

→ Torture or limits > research

Daniel Cesar "goodness of fit"

IME

→ Cathive to tell story to move practice

⇒ Pydelsnt

media updates

~~relationship status~~

↓ effects

* → Research into torture ⊕ investigative techniques
+ on investigators

PM

→ Treatment for Survivors of Torture

→ culturally sensitive tx, ⊕ ↓ in domain
research + action

→ unique place + responsibility

→ until US committed // 1986
recently itself to 1986

---

useful work to look into
beyond scope of grant

HC00017705

LJ → // Need for early statement re: TX

MG → multidisciplinary Team Collaborate / 3.09

JA →→ more compliance ethical issues → ethical

⇒ LONGER TERM COMMITMENT

process of ongoing study

NT guidance → profiling // "indirect assessment"

⇒ COLLECTIVE WISDOM > HISTORICAL

→ 4 value added; reduce risk of abuse

⇒ A LOT MORE TO LEARN

NT ⇒ "DRIFT"

→ Emotions Began to

(Cohesive, understandy, integrity became)

HC00017705

(5)

* Framework established to have ~~w~~ watchdog

* only goods as people that implement them

* national security setting provides
→ context ←

MAKE DRIFT MORE LIKELY

ETHICS CODE

The Task Force → process →
⇒ And in flurry of rare than a
preliminary approval.

e.g.
Informed
Consent

→ Preliminary → Federal safety speak to discuss / Federal safety Board
rare caught + detailed review

reflect vitality of professional Science ⇔ Ethics Code

→ safe, off the record

need certain kinds of cover

HC00017705

- → Assess, help, lead > provide guidance
- → special challenges to provide ethical guidance
- → new competencies that are required
- → research + determinees?

⇒ RECS > pass along to DoD
For their review & consideration

⇒ International scientists

⇒ publication of TR report

HC00017705

First, psychologists do not condone, advise how to conduct, train how to do, or participate in torture.

p. 3, ¶ 2, third sentence from end - may be state in a manner that is less defensive.

p. 2, item 3: sentence 2 sounds like following law + rules allows us to be ethical in our behavior.

of
under

we potential for ? behav

and ~~the~~ conditions of ambiguity + high stress

Psychologists are alert to the potential for
inappropriate, ~~abusive~~, ? behavior
occurring under conditions of ambiguity + high stress -
responsibility rests where care +
stress = when they work -

Steve - fil free to change Robert

recommend APA support development of

~~"oral history"~~

repository of information concerning psychologists' contributions to national security. Such information might be collected + housed in classified and unclassified settings, as appropriate. This ~~has~~ historical information may be of use in the future to psychologists and others.

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AFTER THOROUGH REVIEW OF THE ACTIVITIES OF PSYCHOLOGISTS WHO SERVE ~~DO~~ THEIR COUNTRY ~~DO~~ UNDER DIFFICULT CIRCUMSTANCES, DURING A CRITICAL POINT IN OUR NATION'S HISTORY

THE TASK FORCE WISHES TO ACKNOWLEDGE THE EFFORTS OF PSYCHOLOGISTS WHO ~~SERVE~~ APPLY THEIR SKILLS IN THE SERVICE OF ~~OUR COUNTRY~~ NATIONAL DEFENSE. ~~THESE~~ THEIR UPHOLDING THE HIGHEST ETHICAL STANDARDS ~~UNDER DURING~~ DIFFICULT CIRCUMSTANCES, IS OF PARAMOUNT IMPORTANCE ~~SUPPORTIVE~~ AT ~~THE~~ A CRITICAL POINT IN OUR NATION'S HISTORY

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PSYCHOLOGISTS WORK IN MANY VARIED NATIONAL SECURITY SETTINGS. WHEN PSYCHOLOGISTS BECOME AWARE OF PERSONS IN NEED OF MENTAL HEALTH TREATMENT, PSYCHOLOGISTS MAY CONSULT TO FACILITATE APPROPRIATE BEHAVIORAL HEALTH CARE.

Stuff - feel free to improve —

— recommends APA work with organizations with national security responsibilities to assist them to promote ~~ethical~~ psychological practice consistent with APA ethical standards

(something like that)

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Page 1
Paragraph 11

and has been on record since 1986

APA opposes torture, in any circumstance and any form. This includes torture for information gathering purposes and such behavior by a psychologist would be considered both illegal and unethical.

Code] has as its goals the welfare and protection of the individuals and groups with whom psychologists work"; Principle A, Beneficence and Nonmaleficence, which states "In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons"; Principle D, Justice, which states "Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices"; and Principle E, Respect for People's Rights and Dignity, which states "Psychologists respect the dignity and worth of all people." The Task Force derived a number of positions from these and other statements in the APA Ethics Code.

First, psychologists do not condone or participate in torture. The Task Force endorses the 1986 Resolution Against Torture, adopted by the American Psychological Association Council of Representatives, and the 1985 Joint Resolution Against Torture of the American Psychological Association and the American Psychiatric Association.

Second, psychologists have an ethical responsibility to report acts of torture to the appropriate authorities when they become aware of such acts. This ethical responsibility is rooted in the Preamble, which states "Psychologists respect and protect civil and human rights...the development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically [and] to encourage ethical behavior by...colleagues," and Principle B, Fidelity and Responsibility, which states that psychologists "are concerned about the ethical compliance of their colleagues' scientific and professional conduct." (Ethical Standard 1.05, Reporting Ethical Violations)

Third, psychologists do not engage in behaviors that violate the laws of the United States. Psychologists involved in national security-related activities follow all applicable rules and regulations that govern their roles. Over the course of the recent United States military presence in locations such as Afghanistan, Iraq, and Cuba, such rules and regulations have been significantly developed and refined. Psychologists have an ethical responsibility to be informed of, familiar with, and follow the most recent applicable regulations and rules. The Task Force notes that certain such rules and regulations incorporate texts that are fundamental to the treatment of individuals whose liberty has been curtailed, such as the Geneva Conventions.

Fourth, psychologists are aware of their role and clarify their role in situations where the nature of their professional identity and professional function may be ambiguous. Psychologists have a special responsibility to clarify their role in situations where individuals may have an incorrect impression that psychologists are serving in a health care provider role. The Task Force derived this position from standards in the APA Ethics Code that address the importance of clarity regarding a psychologist's role (Ethical Standards 3.07 and 3.11).

Fifth, psychologists are sensitive to the problems inherent in mixing potentially inconsistent roles, such as health care provider and consultant to an interrogation, and

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western introspective background

REPORT OF THE PRESIDENTIAL TASK FORCE ON PSYCHOLOGICAL ETHICS AND NATIONAL SECURITY

DRAFT

The Presidential Task Force on Psychological Ethics and National Security (PENS) met on the weekend of June 24-26. The PENS Task Force met in response to the Board of Directors February, 2005 charge, that the Task Force:

"...examine whether our current Ethics Code adequately addresses [the ethical dimensions of psychologists' involvement in national security-related activities], whether the APA provides adequate ethical guidance to psychologists involved in these endeavors, and whether APA should develop policy to address the role of psychologists and psychology in investigations related to national security."

The Task Force believes it is critical for the American Psychological Association to address these issues. The American Psychological Association is the world's largest association of mental health professionals. The United States Department of Defense is the largest single employer of psychologists in the country, and many psychologists who do not work for the Department of Defense are involved in work related to our national defense and our national security. It is the responsibility of APA to accept the challenge of thinking through and providing guidance on the complex ethical dilemmas that face psychologists working in our nation's service.

The American Psychological Association Ethical Principles of Psychologists and Code of Conduct (hereinafter the APA Ethics Code), Principle B, Fidelity and Responsibility, states that psychologists "are aware of their professional and scientific responsibilities to society." Psychologists have a valuable and ethical role to assist in protecting our nation, other nations, and innocent civilians from harm, which will at times entail gathering information that can be used in our Nation's and other nations' defense. The Task Force believes that a central role for psychologists working in the area of national security-related investigations is to assist to ensure that processes are safe, legal, and ethical for all participants in the process.

The Task Force confronted the argument that when psychologists act in certain roles outside traditional health-service provider relationships, for example as consultants to interrogations, they are not acting in a professional capacity as psychologists and are therefore not bound by the APA Ethics Code. The Task Force rejected this contention. The Task Force believes that when psychologists serve in a position by virtue of their training, experience, and expertise as psychologists, the APA Ethics Code applies. In any such circumstance, psychologists are bound by the APA Ethics Code.

The Task Force looked to the APA Ethics Code for fundamental principles to guide its thinking. The Task Force found such principles in the Preamble to the APA Ethics Code, which states "Psychologists respect and protect civil and human rights" and "[The Ethics

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The psychologist as a consultant to national security issues is one of several professional disciplines that provide advisement to strategic decision makers. The consultation offered by psychologists does not stand independent but a part larger input offered by intelligence analysts, technicians, lawyers and investigators. Collectively, this group provides support to investigations, interrogations and operations in the service of national security and safety.

~~Psychological Consultation~~
The involvement of psychology in national security issues initially evokes a risk avoidance response for many in and outside the profession. However, the expertise that psychologists bring to ensuring national safety and security exceeds the ~~risk~~ any risk that may be articulated. ~~However~~, As psychology broadens it's professional role, in this area it is critical that the ~~activities/action~~ practice in the national security arena be rigorously assessed and monitored by the profession as a whole and engage in a small set of practice activities that are legal ethical and safe that ensure the security of not only the country but the profession.

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Fraying

The psychologist ~~may or~~ realised that the subject under questioning may or may not have useful information

Torture and Truth - Danner, M

Difference betw - compliance + accurate information ~~US~~

What

working w/other organizations

seeking consultation

inclusive of U func. Peril by working w/in nat'l security

Victims of Torture USA ID Danuta Lockett

~~APAF~~ Antares Foundation - Denmark
www.psychosocial.org

APA ~~the~~ sees its oblig. to be aware of torture to support culturally appropriate methods of dealing w/ aftermath

Resolution →

Pts are alert to the potential pres/urgency it may arise.

At a time of int'l terrorism it is vital # Amer. Behav scientists our colleagues in our country join w/others to countries to rsch + develop methodologies # are eff. + efficient sources of accurate + useful info. # advances the effort ~~of enhanced~~ could to mk all our citizens more secure. At e same time, Pres has e responsibility to see to it # meth. # r used are safe + bring no harm to either those who utl. these meth. or to those on whom y are used.

The charge to the TF is to "examine..."

We undertake this charge mindful that the challenge to gather information involves a delicate balance of security concerns, civil liberties and human rights.

reiterate agreement of confidentiality

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

February 19, 2009

CONFIDENTIAL MEMORANDUM

TO: Stanley E. Jones, PhD

FROM: Patricia Dixon PSD

RE: The [redacted] Trudy Bond complaints against John Leso, PhD

Stan, I am following up regarding this matter and providing you the latest correspondence from Dr. Leso and Dr. Bond.

Please let me know when you anticipate completing your cause for action reviews. If I can be of assistance, please let me know.

For your convenience, I am again providing copies of the materials.

Encls.

750 First Street, NE
Washington, DC 20002-4242
(202) 336-5500
(202) 336-6123 TDD

Web: www.apa.org

22-1

Please Recycle

Dixon, Pat

From: Dixon, Pat
Sent: Friday, December 12, 2008 3:52 PM
To: Jones, Stanley
Cc: Behnke, Stephen; Childress-Beatty, Lindsay
Subject: The B v L matter

Stan,

Per our conversation, you are requested to act as the investigator on this complaint. The chair designee will be an Ethics Committee member, Dianne S. Salter, PhD, JD. I am sending you the complete file by Fed-X so that you can review it for cause for action. If you have any questions, please let me know.

Pat

Patricia Dixon
Board and Investigative Officer
Office of Ethics
202-336-5930
facsimile: 202-336-5997
pdixon@apa.org

The information contained in this e-mail message may be privileged, confidential and protected from disclosure. If you are not the intended recipient, any dissemination, distribution or copying is strictly prohibited. If you think that you have received this e-mail message in error, please e-mail the sender at "pdixon@apa.org"

22-2

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

February 19, 2009

CONFIDENTIAL

Trudy Bond, EdD
PRIVACY REDACTION

Dear Dr. Bond:

This is to acknowledge the receipt of your letter received January 27, 2009 relative to your complaint against Dr. John Leso, PhD. Thank you for the information you provided. Your letter will be included in the file materials regarding this matter.

I will be back in contact with you when the review is complete or if there is information I can share.

Thank you for your continued patience in this matter.

Sincerely,

Patricia Dixon

Patricia Dixon
Board and Investigative Officer
Office of Ethics

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21

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TRUDY BOND, Ed.D.
Counseling Psychology
PRIVACY REDACTION

JAN 27 2009

CONFIDENTIAL

January 23, 2008

Stephen Behnke
Director of Ethics
American Psychological Association
750 First Street, NE
Washington, DC 20002

and

Patricia Dixon
Board and Investigative Officer, Office of Ethics
American Psychological Association
750 First Street, NE
Washington, DC 20002

Re: John Leso

Dear Dr. Behnke and Ms. Dixon:

On January 14, 2009, Bob Woodward reported in an article published in newspapers around the country the following statement from the Convening Authority appointed by Defense Secretary Robert Gates:

"'We tortured [Mohammed] Qahtani,' said Susan J. Crawford in her first interview since being named convening authority of military commissions by Defense Secretary Robert M. Gates in February 2007. 'His treatment met the legal definition of torture. And that's why I did not refer the case' for prosecution."

Ms. Crawford is speaking of Mohammed al-Qahtani. John Leso, APA member and licensed psychologist, was instrumental in devising the interrogation plan of Mohammed al-Qahtani, collaborating, colluding and watching as Mohammed al-Qahtani was tortured.

"'For 160 days his only contact was with the interrogators,' said Crawford, who personally reviewed Qahtani's interrogation records and other military documents.

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(1)

'Forty-eight of 54 consecutive days of 18- to 20-hour interrogations. Standing naked in front of a female agent. Subject to strip searches. And insults to his mother and sister.'"

All of the above documentation of torture as determined by the Convening Authority of Military Commissions at Guantanamo are cited in my ethical complaint against John Leso.

"Crawford, 61, said the combination of the interrogation techniques, their duration and the impact on Qahtani's health led to her conclusion. 'The techniques they used were all authorized, but the manner in which they applied them was overly aggressive and too persistent. . . . You think of torture, you think of some horrendous physical act done to an individual. This was not any one particular act; this was just a combination of things that . . . hurt his health. It was abusive and uncalled for. And coercive. Clearly coercive. It was that medical impact that pushed me over the edge' to call it torture, she said."

To reiterate, the Convening Authority of Military Tribunals at Guantanamo, the top governmental official in charge of the trials of detainees, appointed by the Secretary of Defense, had determined that the interrogation of Mohammed al-Qahtani constituted torture. The documents released by the Senate Armed Services Committee in June of 2008 (which I have previously submitted to you) and the Executive Summary and Conclusions of said committee in December of 2008 clearly document and follow the actions of John Leso in the planning and executing of the interrogation of al-Qahtani which has been determined to be torture.

Obviously, this recent information has been available to APA since January 14, 2009, and I am assuming has been incorporated into the ongoing ongoing investigation that APA is obligated to perform as a result of my complaint against John Leso.

Dr. Behnke, you have repeatedly stated that APA would take action against any psychologist that has been proven to participate in abuse. This is a case in which a psychologist who is a member of APA has been found to have participated in torture. There is no justification for the silence of APA. There is no defense for complicity in war crimes.

Sincerely,

Dr. Trudy Bond

JAN 2 7 2009

20-1

AMERICAN PSYCHOLOGICAL ASSOCIATION

October 31, 2008

CONFIDENTIAL

Trudy Bond, EdD
PRIVACY REDACTION

Dear Dr. Bond:

This is to acknowledge the receipt of your letter dated September 22, 2008 and enclosures relative to your complaint against Dr. John Leso, PhD. These documents have been added to file relative to this matter. Your complaint is currently in the review stage. I will be back in contact with you once I have information to share.

Thank you for your continued patience in this matter.

Sincerely,

Patricia Dixon

Patricia Dixon
Board and Investigative Officer
Office of Ethics

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Web: www.apa.org

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TRUDY BOND, Ed.D.
Counseling Psychology
PRIVACY REDACTION

CONFIDENTIAL

SEP 2 6 2008

September 22, 2008

Patricia Dixon
Board and Investigative Officer, Office of Ethics
American Psychological Association
750 First Street, NE
Washington, DC 20002

Dear Ms. Dixon:

I am responding to your letter of July 3, 2008, in which you state, "In order to find a violation of the Ethics Code, the Ethics Committee has the burden of proving the allegations." Prior to proving the allegations I am making, the Ethics Committee has the task of fully investigating the allegations. Despite the Ethics Committee members having available to them undisputed accounts from the Pentagon and elsewhere of John Leso's leadership involvement in torture, it appears no such investigation has been done.

To accommodate your request that I provide hard copies of the URLs referenced in my complaint, I am enclosing the following:

ATTACHMENT A: ORCON [Authorizing agency classified by Originator Control]. 2003. Portion of Interrogation Log for Detainee 063. http://www.time.com/time/2006/log/log.pdf

ATTACHMENT B: Army Regulation 15-6: Final Report. Investigation into FBI Allegations of Detainee Abuse at Guantanamo Bay, Cuba Detention Facility.

ATTACHMENT C: Description of Behavioral Science Consultation Teams by Dr. Alfred McCoy.

ATTACHMENT D: Medical Ethics and the Interrogation of Guantanamo 063 by Steven Miles. 2007. *The American journal of Bioethics* 7(4):5.

ATTACHMENT E: FBI complaint from the Deputy Assistant Director of the Counterterrorism Division to Major General Donald J. Ryder, citing specific complaints regarding the "highly aggressive interrogation techniques" during the interrogation of Detainee 063. Though the

I (27)

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detainee's number is redacted, the complaints describe specific actions in the Interrogation Log (Attachment A) as well as corresponding dates.
http://www1.umn.edu/humanrts/OathBetrayed/FBI%204622-4624.pdf

ATTACHMENT F: Senate Armed Services Committee Hearing: The Origins of Aggressive Interrogation Techniques, June 17, 2008. Tab 7.
http://levin.senate.gov/newsroom/release.cfm?id=299242

I assume I do not need to provide hard copies of the URLs referencing APA statements by Dr. Behnke, or those referencing APA resolutions and ethics codes.

There is a continued sense of frustration as I repeatedly document the Ethical Standards that Dr. Leso has violated. However, at this point it seems that specific actions must be emphasized, repeatedly, for the APA to acknowledge what is undeniable and unavoidable. Dr. Leso's very presence at any point of this interrogation, which is documented, violates the Ethical Standards of 1.01 Misuse of Psychologists Work, 3.03 Other Harassment and finally, 3.04 Do No Harm. Not only do Dr. Leso's actions and presence violate these APA Standards, they also violate the 1984 Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Geneva Conventions, the Nuremberg Principles, the Uniform Code of Military Justice and sundry other federal criminal laws and international protocols and standards as well.

It has been publicly established for some time that "MAJ L" in the Interrogation Log for Detainee 063 refers to John Leso. John Leso is identified as "Major L (BSCT)" in al-Qahtani's interrogation log by barrister Philippe Sands.[1] Both Sands[2] and Jane Mayer[3] document that Major General Michael Dunlavey, Commanding Officer, JTF-170, created his own BSCT interrogation teams by drafting military psychologists from army hospitals to play direct roles in breaking detainees down. Major General Michael Dunlavey was Leso's initial commanding officer at Guantanamo until Major General Miller replaced Dunlavey on 11/8/2002. A result of Dunlavey's actions was Leso's involvement in the abusive interrogation of Mohammed al-Qahtani.

Prior to the time of the details described in the Interrogation Log (Attachment A), FBI agents reported that "they observed Detainee 063 after he had been subjected to intense isolation for over three months. During that time period, the detainee was totally isolated (with the exception of interrogations) in a cell that was totally flooded with light. By November the detainee was evidencing behavior associated with extreme psychological trauma (talking to non-existent people, hearing voices, crouching in a corner of the cell covered in a sheet for hours on end)." (Attachment E) This was the psychological condition of al-Qahtani on the morning of November 23, 2002.

It was at this point that Dr. Leso is named in the Interrogation Log (Attachment A) when al-Qahtani "was brought in shackles to a plywood interrogation booth, where his hood was removed

18-A

SEP 26 2008

and he was bolted to the floor. For forty-eight of the next fifty-four consecutive days, he was allowed only four hours of sleep a night."[4]

I call your attention to the following information which describes Dr. Leso's specific actions, as per your request, indicating also "what prohibitions set forth by APA the behaviors highlighted in the materials violate," also per your request.

ATTACHMENT A

"MAJ L" is identified as present in the Interrogation Log of Detainee 063 (Attachment A)

Tab 1. 23 November 2002

0225: The detainee arrives at the interrogation booth Camp X-Ray. His hood is removed and he is bolted to the floor. SGT A and SGT R are the interrogators. A DoD linguist and MAJ L (BSCT) are present.

ETHICAL STANDARDS VIOLATED: 1.01 Misuse of Psychologists' Work
3.03 Other Harassment

Comments: "Hooding" is degrading and in violation of the 1984 Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

Tab 2. 27 November 2002

1000: Control puts detainee in swivel chair at MAJ L'ssuggestion (sic) to keep him awake and stop him from fixing his eyes on one spot in booth. Detainee struggled with MP when MP moved chair. Control used "onion" analogy to explain how detainee's control over his life is being stripped away. Control gives detainee three facts: we are hunting down Al Qaida every day, we will not stop until they are captured or killed, we control every aspect of your life. Detainee did not speak but became very angry with control.

ETHICAL STANDARDS VIOLATED: 1.01 Misuse of Psychologists' Work
3.03 Other Harassment

Tab 3. 02 December 2002

2345: SGT M questioned detainee about his family. Detainee was very evasive and refused to provide anything other his family's PO box. BSCT observation indicated that detainee was lying during entire exchange.

18-B

SEP 26 2008

ETHICAL STANDARDS VIOLATED: 1.01 Misuse of Psychologists' Work
3.03 Other Harassment

Comments: As with the previous entry dated 27 November 2002, Dr. Leso is clearly observing and assisting in this interrogation. For the entry above dated 02 December 2002, al-Qahtani has been kept awake for 20 hours. Sleep deprivation is a violation of the 1984 Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, as are the comments and threats made by the Control.

Tab 4. 11 December 2002

1530: . . . Detainee began to cry. Detainee asked to sleep in a different room and only be interrogated in the present room. Control asked why the detainee would make such a request and detainee replied that control was human. The BSCT observed that the detainee was only trying to run an approach on the control and gain sympathy.

ETHICAL STANDARDS VIOLATED: 1.01 Misuse of Psychologists' Work
3.03 Other Harassment

Comments: Dr. Leso is observing the continued abuse of al-Qahtani and exacerbating the abuse with his observations.

Tab 5. 25 December 2002

0300: Detainee offered water and refused. Interrogator poured some water on detainee's head and detainee decided to drink a half bottle of water. Interrogator began to play cards with MP to ignore the detainee due to a BSCT assessment that the interrogators may be becoming the family figures of the detainee . . .

ETHICAL STANDARDS VIOLATED: 1.01 Misuse of Psychologists' Work
3.03 Other Harassment

Comments: Dr. Leso continues observing the abuse of al-Qahtani and advising interrogator on further abusive behaviors.

Tab 6. 29 December 2002

2030: Detainee seemed too comfortable. He was questioned about why he was unaffected by our discussion of the victims of 9/11. Detainee immediately sat up in his chair. BSCT observed that detainee does not like it when the interrogator points out his nonverbal responses.

SEP 2 6 2008

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ETHICAL STANDARDS VIOLATED: 1.01 Misuse of Psychologists' Work
3.03 Other Harassment

Comments: Dr. Leso continues to observe and advise in the interrogation of al-Qahtani after 36 days.

ATTACHMENT B

Army Regulation 15-6: Final Report. Investigation into FBI Allegations of Detainee Abuse at Guantanamo Bay, Cuba Detention Facility.

Tab 1. Executive Summary.

In reference to the interrogation of al-Qahtani, the army's finding follows:
"The AR-16 found that the **interrogation of this same high value detainee resulted in degrading and abusive treatment** but did not rise to the level of being inhumane treatment." (Emphasis added.)

Tab 2. THE FIRST SPECIAL INTERROGATION PLAN

This section of the report refers to the interrogation plan which was developed by Dr. Leso and the BSCT team. Dr. Leso was the only psychologist on this team. The following pages list the **findings,** not allegations, of the army's investigation of the interrogation of al-Qahtani.

Finding #11a: On one occasion in October 2002 a military working dog was brought into the interrogation room and directed to growl, bark, and show his teeth at the subject of the first Special Interrogation Plan.

Finding #11b: In November 2002 a military working dog was brought into the interrogation room and directed to growl, bark, and show his teeth at the subject of the first Special Interrogation Plan.

Finding #12a: On 21 and 23 Dec 02, MPs held down a detainee while a female interrogator straddled the detainee without placing weight on the detainee;

Finding #12b: On 04 Dec 02, a female interrogator massaged the detainee's back and neck over his clothing;

Finding #12c: On various occasions between October 2002 and January 2003, a female interrogator invaded the private space of a detainee to disrupt his concentration during interrogation;

SEP 2 6 2008

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Finding #13: On numerous occasions between November 2002 and 15 Jan 03, the subject of the first Special Interrogation Plan was yelled at or subjected to loud music during interrogation.

Finding #14: On several occasions between November 2002 and January 2003 interrogators would adjust the air conditioner to make the subject of the first Special Interrogation Plan uncomfortable.

Finding #15: From 23 Nov 02 to 16 Jan 03, the subject of the first Special Interrogation Plan was interrogated for 18-20 hours per day for 28 of the 54 days, with the opportunity for a minimum of four hours rest per day.

Finding #16a: That the subject of the first Special Interrogation Plan was separated from the general population from 8 Aug 02 to 15 Jan 03.

Finding #16b: On 06 Dec 02, the subject of the first Special Interrogation Plan was forced to wear a woman's bra and had a thong placed on his head during the course of the interrogation.

Finding #16c: On 17 Dec 02, the subject of the first Special Interrogation Plan was told that his mother and sister were whores.

Finding #16d: On 17 Dec 02, the subject of the first Special Interrogation Plan was told that he was a homosexual, had homosexual tendencies, and that other detainees had found out about these tendencies.

Finding #16e: On 20 Dec 02, an interrogator tied a leash to the subject of the first Special Interrogation Plan's chains, led him around the room, and forced him to perform a series of dog tricks.

Finding #16f: On 20 Dec 02, an interrogator forced the subject of the first Special Interrogation Plan to dance with a male interrogator.

Finding #16g: On several occasions in Dec 02, the subject of the first Special Interrogation Plan was subject to strip searches. These searches, conducted by the prison guards during interrogation, were done as a control measure on director of the interrogators.

Finding #16h: On one occasion in Dec 02, the subject of the first special Interrogation Plan was prevented from praying during interrogation.

SEP 2 6 2008

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Finding #16i: On three occasions in Nov 02 and Dec 02, the subject of the first Special Interrogation Plan was prevented from praying during interrogation.

Finding #16j: Once in Nov 02, the subject of the first Special Interrogation Plan became upset when two Korans were put on a TV, as a control measure during interrogation, and in Dec 02 when an interrogator got up on the desk in front of the subject of the first Special Interrogation Plan and squatted down in front of the subject of the first Special Interrogation Plan in an aggressive manner and unintentionally squatted over the detainee's Koran.

Finding #16k: On seventeen occasions, between 13 Dec 02 and 14 Jan 03, interrogators, during interrogations, poured water over the subject of the first Special Interrogation Plan head.

All of the above Findings are in violation of Ethical Standards 1.01, 3.03 and 3.04. In addition, Findings #12a, 12b, 12c, 16b, 16c, 16d, 16f, and 16g are in violation of 3.02 and Findings #16h, 16i, and 16j are in violation of 3.03.

Tab 3. Dr. Leso stated the he "witnessed the use of a MWD (military working dog) named 'Zeus' during a military interrogation of the subject of the first Special Interrogation Plan during the November 2002 time period."

This action was a part of the First Special Interrogation Plan, which was created by Leso and his team, and is a violation of 1.01, 3.03 and 3.04. Leso might deny responsibility for this cruel and degrading action, although it is clear he did nothing to intervene in this illegal abuse which he observed, in violation of Ethical Standard 1.05.

Your letter also requested any additional information regarding John Leso's actions that are in violation of the APA Ethical Code. Dr. Mike Gelles was a witness to Leso's role in the interrogation of al-Qahtani. In speaking with Sands, Gelles described Leso as "a psychologist who . . . was 'basically a good guy' who was in over his head because he had 'no real background in interrogation.'"[5] When Dr. Gelles saw the actual interrogation plan designed by Leso and other BSCT team members, "Gelles' needle went to danger," and Gelles' team wrote a counter-plan for the interrogation of al-Qahtani, but it was 'too late."[6] Dr. Gelles was aware of Leso's actions.

Dr. Abigail Seltzer, a consultant psychiatrist for Britain's National Health Service and the Medical Foundation for the Care of Victims of Torture evaluated the ORCON Interrogation Log of al-Qahtani (Attachment A) at the request of Philippe Sands. Seltzer highlighted signs of severe distress that were documented in the log:

SEP 2 6 2008 18F

Detainee began to cry. Visibly shaken. Very emotional. Detainee cried. Disturbed. Detainee began to cry. Detainee butted SGT R in the eye. Detainee bit the IV tube completely in two. Started moaning. Uncomfortable. Moaning. Turned his head from left to right. Began crying hard spontaneously. Crying and praying. Began to cry. Claimed to have been pressured into making a confession. Falling Asleep. Very uncomfortable. On the verge of breaking. Angry. Detainee struggled. Detainee asked for prayer. Very agitated. Yelled. Agitated and violent. Detainee spat. Detainee proclaimed his innocence. Whining. Pushed guard. Dizzy. Headache. Near tears.

Forgetting things. Angry. Upset. Complained of dizziness. Tired. Agitated. Yelled for Allah. Started making faces. Near crying. Irritated. Annoyed. Detainee attempted to injure two guards. Became very violate and irate. Attempted to liberate himself. Struggled. Made several attempts to stand up. Screamed. Emotional problems. Began to cry. Very annoyed. Urinated on himself. Began to cry. Began to cry. Complained of being dizzy. Very angry. Began to cry. Pains in kidneys. Incoherent. Broke down crying. Asked God for forgiveness. Cried. Cried. Became violent. Began to cry. Broke down and cried. Began to pray and openly cried. Began to cry. Began to cry and sob out loud. Cried quietly under the towel. Began to cry and sob loudly. Appeared to be crying. Cried out to Allah several times. Trembled uncontrollably. Yelled. Cold. Said death had been entering his mind. Broke out in tears. Cried for half an hour. Began to cry. Tried to cry again. Crying. Began to cry when talking.[7]

This is the man who Dr. Leso described as "only trying to run an approach on the control and gain sympathy." As an independent expert, Dr. Seltzer summarized, "It certainly seems that there was an intent to cause harm, for example the humiliation." [8]

Additionally, a document released during the Senate Armed Services Committee Hearing: The Origins of Aggressive Interrogation Techniques, June 17, 2008, contained the minutes of a meeting on October 2, 2002, which documents the presence of Leso and participation of Leso in a "Counter Resistance Strategy Meeting." (Attachment F) In this meeting Leso, along with psychiatrist Burney, is describing the application of SERE strategies as taught to psychologists for use with "trained resisters." Dependence, compliance, deprivation and psychological stressors are discussed in regards to SERE training as well as al-Qahtani's response to these strategies, which have already been used on al-Qahtani. Leso's advocacy for these strategies and his use of these strategies are documented in the minutes of this meeting on October 2, 2002. These actions are in violation of APA Ethical Standards previously documented. Examples of the "psychological stressors" which are advocated by Dr. Leso and Dr. Burney are sleep deprivation, withholding food, isolation and loss of time.

SEP 2 6 2008 18-G

An obvious point of discussion in this complaint is Ethical Standard 1.02, which gives psychologists an "out" of they violate an ethical standard that is in conflict with a law. No such reprieve applies to Dr. Leso's actions, as the rule of Common Article 3 of the Geneva Conventions applies to Mohammed al-Qahtani, as determined by the Supreme Court in June of 2006 in the case of Hamden v. Rumsfeld.[9]

Even prior to the Court's ruling, international law had determined that "No person can ever fall outside the scope of minimum legal protections. There can be no legal black holes."[10] Article 75 of the 1977 Geneva Protocol I, in hte aftermath of the Vietnam War, is applicable to all states and all persons, and "is unambiguous: Any person who is captured by a party to a conflict must be treated humanely and is entitled to enjoy minimum protections, without discrimination. The particular circumstances of any individual are irrelevant."[11]

John Leso cannot fall back on Ethical Standard 1.02, nor can the APA. The APA has hailed Dr. Gelles as a hero for refusing to engage in the very actions that Dr. Leso has committed. There is no defense for war crimes.

In your letter of July 3, 2008, you also requested the following information:

- How many individuals were part of the consultation team when the actions described in your complaint occurred;

  This question is irrelevant to the complaint I have filed against John Leso. My complaint pertains to Dr. Leso alone. If a psychologist rapes a patient, it is irrelevant how many other people may have also raped the same person.

- Whether there was a psychiatrist on the consultation team when the actions described in your complaint occurred;

  See above.

- In instances where the respondent is not named specifically, evidence regarding whether the individual is, in fact, the respondent.

"Maj L (BSCT)" is the initial entry in the interrogation log. (Attachment A) As previously referenced, "Maj L" is publicly known to be John Leso. The identifying label "BSCT:" is never used in connection with any other person in the interrogation log of al-Qahtani, though it is used repeatedly as an identifier throughout the log. Unless proven otherwise, it follows that "BSCT" in the log refers to John Leso.

SEP 2 6 2008 18-H

HC00018636

I found your closing sentence ominous when you refer to "any other information you believe relevant to our evaluation of the respondent's behavior," as it suggests that you somehow have lost sight of the APA's responsibility. This complaint requires an investigation. Your individual or collective, subjective "evaluations" are completely irrelevant. Quoting Dr. Steven Miles, " The medical accomplices of torture must not rest in the confidence that they can violate civil society and the ethics of medicine with impunity."[12]

Sincerely,

Dr. Trudy Bond

Attachments Enclosed

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1 Philippe Sands, *Torture Team* (New York: Palgrave MacMillan, 2008), 125.
2 Ibid., 126.
3 Jane Mayer, *The Dark Side* (New York: Doubleday, 2008), 196.
4 Ibid., 206.
5 Sands, 125.
6 Ibid., 129-130.
7 Ibid., 170-171.
8 Ibid., 172.
9 www.supremecourtus.gov/opinions/05pdf/05-184.pdf
10 Philippe Sands, *Lawless World* (New York: Penguin Books, 2006) 149.
11 Ibid., 149-150.
12 Steven Miles, "Doctors' complicity with torture: It is time for sanctions," BMJ 2008;337:a1088.

SEP 26 2008

18-I

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ATTACHMENT A

ORCON

[AUTHORIZING AGENCY CLASSIFIED BY ORIGNATOR CONTROL]

INTERROGATION LOG

DETAINEE 063

18-1

SEP 2 6 2008

SECRET ORCON

INTERROGATION LOG
DETAINEE 063

23 November 2002

0225: The detainee arrives at the interrogation booth at Camp X-Ray. His hood is removed and he is bolted to the floor. SGT A and SGT R are the interrogators. A DoD linguist and MAJ L (BSCT) are present.
0235: Session begins. The detainee refuses to look at SGT A "due to his religion. This is a rapport building session.
0240: Detainee states he's on hunger strike. SGT A explains the affects of a hunger strike on the body. SGT A runs "love of brothers in Cuba" approach.
0320: The detainee refused to answer whether he wanted water. SGT R explained with emphasis that not answering disrespects SGT A and embarrasses him. The detainee said no, he didn't want water. The detainee continues to say he's on hunger strike.
0345: The detainee dozed off during a break. SGT R woke him up.
0355: SGT R wakes up detainee again.
0450: Interrogators take a break. Detainee goes to the bathroom.
0520: Interrogation resumes. The detainee refuses food and water.
0540: SGT A begins 9/11 theme. The detainee asks to pray and is refused.
0550: Detainee drinks _ bottle of water and states after this he is on strike, he refuses food.
0620: Interrogators take break to discuss theme.
0630: Interrogation resumes. SGT A continues with 9/11 theme.
0700: SGT R emphasized his frustration over detainees refusal to speak. SGT R denies detainees request to pray.
0707: Detainee requests to go to the bathroom.
0720: Detainee returns from bathroom break. He refuses a meal and states he is on hunger strike.
0725: Detainee states he will eat meal, but after that he's going on hunger strike, one hand is uncuffed to allow him to eat.
0755: Detainee finishes meal and states again he is going on hunger strike. The detainee ate the entire MRE plus an extra cereal bar.
0800: SGT A continues with 9/11 theme.
0830: Detainee given 2 hours of rest. Interrogations will resume at 1030.
0835: Observations – Detainee attempts to control the interrogation by complaining about his treatment, his mental illness, and his separation from his brothers in Cuba. When shown articles of 9/11, the detainee looked at pictures attentively. The detainee was repeatedly told that he is a man, and part of being a man is accepting responsibility for your actions. Whenever the detainee said that "it is God's will for him to be sitting in front of me, having to acknowledge and accept responsibility for his actions. The detainee went as far as to state that his religion forbids him to even speak to a woman.

18-2

SEP 2 6 2008

1035: The detainee is awakened and secured in chair. The interrogators are ENS C and IS1 E. A DoD linguist is present. The detainee is offered to use the restroom. The detainee is taken to the bathroom. The detainee then was starring at the floor for several minutes. When ENS C asked "what is on your mind" the detainee looked at the interrogator and began talking a lot about how unfair his situation was.

1110: The detainee asked if it was time to pray and was told not yet. The detainee then began asking what month it is. When not given an answer he persisted and then became quiet for about 10 minutes and then began again to engage in some conversation.

1135: The detainee began to shut down and not respond. He said that he would not speak at all.

1205: Break

1220: Interrogators returned and told the detainee it would be 20 minutes and then time to pray.

1240: Detainee given opportunity to pray.

1300: Lunch. Detainee refused to eat. At first he said he would eat, but then said that he was mentally not well and had only agreed because he was not thinking clearly.

1345: Detainee was shown 9/11 video. The detainee did watch without exhibiting any emotion. The detainee averted eyes from the photos of the hijackers.

1420: Read names of captured and killed AQ. The detainee stared off but was listening and closed his eyes when he heard some of the names of the dead.

1500: Break

1515: The detainee engaged in conversation regarding family and dreams. He asked why the interrogator was causing him pain talking of family and things he could not have. The detainee began to cry.

1530: Detainee requested and was given a bathroom break. Detainee returned hardened.

1700: Detainee spoke and said it has been a hard long day, also that he is on a hunger and talking strike.

1730: Detainee is offered food and water. He stated he was on a hunger strike. Food and water was provided anyway and placed next to him.

1800: Manchester Document was presented to the detainee. The detainee reacted when the description of an AQ operative was brought up.

1810: Detainee was asked if he would like to go the bathroom and if he wanted to nap.

1820: Circumstantial evidence was explained to the detainee. The Detainee stared at all of the documents and was visibily shaken. He seemed disturbed that the AQ leadership was talking, the detainee didn't say anything but he was making noticeable facial expressions.

1840: Detainee was told that he failed in his mission to the United States and in the Jihad in Afghanistan he again showed a facial response of failure.

1900: Break

1910: Returned from break.

1920: The detainee started speaking when told about the Koran and being judged by Allah and that leaders of AQ twisted the words. The detainee spoke very emotionally . SGT B asked to explain how this came about. Why he is the only

183

one holding on and everyone else is speaking . SGT B stated "don't worry about a military judge worry about Allah, the Koran doesn't say kill the innocent. Make things right, repent."

1930: Detainee cried. He wants to be taken back to Delta and he will talk. He was told that he had to earn his way back to Delta.

1945: Break

1950: Returned from break. SGT B told the detainee "I want to help and I won't let anything bad happen to you." Detainee became unresponsive.

2030: Break. Detainee used restroom and was allowed to sleep.

2145: Return from break. Detainee awakened and taken to restroom then secured in chair.

2215: Detainee unresponsive.

2400: Activities concluded for the day and detainee allowed to sleep.

24 November 2002

0400: SGT R and SGT A begin session. SGT R wakes 063. He is taken to the bathroom and walked around for 5 minutes to wake him up. SGT A greets 063. Detainee asks to perform sunrise prayer. SGT A tells him the sun hasn't come up yet and that she will allow prayer later. SGT A offers water, but detainee refuses. Detainee asks when Ramadan will begin, SGT A says she'll talk about that later. SGT A tells detainee that he is on hunger strike, so how would Ramadan make a difference? SGT A asks detainee what would be different if it was Ramadan, detainee states he doesn't know how to answer the question, and detainee becomes unresponsive.

0415: SGT A begins by showing pictures of 19 hijackers and making remarks about what they may have been like, especially the young ones. Detainee won't look at pictures. SGT A asks why detainee won't look at pictures detainee won't answer, SGT A is using the circumstantial evidence theme.

0430: Detainee nods off. SGT R explains that falling asleep is wrong.

0430: Detainee states that he won't look at pictures because the people in the pictures don't pertain to his case, and because he's striking from interrogations.

0440: Detainee states he won't participate in interrogations until he returns to Cuba with his brothers, and until we stop this injustice. SGT R explains that he has no right to talk of injustice.

0445: Detainee engages in conversation with SGT A over the evidence. Detainee states that the (U.S.) shouldn't glue the hijackers to him. SGT A states that the evidence does that.

0450: Detainee wants to know if SGT A wants interrogation questions answered. SGT A states she doesn't need an answer. The detainee seems disheartened by her response.

0450: SGT A is fusing the Level of Guilt Theme with the Evidence. The Detainee is not speaking, but appears to be listening carefully. SGT A is pointing out the little mistakes the detainee made that lead to the evidence that "glue the detainee to hijackers". The detainee becomes unresponsive.

0457: SGT R advises detainee not to sleep.

18-4

SEP 2 6 2008

0509: SGT R advises detainee not to sleep.
0520: SGT R makes the detainee stand up and sit down 3 times. SGT R explains sleeping and not paying attention will not be tolerated. SGT A explains that his continued silence, while evidence builds against him hurts no one but him.
0545: Detainee continues to be unresponsive. SGT A continues to point out the mistakes that stopped him from entering Orlando, and the connections the detainee has with the hijackers.
0550: SGT R makes the detainee stand up 3 times and tells him to pay attention.
0602: SGT A is telling a story about an owl (Rapport Story). The detainee interrupts and states he wants to pray. SGT R advises detainee that SGT A decides when he prays. SGT R also explains that interrupting is rude.
0605: Detainee again asks to pray. SGT R says no.
0620: Detainee states he wants to pray. SGT R explains that he must respectfully ask SGT A for prayer time, the detainee does so and SGT A allows prayer.
0635: SGT A begins " Muslims in America Theme". Detainee is unresponsive
0702: SGT A briefly covers the Manchester Document, saying that his actions and answers during interrogations follow the resistance techniques in the document "It's just another piece of evidence."
0705: SGT R makes detainee stand up 3 times, and tells the detainee to pay attention. SGT R gives 5 minutes of instruction on the proper way to show respect to SGT A.
0708: SGT A talks about "Brothers in Cuba". Detainee remains unresponsive.
0800: SGT A offers meal to detainee. The detainee refuses. SGT R explains that refusal to eat is unproductive. SGT A offers 30 minutes rest. The detainee refuses. Interrogators had Corpsman check the detainee's vital signs. The detainee has not taken fluids for over 24 hours. Corpsman states vital signs are good. The detainee still refuses to speak a word.
0820: SGT R removes food from table and tells the detainee he missed his chance. SGT R explains that the detainee's refusal to eat hurts only him. SGT R will not loose any sleep over it.
0830: SGT A uses "Level of Guilt" approach.
0840: SGT R has the detainee stand for 10 minutes to stretch and avoid sleeping.
0900. SGT A asks the detainee if he wants to pray and sleep. The detainee says yes. SGT A says you have to drink water. The detainee says no. SGT R gives detainee 1 more chance. The detainee says no. SGT R empties water on floor and tells the detainee "you had your chance". The Corpsman then checks the detainee's vital signs, they are OK.
0925: SGT A discusses levels of guilt and sin.
0930: SGT A talks about the embarrassment of using a weak cover story and mixes in the "You can make this stop" approach. The detainee remains unresponsive.
0930: CAPT W advises SGT R that the Corpsman can administer IV fluids once Capt W and the Doctor on duty are notified and agree to it.
0940: SGT A begins September 11 approach.
0945: Detainee showed visible signs of interest when SGT A states "all will be revealed on judgment day".
0955: The detainee demands to go to the bathroom. SGT R states he will not go until he

18-5

SEP 2 6 2008

asks properly. The detainee says "please may I go to the bathroom?. SGT A allows him.

1000: SGT R asks how the detainee will act on judgment day. Will he be proud, will he beg forgiveness or will he remain silent like a coward, just as he's doing now. The detainee appeared to be thinking about what SGT R said.

1023: SGT A begins "Good Muslim" approach.

1215: ENS C and IS1 E entered booth. Detainee was not very responsive.

1230: Detainee is offered a fish sandwich, French fries, coke and a yogurt parfait. Request was made to unhand cuff detainee, but there was no key. Detainee did not eat.

1240: Detainee was unhand cuffed and interrogation team ate in front of him. Detainee's nose turned red when his judgment was questioned. In the past, this has indicated that he was getting upset.

1320: Strap was hung from ceiling in anticipation of the doctor's arrival.

1330: Detainee was asked if he wanted water. Detainee understands that in order to pray, he must drink water.

1340: Vitals were checked

1345: Detainee was searched

1355: Detainee stated, "I think now we are in Ramadan."

1405: Detainee agreed to drink water in return for being allowed to pray.

1440: Interrogators reentered room and discussion ensues about returning to his brothers in Cuba. Detainee became somewhat upset and claimed that the treatment he was receiving was illegal. "Evidence of guilt" was reinforced and detainee was introduced to the implications of conspiracy to commit crimes. Detainee was questioned about a statement he made the previous day, "I was only doing what God wanted me to do." Detainee asked several times if he really said that. When pressed on the issue, detainee stated that he wanted a normal life that what happened was between him and God. Lead interrogator pointed out to detainee that he could be a messenger for God and his cause. Detainee became visibly anxious.

1545: Detainee was silent and unresponsive. He averted his eyes when the 9/11 video was playing. Control interrogation initiated a "judgment day approach." Detainee's facial expressions indicated some responsiveness to the approach.

1630: Detainee was allowed to sleep. Detainee was told that he would be awoken and could pray if he drank water.

1745: Detainee awoken and given opportunity to pray and use the restroom. Detainee refused to drink water and consequently was not allowed to pray.

1800: Medical personnel checked vital signs and determined that detainee needed to be hydrated.

1810: Detainee was given two bags of fluids. Detainee stated that he did not want an IV and that he was in control of his body. SGT M asserted that he was in control and that detainee has no choice but to cooperate.

1845: Medical doctor arrives to evaluate detainee to ensure he is physically able to continue. Detainee stated that he wanted to sign a form or a release stating that he did not want any medications. The doctor explained that no such form exists. Detainee was informed that we would not let him die.

18-6

SEP 26 2002

1900: Detainee was told that he had been abandoned by Al-Qaida and that he should stop trying to protect them.
1915: Detainee used restroom and prayed.
1930: Detainee seemed disturbed that everybody was talking and that he was left here all alone.
2000: Detainee was offered food and told that he has already missed five meals.
2020: Detainee's vital signs were checked and it was determined that he was in good condition.
2030: Detainee was offered anonymity in exchange for his cooperation. SGT M reminded detainee about false statements that he made in the past.
2045: Detainee was asked if his allegiance to Al-Qaida was greater than his allegiance to God. SGT M emphasized that detainee has choices and that detainee was responsible for his current condition.
2100: Discussion turned to the Koran. SGT M asked detainee to show him in the Koran where it authorizes the use of terrorism.
2115: Detainee said he was cold and the AC was turned off.
2205: Detainee used restroom and asked if he wanted food or water.
2315: Medical personnel checked vitals signs. All vital signs were normal.
2330: Detainee began to cry.
2400: Pressure wrap was put on detainee's feet to combat the swelling. Detainee was put to bed.

25 November 2002

0400: Woke detainee and corpsman took vitals. Corpsman advised SGT R that detainee must take oral liquids within one hour or detainee will be given IV solution. SGT R provided SGT A with a bottle of powdered Tang mixed with water in order to provide electrolytes. SGT A advised detainee that he must drink bottle or he'll get another IV. She offered the incentive of morning prayer if he drank. Detainee refused. SGT A began with a "your mission" approach. SGT A asks detainee "what do you think is God's mission for you", "you have a mission to share God's message." Detainee was unresponsive.
0440: SGT A again advised detainee that he must drink or get an IV.
0445: Corpsman tried several times to get IV into the detainee without success. The corpsman stated that the detainee's dehydration was causing his veins to roll in his arm. The corpsman succeeded in getting a IV in the top of the hand but the IV stopped flowing. The corpsman retried the IV in the hand but was unsuccessful. The doctor was called to make a trip to perform an assessment.
0600: To follow up on "Gods message", SGT R showed 9-11 DVD. SGT R stood behind detainee and whispered in his ear , "What is God telling you right now? Your 19 friends died in a fireball and you weren't with them. Was that God's choice? Is it God's will that you stay alive to tell us about his message?" At that point, detainee threw his head back and butted SGT R in the eye. The 2 MPs in the room wrestled detainee to the ground to regain control. SGT R crouched over detainee and the detainee attempted to spit on him. SGT R stated "Go ahead and

18-7

SEP 2 6 2006

spit on me. It won't change anything. You're still here. I'm still talking to you, and you won't leave until you've given Gods message." Detainee is put in chair.

0630: SGT A showed circumstantial evidence and told detainee repeatedly that she won't go away and neither will the evidence.

0645: Doctor attempted to put in IV and was unsuccessful. The doctor left to get more supplies.

0700: SGT A continued circumstantial evidence theme.

0705: Assessment – His reaction to SGT R was a combination of his guilt (possibly at not participating in the attack), his continuous interrogation, and his obvious hatred of SGT R. He was told after the episode that it proves he's not as weak and mentally ill as he wants us to believe.

0730: Doctor arrived and ran an IV by putting in a temporary shunt to allow continuous IV.

0745: SGT A ran the "already captured and talking" approach. When SGT R entered the booth the detainee reached for the IV. The guard stopped him and he reached again. The guards stopped him and cuffed his hands to the chair so he couldn't reach the IV. The detainee bent over and bit the IV tube completely in two. The guards strapped him to a stretcher and the corpsman attached a new IV. The detainee struggled through the entire process, but could no longer reach the IV.

0900: SGT A resumed the previous approach.

0915: Detainee requested to go to the bathroom but was given an opportunity to use a bottle instead. He was told he will not be unstrapped.

0940: Detainee was given three and one-half bags of IV. He started moaning and told the MPs he's willing to talk so he can urinate. SGT A entered the booth and asked the following questions: Who do you work for? (Detainee answered: Al Qaida), Who was your leader? (Detainee answered: Usama bin Laden), Why did you go to Orlando? (Detainee answered: I wasn't told the mission), Who was meeting you? (Detainee answered: I don't know), Who was with you on the plane? (Detainee answered: I was by myself). SGT R told detainee he was wasting SGT R's time. Detainee told SGT A he was willing to drink.

1000: Detainee again said he has to go to bathroom. SGT R said he can go in the bottle. Detainee said he wanted to go to the bathroom because it's more comfortable. SGT R said "You've ruined all trust, you can either go in the bottle or in your pants." Detainee goes in his pants. SGT A continued approach.

1030: Assessment – Detainee has a greater deal of animosity toward SGT R. He is beginning to understand the futility of his situation. He has to understand that his antics will not stop the interrogation at all. We feel he is slowly realizing that he will not outlast the battle of wills. He is much closer to compliance and cooperation now than at the beginning of the operation.

1110: Interrogation team entered the booth; ENS C (Lead), IS1 E (Control), and a female DOD linguist. Lead attempted to engage detainee in conversation but detainee was unresponsive.

1115: Detainee requested to use the restroom. When offered a bottle he said that he wanted to go outside. Control told him he could not, he would have to use the bottle. Detainee agreed. As preparations were being made control was talking about his behavior and how to get off the gurney, detainee urinated in his pants.

18-8

SEP 26 2008

1130: Lead began talking with detainee. Detainee began moaning and turning his head from right to left.
1140: Detainee in clear voice said that he needed to use the restroom. He engaged in clear and articulate conversation about getting off the gurney.
1200: Detainee said that he would eat.
1210: Detainee released from gurney and sat in chair. He ate two bites of meal and said it was enough. Control said he promised to eat the whole meal. Detainee ate the whole MRE.
1235: Detainee taken to restroom. He was told to empty himself completely. Detainee then washed and changed clothing.
1250: Detainee was given an opportunity to pray.
1320: Interrogation team entered room and detainee engaged in conversation regarding his statement about being Al Qaida. He said that he was mad at the guards and under much pressure.
1335: Detainee requested a second MRE as he was still hungry. He said he would end the hunger strike to stop the IVs. Lead kept small talk going.
1340: Detainee began crying hard spontaneously.
1350: Detainee said that when he came to Orlando he was turned away due to a visa problem. He said that he was coming on his own and was not Al Qaida. He said he did not know Usama bin Laden. He said "I don't know what God wants." Lead talked about the oath to Usama bin Laden and the detainee sat in silence listening intently. He said he knows nothing about Usama bin Laden.
1420: Detainee requested a third MRE. He was given an MRE and drank half a bottle of water. Detainee slowly engaged less and less while he ate. Detainee became evasive on most simple of requests.
1445: Detainee said "After I ate I feel better and will not talk."
1500: Detainee stated "You are working with the devil. You can take me back to my brothers. I will not eat anymore. I will not drink anymore and I am not going to talk anymore."
1505: Detainee began crying and praying.
1520: Detainee began talking about his situation. He continued to engage but much less.
1543: Break
1605: Resumed with detainee engaging very little.
1715: Team exited for a break. Control returned and began 9-11 theme.
1735: Detainee given opportunity to pray. He wanted to check if the sun was down himself but was refused.
1745: Control re-entered and continued 9-11 theme until relieved. Detainee did not speak but was actively listening and viewed all photos.
1800: Third shift commenced interrogating detainee.
1805: Detainee claimed he was innocent and that everything was just a coincidence.
1807: Detainee claimed that he admitted to be Al-Qaida because of the intense psychological pressure
1815: Detainee asserted his innocence and expressed remorse over the terrorist attacks
1820: Circumstantial evidence theme
1840: 9/11 video

18-9
SEP 2 6 2003

1850: SGT B takes over interrogation and goes over the Manchester Document
1900: GWOT theme
1915: Detainee asked about Ramadan
1935: SGT M continues GWOT theme
1945: Break. Detainee refused both food and water.
2000: Detainee began to cry while watching 9/11 video
2100: Detainee claimed to have been pressured into making a confession
2130: Detainee requested to go back to Cuba
2135: Detainee refused to talk about his mission, the one that was between him and God.
2150: Detainee went to the restroom
2205: Manchester Document – security plans
2230: Futility and self-inflicted suffering
2320: Detainee refused food and water
2400: Detainee was checked by medical personnel and was allowed to rest

26 November 2002

0400: SGT R wakes detainee- MPs take detainee to bathroom- he is searched and cuffed to chair. Detainee takes a couple sips of water. SGT A advises detainee that a bottle of water is much easier than a bag.
0405: SGT A begins by quoting a verse from Qoran. Detainee is awake, but completely unresponsive.
0425: SGT A uses " Manchester Document" theme, explains to detainee how he uses interrogation resistance techniques. Detainee is unresponsive; he has yet to speak a word. SGT R makes detainee stand up to avoid sleeping.
0430: SGT R states that because he (SGT R) is such a kind-hearted guy, he'll let detainee sit down, but detainee will stand again if he falls asleep.
0440: SGT R makes detainee stand again to avoid sleep.
0445: SGT A explains how detainee is not mentally sick, he simply feels guilty.
0457: SGT R allows detainee to sit down.
0505: SGT A tells detainee that no one feels sorry for him; he has brought this on himself. Detainee takes two sips of water. Corpsman checks vitals. Guards take detainee on walk to wake him up. Detainee has not spoken a word.
0515: Detainee is returned to chair. SGT A gives Arabic greeting detainee returns it. Detainee says he's mentally sick. SGT A explains to everyone in room how detainee is using Al-Qaida handbook. Corpsman rechecks vitals.
0545: Detainee is stood up for 2 minutes to avoid sleep.
0550: SGT R makes detainee stand up to avoid sleep for two minutes.
0555: SGT R makes detainee stand up to avoid sleep.
0620: SGT A allows detainee to sit down. SGT R explains the difference between his will and God's will. Detainee asks to pray. SGT A says, "You can pray after you drink water" Detainee says he is fasting. SGT A doesn't allow prayer.
0630: Detainee begins to chant. SGT R says, "If you continue to chant, I'll turn on the music" Detainee stops chanting.
0645: interrogators take a break. Corpsman states we need to elevate left hand to alleviate swelling. Hand is cuffed above hand with a soft strap. No tension is on

18-10

SEP 2 6 2008

the arm. Detainee states he doesn't want his hand tied up. "I will take responsibility for my hand" SGT A states "I'm glad you are taking responsibility for your hand. Not drinking caused the swelling."

0700: SGT A covers circumstantial evidence theme.

0730: SGT R covers detainee's personal failures.

0745: Doctor gives detainee checkup – vitals are good – shunt is cleaned – swelling in hand has gone down.

0800: SGT A covers "What we know" theme.

0820: SGT R covers "Failures" with more emphasis.

0850: SGT A allows detainee to sleep for 30 minutes. Detainee has spoken very little through the session and keeps falling asleep. The 30 minutes may help him engage a little more. After a brief discussion, interrogators decided to let detainee sleep until 1000 hoping to improve participation.

1005: SGT R wakes up detainee. Detainee goes to bathroom and is searched.

1010: SGT A gives "Futility" approach.

1045: SGT R runs a harsh pride & ego down approach. ENS C (as rehearsed earlier) comes in and asks SGT R what he is doing. ENS C says "Don't talk to him like that, he's a human being." SGT R says "Human beings don't kill 3000 people" and storms out.

1100: Second shift interrogation team enters booth – ENS C (lead) and IS1 E (control). Lead begins speaking to detainee but the detainee looks down and away.

1130: Detainee continues the silent conduct. Lead leaves and control instructs detainee to stand for ten minutes to stretch and wake up.

1150: Lead re-enters but subject continues not to engage in conversation. Lead runs "Circumstantial Evidence" theme. Medical checks detainee's circulation.

1245: Detainee offered food and water. Detainee refuses. Team ate outside of detainee's presence.

1330: Control enters and offers water. Detainee says he is fasting due to Ramadan. Detainee requested to pray and was told he could only pray if he drinks water. Detainee continues to refuse water but exchanges in dialogue with control. Detainee was allowed 10 minutes to pray. Medical removes shunt from arm.

1400: Lead continues to try to engage detainee in conversation. Detainee unresponsive.

1600: Detainee laid down with feet elevated due to swelling of feet. Detainee slept for 45 minutes.

1720: Detainee told it is time for prayer but he must drink water first. Detainee took one sip but was told he must drink it all. Detainee refused to drink water.

1800: SGT B began interrogation. Detainee refused to speak. Muslims in America theme was introduced.

1805: Levels of guilt was introduced.

1810: Detainee refused food and water

1835: SGT M takes over the interrogation. P&E down was employed (ie You look like hell. Do you want to see me everyday and pray on the floor where you urinated?)

1845: Manchester Document/Futility- The Al-Qaida training manual was written by somebody who never went through an interrogation.

18-11

SEP 26 2008

1850: Why doesn't Usama bin Laden use his children, or why does he not participate in suicide missions? Al-Qaida is falling apart theme/futility. SGT M reviewed with detainee the slips that he made.
1905: Manchester Document theme/futility
1930: P&E down
1940: SGT B takes over interrogation
2010: Detainee drinks a bottle of water and is allowed to pray. Comparison is made between idol worship and swearing Bay'a to Usama bin Laden.
2100: Detainee uses the latrine, walks around outside, and does knee bends to get the blood circulating. Medical check. Detainee checked out medically
2110: Muslims in America theme
2200: SGT M takes over interrogation
2230: Manchester Document theme/futility – Did you see how quickly the United States took over Afghanistan and how quickly the Jihadist fled the country or surrendered.
2235: Detainee became very uncomfortable with SGT M's hand on his shoulder and tried to move it. Detainee seemed very disgusted at SGT M
2300: Detainee proclaims his innocence and requested that SGT M stop talking about Islam. (ie Usama bin Laden raped Islam. UBL hijacked Islam) Detainee stated, "If you interrogate me in the right way and the right position… you might find some answers.
2308: Detainee claimed that the interrogations are based on malice, hate, and jealousy. He said, "The treatment is wild and animalistic. Everybody has limits. Once those limits are crossed, what is somebody suppose to do?"
2310: Detainee said, "If I told the truth, everybody would get mad. If you interrogated me correctly… maybe if you rested and I rested… One interrogator after another… God and his angels see what is happening."
2315: Detainee was on the verge of breaking
2339: Detainee shut down and medical personnel check detainee. Detainee used the restroom
2400: Interrogation ended. Medical check. Detainee was walked around the room for five minutes before going to bed to get his blood circulating. Detainee's feet were elevated to reduce swelling in his feet.

27 November 2002

0400: SGT R (control) wakes detainee. Detainee goes to bathroom. MPs walk detainee around to wake him up and get fluids from IV to move. His feet have swollen due to excess fluid. SGT A (lead) begins Manchester Document.
0415: Detainee asked to pray at sunrise. Lead told him that he must drink _ bottle of water. Detainee held his hands up and readily accepted the water.
0510: Lead started playing 9-11 video. Detainee asked to go to bathroom half way through the video. Lead told him he would have to wait because she thinks he just asks for bathroom breaks just to get a mental break. Detainee did not ask to go to bathroom again.

18-12

SEP 2 6 2008

Tab 2

HC00018636

0610: Video over. Detainee prayed and taken to bathroom. Detainee stated he was constipated. Corpsman states detainee is impacted and needs to drink three bottles of water or the detainee will be given an enima.

0640: Control explains the enima procedure. Control begins circumstantial evidence theme with "you're a failure approach". Detainee's body language indicated he was becoming angry. Control nicknames detainee "Mo".

0800: Doctor checks vitals – O.K. Lead starts Saudi Government theme and Al Qaida falling apart and talking theme. Lead covers circumstantial evidence theme in soft but stern voice. Detainee appears to be listening to lead.

0905: Detainee goes to bathroom and is walked around to stay awake.

0925: Lead starts "failure" approach with Al Qaida falling apart theme.

1000: Control puts detainee in swivel chair at MAJ L'ssuggestion to keep him awake and stop him from fixing his eyes on one spot in booth. Detainee struggled with MP when MP moved chair. Control used "onion" analogy to explain how detainee's control over his life is being stripped away. Control gives detainee three facts: we are hunting down Al Qaida every day, we will not stop until they are captured or killed, we control every aspect of your life. Detainee did not speak but became very angry with control.

1100: Detainee awakened and taken to the restroom.

1200: Interrogation team entered booth. ENS C (lead), IS1 E (control) and a female DOD linguist. Lead made polite conversation but detainee did not engage. Detainee asked for prayer. Was told it was not time yet. Detainee was offered water but refused. Detainee said he was fasting.

1225: Team brought in a home cooked Arab meal and offered to detainee. Detainee declined to eat and team ate in front of him.

1245: Detainee asked for prayer. He was told he would have to drink water. Detainee took a small drink and was told he would have to take the whole bottle. He finished the bottle and was allowed to pray.

1315: Detainee taken to bathroom. He stated that he made a small bowel movement.

1340: Detainee asked to eat and was offered the homemade meal. Control entered room and displayed agitation that detainee was now eating (a rehearsed event).

1400: Lead and detainee engaged in small talk about prayer.

1415: Medical visited detainee regarding constipation. Detainee was offered a suppository rub but he refused, saying he wanted an oral stool softener.

1440: Detainee asked to use the bathroom and was taken.

1500: Lead began speaking with detainee about prayer and Islam.

1600: Detainee complained of pain in head, and was offered a nap.

1715: Detainee was taken to bathroom.

1725: Interrogators offered to let detainee pray.

1800: SGT B began interrogation by talking about the numerous slip-ups that detainee has made since returning to Camp X-Ray.

1845: Detainee requested water and drank _ bottle

1900: Detainee used latrine and exercised.

1915: Interrogation team discussed the irony of Usama bin Laden choosing the name Al-Qaida (The Base) for his organization. Interrogation team took the position that God and the Koran should be the base and the foundation in everybody's life.

18-13

2000: SGT M took over interrogation. Detainee became very agitated and yelled at SGT M for about five minutes. Detainee was restrained. SGT M continually stated that UBL's mission was unrighteous and misguided and continually asked detainee who he worked for in Al-Qaida.
2030: Detainee drank water and went to the latrine.
2110: 9/11 Video was played for detainee. He became very agitated and violent. He tried to kick the DVD player and assault SGT M. MP had to restrain detainee. SGT M agitated detainee by grasping his shoulder and asking him the following two questions:

Who did you work for in Al-Qaida?
What was Al-Qaida doing in America?

2130: Detainee was sent to the restroom, but tried to resist.
2140: Detainee refused stool softener medication.
2145: SGT M initiated the Al-Qaida Falling Apart theme.
2200: SGT B continued with Al-Qaida Falling Apart theme and introduced detainee to the victims of 9/11. At this point, SGT B was very firm with detainee and took the moral high ground. SGT B expressed his disgust for detainee and accused detainee of being "unclean" because of his malicious intentions and desires to kill innocent men, women, and children. Detainee took great offense to being accused of being unclean and accused SGT B of not knowing what a harsh word he used.
2245: Detainee went to the latrine and exercised
2300: Detainee took the stool softener medication
2315: SGT M took over the interrogation.
2320: Detainee requested that SGT M stop saying that the Al-Qaida raped the Koran. He also said, "God is not Al-Qaida and the Koran cannot be raped."
2325: SGT M read several passages out of the Koran that condemned Al-Qaida.
2342: Detainee spit on SGT M after SGT M said, "This was the reason (referring to the attacks of September 11) of your miserable existence; to go to the United States and kill innocent people." Detainee also accused SGT M of working with the Jinn.
2350: Detainee proclaimed his innocence
2400: Medical personnel check detainee's vital signs. Detainee went to sleep.

28 November 2002

0400: SGT R (control) woke detainee up. Detainee drank _ bottle of water, goes to bathroom and walks. Corpsman checks vitals. Detainee's feet appear more swollen than yesterday. Detainee refused aspirin (offered to help reduce swelling). SGT A (lead) asks detainee about the kicking and spitting incident the night before. Lead explains how detainee has no control.
0415: Lead begins Al Qaida falling apart theme, goes into pride and ego down. Detainee was repeatedly shown picture of Bin Al Shibh and asked why Bin Al Shibh's life was viewed as being more valuable than his. Detainee told that Bin Al Shibh was viewed as a future leader. Lead wondered out loud why Bin Al Shibh is better than detainee, if Saudis are supposed to be better than Yemenis.

18-14

SEP 2 6 2008

Detainee was told he should show Bin Al Shibh respect because he is better than detainee.

0530: Lead began asking about detainee's family and asking what happened in his household that produced a terrorist. Lead also talked about pictures of 9-11 victims on the wall, focusing on children. Detainee still won't look at lead. Detainee was told that if God keeps track of your sins, he would have millions so he should not be concerned about something as small as looking at a woman.

0615: Detainee told that he would be going to the bathroom. He said he didn't have to go, but was told that he would go because we wanted him to.

0630: When control entered booth, detainee stated in English "Excuse me sergeant, I want to pray." Control said "Have you earned prayer? I know you have a lot to ask forgiveness for, but I already told you that you have to earn it." Detainee says "Please, I want to pray here" (pointing to floor next to his chair). Control responds no.

0635: Detainee placed in swivel chair. As control talked about victims' pictures on wall, MPs rolled detainee to each picture. Particular attention was paid to the children. Control asked "Are these the faces of evil?" Detainee struggled with MPs during his stay in swivel chair. Detainee gets explanation of use of enima – seems embarrassed.

0700: Control gives Arabic lesson to detainee. Control writes the Arabic words for "liar" ,"coward", and "failure" on the wall. Control asks detainee "are you a liar? Are you a failure? Are you a coward? Yes you are." Detainee seemed surprised at control's knowledge of Arabic. Control did this in response to detainee's earlier use of english. Detainee said nothing during this session but showed apparent signs of anger toward the theme.

0740: Control takes break. Medical shows up and checks vitals. Detainee takes walk. Control asks in Arabic "how are you Mohammed?" Detainee responds in arabic "not bad".

0800: Lead begins session, returning to Al Qaida falling apart. Asks detainee why Bin Al Shibh is better than him.

1041: After revisiting words written on the wall by control, detainee said (paraphrased) "You are using those words against me and they are hurting me. There's no need to say those things to me. No man would accept those words."

1125: Detainee awakened.

1150: Interrogation team entered the booth. ENS C (lead), IS1 E (control), and a female DOD linguist. Lead made small talk about family. Detainee non-responsive.

1205: Took pictures of 9-11 victims down.

1220: Offered water for prayer. At first detainee rejected but then accepted.

1240: Bathroom break.

1300: Subject was given cheeseburger and MRE. He had some worry if the burger was O.K. for him to eat, he finally decided it was.

1330: Detainee spoke with lead for a period of time but then began whining so lead left.

1400: Taken to bathroom and walked 10 minutes.

1430: Control entered room and started 9-11 theme. Detainee professed his innocence. Theme was switched to circumstantial evidence.

18-15

SEP 2 6 2008

1500: Detainee asked for bathroom break and was refused as he was using it as a ploy to interrupt interrogation.
1515: Detainee taken to bathroom and walked 10 minutes.
1540: Control re-entered, continued circumstantial evidence, then switched to 9-11.
1645: Detainee requested prayer. He was told it was not time.
1700: Detainee was told it was time for prayer and was offered water. Detainee refused the water. Detainee was then taken to the bathroom and walked 10 minutes. He then said he wanted prayer and would drink. He was told that he could have the water, however the time for prayer had passed.
1750: Detainee exercised and refused food and water. SGT B began interrogation
1840: Detainee refused food and water
1900: Detainee went to the latrine
1945: SGT M took over interrogation
2000: Detainee went to the latrine and drank two bottles of water to avoid get an enema
2020: Detainee exercised by doing knee bends. SGT M implemented SPC P's "Mohammad the Slave" theme. Detainee stated that he is God's slave. Circumstantial evidence theme.
2100: Detainee exercised and used the latrine
2115: Interrogation team left detainee to watch 9/11 video
2200: SGT M taped pictures of the 9/11 victims on detainee's body
2305: Detainee proclaimed his innocence and said he would pass a polygraph test.
2230: Detainee went to the latrine
2340: Detainee exercised
2350: Medical check
2400: Detainee drank one bottle of water, used the latrine, and went to bed.

29 November 2002

0400: New linguist assigned to team. SGT R (control) wakes detainee. Corpsman advises detainee he need to drink three bottles of water of get an enema. After some resistance, detainee drinks one and a half bottles of water. Detainee walks for 15 minutes. SGT A (lead) begins approach.
0415: Run Manchester document theme and muslims in America.
0600: Detainee does not ask for anything, but waits for control to enter room and asks to pray. Drinks one half bottle of water.
0610: Detainee taken to bathroom and exercised.
0645: Control begins Arabic lesson. Explains detainee is a student and control is teacher. Detainee drinks one bottle of water.
0730: Doctor checks detainee. Tells detainee that if detainee doesn't have a bowel movement, detainee will get an enema. Doctor says detainee's feet look better.
0745: Control continues student/teacher approach.
0800: Control asks detainee, "are you a liar?" Detainee replies no. Control, "Then why did you tell me you've never been to the U.S.? Here's the proof." Controls shows circumstantial evidence of visit. Control tells detainee that he will show detainee how to embrace the truth. Detainee did not say anything else but paid

18-16
SEP 26 2008

close attention to control. Control gave commands at random times to stand and sit. Detainee complied.

0915: Detainee taken to bathroom. Lead begins pride and ego down approach.

1000: Detainee taken to bathroom. Base communication workers arrive to install command post phone lines, so detainee could not be walked.

1010: Lead resumes approach. Detainee began to fall asleep and was told to stand. When guard tried to teach detainee where to stand, detainee pushed guard. Other guards entered room and regained control. Detainee tried to complain, but lead told detainee that he might as well be speaking an alien language because no one wants to hear what he says.

1040: Lead laughed at detainee and this seemed to infuriate the detainee. Detainee told he must realize he has no control.

1100: Detainee used the latrine

1125: 2nd Shift entered the booth. Detainee would not engage in conversation but would make eye contact.

1200: Detainee prayed, walked, and used latrine

1220: Detainee refused lunch and stated that he was on a food and water strike

1320: Detainee used latrine and checked by medical

1440: Detainee exercised and used latrine. Detainee asked for a nap and was refused.

1500: Interrogators entered the room

1550: Detainee was given the chance to use latrine

1648: Detainee was offered prayer time if he would drink water. Detainee refused water

1650: Detainee used latrine and exercised

1700: Detainee returned to booth

1725: Detainee refused MRE.

1755: Interrogation session ended

1800: Shift 3 began interrogation

1920: Detainee refused food

1935: Detainee used latrine

1940: Detainee exercised

2100: Detainee used latrine

2105: Detainee refused food and water

2145: Detainee exercised

2400: Detainee refused water and was checked by medical personnel. Medical personnel indicated that detainee is getting very close to being dehydrated. Detainee complained of being dizzy and having a headache. Detainee went to bed.

30 November 2002

0402: First shift begins. Detainee awakened and sent to bathroom. Corpsman checked detainees vitals and determined that if the detainee didn't drink any water he would need an IV.

0415: Detainee refused water.

0420: Interrogation began with lead running pride and ego down. Enforced control of detainee approach.

0530: Detainee refuses water, IV is started. Detainee offers no resistance.

16-17

SEP 26 2008

0540: Detainee taken to bathroom. While in bathroom, "My shame causes me to look at the floor" was written on the floor in the interrogation booth.
0600: Detainee given another IV bag. Lead suggested the detainee elected this procedure because he wants people to feel sorry for him. Detainee stated that he didn't choose IV. Lead stated that he did because he wasn't drinking water.
0715: Detainee taken to bathroom.
0740: Interrogator began showing pictures of places in Saudi Arabia informing the detainee that he will never see these places again. Detainee gave indications he was near tears, then composed himself.
0830: Interrogator began 9-11 theme. Talked about innocent children victims. Detainee stated that he didn't believe the person who wrote the information about the victims. Detainee made to wear sign that stated "I am going to hell because I am full of hate"
0915: Detainee taken to bathroom. Detainee received another IV bag. Shown 9-11 video. Detainee protested about the music on the video.
1000: Detainee taken to bathroom and walked. Detainee given another IV bag.
1030: Interrogator continued 9-11 theme with volume turned up high.
1105: First shift ended.
1115: Second shift began.
1140: Detainee taken to bathroom and exercised, allowed to wash hands and pray.
1220: Detainee offered food and water. Detainee rejected the MRE and waited until the lead had started eating to say that he was now ready to eat. The lead did not give the detainee the MRE because he had rejected the food when it was offered and would not allow the detainee to manipulate the situation. Detainee then told lead not to bring food anymore.
1330: Detainee given 1-1/2 hour nap
1500: Detainee woken and taken to bathroom. Detainee was shown video of UBL laughing about the hijackers not knowing their mission. Detainee recounted cover story about buying used cars in the U.S. again.
1635: Break. Detainee continued cover story about buying used cars in the U.S. but was caught denying information he had just spoken about knowing A. T.
1750: Detainee taken to bathroom and exercised.
1925: Detainee used the latrine. Third shift started by asserting control over the detainee by making him exercise.
2020: Detainee refused food and water
2035: Detainee refused water
2040: Medical evaluation determined an enema was necessary.
2045: Detainee received an enema and had his first bowel movement in many days
2100: Detainee exercised.
2200: Detainee ate one complete MRE and drank 1/3 bottle of water
2300: Detainee used latrine
2345: 3rd Shift ended

01 December 2002

18-18
SEP 26 2008

0400: Detainee awakened and sent to bathroom. Corpsman checked detainee's feet for swelling and wraps feet to avoid irritation from cuffs. Detainee exercised for 10 minutes.
0420: Detainee eats MRE and drinks water.
0445: Interrogator begins circumstantial evidence theme. Detainee made consistent eye contact, but did not speak.
0600: Detainee taken to bathroom and exercised. Detainee asked guards to pray when control left the room. Control told detainee that he could not ask anyone other than the interrogator for anything.
0630: Interrogator continues circumstantial evidence theme.
0745: Detainee stated that he is on strike from food and water again. Corpsman administers IV. Detainee's head is restrained by MP to prevent detainee from biting the IV.
0900: Detainee asked to have IV removed – denied. Detainee given one hour nap.
1000: Detainee taken to bathroom.
1101: Second shift began. Detainee taken to bathroom and exercised.
1115: Interrogation began. Detainee mostly unresponsive during discussion of 9-11 victims. Detainee asked for prayer and was denied since it wasn't time.
1200: Detainee taken to bathroom and exercised. Offered water and prayer time. Detainee drank one full bottle and prayed.
1240: Detainee ate one MRE and drank one half bottle of water.
1300: Detainee taken to bathroom and exercised. Doctor checked vitals – O.K.
1400: Detainee taken to bathroom and exercised.
1450: Detainee taken to bathroom and exercised.
1615: Detainee taken to bathroom and walked for 10 minutes.
1715: Detainee taken to bathroom and walked for 10 minutes. Detainee drank one bottle of water and prayed.
1800: Interrogation began. Detainee offered food and water, detainee refused. Detainee stated that his treatment was making him forget things. Detainee was questioned about his cover story and continued to deny knowing A. T.
1930: Detainee taken to latrine and exercised. Control started circumstantial evidence theme centering on the 9-11 hijackers. Detainee stated that if he had been with that group on that day, he would have been the pilot.
2115: Detainee taken to latrine and exercised. Control started talking about the Koran and the detainee became angry saying that the interrogator didn't know anything about the Koran.
2230: Detainee taken to latrine and exercised. Control compared the Manchester document to the teachings of the Koran. Detainee remained quiet.
2400: Third shift ended.

02 December 2002

0400: First shift begins. Detainee taken to bathroom and exercised.
0425: Lead began session. Detainee complained that guards were not nice.
0530: Detainee offered water – refused. Lead continued with circumstantial evidence theme.

1819

SEP 2 6 2008

0630: Detainee taken to bathroom and exercised. Control started session with Arabic lesson and explained how Saudis go to Bahrain for alcohol and prostitutes. Continues we are in control approach.
0800: Detainee taken to bathroom and offered water.
0900: Detainee woken up and offered MRE – refused.
0910: Lead cleaned detainee's face and combed hair and beard. Showed 9-11 video.
1000: Lead and control explained that detainee has no control.
1030: Control began "birthday party" and placed party hat on detainee. Detainee offered birthday cake - refused. Interrogators and guards sing "God bless America". Detainee became very angry.
1100: Second shift began. Detainee taken to bathroom and exercised for ten minutes.
1115: Control began talking to detainee to calm him.
1145: Lead enter booth and began talking to detainee. Detainee unresponsive.
1215: Detainee offered water and prayer. Detainee refused. Detainee taken to bathroom and exercised for ten minutes.
1230: Detainee offered food and declined, then reconsidered and asked to eat. Detainee ate one MRE after the interrogators decided to allow him to eat if he asked nicely.
1330: Detainee taken to bathroom and exercised ten minutes. Detainee unresponsive.
1500: Detainee taken to bathroom and exercised ten minutes. Lead runs approach about holes in cover story.
1600: Detainee taken to bathroom and exercised ten minutes. Lead continues approach and detainee tries to negotiate by saying that he will talk if he is returned to his brothers in Cuba.
1715: Detainee drank one bottle of water and prayed.
1730: Detainee taken to bathroom and exercised.
1800: Third Shift began interrogation with Al-Qaida Falling Apart theme. Detainee ate one Hostess Cupcake with interrogation team.
1845: SGT M began took over interrogation
1850: Detainee exercised
1940: Detainee ate one full MRE and drank _ bottle of water
1950: SGT B employed Circumstantial Evidence theme.
2010: Detainee exercised
2015: SGT M took over interrogation
2035: Interrogation team took a break
2100: Detainee exercised
2115: Detainee finished exercising
2120: SGT B employed Manchester Document, focusing on the beating and killing of hostages.
2135: SGT M took over interrogation and employed Futility and Saudi Government Left him themes
2200: Detainee began to tell his cover story again after SGT M questioned asked him about his future and what it would be like living in jail for the rest of his life. Detainee had been silent all night; therefore he was allowed to retell certain parts of his story again. Detainee provided more general information about alleged contacts in Saudi Arabia. Detainee was evasive about his family and would only request that Saudi Government ministries be contacted to verify his story.

18-20

SEP 26 2008

Tab 3

HC00018636

Detainee appeared nervous when asked if he had connections to Saudi royal family.

2300: SGT B questioned detainee extensively about his business plan. It became readily apparent that he knows very little about business and international trade.

2345: SGT M questioned detainee about his family. Detainee was very evasive and refused to provide anything other than his family's PO box. BSCT observation indicated that detainee was lying during entire exchange.

000: Detainee used latrine and went to bed.

03 December 2002

0400: Lead woke detainee up and sent him to the bathroom. Detainee was exercised.

0425: Lead began session with circumstantial evidence theme and "you are a failure" approach.

0615: Detainee drank water and was sent to the bathroom and exercised.

0630: Control began session on circumstantial evidence theme with "you have no control" approach. Detainee was attentive but unresponsive.

0800: Detainee taken to bathroom. Refused meal stating that he is fasting.

0830: Lead and control started "tell the truth" approach using circumstantial evidence theme.

0930: Interrogators gave class to new MPs in view of detainee stating the resistance training, clouded thinking, series of mistakes, and attempts to gain control that the detainee has exhibited. Interrogators ran puppet show satirizing the detainee's involvement with Al Qaida.

1040: Detainee was given a nap.

1100: Detainee awakened, taken to the bathroom, and exercised 10 minutes.

1120: 2nd shift interrogation team entered booth, ENS C, (Lead), IS1 E (Control) and a female DOD linguist. Discussion was aimed at calming detainee down as he was upset. Detainee was mostly unresponsive.

1210: Detainee given head break and 10 minutes exercise.

1225: Detainee was offered water and refused. He was refused "Salat."

1235: Detainee offered lunch and refused.

1330: Detainee given head break and 10 minute exercise.

1440: Detainee given head break and 10 minute exercise.

1550: Detainee given head break and 10 minute exercise.

1600: Detainee placed down for nap.

1900: Detainee asked for bathroom break, granted.

2000: Phase 1B begins. Detainee awakened and told he is being taken back to Cuba, hooded, and loaded into ambulance. Ambulance drove a few feet and detainee was taken out and into a different interrogation booth. ENS S lead interrogator with a female DOD linguist. ENS S was in civilian clothes and ran an approach to plant seeds in the detainee's mind on how to end the interrogations. The approach centered around how Al Qaida had destroyed Islam and the detainee's life had been spared because it was now his jihad to tell the world about how 9-11 was wrong, and help rebuild Islam.

18-21

SEP 2 6 2005

2040: Detainee hooded and taken to new primary interrogation booth that was decorated with photos of 9-11 victims, the U.S. flag, flags of coalition forces in the global war on terrorism, and red lighting. Detainee was subject to loud music for 20 minutes.
2100: Hood was removed and U.S. National Anthem was played. CAPT W was lead interrogator with the same female DOD linguist.
2105: Detainee's head and beard were shaved with electric clippers. Detainee started resistance when beard was shaved and MPs had to restrain. Shaving was halted until detainee was once more compliant. LTC P supervised shaving. No problems occurred. Photos were taken of detainee when the shaving was finished.
2130: CAPT W began bad muslim theme. Detainee said CAPT W was oppressed.
2330: Corpsman checked detainee's vitals – O.K.
2345: Detainee hooded and walked for 10 minutes.
2400: Detainee taken to different interrogation booth where ENS S began asking questions about his mission to Orlando. Detainee unresponsive and did not make eye contact.

04 December 2002

0010: Detainee replied "I don't know" when asked the question "What is a normal life?"
0100: Detainee offered food and water – refused. Five minutes later detainee said he wanted to eat. Interrogator continued questioning, the told detainee he could now eat. Detainee ate one MRE and drank water.
0115: Interrogator resumed session by telling the detainee the "right" way to interrogate him.
0120: Detainee was told that Usama bin Laden needed bodyguards to protect him from Islam (interrogator was hinting about the Taqfir without using the word) and that detainee's family was also at risk. Detainee seemed either confused or concerned.
0130: Detainee was hooded and taken back to primary interrogation booth. Loud music was played and the "devil in the smoke" theme was run.
0200: SGT R (lead) and SGT L (control) enter booth. Detainee attempted to gain control by interrupting lead when the futility approach was started.
0300: Detainee offered food and water – refused. Detainee taken to bathroom and walked.
0320: Lead tells detainee Usama bin Laden is making a whore of Islam. Detainee told lead that he is "looking for trouble". "Arrogant Saudi" approach is run. Detainee was angered by approach.
0400: Cover story is thoroughly mocked. Detainee dislikes theme and states that he will not talk until he is interrogated the proper way.
0515: "Usama bin Laden as a politician" is discussed. Detainee complains about a picture of a 9-11 victim being taped to his trousers – received the "I control all" speech from interrogator.
0615: Detainee told that the truth would get him back to his brothers in Cuba.
0700: Detainee taken to bathroom and put to bed.
1100: Second shift began with IS1 E, SGT A , and a DOD linguist. Detainee was awakened in old interrogation booth by interrogators.

18-22

SEP 2 6 2005

1130: Detainee was taken to bathroom and walked for 10 minutes. Moved to primary interrogation booth. Detainee complained that the General had said he should be returned to Cuba.
1230: Detainee was offered food and ate one MRE and drank one bottle of water.
1300: Detainee was taken to bathroom and walked for 10 minutes – complained of dizziness when walking.
1315: Corpsman checked vitals – O.K. Christina Aguilera music played. Interrogators ridiculed detainee by developing creative stories to fill in gaps in detainee's cover story.
1410: Doctor checked vitals – O.K.
1415: Detainee taken to bathroom and walked 10 minutes.
1540: Detainee taken to bathroom and walked 10 minutes. Detainee was offered water – refused. Circumstantial evidence theme ran. Detainee was asked what would happen to the hijackers souls on judgement day. Detainee responded that all the people in the towers were infidels.
1710: Detainee taken to bathroom and walked 10 minutes.
1740: Doctor checked vitals and determined that detainee was becoming dehydrated. Drew blood to check kidney function. Lab results showed the detainee's kidney function was normal.
1800: Third shift began with SGT L and SGT M and a DOD linguist. The detainee was given two IVs by the medic. The detainee began to talk when questioned on why he was clean shaven in his passport, and his answer was that he was not a good Muslim at that time. The detainee was bothered by the presence and touch of a female. Detainee tried to get out of the seat and restraints. Rules have changed theme was used. No response.
1900: Detainee was offered food and water he refused.
1920: Medical representative removed the IV.
2003: Detainee went to the latrine and was walked, offered food and water refused.
2102: Detainee was taken to the latrine and was walked.
2200: Detainee had not said a word since 2000 hours.
2300: Detainee performed exercise to reduce swelling of hands and feet.
2330: Detainee was taken to the latrine and walked, and on return he began to talk, in response to him being told that his travel story was weak.

05 December 2002

0001: First shift began. SGT R (lead) and SGT L (control) enter booth with interpreter. Lead follows up with questioning about detainee's plane ticket.
0025: Control covers used car part of detainee's cover story. Detainee complains about being tired.
0051: Detainee is exercised and hands are strung loosely above head to reduce swelling from an earlier IV. Detainee is told to stand to improve circulation.
0100: Detainee is offered water – refused. "Al Qaida falling apart; captured; talking" theme is run. "Al Qaida used Islam" theme is run.
0300: Detainee is checked and cleared by corpsman. Sent to bathroom and walked.

18-23

SEP 2 6 2008

0330: "What we know" theme was run. Detainee asked to stand up. Was allowed to stand then told to sit down in order to maintain control.

0400: Detainee was told to stand and loud music was played to keep detainee awake. Was told he can go to sleep when he tells the truth.

0420: Detainee was given 30 minute nap since he was unable to stay awake during interrogation.

0450: Control covered detainee's cover story.

0600: Lead enter booth and told detainee to sit up straight. Detainee would not comply and MPs sat him upright. Detainee told lead that he would only answer questions on his cover story, but did not elaborate any further on the story. Lead begins reclaiming control of session. Detainee is made to stand up and face the American flag while the national anthem is played. Detainee resists MPs as they maintain control.

0700: Detainee asks to go to bathroom. Lead tells detainee he must say "please". Detainee complies and is taken to bathroom. Detainee asks for prayer – denied. Lead offers food and water – detainee states he is on strike. Detainee put to bed.

1020: Detainee woke up himself and requested to go to bathroom. Was taken to bathroom and walked 10 minutes.

1100: Detainee awakened by 2nd shift interrogation team. Ran "Arrogant Saudi" approach and "Al Qaida destroyed Islam" theme. Detainee unresponsive.

1215: Detainee sent to bathroom and walked for 10 minutes.

1240: Detainee offered food – ate one MRE and drank one bottle of water. A bottle of water was also left with the detainee for him to sip on during the shift. Interrogators began "bad muslim" theme. Ran "circumstantial evidence" theme.

1400: Detainee sent to bathroom and walked 10 minutes. Corpsman checked vitals and changed wraps on ankles. Detainee was O.K. Interrogator began reading from a book of Koranic prayers. Detainee became agitated and yelled for Allah. Detainee tried to kick interrogator and MPs held his legs and hands down. Interrogator began "lonely" theme and detainee lunged at interrogator. MPs regained control of detainee. Detainee stated that his emotions were making him behave badly, then started making odd faces. Interrogators told detainee that they had seen crazy people before and he was not crazy, so detainee stopped making faces.

1545: Detainee taken to bathroom and walked for 10 minutes.

1600: Medical checked vitals – O.K.

1630: Detainee told interrogators that he was in charge now and they would bring him food and water when he wanted and they would let him sleep when he wanted. Interrogators established control over detainee by having him alternately sit and stand. Detainee seemed near crying and was told not to cry on this shift.

1800: Detainee became irritated with the female invading his personal space. He made several attempts to push her away from him with his back because she was standing behind him. Detainee spit at SGT M and the DoD linguist because he was annoyed by the female behind him and they were seated directly in front of him. Detainee was offered water and food. He did not want water or food.

1900: Detainee was given a latrine break. After the latrine break detainee was exercised because he had swelling in his hands and feet. During the walking exercise the

18-24

SEP 2 6 2008

detainee attempted to injure two guards. Detainee used all of his body weight elbowing one guard and then elbowed the other guard. The guards quickly restrained and secured the detainee to his chair and the interrogation continued. Detainee was offered water but he quickly denied it. The interrogation continued with the theme that the Rules have changed.

1945: Detainee finally decided to eat. He did not drink the water that was given to him with his meal.

2016: Medical representative took vitals of the detainee. She stated that the detainee's vitals were normal. The interrogation continued with the theme being Saudi Government. The detainee was not responsive nor did he appear concerned with the Saudi Government.

2108: Detainee was taken to the Latrine. He was also offered water but he refused the water.

2225: Detainee became completely quiet, he would stare into space, and he would attempt to put his head down but when commanded to raise his head he would comply. The interrogation continued with the theme of the Manchester Document.

2320: Detainee was escorted to the latrine.

06 December 2002

0001: 1st shift begins. Interrogator talked about Zacarius Mousaui and his capture. Detainee stated that since Mousaui would've been the 20th hijacker, he could not be. Detainee also stated that if he had been one of the hijackers, he would've gotten into the country. Circumstantial evidence was run. Detainee stated that he couldn't have applied for a visa in Riyahd three days after the Orlando incident because he was in the U.A.E.

0100: Detainee's vitals are checked – O.K. Interrogators tried to engage detainee in discussion of falconry. Detainee complained about being asked the same questions, asked to be taken back to Cuba.

0130: Detainee offered water – refused.

0140: Detainee confronted with evidence of another detainee identifying him at a safehouse in Kabul. Detainee accused of being a bodyguard.

0230: Detainee sent to bathroom, walked for 20 minutes. Detainee drank one and a half bottles of water. Corpsman checked vitals – O.K.

0300: Futility approach run. Detainee told this will never end and things will get worse.

0420: Detainee taken to bathroom.

0430: Discussed Saudi royal family and corruption in the middle east with detainee. Detainee states that corruption should be studied and stopped, can start out small and grow. Detainee uses analogy about someone smoking, then drinking, then moving on to drugs. Detainee will not discuss political corruption. Interrogator told him he must be very angry to do what he did. Detainee replied that he is a simple man and is not angry.

0530: Corpsman checks detainee's IV stint. Detainee was asked how he feels about Al Qaida and replied that he is displeased because they killed innocent people.

0630: Detainee allowed to pray.

18-25

SEP 26 2008

0700: Detainee taken to bathroom and put to bed.
1100: Detainee awakened, taken to bathroom, and walked 10 minutes.
1115: Interrogation team entered the booth. Loud music was played that included songs in Arabic. Detainee complained that it was a violation of Islam to listen to Arabic music.
1200: Detainee refused a bathroom break and was walked 10 minutes.
1210: Corpsman checked detainee's vitals – O.K.
1225: Detainee offered food – ate one MRE and drank one bottle of water. Started 9-11 theme. Detainee asked to pray when confronted with photos of child victims and was denied. Interrogators told detainee he was using religion as a tool to escape hard questions. "Al Qaida falling apart" theme was started. Detainee was told God was not with them because He had given detainee to us and helped us defeat Al Qaida and the Taliban. Detainee declared a hunger strike and said he would decide when to eat. Interrogators began "we control all" theme.
1400: Detainee taken to bathroom and walked 10 minutes. Corpsman replaced ankle bandages to prevent chafing from cuffs. Started "Al Qaida used Islam" and "bad muslim" themes. Detainee said "I will tell the truth" and told the interrogator to get out some paper. He also said "I am doing this to get out of here". Detainee began talking but would not give any information about people other than himself. Detainee talked about traveling to Afghanistan and meeting UBL who gave him money and sent him to America. Detainee also talked about his travel after he was turned away from Orlando.
1600: Detainee allowed to pray after promising to continue cooperating. Detainee asked for air conditioner to be turned off and asked for blanket – both were given.
1610: Detainee offered water and bathroom break – refused.
1715: Detainee allowed to pray.
1730: Detainee ate an apple. Refused water and bathroom break. Detainee's story began to get vague and had many holes where third party involvement should have happened. Interrogators eventually determined the detainee was veering away from the truth and closed their shift.
1930: Third shift interrogation team enters the booth. The approaches employed were Pride and Ego down, Fear Up Harsh, and Invasion of Space by a Female. The detainee became very violent and irate. Detainee attempted to liberate himself from the chair in order to get away from the female. He struggled for approximately forty minutes attempting to move out of the presence of the female.
2030: Detainee was exercised for approximately fifteen minutes. The Medical Representative checked the detainee's blood pressure and weight. She cleared the detainee for further interrogation. Detainee refused water and food. Interrogation continued with the theme of Al Qaeda falling apart. The approach that was used during this phase of the interrogation was pride and ego down with an occasional fear up harsh if necessary.
2100: Detainee was sent to latrine.
2115: Detainee was offered food and water once again and he refused.
2150: Detainee was given a latrine break. He was offered food and water and he refused.

18-26

SEP 2 6 2008

2230: Again detainee was offered food and water. He refused to eat or drink water.
2320: Detainee stated that he met M. K. in the United Arab Emirate during his travels. He stated that K. was a businessman, 5'10" tall, Afghani, and in his mid to late 30's. The interrogation team believed this was a lie and the detainee began to stare at the wall quietly as SGT M continued to interrogate detainee using the pride and ego up with a fear up harsh combination.
2340: Medical representative checked the detainee at the request of the Military Police.

07 December 2002

0001: First shift began. Detainee made to stand for the National Anthem. Interrogators began harsh pride & ego down by poking holes in the new cover story and outlining the rules he must live by now.
0100: Detainee taken to porch where he can see foraging banana rats and told that he chose this life with the rats. He is reminded of the good things in life that he chose to leave behind.
0120: Issues arise between MPs and dog handler. CAPT W talks with all parties and resolves issues.
0320: Detainee taken to bathroom and walked for 10 minutes. Corpsman checks vitals – O.K.
0345: Detainee offered food and water – refused. Detainee asked for music to be turned off. Detainee was asked if he can find the verse in the Koran the prohibits music.
0350: Corpsman checks vitals – detainee refuses Motrin and water. Corpsman asked detainee if he has dizziness or a headache – detainee says yes. Corpsman explains it is from lack of water. Vitals show dehydration is beginning. Corpsman calls doctor.
0415: Detainee admits story he told interrogators was false. Stated he told the story because he was under pressure. Detainee was told he chose to be here, and was given the list of decisions he made that brought him here and was told he needs to take responsibility for his actions. Detainee was given an IV by corpsman. Detainee was told that we would not allow him to die.
0515: Detainee offered food and eats peanut butter and crackers. Began "God's will" approach. Detainee told Al Qaida chose him because he was expendable. Interrogators asked detainee how he could stay in Afghanistan and not see any Taliban personnel. Detainee stated that Taliban people spoke good Arabic. Interrogators revisited falcon story.
0600: Interrogators revisited the new cover story and poked holes in it.
0700: Detainee taken to bathroom and put to bed.

24 HOUR RECUPERATION STAND-DOWN BEGINS

1100: Detainee awakened, taken to bathroom and walked for 10 minutes. Schedule is given to MPs to offer water every hour, take detainee to bathroom and walk every one and a half hours, offer food once per shift, and keep music playing to prevent detainee from sleeping during stand-down. MPs are instructed not to converse

18-27

SEP 2 6 200

with detainee except to issue commands. MPs are given log book to log all scheduled activities.

2000: Corpsman checks vitals and finds the detainee's pulse is unusually slow. Doctor arrives and decides to perform an EKG – leaves to get EKG machine.

2050: Doctor returns and performs EKG. Heartbeat is regular but very slow – 35 bpm. Doctor consults with another doctor.

2130: Decision is made to take detainee to GTMO hospital to perform a CT scan of the detainee's brain to see if there are any irregularities.

2215: Depart to hospital.

2230: Arrive at hospital and begin CT scan.

2330: Doctors review scan and do not find any conclusive evidence of any conditions, but request the detainee be kept overnight until a radiologist can be flown in to ensure there are no anomalies. Detainee is placed in isolation ward and hooked up to monitor heart rhythm.

08 December 2002

Detainee's electrolytes are checked and corrected. Potassium was slightly below normal due to not eating. Detainee's left leg was swollen and an ultrasound was performed to check for blood clots. No blood clots were detected and the detainee's swelling went down naturally. A radiologist was flown in from Roosevelt Roads and checked the detainee's CT scan - no anomalies were found. No unusual heart rhythms were recorded by the monitor during the detainee's stay and his heart rate returned to normal naturally. The detainee slept most of the day between meals.

09 December 2002

0800: Detainee's checks are all good. Plans are underway for release in the afternoon.

1800: Detainee is hooded, shackled and restrained in a litter for transport to Camp X-Ray. ENS C rides in the ambulance with the detainee and informs him that he has a choice to make; tell the whole truth and return to his brothers in Cuba or remain silent and return to X-Ray.

1830: Detainee arrives at Camp X-Ray and is returned to interrogation booth. ENS C enters booth with detainee and gives a last chance to tell the whole truth. Detainee is uncooperative and ENS C leaves. CAPT W enters booth and informs the detainee that he had been medically cleared and only he could make it stop, otherwise it would get worse.

1900: Detainee was exercised for good health. He was also offered food and water. He refused the food and water.

2000: Detainee was walked around for improving his circulation and exercise purposes. He was offered food and water but he refused. He was taken to the latrine but he refused to use it.

2030: The detainee's vitals were checked by the medical representative. She stated that they were normal. The interrogation continued.

18-28

SEP 2 6 2008

2100: Detainee was taken to the latrine. He did not refuse to use it because he stated that he had to do number two. He refused water and food.

2145: Detainee replied to question that was posed by SGT M. Detainee had been shown several pictures of little old women that died in the 9/11 terrorist attack. SGT M asked the detainee what could these little old women do? Were they going to drop a bomb or fly a plane into the holy city of Mecca? The detainee shook his head and replied "no". Later, SGT M asked, do you think the people that are jumping from the burning building are going to go to heaven or hell. The detainee replied with I don't know.

2240: Detainee was exercised for improved circulation, reduction of swelling in feet and overall good health. Detainee refused water and food.

2340: Detainee was repulsed by the female invasion of his personal space. He made several attempts to stand up in order to prevent her from entering his personal space. He attempted to appeal to SGT M but that was not effective. SGT M continued with fear up harsh until the detainee would give new information but the detainee continued to give old information so, he was silenced (by the interrogation team). Detainee refused water. He was sent to the latrine.

10 December 2002

0000: Interrogation team entered the booth and played the national anthem. Detainee was made to stand and put his hand over his heart. Lead explained rules to detainee. Ran pride and ego down approach. Played loud music to keep detainee awake.

0230: Detainee taken to bathroom and walked. Corpsman checked vitals – O.K.

0300: Detainee offered food and water – eats crackers, peanut butter, and drinks water with koolaid.

0330: Detainee asked about relationships with women and what his mother would think of him. Detainee said the Saudi government knew he was innocent. Interrogators replied that the Saudi government knows he is guilty and that is why he is here.

0400: Lead established control over detainee by instructing him not to speak and enforcing by playing loud music and yelling. Detainee tried to regain control several times by starting to talk about his cover story. Detainee was not listened to.

0530: Detainee was taken to bathroom and walked for 20 minutes.

0600: Futility approach was run. Rules have change theme was run. It can get a lot worse theme was run. Detainee attempted to talk but was silenced by interrogator through yelling and loud music. Detainee cursed interrogator and pleaded his innocence. Circumstantial evidence theme was run. Interrogator turned on the music and left the booth for the last 20 minutes of the shift, detainee screamed for the interrogator to come back as he departed the booth.

0700: Detainee was put to bed.

1030: Detainee woke up on his own and requested to go to the bathroom. He was taken to the bathroom and walked for 10 minutes.

18-29

SEP 26 2008

1100: 2nd shift began by waking the detainee to music. Interrogators told detainee how happy they were that he was back. Detainee was mostly unresponsive. Reinforced the notion that the detainee would be here a long time.

1215: Detainee was taken to bathroom and walked 10 minutes. Food and water were offered and the detainee ate one MRE and drank a bottle of water. Interrogators engaged the detainee in conversation about marriage and dating. Detainee said that he had a chance to marry but refused. He said that he would like to marry someday. The detainee then stated that he was having emotional problems and needed to see a doctor for this. Detainee stated the Jinns had control of his emotions and only a trained doctor could help him. He stated that he would tell everything to a doctor in the same way that he had previously stated that he would tell all if he was taken back to Cuba. Detainee was told he would have to describe what was wrong before a doctor could be brought in. Detainee became unresponsive upon hearing this.

1400: Detainee was taken to bathroom and walked 10 minutes. Detainee offered water – refused. Interrogators covered the resistance techniques he had used and asked him to perform the "crazy Mohammed" facial expressions again. Detainee began to cry. Interrogators recounted the "emotional Mohammed" from earlier in the session and the detainee became stoic again.

1600: Detainee was taken to bathroom and walked 10 minutes.

1615: Offered water to detainee – refused. Loud music was played and the interrogators began yelling at the detainee. Pride and ego down approach was run. Al Qaida falling apart theme was used.

1715: Offered water to detainee – refused.

1800: Detainee taken to bathroom and exercised 10 minutes.

1830: Detainee became very annoyed with the female invading his personal space. He spit on her several times. He tried to push her away using his head. He attempted to move her chair by using his feet to push her chair away from him. Detainee was offered water but he refused to drink it.

1930: Detainee was offered water but he refused it. He was taken to the latrine. Medical Representative weighed detainee and logged detainee's weight at 119 pounds. He was 123 pounds with the three piece suit.

2000: Detainee ate two cheese filled pretzels and when he was given his meal he accepted it and began to eat. He devoured all of his MRE.

2030: Detainee was exercised for good circulation and overall good health. He was also taken to the latrine. He was offered water but he refused.

2140: Detainee was offered water; he refused to take the water. He was taken to the latrine; he did not use it. He stood at the door and waited until we allowed him to return to the interrogation booth.

2230: Detainee was taken to bathroom. Detainee urinated on himself as he was being taken to the latrine. Detainee was allowed to clean himself while in the bathroom. He was offered water and refused.

2307: Detainee was exercised.

2339: Medical representative took detainee's pulse rate and vital signs. She said they were all normal. Detainee was taken to the latrine. He refused water.

18-30

SEP 26 2008

11 December 2002

0001: Detainee stood and faced the flag for the national anthem. He showed less resistance towards facing the flag than on previous days. Both interrogators began the "pride and ego down approach". This approach was utilized throughout the session. The lead (SGT R) gave detainee the rules for the session. 1) no talking 2) don't ask for anything 3) face forward 4) no sleeping.

0050: Detainee refused water

0100: Detainee began to cry during pride and ego down. Detainee was reminded that no one loved, cared or remembered him. He was reminded that he was less than human and that animals had more freedom and love than he does. He was taken outside to see a family of banana rats. The banana rats were moving around freely, playing, eating, showing concern for one another. Detainee was compared to the family of banana rats and reinforced that they had more love, freedom, and concern than he had. Detainee began to cry during this comparison.

0202: Detainee refused water. Detainee was walked for 10 minutes. Control (SSG M) continued "p&e" down approach. Detainee was unresponsive. He appeared to struggle controlling his anger.

0310: Detainee refused water. Walked for 10 minutes. Used bathroom. Vitals checked by medic and within normal limits.

0320: Detainee was agitated at music being played in his presence and attempted to voice his opinion. He was ignored and moved excessively during this time while seated in the chair with his hands clenched in a fist.

0418: Detainee was offered water; he refused the water. Detainee was offered food; He refused the food. Detainee was exercised by walking him around to prevent swelling in his feet. Bandages on legs were replaced with sterile bandages to prevent chafing.

0503: Detainee refused water. Control continued the "pride and ego down approach" using the circumstantial evidence as a theme

0600: Detainee refused water. Detainee was exercised to prevent swelling of his feet. Control and lead continued P&E down approach.

0700: Detainee vitals taken and are within normal limits. Detainee was sent to bathroom. Upon return, he began his four hours of rest.

1100: Detainee was awakened, taken to the bathroom and walked 10 minutes.

1115: Interrogation team enter the booth and started talking about how glad they were that he was back and that they would have a BBQ in his honor. When the detainee stated that he would not want any of that food, the interrogators told him that the BBQ wasn't for him, it was for everyone else. Interrogators talked about detainee's loss of freedom. Interrogators held an exorcism to purge the evil Jinns that he claimed were controlling his emotions. Detainee was more responsive after the exorcism.

1200: Detainee was taken to bathroom and walked 10 minutes. Detainee was offered food and water.

1230: Detainee ate one MRE and drank a bottle of water. Interrogators instructed detainee how to mix up the tea and coffee in the MRE. Detainee was drinking the coffee and started ignoring the interrogators, so the interrogators took away the

18-31

SEP 26 2006

Tab 4

detainee's coffee. The detainee asked for the coffee back several times in the next hour. The lead held the coffee in front of the detainee and when the detainee reached for the coffee, the interrogator poured the coffee on the floor. The detainee seemed to be mad at the interrogators for the remainder of the shift.

1400: Detainee taken to bathroom and walked for 10 minutes.

1530: Detainee taken to bathroom and walked for 10 minutes. The futility approach was run. The detainee was allowed to speak to the linguist for five minutes. The detainee tried to develop rapport with the linguist and the interrogators reentered the booth and ran the futility approach by telling the detainee the linguist was on their side. Control began talking in a low sympathetic tone of voice and spoke to him about his past, present, and possible future. Detainee began to cry. Detainee asked to sleep in a different room and only be interrogated in the present room. Control asked why the detainee would make such a request and detainee replied that control was human. The BSCT observed that the detainee was only trying to run an approach on the control and gain sympathy.

1700: Detainee taken to bathroom and walked for 10 minutes. The interrogators started the BBQ outside the interrogation booth and ate in the booth so the detainee could see them.

1800: Detainee refused water and food. He stared at the ground and wall while humming to himself. The futility approach was run for the entire shift.

1900: Detainee was taken to the latrine. Detainee refused water and food.

1930: An attempt was made to exercise detainee but detainee refused to walk on his own. He attempted to pray as the guards carried the detainee back to the interrogation booth. Detainee complained of feeling dizzy as he held his head in his hands. The medical representative took detainee's vital signs. They were normal. The medical representative told the detainee that he had to drink water or else he will continue to feel dizzy. The detainee was also told that the next step would be to give him an IV. Detainee still refused to drink water.

1955: Detainee still refuses to drink water or eat some food. Still complaining of being dizzy.

2000: Latrine break for the detainee. No new information was given by the detainee. Detainee was told not to talk because he is not giving any new information.

2100: Detainee refused water. Latrine break for the detainee was given.

2120: Medic took vitals and weight. All normal except it may be necessary to give the detainee several IVs because his vitals although normal at the moment continues to fall. Medic had warned the detainee that if he doesn't drink water that he will be given several IVs in order to replace the fluids that he has lost.

2200: Latrine break for the detainee. Still refusing to drink water.

2245: Detainee still refusing to drink water. Medical representative took the detainee's vital signs. They were not good so the detainee was being prepared to receive the needed IVs.

2312: Medical representative had begun to administer the first of three IVs. No new information was given by the detainee.

12 December 2002

18-32

SEP 26 2008

0001: Detainee was subjected to white noise (music) waiting for his IV's to be completed.

0110: Detainee had his 3rd IV removed. He was exercised to improve the circulation to his legs. Detainee used restroom. Detainee had vitals checked, which were within normal limits. Detainee refused water.

0140: Detainee shown video of Taliban Bodies and Die Terrorist Die.

0150: Interrogators gave detainee rules for the evening. 1) No talking. 2) Face forward. 3) Don't ask for anything. Detainee almost immediately began to speak. The interrogators screamed at detainee until he stopped. Detainee was reminded of his worthlessness as a human being. He was reminded of the fact that his standard of living is less than a Banana rat. While running the Pride and Ego (P/E) down approach, SSG M showed the bottom of his boot to detainee. Detainee had one of the longest emotional outbursts seen yet. He went into a fit of rage yelling insults in English and Arabic to interrogators. He began to move his arms and legs in his chair as if to want to break away from the shackles and attack. He then began to make statements about his story. He was cut off and told to think about what he wanted to say. He was left in the booth for approximately 10 minutes to think about the statements he wanted to make.

0230: Interrogators returned to the booth and reminded detainee of what he was supposed to think about in order to go back to his brothers in Cuba. He began to talk and again introduced going to America, "the land of opportunity," (Orlando Florida) to conduct a car business. Detainee was cut off and told that we did not want to hear this story anymore. P/E down continued.

0300: Detainee was exercised for 10 minutes, used Bathroom and refused water.

0350: Detainee was unable to stay awake. Tried to stand him up to keep him awake but was unable to stay awake. Detainee was allowed to sleep for 1 hour 10 minutes.

0500: Detainee was woken up exercised for 10 minutes, taken to use bathroom and declined water and food.

0515: P/E Down continued. Detainee was asked if he could remember when he last he felt love? When he last laughed? Last felt Happy? When he last felt like he was worth something? Interrogators compared lifestyle difference between Camp Delta and Camp X-ray. Camp Delta – Could live in a cell and communicate with others; could read if he wants to, practice his religion if he wants to; could laugh with others, could write and receive letters, could sleep when he wants to; drink when he wants to; move around freely in his cell when he wants to; use the bathroom when he wants to and at least feel like a human being with normal emotions.

Camp X-ray- live in a wooden box with no communications and constantly reminded of his low level of self worth; unable to laugh and only be laughed at; unable to write or receive letters; unable to read; unable to choose when he sleeps, drinks or go to the bathroom; unable to move around freely; unable to practice his religion when he wants to; unable to feel like a human being; the only feeling he knows at camp x-ray is the hate he brought with him.

Interrogator told Detainee to think about what he could have at the camp with his brothers. Detainee listened to Arabic music for 15 minutes before start of rest period.

18-33

SEP 26 2003

0700: Detainee begins 4 hour rest period.

1100: Detainee was awakened, taken to the bathroom, and walked 10 minutes. Coffee was offered and initially refused. Detainee later accepted coffee and drank one sip. He said he did not want any but took a sip to not be disrespectful. Covered rules have changed theme. Discussed prison life in America. Showed bits of the movie "The Green Mile". Detainee became unresponsive and the interrogators interjected that perhaps they needed to perform an exorcism. Detainee became more responsive.

1215: Detainee was taken to the bathroom and walked 10 minutes. Detainee became relatively unresponsive again. Interrogators discussed how they had been relatively nice to him.

1230: Detainee was offered food and ate one MRE and drank about 3 oz water. Interrogators decided to escalate detainee's emotions and began ridiculing him. Detainee became very angry and started to cry. Interrogators instructed the detainee not to cry.

1400: Detainee was taken to the bathroom and walked 10 minutes. Detainee was offered water – refused. Interrogators started playing music and asked the detainee if music offended him. He said it did and the interrogators told him if he could show them where the Koran said it was a sin to listen to music, they would turn if off. Detainee said he did not know where it was. Linguist said the Koran said nothing about listening to music. Detainee said it was in the Hadith, but could now specify where it was. Began Al Qaida falling apart and Taliban themes. Detainee was asked why Al Qaida and the Taliban had the resources to help starving women and children but had done nothing, violating one of the pillars of islam.

1600: Detainee was taken to the bathroom and walked 10 minutes. Detainee was offered water – refused.

1615: Corpsman checked vitals – O.K. Bandages around ankles were replaced to prevent chafing. Detainee was offered water – refused. Interrogators told detainee that he was not respected because he did not answer questions. Interrogators asked if the detainee would not or could not answer and told him that they would respect him as long as his answer was truthful.

1700: Detainee was taken to the bathroom and walked 10 minutes.

1800: Detainee was awakened from a short nap by the interrogation team. Refused water and food. Latrine break for the detainee.

1830: SGT L started "invasion of personal space" approach. Detainee attempted to free himself from restrains. Detainee requested of SGT M to have SGT L removed from the interrogation booth.

1930: Latrine break for the detainee and exercised for circulation purposes. Medical representative weighed detainee. He weighed in at 119 pounds. He was offered food and water but he refused.

2000: The doctor arrived and spoke with the detainee concerning any pains. Detainee complained about having pains in his kidneys and the doctor explained that the reason he was experiencing these pains was due to the fact that he has not been drinking water. The doctor suggested to the detainee that he drink water but the detainee refused. The detainee was warned that he would eventually have to be

18-34

SEP 2 6 2008

given an enema if he continues to refuse water. Detainee did not appear to care about the doctor's advice.

2041: Latrine break for the detainee. Would not answer in complete sentences only in short phrases. He mentioned the name A as his contact once in Orlando but this was not new information, the detainee has given this name on another occasion. Up to this point the theme Circumstantial Evidence was being employed. The medical representative cleaned and re-wrapped left arm because the IV was still in place. Detainee refused water.

2140: Detainee refused water. Detainee says he is having pains in his kidneys. He continues to stare at the wall and floor without any reply.

2210: Al Qaeda Falling apart theme was employed and continued throughout the night. Latrine break and exercised. Detainee refused water.

2319: Detainee was shown all of the pictures from the Al Qaeda Falling binder and he stated that he did not know any of the men in this binder.

13 December 2002

0001: **Upon** entering the booth, lead played the call to prayer with a special alarm clock. Detainee was told, "this is no longer the call to prayer. You're not allowed to pray. This is the call to interrogation. So pay attention." Both lead and control participated in a "pride and ego down" approach. Control told detainee, "UBL has made a whore of Islam. Since you follow UBL, you also rape Islam." Control put a sign on detainee that had the Arabic word for coward written on it. Explained how the words liar, stupid, weak, and failure apply to detainee. Detainee showed very little emotion during the initial portion of the session, except for the occasional smug smile that was met with immediate taunts and ridicule from the interrogators.

0120: Lead ordered detainee to go to bathroom and walk for twenty minutes. Refused Water. Corpsman checked his vital signs and stated he was fine. Both interrogators continued with the "futility" and "pride and ego down" approaches. On occasion when the detainee began to drift off into sleep, lead dripped a couple of drops of water on detainees head to keep him awake. Detainee jerked violently in his chair each time.

0240: After a bathroom and walking break and detainees refusal of water, the interrogators continued the aforementioned approaches. Detainee showed little response during this session. Detainee became increasingly tired and incoherent.

0320: Detainee received walking and bathroom break. Refused water. He then slept for one hour, followed by one hour in his chair listening to white noise.

0530: Control showed detainee the banana rats and stated that they live better than he does. Lead asked detainee, "what do you think is going to happen to you? what would a judge do if he saw all the information that links you to Al-Qaida?" detainee stated, "I'm not associated with Al-Qaida." After that statement, control read all circumstantial evidence collected against detainee. Detainee attempted to hide his emotions, but was clearly frightened when asked if the judge had enough evidence to convict him.

18-35

SEP 2 6 2006

0700: Detainee walked, refused water, and allowed to begin four hour rest period.
1100: Detainee awakened and offered coffee – refused.
1115: Detainee taken to bathroom and walked 10 minutes. Offered water – refused. Interrogators began telling detainee how ungrateful and grumpy he was. In order to escalate the detainee's emotions, a mask was made from an MRE box with a smiley face on it and placed on the detainee's head for a few moments. A latex glove was inflated and labeled the "sissy slap" glove. This glove was touched to the detainee's face periodically after explaining the terminology to him. The mask was placed back on the detainee's head. While wearing the mask, the team began dance instruction with the detainee. The detainee became agitated and began shouting. The mask was removed and detainee was allowed to sit. Detainee shouted and addressed lead as "the oldest Christian here" and wanted to know why lead allowed the detainee to be treated this way.
1300: Detainee taken to bathroom and walked 10 minutes.
1320: Detainee offered food and water – refused. Detainee was unresponsive for remainder of session. Afghanistan / Taliban themes run for remainder of session.
1430: Detainee taken to bathroom and walked 10 minutes.
1500: Detainee offered water – refused.
1510: Corpsman changed bandages on ankles, checked vitals – O.K.
1530: Detainee taken to bathroom and walked 10 minutes.
1600: Corpsman checks vitals and starts IV. Detainee given three bags of IV.
1745: Detainee taken to bathroom and walked 10 minutes.
1800: Detainee was unresponsive.
1833: Detainee was allowed to sleep.
1925: The detainee was awakened by interrogation team. He was offered food and water but he refused.
1945: The interrogation team and detainee watched the video "Operation Enduring Freedom".
2120: Detainee was sent to the latrine. Offered water but he refused.
2200: Detainee exercised for good health and circulation. Medical representative took detainee's vital signs and removed the IV housing unit from the detainee's arm. The detainee's pulse rate was low (38) and his blood pressure was high (144/90). Detainee complained of having a boil on his left leg, just below his knee. The medical representative looked at the his leg and phoned the doctor. The doctor instructed the corpsman to recheck the detainee's vitals in one hour.
2300: Detainee refused water and food. He was taken to the latrine and exercised in order to assist in improving the detainee's vital signs.
2345: The medical representative rechecked the detainee's vital signs. The detainee's blood pressure had improved but it was still high (138/80) and his pulse rate had improved but it remained low (42). The corpsman called the doctor to provide an update and the doctor said operations could continue since there had been no significant change. It was noted that historically the detainee's pulse sometimes drops into the 40's in the evenings.

14 DECEMBER 2002

18-36

SEP 26 2008

0001: Interrogation team was briefed on condition of the detainee's mental and physical state. Detainee's hands were cuffed at his sides to prevent him from conducting his prayer ritual.

0025: Lead begins berating detainee as coward and liar. Lead taped picture of 3 year old victim over detainees heart. Detainee is told he will never leave Cuba. Lead states that if he does not tell the truth, the interrogator will keep talking to him everyday until he does. Control orders detainee to sit up and pay attention. Control dripped a few drops of water on detainees head to keep him awake. Detainee struggles when water is dropped on his head. Detainee attempts to talk, but both control and lead scream over the detainee until he stops.

0120: Interrogators take a break and detainee listens to white noise. Detainee goes to bathroom and is exercised while hooded. Detainee returns to booth and continues to listen to white noise.

0140: Interrogators enter the booth and play cards while conducting a p/e down. Detainee is told that we get paid to mess with him so we might as well play cards, a leisure he cannot participate in. Detainee is told to shut up and stay awake. At times detainee began to fall asleep and water was dripped on his head as he was ridiculed. White noise was playing in the background.

0330: Detainee was exercised and taken to the bathroom. Corpsman checks vitals and offers detainee water and food. Vitals are within normal range and detainee refuses water and food. Detainee is returned to booth and p/e down is continued.

0500 Detainee is exercised and taken to the bathroom. Detainee refuses water. He is returned to the booth and listens to white noise until 0530 while interrogator continues p/e down. Interrogator begins to remind detainee of his low self worth, and his lack of love, laughter, religion, decision making. He was reminded of the difference of standard of living between camp x-ray and camp delta and is asked, do you want to return to your brothers in Cuba?" Detainee is non responsive. Interrogator begins to ask rhetorical questions of detainee such as do you think you will ever laugh again, love again, be loved again, know what joy is, practice your religion freely again, make decisions on your own again, communicate to others again, have friends again. Interrogator pulls out U.S. department of justice immigration and naturalization service record of deportable/ inadmissible aliens and is asked rhetorical questions about his travel to Orlando, Florida. During this rhetorical questioning he broke his silence and mentioned the names A and M. Intel officer related that A is a big fish and to exploit how he knew A.

0700: Detainee was allowed time to think about what he wanted to say regarding his travel to the US and would be given the opportunity to go to sleep. (fact is that intel officer was going to get a picture of A for interrogator to show detainee at a later time. Next shift should see if detainee can identify this as the A he mentioned.) Detainee was taken to restroom and asked if he wanted water. Detainee refused water. Detainee was then directed to go to sleep.

1100: Detainee awakened, taken to the bathroom and walked 10 minutes.

1115: Interrogation entered the booth. Offered water to detainee – refused. Detainee looked angry and stated he was on strike from interrogation. Detainee unresponsive. 9-11 theme was run with religious overtones.

18-37

SEP 2 6 2008

1230: Detainee taken to bathroom and walked 10 minutes.
1245: Detainee offered food and water – ate one MRE and drank one bottle of water.
1330: Detainee taken to bathroom and walked 10 minutes. Topic of music was run with Koranic verses that support that music is not forbidden. Detainee was given an Koran to read along with the interrogators to see the verses for himself. It should be noted that the detainee had trouble finding verses in the Koran as if he had rarely read a Koran himself. He also read the Koran as any other book where devout Muslims will "sing" or chant the verses as they read. Detainee seemed self-conscious about his trouble with the Koran.
1500: Detainee taken to bathroom and walked 10 minutes. Continued music theme.
1630: Corpsman checks vitals – gives three bags of IV. Detainee was confronted with verses in Koran that state adding prohibitions not mentioned in the Koran is a sin. Detainee broke down crying and asking God for forgiveness, stating that he was with strangers. He still said that music was forbidden and stated that he could do nothing about the music that was played in the booth. Detainee was shown photo of Al Masri and did not recognize him. Detainee asked to pray and was denied by the interrogator. Interrogator stated that the detainee would have to regain his honor before he would be allowed to pray.
1700: Detainee taken to bathroom and walked 10 minutes.
1800: Interrogation began, 3rd IV began finished. Theme of being able to read cards Used, detainee stated that he did not believe in card readers but he paid close attention to the reading stating that all the innocent spirits will haunt him in this life and the next one to come.
1930: Detainee had a Latrine break and exercise.
2000: MD checked out a cyst on his right lower leg, and concluded that it was not infected and it would not be a problem. MD informed the detainee that he needs to drink water or else he might develop a kidney stone and it would be painful. Vitals checked 102/79 and a pulse of 49.
2115: Latrine break and exercise. Detainee ate a mre and consumed water. Pictures Al-Qaida members shown and the detainee said he did not know any one of them.
2300: Latrine break and exercised. Circumstantial evidence shown to detainee and he gave the same story.
2315: Medical check 110/72, and pulse of 59, 130 pounds.
2330: Detainee drank a full bottle.
2400: Interrogation ended.

15 DECEMBER 2002

2400: Lead entered booth and began P/E down. Detainee denies that he gave out names during same session a day ago.
0100: Detainee taken to bathroom and walked for 20 minutes. Lead instructed corpsman to ask detainee if he wanted food or water – refused water but wanted food. Detainee ate one MRE and drank _ bottle of water. Detainee listened to music until 0230.
0230: Lead berated detainee for claiming to be on hunger strike, even though he eats regularly. Detainee became angry.

18-38

SEP 26 2008

0300: Corpsman checks vitals – O.K. Detainee offered water – refused.
0310: Lead incorporated circumstantial evidence into "rape of Islam" theme.
0400: Detainee given one hour nap.
0500: Detainee taken to bathroom and walked. Detainee offered water – refused. Lead started P/E down approach.
0700: Detainee allowed to begin four hour rest period.
1140: Detainee awakened with music, taken to bathroom, and walked 10 minutes. Detainee was taken to a shaded area between Camp X-Ray fence line and guard tower to see what he is missing (beautiful sky, grass, fresh air, etc.).
1305: Detainee taken to bathroom and walked 10 minutes. Detainee returned to booth.
1330: Detainee offered food and water – refused.
1340: Corpsman checks vitals and determines that IV is required. Doctor is called to confer. Detainee states that he does not like the IV. He was told that if he doesn't like them, all he has to do is drink water regularly.
1400: Doctor directs three IV be given by corpsman.
1445: Detainee requests and is given one MRE which he eats. He was not given water because he was still receiving IV fluids and the corpsman said it would be too much fluids. Detainee complained about music being played. Detainee stated that interrogator was an intelligent, understanding man and should know that music was inappropriate. Music was stopped as long as detainee kept talking. Topic of right and wrong was brought up and detainee stated that if he were returned to Cuba or the brig, he could become a better man. Detainee started "used car" cover story again.
1610: Detainee taken to bathroom and walked 10 minutes. Detainee stalled while in bathroom claiming he was constipated. Interrogator told detainee we would open the door and continue the session with detainee in the bathroom. Detainee finished and commenced his walk. Detainee gave names of car dealership owners in Saudi Arabia that he said could confirm his story:

1. A
2. M
3. A
4. A

He also gave names of people in the UAE he said had given him money for his falcon trip into Afghanistan:

1. M
2. Z

1740: Detainee taken to bathroom and walked 10 minutes.
1800: Detainee was being exercised for good circulation upon arrival of interrogator and DOD linguist. Detainee was given the opportunity to answer the following four questions: Who was his commander? Who was he going call upon arrival in Orlando? What was his mission? Who are the members of the Orlando Cell? Detainee did not answer the proposed questions. He attempted to stray off on a tangent but was prevented from going any further by the interrogator. He was

18-39

SEP 2 6 2008

given a latrine break. He was offered water and food but refused both of them. He claimed that he was on hunger strike.

1900: The theme for the night was Muslims in America. The approach used was the direct approach. The detainee was offered water. He was sent to the latrine and exercised for approximately 10 minutes for circulation purposes.

1955: The doctor came in to check on detainee. Detainee complained of pains in his left kidney. The doctor reminded the detainee that he needs to drink water in order to alleviate the kidney pains. The medic checked the detainee's vital signs. His blood pressure was normal (108/59) and so was his pulse rate (54).

2005: Detainee was offered water but he refused. He was taken to the latrine and exercised for circulation purposes for approximately 10 minutes. Detainee became very frustrated because he was not given the opportunity to explain himself to me. He wanted to explain who he was and I did not allow him to do so. I informed the detainee that the only things he could explain to me are the three questions that I posed to him at the onset of the interrogation. He attempted to tell me about himself anyway but I silenced him.

2132: Detainee drank approximately 2-3 ounces of water, taken to the latrine and exercised for approximately 10 minutes for circulation. He appeared to have gotten emotional as I continued with the theme of Muslims in American. I told him that because of his association with the Al Qaida organization that he was a part of the cause of attacks on Islam and Muslims in America.

2232: Detainee was offered water and he drank a couple of sips. He was given a latrine break and exercised for approximately 10 minutes. The detainee is still annoyed with the female invasion of space. When the female moves in close to him he attempts to move away. He was constantly reminded that if he was a "religious man" how could he have caused such devastation?

2312: Detainee was given food and water. He ate, was taken to the latrine and exercised for approximately 10 minutes.

16 December 2002

0001: White Noise was played to detainee.

0030: Admissions- "The area of Al-Shafa has many show rooms where one could go and buy and sell cars. I met M because I had a car. I sold it and he purchased it from me to sell it to someone else. Met with M on 8-10 occasions during the period of 1-1/2 months prior to my departure to the USA. Stated that person on picture he observed with previous interrogator (1100-1800 hour shift) was not the M he met him in the showroom. M description 6 foot, Egyptian, broad shoulders, 225-230 lbs, black hair, sometimes wears glasses to read and write. No mustache or beard, dark brown eyes, fair skin, spoke Arabic (Egyptian accent) looked educated and good in business. M was in import/export business. He was trading used American cars. Showroom was open for American cars as well. When asked what experience he had with the import and export of vehicles detainee stated that he could pick out good cars that were in good condition based on his previous expereince. Detainee stated he used to have a garage to repair cars called "G" He stated that he was given a piece of land by the Saudi government.

18-40

SEP 26 2006

Detainee built a garage on the land. He started this business 10 years prior to going to Orlando. He stated that he has a license with Saudi government under fathers name "M." He stated that he would stop conducting the business at times and would lease it to different people. Because he would raise the rate of the lease some of the people would not want to continue the lease and he would take over the business. After initially starting the business he worked 2 _ years before leasing it to someone.

Started Circumstantial Evidence Theme to allow new translator to understand detainee's level of involvement with 09-11-01 attacks.

0150: Walked for 10 minutes, went to restroom. Offered water, he refused.

0220: Presented Al Qaida falling apart, who is captured, who is talking. Presented Saudi Arabia's support of U.S. and the Global War on Terrorism. During this approach detainee wanted to make comments at times but was shut down and forced to remain silent by drowning his voice through the interrogators screaming. Detainee began to fall asleep and water was used to assist him in maintaining his attention with interrogator.

0315: White noise. He was offered a drink of water and he refused.

0400: P/E down. Showed detainee banana rats standard of life vs his standard of life in his wooden booth. Compared his life in a wooden booth to the life he could have with his brothers in Cuba .

0430: Detainee was walked for 10 minutes. Detainee refused water.

0450: Detainee listened to white noise.

0530: Detainee required to sit and watch as interrogator and linguist played checkers. Laughed and mocked detainee throughout game. White noise present in background.

0630: 10 minute exercise period and used bathroom. Detainee refused water and stated that he was on a food/ water strike. However, he stated that he was not on an interrogation strike. Detainee reminded of his low self worth and that this life he has chosen here in this wooden box will not cease until he has come to terms that lying is not an option. Detainee was instructed to clean room. Interrogator told detainee that he will not be allowed to leave trash all around and live like the pig that he is. He picked up all the trash from the floor while hands were still cuffed in front of him and interrogator swept the trash towards him. He was told that it is his responsibility to make sure the room is kept clean and he would have to clean it daily.

0650: Corpsman drew detainee's blood.

0700: Detainee instructed to go to sleep.

1100: Detainee awakened by music, taken to bathroom and walked 10 minutes.

1115: Interrogation team entered the booth. SGT B replaced SGT A . Team began the "right path" approach with new theme material written in English and Arabic. SGT B stated that he was now the detainee's teacher and should be respected as a teacher. Quotes from leading Islamic clerics that denounced the 9-11 attacks were read and shown to the detainee. Detainee was responsive.

1230: Detainee taken to bathroom and walked 10 minutes.

18-41

1245: Detainee offered food and water – refused. Corpsman changed ankle bandages. Detainee was introduced to the circumstantial evidence theme in Arabic.
1400: Detainee taken to bathroom and walked 10 minutes. Detainee cried while on the break but regained composure by the time he returned to the booth. Interrogators told detainee that he would start writing letters to the families of the 9-11 victims asking for forgiveness, a few each day until he had written to them all. Detainee began to recount details about his father and brothers and how he had not finished school because he wanted to start making money. Detainee stated that his father had wanted him to finish school and that his brothers had done so. Detainee cried when asked if money was tight in his family.
1530: Detainee taken to bathroom and walked 10 minutes. Interrogators began to restated the facts presented throughout the day.
1600: Detainee offered water – refused.
1645: Detainee taken to bathroom and walked 10 minutes. Interrogators reinforced the "respect" approach saying that the detainee should show proper respect to the interrogators in order to be respected.
1800: Detainee was sent to the latrine and exercised for approximately 10 minutes. He was offered water but he refused to drink it. His vitals were normal.
1900: Detainee was sent to the latrine. He was offered water but he refused it.
2000: Detainee was sent to latrine and exercised for approximately 10 minutes. He was offered food and water. He ate all of his meal except the applesauce and drank water mixed with tea powder. The medic weighed the detainee. He weighed 116 pounds.
2100: Detainee offered water. He refused the water. He was taken to the latrine and exercised for approximately 10 minutes. He would discuss the Koran but nothing of value. He denies being involved with Al Qaeda.
2200: Detainee was exercised, sent to the latrine and offered water which he refused to drink. He has not offered any new information. He's sticking to the same story. He came to the United States to buy used cars in order to sell them in Saudi Arabia or United Arab Emirates.
2330: Detainee was exercised, sent to the latrine and offered water which he has been refusing to drink all night.

17 DECEMBER 2002

0001: Corpsman checks vitals – O.K. Lead states that the detainee called him a liar and berates the detainee for the lack of respect. Detainee replies that the lead is not a liar and the interrogators berate the detainee for changing his statement. Detainee is asked if being a liar is a sin. Detainee states he wants to eat before he goes on strike.
0040: Detainee offered food and water. Ate one MRE and took two sips of water.
0120: Interrogators continue P/E down approach. Control shows detainee photos from a fitness magazine of scantily clad women. Detainee called control an animal and stated that it was against his religion. Lead replied "You can kill people and lie, but we can't show you pictures?" P/E down continues.

18-42

SEP 2 6

0200: Detainee taken to bathroom and walked 10 minutes. Refused water. P/E down approach continued. Interrogators talked about detainee's family.
0300: Detainee taken to bathroom and walked 10 minutes. Refused water. Detainee drank _ cup of coffee.
0400: Interrogators played cards and mocked the detainee.
0530: Detainee taken to bathroom and walked 10 minutes. Refused water.
0545: Lead compares Pearl Harbor to 9-11, asks detainee how bad he thinks the sessions will get. Detainee showed fear at this statement and was attentive for the remainder of the session.
0700: Detainee was put to bed.
1100: Detainee awakened with music, taken to the bathroom, and walked 10 minutes.
1115: Detainee checked by corpsman – O.K. Water offered to detainee – refused. Detainee wrote two letters to 9-11 victim families expressing condolences. Detainee initially resisted writing letters until he was told that he would not have to say who he was. It should be noted that the writing of letters was done with a felt tip marker to prevent the detainee from having anything that could be used as a weapon, and the letters will not be forwarded.
1215: Detainee taken to bathroom and walked 10 minutes.
1230: Corpsman checked vitals – detainee beginning to get dehydrated.
1245: Detainee offered food and water – ate one MRE and drank two bottles of water.
1400: Detainee taken to bathroom and walked 10 minutes. Detainee was shown numerous 9-11 tributes videos. Detainee was attentive to videos at first, but gradually began using resistance techniques to try to change the subject. Interrogators began increasing stress by recovering the respect theme.
1600: Detainee taken to bathroom and walked 10 minutes. Detainee sat and listened to music for remainder of session.
1800: A variety of musical selections was played to agitate the detainee.
1900: Detainee refused water and food. He was sent to the latrine and exercised for approximately 10 minutes. Detainee was questioned about his travel to the U.S. but did not provide any new information.
2000: Detainee was taken to the latrine and exercised for approximately 10 minutes. He refused food but he drank approximately six ounces of water. Detainee maintained he was not part of Al Qaida, directly contradicting statements made in the past.
2100: Detainee appeared to have been disturbed by the word homosexual. He did not appear to appreciate being called a homosexual. He denies being a homosexual. He also appeared to be very annoyed by the use of his mother and sister as examples of prostitutes and whores. Detainee was taken to the latrine and exercised for approximately 10 minutes. He refuses to drink water again.
2200: Detainee was take to the latrine and exercised. He did not desire water. He appeared disgusted by the photos of UBL and a variety of sexy females. Detainee would avoid looking at all of the photos shown to him.
2300: Detainee does not want water. He was taken to the latrine and exercised.
2330: Detainee stated that he was involved in the auto business but he did not know much about the basic functions of an automobile. He knew that the battery provides a car with electricity in order to get it started. He did not know that the

18-43

SEP 2 6

alternator recharges the battery after each time it is used to start the car. He would attempt to not understand the question in order to avoid answering the question about the alternator and other car parts. It should be noted that the detainee stated in an earlier session that he had run a car garage in Saudi Arabia for ten years.

18 DECEMBER 2002

0001: At midnight, the interrogators entered the booth and immediately established control of detainee. Detainee was berated harshly. Lead and control (SSG M) continued a "pride & ego down" approach. Detainee related to interrogators what do you want? This is my life, I will live in my room. Lead told detainee that his life was about to change soon and he would not expect what was to come next.

0100: Detainee was exercised taken to bathroom. He refused water.

0130: Control questioned detainee on route of travel from Riyadh, Saudi Arabia to Orlando, Florida. He was questioned on contacts and purpose of travel. Due to his vagueness, inconsistency and lies given detainee was berated by the control throughout the questioning session.

0250: Detainee was exercised, taken to bathroom. He refused water and food.

0310: Detainee was subjected to white noise.(music).

0330: Control began by berating the detainee and began to question detainee on route of travel from Orlando Florida to Afghanistan. He was questioned on contacts and purpose of travel. Detainee was berated when answers given were unbelievable, inconsistent and outright lies.

0530: Detainee was exercised and taken to the bathroom. He refused water/food.

0600: Detainee was asked if he was ever in Kabul. Detainee related that he had never been there and lead began to berate detainee.

0645: Detainee vitals taken, exercised, given bathroom break and transported by ambulance the 50 yards to his new home in cell block b6. Detainee was hooded during travel and upon arrival to his cell he was reminded of his statements earlier in the evening. He was told that there was more to come and he would regret not having told the truth when given the opportunity. He was then instructed to take his 4 hour rest period.

1100: Detainee awakened and removed from his sleeping cell at X-Ray. Detainee taken to bathroom and walked 10 minutes. Detainee checked by corpsman – O.K. Detainee was taken to interrogation booth and searched by MPs. Detainee became violent and had to be restrained by the MPs. Search was completed once the detainee was restrained by the MPs. Afghanistan theme was run – detainee was responsive but evasive. Interrogators decided to increase stress level for the remainder of the shift.

1215: Detainee was taken to bathroom and walked 10 minutes.

1230: Detainee offered food and water – ate one MRE and drank a bottle of water. Detainee was reminded of the lessons on respect and how the interrogators did not want to hear his lies anymore.

1400: Detainee taken to bathroom and walked 10 minutes.

18-44

SEP 2 8

1415: Detainee's head and beard were shaved with electric clippers. Detainee started to struggle when the beard was touched but quickly became compliant. There were no problems. Circumstantial evidence theme was run. Detainee continued to be evasive. Detainee was told few people would treat him well because he tried to manipulate everyone around him. Detainee stated that he was on strike from interrogation and the interrogators made a sign to hang on him that stated he was on strike. Interrogators ridiculed him for claiming to be on strike.

1600: Detainee taken to bathroom and only walked five minutes due to rain. Interrogators pointed out that the Koran states all agreements must be made in writing, contrary to the verbal agreement he stated he made to buy used cars and falcons. Detainee was also shown in the Koran where a father will be held responsible for the failure of his children. Detainee became angry.

1700: Detainee taken to bathroom and only walked three minutes due to rain. Interrogators returned to theme of "you'll be here forever". Detainee was non-compliant and reverted back to his cover story.

1800: Upon arrival of the interrogation team the detainee was writing a letter home.

1900: Detainee drank an entire bottle of water. He was sent to the latrine and exercised.

2000: Detainee was taken to the latrine and exercised. He maintains that he's not involved with Al Qaeda. Detainee executed a series of commands given by the interrogation team.

2100: Lt G walked into the room to observe. The detainee noticed Lt G entering the room and began to resist compliance with the orders given by the interrogation team.

2145: Detainee was taken to the latrine, exercised and given food. He ate the entire meal and drank the majority of the water given. His vitals were taken by the medic. Vitals indicated the detainee was beginning to get dehydrated. Detainee agreed to drink water.

2245: Refused water. Took to latrine and exercised. Nothing deviated from the original story.

2345: Detainee drank another bottle of water, sent to the latrine and exercised.

19 December 2002

0000: Corpsman checked vitals – O.K. Interrogators began session with P/E down. Detainee was offered water – refused.

0100: Interrogators played cards in front of detainee and continued P/E down. Detainee offered water – refused.

0200: Detainee taken to bathroom and walked 15 minutes. While walking out, detainee pulled a picture of a model off (it had been fashioned into a sign to hang around his neck) and began to struggle with MPs. The MPs regained control and the interrogators asked the detainee what he though he was doing. The detainee replied, "What do you think you are going to do to me?" Detainee was offered water – refused. Detainee was searched to ensure he had no items that could be used as a weapon.

0300: Detainee offered water – refused. Interrogators played cards in front of detainee. Interrogators had detainee look at pictures of women in bikinis and identify if the

18-45

SEP 26 2005

women were the same or different. Detainee refused to look at girls and began struggling. A few drops of water were sprinkled on his head to gain compliance. Detainee then looked at the photos and answered the question.

0400: Detainee taken to bathroom and walked 10 minutes. Detainee offered water – refused.

0500: Detainee taken to bathroom and walked 10 minutes. Detainee offered water – refused. Detainee was questioned about his passport and visa. Detainee stated that he took his new passport to a non-governmental office on Alea street, in Rhiyadh to get a U.S. visa. The visa cost 200 Rials. Detainee stated that he asked for a 1-month visa. He could not explain why he had a 2-year visa. Lead said, "Let's assume your cover story is completely true. Why would you lie to the immigration agent if you're innocent." Detainee said, "I did not have a license to deal cars, so I told them I was a tourist." Lead said, "So you lied to cover a lie. Mohammad, do you expect a judge to believe this?" Detainee said, "The judge won't be fair." Lead berated detainee harshly for this statement.

0600: Detainee taken to bathroom and walked 10 minutes. Detainee offered water – drank one full bottle. When given an MRE he demanded chicken or fish. Lead took MRE and water and told the detainee he could have nothing (this response was to reinforce control over the detainee). Control entered booth and told detainee to drink water. Control told detainee that he was in no position to make any requests of the type of food to eat and should apologize to the lead. Detainee apologized to lead and was given the MRE. Detainee ate one MRE and drank two bottles of water.

0700: Detainee returned to X-Ray cell for sleep period.

1100: Detainee awakened and taken to bathroom. Detainee was walked three times for 10 minutes each with a five minute rest period to improve circulation. Detainee offered water – refused. Detainee was returned to interrogation booth and ordered to sit and stand several times to reinforce control. Detainee was compliant. Detainee stated he was on strike from interrogation. Happy Mohammed mask was placed on detainee and he was yelled at when he tried to speak.

1230: Detainee was taken to bathroom and walked 10 minutes. Corpsman changed ankle bandages to prevent chafing.

1300: Detainee offered food and water – refused. Detainee was confronted about a bombing of a synagogue in Tunisia, and how Al Qaida members were cowards because they would only attack civilians. Statements from the Arab League were read to detainee condemning the terrorist attacks.

1400: Detainee taken to bathroom and walked 10 minutes. Control sat in silence and would randomly interject statements about the detainee's family such as how they probably prayed for him often at first, but now have probably forgotten about him. Detainee began to cry but regained composure.

1500: Detainee offered water – refused.

1600: Detainee taken to bathroom and walked 10 minutes. Circumstantial evidence theme was run and the detainee was confronted with his guilt in the murder of one of the 9-11 victims when the detainee began to make complaints about the air conditioner. It was obvious the detainee was trying to deflect the interrogation

18-46

SEP 26

and the interrogator berated the detainee for his black heart. Manchester Document theme was run.

1845: Detainee was exercised and brought over to the interrogation booth by the military police.

1940: Medical representative observed the detainee's vital signs. They were normal. The detainee was sent to the latrine and exercised. The interrogation continued. SGT M had shown the detainee a picture of Mecca, there were thousands of Muslims congregated in this photo. The detainee broke down and cried at the sight of this picture. A short while later the detainee was shown the picture again and this did not produce the same affect on the detainee. SGT M informed the detainee of the capture of several Al Qaeda members and their computers. The detainee was then asked, does he think we are going to find his address on this confiscated computers? The detainee then stated that his address may be on the Al Qaeda computers. He was asked, why is it possible that we would find his address on the Al Qaeda computers? He stated that we must have misunderstood him. His address would not be found on the Al Qaeda computers that were confiscated. Later, the detainee appeared bothered by the possibility of innocent people in Saudi Arabia being killed by Americans as a way of evening the score for the September 11th attack since the majority of the hijackers were Saudi citizens and the Saudi government secretly supports terrorists activities. He stated that we (Americans) would not do that, we (Americans) would not kill innocent people.

2040: Detainee stated that the Saudi government could prove that his passport was obtained legally. The detainee was sent to the latrine and exercised.

2100: Detainee's vital signs were checked by the medical representative. His vital signs were normal. The detainee was given a complete meal and bottled water to consume. He finished all of his meal and the entire bottle of water.

2130: Detainee would smirk as he attempted to explain how he knew UBL lived in Kabul. His smirk disappeared when he was accused of going to Afghanistan to regroup with other Al Qaeda members. He denied this by stating that he did not go to Afghanistan to regroup with Al Qaeda members. Detainee was taken to the latrine and exercised.

2215: When the detainee was shown a picture of K he became short of breath and began to take deeper breaths. He also would not look at SGT M. Throughout any of our interrogations the detainee had never had a problem with looking at SGT M except when he was shown this picture and told that he was going to meet with this guy, K.

2320: Detainee was taken to the latrine and exercised. He attempts to resist female contact. He would attempt to pray as she spoke into his ear about his continuous lies. Detainee was having a difficult time keeping his eyes open so he was taken outside for some fresh air and exercise. He was offered water but he refused.

0001: Detainee listened to white noise while interrogators added photos of fitness models to a binder. Once completed, the interrogators began showing the photos and asking the detainee detailed questions about the photos. Detainee initially was non-compliant, but started answering questions without looking at photos.

18-47

SEP 26

Some water was sprinkled on the detainee's head and he began to look at the photos. Upon completion of this lesson the detainee drank a cup of coffee.

0200: Detainee taken to bathroom and walked. Detainee was searched upon return to booth. Offered food and water – refused.

0300: Detainee offered water – refused. Detainee states in English he is on strike from food and water. Detainee taken to bathroom and walked. Detainee was questioned about how he received his visa to the U.S. Detainee stated that he went to the Alia office, a privately owned visa and passport office, on 60th street in Rhyadh. The owner of the office, name unknown, was Saudi. The worker, which detainee talked to, was a Sudanese man named K. Lead asked detainee what kind of visa did he receive. Detainee said he asked for a tourist visa. When lead asked why he wanted a tourist visa, if he was going to the U.S. on business, detainee said, "why do you keep saying I'm going on business? I went as a tourist." When lead questioned the car story, detainee said, "I was going for the cars, but I didn't have a Saudi license to sell them. I asked for a tourist visa, so I wouldn't have to explain my business. I told the agent at the airport about tourism to avoid getting my associates to get in trouble because of me."

0430: Detainee taken to bathroom and walked. Offered water – refused.

0500: Detainee was confronted with Islam's view of terrorism and al Qaida. Interrogators presented quotes from sheiks and scholars from around the world. Detainee was allowed to share his opinion and became comfortable with session. Detainee asked to pray. Interrogators told him he could pray after he wrote down the location and point of contact for where he got his visa. Detainee complied and was taken to another interrogation booth where a bin Laden shrine was constructed. Detainee was told he could now pray to his god – UBL. Detainee was apprehensive and started to walk out of booth. Detainee was not allowed to leave and interrogator played the call to prayer. Detainee began to pray and openly cried.

0645: Detainee taken to bathroom and walked 10 minutes.

0650: Corpsman checked detainee's vitals – O.K. Detainee was taken to X-Ray cell and put to bed.

1100: Detainee awakened, taken to bathroom and walked in the interrogation booth due to rain. Corpsman checked vitals – O.K.

1115: Detainee offered water – refused. Corpsman changed ankle bandages to prevent chafing. Interrogator began by reminding the detainee about the lessons in respect and how the detainee had disrespected the interrogators. Told detainee that a dog is held in higher esteem because dogs know right from wrong and know to protect innocent people from bad people. Began teaching the detainee lessons such as stay, come, and bark to elevate his social status up to that of a dog. Detainee became very agitated.

1230: Detainee taken to bathroom and walked 30 minutes.

1300: Detainee offered food and water – refused. Dog tricks continued and detainee stated he should be treated like a man. Detainee was told he would have to learn who to defend and who to attack. Interrogator showed photos of 9-11 victims and told detainee he should bark happy for these people. Interrogator also showed photos of Al Qaida terrorists and told detainee he should growl at these people. A

18-48
SEP 26

towel was placed on the detainee's head like a burka with his face exposed and the interrogator proceeded to give the detainee dance lessons. The detainee became agitated and tried to kick an MP. No retaliation was used for the kick and the dance lesson continued.

1400: Detainee taken to bathroom and exercised 30 minutes in booth. Detainee was asked about his trip to Orlando, who trained him, and who sent him several times but refused to answer.

1510: Detainee offered water – refused. The interrogator then began reducing stress by engaging detainee in conversation. Detainee was asked what he could do to return to the good graces of the interrogator. Detainee apologized and interrogator told him it had to be a specific apology. Detainee apologized for lying when he was told not to.

1600: Detainee taken to bathroom. Corpsman checked vitals – O.K. Conversation continued about topics such as music, dancing, history of the Koran, history of the Bible, and Arabian history. Detainee was ignorant of historical events outside of the geographic region of the Arabian Peninsula. Detainee gave names of Islamic scholars that said music was forbidden and the interrogator agreed to review their claims. Interrogator asked detainee about his travel to Europe. Detainee initially did not want to talk about the trip. Interrogator asked if it was because it was Al Qaida related. Detainee responded that it was not Al Qaida related. Detainee said that his only time in Europe was in the airport in London during his trip to Orlando.

1700: Detainee taken to bathroom.

1715: Detainee allowed to take a nap for one hour.

1830: Detainee was awaken from his nap. His vital signs were checked by the medical representative. His blood pressure (100/58) and pulse rate (62) were normal.

1930: Detainee was taken to the latrine. He was allowed to exercise. He was given a meal with an extra main meal inside. Detainee was also given a bottle of water. He completed his entire meal and the bottle of water.

2008: The doctor spoke with the detainee. He was given an 800mg motrin for chest pains.

2020: Lt G entered the interrogation booth and gave detainee an even shave. The detainee did not resist.

2030: The detainee was shown the video of UBL making the statement that some of the hijackers did not know what their missions were until they were on the plane. Detainee did not show any emotion toward the video.

2145: Detainee was taken to the latrine and exercised. His vitals were taken again. His blood pressure was normal but his pulse rate was high at 93. The medical representative will be monitoring the detainee's vitals closely until his pulse rate is lower.

2200: The detainee was stripped searched. Initially he was attempting to resist the guards. After approximately five minutes of nudity the detainee ceased to resist. He would only stare at the wall with GREAT focus. His eyes were squinted and stuck on one point on the wall directly in front of him. He later stated that he knew there was nothing he could do with so many guards around him, so why should he resist. He stated that he did not like the females viewing his naked

18-49

SEP 26

body while being searched and if felt he could have done something about it then he would have.

2331: Detainee's vital signs were taken again by the medical representative. All of his vital signs were normal. His blood pressure was 96/43 and his pulse rate was 61. He was taken to the latrine and exercised for approximately 10 minutes.

21 December 2002

0001: New interrogation shift enters the booth and begins "attention to detail" approach. Detainee looks at photos of fitness models and answers questions about the photos. Drops of water were sprinkled on detainee's head when he did not answer in previous sessions, but detainee is now viewing the photos and answering. Detainee rebuked interrogator under his breath several times.

0115: Detainee offered water – refused. Interrogators begin poking holes in detainee's cover story by covering work history, school history, and father's work history. Detainee states father has two wives and 10 children, all boys.

0215: Detainee taken to bathroom and walked 10 minutes. Detainee is offered water – refused.

0230: Control continues asking questions about detainee's father. Detainee states "I'll only answer questions about me." Interrogator berated detainee harshly. Detainee was asked about fathers occupation: corrections officer for Medina Al Harij, rank: Nakeeb (4 stripes). When asked how the detainee's father could afford two wives, detainee stated "He just can". Detainee was asked what other source of income his father had and replied that he sold cars, then retracted the statement. Detainee denied that his father owned any property. When confronted about the statement he made days ago about the Saudi government giving land to him and his father for a garage, he stated "That was another interrogation". Detainee was berated and called a liar.

0400: Detainee was taken to bathroom and walked 10 minutes. Detainee was offered food and water – refused. Interrogators played cards in front of detainee and berated him. Detainee appeared sleepy so he was given a cup of coffee.

0500: Detainee offered water – refused. Interrogators questioned detainee about his plane arrival in Orlando and his seat location.

0600: Detainee taken to bathroom, walked 10 minutes, and corpsman checked vitals – O.K. Detainee was questioned about his brothers and gave the following (names removed)

Detainee stated that and younger were in school. Interrogators point out the age of and detainee first states Abdul was not in college, then states that he is in college. When asked why he changed his story, he replies that he did not change his story. When asked why he previously stated he only had two brothers, he stated the other interrogators only asked for older brothers. Detainee stated that lives on his own, but his father supports him. Detainee denied studying English at a school even though he understands English.

0700: Detainee taken to bathroom and put in his cell at X-Ray for sleep time. Phase II begins by introducing SGT A as a detainee in a sleep cell near Mohammed's cell.

18-50

SEP 2 6 2006

PHASE II BEGINS

1100: Detainee awakened, taken to the bathroom and walked 10 minutes. Detainee offered water – refused.

1120: Corpsman checked vitals – O.K. B.P 101/58, pulse 93, weight 119. Interrogation team entered the booth. Detainee appeared very stoic at first and claimed he was just tired, which is unusual for this shift. It is possible the detainee did not sleep much due to the introduction of the confederate detainee. Interrogator engaged detainee in light conversation and asked the detainee to name the topic. The detainee asked to know about recent news events and the interrogator stated that he did not want to talk about that. Detainee began to ask questions about Cuba such as; is there a mosque in Cuba, is Cuba part of the U.S., is Cuba in America, Europe, or Africa? The interrogator replied that Cuba was its own place and had an interesting history. Interrogator then shifted the conversation to things he had done before coming here, and asked the detainee if his parents knew what he was going to do when he left. The detainee replied "No". The interrogator then asked if the detainee's parents would have approved of him going on a jihad. The detainee replied "No."

1230: Detainee taken to bathroom and walked 10 minutes.

1300: Detainee offered food and water – ate one MRE with beef and drank one bottle of water. Since the detainee had earlier stated that his father was with law enforcement, the interrogator told the detainee about how he was a law enforcement officer in the civilian world. When asked about the role the detainee's father played in law enforcement, the detainee replied that his job was administrative. When asked if the detainee's father talked much about his job, the detainee replied "No". When asked about his dreams for getting out of this place, the detainee replied he would like to get a job but not with the Saudi government. The detainee then announced in clear English, "I would like to be a supervisor or foreman". The interrogator complimented the detainee on his good english and the detainee proudly replied in English that he only spoke a little.

1400: Detainee given shower, brushed teeth, and given new uniform. The detainee was very shy and asked several times to cover himself with his trousers or a towel while in the shower. He also had to be told several times to use soap, but eventually complied.

1430: Detainee taken to bathroom and walked 10 minutes. Interrogator engaged detainee in conversation about his father's law enforcement career. The detainee stated that his father had worked at a municipal police department but was now retired. The conversation shifted to Afghanistan and the law practiced by the Taliban.

1545: Detainee given one hour nap.

1645: Detainee awakened and corpsman checked vitals. B.P. 100/59, pulse 87. Detainee was confronted about his presence in Afghanistan and Levels of Guilt theme. Detainee reasserted innocence and interrogator ran Circumstantial evidence theme. Interrogator explained how courts will provide leniency if the guilty confesses and makes restitution, and also if the guilty helps to prevent other

SEP 2 6 2008

crimes. The detainee tried to explain away the circumstantial evidence and the interrogator said that there was more information against him. The detainee appeared deflated but moments later perked up and stated that he was innocent. Interrogator closed with the detainee's future on earth, punishment under the law, other innocent people being killed, and his status on judgment day.

1845: Detainee taken to bathroom and walked 10 minutes.

2103: Detainee was sent to the latrine and exercised. He refused to drink water. Detainee made the statement "I sick" after stating that he was on hunger strike and was not going to eat. He made the statement in English. During the questioning of the Al Qaeda document/Manchester document, the linguist intentionally changed the question in order to see if the detainee understood the question that was posed by the interrogator in English. The detainee answered the interrogators question that was stated in English and not the question that the linguist interpreted to the detainee in Arabic. The detainee understands English. Detainee became very emotional during the discussion of taking the right and wrong paths in life. As we discussed taking the wrong path the discussion lead into a discussion of consequences for taking the wrong path. This discussion of the consequences for taking the wrong path, lead to the discussion of torture, beating and killing according to the Manchester document. At this point of the discussion I was forehead to forehead with the detainee and he stated that he would rather be beaten with an electrical wire than to have me constantly in his personal space. Also, he stated that he would rather die at my hands than to be subjected to my invasion of his personal space. He stated that this is unbearable to him, my being in his personal space.

2223: Detainee was taken to the latrine and exercised. He refused to drink water. I sat the detainee on the floor and told him that he was considered to be beneath me and that he didn't deserve to be seated in a chair like civilized human beings. I told him constantly that he was a coward and a weak minded individual who killed innocent women and children that God created. The discussion of the Saudi government followed the conversation of being beneath me. As I began to inform the detainee of the changes the Saudi government has been making in order to support the efforts of peace and terror free world I began to engage closeness with the detainee. This really evoked strong emotions within the detainee. He attempted to move away from me by all means. He was laid out on the floor so I straddled him without putting my weight on him. He would then attempt to move me off of him by bending his legs in order to lift me off but this failed because the MPs were holding his legs down with their hands. The detainee began to pray loudly but this did not stop me from finishing informing the detainee about the Al Qaeda member, Qaed Salim Sinan al Harethi aka Abu Ali, that was killed by the CIA. When the linguist mentioned this killing she informed me that the detainee told her to get out of his face. She did not move she continued to interpret as usual.

2300: The detainee was taken to the latrine and exercised. Refused water. The Medic took the vital signs of the detainee while he was standing and later sitting. The vitals were all normal. Although the medic stated that the detainee's vitals were normal he still needed to drink water.

18-52

SEP 2 6

2345: The detainee ate a complete meal and drank an entire bottle of water at the order of the interrogator.

22 December 2002

0001: Lead interrogator gave detainee rules for the evening. Rules included "drink water or wear it" as a method of enforcing control and preventing the detainee from dehydrating. Detainee told lead he was on strike and interrogator berated detainee for the statement. Lead questioned detainee about his passport and detainee claimed he had lost it. Lead pointed out in Manchester document where Al Qaida were instructed not to allow their passport to be captured.

0015: Detainee taken to bathroom and exercised 15 minutes.

0030: Lead began the "attention to detail" theme with the fitness model photos. Detainee refused to look at photos claiming it was against his religion. Lead poured a 24 oz bottle of water over detainee's head. Detainee then began to look at photos. Lead questioned again about passport and detainee stated he was in a cab when an Afghani stopped them and took his briefcase, leaving him with only $800. Lead pointed out that this was a cover story and detainee responded that these things happen in war.

0300: Corpsman took detainee's vitals – O.K. Detainee taken to bathroom and exercised.

0330: Lead questioned the detainee on his passport story again and the detainee provided a detailed story about how he lost his passport. Lead noticed there were several changes to the story verses what the detainee has told in the past. This indicates the cover story is indeed false.

0500: Lead offered detainee water and told him "drink water or wear it". Detainee drank water. Detainee taken to bathroom and given one hour nap.

0630: Lead questioned detainee about his business in Saudi Arabia. Detainee stated that he had a contracting company (possibly referring to the construction company he mentioned in the past) for two years with a PK partner, T , and that their office was on Manfooha street in Ryhadh. Detainee stated he was just starting to see good money when all his trouble started.

0700: Detainee offered water which he drank, was taken to bathroom, and moved to his cell in X-Ray for four hours sleep.

1120: Detainee awakened, taken to the bathroom, and returned to the interrogation booth. Lead tells detainee that they will just talk. Lead shows detainee a card trick where the lead finds the card the detainee picked. Detainee appears confused about how the lead does this. Lead tells detainee that he can read minds and it is easy to read his. Lead started "condemnation" theme. Detainee unresponsive.

1230: Detainee offered food and water – refused. Condemnation theme continues with discussion on how Bin Laden used people as mindless puppets to do his evil work. Lead tells detainee that he doesn't look right and asked corpsman to check detainee.

1320: Corpsman checks vitals – O.K. Lead told detainee that he had a strange feeling and that it was probably the evil trying to get out of the detainee, but it can't

1853

SEP 26 2005

because detainee is lying. Detainee appeared uncomfortable. Lead told detainee that it looked as if his left shoulder was sagging (a verse in the Koran states that good angels sit on the right shoulder and bad angels sit on the left shoulder).

1400: Detainee taken to bathroom and walked 10 minutes. Lead initiated peace process with detainee and told him not to interpret it as weakness. Lead turned down air conditioner, gave detainee a blanket, and told him that is was his duty to respond in kind to the interrogator. Detainee became teary-eyed and interrogator asked him who sent him to Orlando. Detainee appeared to struggle inwardly about answering the question but finally decided not to talk. The interrogator removed the blanket and turned the air conditioner back up.

1450: Detainee taken to bathroom and walked 10 mintues. Lead reminded detainee not to misinterpret the kindness shown him as weakness. Detainee was searched and told to sit down and not talk until he could tell the truth.

1545: Detainee taken to bathroom and walked 10 minutes. Detainee offered water.

1640: Detainee taken to bathroom and walked 10 minutes. Lead continued to make comments about the detainee's left shoulder sagging, which appeared to make the detainee uncomfortable.

1730: Detainee taken to bathroom and walked 10 minutes.

1800: Lead began interrogation with Taliban theme. Theme had no effect on detainee and he said that all Muslims are the same, including American Muslims. Detainee gave the names of three religious scholars that he admired; Saleh ((Heledan)), Abdullah ((Al Sheikh)), Abdullah ((Saleh)). Questioned the detainee about his father and why did he turn out the way he did (meaning the current situation). He stated that his father was no different than any other. He went to work at 0600 and returned around 1400, and sometimes would go to the mechanic shop he rented out. He gave the address only as Industrial Denom area, Denom being the city and the name as Qahtan warehouse for mechanic and general fixing, phone number as 0 .

1900: Detainee taken to bathroom and walked 10 minutes. The "Muslims in America" theme was run. Detainee stated that democracy was good and that all Muslims are good no matter where they are from. Detainee said Muslims in America have it good because they can speak their minds, unlike in Saudi Arabia. The detainee refused to speak about the Saudi royal family.

2000: Doctor checked detainee and said he was O.K. Doctor told detainee he needed to drink water. The Afghanistan theme was run but the detainee did not respond to it. He stated the Afghans have their own problems that only they can solve. When asked again about Al Qaida, he said he never knew anything about them until he arrived here, but during questioning about his time in Khost, he said that he heard that Al Qaida where in Jalalabad, AF. When confronted about this he said that was not what he meant. The detainee stated that the reason high ranking Al Qaida where talking was because they have information and he does not.

2100: Detainee was offered food and water – ate one MRE and drank a bottle of water. Detainee was taken to the bathroom and walked 10 minutes.

2215: Detainee taken to bathroom and walked 10 minutes.

23 December 2002

18-54

SEP 2 6

0001: Upon entering booth, lead changed white noise music and hung pictures of swimsuit models around his neck. Detainee was left in booth listening to white noise.

0030: Lead entered booth and observed that detainee appeared troubled. Lead asked detainee how he was doing. Detainee related that he had problems. When lead first asked him what the problems were he stated that they were between him and god. Lead then told detainee to tell interrogator his problems because they could not be solved unless they were addressed. Detainee then address the following problems to lead:

1. Being subjected to pictures of swimsuit models and questioning. – he began to cry quietly at this point.
2. Metal chair is too stiff and uncomfortable.
3. The overall treatment here. He cannot handle the treatment much longer. - when he made this statement he began to cry and sob out loud.

Lead asked him if he had any other problems and he stated that the other problems he could deal with on his own. Ie: physical pain, sleeping arrangement etc. What he could not deal with much longer were his being subjected to the pictures and the treatment day after day.

Lead then began to explain why he was being subjected to the following:

1. The pictures:
2. Metal chair:
3. Treatment:

Lead then began a futility approach on detainee and stated that he has chosen this lifestyle.

The "attention to detail" approach began. Lead pulled pictures of swimsuit models off detainee and told him the test of his ability to answer questions would begin. Detainee refused to answer and finally stated that he would after lead poured water over detainees head and was told he would be subjected to this treatment day after day. Detainee was told to think about his decision to answer questions. Lead would only ask questions if detainee fully cooperated with lead.

0130: lead returned to booth and asked detainee if he had thought about the answer he was to give. Detainee then related that he would answer questions regarding pictures of swimsuit models.

Detainee was asked 10 questions. First 3 answers were used for training and teach him how to provide all details related to the question. Of the following 7 questions he gave 2 correct answers with detail to substantiate his answer. He gave 2 incorrect answers due to his lack of attention to detail. He gave 3 vague answers without enough information to substantiate his answer. After the 2nd

18-55

SEP 26 2

incorrect answer he was told that was enough for today since there was no reason to continue and this would continue tomorrow.

0230: Detainee drank 1 cup of coffee. Upon completion he was told to go exercise and go to the bathroom. Detainee then asked lead if he could ask a question. Lead told detainee to ask his question. Detainee requested that lead add wearing the towel over his head to the list of detainee problems. Detainee related that he already knows where he is, so why does he continue to wear a towel over his head. Lead then told detainee that he will continue to wear a towel over his and live this lifestyle until he has proven himself to be truthful, and provides answers to questions asked. He was reminded that he chooses when this treatment stops.

0300: Lead and translator played cards in front of detainee. Lead instructed detainee to drink 24 ouinces of water. He was told that he needed to drink the 24 ounces by the time the next break approached. he was not finished the remainder If of the water would be spilled over his head. Detainee completed the 24 ounces of water.

0400: Detainee was exercised and taken to the bathroom. Mps told lead that detainee cried quietly under the towel while exercising. When he returned to the booth lead asked, what is bothering you? Detainee immediately began to cry and sob loudly and when he regained his composer he stated "i'm tired of my life here" and continued to cry. Lead reinforced that he, detainee knew what he had to do to go back to his brothers in cuba. Detainee then related, "i'm ready to tell my story." Lead told detainee that he has not proven himself to be able to answer questions in detail and truthfully, therefore lead did not want to hear his story at this time.

0500: Detainee was told to drink water and drank 16 ounces.

0600: Detainee was exercised and taken to the bathroom. Upon returning to booth he was told to clean his room. He picked up trash and swept floor. He was subjected to white noise and lead left room. Lead was then informed that detainee appeared to be crying and wished to see him. Lead returned to booth and asked what detainee wanted. Detainee asked if he could have food and water. Lead told detainee that he would give him food and water but if he mentioned going on strike from food and water as he has in the past lead would take it away. Detainee related that he would not mention going on food / water strike anymore to lead.

0700: Lead returned to booth and instructed detainee to go to sleep. He was reminded of his choices and lifestyle he could choose.

1100: Detainee awakened and taken to bathroom. Interrogator engaged detainee in conversation and asked the detainee why Muslims would consider the U.S. oppressive. Detainee was evasive and would not answer the question.

1115: Detainee was offered water and refused, so the interrogator poured some of the bottle over the detainee's head. Detainee began to answer the interrogator's question by stating the Muslims did not like the U.S. being in Saudi Arabia. Interrogator pointed out that the Saudi government had invited the U.S. into Saudi Arabia. Detainee responded that that was due to Iraq, and that they were no longer a threat so the U.S. had no reason to still be in Saudi. The detainee stated that this was not his opinion and that he did not see the U.S. presence as sinful, but others might see the 9-11 attacks as a warning to the U.S. to leave Saudi.

18-56

SEP 26

1215: Detainee taken to bathroom and walked 10 minutes. Control started a "drill instructor" approach and instructed the detainee to salute when the control entered the booth and to answer questions respectfully with "sir". The control ran several drills asking questions and encouraging the detainee to answer quickly and loudly. After several questions the detainee was responding as desired, and the control slipped in a question about the detainee's involvement with Al Qaida. The detainee appeared to start to give an answer but then caught himself and stated "Sir I wasn't Al Qaida, sir".

1245: Detainee offered food – refused. Detainee drank one bottle of water. DI approach continued with control outlining to detainee that the interrogators were the detainee's only family now.

1515: Detainee taken to bathroom and walked 10 minutes. Lead entered the booth and asked the detainee what had been transpiring. Detainee told lead that control had been telling him the rules. Lead decided to engage in conversation and recommended the circumstantial evidence theme. Detainee stated that he did not like that topic. Lead asked the linguist what to talk about and the linguist suggested Al Qaida. Detainee stated that he did not like that topic either. The detainee finally stated that he would like to know about agriculture in the U.S. Lead started telling about crops grown in the U.S. and transitioned into the circumstantial evidence theme. The detainee was reminded that the people he was captured with were Al Qaida, and that even though some of the people he was captured with were talking about him, we would not divulge their names. Detainee was reminded that when he talked, his name would be protected as well. Detainee's actions were compared to the Manchester Document.

1700: Detainee taken to bathroom and walked 10 minutes. Lead engaged detainee in conversation about his travel from Afghanistan to Pakistan. Detainee described trip in detail from the month-long stay with A in Khost up to his arrival in Cuba. Detainee stated that an Afghani named S lead the group on foot from Afghanistan to Pakistan. Detainee also stated that he stayed close to S and three Afghanis during the journey. He described the Afghans in detail, but would not offer descriptions of the Arabs in the group. When asked why he did not associate with the other Arab speakers in the group, he stated he was afraid of them because he had been robbed (he stated that he had been robbed by an Afghani while riding in a taxi, so it doesn't make any sense that he would want to avoid Arabs and stay close to Afgans.)

1830: Detainee taken to bathroom and walked 10 minutes. Detainee continued detailing his trip from Afghanistan to Cuba.

2000: Detainee given a nap.

2130: Detainee was awaken. The themes that were employed for the night were Taliban, Afghanistan and Al Qaeda falling apart. The detainee did not provide the interrogators with any new information.

2245: Detainee was taken to the latrine and exercised for approximately 10 minutes. Refused water. Female interrogator used invasion of personal space and detainee cried out to Allah several times.

2345: Detainee was taken to the latrine and exercised.

18-37

SEP 26 2008

24 December 2002

0001: Control entered booth, changed music playing, and hung binder of fitness models around detainee's neck.

0020: Lead entered the booth and asked the detainee why he stated he respected the lead. Detainee stated that lead treated him better than the second shift. Lead asked detainee what he thought of lead. Detainee hesitated to answer and was berated. Detainee finally stated that the lead spoke injustices by confront him with the circumstantial evidence when the detainee told his story. Lead explained that this was done because the detainee is lying and we know he is lying because he keeps changing his story, but the truth will always stay the same. Rules have changed theme was covered.

0200: Control entered the booth and began the "attention to detail" lesson for the night. The detainee still would not accurately answer questions about the fitness models and control stated that the lesson would continue the next day. Detainee complained that the interrogator had said that today would be the last day of this lesson. Control replied that the lesson would continue until the detainee could accurately answer all questions asked of him during the lesson. Control left the booth with the detainee still complaining about the lessons.

0300: Detainee offered water – drank one bottle. Detainee taken to bathroom and walked 10 minutes, then allowed to take a nap.

0500: Detainee awakened, taken to bathroom, and walked 15 minutes.

0615: Detainee offered food and water – ate one MRE and drank one bottle of water. Rules have changed theme was used and detainee was reminded that he would remain here until he told the truth. Detainee was attentive during session.

0645: Detainee taken to bathroom and walked 10 minutes.

0700: Detainee taken to his sleeping cell in X-Ray for sleep time.

1100: Detainee awakened but left in X-Ray cell as part of a prearranged operation to allow more time for conversation between detainee and confederate. Detainee was rushed back into his cell just after being removed while walking to interrogation booth, and the guards appeared anxious that something was happening. Detainee trembled uncontrollably until confederate talked to him to calm him down. Confederate asked the detainee "what is your case" and detainee declared "it is big" and began to cry.

1130: Detainee taken to bathroom and walked 10 minutes.

1145: Corpsman checked vitals and changed ankle bandages to prevent chafing. Pulse was slightly elevated and corpsman elected to recheck a couple of hours later. Control started session with Drill Instructor approach and continued reinforcing the lessons of the previous day. Detainee remembered the lessons of previous day and saluted control when he entered the booth. Detainee initially refused water so control poured a little on detainee's head. Detainee then accepted the water and food.

1230: Detainee offered food and water – ate one MRE and drank two bottles of water. Control continued DI approach and instructed detainee to tell about his trip from Orlando to Afghanistan. Control wrote itinerary on a dry erase board with dates and time spans and showed the detainee that he would have arrived in Mazar e

18-58

SEP 2 6 2008

Sharif Sep. 14, 2001, and would have been in Kandahar during the most intense bombing. Detainee was shown the stupidity of the cover story. Detainee began to become angry with the DI approach and control decided to end the session rather than have the detainee start resisting.

1400: Detainee taken to bathroom and walked 10 minutes.

1415: Corpsman checked vitals – O.K. Lead entered the booth and began to talk about Afghanistan and it's terrain. Lead then began to speak about the terrain in the U.S. When lead got to the terrain in Florida, the detainee asked if Orlando was close to Florida. Lead ridiculed detainee for not knowing that Orlando was a city in the state of Florida and launched into the circumstantial evidence theme with a futility approach. Lead told detainee that he was stupid and that is why no one will believe the stupid cover story he has used. Lead stated the evidence against the detainee was enough for lead to believe detainee was guilty, and detainee stated that that was the lead's opinion. Lead replied that everyone had the same opinion about detainee. Detainee stated that he hoped the other interrogators did not share this opinion. Detainee was told that his only hope of leniency was a change of heart and a desire to do good.

1600: Detainee taken to bathroom and walked 10 minutes.

1700: Detainee given a nap.

1800: Third shift began; detainee was woken from his nap. Interrogation began with SGT M and a DOD linguist. the interrogation began with what we know, mainly with the time line he had given in the previous shift, the detainee seemed disturbed and stated that the whole timeline was wrong and then tried to say that he was confused by the times he had gave. When asked "How long after you tried to enter America did you spend in UAE" the answer was about a month and half which is similar to the timeline in the previous shift. The detainee tried to act as if he had a mental problem, but when I jumped up and told him not to start faking that condition he regained his composure, it was the only time I've ever seen him do that but he has tried that tactic on other shifts.

1930: Detainee was taken to latrine and exercised.

2000: M.D. checked the detainee out every thing ok.

2030: Detainee ate an MRE and drank one and half bottles of water.

2100: Circumstantial evidence was the next theme used, the detainee was reminded that all the evidence shows that he is Al Qaida and that it is time to tell the truth, detainee sat there in silence for a about a minute and seemed as he was going to let it all out, but stuck to his story again. The detainee is thinking a lot more on the themes when presented to him, seems to be on the verge of breaking.

2230: Detainee was taken to the latrine and exercised.

2330: Detainee laid down for a 30 minute nap.

2400: Interrogation over.

25 DECEMBER 2002

0030: Detainee taken to bathroom and walked 15 minutes.

0045: Interrogation began with interrogator speaking plainly to the detainee that his cover story was a lie and because he kept lying, he would not get a chance to

18-59

SEP 26

Tab 5

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return to Delta. Interrogator stated that a smart man would not do this. Interrogator asked detainee if he was stupid or afraid, and eventually concluded the detainee was just stupid because the detainee's past and continued actions were what brought and kept him here. Detainee became more and more angry with this line or reasoning and stated that he was on strike. Interrogator poured one half bottle of water over detainee's head and yelled that the detainee was not in control in the booth, that the interrogator decided everything that happened to him, but the detainee could take that power away by simply telling the truth. Detainee yelled back that the interrogator did this to him and the rest of the bottle was poured over the detainee's head to illustrate the point that the interrogator was in control.

0230: Detainee taken to bathroom and walked 30 minutes.

0300: Detainee offered water and refused. Interrogator poured some water on detainee's head and detainee decided to drink a half bottle of water. Interrogator began to play cards with MP to ignore the detainee due to a BSCT assessment that the interrogators may be becoming the family figures of the detainee, and the interrogator wanted to see if the detainee would try to seek attention. The detainee tried to interrupt the card game by saying "You choose to pour water on me, you do this to me," and "I don't understand why you pour water on me when I refuse to drink, I decide when I'm thirsty". The interrogator laughed at the detainee and replied that the interrogator controlled all in the booth, and the detainee chose to stay in the booth. Detainee started falling asleep so interrogator had detainee stand up for 30 minutes.

0430: Detainee given a nap.

0600: Detainee awakened from nap and interrogator again asked detainee what he hoped to gain by being here. Interrogator asked detainee why his hands were clenched and detainee replied that he was cold so interrogator wrapped blanket around detainee and continued the futility approach.

0645: Interrogator left detainee with linguist to ponder what he had been told. Linguist talked to detainee as arranged by the interrogator and reinforced the futility approach, telling him that AQ was destroyed and no one would be coming to help him. The linguist also told him not to be afraid of anyone if he told the truth because God would help him. The linguist suggested that the detainee give some bits of truth and see how his treatment improved.

0700: Interrogator and linguist entered the booth and reinforced the futility approach. Detainee asked for breakfast and the interrogator gave him an MRE which he ate.

0725: Detainee taken to sleeping cell.

1200: Detainee is woken up, and taken to the bathroom.

1220: The detainee is placed in the interrogation booth and he is checked out by medical personnel. The detainee is dehydrated and given the choice of drinking water or receiving IV's. The detainee refuses water and is given three IV's.

1339: Detainee is given a bathroom break and exercised. Medical check conducted.

1440: Interrogation resumes. Interrogator begins theme that all this will stop if the detainee simply tells the truth. The topic of respect was discussed and how his family must be disappointed with him.

1515: Detainee is given a bathroom break and exercised. Medical check conducted.

18-60

SEP 2 6

1535: Detainee is given MRE and he eats it and drinks 1 bottle of water.
1600: Interrogations resume. Detainee was told about leadership and detainee stated that he did not want to be a leader and did not want any responsibilities.
1715: Detainee is given a bathroom and exercise break. Medical check conducted.
1735: Interrogation resumes. Detainee was asked about his trip prior to Orlando and detainee stated that he went to UAE, Pakistan, then Afghanistan the summer of 2000, and the interrogator asked where he received his AQ training. Detainee stated he was not AQ and the interrogator asked him why he went to AF the summer of 2000. Detainee then stated that it was the summer of 2001 when he went.
1750: Interrogation ends. Detainee was offered water throughout the day and refused.
1810: Detainee refused water. He was sent to the latrine and exercised. The medic wrapped left arm because it contained the housing unit for an IV.
1929: Detainee refused water. He was exercised and sent to the latrine. Detainee spoke in English when the female interrogator invaded his personal space.
2022: Detainee was given a latrine break and exercised. He refused water. The interrogator was talking to the detainee about his inability to get into the US in Orlando, and the detainee stated that he would have gotten in if he had filled out the INS paper himself, he would have gotten into the country. The interrogator had the detainee write the word "business" five times on a piece of paper, but the detainee had to have coaching to write the word.
2208: Detainee continued to refuse to drink water. He was taken to the latrine and exercised.
2315: Detainee was given an exercise break. The medic checked his vitals and they were normal. His blood pressure was 117/74 and his pulse rate was 62 while standing. His blood pressure was 118/79 and his pulse rate was 53 while sitting.
2350: Detainee was given a complete meal ready to eat and a bottle of water. He did not refuse to eat or drink. He completed his meal to include the water.

26 DECEMBER 2002

0001: Detainee was eating his food (given by the previous team). Lead walked into booth turned on white noise and put picture binder of swimsuit models over detainees neck.
0030: Lead entered the booth and began attention to detail approach. Detainee missed 3 of 10 questions. He has learned to provide more details and provides enough information to substantiate his answers. He still has a problem paying attention to detail and fabricates information not on pictures. Control berated the detainee about the fabrication he provided to questions of the pictures and compared this fabrication to the fabrication of story told regarding his travel to the US and Afghanistan. Lead then began the circumstantial evidence / futility approach. Lead covered circumstantial evidence in detail and told the detainee that the evidence does not lie.
0200: Detainee was exercised and taken to bathroom. Detainee refused water. When detainee returned to booth lead played cards and ignored detainee. Lead berated detainee throughout.

18-61

SEP 26 2008

0400: Detainee was exercised and taken to bathroom. Detainee refused water.
0430: Detainee was instructed to sleep.
0630: Detainee was woken up by lead. Lead used a futility approach describing standard of living here vs standard of living at delta with his brothers. Detainees vitals were taken. Detainee drank 2 bottles of water. Detainee was instructed to pray. After the prayer he was told that he could look forward to having prayers anytime he chooses at delta. Lead emphasized that detainee knows what he has to do to go back to his brothers in delta. He was told to think about it and instructed to go to his cell and eat then go to sleep.
0730: Detainee departed to his cell to eat and sleep.
1115: Detainee awakened and taken to the head. Detainee was then walked for 10 minutes.
1130: Interrogation team entered the booth, IS1 E , SGT B and a DOD Linguist. Futility and Circumstantial Evidence were covered.
1230: Detainee was offered and refused water.
1300: Head Break and 10 minute exercise.
1330: Detainee refused Meal and water. Detainee was instructed that jihadism and terrorism were different, but detainee shook his head "no" indicating that he thought they were the same.
1500: Head break and 10 minute exercise. Detainee was given the silent treatment during this next session. He did not attempt to speak to interrogators.
1630: Head break and 10 minute exercise.
1700: Detainee ate 1 MRE and drank 1 bottle of water. IS1 E continued engaging the detainee in conversation in an attempt to keep communication flowing and with long term intentions of limiting the topics until the detainee is driven to speak only of his Al Qaida associations.
1810: Detainee was exercised for circulation and taken to the latrine.
1930: Detainee was sent to the latrine and exercised. He did not want any water.
1945: The doctor checked the detainee. The doctor looked at the detainee's back to ensure there were no abrasions from sitting in the metal chair for long periods of time. The doctor said everything was good.
2030: Detainee stated that SGT L would be the cause of him committing suicide. He requested to write a will. His request was granted and he wrote a will with a crayon. Lead had will translated and it was a request that if he died here to have his body and passport sent back to his country quickly and to notify his mother. Lead entered booth with the detainee's will and told detainee that since he had allowed the detainee this opportunity, what would the detainee offer in return. The detainee said "thank you" and lead stated that was not enough. Lead told detainee that a single truth would be enough and asked the detainee "who recruited you into Al Qaida?" Detainee stated he was not Al Qaida and lead tore up the detainee's will in front of him.
2100: Detainee was taken to the latrine and exercised. He was given a meal ready to eat and a bottle of water. He ate all of the meal and drank all of the water.
2220: Detainee was given a latrine break and exercised for approximately 10 minutes. He does not desire water.
2330: Detainee was taken to the latrine and exercised.

18-62

SEP 26

27 December 2002

0001: Lead entered the booth and offered water to detainee – refused. Lead poured the water over the detainee's head and offered a second bottle of water – refused. Lead poured the second bottle over the detainee's head. Lead confronted detainee with the inconsistent stories he had given about his family members. Detainee stated that he was afraid for his family because he didn't trust us.

0100: Detainee was taken to bathroom and walked 10 minutes. The "attention to detail" theme was run with the fitness model photos. The detainee answered five questions correctly and was told that we would not run the attention to detail lesson again unless we felt that he was not giving details about the questions we asked him.

0200: Detainee taken to bathroom and walked 10 minutes. The detainee was told that since he could now provide detailed answers, he would review the location of the visa office where he had obtained his US visa. Maps were used and the detainee was questioned to see if he could properly estimate distance on the maps. The detainee was accurate in this line of questioning. The questioning provided the following information:

Name of visa office: M

Owner: K
Worker #1: K
Worker #2: F
Location: Shari Al Ulayya street approximately 2km n/o Shar A Mahar in the Al Ulayya district of Riyadh.

Grid coordinate: 7031

Map used: Saudi Arabia graphic
Map name: Ar Riyad
Scale: 1:25,000
Edition: 5-NIMA
Series: K9611
Sheet: 4

0400: Detainee taken to bathroom and walked 10 minutes. Detainee was offered water – refused. Detainee was told to go to sleep.

0600: Detainee awakened, taken to bathroom, and walked 10 minutes. Corpsman checked vitals – O.K. Detainee offered food and water – ate one MRE and drank two bottles of water.

0715: Detainee taken to sleep cell for sleep period.

1100: Detainee awakened, taken to bathroom, and exercised 10 minutes.

1120: Detainee offered water – refused. Lead began by asking the detainee why he wanted to write a will. Detainee was evasive and finally stated that he didn't want

18-63

SEP 26

to answer that question. When asked if he was going to try to commit suicide, the detainee stated "no", but death had been entering his mind lately. The detainee was allowed to rewrite his will (it was essentially the same as that written the previous day). Control began discussing the condemnation of UBL by Islamic leaders.

1300: Detainee taken to bathroom and walked 10 minutes.

1315: Detainee offered food and water – refused. Control continued discussion about UBL, fatwas, and leading clerics.

1415: Detainee taken to bathroom and walked 10 minutes. Control continued theme and steered it towards levels of guilt and how AQ personnel were cooperating and reducing their levels of guilt by doing so. Control told detainee about witness protection program without making any offers of protection.

1530: Detainee taken to bathroom and walked 10 minutes. Lead entered the booth and began talking about detainee's youth.

1630: Detainee taken to bathroom and walked 10 minutes. Detainee offered water – refused. Lead continued by talking about how some people use religion to prey upon young people, and mislead them into doing things that are wrong. Lead told detainee that it appeared the detainee was having trouble asking God for forgiveness. Lead explained process in Christianity for asking forgiveness.

1800: Detainee taken to bathroom and walked 10 minutes.

1815: Corpsman took vitals – O.K.

1820: Interrogation began with circumstantial evidence by SGT M. Detainee was very resistant, possibly due to presence of LT G. Detainee gave descriptive information on the person at the car dealership in Riyadh and the person who was supposed to meet him in Orlando. The information given was in keeping with his cover story.

1910: Lt G began interrogation by talking about fear and trust, and how the truth is easy to recall but lies take effort, and someone who is tired will have trouble telling the same lies all the time. Detainee offered that he would tell the truth to LT because he felt he could trust the LT and gave his brother's and sister's names as well as his father's name and phone number. This list is nearly identical to a listing of siblings given by him on 9 APR 02, which tend to indicate this information is truthful. LT asked detainee why he gave different information to the other interrogators and detainee stated that he didn't trust the others. LT began explaining that since the detainee spent so much time in AF that he must have useful information about AQ. Detainee repeatedly stated that he didn't know anything about AQ and kept a severe frown on his face during this line of questioning.

2020: Detainee offered water – took one sip.

2025: Detainee taken to bathroom and walked 10 minutes.

2100: Detainee ate an MRE and drank a bottle of water.

2110: Circumstantial evidence theme was used by SGT M. The detainee seemed very responsive when told that not only the evidence was there but that a lot of the detainees are talking.

2200: Detainee exercised and given a latrine break. Detainee tripped stepping out of latrine. Corpsman looked detainee over and everything was O.K. Lt G

18-64

SEP 26

continued interrogation and reminded the detainee that there was only one way out. LT explained to detainee why the U.S. was doing the things it was due to being at war.

2308: Detainee offered water – took one sip.

2335: Detainee taken to bathroom and walked 15 minutes.

28 December 2002

0001: Lead entered booth and gave detainee option to drink 1-1/2 bottles of water during the shift. Detainee related that he would rather take an IV and did not want to drink water at this time. Lead berated detainee on his choice and introduced circumstantial evidence of K's connection to a NGO which served as a front for Al Qaida. Lead berated detainee and left booth.
Control entered booth and told detainee to drink bottle of water. Control told detainee that he was walking out of booth and that by the time control returned detainee should have better have drank the water or else he would be wearing it. Control walked out for about 5 minutes and returned to booth. Detainee had drank the water.

0100: Detainee taken to bathroom and exercised 10 minutes. Detainee offered water – refused.

0200: Control entered the booth and began to question the detainee about personalities he knows in Riyahd, SA.

0400: Detainee was instructed to go to sleep.

0500: Detainee was woken up, taken to bathroom and exercised.

0530: Lead introduced circumstantial evidence and elaborated on how detainee's story did not coincide with his story.

0630: Control used a p/e down / futility approach on detainee and detailed his life here vs life in Cuba with his brothers. Detainee was told to pray and told that upon completing his prayers he would be walked to his cell where he would eat and drink water. Control left the room and was called back by MPs. MPs told control that detainee stated he was on strike from food and water. Control instructed detainee to get up from prayer and berated detainee about his remarks (fasting on food and water). Detainee was then instructed to go to his cell for sleep time.

1130: Detainee awakened, taken to bathroom, and walked 10 minutes. Detainee appeared tired and interrogator questioned him about this. Detainee finally stated that sometimes a person has something new come up, possibly referring to his conversations with the confederate detainee. The topic of Shia muslims was brought up and the detainee stated that Shia did not believe in the prophet Mohammed.

1145: Corpsman checked vitals. Vitals were O.K. but indicated that detainee was close to dehydration.

1230: Detainee offered food – ate one MRE. Detainee given three bags of IV.

1300: Detainee taken to bathroom and walked 10 minutes. Topic of animals was discussed with interrogator telling of the type of animals in the U.S. Detainee broke out in tears and cried for half an hour. Detainee talked about the wonderment of God and asked God for forgiveness several times. Detainee told

18-65

SEP 26

interrogator a story about a young man from an evil city who found God by looking over creation from a hill, then returned to the city and fell back into sin, and finally returned to the hill and found the strength to sin no more.

1500: Detainee taken to bathroom and walked 10 minutes. Interrogator clarified the differences between Shia and Sunni muslims.

1545: Detainee given one hour nap.

1645: Detainee awakened, taken to bathroom and walked 10 minutes. Detainee asked interrogator about prayers in Christianity and eventually asked to pray. Interrogator told detainee that he was denied prayer because he had lied and disrespected the interrogators. Interrogator told detainee that his supervisor told him that prayer could be granted if the detainee gave something up first.

1800: Detainee was exercised, taken to the latrine, and the medic on shift checked his vitals everything was o.k. The interrogation began with SGT M as lead and a DOD linguist, levels of guilt theme was the first theme used as the detainee had been crying profusely in the previous shift about a story of Allah's forgiveness. SGT M asked the detainee the reason of why he had cried so much the detainee began telling the same story and was stopped, and told that I knew the story already just to tell me the real reason of why he was crying. The detainee went on to tell me that something tragic happened in his life today and he could not tell me. I kept on but the detainee would not give it up. The detainee went on to tell me that today he felt very spiritual and he could not keep the tears in. I told him "why today should he not feel this way every day", and he told me again that something tragic in his life had occurred and again he did not want to talk about it. I asked him if because of the story he had finally realized that his involvement with Al Qaeda was wrong and the mission to America was wrong. I told him that everyone makes mistakes, he stated "no according to Al Qaeda this situation is a headache", and I asked him to repeat, and then he realized what he had said, so he started on his treatment and that this is not the way to do an investigation, and I reminded him that this was not an investigation.

2000: The detainee was seen by the doctor and reminded that he needed to drink water. Latrine brake and exercised.

2100: Detainee ate an MRE and drank a bottle of water. The detainee was asked if he had ever talked to a Saudi official while he has been detained and the detainee replied yes, then he was asked if his living conditions where better then, and how long ago had it been since the officials had spoken to him. He replied that his living conditions where worse and it had been so long that he could not remember even what they looked like. I asked him if the Saudi government still wants him and he replied yes, then I asked him then why are you here and the detainee replied "because of the investigation". I once again reminded him that this is not an investigation and that his government does not care about him and that is the reason he now belongs to the United States of America. The detainee seemed very shocked by this as if he had never put much thought in to this subject.

2130: Detainee taken to the latrine and exercised. Medic check his vitals everything ok. The detainee was reminded that his involvement and actions taken by Al Qaeda have defaced Islam and that they are the reason that Muslims are not liked around the world. The detainee became extremely aggravated and started saying no that it

18-66

SEP 26 2006

was our fault and caught himself and started again on his treatment I told him to humor me and tell me about interrogations, he told me to tell the guards to show there face and take him back to Cuba, so I laughed at him uncontrollably, and the detainee got quiet. Once again I reminded him that only his cooperation would get him out of this situation.

2345: Detainee taken to the latrine and exercised. Medic check his vitals everything ok.
2400: 3rd shift interrogation over.

29 December 2002

0000: Detainee taken to bathroom and walked 10 minutes.
0015: Interrogation began with p/e down, fear up, and futility. Whenever detainee tried to speak, lead instructed him to shut up. Whenever detainee appeared too comfortable, lead instructed him to stand up and sit down several times. Al Qaida falling apart and circumstantial evidence were themes used.
0200: Detainee offered water – refused, so lead poured it over detainee's head. Detainee taken to bathroom and walked 15 minutes. Interrogator continued same approach and detainee became very angry.
0330: Detainee offered water – refused, so lead poured _ bottle over detainee's head.
0345: Detainee instructed to sleep.
0530: Detainee awakened and offered water – refused, so lead poured it over detainee's head. Approach continued.
0645: Detainee taken to bathroom, walked, and taken to sleep cell. Detainee was given MRE to eat while in sleep cell.
1130: Detainee awakened, taken to bathroom and walked.
1200: Detainee offered food and water – ate 2 MREs, banana, pears, and cookies, drank 2 bottles of water. Interrogator revisited the theme of high-level AQ talking and being protected in a witness protection program.
1335: Detainee taken to bathroom and walked.
1430: Detainee taken to bathroom and walked. Interrogator instructed MPs to unshackle the detainee except for his legs to let him feel what it was like and gave the detainee a chance to make a decision to talk. Detainee refused and was reshackled.
1535: Detainee taken to bathroom and walked. Interrogator continued discussions of heaven.
1630: Detainee taken to bathroom and walked. Interrogation continued with detainee becoming unresponsive.
1740: Detainee taken to bathroom and walked.
1800: Detainee refused food and water. Detainee said that he had thought about 2A0773 earlier during the day and was surprised him. It had been approximately one month since 2A0773 has interrogated detainee. Detainee thought that it was a good sign. Detainee seemed fairly talkative and relaxed. Discussion ensued about "God's will" and about why detainee was saved when the other 19 terrorists were killed.
1845: Detainee refused food and water. Futility and Al-Qaida falling apart were

18-67

SEP 26

Tab 6

discussed. Detainee was relatively unresponsive and seemed relatively comfortable.

1930: Detainee refused food and water and did not need to use the latrine.

2030: Detainee seemed too comfortable. He was questioned about why he was unaffected by our discussion of the victims of 9/11. Detainee immediately sat up in his chair. BSCT observed that detainee does not like it when the interrogator points out his nonverbal responses. Detainee professed his innocence and interrogator laughed. At this point, detainee made a comment about the interrogators nonverbal responses to try to take control of the interrogation. Detainee stated, somewhat sarcastically, that he was very happy that the interrogator was laughing and enjoying himself. Detainee refused water.

2115: Detainee refused food and water.

2200: Discussion ensued about the why people join terrorist groups. Two quotes were read from the book What Makes a Terrorist and Why? The first quote asserted that people join terrorist groups for a sense of belonging, something that they are unable to find in normal social circumstances. The second quote pointed out that terrorist must dehumanize their victims and avoid thinking in terms of guilt and innocence. P&E down was also incorporated into the discussion and interrogator expressed understanding about why detainee would join a terrorist group after so many failures. Detainee seemed unresponsive. Detainee refused food, water, and restroom break.

2215: Detainee walked around the interrogation booth for approximately 10 minutes.

2230: Detainee refused water.

2320: Detainee refused food and water.

2330: Medical check – O.K. Detainee refused food and water. Detainee went to latrine and exercised for approximately 5 minutes.

2400: Second shift ended.

30 December 2002

0001: After detainee was exercised and used the bathroom, lead entered the booth and subjected detainee to white noise. Waiting for linguist.

0100: Linguist arrives. Detainee drank _ bottle of water. Lead began to question detainee on his contacts in Abu Dhabi, UAE.

0200: Detainee was exercised and taken to the bathroom. He drank _ bottle of water. Upon returning to the booth questioning of known contacts in Abu Dhabi, UAE continued.

0330: Detainee was exercised for 10 minutes and taken to the bathroom. Detainee drank _ bottle of water. Upon returning from booth questioning of known contacts in Abu Dhabi, UAE continued.

The following personalities were obtained from detainee regarding known contacts in Abu Dhabi, UAE and should be crossed referenced with previous mfr's to identify new personalities and differences in known contacts(refer to MFR for further details on personalities):

18-68

SEP 26

1. Z
2. M
3. A
4. A
5. M
6. H

0530: Detainee instructed to go to sleep in booth.
0630: Detainee was woken up and lead began a futility/ p/e down approach. Lead reminded detainee that he could have a better life in Cuba with his brothers but he chooses to remain here.
0645: Detainee was taken to his cell and told to eat and drink his water.
1100: Detainee awakened from x-ray, given a head break and 10 minutes exercise.
1215: Head break and 10 minutes exercise.
1230: 1 MRE and 1 bottle of water. Detainee asked for prayer time and was told that he would not get prayer time back until he demonstrated a genuine change of heart.
1340: Head break and 10 minutes exercise. Detainee was exploited on cover story and provided detail on timeline from Orlando to AF to PK. Interrogator matched all detainee movements to AQ movements during Northern Alliance offensive in AF.
1500: Head break and 10 minutes exercise. Detainee was exploited on personalities in cover story. All personalities were checked against know terrorists and all the names matched the names of known terrorists. The first name of his best friend (he stopped before he would tell the last name) matches the name of the pilot of the fourth hijacked airliner on 9-11.
1630: Head break and 10 minutes exercise. The detainee continued to provide information on his cover story and drew a strip map for the location of his father's home in Saudi Arabia.
1830: Head break and 10 minutes exercise.
1845: 1 MRE and 1 bottle of water.
2000: Head break and 10 minutes exercise.
2015: Nap.
2130: Detainee awakened, taken to bathroom and walked. Lead entered the booth and told detainee that they would continue the topic of the previous night about people the detainee knew. Detainee offered water – refused, so interrogator poured it over the detainee's head. Interrogator berated detainee for lack of compliance. Interrogator left the booth and MPs began checking detainee's restraints. Detainee raised his hands towards MPs in an aggressive manner and MPs restrained detainee.
2200: Detainee walked for one hour. Interrogators berated detainee during walk.
2300: Detainee returned to booth and was subject to instrumental music. Detainee began to cry and interrogators returned and yelled at detainee to prevent him from crying in order to prevent him having an emotional release.
2350: Detainee tried to cry again and was yelled at by interrogators. Detainee not allowed to speak by yelling of interrogators.

31 December 2002

18-69

SEP 26

0015: Detainee taken to bathroom and walked. Interrogator played cards with MP in front of detainee.
0130: Detainee offered water – refused.
0230: Detainee taken to bathroom and walked. Detainee was told that his actions were the cause of his treatment.
0300: Detainee given 2 hour nap.
0500: Detainee was asked if he had ever been to Kabul and it was pointed out on a map that he would have to have gone through Kabul if he had driven from Mazar E Sharif to Kandahar as he related in his stories. Detainee stated that he must have been asleep during that part of the trip. Interrogator told detainee that others had identified him as being at a safe house in Kabul. Detainee stated that he did not know these brothers and became very angry.
0600: Detainee was subject to music for one hour.
0700: Detainee taken to sleeping cell.
1100: Detainee was escorted from cell. Detainee was exercised and given the chance to go to the restroom. Detainee was placed in interrogation booth.
1200: 2a0780 entered booth. Detainee was given an MRE, detainee looked at it as if he was going to decline it, but 2a0780 looked at detainee and said his name and then told him to take it. Detainee took MRE and a pear, detainee drank a bottle of water as well.

2a0780 started asking detainee about his travels. 2a0780 asked detainee to tell all of the people he had come in contact with in U.A.E.. Detainee gave the following names:
1. A
2. F
3. Z
4. M
5. H
6. A
For a more detailed report on the above listed names please reference 30 dec 02, 1st shift report. Detainee has provided these names before, with a physical description.
1400: Detainee was exercised and taken to the bathroom. He refused water.
Upon returning to the booth control entered the booth and asked detainee how he was doing. Control explained to detainee how he had initiated the treatment he received during the 1st shift by his own actions. Control explained to detainee levels of cooperation to be released from this camp and that up to the point where he refused to take the water bottle he was slowly moving up. However, his poor judgment and actions caused him to drop on the level of cooperation. Control explained that as he drops in level of cooperation his treatment becomes worse. Control explained that the treatment he received during the 1st shift was not even the bottom of the scale and it could get worse. Detainee agreed that he had brought the treatment on himself by his actions.

18-70

SEP 26 2003

Control than began to ask detainee about business contacts he has in Abu Dhaby, UAE. Detainee provided the following names of business and the poc: (REFER O MFR FOR DETAILS)
1. M
2. M

1530: Detainee was exercised and taken to the bathroom.
Upon returning to the booth control began to question detainee about his contacts in dubai, uae and provided the following information: (refer to MFR for details)
1. M
2. While in Dubai detainee stayed at the Shalihut Dubai Montaza Alame A Tervi Resort.
3. After arriving in Dubai, detainee contacted M and M. He called M from a public phone in the Dubai market place. M told the detainee that he could return to the USA if he chose to and could travel with the following:
- M
- F
- S
Detainee also related that A conducts business with Sharikat Al Basri company that imports/ exports vehicles from the USA/Japan.

1630: Detainee was exercised and taken to the bathroom. He drank sips of his water.
Upon returning to the booth control began to question detainee about his finances. The detainee provided the following information about bank accounts he has used:
1. Abu Dhaby bank- located in Abu Dhaby, UAE.
2. Riyadh bank- located in Harj city on Shari Al Masanah street.
3. Al Rajhi bank- located in Al Harj city on Shari Al Masanah street.
Detainee related that the bank accounts were under his name (Mohammed Manah Al Qahtani) and his brothers name (I) and were open at the time he left for Afghanistan.

1830: Detainee was exercised and taken to the bathroom at 1830 hours. He drank _ bottle of water.

1920: Corpsman checked the detainees vitals and were within normal limits. Detainee was instructed to sleep.

2100: Detainee awakened, head break and 15 minute walk.

2120: Interrogation team entered booth, IS1 E , SGT R and a DOD linguist.
Interrogators began with "Al Qaida falling apart" theme and gave detainee a history lesson on the Japanese attack of Pearl Harbor and the ultimate result of the war.

2315: Head break and 30 minute walk. Detainee returned to booth and started to fall asleep, but MPs woke him up. Detainee tried to pray, but interrogator berated detainee to make him stop.

01 January 2003

0000: Head break and 10 minute walk. Lead enter the booth and told detainee to pick a topic to talk about. Detainee asked lead to pick a topic and control said they

18-71

SEP 26

would talk about the detainee's trip from Mazar E Sharif to Kandahar and how he must have gone through Kabul. Detainee denied he was Kabul even though other detainees identified him as being at a safe house there.

0100: Detainee given cup of coffee. Detainee was told that he would not be respected as long as he refused to tell the truth, and that he would not go home or to Cuba until he told the truth. Detainee interrupted control during a fear up – p/e down approach so control poured a bottle of water over detainee's head. Lead entered booth alone and talked to detainee about horse riding and the detainee stated it was a religious duty to learn to ride a horse. Lead asked if the Koran said this and detainee stated a Hadith stated this, that a man should teach his sons how to ride a horse and use a sword. Lead stated that the verse really meant a father should teach his children everything they need to know in order to survive, and should not be taken literally.

0230: Head break and nap.

0345: Awakened, head break and 10 minute walk. Lead resumed conversation on horse riding verse and detainee agreed that it probably meant a father should teach his children the necessities of life. Lead steered conversation to topic of how UBL could convince 19 people to kill themselves and other innocents. Detainee was evasive on topic.

0500: Head break and 10 minute walk. Topic was changed to detainee's current situation and the futility of continued resistance. Lead asked detainee what he was thinking and he replied "I have a very difficult decision".

0700: Taken to cell in x-ray for sleep, given MRE.

0730: Detainee had thrown MRE out of cell, it was returned to him by control, detainee ate this and drank 1 bottle of water.

DETAINEE WAS GIVEN 12 HOURS IN HIS SLEEP CELL. MPs gave the detainee two MREs and water during the rest period.

1900: Detainee was escorted from cell. Detainee was exercised and given the chance to go to the restroom. Detainee was placed in interrogation booth.

1930: 2A0780 and control entered booth, 2A0780 asked detainee how he was feeling, detainee responded he was well. Detainee looked well rested. Detainee was given a MRE, detainee looked at it as if he was going to decline it, so 2A0780 took MRE away, detainee quickly changed his mind and took the MRE and an apple. Detainee also drank a bottle of water.

2000: 2A0780 and control started talking to detainee about trivial things, how he was feeling how things were going. 2A0780 drew a diagram on the white board of a bridge over a pit of fire, the bridge had little razors on it. Detainee was told that this was the "Sirat" or a diagram of "judgment day" detainee was told on judgment day everyone will be sorted out by beliefs. Control asked detainee what are some of your greatest sins, what do you feel sorry about, detainee stated not taking care of his parents, not finishing school, and not repaying his aunt. (detainee borrowed $20,000 from his aunt) . 2A0780 told detainee that he was only looking out for detainee. This was all done to lead detainee in to the next line of questions.

18-72

SEP 2 6

2045: Detainee was exercised and taken to the bathroom. He drank water.
2130: Detainee returned to booth and related the following regarding his travel to Pakistan and people he contacted (refer to MFR):
1. M
2. A
2245: Detainee was exercised and taken to the bathroom.
2300: Detainee returned to the booth. 2A0780 entered the booth a began talking to detainee about what the Quran says about justice for orphans. 2A0780 ask detainee what made 19 young Saudi Arabian men want to kill themselves, detainee stated he was unsure, but maybe they were tricked. 2A0780 asked how could one man, Bin Laden, convince 19 young men to kill themselves, (detainee was starting to fade he was going in and out of sleep.) The question was repeated, detainee stated that they were tricked, that he distorted the picture if front of them, 2A0780 asked detainee if this made him mad, detainee stated yes, (detainee did not realize that 2A780 had now started putting detainee into the picture) 2A0780 asked detainee if he was mad that his friends had been tricked, detainee stated yes. 2A0780 asked detainee if his friends knew about the plan, detainee stated no, 2A0780 asked if detainee knew about the plan, detainee stated no, 2A0780 asked detainee if anyone knew about the plan, detainee stated yes. 2A0780 asked detainee if Mohammed Atta knew about the plan, detainee stated that he didn't know. 2A0780 asked detainee if it made him mad that he killed his friends, detainee stated yes. 2A0780 asked detainee if he was glad that he didn't die on the plane, detainee stated yes. 2A0780 asked detainee if his parents were happy that he didn't die detainee stated yes. 2A0780 stated "he killed your friends" detainee stated yes. 2A0780 asked detainee if his parents were happy that he wasn't on the plane, detainee stated yes. 2A0780 asked did you call your parents after you didn't get on the plane, detainee stated no. 2A0780 asked detainee you knew getting on the plane was wrong, detainee stated yes, 2A0780 then asked but you still wanted to fight, detainee stated yes. Detainee was having difficulty staying awake at this time. Detainee was becoming non responsive.
2359: Medics evaluated detainee and gave detainee IV.

02 January 2003

0100: 2nd Shift interrogation team entered booth. IS1 E, SGT R and a DOD linguist. Detainee was receiving his 3 bags of IV. Interrogators offered detainee coffee and detainee refused. Interrogators told detainee that since he was being disrespectful, he would not be treated nicely this session. Detainee was shown the Bin Laden shrine and told that he could only pray to Bin Laden. Detainee was subject to loud music and yelling.
0315: Detainee offered and accepted 1 bottle of water.
0330: Detainee taken to head and given 30 minutes exercise. Detainee began yelling in rage but interrogators yelled louder to shut him up.
0530: Detainee given head break and 10 minutes exercise. Detainee was told that he could not use the words "car" or "falcon" and was then asked questions about his cover story.

18-73

SEP 26

0700: Head break and 10 minutes exercise. Detainee taken to sleep cell.
0730: MRE and bottle of water given to detainee in sleep cell.

PSYOP TO REMOVE CONFEDERATE COMMENCES

0815: Amublance arrives and confederate detainee is told that the information he gave last night checked out, so the interrogators will keep their promise to send him to a better place to be with his cousins. A linguist was used to interpret to the detainee could overhead and understand the exchange. The confederate was shackled at the ankles and allowed to carry the fruit and Koran with him. As the confederate entered the ambulance, he shouted to the detainee "God guide and direct you" in Arabic. The detainee shouted a reply that was not loud enough to hear, but the tone of voice indicated that it was a similar response.
1100: Detainee taken to bathroom and walked 10 minutes.
1130: Detainee instructed to clean the interrogation booth. Interrogator asked detainee how he felt. Detainee stated he was tired and had a bad night so he didn't sleep well. Detainee offered water – declined.
1200: Interrogator discussed the razor bridge over hell, recovering the topic from the previous day. Interrogator covered major sins and virtues of Islam.
1300: Detainee taken to bathroom and walked 10 minutes. Interrogator took the big brother approach and explained how he was trying to help the detainee. Detainee offered water and drank. Interrogator asked detainee about his joint account with his oldest brother. Interrogator exploited details about the detainee's construction company.
1500: Detainee subject to music. Interrogator reminded detainee that failure to provide details when answering would make him look like a liar.
1600: Detainee taken to bathroom and walked 10 minutes. Detainee drank a half bottle of water. Detainee was subject to music.
1800: Interrogator started big brother approach and reminded that he had done better the previous day and did not need to slip backwards. Interrogator asked what the detainee missed and the detainee stated that he missed his freedom.
1935: Detainee was taken to bathroom and walked 10 minutes.
2000: Lt G enter the booth for one hour and talked to detainee about the way to heaven in Christianity and Islam, and how they differed slightly, but ended up the same at the end. LT told detainee that the detainee had to help LT to help him (detainee). Detainee said he would tell the truth and let LT know if he had any information. LT asked the detainee about Al Qaida, detainee responded with general comments and stated that he was not a member of Al Qaida, and he knew only things that everyone else would know.
2110: Detainee taken to bathroom and walked 10 minutes. Detainee was reintroduced to the rules from the previous day and was tested to see if he maintained compliance. Detainee was questioned about his trip from Mazar E Sharif to Kandahar with the use of a map. Detainee had previously denied ever being in Kabul but it was pointed out that he must have gone through Kabul to get to Kandahar. Detainee said that he had been through Kabul and apologized to interrogator. Interrogator awarded the detainee a respect point.

18-74

SEP 26 2008

2230: Head break and 10 minute exercise.
2300: Medical check. Subj. appeared dehydrated, detainee drank 33 oz bottle of water. Interrogator began calming detainee by talking to him civilly, and started pointing out the resistance techniques the detainee was using as described in the Manchester Document.

03 January 2003

0030: Head break.
0100: Nap
0200: Awakened, given a head break and walked 10 minutes. Interrogator told detainee that it was not in his interest to deny involvement in AQ because there was already enough evidence against him to convict him. Interrogator gave several scenarios why the detainee would deny AQ involvement, and the detainee brought up the possibility that he was innocent, which drew a berating from the interrogator. Interrogator asked if he was afraid his family would be endangered – No; was he not being honest because he was still loyal to Bin Laden – No; was he not being honest because he thought it would be a sin – the detainee did not reply but furrowed his brow. Interrogator asked the question again and the detainee would only stare at the interrogator.
0300: Head break and 10 minutes walk.
0315: Offered water and MRE, refused.
0400: Head break and 10 minutes walk.
0530: Head break and 10 minutes walk. Interrogators began discussion on death and judgement. Detainee was asked if he was afraid of death – "No, death can be a great comfort"; asked if he feared the final judgement – "Yes". Interrogators asked if he would have gone to Orlando if he had known the mission. Detainee replied "No".
0630: Medical check – O.K.
0700: Taken to cell at x-ray and offered MRE and water – refused. Interrogators poured the bottle of water of over his head and took his food away.

1100: Detainee was escorted from cell. Detainee was exercised and given the chance to go to the restroom. Detainee was placed in interrogation booth and instructed to clean room. Detainee cleaned room and then ate 1 mre and drank 1 bottle of water.
1200: Detainees vitals were taken by corpsman. Corpsman related that detainee needed to drink water. Detainee was then given 2 bottles of water which he needed to complete prior to the shift ending. 2a0780 and 2a0761 entered booth and began to exploit detainees travel to Kandahar, Afghanistan. Refer to MFR for details.

Detainee stated that while in Kandahar he only called the following:
1. His older brother I
2. M
3. A
4. His parent's home in Riyadh

10-75

SEP 26 [illegible]

5. Z (he did not disclose this information at this time but would later be forced to disclose it when he contradicted himself.)

While in Kandahar A introduced detainee to the following three people: (per detainee these are the only people he made contact with while in Kandahar)

1. S
2. Unknown name- works at Al Nuzha supermarket in the main market center. Detainee met with this person on 5 occasions while in Kandahar.
3. Unknown name- this person lives on a street near the airport. Detainee met with this person on at least 2 occasions.

Detainee also related that he visited a place near Kandahar where people from the gulf states would meet to hunt for falcons (contradiction as to wanting to meet other arabs). Detainee stated that he attended 3 meetings, but when he was asked who was present at these meeting detainee stated that he would show up and no one was there. When asked how he knew about this meeting location of gulf state personnel he stated that Z from UAE had told him about this meeting place and he should go there when in Kandahar.

1315: Detainee was exercised and taken to the bathroom.
Detainee returned to the booth and was questioned further on the meeting place he had mentioned.

1515: Detainee was exercised and taken to the bathroom. Detainee drank _ bottle of water.

1530: Detainee returned to booth and exposed to white noise. Interrogator covered how greedy and selfish the detainee was and talked about how the detainee had stated the he was more important that God or his family.

1815: Detainee taken to bathroom and walked 10 minutes. Interrogator discussed the theme of justice with detainee. Lights in the interrogation booth were turned off and candles were lit to provide subdued lighting, and relaxation/meditation music was played. Detainee became uncomfortable and asked for music to be turned off.

1900: Detainee taken to bathroom and walked 30 minutes.

1945: Detainee shown graphic victim photos. Detainee cried while viewing photos. Photos were spotlighted with a flashlight in subdued lighting while relaxation/meditation music was played.

2015: Interrogator returned and explained purpose of photos.

2120: Detainee given head break and 10 minute walk.

2135: Interrogation team entered booth, IS1 E , SGT R and a DOD linguist. Interrogators berated detainee for refusing food on previous day. Control covered the "rules for the day" approach. Control questioned detainee about why he had a German visa. Detainee stated he had never been to Germany. Interrogator told detainee that was not the question, and detainee stated that he didn't get a German visa, he got a European visa. Detainee stated that he wanted a US visa but got a European visa by mistake. Detainee became evasive about details of the transaction.

18-76

SEP 26 2008

2330: Head break and 10 minute walk. Lead told detainee to pick a topic for discussion. Detainee first wanted to talk about what he would do if he got out, then retracted and said he wanted to talk about Christianity. Interrogators berated detainee for making the retraction. Detainee then told interrogators he would like to get a job and have a wife. Interrogators helped detainee plan his life by drawing a pathway on the board with a split, and told him that he was at the split now, and must be truthful or he would never be able to go down the path he wanted.

04 January 2003

0130: Head break and 10 minute walk. Interrogators changed topic to Arabic history. Detainee exhibited ignorance of many significant Arabic events.

0200: drank 1 cup of coffee. Topic was changed to religious history. Detainee stated that half the detainees including himself did not become religious until they reached Cuba. Interrogators noted to detainee that religion did not seem to be what encouraged people to join AQ.

0300: Head break and 10 minute walk. Interrogators related that power and money might be motivators for people to join AQ. Interrogators asked detainee what his motivation was for joining AQ. Detainee did not answer and interrogator asked if it was too private a matter to discuss. Detainee answered "yes".

0330: 1 MRE and 1 Bottle of water.

0400: Head break and nap.

0500: Detainee awakened, given head break and 10 minute walk. Interrogator covered some Arabian history and pointed out similarities between the US constitution and the Koran. Interrogator began circumstantial evidence theme with levels of guilt. Detainee was asked how he felt about the evidence against him and he responded that he thinks about it a lot and tries to diffuse some things against him and disprove others. A timeline was created for the detainee showing his events leading up to Orlando. Detainee was visibly affected by this approach and appeared to be near the point of crying.

0520: Medical check, OK.

0700: Head break, taken to x-ray to sleep and given 1 bottle of water.

1100: Detainee awakened, exercised, taken to bathroom and taken to booth. White noise in background

1130: 2a0761 and 2a0780 entered the booth and instructed detainee to clean room. Detainee cleaned room and drank water. 2a0780 then asked detainee about people that he had previously mentioned. M, A, A. 2a0780 had detainee describe these persons. Detainee stated that they were not religious. Detainee stated that he was not religious at the time and only became religious once he was detained.

1230: Detainee was exercised and taken to the bathroom. Detainee drank 8 ounces of water.

1245: Detainee was returned to booth. 2a0761 entered booth and began to question detainee about his travel from Kandahar, AF to Khost, AF. Detainee provided the following information and people he came in contact with: (refer to mfr for details)

1. A- Detainee described him …

18-77

1430: Detainee was exercised and taken to the bathroom. He was returned to the booth and exposed to white noise.
1530: Detainee was exercised and taken to the bathroom. Detainee was returned to booth where he drank 8 ounces of water.
1545: 2a0761 and 2a0780 entered the booth and covered detainee's timeline from Orlando, Florida, USA to Khost, Pakistan. Detainee was told that the information he has provided is inaccurate since it does not coincide with the war in Afghanistan.
He fails to mention any combat in the area at the time he was there or seeing military forces.
1630: Detainee was exercised and taken to the bathroom. Detainee returned to booth and subjected to white noise.
1730: Corpsman checked detainees vitals which were within normal range.
1830: Detainee exercised and taken to the bathroom.
1845: 2a0761 entered the booth and continued to questions detainee about his stay in Kandahar. He provided the following details: (refer to MFR).

Detainee was berated for not mentioning details about his passport/visa and money when his trip from Kandahar to Khost was covered. Detainee also stated that if his health had improved he intended on returning to Mazar-e-Sharif to meet with M with the falcons he had acquired. Detainee was berated and told that his story is inconsistent and a lie. 2a0761 then walked out of the room with disgust.
2010: Lt G entered the booth and reinforced that the detainee needed to tell the whole truth and to answer all questions quickly and with detail. LT told detainee that interrogators would ask the same questions several times in order to be complete and thorough. LT also told detainee that he should apologize the next time he saw 2A0761.
2045: Detainee was exercised and taken to the bathroom.
2130: Drank 1 cup of coffee. Interrogators talked to detainee about guilt, leniency, and cultural inhibitions to telling the truth.
2300: Head break, 20 minute exercise. Interrogators began theme that the detainee had no hope of being found innocent, and must begin telling the whole truth to minimize the punishment he would receive. Interrogators feigned anger at detainee and taught detainee the steps to apologize which included admitting what he did, asking forgiveness, and making reparations.

05 January 2003

0100: Head break and 10 minute exercise.
0200: Source ate a cracker and drank a bottle of water he refused the rest of the MRE complaining of an upset stomach. Interrogators asked detainee if he thought he would be found innocent if he went to trial and the detainee stated "yes". Interrogators explained to detainee that his only hope should be to cooperate so he could get leniency.
0300: Head break and 20 minute exercise. Interrogator continued with leniency theme. Interrogator then left booth so linguist could speak to detainee alone. Linguist

18-78

recommended the detainee should tell the truth and detainee replied that he couldn't. Detainee asked linguist "what will they do to me?". Linguist replied that 3000 people had been killed and we would not stop until we got the truth.

0500: Head break and 10 minute exercise. Interrogator started futility approach telling the detainee that his hope of being believed was false.

0700: Head break and taken to bed.

1100: Detainee taken to bathroom, walked and offered food – refused.

1130: Interrogator instructed detainee to clean the interrogation booth. Detainee drank water.

1200: 2A780 told detainee he is guilty, and the question is how guilty is he and how much leniency can he get.

1230: Interrogator exploits detainee's travel prior to going to Orlando.

1330: Detainee taken to bathroom and exercised.

1350: Detainee offered food – ate one MRE. White noise played in background.

1440: Corpsman checked vitals – O.K.

1450: Interrogator exploits detainee's work history.

1600: Detainee taken to bathroom and walked. Interrogator reminded detainee that it was important to give every detail when giving information because the questions would have to start all over again if he left anything out. Interrogator used love of family approach and asked detainee how his parents would feel if one of his brothers became a suicide bomber and died. Interrogator further said that if the detainee gave the name of the AQ recruiter in Saudi, we could stop this person before he had a chance to talk to the detainee's brother. Detainee appeared to think deeply about this topic.

1730: Corpsman checked detainee's vitals – O.K.

1800: Detainee listened to music for remainder of session.

2130: Head break and 10 minute exercise.

2140: Medical check. OK.

2145: Interrogation team entered the booth, IS1 E and a DOD linguist.

2200: Source drank 1 bottle of water. Interrogator told detainee that by lying, he was making his situation worse. IS-1 told detainee that if the cover story was used in a trial, the prosecutor would tear it apart.

2330: Head Break and 10 minute exercise. Topic changed to global issues to discredit UBL and identify the US point of view.

06 January 2003

0100: Head Break and 10 minute exercise.

0230: Head break and 10 minute exercise. SGT began a discussion of the Palestinian/Israeli conflict.

0400: Head break and 15 minute exercise. SGT began futility approach using circumstantial evidence.

0530: Head break and 30 minute exercise. Detainee drank _ bottle of water. Corpsman checked vitals – O.K. Circumstantial evidence and futility continued. Detainee's body language seems to indicate he is becoming more worried about this subject.

0700: Detainee taken to sleep cell.

18-79

SEP 26

1100: Detainee awakened, given shower and fresh clothes, taken to bathroom and exercised.
1130: Detainee taken to interrogation booth and drank water.
1200: Corpsman checked vitals – O.K.
1215: Interrogators instruct detainee to drink water and be respectful. Interrogators began questioning detainee about work history prior to the Orlando trip.
1325: Detainee taken to bathroom and exercised. Detainee drank water. Questioning continued.
1530: Detainee taken to bathroom and exercised.
1600: Corpsman checked vitals – O.K. Questioning continued
1730: Detainee taken to bathroom and exercised.
1830: Detainee ate one MRE and drank a bottle of water.
1930: Detainee taken to bathroom and exercised; drank water. Detainee subject to white noise the remainder of the shift.
2030: Detainee taken to bathroom and exercised.
2130: Head break and 10 minute exercise.
2140: Interrogation team entered booth, IS1 E , SGT R and a DOD linguist.
2200: Source drank 1 cup coffee.
2215: Medical check ok. Interrogators talked to detainee about the Saudi royal family and how they had not taken care of the Saudi people. Interrogators then gave detainee an American Government class where they explained the three branches of government and how it all worked. Interrogators explained how both AQ and the Saudi government blamed the US for all their problems, while the truth was that these organizations were the cause of the problems. Interrogators explained how both the US and Saudi had been under control of the British prior to independence. Interrogators explained how the US is obligated to protect its people in interests abroad.
2300: Head break and 10 minute exercise.
2330: Source drank 1 cup coffee. Interrogators explained to detainee that he was so ignorant of the world that he could not distinguish between truth and lies when someone told him something. Interrogators told detainee that he needed to improved his education about world history and sociology so that he would know when someone lied to him. Interrogators pointed out that AQ had used people like him and tricked them by lying to them.

7 January 2003

0001: Medic gave source Tylenol and 1 cup water. Interrogators asked detainee what his reason for not telling the whole truth was. Interrogators asked if he thought it would be a sin if he did, he replied "no"; asked if he still had allegiance to AQ, he replied "no", asked if he thought it was the best course of action for him, he replied "yes".
0200: Nap
0340: Awakened, head break and 10 minute exercise.
0400: Offered food and water, refused. Interrogators resumed discussion about his holding out on telling the truth. Interrogators reiterated that the case against the

18-80

SEP 2 6

detainee was strong and he had no hope of being found innocent. Detainee was asked what was wanted of him, he replied "If I help you, you will help me". Detainee appeared to begin to understand his situation and become distressed.
0500: Head break and 10 minute exercise. Interrogators continued futility approach.
0700: Head break and taken to x-ray for rest period.
1045: Detainee awoke on his own and urinated through the wire of his cell. When asked why he did this and did not request to go to the bathroom, detainee replied that he woke up and could not hold it and had to go immediately.
1100: Detainee woken up and exercised/ taken to the bathroom and moved to booth.
1130: 2a0780 entered booth and used an emotional futility p/e down approach on source.
1300: detainee exercised and taken to the bathroom. Drank water
1315: 2a0761 and 2a0780 entered the booth and continued to exploit detainees work history.
1445: detainee exercised and taken to the bathroom
1530: 2a0761 and 2a0780 continued to exploit detainees work history.
1700: detainee exercised and taken to the bathroom. Drank water.
1730: 2a0761 and 2a0780 continued to exploit sources work history and began to exploit sources car selling business associates.
1900: detainee exercised and taken to the bathroom. Drank water
1915: 2a0780 entered booth and went over maps of sources home, Al Kharj, SA.
2000: Detainee ate 1 MRE and drank water.
2100: Detainee exercised and taken to the bathroom.

Log reviewed to this point by JTF/SJA DMC 7 Jan 02

2115: Interrogation team entered booth, IS1 E , SGT M and a DOD Linguist. Futility approach was run as it was determined that the detainee was holding on to a hope that he would be found innocent. Interrogators explained that this was a false hope.
2230: Head break and 10 minute exercise.
2245: Medical check by corpsman, OK. Interrogator began questioning detainee about his time in AF.

08 January 2003

0030: Head break and 10 minute exercise. Detainee drank one bottle of water.
0230: Head break and 10 minute exercise.
0300: Source ate 1 MRE and drank 1 bottle of water. Interrogator resumed the futility approach and centered around why the detainee still refuses to tell the truth.
0400: Head break and 10 minute exercise. Interrogator began talking about other topics such as the true definition of martyr, and Islamic beliefs. Detainee asked interrogator to tell him about hunting, and interrogator turned the topic back to futility.
0630: Head break and taken for sleep period.
1100: Detainee moved from cell to booth. He is exercised and taken to the bathroom.

18-81

SEP 26

1130: 2a0780 enters booth and begins questioning on family history.
1300: Detainee was exercised and taken to the bathroom. Source drank water.
1330: 2a0761 and 2a0780 entered booth and began to exploit sources car business contacts.
1500: Detaineee was exercised and taken to the bathroom
1630: Detainee was exercised and taken to the bathroom. Drank water.
1700: Detainee ate hot food instead of MRE.
1730: 2a0780 exploited detainees family tree and car business associates who traveled to the US
1830: Detainee was exercised and taken to the bathroom. Vitals checked by corpsman and within normal limits.
1900: Detainee given nap.
2200: Detainee woken from nap, exercised, and taken to latrine.
2215: Interrogation began with questioning on the Arabs that where detained with the source.
2330: Detainee taken to latrine and exercised.

09 January 2003

2400: Detainee ate one mre and drank a bottle of water.
2425: Detainee taken to latrine and exercised.
0030: Detainee stated that he was not stupid and answered that he was educated when questioned if he was a doctor, lawyer, or engineer, he said yes to being an engineer.
0230: Detainee taken to the latrine and exercised.
0300: Detainee was seen by the medic everything ok.
0315: Sgt questioned the source on his income and why he did not provide his family any financial help.
0330: Detainee was taken to the latrine and exercised.
0345: SGT ran futility approach life is hopeless. SGT asked the source to visualize his future source said he could then said your right at this point there is no hope, SGT commented that the only thing to do at this time is just confess and help him self, that he is only 30 years old and who knows maybe one day he might even be freed, SGT explained confessed al qaeda members know this and that is why there talking and not to screw him self out of an opportunity to may help his life because there is going to come a time when nothing is going to matter. SGT told the detainee it was time to go to sleep and to think about it, source was very thankful and said that he would consider it since his life right now has no value.
0530: Interrogation ended and detainee was put to bed.
1100: Detainee awakened, taken to bathroom, exercised, and taken to interrogation booth.
1130: A0780 entered the booth and started small talk with detainee. Detainee stated he wanted to fast during the day, and this wish was respected.
1200: A0761 entered the booth and began exploiting shipping companies used by dealerships in SA. Exploitation continued for entire shift.
1300: Detainee taken to bathroom and exercised.

18-82

SEP 2 6

1500: Detainee taken to bathroom and exercised.
1700: Detainee taken to bathroom and exercised.
1900: Detainee taken to bathroom and exercised. Detainee drank 16 oz water
2130: Head break and 10 min exercise.
2145: Medical check. Interrogators reviewed topics of the previous few days. Futility was reinforced and interrogators stated there must be only two reasons for the detainee's continued resistance; either the detainee did not believe the interrogator, or the detainee was protecting terrorists still at large. Interrogator likened the detainee's story to swiss cheese, with holes surrounding information concerning terrorists.
2330: Head break and 10 min exercise. Interrogators allowed detainee to choose topic for discussion. Detainee asked if the interrogator liked to cook and clean because he (detainee) was a single man and liked to cook.

10 January 2003

0100: 1 cup coffee.
0130: Head break and 10 min exercise. Futility approach was run and detainee said that he knew nothing about terrorists, but would be willing to go back to the Gulf states and infiltrate terrorist organizations for us to help us out. Futility continued to be run for the remainder of the night.
0200: 10 oz water and 1 cup of coffee.
0300: Head break and 10 min exercise.
0430: Head break and 10 min exercise.
0630: Head break and 10 min exercise.
0645: Medical check – O.K.
0650: Refused MRE and water.
0700: Transferred to x-ray for sleep period.
1100: Woken up/ exercised/ taken to the bathroom and transferred to the booth. Detainee offered food – refused. Interrogators questioned detainee about his work history with emphasis on automotive contacts and meeting places for the entire shift.
1300: Exercised and taken to the bathroom.
1330: Medical check, medic stated source needed to drink water. Source was told to drink water, source complied.
1500: Exercised and taken to bathroom. Source drank water.
1630: Source was asked if he needed a bathroom break, no.
1745: Source exercised and taken to bathroom. Source drank water.
1900: Source was given MRE with extra food inside.
1945: Source exercised and taken to bathroom.
2000: Source was allowed to sit in booth and rest.

Reviewed to this point by SJA, JTF GTMO, 10 January 2003, 1840 hours.

2100: Head break and 10 minute exercise.

18-83

SEP 26 2007

2130: Interrogation team entered the booth, IS1 E and a DOD linguist. Interrogator covered previous night's topic of hopelessness unless the detainee cooperates fully so he can receive leniency. Detainee stated that the session this night was quieter and he liked that, and that he didn't like to talk about his case because the conversation would become harsh. Interrogator told detainee that conversations became harsh because the detainee lies. Detainee tried to deflect conversation when it turned to Al Qaida.

2245: Head break and 10 minute exercise. Interrogator allowed detainee to choose a topic to talk about. Detainee wanted to talk about dinosaurs. Interrogator gave history of dinosaurs and talked about the meteor that wiped them out, and equated this event with nuclear war. Detainee expresses great ignorance about dinosaurs and space, topics that are taught in U.S. grade schools. Detainee asked interrogator if the sun revolved around the earth.

11 January 2003

0145: Head break and 10 minute exercise.

0200: Source ate 1 MRE and drank 1 bottle of water.

0230: Source received haircut. Detainee did not resist until the beard was cut. Detainee stated he would talk about anything if his beard was left alone. Interrogator asked detainee if he would be honest about himself. Detainee replied "if God wills". Beard was shaven. Detainee stated he was on strike from interrogation on all teams. A little water was poured over the detainee's head to reinforce control and wash the hair off. Interrogator continued futility approach. Detainee began to cry when talking.

0400: Head break and 10 minute walk.

0430: Nap

0545: Head break and 10 minute walk. Interrogator told detainee to choose a topic of discussion. Detainee asked to know about the rituals of Christianity. Interrogator told detainee to talk about the rituals of Islam first.

0650: Medical check, OK.

0700: Taken to x-ray for sleep period.

18-84

SEP 26

ATTACHMENT B

ARMY REGULATION 15-6: FINAL REPORT.

Investigation into FBI Allegations of Detainee Abuse

at Guantanamo Bay, Cuba Detention Facility.

18-85

SEP 26 2005

Tab 1

Army Regulation 15-6: Final Report

Investigation into FBI Allegations of Detainee Abuse at Guantanamo Bay, Cuba Detention Facility

EXECUTIVE SUMMARY

Detention and interrogation operations at Joint Task Force Guantanamo (JTF-GTMO) cover a three-year period and over 24,000 interrogations. This AR 15-6 investigation found only three interrogation acts in violation of interrogation techniques authorized by Army Field Manual 34-52 and DoD guidance. The AR 15-6 also found that the Commander of JTF-GTMO failed to monitor the interrogation of one high value detainee in late 2002. The AR 15-6 found that the interrogation of this same high value detainee resulted in degrading and abusive treatment but did not rise to the level of being inhumane treatment. Finally, the AR 15-6 found that the communication of a threat to another high value detainee was in violation of SECDEF guidance and the UCMJ. The AR 15-6 found no evidence of torture or inhumane treatment at JTF-GTMO.

INTRODUCTION

In June 2004, the Federal Bureau of Investigation (FBI) began an internal investigation to determine if any of its personnel had observed mistreatment or aggressive behavior towards detainees at Guantanamo Bay, Cuba (GTMO). On 9 Jul 04, the FBI – Inspection Division (INSD), sent an e-mail message to all FBI personnel who had served in any capacity at GTMO. The e-mail stated in relevant part:

"You have been identified as having conducted an assignment at GTMO, Cuba since 9/11/2001. The Inspection Division has been tasked with contacting those employees who have served in any capacity at GTMO and obtain information regarding the treatment of detainees. Employees should immediately respond to the following:

1) Employees who observed aggressive treatment, which was not consistent with Bureau interview policy guidelines, should respond via e-mail for purposes of a follow-up interview.

2) Employees who worked at GTMO and observed no aggressive treatment of detainees should respond via an EC documenting a negative response..."

The above e-mail message was sent by INSD to 493 FBI personnel who had served in GTMO between 9 Sep 01 and 9 Jul 04. INSD received 434 total

18-86

SEP 26 2008

responses, and 26 agents stated that they had observed aggressive treatment of detainees at GTMO.

In response to FBI agent allegations of aggressive interrogation techniques at Joint Task Force Guantanamo Bay (JTF-GTMO) Cuba, that were disclosed in Dec 04 as a result of FOIA releases, General (GEN) Bantz J. Craddock, Commander United States Southern Command (USSOUTHCOM), ordered an AR 15-6 investigation and appointed Brigadier General (BG) John T. Furlow, United States Army South Deputy Commander for Support, as the investigating officer. BG Furlow was directed to address the following allegations:

a. That military interrogators improperly used military working dogs during interrogation sessions to threaten detainees, or for some other purpose;

b. That military interrogators improperly used duct tape to cover a detainee's mouth and head;

c. That DoD interrogators improperly impersonated FBI agents and Department of State officers during the interrogation of detainees;

d. That, on several occasions, DoD interrogators improperly played loud music and yelled loudly at detainees;

e. That military personnel improperly interfered with FBI interrogators in the performance of their FBI duties;

f. That military interrogators improperly used sleep deprivation against detainees;

g. That military interrogators improperly chained detainees and placed them in a fetal position on the floor, and denied them food and water for long periods of time;

h. That military interrogators improperly used extremes of heat and cold during their interrogation of detainees.

Subsequent to the initial appointment, GEN Craddock directed BG Furlow to investigate two additional allegations concerning a female military interrogator performing a "lap dance" on a detainee and the use of faux "menstrual blood" during an interrogation. Finally, the appointment letter directed BG Furlow to not limit himself to the listed allegations.

On 28 Feb 05, after two months of investigation, BG Furlow advised GEN Craddock that he needed to interview officers senior in grade to himself. On 28 Feb 05 GEN Craddock appointed Lieutenant General (Lt Gen) Randall M. Schmidt, United States Southern Command Air Forces Commander, Davis- 18-87

SEP 26 2008

Monthan AFB, AZ, as the senior investigating officer. This report reflects the combined findings and conclusions of the initial investigative efforts and the combined investigative efforts of both BG Furlow and Lt Gen Schmidt.

After submission of the AR15-6 Report of Investigation on 1 Apr 05, CDR USSOUTHCOM directed on 5 May 2005 that the investigation be reopened to consider memos dated 11 Dec 04 and 24 Dec 04, that had recently been discovered, regarding the subject of the second Special Interrogation Plan. Prior to completion of the follow-up, CDR USSOUTHCOM directed on 2 Jun 05 that the investigation should also address new allegations made by the subject of the first Special Interrogation Plan.

SCOPE OF REVIEW

This investigation was directed and accomplished under the "informal procedures" provisions of Army Regulation 15-6, Procedures for Investigating Officers and Boards of Officers, dated 30 Sep 96, (AR 15-6). This AR 15-6 investigation centered on alleged abuses occurring during interrogation operations. This AR 15-6 found incidents of abuse during detention operations; all of which were appropriately addressed by the command. The investigation team conducted a comprehensive review of thousands of documents and statements pertaining to any allegations of abuse occurring at GTMO, to include the complete medical records of the subjects of the first and second Special Interrogation Plan. The team interviewed 30 FBI agents, conducted interviews of over 100 personnel from 6 Jan 05 to 24 Mar 05 and had access to hundreds of interviews conducted by several recent investigations. These interviews included personnel assigned to GTMO, USSOUTHCOM, and OSD during the tenure of JTFs 160, 170, and GTMO. It included nine DIA personnel, including every Joint Intelligence Group Chief and every Intelligence Control Element Chief. It included 76 DoD personnel, to include every General Officer who commanded Joint Task Force 160, Joint Task Force 170 and Joint Task Force GTMO. DoD personnel interviewed also included personnel who served as interrogators at GTMO and instructors at the US Army Intelligence School and Center. During the course of the investigation, the team visited Birmingham, AL; Chicago, IL; Ft Bragg, NC; Ft Devens, MA; Ft Huachuca, AZ; GTMO (twice); Los Angeles, CA; Miami, FL; and Washington D.C. (five times).

The investigation team attempted to determine if the allegations alleged by the FBI, in fact, occurred. During the course of the follow up investigation the AR15-6 also considered allegations raised specifically by detainees the subject of the first and second Special Interrogation Plans. The investigating team applied a preponderance standard of proof consistent with the guidance contained in AR15-6. The team also applied guidance contained in FM 34-52, CDR USSOUTHCOM, and SECDEF memorandums authorizing special interrogation techniques in deciding if a particular interrogation approach fell properly within an authorized technique. In those cases in which the team concluded that the

18-88

SEP 26 2008

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allegation had in fact occurred, the team then considered whether the incident was in compliance with interrogation techniques that were approved either at the time of the incident or subsequent to the incident. In those cases where it was determined the allegation occurred and to have not been an authorized technique, the team then reviewed whether disciplinary action had already been taken and the propriety of that action. On 28 Mar 05, GEN Craddock, as the investigation appointing authority, asked Lt Gen Schmidt to determine accountability for those substantiated violations that had no command action taken.

The team did not review the legal validity of the various interrogation techniques outlined in Army Field Manual 34-52, or those approved by the Secretary of Defense.

BACKGROUND

On 7 Mar 05 Vice Admiral A.T. Church, III submitted his final report of detention operations and detainee interrogation techniques in the Global War on Terror to the Secretary of Defense. (hereinafter "Church Report") That report included a thorough background discussion of detainee operations at GTMO. Our investigation independently researched the genesis and adjustments to policy and interrogation techniques from the origination of GTMO to the present. Our independently derived findings regarding the development and adjustments to policy and interrogation techniques are identical to the Church report. Therefore, I have adopted relevant portions of the Church report to show the development of permissible interrogation techniques.

Interrogation operations at GTMO began in January 2002. Initially interrogators relied upon the interrogation techniques contained in FM 34-52. These techniques were ineffective against detainees who had received interrogation resistance training. On 11 Oct 2002, Major General Michael E. Dunlavey, the Commander of Joint Task Force (JTF) 170, the intelligence task force at GTMO, requested that the CDR USSOUTHCOM, GEN James T. Hill, approve 19 counter resistance techniques that were not specifically listed in FM 34-52. The techniques were broken down into Categories I, II, and III, with the third category containing the most aggressive techniques. On 25 Oct 02 CDR USSOUTHCOM forwarded the request to the Chairman of the Joint Chiefs of Staff, General Richard B. Myers. On 2 Dec 02, the Secretary of Defense approved the use of all Category I and II techniques, but only one of the Category III techniques (which authorized mild, non-injurious physical contact such as grabbing, poking in the chest with a finger, and light pushing). In the approval memorandum, the SECDEF approved the techniques for use by CDR USSOUTHCOM, who subsequently verbally delegated the authority to approve and apply these techniques to CDR JTF-GTMO.

18-89

SEP 26

On 15 Jan 03, SECDEF rescinded his approval of all Category II techniques and the one Category III technique leaving only Category I techniques in effect. The SECDEF memo permitted use of Category II and III techniques only with SECDEF approval. No approval was requested or granted.

On 16 Apr 03, the Secretary of Defense issued a new policy accepting 24 techniques, most of which were taken directly from or closely resembled those in FM 34-52. The Secretary's guidance remains in effect today. This policy memorandum placed several requirements on CDR USSOUTHCOM. First, it required all detainees to continue to be treated humanely. Second, it required SECDEF notification prior to the implementation of any of the following aggressive Interrogation techniques: Incentive/Removal of Incentive; Pride and Ego Down; Mutt and Jeff; and Isolation. Third, it specifically limited the use of these aggressive techniques to circumstances required by "military necessity." The memorandum did not attempt to define the parameters of "humane treatment" or "military necessity."

The CDR USSOUTHCOM issued a memorandum on 2 Jun 03 providing further guidance on the implementation of the 16 Apr 03 SECDEF approved techniques. This guidance provided that prior to the use of any of the specified aggressive techniques, the JTF Commander would submit the request in writing to CDR USSOUTHCOM for submission to SECDEF. The guidance also stated that "specific implementation guidance with respect to techniques A-Q is provided in Army Field Manual 34-52. Further implementation guidance with respect to techniques R-X will need to be developed by the appropriate authority." GTMO standard operating procedure on interrogations provides guidance for interrogations.

In addition, the CDR USSOUTHCOM guidance provided the following clarification to the SECDEF's 16 Apr 03 memorandum: **(quoting)**

(a) Reference Technique B, the Working Group was most concerned about removal of the Koran from a detainee—something we no longer do. Because providing incentives (e.g., McDonald's Fish Sandwiches or cigarettes) is an integral part of interrogations, you will notify me in writing when the provided incentive would exceed that contemplated by interrogation doctrine contained in Army FM 34-52, or when the interrogators intend to remove an incentive from a detainee;

(b) Reference Techniques I and O, you will notify me in writing when use of these standard interrogation techniques goes beyond the doctrinal application described in Army FM 34-52. When use of the technique is consistent with FM 34-52, you do not need to notify me;

(c) I define "sleep deprivation", referenced in Technique V, as keeping a detainee awake for more that 16 hrs, or allowing a detainee to rest

18-90

SEP 2 6 2008

briefly and then repeatedly awakening him, not to exceed four days in succession;

(d) Reference Technique X, I do not consider the use of maximum-security units as isolation. A detainee placed in a maximum-security unit is segregated, but not truly isolated;

(e) I define the "least intrusive method" as the technique that has the least impact on a detainee's standard of treatment, while evoking the desired response from the detainee during interrogations;

(f) Except in the case of Techniques B, I, O, and X, I have determined that the first O-6/GG-15 in the chain of command or supervision, is the "appropriate specified senior approval authority," unless approval authority is withheld from that individual by higher authority.

Lastly, I have told the Secretary of Defense his 16 April guidance applies to all interagency elements assigned or attached to JTF GTMO. **(end quote)**

There have been over 24,000 interrogation sessions at GTMO since the beginning of interrogation operations.

FINDINGS

GENERAL DETAINEE POPULATION

Allegation: That DoD interrogators improperly impersonated FBI agents or Department of State officers during the interrogation of detainees.

Finding #1: On several occasions in 2003 various DoD interrogators impersonated agents of the FBI and the Department of State.

Technique: Authorized: FM 34-52 (p. 3-13); Category I technique approved by SECDEF – Deceiving interrogator identity

Discussion: The Chief of the Special Interrogation Team directed two interrogators to pose as US State Department representatives during an interrogation. In addition another interrogator posed as an FBI agent on one occasion. This impersonation came to the attention of the Senior Supervisory Agent (SSA) of the FBI at Guantanamo Bay when several other agents advised him that detainees were complaining during interviews that the FBI had already asked them the same questions. The SSA approached the Joint Interrogation Group (JIG) Chief, with his agents' concerns. According to the SSA, the JIG Chief did not contest the FBI agents' accusations. In fact, the JIG Chief knew of at least one military interrogator who had impersonated an FBI agent. After the

18-91

SEP 2 6 2008

meeting, the JIG Chief agreed to stop the practice of DoD interrogators impersonating FBI agents without prior FBI approval. The SSA made it clear to the investigation team that he did not believe the impersonation interfered with FBI operations and was pleased with the JIG Chief's rapid and thorough response to the situation.

Organizational response: Immediately stopped the practice.

Recommendation #1: The allegation should be closed. The technique, while authorized, was undermining the inter-agency working relationship. No additional corrective action is necessary or appropriate.

Allegation: That a female military interrogator performed a "lap dance" on a detainee during an interrogation. I have expanded this allegation to "That female military interrogators performed acts designed to take advantage of their gender in relation to Muslim males."

Finding #2a: On one occasion between October 2002 and January 2003, a female interrogator put perfume on a detainee by touching the detainee on his arm with her hand;

Technique: Authorized: FM 34-52 (p. 3-11); Category III technique approved by SECDEF – Mild, non-injurious physical touching

Discussion: a. On at least one occasion in late 2002, a female interrogator rubbed perfume on a detainee. The Interrogation Control Element (ICE) Chief stated that he specifically directed the interrogator to go to the PX and purchase rose oil with the intent of rubbing a portion of the perfume on the detainee's arm to distract the detainee. The interrogator admitted to using this approach with a detainee. At the time of the event the detainee responded by attempting to bite the interrogator and lost his balance, fell out of his chair, and chipped his tooth. He received immediate and appropriate medical attention and did not suffer permanent injury.

Organizational response: a. The interrogator was not disciplined for rubbing perfume on a detainee since this was an authorized technique.

Finding #2b: During the month of March 2003, a female interrogator approached a detainee from behind, rubbed against his back, leaned over the detainee touching him on his knee and shoulder and whispered in his ear that his situation was futile, and ran her fingers through his hair.

Technique: Authorized: FM 34-52 technique – Futility – Act used to highlight futility of the detainee's situation.

18-92

SEP 26 2008

Discussion: b. On 17 Apr 03, An interrogation supervisor supervised a female interrogator as she interrogated a detainee with her BDU top off[1], and subsequently the interrogator ran her fingers through the detainee's hair. The interrogator also approached the detainee from behind, touched him on his knee and shoulder, leaned over him, and placed her face near the side of his in an effort to create stress and break his concentration during interrogation.

Organizational response: b. The interrogation supervisor was given a written letter of admonishment for failure to document the techniques to be implemented by the interrogator prior to the interrogation. There is no evidence that either activity ever occurred again.

Recommendation #2: Command action was effective and sufficient with respect to the individual interrogators. AR 15-6 recommends that the approval authority for the use of gender coercion as futility technique be withheld to the JTF GTMO-CG.

Allegation: That a female military interrogator wiped "menstrual blood" on a detainee during an interrogation.

Finding #3: In March 2003, a female interrogator told a detainee that red ink on her hand was menstrual blood and then wiped her hand on the detainee's arm.

Technique: Authorized: FM 34-52 technique – Futility – act used to highlight futility of the detainee's situation

Discussion: The female interrogator is no longer in military service and has declined to be interviewed. According to a former ICE Deputy the incident occurred when a detainee spat in the interrogator's face. According to the former ICE Deputy, the interrogator left the interrogation room and was crying outside the booth. She developed a plan to psychologically get back at him. She touched the detainee on his shoulder, showed him the red ink on her hand and said; by the way, I am menstruating. The detainee threw himself on the floor and started banging his head. This technique was not in an approved interrogation plan.

Organizational response: The ICE Deputy verbally reprimanded the interrogator for this incident. No formal disciplinary action was taken. There is no evidence that this happened again.

Recommendation #3: Command action was inadequate with respect to the individual interrogator. The interrogator should have been formally admonished or reprimanded for using a technique that was not approved in advance. Advance approval ensures that retaliatory techniques are not

[1] It was common practice at GTMO to conduct interrogations in a t-shirt with the BDU top removed because of the heat and humidity.

18-93
SEP 26 2008

employed on impulse. Considering the lapse in time, recommend this allegation be closed.

Allegation: That DoD interrogators improperly played loud music and yelled loudly at detainees.

Finding #4: On numerous occasions between July 2002 and October 2004, detainees were yelled at or subjected to loud music during interrogation.

Technique: Authorized: FM 34-52 technique – Incentive and Futility – acts used as reward for cooperating or to create futility if not cooperating.

Discussion: Almost every interviewee stated that yelling and the use of loud music were used for interrogations at GTMO. On a few occasions, detainees were left alone in the interrogation booth for an indefinite period of time while loud music played and strobe lights flashed. The vast majority of yelling and music was accomplished with interrogators in the room. The volume of the music was never loud enough to cause any physical injury. Interrogators stated that cultural music would be played as an incentive. Futility technique included the playing of Metallica, Britney Spears, and Rap music.

Organizational response: None.

Recommendation #4: The allegation should be closed. Recommend JTF-GTMO develop specific guidance on the length of time that a detainee may be subjected to futility music. Placement of a detainee in the interrogation booth and subjecting him to loud music and strobe lights should be limited and conducted within clearly prescribed limits.

Allegation: That military interrogators improperly used extremes of heat and cold during their interrogation of detainees.

Finding #5: On several occasions during 2002 and 2003, interrogators would adjust the air conditioner to make the detainee uncomfortable.

Technique: Unauthorized prior to 16 Apr 03: SECDEF did not approve exposure to cold in his 2 Dec 02 list of approved techniques

Technique: Authorized after 16 Apr 03: SECDEF approved technique. This technique was officially permitted under 16 Apr 03 SECDEF Memorandum – Environmental Manipulation

Discussion: Two FBI agents indicated that they were aware of DoD interrogators using temperature adjustment as an interrogation technique. Many interviewees, FBI agents and military interrogators, believed the hot climate at GTMO and the detainee's comfort in a hot climate caused a differing in opinions

18-94

SEP 26 2008

regarding the use of the air conditioning units in the interrogation booths. There were several individuals who were interviewed who acknowledged that certain military interrogators would adjust the air conditioning down (cool) in an attempt to make the detainee uncomfortable for the interrogation. Several witnesses indicated that the practice of adjusting the temperature ceased when CDR JTF-GTMO directed that the practice no longer be employed. The current GTMO SOP still permits interrogators to adjust the temperature. In addition, one interrogator supervisor stated that detainees were interrogated at Camp X-Ray, where the "booths" were not air-conditioned, to make the detainees uncomfortable.

Organizational response: No disciplinary action required.

Recommendation #5: The allegation should be closed.

Allegation: That military interrogators improperly used sleep deprivation against detainees.

Finding #6: During 2003 and 2004 some detainees were subjected to cell moves every few hours to disrupt sleep patterns and lower the ability to resist interrogation. Each case differed as to length and frequency of the cell moves.

Technique: Unauthorized prior to 2 Dec 02 and between 15 Jan 03 and 16 Apr 03: Neither sleep disruption or deprivation is an authorized FM 34-52 technique

Technique: Authorized between 2 Dec 02 and 15 Jan 03 and after 16 Apr 03: The exact parameters of this technique remained undefined until 2 Jun 03 when CDR USSOUTHCOM established clear guidance on the use of sleep adjustment. His guidance prohibited the practice of keeping a detainee awake for "more than 16 hours or allowing a detainee to rest briefly and then repeatedly awakening him, not to exceed four days in succession."

Discussion: Only one FBI agent alleged sleep deprivation; his complaint was that an individual was subjected to 16 hours of interrogation followed by four-hour breaks. He says he was told about these sessions by DoD interrogators and they implied that these 16 hour interrogations were repeated on a 20 hour cycle, but he did not know for certain what in fact occurred. The FBI agent was at GTMO from 2 Jun 03 to 17 Jul 03. Under CDR USSOUTHCOM's 2 Jun 03 guidance, 16 hour interrogations were permitted and do not constitute sleep deprivation if done on a 24 hour cycle. During the course of the investigation of the FBI allegation, the AR 15-6 did conduct a review of the interrogation records to see if there was any evidence that corroborated this allegation. While not directly supporting the FBI's allegation, records indicated that some interrogators recommended detainees for the "frequent flyer program." A current GTMO interrogation analyst indicated that this was a program in effect throughout 2003

18-85

SEP 26 2008

HC00018636

and until March 2004 to move detainees every few hours from one cell to another to disrupt their sleep. Documentation on one detainee indicated that he was subjected to this practice as recently as March 2004.

Organizational response: None. Current JTF-GTMO Commander terminated the frequent flyer cell movement program upon his arrival in March 04.

Recommendation #6: The allegation should be closed. Recommend USSOUTHCOM clarify policy on sleep deprivation.

Allegation: That military interrogators improperly used duct tape to cover a detainee's mouth and head.

Finding #7: Sometime in October 2002 duct tape was used to "quiet" a detainee.

Technique: Unauthorized

Discussion: In his testimony, the ICE Chief testified that he had a situation in which a detainee was screaming resistance messages and potentially provoking a riot. At the time of the incident there were 10 detainees in the interrogation section and the ICE Chief was concerned about losing control of the situation. He directed the MPs to quiet the detainee down. The MP mentioned that he had duct tape. The ICE Chief says he ultimately approved the use of duct tape to quiet the detainee. The MP then placed a single strand of duct tape around the detainee's mouth. The single strand proved ineffective because the detainee was soon yelling again. This time the MPs wrapped a single strand of duct tape around the mouth and head of the detainee. The detainee removed the duct tape again. Fed up and concerned that the detainee's yelling might cause a riot in the interrogation trailer, The ICE Chief ordered the MPs to wrap the duct tape twice around the head and mouth and three times under the chin and around the top of the detainee's head. According to an FBI agent, he and another FBI agent were approached by the ICE Chief who was laughing and told the agents that they needed to see something. When the first agent went to the interrogation room he saw that the detainee's head had been wrapped in duct tape over his beard and his hair. An interrogator testified that another interrogator admitted to him that he had duct taped the head of a detainee. According to the first agent, the ICE Chief said the interrogator wrapped the detainee's head with duct tape because the detainee refused to stop "chanting" passages from the Koran.

Organizational response: The JTF-170 JAG testified that she became aware of the incident and personally counseled the ICE Chief. The counseling session consisted of a verbal admonishment.[2] The ICE Chief did not receive any formal

[2] While the ICE Chief testified that he was counseled by the JTF-GTMO Commander this is not possible. The Commander in question did not arrive until the month following the event. The previous Commander has no recollection of the event.

18-96

SEP 2 6 2008

discipline action. We have no evidence that duct tape was ever used again on a detainee.

Recommendation #7: Command action was inadequate with respect to the ICE Chief. He should be formally admonished or reprimanded for directing an inappropriate restraint to be used on a detainee.

Allegation: That military interrogators improperly chained detainees and placed them in a fetal position on the floor

Finding #8: On at least two occasions between February 2002 and February 2003, two detainees were "short shackled" to the eye-bolt on the floor in the interrogation room.

Technique: Unauthorized.

Discussion: Two FBI agents each stated that they witnessed a detainee in an interrogation room that had been "short shackled" to the floor. Short shackling is the process by which the detainee's hand restraints are connected directly to an eyebolt in the floor requiring the detainee to either crouch very low or lay in a fetal position on the floor. The FBI agents indicated that each of the detainees was clothed. Another FBI agent stated she witnessed a detainee short shackled and lying in his own excrement. The AR 15-6 was unable to find any documentation, testimony, or other evidence corroborating the third agent's recollection, to this allegation or her email allegation that one of the detainees had pulled his hair out while short shackled. We also found that 'short shackling' was initially authorized as a force protection measure during the in processing of detainees.[3]

Organizational response: None. JTF-GTMO has implemented SOPs that prohibit short shackling.

Recommendation #8: The allegation should be closed. The AR 15-6 was not able to find any evidence to adequately assign responsibility for these actions. This practice is now specifically prohibited by current GTMO interrogation policy.

Allegation: That military personnel improperly interfered with FBI interrogators in the performance of their FBI duties.

Finding #9: We discovered no evidence to support this allegation.

[3] During the course of a site visit to GTMO several detention operations personnel indicated that they understood that short shackling was permitted in the early days of GTMO as a force protection measure. They all stated that it was no longer authorized as either a detention measure or during interrogations.

18-97
SEP 26 2008

Tab 2

8-98

Discussion: This allegation stems from an FBI agent objections to a proposed Special Interrogation Plan. The dispute resulted in a DoD official being rude to the FBI agent. The team did not find any evidence of "interference" with FBI interrogations that extended beyond the dispute over which techniques worked best in interrogation. During the infancy of interrogation operations at GTMO, it was obvious that the different investigative agencies had different interrogation objectives. Law enforcement agencies were primarily interested in interviews that would produce voluntary confessions that would be admissible in U.S. Federal District Courts. Conversely, DoD interrogators were interested in actionable intelligence and thus had greater latitude on the techniques used during the interrogations. These different goals created friction.

Recommendation #9: The allegation should be closed.

Allegation: That military interrogators denied detainees food and water for long periods of time.

Finding #10: We discovered no evidence to support the allegation that the detainees were denied food and water.

Discussion: This allegation stems from the statement of an FBI Agent. She reports two incidents of observing two detainees in "the fetal position and lying on the floor of interview rooms." And that there were was no "evidence of any food or water." The Agent admits in her statement that she made an assumption that the detainees were denied food and water based solely upon their appearance. The Agent was unable to provide any specific information as to the day she made these observations to permit additional proof or assignment of responsibility.

Recommendation #10: The allegation should be closed.

SPECIAL INTERROGATION PLANS

During the course of interrogations certain detainees exhibited refined resistance techniques to interrogations. These detainees were suspected to possess significant current intelligence regarding planned future terrorist attacks against the United States. For these reasons Special Interrogation Plans were proposed and approved for the detainees. A total of two Special Interrogation Plans were carried out. They are referred to herein as the "First Special Interrogation Plan" and the "Second Special Interrogation Plan".

THE FIRST SPECIAL INTERROGATION PLAN

On 23 Nov 02 interrogators initiated the first Special Interrogation Plan. The interrogation plan was designed to counter resistance techniques of the subject

SEP 26 2008

of the first Special Interrogation Plan. The memo authorizing the techniques for this interrogation was signed by SECDEF on 2 Dec 02. These techniques supplemented techniques already permitted under the provisions of FM 34-52.

Allegation: That military interrogators improperly used military working dogs (MWD) during interrogation sessions to threaten detainees, or for some other purpose.

Finding #11a: On one occasion in October 2002 a military working dog was brought into the interrogation room and directed to growl, bark, and show his teeth at the subject of the first Special Interrogation Plan.

Technique: Unauthorized prior to 12 Nov 02.

Discussion: a. October 2002 incident: GTMO records indicate that on 01 Oct 02, the Commander of JTF-170 requested Joint Detention Operations Group (JDOG) support for interrogation operations to interrogate the subject of the first Special Interrogation Plan. The dog was requested to assist in the movement of the subject of the first Special Interrogation Plan between Camp X-ray and the GTMO Naval Brig to "discourage the detainee from attempting to escape." The interrogation plan (IP) indicates that the interrogation would begin on the 2nd or 3rd of October 2002. One FBI agent in his statement recalls the MWD being used on or about 05 Oct 02. He indicated that the events were notable for several reasons. He had recently purchased a German Shepard and wanted to get some "tips" from the dog handlers. The FBI agent noticed that there were two working dog teams (one Navy and one Army) present for the interrogation of the subject of the first Special Interrogation Plan. Finally, the FBI agent recalled that he and his partner left the observation room when the MWD was introduced into the interrogation room. The FBI agent's partner corroborates this statement.

In addition an interrogator indicated that she recalled a MWD being brought into the interrogation room during interrogation of the subject of the first Special Interrogation Plan at Camp X-ray, between 02-10 Oct 02. She stated that the dogs were used only "briefly." She stated that the use of the dog was documented on the IP and approved by the ICE Chief and CDR, JTF-GTMO

Finding #11b: In November 2002 a military working dog was brought into the interrogation room and directed to growl, bark, and show his teeth at the subject of the first Special Interrogation Plan.

Technique: Authorized: SECDEF approved the use of Category I and II techniques for the subject of the first Special Interrogation Plan. Category II technique permits the use of dogs to exploit "individual phobias" during interrogations.

18-99

SEP 26 20[illegible]

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Tab 3

Discussion: b. An interrogator testified that the MWD was in the booth on one occasion for the subject of the first Special Interrogation Plan. He testified that he was approached by another interrogator and discussed the use of a MWD in an interrogation session. Specifically, the first interrogator stated that the second interrogator told him that a MWD was brought into the doorway of the interrogation room and ordered by the dog handler to growl, show teeth and bark at the detainee. In addition a psychologist assigned to the Behavioral Science Consultation Team (BSCT) for JTF-170/JTF-GTMO witnessed the use of a MWD named "Zeus" during a military interrogation of the subject of the first Special Interrogation Plan during the November 2002 time period. In his interview, the ICE Chief acknowledged that an MWD had entered the interrogation room of the subject of the first Special Interrogation Plan under the authority of a "special IP" for the subject of the first Special Interrogation Plan. The unsigned but approved interrogation plan for the subject of the first Special Interrogation Plan is from 12 Nov 02. (Church p. 115) It indicates dogs will only be used in interrogation if approved in writing, in advance. Both JTF-GTMO Commanders who were in charge during the execution of the special interrogation plan deny that they authorized the use of MWDs in the interrogation room.

Organizational response: a. and b. None. Current SOPs expressly prohibit the use of MWDs in the interrogation room. There is no evidence that this has ever happened again.

Recommendation #11: The allegation should be closed. While the ICE Chief was aware of and condoned the first use of the MWD, additional corrective action is not necessary. The event occurred on two occasions and was expressly approved after the first occasion for this detainee. This practice is now specifically prohibited by current GTMO interrogation policy.

Allegation: That a female military interrogator performed a "lap dance" on a detainee during an interrogation. I have expanded this allegation to "That female military interrogators performed acts designed to take advantage of their gender in relation to Muslim males."

Finding #12a: On 21 and 23 Dec 02, MPs held down a detainee while a female interrogator straddled the detainee without placing weight on the detainee;

Technique: Authorized: FM 34-52 technique – Futility – Act used to highlight futility of the detainee's situation.

Finding #12b: On 04 Dec 02, a female interrogator massaged the detainee's back and neck over his clothing;

Technique: Authorized: FM 34-52 technique – Futility – Act used to highlight futility of the detainee's situation.

18-100

SEP 26

HC00018636

Finding #12c: On various occasions between October 2002 and January 2003, a female interrogator invaded the private space of a detainee to disrupt his concentration during interrogation;

Technique: Authorized: FM 34-52 technique – Futility – act used to highlight futility of the detainee's situation.

Discussion: Interrogation logs and MFRs for the subject of the first Special Interrogation Plan document that on both 21 and 23 Dec 02, a female interrogator straddled, without putting any weight on the detainee, the subject of the first Special Interrogation Plan while he was being held down by MPs. During these incidents a female interrogator would tell the detainee about the deaths of fellow Al-Qaeda members. During the straddling, the detainee would attempt to raise and bend his legs to prevent the interrogator from straddling him and prayed loudly. Interrogation MFRs also indicate that on 04 Dec 02, a female interrogator began to enter the personal space of the subject of the first Special Interrogation Plan, touch him, and ultimately massage his back while whispering or speaking near his ear. Throughout this event, the subject of the first Special Interrogation Plan prayed, swore at the interrogator that she was going to Hell, and attempted to get away from her. The female interrogator admitted in her interview that she personally prepared portions of the MFRs of the the subject of the first Special Interrogation Plan interrogations. She asserts that she had permission to employ all these techniques. We have found no evidence of a lap dance ever occurring.

Organizational response: No disciplinary action taken. The ICE Chief approved these techniques at the time.

Recommendation #12: The allegation should be closed. No command action is necessary with respect to the individual interrogators. Their supervisor acknowledged that he approved the approaches at the time of the interrogation. AR 15-6 recommends that the approval authority for the use of gender coercion as futility technique be withheld to the JTF GTMO-CG.

Allegation: That DoD interrogators improperly played loud music and yelled loudly at detainees.

Finding #13: On numerous occasions between November 2002 and 15 Jan 03, the subject of the first Special Interrogation Plan was yelled at or subjected to loud music during interrogation.

Technique: Authorized: FM 34-52 technique – Incentive and Futility – acts used as reward for cooperating or to create futility in not cooperating.

18-101

SEP 26

Discussion: See above discussion for Finding #4.

Organizational response: No disciplinary action required; technique authorized.

Recommendation #13: The allegation should be closed. Recommend JTF-GTMO develop specific guidance on the length of time that a detainee may be subjected to futility music. Placement of a detainee in the interrogation booth and subjecting him to loud music and strobe lights should be limited and conducted within clearly prescribed limits.

Allegation: That military interrogators improperly used extremes of heat and cold during their interrogation of detainees.

Finding #14: On several occasions between November 2002 and January 2003 interrogators would adjust the air conditioner to make the subject of the first Special Interrogation Plan uncomfortable.

Technique: Unauthorized prior to 16 Apr 03: SECDEF did not approve exposure to cold in his 2 Dec 02 list of approved techniques

Discussion. There are no medical entries indicating the subject of the first Special Interrogation Plan ever experienced medical problems related to low body temperature. The subject of the first Special Interrogation Plan's medical records do indicate that he did have a body temperature between 95 and 97 degrees twice. The subject of the first Special Interrogation Plan's medical records do indicate that from 7-9 Dec 02 he was hospitalized for observation after an episode of bradycardia. He was released within forty-eight hours, after the bradycardia resolved without intervention and he maintained stable hemodynamics.[4] He experienced a second episode of bradycardia in Feb 03.

Organizational response: None

Recommendation #14: The allegation should be closed.

Allegation: That military interrogators improperly used sleep deprivation against detainees.

Finding #15: From 23 Nov 02 to 16 Jan 03, the subject of the first Special Interrogation Plan was interrogated for 18-20 hours per day for 48 of the 54 days, with the opportunity for a minimum of four hours rest per day.

Technique: Authorized: SECDEF approved technique. This technique was officially permitted under 2 Dec 02 SECDEF Memorandum – The use of 20-hour interrogations

[4] Bradycardia is a relatively slow heart; hemo dynamics are mechanics of blood circulation.

18-102

SEP 26

Discussion: SECDEF approved 20 hour interrogations for every 24-hour cycle for the subject of the first Special Interrogation Plan on 12 Nov 02. Later, CDR USSOUTHCOM formalized the definition of sleep deprivation in his 02 Jun 03 memorandum "promulgating" SECDEF's interrogation techniques of 16 Apr 03. He defined sleep deprivation as keeping a detainee awake for more than 16 hours, or allowing a detainee to rest briefly and then repeatedly awakening him, not to exceed four days in succession.

Organizational response: None. This was an authorized interrogation technique approved by SECDEF.

Recommendation #15: The allegation should be closed. Recommend USSOUTHCOM clarify policy on sleep deprivation.

Additional Allegations, Re: The subject of the first Special Interrogation Plan: In addition to the FBI allegations addressed above, the following additional interrogation techniques (not all inclusive) were used in the interrogation of the subject of the first Special Interrogation Plan. Each act is documented in the interrogation MFRs maintained on the subject of the first Special Interrogation Plan.

Finding #16a: That the subject of the first Special Interrogation Plan was separated from the general population from 8 Aug 02 to 15 Jan 03.

Technique: Unauthorized prior to 12 Nov 02: SECDEF did not approve movement of detainee to an "isolation facility" for interrogation purposes prior to approval of Category II techniques for the subject of the first Special Interrogation Plan on 12 Nov 02.

Technique: Authorized after 12 Nov 02:

Discussion: The subject of the first Special Interrogation Plan was never isolated from human contact. The subject of the first Special Interrogation Plan was however placed in an "isolation facility" where he was separated from the general detainee population from 8 Aug 02 to 15 Jan 03. The subject of the first Special Interrogation Plan routinely had contact with interrogators and MPs while in the "isolation facility." The SECDEF did not define "isolation facility" when he approved the use of an "isolation facility" for up to 30 days with additional isolation beyond 30 days requiring CDR JTF-GTMO approval on 12 Nov 02. Prior to the SECDEF's approval, placement in an "isolation facility" was not an authorized interrogation technique.

Organizational response to Additional Allegations, Re: The subject of the first Special Interrogation Plan: None taken.

18403

HC00018636

Eight Techniques Below: Authorized: FM 34-52 technique – Ego down and Futility.

Finding #16b: On 06 Dec 02, the subject of the first Special Interrogation Plan was forced to wear a woman's bra and had a thong placed on his head during the course of the interrogation.

Finding #16c: On 17 Dec 02, the subject of the first Special Interrogation Plan was told that his mother and sister were whores.

Finding #16d: On 17 Dec 02, the subject of the first Special Interrogation Plan was told that he was a homosexual, had homosexual tendencies, and that other detainees had found out about these tendencies

Finding #16e: On 20 Dec 02, an interrogator tied a leash to the subject of the first Special Interrogation Plan's chains, led him around the room, and forced him to perform a series of dog tricks.

Finding #16f: On 20 Dec 02, an interrogator forced the subject of the first Special Interrogation Plan to dance with a male interrogator.

Finding #16g: On several occasions in Dec 02, the subject of the first Special Interrogation Plan was subject to strip searches.[5] These searches, conducted by the prison guards during interrogation, were done as a control measure on direction of the interrogators.

Finding #16h: On one occasion in Dec 02, the subject of the first Special Interrogation Plan was forced to stand naked for five minutes with females present. This incident occurred during the course of a strip search.

Finding #16i: On three occasions in Nov 02 and Dec 02, the subject of the first Special Interrogation Plan was prevented from praying during interrogation

Finding #16j: Once in Nov 02, the subject of the first Special Interrogation Plan became upset when two Korans were put on a TV, as a control measure during interrogation, and in Dec 02 when an interrogator got up on the desk in front of the subject of the first Special Interrogation Plan and squatted down in front of the subject of the first Special Interrogation Plan in an aggressive manner and unintentionally squatted over the detainee's Koran.

Finding #16k: On seventeen occasions, between 13 Dec 02 and 14 Jan 03, interrogators, during interrogations, poured water over the subject of the first Special Interrogation Plan head.

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[5] The subject of the first Special Interrogation Plan alleges that he was subject to "cavity searches." During the course of interrogation, the subject of the first Special Interrogation Plan was strip searched. The AR 15-6 was unable to determine the scope of these strip searches.

18-104
SEP 26 2008

Discussion: the subject of the first Special Interrogation Plan was a high value detainee that ultimately provided extremely valuable intelligence. His ability to resist months of standard interrogation in the summer of 2002 was the genesis for the request to have authority to employ additional counter resistance interrogation techniques. The techniques used against the subject of the first Special Interrogation Plan were done in an effort to establish complete control and create the perception of futility and reduce his resistance to interrogation. For example, this included the use of strip searches, the control of prayer, the forced wearing of a woman's bra, and other techniques noted above. It is clear based upon the completeness of the interrogation logs that the interrogation team believed that they were acting within existing guidance. Despite the fact that the AR 15-6 concluded that every technique employed against the subject of the first Special Interrogation Plan was legally permissible under the existing guidance, the AR 15-6 finds that the creative, aggressive, and persistent interrogation of the subject of the first Special Interrogation Plan resulted in the cumulative effect being degrading and abusive treatment. Particularly troubling is the combined impact of the 160 days of segregation from other detainees, 48 of 54 consecutive days of 18 to 20-hour interrogations, and the creative application of authorized interrogation techniques. Requiring the subject of the first Special Interrogation Plan to be led around by a leash tied to his chains, placing a thong on his head, wearing a bra, insulting his mother and sister, being forced to stand naked in front of a female interrogator for five minutes, and using strip searches as an interrogation technique the AR 15-6 found to be abusive and degrading, particularly when done in the context of the 48 days of intense and long interrogations.[6] While this treatment did not rise to the level of prohibited inhumane treatment the JTF-GTMO CDR was responsible for the interrogation of the subject of the first Special Interrogation Plan and had a responsibility to provide strategic guidance to the interrogation team. He failed to monitor the interrogation and exercise commander discretion by placing limits on the application of otherwise authorized techniques and approaches used in that interrogation. The Commander stated he was unaware of the specific details or impacts of the techniques on the detainee for this important interrogation. His failure to supervise the interrogation of the subject of the first Special Interrogation Plan allowed subordinates to make creative decisions in an environment requiring extremely tight controls[7].

Recommendation #16: The Commander JTF-GTMO should be held accountable for failing to supervise the interrogation of the subject of the first Special Interrogation Plan and should be admonished for that failure.

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[6] The AR 15-6 found no evidence that the subject of the first Special Interrogation Plan was ever physically assaulted. His medical records show no evidence of any physical assaults. A medical examination completed on the subject of the first Special Interrogation Plan on 16 Jan 03 found no medical conditions of note.

[7] The JTF-GTMO Commander's testimony that he was unaware of the creative approaches taken in the interrogation is inconsistent with his 21 Jan 03 letter to CDR USSOUTHCOM in which he asserts that the CJTF approved the interrogation plan in place and it was followed "relentlessly by the command."

18-105

Allegation: In addition to the allegations above, the AR 15-6 also considered additional allegations raised specifically by the subject of the first Special Interrogation Plan.

Finding #17: The AR 15-6 was unable to corroborate the subject of the first Special Interrogation Plan's allegations to the point of concluding that they had occurred by a preponderance of the evidence. Specific findings include:

The AR 15-6 did find that the subject of the first Special Interrogation Plan was required to stand for periods of time which he may have interpreted as forced positions.

There is evidence that the subject of the first Special Interrogation Plan regularly had water poured on his head. The interrogation logs indicate that this was done as a control measure only.

There is no evidence that the subject of the first Special Interrogation Plan was subjected to humiliation intentionally directed at his religion. It is however possible that the subject of the first Special Interrogation Plan interpreted many of the interrogation techniques employed to be religious humiliation.

The AR 15-6 found no evidence that the subject of the first Special Interrogation Plan was threatened with homosexual rape. He was told on 17 Dec 02 that he was a homosexual but not threatened in any manner.

There is no evidence, to include entries in his medical records, that either occurred regarding the subject of the first Special Interrogation Plan or any other detainee.

Discussion: In reaching conclusions on the treatment of the subject of the first Special Interrogation Plan the AR 15-6 relied heavily on the interrogations logs. The level of specificity of the logs strongly supports their credibility regarding the interrogation of the subject of the first Special Interrogation Plan and thus they carried considerable weight on the findings.

Recommendation #17: The allegation should be closed

THE SECOND SPECIAL INTERROGATION PLAN

In July 03 interrogators initiated a request for approval of a Special Interrogation Plan for a detainee. This plan was approved by SECDEF on 13 Aug 03. Interrogation logs indicate that the techniques were never implemented because the subject of the second special interrogation plan began to cooperate prior to the approval.

18-106

SEP 26 2006

HC00018636

In addition to the interrogation logs, the AR 15-6 also considered allegations of abuse raised by the subject of the second special interrogation, himself. Specifically, after months of cooperation with interrogators, on 11 Dec 04, the subject of the second special interrogation notified his interrogator that he had been "subject to torture" by past interrogators during the months of July to October 2003.[8]

Allegation: That military interrogators improperly used extremes of heat and cold during their interrogation of detainees.

Finding #18: During the summer of 2003, interrogators would adjust the air conditioner to make the subject of the second special interrogation uncomfortable.

Technique: Authorized: SECDEF approved technique. This technique was officially permitted under 16 Apr 03 SECDEF Memorandum – Environmental Manipulation.

Discussion: The interrogation logs of the subject of the second Special Interrogation Plan indicate that on at least two occasions on 10 and 11 Jul 03 the air conditioner was turned off to heat up the room. In addition the subject of the second special interrogation alleges that on repeated occasions from Jul 03 to Oct 03, he was subjected to placement in a room referred to as the "freezer."

Organizational response: No disciplinary action required. Environmental manipulation was expressly permitted in the 16 Apr 03 SECDEF Memorandum. There is no evidence in the medical records of the subject of the second special interrogation being treated for hypothermia or any other condition related to extreme exposure.

Recommendation #18: The allegation should be closed.

Allegation: The subject of the second special interrogation alleges that female military interrogators removed their BDU tops and rubbed themselves against the detainee, fondled his genitalia, and made lewd sexual comments, noises, and gestures.

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[8] He reported these allegations to an interrogator. The interrogator was a member of the interrogation team at the time of the report. The interrogator reported the allegations to her supervisor. Shortly after being advised of the alleged abuse, the supervisor interviewed the subject of the second special interrogation, with the interrogator present, regarding the allegations. Based upon this interview, and notes taken by the interrogator, the supervisor prepared an 11 Dec 04 MFR addressed to JTF – GTMO JIG & ICE. The supervisor forwarded his MFR to the JTF – GTMO JIG. The JIG then forwarded the complaint to the JAG for processing IAW normal GTMO procedures for investigating allegations of abuse. The JAG by email on 22 Dec 04 tasked the JDOG, the JIG, and the JMG with a review of the complaint summarized in the 11 Dec 04 MFR and directed them to provide any relevant information. The internal GTMO investigation was never completed.

18107

SEP 26

Finding #19: The AR 15-6 was unable to corroborate the allegations to the point of concluding that they had occurred by a preponderance of the evidence.

Discussion: The interrogation logs for the subject of the second special interrogation indicate that on a number of occasions female interrogators used their status as females to distract the subject of the second special interrogation during the interrogation but there is nothing to corroborate the allegation of the subject of the second special interrogation.

Organizational response: No disciplinary action taken.

Recommendation #19: The allegation should be closed.

Allegation: The subject of the second Special Interrogation Plan alleges that in late summer of 2003 he was hit by guards and an interrogator "very hard" and "with all their strength" he was hit "all over."

Finding #20: The AR 15-6 was unable to corroborate the allegations to the point of concluding that they had occurred by a preponderance of the evidence.

Discussion: The interrogation logs contain no reference to any physical violence against the subject of the second Special Interrogation Plan. His medical records indicate that in August 2003 the subject of the second special interrogation reported "rib contusions" from an altercation with MPs when moved between camps. During this examination the physician also noted an "edema of the lower lip" and a "small laceration" on his head. There are no other medical entries of any other physical injuries. There are no indications of swelling or contusions to support a conclusion that the subject of the second special interrogation was hit "very hard all over."

Organizational response: No disciplinary action taken. The allegation was not substantiated.

Recommendation #20: The allegation should be closed. There is no evidence to support the subject of the second special interrogation's allegation of physical abuse.

Allegation: A DoD interrogator improperly impersonated a Navy Captain assigned to the White House.

Finding #21: The Special Team Chief impersonated a USN Captain assigned to the White House during interrogation of the subject of the second special interrogation.

Technique: Authorized: This technique is permitted under FM 34-52 – Deception.

18-108

SEP 26

HC00018636

Discussion: On 2 Aug 03 the Special Team Chief presented himself to the subject of the second special interrogation dressed as a Captain in the USN and indicated he was from the White House in an effort to convince the subject of the second special interrogation that he needed to cooperate with his interrogators. The Special Team Chief presented a letter to the subject of the second special interrogation, which indicated that because of the subject of the second special interrogation's lack of cooperation, U.S. authorities in conjunction with authorities from the country of origin of the subject of the second Special Interrogation Plan would interrogate the mother of the subject of the second Special Interrogation Plan. The letter further indicated that if his mother was uncooperative she would be detained and transferred to U.S. custody at GTMO for long term detention. While the JTF-GTMO Commander acknowledges that he was aware of the intent by the interrogator to wear Captain's rank and purport to be from the White House, he stated that he was not aware of the intention to convey a threat or the plan to use a fictitious letter.

Organizational response: None taken.

Recommendation #21: The allegation should be closed. No further action necessary.

Allegation: That Military interrogators threatened the subject of the second special interrogation and his family.

Finding #22: The Special Team Chief threatened the subject of the second special interrogation and his family in July, August and September 2003.

Technique: Unauthorized: This technique was rejected by SECDEF on 2 Dec 2002

Discussion: During the interrogation of the subject of the second special interrogation, a masked interrogator was used to interrogate the subject of the second special interrogation [9]. On 17 Jul 03 the masked interrogator told that he had a dream about the subject of the second special interrogation dying. Specifically he told the subject of the second special interrogation that in the dream he "saw four detainees that were chained together at the feet. They dug a hole that was six-feet long, six-feet deep, and four-feet wide. Then he observed the detainees throw a plain, pine casket with the detainee's identification number painted in orange lowered into the ground." The masked interrogator told the detainee that his dream meant that he was never going to leave GTMO unless he started to talk, that he would indeed die here from old age and be buried on "Christian... sovereign American soil." On 20 Jul 03 the masked interrogator, "Mr.

[9] The interrogator was a DoD interrogator who was masked so as to preserve the identity of the interrogator. This was done in case the interrogation team wanted to use that interrogator later in another role.

18-109
SEP 26

X", told the subject of the second Special Interrogation Plan that his family was "incarcerated." On 2 Aug 03, the Special Team Chief, while impersonating a USN Captain from the White House, told the subject of the second special interrogation that he had a letter indicating that the subject of the second special interrogation's family had been captured by the United States and that they were in danger.[10] He went on to tell the subject of the second special interrogation that if he wanted to help his family he should tell them everything they wanted to know. The MFR dated 02 Aug 03 indicates that the subject of the second special interrogation had a messenger that day there to "deliver a message to him". The MFR goes on to state:

> "That message was simple: Interrogator's colleagues are sick of hearing the same lies over and over and are seriously considering washing their hands of him. Once they do so, he will disappear and never be heard from again. Interrogator assured detainee again to use his imagination to think of the worst possible scenario he could end up in. He told Detainee that beatings and physical pain are not the worst thing in the world. After all, after being beaten for a while, humans tend to disconnect the mind from the body and make it through. However, there are worse things than physical pain. Interrogator assured Detainee that, eventually, he will talk, because everyone does. But until then, he will very soon disappear down a very dark hole. His very existence will become erased. His electronic files will be deleted from the computer, his paper files will be packed up and filed away, and his existence will be forgotten by all. No one will know what happened to him and, eventually, no one will care."

Finally, interrogator MFRs dated 08 Sep 03 indicate that the subject of the second special interrogation wanted to see "Captain Collins" and that they "understood that detainee had made an important decision and that the interrogator was anxious to hear what Detainee had to say. Detainee stated he understood and will wait for interrogator's [Captain Collins] return and that the subject of the second Special Interrogation Plan "...was not willing to continue to protect others to the detriment of himself and his family."

In investigating the actions above, the AR 15-6 focused on the threat made by the Special Team Chief.[11] When questioned about the threats to the subject of the second special interrogation, the Special Team Chief indicated that prior to the "threat" to detainee the subject of the second special interrogation he cleared the proposal and the letter with the senior judge advocate who approved the technique as a "deception." As written the letter does contain a threat to detain the subject of the second special interrogation's mother but does not contain any threat on her life or that of her family. The SJA indicated in his initial interview

[10] The actual content of the letter simply indicates that his mother will be taken into custody and questioned.

[11] Mr. X's dream story does not rise to the level of a threat. It appears to be a staged prelude to the direct threat made by the Special Team Chief.

18-110

SEP 26 2006

that he did not recall the letter. He subsequently elected to exercise his Article 31 rights and declined to answer direct questions about the letter and the threats. The Special Team Chief also indicated that both JIG Chiefs in charge during the promulgation of the Special Interrogation Plan[12] were also aware of the threat letter. The first JIG Chief has retired and was unwilling to cooperate with this investigation. The second JIG Chief indicated under oath that he was unaware of the interrogation events discussed above. He recognizes, that read in conjunction with each other, they indicate a threat. He believes that the Commander of JTF-GTMO was not aware of the threat since the second JIG Chief was not aware of the threat. The second JIG Chief stated that they had weekly meetings with the Commander to discuss interrogations but they would not have covered this level of detail in that meeting. Neither he nor the Commander read interrogation MFRs on a regular basis. Finally, the Commander denies any knowledge of the existence of the threat or the letter. He does not recall ever discussing the issue of threats with the interrogators. He is aware that this is a prohibited practice and would not have permitted it if he had been aware of the plan.

Taken as a whole, it appears that the decision to threaten the subject of the second Special Interrogation Plan was made by the Special Team Chief. He claims that he cleared the plan with the senior judge advocate but not with his supervisors. Considering the actual content of the letter, it is reasonable to conclude that the JAG advised that the letter was a proper deception and therefore additional approval was not required. The Special Team Chief knew that under FM 34-52 deception did not require additional approval.

Despite the fact that the letter may be a proper deception technique under FM 34-52, the interrogation logs clearly indicate that the interrogation went well beyond the "threat to detain" made in the letter, and in fact was a threat to the subject of the second special interrogation and his family that violated the UCMJ, Article 134 Communicating a threat.

Organizational Response: None taken.

Recommendation #22: While the threats do not rise to the level of torture as defined under U.S. law, the facts support a conclusion that the Special Team Chief violated the UCMJ, Article 134, by communicating a threat. Recommend his current commander discipline the Special Team Chief.

[12] The first JIG Chief was in charge during the approval process for the second Special Interrogation Plan and then rotated out of JTF-GTMO. The second JIG Chief was in charge during the execution of the second Special Interrogation Plan

18-111

SEP 26 2008

SUMMARY OF FINDINGS

The findings above fall into three categories: Techniques that were authorized throughout the interrogation periods; techniques that were never authorized and finally, techniques that were originally unauthorized, and then subsequently authorized. The summary below only outlines the latter two categories of techniques to address whether the findings violated the UCMJ, international law, U.S. Law, regulations or directives.

Techniques that were never authorized: AR 15-6 determined the following acts were NEVER authorized under any interrogation guidance:

a) On at least two occasions between February 2002 and February 2003, two detainees were "short shackled" to the eye-bolt on the floor in the interrogation room;

b) Sometime in October 2002 duct tape was used to "quiet" a detainee.

c) Military interrogators threatened the subject of the second special interrogation and his family;

Techniques that became authorized after the fact: AR 15-6 determined the following acts were initially not authorized under existing interrogation guidance but later authorized as an approved technique.

a) On several occasions during 2002 and 2003, interrogators would adjust the air conditioner to make the detainees, to include the subject of the first Special Interrogation Plan, uncomfortable. This technique is now permitted under the SECDEF 16 Apr 03 guidance.

b) On several occasions prior to 2 Dec 02 and between 15 Jan 03 and 16 Apr 03 interrogators had detainees moved from one cell to another every few hours to disrupt sleep patterns and lower the ability to resist interrogation. This technique is now permitted under the SECDEF 16 Apr 03 guidance.

c) In October 2002 a Military Working Dog was brought into the interrogation room during the course of interrogation of the subject of the first Special Interrogation Plan and directed to growl, bark, and show his teeth at the detainee. This technique is subsequently approved for the interrogation of the subject of the first Special Interrogation Plan by SECDEF on 12 Nov 02.

d) The subject of the first Special Interrogation Plan was separated from other detainees in an isolation facility away from the general population from 8 Aug 02 to 12 Nov 02. This technique was subsequently approved

18-112

SEP 26
HC00018636

for the interrogation of the subject of the first Special Interrogation Plan by SECDEF on 12 Nov 02.

In each of the incidents above the violations can best be characterized as violations of policy. The SECDEF's subsequent approval of each of the techniques clearly establishes the ultimate legitimacy of that technique and thus additional corrective action is not necessary.

Additional Matters: In addition to findings outlined above it is important to document some additional findings:

a) The team found no evidence that any detainee at GTMO was improperly documented or unaccounted for at any time. Every agency interviewee clearly indicated that they never knew of any "ghost detainees" at GTMO;

b) Several past interrogators at GTMO declined to be interviewed. In the case of personnel who are currently in a civilian status we had extremely limited authority to compel the individuals to cooperate with this investigation; of particular note was former SGT Erik Saar who has written a book into "activities" at GTMO. Despite repeated requests he declined to be interviewed;

c) During the course of this investigation, JTF-GTMO CG investigated and took action for personal misconduct of senior DoD personnel on GTMO. These allegations were reviewed and it was determined that they were not relevant to this investigation, and did not rise to a level to suggest a leadership environment with any impact on interrogation or detainee operations.

ADDITIONAL RECOMMENDATIONS

This AR15-6 recommends consideration of the following:

a) ***Recommendation #23*** Recommend a policy-level review and determination of the status and treatment of all detainees, when not classified as EPWs. This review needs to particularly focus on the definitions of humane treatment, military necessity, and proper employment of interrogation techniques. (e.g. boundaries or extremes);

b) ***Recommendation #24*** Recommend study of the DoD authorized interrogation techniques to establish a framework for evaluating their cumulative impact in relation to the obligation to treat detainees humanely;

18-113

SEP 2 6

c) ***Recommendation #25*** Recommend a reevaluation of the DoD and Inter-agency interrogation training consistent with the new realities of the requirements of the global war on terror;

d) ***Recommendation #26*** Recommend a policy-level determination on role of Military Police in "setting the conditions" for intelligence gathering and interrogation of detainees at both the tactical level and strategic level facilities;

e) ***Recommendation #27*** Recommend an Inter-Agency policy review to establish "standards" for interrogations when multiple agencies and interrogation objectives are involved. Particular emphasis should be placed on setting policy for who has priority as the lead agency, the specific boundaries for the autho rized techniques in cases with multiple agencies involved, a central "data-base" for all intelligence gathered at a detention facility, and procedures for record keeping to include historical, litigation support, lessons learned, and successful/unsuccessful intelligence gathering techniques.

18-114

Attachment C

Display full version

DEMOCRACY NOW!
THE WAR AND PEACE REPORT

February 17, 2006

Professor McCoy Exposes the History of CIA Interrogation, From the Cold War to the War on Terror



We now take a look at what lies behind the shocking images of torture at Abu Ghraib prison by turning to the history of the CIA and torture techniques. Professor Alfred McCoy talks about his book "A Question of Torture", a startling expose of the CIA development of psychological torture from the Cold War to Abu Ghraib. CIA mercenaries attempted to assassinate McCoy more than 30 years ago. [includes rush transcript]

We now take a look at what lies behind the shocking images of torture at Abu Ghraib by turning to the history of the CIA and torture techniques. The International Committee of the Red Cross, Amnesty International and other human rights groups say the recently released images of abuse of Iraqi prisoners at Abu Ghraib show a clear violation of international humanitarian law. The U.S. made a pledge against torture when Congress ratified the UN Convention Against Torture in 1994–but it was ratified with reservations that exempted the CIA's psychological torture method. So what were the results?

A new expose gives an account of the CIA's secret efforts to develop new forms of torture spanning fifty years. It reveals how the CIA perfected its methods, distributing them across the world from Vietnam to Iran to Central America, uncovering the roots of the Abu Ghraib and Guantanamo torture scandals. The book is titled "A Question of Torture: CIA Interrogation, From the Cold War to the War on Terror."

- **Alfred McCoy**, professor of history at the University of Wisconsin-Madison. Author of "A Question of Torture: CIA Interrogation, From the Cold War to the War on Terror" and also "The Politics of Heroin: CIA Complicity in the Global Drug Trade."

RUSH TRANSCRIPT
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AMY GOODMAN: A new expose gives an account of the C.I.A.'s secret efforts to develop new forms of torture, spanning half a century. It reveals how the C.I.A. perfected its methods, distributing them across the world, from Vietnam to Iran to Central America, uncovering the roots of the Abu Ghraib and Guantanamo torture scandals. The book is called *A Question of Torture: C.I.A. Interrogation, from the Cold War to the War on Terror*, and we're joined by its author, Alfred McCoy, professor of history at the University of Wisconsin, Madison. We welcome you to Democracy Now!

18-115

SEP 26 2008

HC00018636

ALFRED McCOY: Thank you, Amy.

AMY GOODMAN: And glad to have you with us, especially in light of your history. I first learned of you with your first book *The Politics of Heroin: C.I.A. Complicity in the Global Drug Trade*, for which you almost died. What happened then?

ALFRED McCOY: Oh, when I was researching that book in the mountains of Laos, hiking from village to village, interviewing Laotian farmers about their opium harvest, and they were telling me that they took it down to the local helicopter pad where Air America helicopters would land, Air America being a subsidiary of the C.I.A., and officers, tribal officers in the C.I.A.'s secret army would buy the opium and fly it off to the C.I.A.'s secret compound, where it would be transformed into heroin and ultimately wound up in South Vietnam. And while I was doing that research, hiking from village to village, interviewing farmers, we were ambushed by a group of C.I.A. mercenaries. Fortunately, I had five militiamen from the village with me, and we shot our way out of there, but they came quite close. Then later on, a C.I.A. operative threatened to murder my interpreter unless I stopped doing that research. And then when—

AMY GOODMAN: How did you know they were C.I.A.?

ALFRED McCOY: Oh, look, in the mountains of Laos, there aren't that many white guys, okay? I mean, the mercenaries? First of all, the C.I.A. ran what was called the "Army Clandestine." They had a secret army, and those soldiers that ambushed us were soldiers in the secret army. That, we knew.

AMY GOODMAN: The Laotian army?

ALFRED McCOY: The C.I.A.'s secret army.

AMY GOODMAN: The Laotian mercenaries?

ALFRED McCOY: Laotian mercenaries. That, everybody was clear about that. Nobody denied that. They said it was sort of an accident, but, no, it was very clear that it was intentional. And ultimately, when the book was in press, the head of covert operations for the C.I.A. called up my offices and my publisher in New York and suggested that the publisher suppress the book. They then got the right to prior review—the publisher compromised.

AMY GOODMAN: C.I.A. prior review.

ALFRED McCOY: Prior review of the manuscript, and they issued a 14-page critique. The publisher's legal department, HarperCollins's legal department reviewed the critique, reviewed the manuscript, published the book unchanged, not a word changed.

AMY GOODMAN: And the contention of that book was that the C.I.A. was complicit in the global drug trade?

ALFRED McCOY: Right. In the context of conducting covert operations around the globe, particularly in the Asian opium zone, which stretched from the Golden Triangle of Vietnam and Laos all the way to Afghanistan, that in those mountains far away from home, when the C.I.A. had to mobilize tribal armies, the only allies were warlords, and when the C.I.A. formed an alliance with them, the warlords used this alliance to become drug lords, and the C.I.A. didn't stop them from their involvement in the traffic.

AMY GOODMAN: Well, as a professor at the University of Wisconsin, Madison, you have not stopped looking at the C.I.A., and now you've written this new book. It's called *A Question of Torture: C.I.A. Interrogation, from the Cold War to the War on Terror*. Give us a history

18-116

SEP 26

lesson.

ALFRED McCOY: Well, if you look at the most famous of photographs from Abu Ghraib, of the Iraqi standing on the box, arms extended with a hood over his head and the fake electrical wires from his arms, okay? In that photograph you can see the entire 50-year history of C.I.A. torture. It's very simple. He's hooded for sensory disorientation, and his arms are extended for self-inflicted pain. And those are the two very simple fundamental C.I.A. techniques, developed at enormous cost.

From 1950 to 1962, the C.I.A. ran a massive research project, a veritable Manhattan Project of the mind, spending over $1 billion a year to crack the code of human consciousness, from both mass persuasion and the use of coercion in individual interrogation. And what they discovered—they tried LSD, they tried mescaline, they tried all kinds of drugs, they tried electroshock, truth serum, sodium pentathol. None of it worked. What worked was very simple behavioral findings, outsourced to our leading universities—Harvard, Princeton, Yale and McGill—and the first breakthrough came at McGill. And it's in the book. And here, you can see the—this is the—if you want show it, you can. That graphic really shows—that's the seminal C.I.A. experiment done in Canada and McGill University—

AMY GOODMAN: Describe it.

ALFRED McCOY: Oh, it's very simple. Dr. Donald O. Hebb of McGill University, a brilliant psychologist, had a contract from the Canadian Defense Research Board, which was a partner with the C.I.A. in this research, and he found that he could induce a state of psychosis in an individual within 48 hours. It didn't take electroshock, truth serum, beating or pain. All he did was had student volunteers sit in a cubicle with goggles, gloves and headphones, earmuffs, so that they were cut off from their senses, and within 48 hours, denied sensory stimulation, they would suffer, first hallucinations, then ultimately breakdown.

And if you look at many of those photographs, what do they show? They show people with bags over their head. If you look at the photographs of the Guantanamo detainees even today, they look exactly like those student volunteers in Dr. Hebb's original cubicle.

Now, then the second major breakthrough that the C.I.A. had came here in New York City at Cornell University Medical Center, where two eminent neurologists under contract from the C.I.A. studied Soviet K.G.B. torture techniques, and they found that the most effective K.G.B. technique was self-inflicted pain. You simply make somebody stand for a day or two. And as they stand—okay, you're not beating them, they have no resentment—you tell them, "You're doing this to yourself. Cooperate with us, and you can sit down." And so, as they stand, what happens is the fluids flow down to the legs, the legs swell, lesions form, they erupt, they suppurate, hallucinations start, the kidneys shut down.

Now, if you look at the other aspect of those photos, you'll see that they're short-shackled —okay?—that they're long-shackled, that they're made—several of those photos you just showed, one of them with a man with a bag on his arm, his arms are straight in front of him, people are standing with their arms extended, that's self-inflicted pain. And the combination of those two techniques—sensory disorientation and self-inflicted pain—is the basis of the C.I.A.'s technique.

AMY GOODMAN: Who has pioneered this at the C.I.A.?

ALFRED McCOY: This was done by Technical Services Division. Most of the in-house research involved drugs and all of the LSD experiments that we heard about for years, but ultimately they were a negative result. When you have any large massive research project, you get—you hit dead ends, you hit brick walls, you get negative results. All the drugs didn't work. What did work was this.

18-117

HC00018636

AMY GOODMAN: But when you talk about the 'everyone knows the LSD experiments,' I don't think everyone knows. In fact, I would conjecture that more than 90% of Americans don't know that the C.I.A. was involved with LSD experiments on unwitting Americans. Can you explain what they did?

ALFRED McCOY: Oh, sure. As a part of this comprehensive survey of human consciousness, the C.I.A. tried every possible techniques. And one of the things that they—at the time that this research started in the 1940s, a Swiss pharmaceutical company developed LSD.

AMY GOODMAN: Which one?

ALFRED McCOY: I forget now. One of the major Swiss pharmaceutical companies. And Dr. Hoffman there was the man who developed it. The C.I.A. bought substantial doses, and they conducted experiments. One of the most notorious experiments was that Dr. Sidney Gottlieb, inside the agency, spiked the drinks of his co-workers, and one of those co-workers suffered a breakdown, Dr. Frank Olson, and he either was—I don't know whether he was pushed or jumped from a hotel here in New York City—

AMY GOODMAN: His son has never stopped pursuing this case?

ALFRED McCOY: Right, his son Eric Olson insists that his father was murdered by the C.I.A. Eric Olson believes that his father did a tour of Europe, and he visited the ultimate Anglo-American test site, black site near Frankfurt, where they were doing lethal experiments, fatal experiments, on double agents and suspected double agents, and that his father returned enormously upset by the discovery that this research was actually killing people, and that, therefore, Eric Olson argues his father was killed by the C.I.A., that he was pushed.

AMY GOODMAN: And didn't they do experiments in brothels in the San Francisco area?

ALFRED McCOY: They had two kind of party houses. They had one in the San Francisco Bay Area, another in New York City. And what they did in San Francisco was they had prostitutes who go out to the streets, get individuals, bring them back, give them a drink, and there would be a two-way mirror, and the C.I.A. would photograph these people.

AMY GOODMAN: So, the C.I.A. were running the brothel.

ALFRED McCOY: They were running the brothel. They were running all of these experiments, okay? They did that on Army soldiers through the Army Chemical Warfare Division.

AMY GOODMAN: What did they do there?

ALFRED McCOY: Again, they gave them LSD and other drugs to see what effect they would have.

AMY GOODMAN: And what did the soldiers think they were getting?

ALFRED McCOY: They were just told they were participating in an experiment for national defense.

AMY GOODMAN: Prisoners?

ALFRED McCOY: No, these were—

AMY GOODMAN: Right, but also on prisoners, were there experiments?

18-HB

SEP 26

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Tab 1

ALFRED McCOY: There were some in prisons in the United States and also the Drug Treatment Center in Lexington, Kentucky. The Federal Drug Treatment Center in Lexington, Kentucky, had this. All of this research, all this very elaborate research—

AMY GOODMAN: On unwitting Americans?

ALFRED McCOY: Unwitting Americans, produced nothing, okay? What they found time and time again is that electroshock didn't work, and sodium pentathol didn't work, LSD certainly didn't work. You scramble the brain. You got unreliable information. But what did work was the combination of these two rather boring, rather mundane behavioral techniques: sensory disorientation and self-inflicted pain.

And in 1963, the C.I.A. codified these results in the so-called KUBARK Counterintelligence Manual. If you just type the word "KUBARK" into Google, you will get the manual, an actual copy of it, on your computer screen, and you can read the techniques [Read the report. But if you do, read the footnotes, because that's where the behavioral research is. Now, this produced a distinctively American form of torture, the first real revolution in the cruel science of pain in centuries, psychological torture, and it's the one that's with us today, and it's proved to be a very resilient, quite adaptable, and an enormously destructive paradigm.

Let's make one thing clear. Americans refer to this often times in common parlance as "torture light." Psychological to torture, people who are involved in treatment tell us it's far more destructive, does far more lasting damage to the human psyche than does physical torture. As Senator McCain said, himself, last year when he was debating his torture prohibition, faced with a choice between being beaten and psychologically tortured, I'd rather be beaten. Okay? It does far more lasting damage. It is far crueler than physical torture. This is something that we don't realize in this country.

Now, another thing we see is those photographs is the psychological techniques, but the initial research basically developed techniques for attacking universal human sensory receptors: sight, sound, heat, cold, sense of time. That's why all of the detainees describe being put in dark rooms, being subjected to strobe lights, loud music, okay? That's sensory deprivation or sensory assault. Okay, that was sort of the phase one of the C.I.A. research. But the paradigm has proved to be quite adaptable.

Now, one of the things that Donald Rumsfeld did, right at the start of the war of terror, in late 2002, he appointed General Geoffrey Miller to be chief at Guantanamo, alright, because the previous commanders at Guantanamo were too soft on the detainees, and General Miller turned Guantanamo into a *de facto* behavioral research laboratory, a kind of torture research laboratory. And under General Miller at Guantanamo, they perfected the C.I.A. torture paradigm. They added two key techniques. They went beyond the universal sensory receptors of the original research. They added to it an attack on cultural sensitivity, particularly Arab male sensitivity to issues of gender and sexual identity.

And then they went further still. Under General Miller, they created these things called "Biscuit" teams, behavioral science consultation teams, and they actually had qualified military psychologists participating in the ongoing interrogation, and these psychologists would identify individual phobias, like fear of dark or attachment to mother, and by the time we're done, by 2003, under General Miller, Guantanamo had perfected the C.I.A. paradigm, and it had a three-fold total assault on the human psyche: sensory receptors, self-inflicted pain, cultural sensitivity, and individual fears and phobia.

AMY GOODMAN: And then they sent General Miller to, quote, "Gitmo-ize" Abu Ghraib. Professor McCoy, we're going to break for a minute, and then we'll come back. Professor Alfred McCoy, professor of history at the University of Wisconsin, Madison. His latest book is

18-119

SEP 26 2008

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called *A Question of Torture: C.I.A. Interrogation, from the Cold War to the War on Terror.*

[break]

AMY GOODMAN: We are talking to Alfred McCoy, professor of history at the University of Wisconsin, Madison, author of a number of books. *The Politics of Heroin: C.I.A. Complicity in the Global Drug Trade* almost had him killed. Afterwards, the C.I.A. tried to have the book squelched, but ultimately it was published. Then *A Question of Torture: C.I.A. Interrogation from the Cold War to the War On Terror* is his latest book, and we're talking about the history of torture. Continue with what you were saying, talking about the Biscuit teams, the use of psychologists in Guantanamo, and then Geoffrey Miller, going from Guantanamo to, quote, "Gitmo-ize" Abu Ghraib.

ALFRED McCOY: In mid-2003, when the Iraqi resistance erupted, the United States found it had no intelligence assets; it had no way to contain the insurgency, and they—the U.S. military was in a state of panic. And at that moment, they began sweeping across Iraq, rounding up thousands of Iraqi suspects, putting many of them in Abu Ghraib prison. At that point, in late August 2003, General Miller was sent from Guantanamo to Abu Ghraib, and he brought his techniques with him. He brought a CD, and he brought a manual of his techniques. He gave them to the M.P. officers, the Military Intelligence officers and to General Ricardo Sanchez, the U.S. Commander in Iraq.

In September of 2003, General Sanchez issued orders, detailed orders, for expanded interrogation techniques beyond those allowed in the U.S. Army Field Manual 3452, and if you look at those techniques, what he's ordering, in essence, is a combination of self-inflicted pain, stress positions and sensory disorientation, and if you look at the 1963 C.I.A. KUBARK Counterintelligence Interrogation Manual, you look at the 1983 C.I.A. Interrogation Training Manual that they used in Honduras for training Honduran officers in torture and interrogation, and then twenty years later, you look at General Sanchez's 2003 orders, there's a striking continuity across this forty-year span, in both the general principles, this total assault on the existential platforms of human identity and existence, okay? And the specific techniques, the way of achieving that, through the attack on these sensory receptors.

AMY GOODMAN: And Rumsfeld's comment, when asked if it was torture, when people were forced to stand hours on end, that he stands at his desk?

ALFRED McCOY: Right, he wrote that in one of his memos. When he was asked to review the Guantanamo techniques in late 2003 or early 2004, he scribbled that marginal note and said, you know, "I stand at my desk eight hours a day." He has a designer standing desk. "How come we're limiting these techniques of the stress position to just four hours?" So, in other words, that was a clear signal from the Defense Secretary. Now, one of the problems beyond the details of these orders is torture is an extraordinarily dangerous thing. There's an absolute ban on torture for a very good reason. Torture taps into the deepest recesses, unexplored recesses of human consciousness, where creation and destruction coexist, where the infinite human capacity for kindness and infinite human capacity for cruelty coexist, and it has a powerful perverse appeal, and once it starts, both the perpetrators and the powerful who order them, let it spread, and it spreads out of control.

So, I think when the Bush administration gave those orders for, basically, techniques tantamount to torture at the start of the war on terror, I think it was probably their intention that these be limited to top al-Qaeda suspects, but within months, we were torturing hundreds of Afghanis at Bagram near Kabul, and a few months later in 2003, through these techniques, we were torturing literally thousands of Iraqis. And you can see in those photos, beyond the details of the techniques that we've described, you can see how that once it starts, it becomes this Dantesque hell, this kind of play palace of the darkest recesses of human consciousness. That's

18-120

why it's necessary to maintain an absolute prohibition on torture. There is no such thing as a little bit of torture. The whole myth of scientific surgical torture, that torture advocates, academic advocates in this country came up with, that's impossible. That cannot operate. It will inevitably spread.

AMY GOODMAN: So when, Professor McCoy, you started seeing these images, the first photos that came out at Abu Ghraib, the pictures we showed of the, you know, hooded man, electrodes coming out of his fingers, standing on the box, your response?

ALFRED McCOY: Oh, I mean, the reason I wrote this book is when that photo came out in April 2004 on CBS news, at the *Times*, William Safire, for example, writing in the *New York Times* said this was the work of creeps. Later on, Defense Secretary Schlesinger said that this was just abuse by a few people on the night shift. There was another phrase: "Recycled hillbillies from Cumberland, Maryland." In other words, this was the bad apple thesis. We could blame these bad apples. I looked at those photos, I didn't see individual abuse. What I saw was two textbook trademark C.I.A. psychological interrogation techniques: self-inflicted pain and sensory disorientation.

AMY GOODMAN: We read our first headline today. It was about Maher Arar and the case—the judge has thrown out against him, the Canadian-Syrian man who was sent back to Syria—the U.S. government calls it "extraordinary rendition," and he was kept in an underground "grave-like" cell, he described, very small. He was held for almost a year. As you showed, and I looked at the book, the pictures of the places where prisoners are kept, and in speaking to Maher, he's described this level of sensory deprivation. What about the shape and the size and the coffin-like nature of these rooms?

ALFRED McCOY: The details are often left to the individual interrogators, but the manuals basically describe how you control the process, you control the environment right from the start when you pick somebody up. So, for example, often times we see in Iraq of people when they're arrested, their arms are behind their back. They're made to kneel in very uncomfortable positions, and they're hooded right away. That's one of the things they always specify is the time and conditions of arrest. You begin to break them down. You create this artificial environment of control, and then the techniques always vary. It can be extreme darkness or it can be extreme light; it can be absence of sound or a bombardment of sound.

AMY GOODMAN: And that bombardment of sound is often joked about. 'Oh, we played Britney Spears really loud,' or whatever it is. I don't know if it was her. But that's become a joke when soldiers play loud music.

ALFRED McCOY: Well, though, actually, that's one of the problems of talking about this topic in the United States, is that we regard all of this panoply of psychological techniques as "torture light," as somehow not really torture. Okay? And we're the only country in the world that does that. The U.N. convention bars—defines torture as the infliction of severe psychological or physical pain. The U.N. convention which bans torture in 1984 gives equal weight to psychological and physical techniques. We alone as a society somehow exempt all of these psychological techniques. That dates back, of course, to the way we ratified the convention in the first place.

Back in the early 1990s, when the United States was emerging from the Cold War, and we began this process of, if you will, disarming ourselves and getting beyond all of these techniques, trying to sort of bring ourselves in line with rest of the international community, when we sent that—when President Clinton sent the U.N. Anti-Torture Convention to the U.S. Congress for ratification in 1994, he included four detailed paragraphs of reservation that had, in fact, been drafted by the Reagan administration, and he adopted them without so much as changing a semicolon. And when you read those detailed paragraphs of reservation, what you

18-121

SEP 26 [illegible]

HC00018636

realize is this, is that the United States Congress ratified the treaty, but basically we outlawed only physical torture. Those photographs of reservation are carefully written to avoid one word in the 26 printed pages of the U.N. convention. That word is "mental." Basically, we exempted psychological torture.

Now, another problem for the United States, as well, was when the U.S. Army re-wrote the Army Field Manual in 1992, the same period, while, although let's say the civil authorities were sort of skirting the law by exempting psychological techniques, the U.S. Army re-wrote their field manual with the intention of strictly observing the letter and the spirit of the U.N. Anti-Torture Convention and other similar treaties. So what happened is that when the Defense Department gave orders for extreme techniques, when General Sanchez gave orders for his techniques beyond the Army Field Manual, what that meant is when the soldiers were actually investigated, they had committed crimes under the Uniform Code of Military Justice. They would be prosecuted, and they're all being sent to jail.

AMY GOODMAN: Professor McCoy, you wrote a piece, "Why the McCain Torture Ban Won't Work: The Bush Legacy of Legalized Torture."

ALFRED McCOY: Right. Most Americans think that it's over, that in last year, December 2005, the U.S. Congress passed the Detainee Treatment Act 2005, which in the language of Senator McCain, who was the original author of that amendment to the defense appropriation, the author of that act, it bars all inhumane or cruel treatment, and most people think that's it, that it's over, okay? Actually, what has happened is the Bush administration fought that amendment tooth and nail; they fought it with loopholes. Vice President Cheney went to Senator McCain and asked for a specific exemption for the C.I.A. McCain refused. The National Security Advisor went to McCain and asked for certain kinds of exemptions for the C.I.A. He refused.

So then they started amending it. Basically what happened is, through the process, they introduced loopholes. Look, at the start of the war on terror, the Bush administration ordered torture. President Bush said right on September 11, 2001, when he addressed the nation, "I don't care what the international lawyers say. We're going to kick some ass." Those were his words, and then it was up to his legal advisors in the White House and the Justice Department to translate his otherwise unlawful orders into legal directives, and they did it by crafting three very controversial legal principles. One, that the President, as Commander-in-Chief, could override laws and treaties. Two, that there was a possible defense for C.I.A. interrogators who engage in torture, and the defenses were of two kinds. First of all, they played around with the word "severe," that torture is the infliction of severe pain. That's when Jay Bybee, who was Assistant Attorney General, wrote that memo in which he said, "'severe' means equivalent to organ failure," in other words, right up to the point of death. The other thing was that they came up with the idea of intentionality. If a C.I.A. interrogator tortured, but the aim was information, not pain, then he could say that he was not guilty. The third principle, which was crafted by John Yoo, was Guantanamo is not part of the United States; it is exempt from the writ of U.S. courts. Now, in the process of ratifying—sorry, passing the McCain torture—the torture prohibition, McCain's ban on inhumane treatment, the White House has cleverly twisted the legislation to re-establish these three key principles. In his signing statement on December 30, President Bush said—

AMY GOODMAN: This was the statement that he signed as he signed the McCain so-called ban on torture?

ALFRED McCOY: Right, he emailed it at 8:00 at night from his ranch in Crawford on December 30th, that he was signing this legislation into law. He said, "I reserve the right, as Commander-in-Chief and as head of the unitary executive, to do what I need to do to defend America." Okay, that was the first thing. The next thing that happened is that McCain, as a

18-122

SEP 26

compromise, inserted into the legislation a provision that if a C.I.A. operative engages in inhumane treatment or torture but believes that he or she was following a lawful order, then that's a defense. So they got the second principle, defense for C.I.A. torturers. The third principle was—is that the White House had Senator Lindsey Graham of South Carolina amend McCain's amendment by inserting language into it, saying that for the purposes of this act, the U.S. Navy base at Guantanamo Bay is not on U.S. territory, and last month—

AMY GOODMAN: Ten seconds.

ALFRED McCOY: So, and then in the last month, the Bush administration has gone to federal courts and said, "Drop all of your *habeas corpus* suits from Guantanamo." There are 160 of them. They've gone to the Supreme Court and said, "Drop your Guantanamo case." They have, in fact, used that law to quash legal oversight of their actions.

AMY GOODMAN: We have to leave it there. I want to thank you very much, Professor Al McCoy, for speaking with us, professor of history at University of Wisconsin, Madison, his book *A Question of Torture: C.I.A. Interrogation, from the Cold War to the War On Terror.*

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18-123

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ATTACHMENT D

Medical Ethics and the Interrogation of Guantanamo 063

By Steven Miles

2007. *The American Journal of Bioethics* 7(4):5.

SEP 26 2008

18-124

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Volume 7 Number 4
April 2007

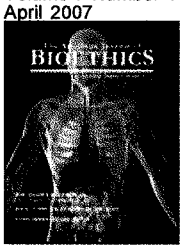


Table of Contents
Current Issue
Past Issues

Article Tools:
E-mail this Article
Top E-mailed Articles

For Authors

Medical Ethics and the Interrogation of Guantanamo 063

by Steven Miles

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Abstract

The controversy over abusive interrogations of prisoners during the war against terrorism spotlights the need for clear ethics norms requiring physicians and other clinicians to prevent the mistreatment of prisoners. Although policies and general descriptions pertaining to clinical oversight of interrogations in United States? war on terror prisons have come to light, there are few public records detailing the clinical oversight of an interrogation. A complaint by the Federal Bureau of Investigation (FBI) led to an Army investigation of an interrogation at the United States prison at Guantanamo Bay. The declassified Army investigation and the corresponding interrogation log show clinical supervision, monitoring and treatment during an interrogation that employed dogs, prolonged sleep deprivation, humiliation, restraint, hypothermia and compulsory intravenous infusions. The interrogation and the involvement of a psychologist, physician and medics violate international and medical norms for the treatment of prisoners.

Main Text

The controversy over clinical collaboration with the interrogational abuse of prisoners during the war against terrorism has renewed interest on the ethics of military clinicians working in prisoner of war facilities. A large literature describes human rights abuses in United States? war on terror prisons and the origin and content of interrogation policies. These policies originated with senior White House, Department of Justice and Department of Defense officials, specified how to stress prisoners during interrogation and were passed down the chain of command to poorly trained and supervised Army interrogators (Fay 2004; Greenberg and Dratel 2005; Margulies 2006).

Secretary of Defense Rumsfeld?s directed that ?interrogations must always be planned deliberate actions that take into account a detainee?s emotional and physical strengths and weaknesses [and] . . . manipulate the detainees emotions and weaknesses to gain his willing cooperation? (Rumsfeld 2003, 5). To this end, General Geoffrey Miller, commander of the detention centers at Guantanamo, created Behavioral Science Consultation Teams (BSCTs), which he defined as, ?teams comprised of operational psychologists and psychiatrists [. . .] essential in developing integrated interrogation strategies and assessing interrogation intelligence production? (Miller 2003, 5). The BSCTs, ?biscuits? as they were colloquially called, reported to intelligence officials who were ultimately responsible for approving interrogational plans and who determined what information was to be solicited from the prisoner (Bloche and Marks 2005; Physicians for Human Rights 2005).

18-125

HC00018636

BSCTs in Iraq and at Guantanamo Bay were chaired by a psychiatrist or psychologist, and advised on how to exploit the prisoners? emotional and physical vulnerabilities and how to monitor the success of the interrogation (Miles 2006). BSCT personnel suggested how to stress, coerce and offer incentives in order to secure information. These behavioral science clinicians designed a two-pronged approach to break the prisoners down. The first was an attack on the cultural self of the Islamic men. As Guantanamo?s Muslim Chaplain James Yee put it, ?Islam is not just a religion; it is a way of life? (Yee 2005, 110). Yee observed that Islamic identity became the most important weapon against the prisoners: prayer times were disrupted, the Koran was handled disrespectfully, and Islamic rules regarding decent interactions between men and womenwere violated (Yee 2005, 100-117). The second approach aimed at a prisoner?s personal vulnerabilities, sometimes using information from the prisoner?s medical record (Miles 2006, 55?65). Rumsfeld?s policy also called for ?qualified medical personnel? to be present or available during harsh interrogations (Rumsfeld 2003). Defense Department documents describe the policies and the clinical vetting and monitoring of interrogations (Miles 2006, 43?67). However, such investigations generally focus on patterns of abuse rather than on elucidating the specific roles of clinicians in individual interrogations.
Ironically, most of Guantanamo Bay prisoners either had no intelligence value or were innocent of Al-Qaeda, Taliban or insurgency activity (Denbeaux et al. 2006).

The Interrogation of Prisoner 063

Two government documents detail medical and psychological participation with the interrogation of Prisoner 063, Mohammed al-Qahtani, at Guantanamo Bay between November 23, 2002 and January 11, 2003 (Zagorin and Duffy 2005). The first is an 83-page interrogation log (ORCON 2003). The second is an Army investigation of complaints of mistreatment of prisoners at Guantanamo Bay, including Prisoner 063 (United States Army 2005, 13?21). The third and fourth are notes taken in relation to that Army investigation (CTD Fly Team 2006; GITMO Investigation 2004). The second set of these notes extensively describes medical collaboration with one or more interrogations but the record is so heavily redacted that it is not possible to determine which, if any, of this material described the interrogation of Prisoner 063 (GITMO Investigation 2004).

According to the Army investigation, the log covers a period in the middle of al-Qahtani?s interrogation that began in the summer of 2002 and continued into 2003. For eleven days, beginning November 23, al-Qahtani was interrogated for twenty hours each day by interrogators working in shifts. He was kept awake with music, yelling, loud white noise or brief opportunities to stand. He then was subjected to eighty hours of nearly continuous interrogation until what was intended to be a 24-hour ?recuperation.? This recuperation was entirely occupied by a hospitalization for hypothermia that had resulted from deliberately abusive use of an air conditioner. Army investigators reported that al-Qahtani?s body temperature had been cooled to 95 to 97 degrees Fahrenheit (35 to 36.1 degrees Celsius) and that his heart rate had slowed to thirty-five beats per minute. While hospitalized, his electrolytes were corrected and an ultrasound did not find venous thrombosis as a cause for the swelling of his leg. The prisoner slept through most of the 42-hour hospitalization after which he was hooded, shackled, put on a litter and taken by ambulance to an interrogation room for twelve more days of interrogation, punctuated by a few brief naps. He was then allowed to sleep for four hours before being interrogated for ten more days, except for naps of up to an hour. He was allowed 12 hours of sleep on January 1, but for the next eleven days, the exhausted and increasingly non-communicative prisoner was only allowed naps of one to four hours as he was interrogated. The log ends with a discharge for another ?sleep period.?

Medical Treatment during Interrogation

Clinicians regularly visited the interrogation cell to assess and treat the prisoner. Medics and a female ?medical representative? checked vital signs several times per day; they assessed for dehydration and suggested enemas for constipation or intravenous fluids for dehydration. The prisoner?s hands and feet became swollen

18-126

SEP 2 6 2008

as he was restrained in a chair. These extremities were inspected and wrapped by medics and a physician. One entry describes a physician checking ?for abrasions from sitting in the metal chair for long periods of time. The doctor said everything was good.? Guards, medics and a physician offered palliative medications such as aspirin to treat his swollen feet.

Intravenous fluids were regular administered over the prisoner?s objection. For example, on November 24, the prisoner refused water. A Captain-interrogator advised him that the medic ?can administer IV [sic: the log?s contraction for intravenous fluids of an unspecified volume is used throughout this article] fluids once the Captain and the Doctor on duty are notified and agree to it.? Nine hours later, after taking vital signs, medical personnel administered ?two bags? of intravenous fluids. Later that day, a physician evaluated al-Qahtani in the interrogation room and told him that he could not refuse medications or intravenous fluids, and that he would not be allowed to die.

The next day, interrogators told the prisoner that he would not be allowed to pray if he would not drink water. Neither a medic nor a physician could insert a standard intravenous catheter, so a physician inserted a ?temporary shunt? to allow an intravenous infusion. The restrained prisoner asked to go the bathroom and was given a urinal instead. Thirty minutes later, he was given ?three and one-half bags of IV [sic]? and he urinated twice in his pants. The next day, the physician came to the interrogation room and checked the restrained prisoner?s swollen extremities and the shunt. The shunt was removed and a soldier told al-Qahtani that he could pray on the floor where he had urinated.

From December 12 to 14, al-Qahtani?s weight went from 119 to 130 pounds (54 to 59 kilograms) after being given six IVs. On December 14, al-Qahtani?s pulse was 42 beats per minute. A physician was consulted by phone and said that ?operations? could continue since there had been no significant change. Al-Qahtani received three more IVs on the December 15 and complained of costophrenic pain. A physician came to the interrogation cell, examined him, made a presumptive diagnosis of kidney stones and instructed the prisoner to take fluids. The next day blood was drawn in the cell.

Psychological Treatment During Interrogation

In October 2002, before the time covered by the log, Army investigators found that dogs were brought to the interrogation room to growl, bark and bare their teeth at al-Qahtani. The investigators noted that a BSCT psychologist witnessed the use of the dog, Zeus, during at least one such instance, an incident deemed properly authorized to ?exploit individual phobias.? FBI agents, however, objected to the use of dogs and withdrew from at least one session in which dogs were used.

Major L., a psychologist who chaired the BSCT at Guantanamo, was noted to be present at the start of the interrogation log. On November 27, he suggested putting the prisoner in a swivel chair to prevent him from fixing his eyes on one spot and thereby avoiding the guards. On December 11, al-Qahtani asked to be allowed to sleep in a room other than the one in which he was being fed and interrogated. The log notes that ?BSCT? advised the interrogators that the prisoner was simply trying to gain control and sympathy.

Many psychological ?approaches? or ?themes? were repetitively used. These included: ?Failure/Worthless,? ?Al Qaeda Falling Apart,? ?Pride Down,? ?Ego Down,? ?Futility,? ?Guilt/Sin Theme (with Evidence/Circumstantial Evidence,? etc. Al-Qahtani was shown videotapes entitled ?Taliban Bodies? and ?Die Terrorist Die.? Some scripts aimed at his Islamic identity bore names such as ?Good Muslim,? ?Bad Muslim,? ?Judgment Day,? ?God?s Mission? and ?Muslim in America.? Al-Qahtani was called ?unclean? and ?Mo? [for Mohammed]. He was lectured on the true meaning of the Koran, instruction that especially enraged him when done by female soldiers. He was not told, despite asking, that some of the interrogation took place during Ramadan, a time when Moslems have special obligations. He was not allowed to honor prayer times. The Koran was intentionally and disrespectfully placed on a television (an authorized control measure) and a guard ?unintentionally? squatted over it while harshly addressing the prisoner.

18-137

Transgressions against Islamic and Arab mores for sexual modesty were employed. The prisoner was forced to wear photographs of ?sexy females? and to study sets of such photographs to identify whether various pictures of bikini-clad women were of the same or a different person. He was told that his mother and sister were whores. He was forced to wear a bra, and a woman?s thong was put on his head. He was dressed as a woman and compelled to dance with a male interrogator. He was told that he had homosexual tendencies and that other prisoners knew this. Although continuously monitored, interrogators repeatedly strip-searched him as a ?control measure.? On at least one occasion, he was forced to stand naked with women soldiers present. Female interrogators seductively touched the prisoner under the authorized use of approaches called ?Invasion of Personal Space? and ?Futility.? On one occasion, a female interrogator straddled the prisoner as he was held down on the floor.

Other degrading techniques were logged. His head and beard were shaved to show the dominance of the interrogators. He was made to stand for the United States national anthem. His situation was compared unfavorably to that of banana rats in the camp. He was leashed (a detail omitted in the log but recorded by investigators) and made to ?stay, come, and bark to elevate his social status up to a dog.? He was told to bark like a happy dog at photographs of 9/11 victims and growl at pictures of terrorists. Some psychological routines referred to the 9/11 attacks. He was shown pictures of the attacks, and photographs of victims were affixed to his body. The interrogators held one exorcism (and threatened another) to purge evil Jinns that the disoriented, sleep deprived prisoner claimed were controlling his emotions. The interrogators quizzed him on passages from a book entitled, ?What makes a Terrorist and Why?,? that asserted that people joined terrorist groups for a sense of belonging and that terrorists must dehumanize their victims as a way to avoid feelings of guilt at their crimes.

Discussion

Clinicians were integral to this abusive interrogation. Medics regularly assessed al-Qahtani?s vital signs, hydration, skin integrity and constipation. They attended to edema that appears to have resulted from a combination of prolonged restraint, recumbency and (perhaps) nutritional insufficiency. Physicians came to the interrogation cell to assess or treat dehydration, inanition, pain, edema and potential trauma from prolonged restraint to a metal chair. A physician told interrogators over the telephone that interrogation could continue despite bradycardia. Inpatient clinicians treated hypothermia-induced bradycardia and returned him to the interrogators. The Behavioral Science Consultation Team and its psychologist Chair oversaw the interrogation, including the use of a military dog to threaten the prisoner, and directly suggested responses to the prisoner?s requests and actions.

The Army investigation, instigated by an FBI complaint rather than by clinicians, focused on whether the interrogation techniques were authorized by Defense Department policy. The investigators found that the prolonged sleep deprivation was authorized. Cooling with an air conditioner was authorized ?environmental manipulation.? Notwithstanding bradycardia requiring hospitalization, the investigators asserted, ?There are no medical entries indicating the subject . . . ever experienced medical problems related to low body temperature? (Bashour, Gualberto and Ryan 1989). Investigators noted a second episode of bradycardia in February 2003 after the period covered by interrogation log. Army investigators found no evidence that al-Qahtani was ever physically assaulted and pointed out that medical records did not find evidence of physical assault or ?medical conditions of note.? They concluded that there was ?no evidence that [al-Qahtani] . . . was subjected to humiliation intentionally directed at his religion.? They found that the cumulative effect of this ?creative, aggressive, and persistent? interrogation was ?degrading and abusive? but did not constitute ?torture? or ?inhumane? treatment but did not define distinctions between these words. Not finding torture or inhumane treatment, the Army recommended closing the investigation.

Defense Department officials defend this interrogation as conducted according to a ?very detailed plan? by ?trained professionals in a controlled environment, with active supervision and oversight? (Department of Defense 2005). They allege that al-Qahtani was the twentieth hijacker who provided valuable intelligence about Al Qaeda operations and 9/11 planning, and that he identified ?about 30? bin Laden

18-128

HC00018636

bodyguards held at Guantanamo. No trials are known to have resulted from this information, however, and al-Qahtani professes to be a broken man who gave false information under pressure (Zagorin 2006).

International law squarely prohibits this kind of interrogation. The Geneva Convention relative to the Treatment of Prisoners of War states,

> Persons . . . placed hors de combat by . . . detention shall in all circumstances be treated humanely ... To this end the following acts are and shall remain prohibited at any time and in any place whatsoever . . . (c) Outrages upon personal dignity, in particular, humiliating and degrading treatment; ? No physical or mental torture, nor any other form of coercion, may be inflicted on prisoners of war to secure from them information of any kind whatever. Prisoners of war who refuse to answer may not be threatened, insulted, or exposed to any unpleasant or disadvantageous treatment of any kind (Geneva Convention 1949).

Similarly, the United Nations? Convention Against Torture defines ?torture? as ?any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, ... at the instigation of . . . a public official? (United Nations General Assembly 1984). Although the United States Supreme Court upheld the Geneva Convention in its Hamdan decision (Hamdi v. Rumsfeld, 124 S. Ct. 2633 [2004]), the recently enacted Military Commissions Act denies prisoners the right to invoke the Geneva provisions (Military Commissions Act of 2006).

Numerous ethics codes proscribe medical complicity with harsh interrogation. In response to public outcry against clinical participation in coercive interrogations at war on terror prisons, the American Medical Association and the American Psychiatric Association have endorsed more stringent codes for military clinicians who are asked to participate in interrogation (Table 1). The American Psychological Association (APA) has taken a different tack and allows psychologists to assist in military interrogations (APA 2006). Although it bars psychologists from assisting in torture or cruel, inhuman or degrading treatment, its restrictive definition of those terms follows the United States? reservations to the United Nations? Convention Against Torture (APA Council of Representatives 2006). The APA asserts that psychologists are trained to detect and prevent ?behavioral drift? that can lead to unethical interrogations (Behnke 2006). This optimistic view of behavioral clinicians is contradicted by many examples of psychologists and psychiatrists who have collaborated with torture in diverse countries.

Table 1. Selected Excerpts from Medical Ethics Codes and Conventions Addressing Clinicians Roles in Interrogation.

United Nations General Assembly. Principles of Medical Ethics Relevant to the Protection of Prisoners Against Torture (1982).

> It is a gross contravention of medical ethics, . . . for health personnel, particularly physicians, to [1] engage, actively or passively, in acts which constitute participation in, complicity in, incitement to or attempts to commit torture or other cruel, inhuman or degrading treatment or punishment, . . . [2] be involved in any professional relationship with prisoners or detainees the purpose of which is not solely to evaluate, protect or improve their physical and mental health, . . . [3] (a) apply their knowledge and skills in order to assist in the interrogation of prisoners . . . in a manner that may adversely affect the physical or mental health or condition of such prisoners . . . ; (b) certify, or to participate in the certification of, the fitness of prisoners . . . for any form of treatment or punishment that may adversely affect their physical or mental health . . . or to participate in any way in the infliction of any such treatment or punishment . . . , [4] participate in any procedure for restraining a prisoner . . . unless such a procedure is determined in accordance with purely medical criteria as being necessary for the protection of the physical or mental health or the safety of the prisoner or detainee himself . . . and presents no hazard to his physical or mental health.

World Medical Association. Guidelines for Medical Doctors concerning Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in relation to Detention and Imprisonment, [Declaration of Tokyo] (1975).

> The doctor?s fundamental role is to alleviate the distress of his or her fellow men, and no motive whether personal, collective or political shall prevail against this higher purpose.

18 -109

HC00018636

> The doctor shall not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures, whatever the offence of which the victim of such procedure is suspected, accused or guilty, and whatever the victim?s belief or motives, and in all situations, including armed conflict and civil strife.
>
> The doctor shall not provide any premises, instruments, substances or knowledge to facilitate the practice of torture or other forms of cruel, inhuman or degrading treatment or to diminish the ability of the victim to resist such treatment. The doctor shall not be present during any procedure during which torture or other forms of cruel, inhuman or degrading treatment are used or threatened.

American Psychiatric Association (2006).

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

American Medical Association (2006).

> Physicians must neither conduct nor directly participate in an interrogation, because a role as physician-interrogator undermines the physicians? role as healer and thereby erodes trust in both the individual physician-interrogator and in the medical profession. Physicians should not monitor interrogations with the intention of intervening in the process, because this constitutes direct participation in interrogation. Physicians may participate in developing effective interrogation strategies that are not coercive but are humane and respect the rights of individuals. When physicians have reason to believe that interrogations are coercive, they must report their observations to the appropriate authorities. If authorities are aware of coercive interrogations but have not intervened, physicians are ethically obligated to report the offenses to independent authorities that have the power to investigate or adjudicate such allegations.

Royal College of Psychiatrists (2006).

> The Royal College of Psychiatrists welcomes the following statements in the Surgeon General?s Policy Letter Medical Support to Persons Detained by UK Forces whilst on Operations:
>
> a. ?It is a gross contravention of medical ethics, as well as an offence under applicable international instruments and UK law for health personnel, particularly registered medical practitioners, to engage, actively or passively, in acts which constitute participation in, complicity in, incitement to or attempts to commit torture or other cruel, inhuman or degrading treatment or punishment.?
>
> b. ?Health personnel are only to be involved in professional relationships with prisoners or detainees for the purposes of evaluating, protecting or improving their physical and mental health.?
>
> c. ?Health personnel are not to: i. Apply their knowledge and skills in order to assist in the interrogation of prisoners and detainees in a manner that may adversely affect their physical or mental health; this includes certifying or stating that a detainee meets a specific mental or physical standard for interrogation. ii. Certify, or to participate in the certification of, the fitness of prisoners or detainees for any form of treatment or punishment that may adversely affect their physical or mental health, or to participate in any way in the infliction of any such treatment or punishment. iii. Question detainees about matters unless they are relevant to their medical care.?

The diverse clinical societies? ethics codes should be harmonized and unequivocally grounded on the standards in international laws like the Geneva Convention. In this way, the United States medical community would express its accountability to international law and be able to call upon foreign governments and medical communities to do likewise.

In that the al-Qahtani interrogation is a case report, limited inferences can be drawn. However, it does comport with the larger literature on clinical involvement with interrogations in war on terror prisons. Al-Qahtani was an important suspect;

18-190

OCT 2 6 2007

undoubtedly, his interrogation was especially, although not uniquely, harsh. Less severe interrogations used similar techniques and also involved clinicians. The Defense Department could address concerns about interrogations and clinicians by declassifying more logs. Such logs do not contain national security data. Medical societies have not called for an independent assessment of the clinical roles during interrogations.

This interrogation illuminates the flaw in the Defense Department? policy that proposes a distinction between the ethical duties of clinicians who treat a prisoner and those who assist interrogators (Assistant Secretary of Defense 2005; Department of Defense 2006). It is untenable to propose that 063?s hospital physician had a duty to treat hypothermic bradycardia and accommodate the interrogational clinician who supervised the ?environmental manipulation.? The physician in the interrogation cell who ordered parenteral fluids over the prisoner?s objection did not simply treat a dehydrated patient, he or she prolonged a harsh interrogation. The psychologist who oversaw the use of dogs, sleep deprivation and culturally-targeted humiliation was using clinical insights and the tools of behavioral science to break a prisoner down rather than to establish rapport for cross cultural negotiation. Al-Qahtani had no treating psychologist. This problem is not resolved by simplistically invoking ?dual loyalty ethics.? In this situation, dual loyalty ethics, like international law, obliges the clinicians who work in environments pressuring them to do otherwise to hold the wellbeing of their imprisoned patients as their primary obligation (International Dual Loyalty Working Group 2002).

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18-131

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18-182

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FULL TEXT

Back to Top

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18-193

Attachment E
Page 1 of 3

SECRET

US Department of Justice

Federal Bureau of Investigation

Washington, D C 20535-0001

July 14, 2004

Major General Donald J. Ryder
Department of the Army
Criminal Investigation Command
6010 6th Street
Fort Belvoir, Virginia 22060-5506

Re. Suspected Mistreatment of Detainees

Dear General Ryder

I appreciate the opportunity I had to meet with you last week. As part of a follow up on our discussion on detainee treatment, I would like to alert you to three situations observed by agents of the Federal Bureau of Investigation (FBI) of highly aggressive interrogation techniques being used against detainees in Guantanamo (GTMO). I refer them to you for appropriate action

1 During late 2002, FBI Special Agent [redacted] was present in an observation room at GTMO and observed [redacted] (first name unknown) [redacted] conducting an interrogation of an unknown detainee. (SA [redacted] was present to observe the interrogation occurring in a different interrogation room.) [redacted] entered the observation room and complained that curtain movement at the observation window was distracting the detainee, although no movement of the curtain had occurred. She directed a marine to duct tape a curtain over the two-way mirror between the interrogation room and the observation room. SA [redacted] characterized this action as an attempt to prohibit those in the observation room from witnessing her interaction with the detainee. Through the surveillance camera monitor, SA [redacted] then observed [redacted] position herself between the detainee and the surveillance camera. The detainee was shackled and his hands were cuffed to his waist. SA [redacted] observed [redacted] apparently whispering in the detainee's ear, and caressing and applying lotion to his arms (this was during Ramadan when physical contact with a woman would have been particularly offensive to a Moslem male). On more than one occasion the detainee appeared to be grimacing in pain, and [redacted]'s hands appeared to be making some contact with the detainee. Although SA [redacted] could not see her hands at all times, he saw them moving towards the detainee's lap. He also observed the detainee pulling away and against the restraints. Subsequently, the marine who had previously taped the curtain and had been in the interrogation room with [redacted] during the interrogation re-entered the observation room

b6 -1,2
b7C -1,2

66F-HQ-A1234210
TJH.tjh (2)

DETAINEES-3823

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

SECRET

DATE: 11-17-2004
CLASSIFIED BY: 65179DMH/BCP/ESW 04-CV-0194
REASON: 1.4 (C)
DECLASSIFY ON: 11-17-2029

18-134

4622

HC00018636

General Donald J. Ryder

b6 -1,2
b7C -1,2

SA asked what had happened to cause the detainee to grimace in pain. The marine said had grabbed the detainee's thumbs and bent them backwards and indicated that she also grabbed his genitals. The marine also implied that her treatment of that detainee was less harsh than her treatment of others by indicating that he had seen her treatment of other detainees result in detainees curling into a fetal position on the floor and crying in pain.

2. Also in October 2002, FBI Special Agent was observing the interrogation of a detainee when a civilian contractor, came into the observation room and asked SA to come see something. SA then saw an unknown bearded, long-haired detainee in another interrogation room. SA asked Mr. whether the detainee had spit at the interrogators. Mr. laughed and stated that the detainee had been chanting the Koran and would not stop. Mr. did not answer when SA asked

b1
b6 -1,2,5
b7C -1,2,5

3. In September or October of 2002 FBI agents observed that a canine was used in an aggressive manner to intimidate detainee and, in November 2002, FBI agents observed Detainee after he had been subjected to intense isolation for over three months. During that time period, was totally isolated (with the exception of occasional interrogations) in a cell that was always flooded with light. By late November, the detainee was evidencing behavior consistent with extreme psychological trauma (talking to non-existent people, reporting hearing voices, crouching in a corner of the cell covered with a sheet for hours on end). It is unknown to the FBI whether such extended isolation was approved by appropriate DoD authorities.

b6 -4
b7C -4

These situations were referenced in a May 30, 2003 electronic communication (EC) from the Behavioral Analysis Unit of the FBI to FBI Headquarters. That EC attached, among other documents, a draft Memorandum for the Record dated 15 January 2003 from Capt (USAFR), that refers to the first two events among others in a time line of events related to discussions concerning the use of aggressive interrogation techniques. Marion Bowman of the FBI's Office of General Counsel discussed the contents of those communications with Mr. Dietz, Deputy General Counsel (Intelligence) and Mr. Del'Orto, Deputy General Counsel of DoD, around the time the EC was received. Although he was assured that the general concerns expressed, and the debate between the FBI and DoD regarding the treatment of detainees was known to officials in the Pentagon, I have no record that our specific concerns regarding these three situations were communicated to DoD for appropriate action.

b6 -2
b7C -2

Attachment E
Page 3 of 3

General Donald J. Ryder

If I can provide any further information to you, please do not hesitate to call.

Sincerely yours,

T J. Harrington
Deputy Assistant Director
Counterterrorism Division

DETAINEES-3825

18-136
4624

Attachment F

TAB 7

Rhodes, Barry A

From: Zolper, Peter C
Sent: Wednesday, August 27, 2003 4:02 PM
To: Fallon, Mark
Cc: Rhodes, Barry A
Subject: (U) RE: Counter Resistance Strategy Meeting Minutes

Classification: UNCLASSIFIED//FOR OFFICIAL USE ONLY

Barry

-----Original Message-----
From: Fallon, Mark
Sent: Wednesday, August 27, 2003 12:46 PM
To: Zolper, Peter C
Subject: FW: Counter Resistance Strategy Meeting Minutes

R/Mark Fallon
Deputy Commander/SAC
[redacted]

-----Original Message-----
From: Fallon Mark
Sent: Monday, October 28, 2002 4:52 PM
To: McCahon Sam
Cc: Mallow Brittain; Thomas Blaine; Johnson Scott; Smith David
Subject: RE: Counter Resistance Strategy Meeting Minutes

Sam:
We need to ensure seniors at OGC are aware of the 170 strategies and how it might impact CITF and Commissions. This looks like the kinds of stuff Congressional hearings are made of. Quotes from LTC Beaver regarding things that are not being reported give the appearance of impropriety. Other comments like "It is basically subject to perception. If the detainee dies you're doing it wrong" and "Any of the techniques that lie on the harshest end of the spectrum must be performed by a highly trained individual. Medical personnel should be present to treat any possible accidents." seem to stretch beyond the bounds of legal propriety. Talk of "wet towel treatment" which results in the lymphatic gland reacting as if you are suffocating, would in my opinion; shock the conscience of any legal body looking at using the results of the interrogations or possibly even the interrogators. Someone needs to be considering how history will look back at this.

R/Mark Fallon
Deputy Commander
Criminal Investigation Task Force
[redacted]

18-137

Attachment F
TAB 7

-----Original Message-----
From: Thomas Blaine
Sent: Thursday, October 24, 2002 7:57 PM
To: McCahon Sam; Johnson Scott; Fallon Mark
Subject: FW: Counter Resistance Strategy Meeting Minutes

Sam,

Very interesting reading on how detainees are being treated for info.

Scott, Mark,

FYI

Blaine

Counter Resistance Strategy Meeting Minutes

Persons in Attendance:

COL Cummings, LTC Phifer, CDR Bridges, LTC Beaver, MAJ Burney, MAJ Leso, Dave Becker, John Fredman, 1LT Seek, SPC Pimentel

The following notes were taken during the aforementioned meeting at 1340 on October 2, 2002. All questions and comments have been paraphrased:

BSCT Description of SERE Psych Training (MAJ Burney and MAJ Leso)

- Identify trained resisters
  - Al Qaeda Training
- Methods to overcome resistance
  - Rapport building (approach proven to yield positive results)
  - Friendly approach (approach proven to yield positive results)
  - Fear Based Approaches are unreliable, ineffective in almost all cases
- What's more effective than fear based strategies are camp-wide, environmental strategies designed to disrupt cohesion and communication among detainees.
  - Environment should foster dependence and compliance

LTC Phifer	Harsh techniques used on our service members have worked and will work on some, what about those?
MAJ Leso	Force is risky, and may be ineffective due to the detainees' frame of reference. They are used to seeing much more barbaric treatment.
Becker	Agreed

→ At this point a discussion about ISN 63 ensued, recalling how he has responded to certain types of deprivation and psychological stressors. After short discussion the BSCT continued to address the overall manipulation of the detainees' environment.

18-138

SEP 26 2008

Attachment F

BSCT continued:

- Psychological stressors are extremely effective (ie, sleep deprivation, withholding food, isolation, loss of time)

COL Cummings We can't do sleep deprivation
LTC Beaver Yes, we can - with approval.

- Disrupting the normal camp operations is vital. We need to create an environment of "controlled chaos"

LTC Beaver We may need to curb the harsher operations while ICRC is around. It is better not to expose them to any controversial techniques. We must have the support of the DOD.

Becker We have had many reports from Bagram about sleep deprivation being used.

LTC Beaver True, but officially it is not happening. It is not being reported officially. The ICRC is a serious concern. They will be in and out, scrutinizing our operations, unless they are displeased and decide to protest and leave. This would draw a lot of negative attention.

COL Cummings The new PSYOP plan has been passed up the chain
LTC Beaver It's at J3 at SOUTHCOM.

Fredman The DOJ has provided much guidance on this issue. The CIA is not held to the same rules as the military. In the past when the ICRC has made a big deal about certain detainees, the DOD has "moved' them away from the attention of ICRC. Upon questioning from the ICRC about their whereabouts, the DOD's response has repeatedly been that the detainee merited no status under the Geneva Convention. The CIA has employed aggressive techniques on less than a handful of suspects since 9/11.
Under the Torture Convention, torture has been prohibited by international law, but the language of the statutes is written vaguely. Severe mental and physical pain is prohibited. The mental part is explained as poorly as the physical. Severe physical pain described as anything causing permanent damage to major organs or body parts. Mental torture described as anything leading to permanent, profound damage to the senses or personality. It is basically subject to perception. If the detainee dies you're doing it wrong. So far, the techniques we have addressed have not proven to produce these types of results, which in a way challenges what the BSCT paper says about not being able to prove whether these techniques will lead to permanent damage. Everything on the BSCT white paper is legal from a civilian standpoint.[Any questions of severe weather or temperature conditions should be deferred to medical staff.] Any of the techniques that lie on the harshest end of the spectrum must be performed by a highly trained individual. Medical personnel should be present to treat any possible accidents. The CIA operates without military intervention. When the CIA has wanted to use more aggressive techniques in the past, the FBI has pulled their personnel from theatre. In those rare instances, aggressive techniques have proven very helpful.

LTC Beaver We will need documentation to protect us

18-139

SEP 26 [illegible]

Attachment F

Fredman	Yes, if someone dies while aggressive techniques are being used, regardless of cause of death, the backlash of attention would be severely detrimental. Everything must be approved and documented.
Becker	LEA personnel will not participate in harsh techniques
LTC Beaver	There is no legal reason why LEA personnel cannot participate in these operations
→At this point a discussion about whether or not to video tape the aggressive sessions, or interrogations at all ensued.	
Becker	Videotapes are subject to too much scrutiny in court. We don't want the LEA people in aggressive sessions anyway.
LTC Beaver	LEA choice not to participate in these types of interrogations is more ethical and moral as opposed to legal.
Fredman	The videotaping of even totally legal techniques will look "ugly".
Becker	(Agreed)
Fredman	The Torture Convention prohibits torture and cruel, inhumane and degrading treatment. The US did not sign up on the second part, because of the 8th amendment (cruel and unusual punishment), but we did sign the part about torture. This gives us more license to use more controversial techniques.
LTC Beaver	Does SERE employ the "wet towel" technique?
Fredman	If a well-trained individual is used to perform this technique it can feel like you're drowning. The lymphatic system will react as if you're suffocating, but your body will not cease to function. It is very effective to identify phobias and use them (ie, insects, snakes, claustrophobia). The level of resistance is directly related to person's experience.
MAJ Burney	Whether or not significant stress occurs lies in the eye of the beholder. The burden of proof is the big issue. It is very difficult to disprove someone else's PTSD.
Fredman	These techniques need involvement from interrogators, psych, medical, legal, etc.
Becker	Would we get blanket approval or would it be case by case?
Fredman	The CIA makes the call internally on most of the types of techniques found in the BSCT paper, and this discussion. Significantly harsh techniques are approved through the DOJ.
LTC Phifer	Who approves ours? The CG? SOUTHCOM CG?
Fredman	Does the Geneva Convention apply? The CIA rallied for it not to.
LTC Phifer	Can we get DOJ opinion about these topics on paper?
LTC Beaver	Will it go from DOJ to DOD?
LTC Phifer	Can we get to see a CIA request to use advanced aggressive techniques?
Fredman	Yes, but we can't provide you with a copy. You will probably be able to look at it. An example of a different perspective on torture is Turkey. In Turkey they say that interrogation at all, or anything you do to that results in the subject betraying his comrades is torture.
LTC Beaver	In the BSCT paper it says something about "imminent threat of death", ...
Fredman	The threat of death is also subject to scrutiny, and should be handled on a case by case basis. Mock executions don't work as well

18-140

SH 26

Attachment F

as friendly approaches, like letting someone write a letter home, or providing them with an extra book.

Becker I like the part about ambient noise.

→At this point a discussion about ways to manipulate the environment ensued, and the following ideas were offered:

- Medical visits should be scheduled randomly, rather than on a set system
- Let detainee rest just long enough to fall asleep and wake him up about every thirty minutes and tell him it's time to pray again
- More meals per day induce loss of time
- Truth serum; even though it may not actually work, it does have a placebo effect.

Meeting ended at 1450.

18141

AMERICAN PSYCHOLOGICAL ASSOCIATION

July 21, 2008

CONFIDENTIAL

Trudy Bond, EdD
PRIVACY REDACTION

Dear Dr. Bond:

This is to acknowledge receipt of your letter of July 17, 2008.

You are correct, that a complainant is not bound by confidentiality. The Ethics Office, however, is bound to follow the Ethics Committee Rules and Procedures regarding confidentiality. Therefore, it is Ethics Office policy to label all correspondence regarding an ethics complaint "confidential."

Our letter of July 3, 2008 was intended to ensure that you have had the opportunity to provide APA with the materials you believe are relevant to this matter. Please supply the information requested and any additional information you deem relevant at your earliest convenience.

Thank you for your cooperation.

Sincerely,

Patricia Dixon
Board and Investigative Officer
Office of Ethics

750 First Street, NE
Washington, DC 20002-4242
(202) 336-5500
(202) 336-6123 TDD

Web: www.apa.org

17

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TRUDY BOND, Ed.D.
Counseling Psychology
PRIVACY REDACTION

CONFIDENTIAL

JUL 18 2008

July 17, 2008

Patricia Dixon
Board and Investigative Officer
Office of Ethics, APA

By Facsimile (202) 336-5997 and US Certified Mail

Dear Ms. Dixon:

Your letter dated July 3, 2008, regarding the ethics complaint I initially filed against Dr. John Leso in April of 2007 requires comments and questions. My response to the information you have requested will come at a later time.

I would like to know on what grounds you have described this communication as "Confidential." There is nothing in the APA Ethics Code that obligates me to confidentiality as the complainant. In addition, there is no information provided in your letter to me that would require confidentiality.

Dr. Leso's acts of torture are very much in the public domain today, as they should be, even more so than when I initially filed my complaint, though the documentation at that time was sufficient to open an investigation. His acts of torture were official acts of a member of our military presumably acting under orders. These acts are not protected by the doctrine of state secrets, and were enabled by legal opinions at the highest levels of the Bush Administration which themselves are in the public domain.

As stated previously, I will supply the information you have requested, although I am quite aware that APA already knows the answers to these questions. It is curious that you are requesting hard copies of my online documentation, which appears to be simply another delay tactic. APA is required to initially INVESTIGATE my complaint, not prove the allegations

16

without an investigation. To date, it appears that my function is that of an investigative officer for APA, not a complainant. I shudder to think that this is the typical APA action when a complaint against an APA-member psychologist alleging sexual abuse of a patient is received.

Sincerely,

Dr. Trudy Bond

JUL 18 2008

16A

TRUDY BOND, Ed.D.
Counseling Psychology
PRIVACY REDACTION

JUL 18 2008

PRIVACY REDACTION

Transmitting 3 pages (including cover)

Date: 7.17.08 Time: 5p.m.

To: Patricia Dixon - APA 202-336-5997

From: above

Comments:

If you have any problems with this fax, please call PRIVACY REDACTION

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161

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

July 3, 2008

CONFIDENTIAL

Trudy Bond, EdD
PRIVACY REDACTION

Dear Dr. Bond:

Thank you for your letter regarding your ethics complaint against Dr. John Leso, PhD. In order to find a violation of the Ethics Code, the Ethics Committee has the burden of proving the allegations. To that end, it will be helpful if you could provide hard copies of the materials made reference to in your most recent attachments and highlight specifically where the materials address the respondent's behavior.

In addition, if would also be very helpful if you could please indicate what prohibitions set forth by APA the behaviors highlighted in the materials violate.

Please indicate whether any of the materials provide the following information:

- How many individuals were part of the consultation team when the actions described in your complaint occurred;
- Whether there was a psychiatrist on the consultation team when the actions described in your complaint occurred;
- In instances where the respondent is not named specifically, evidence regarding whether the individual in question is, in fact, the respondent.

We appreciate your attention to these matters in our effort to ensure that your complaint receives a thorough review of all relevant information. In addition to the material above, please provide the Office any other information you believe relevant to our evaluation of the respondent's behavior.

Thank you for your cooperation.

Sincerely,

Patricia Dixon

Patricia Dixon
Board and Investigative Officer
Office of Ethics

750 First Street, NE
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15

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Counseling Psychology
PRIVACY REDACTION

CONFIDENTIAL

MAY 2 1 2008

May 21, 2008

Amrit Singh, Esq.
American Civil Liberties Union
125 Broad St., 18th Floor
New York, NY 10004

Ms. Singh:

I share with you the following open letter published at Counterpunch on May 19, 2008

An Open Letter to Dr. Stephen Behnke
Director of Ethics
American Psychological Association

If Not Now, When?

Dear Dr. Behnke:

In your letter as Ethics Director for the American Psychological Association dated May 15, 2008 to the ACLU, you wrote: "APA will adjudicate any allegation that an APA member has engaged in unethical conduct. If you have information that a psychologist has engaged in torture, I ask that you immediately bring this information to my attention."

Please excuse me if I sound a little impatient. Our profession has been hearing much the same theme from APA presidents for the past three years.

Gerald Koocher, APA President 2006: "I should also note that A.P.A. has taken a very strong stance against the use of torture, inhumane, and degrading treatment, and if anyone is able to identify A.P.A. members who have been involved in such activities, we will take disciplinary action."

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14

Sharon Brehm, APA President 2007: "Any allegations that a member has violated APA's strict prohibition against engaging in torture or cruel, inhuman, or degrading treatment will be investigated and, if the evidence warrants, adjudicated."

Alan E. Kazdin, APA President 2008: "Any APA member found to have violated this prohibition would be subject to sanction under our Code of Ethics." (personal letter)

The APA leadership was long ago given hard evidence of misconduct by an APA member. A complaint was first filed by another source with your office against APA member Dr. John Leso in August of 2006. Dr. Leso's violation of APA ethics is widely known by those who are distressed about the torture that the United States has committed against detainees at Guantanamo and elsewhere. Dr. Leso was indisputably present in the interrogation and severe torture of Mohammad al-Qahtani, held at Guantanmo since 2002. The extent of al-Qahtani's torture was documented by Dr. Steven Miles from a log of al-Qahtani's interrogations. Mohammad al-Qahtani was one of the six detainees at Guantanamo for whom charges were finally brought in February of this year, and was set to stand trial. However, the Pentagon recently dropped charges against al-Qahtani, with much speculation that this decision was based on the knowledge of the torture he has endured -- torture which Dr. Leso enabled as a psychologist and member of APA.

Dr. Leso maintains a valid license in the State of New York until 2009, and has been a member in good standing of the American Psychological Association since 1996.

I realize that "justice walks with leaden feet," (though few realize this statement belongs to Harry Weinberger, attorney for Emma Goldman), but my experience with the APA Office of Ethics in fulfilling the above promises feels more than leaden.

What follows is a synopsis of my attempts to achieve the VERY response YOU PLEDGED in your letter to the ACLU.

April 11, 2007 by Facsimile
To: Stephen Behnke, APA Director of Ethics
Dr. Behnke:
I am filing an ethics complaint against Dr. John F. Leso, a member of APA since 1996. The behavior at issue is participation in cruel, inhumane and degrading treatment as documented in the INTERROGATION LOG of DETAINNEE 063 at Guantanamo.
Sincerely,
Dr. Trudy Bond

MAY 2 1 2008

14-A

April 11, 2007
From: APA Office of Ethics
Dear Dr. Bond:
This is to acknowledge your inquiry received April 11, 2007 indicating your intent to file a complaint against Dr. John F. Leso . . . Once your completed complaint form is received, we will determine whether it is within the time limits for filing . . . We await your response.

April 15, 2007
To: APA Office of Ethics
Fr: Dr. Trudy Bond
Member Against Whom You Are Complaining: Dr. John Franklin Leso. Major John Franklin Leso was licensed by a psychologist by the state of New York and retains license number 013492 until July, 2009. He is currently an active APA member and has been since 1996.

September 4, 2007
To: Stephen Behnke, APA Director of Ethics
Fr: Dr. Trudy Bond
Attached is a copy of the form I submitted to the APA Ethics Committee on April 15, 2007 regarding APA member John Leso. I have received no acknowledgment of or response to said complaint, and therefore am resubmitting this complaint.

December 24, 2007
To: Stephen Behnke, APA Director of Ethics, by email
Fr: Dr. Trudy Bond
I filed a second formal complaint against John Leso on September 4, 2007 after i had received no contact form APA regarding the first complaint filed in April of this year. The APA Office of Ethics has not even acknowledged receipt of the complaints I filed.

December 24, 2007
Fr: Stephen Behnke, APA Director of Ethics
Dear Dr. Bond,
The Ethics Office does not respond in email to questions regarding specific ethics matters . . please write or fax the Ethics Office and I will ensure that you receive an expeditious response.

January 3, 2008
To: Stephen Behnke, APA Director of Ethics
Fr: Dr. Trudy Bond
As per your request of 12/24/07, I am resending my letter of that date to you by U.S. Postal Mail asking that you inform me of the status of my ethical complaints against Dr. John Leso.

MAY 2 1 2008

14-B

January 23, 2008
Fr: Stephen Behnke, APA Director of Ethics
Dear Dr. Bond,
Thank you for your letter of January 3 . . . I am out of the country and will respond to your question as soon as I return.

February 6, 2008
Fr: Stephen Behnke, APA Director of Ethics
Dear Dr. Bond,
Our records indicate that on April 11, 2007 you contacted the Ethics Office and indicated a wish to file a complaint against Dr. John Leso . . . Our records indicate that as of October, 2007, the Office had received neither the complaint form nor any additional information from you. As a result, on October 11, the inquiry was closed. . . It appears that you took the complainant packet sent in April . . . and used it to file a complaint against (redacted) . . . the complaint form you submitted in the (redacted) matter has Dr. Leso's name covered by "white out" . . .To date, we have not received any complaint from you against Dr. Leso.

February 12, 2008
To: Stephen Behnke, APA Director of Ethics
Fr: Dr. Trudy Bond
The complaint against Dr. Leso dated 4/15/07 was never acknowledged by APA. On 9/4/07, I resubmitted the same APA form that I had sent to your office on April 15, 2007. This complaint also was never acknowledged.

February 27, 2008
Fr: Office of Ethics
Dear Dr. Bond:
This is to acknowledge receipt of the completed Ethics Complaint Form and materials for the complaint filed against James F. Leso, PhD.

May 2, 2008
To: Stephen Behnke, APA Director of Ethics
Fr: Dr. Trudy Bond
Re: Dr. John F. Leso
. . . I have received no information regarding this complaint.

As you well know, Dr. Behnke, Dr. Leso is not the only psychologist who has had complaints filed against him for involvement in torture, complaints that have not been "adjudicated" by your

MAY 2 1 2008

14C

office. America's role as a torture nation is part of our national emergency. It's past time for APA to match words with deeds.

If not now, when?

Sincerely,

Dr. Trudy Bond

cc: Dr. Stephen Behnke

MAY 2 1 2008

14D

TRUDY BOND, Ed.D.
Counseling Psychology
PRIVACY REDACTION

PRIVACY REDACTION

Transmitting 6 pages (including cover)

Date: 5.21.08 Time: 4p.m.

To: Stephen Behnke 202.336.5997

From: Above

Comments:

If you have any problems with this fax, please call PRIVACY REDACTION

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MAY 21 2008

14-1

TRUDY BOND, Ed.D.
Counseling Psychology
PRIVACY REDACTION

May 16, 2008

CONFIDENTIAL

CORRECTION

MAY 19 2008

Dr. Stephen Behnke
Director, Ethics Office
750 First Street, NE
Washington, DC 20002

and

Patricia Dixon
Board and Investigative Officer
750 First Street, NE
Washington, DC 2002

By Facsimile (202) 336-5997 and U.S. Mail

Re: Dr. John F. Leso

Dears Dr. Behnke and Ms. Dixon:

In my previous letter to you dated May 2, 2008, I erroneously identified Dr. John Leso as Dr. James Leso. Then and now, I am inquiring about the status of my original complaint against Dr. Leso, which APA documented as filed on 2/27/08.

Sincerely,

Dr. Trudy Bond

(1)

13

TRUDY BOND, Ed.D.
Counseling Psychology
PRIVACY REDACTION

Transmitting 2 pages (including cover)

Date: 5.16.08 Time: 7p.m.

To: Patricia Dixon - APA - 202.336.5991

From: above

Comments:

If you have any problems with this fax, please call PRIVACY REDACTION

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19-1

MAY 19 2008

TRUDY BOND, Ed.D.
Counseling Psychology
PRIVACY REDACTION

CONFIDENTIAL

MAY 8 2008

May 2, 2008

Dr. Stephen Behnke
Director, Ethics Office
750 First Street, NE
Washington, DC 20002

and

Patricia Dixon
Board and Investigative Officer, Ethics Officer
750 First Street, NE
Washington, DC 20002

RE: Dr. James F. Leso

Dear Dr. Behnke and Ms. Dixon:

I received a letter from Ms. Dixon dated February 27, 2008, acknowledging receipt of the completed Ethics Complaint Form and materials for the complaint filed against Dr. James F. Leso. Ms. Dixon stated in her letter that my complaint was complete and filed as of February 15, 2008. It is now three months later and I have received no information regarding this complaint. Dr. Behnke has repeatedly stated in public that all complaints will be investigated and that persons filing ethics complaints are informed of the status of the complaint throughout the process.

What is the status of the above-referenced complaint?

Sincerely,

Dr. Trudy Bond

12

AMERICAN PSYCHOLOGICAL ASSOCIATION

February 27, 2008

CONFIDENTIAL

VIA FIRST-CLASS MAIL

Trudy Bond, EdD
PRIVACY REDACTION

Dear Dr. Bond:

This is to acknowledge receipt of the completed Ethics Complaint Form and materials for the complaint filed against James F. Leso, PhD. Your complaint form is complete and filed as of February 15, 2008, the date of its receipt. (Rules regarding time limits for filing are found in Part II, Section 5.3 of the Rules and Procedures.) We are sorry that we were unable to process this complaint earlier, but we have no record of receiving a completed complaint form from you regarding Dr. Leso.

We will now proceed in this matter. Your complaint is now in the process of being reviewed. I will be back in contact with you once the review is completed.

We ask your patience during this time, and we will be back in contact with you as soon as we can.

Thank you for your cooperation.

Sincerely,

Patricia Dixon
Board and Investigative Officer
Office of Ethics

11

750 First Street, NE
Washington, DC 20002-4242
(202) 336-5500
(202) 336-6123 TDD

Web: www.apa.org

Please Recycle

AMERICAN PSYCHOLOGICAL ASSOCIATION

CONFIDENTIAL MEMORANDUM

TO: Stanley E. Jones, PhD, Consultant

FROM: Patricia Dixon, Investigator PSD

RE: The Shaw complaint against Leso
The Bond complaint against Leso

DT: February 21, 2008

Stan, you performed a preliminary review in this matter regarding cause for action approximately 10 months ago (a copy is attached). I am now sending you the entire file that includes additional materials to assist in determining cause for action.

I am also sending you a separate complaint against Dr. Leso by another complainant, Trudy Bond. The allegations in Dr. Bond's complaint are almost identical and I think that they should be reviewed together.

If you have any questions or need additional information, please let me know.

Thank you for your assistance.

Case Type: C5/C12

Enclosures: File materials

750 First Street, NE
Washington, DC 20002-4242
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10

TRUDY BOND, Ed.D.
Counseling Psychology
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CONFIDENTIAL

FEB 15 2008

2/12/2008

Stephen Behnke
APA Ethics Office
750 First Street, NE
Washington, DC 20002-4242

Dear Dr. Behnke,

I have received your letter of February 6, 2008, and am responding in order to correct the errors in your correspondence.

1. You are correct in that I indicated on April 11 to file said complaint against Dr. John Leso. I received your packet, and returned said materials to the address at the top of this letter on or about April 15, 2007. I also have documentation that this complaint was faxed to another entity on 8/29/07.

2. The complaint against Dr. Leso dated 4/15/07 was never acknowledged by APA. On 9/4/2007, I resubmitted the same APA form that I had sent to your office on April 15, 2007, with an expanded explanation attached, long before the October 11, 2007 deadline for closing my request for a complaint against Dr. Leso. This complaint also was never acknowledged.

3. You are correct in that the Ethics Office only sent me one complainant packet. I made a copy of the simplistic form that I had used for Dr. Leso's complaint to which I had added substantive information separately, whited out the information identifying Dr. Leso and replaced such with Dr. [redacted] information for the purpose of filing the complaint against Dr. [redacted]

To date, you have received two complaints from me against Dr. Leso. It is ironic that neither one made it to your office. I am quite aware of the timing of these complaints. Both will be sent to you again under separate cover by certified mail.

Sincerely,

Dr. Trudy Bond

(13)

9

FEB 15 [redacted]

(1)

ETHICS COMPLAINT FORM
APA ETHICS OFFICE

Please type or print in ink. The document entitled "Information for Individuals Filing APA Ethics Complaints" which is included as part of the Ethics Complaint Packet may assist you in completing this form.

1. Person Making Complaint: DR. TRUDY BOND

Address: PRIVACY REDACTION

Phone: PRIVACY REDACTION

2. Member(s) Against Whom You Are Complaining: DR. John Franklin Hess

Address: as listed with APA membership: PRIVACY REDACTION

PRIVACY REDACTION

Phone: PRIVACY REDACTION (as listed with APA)

3. Please specify as accurately as possible the earliest date and the most recent date of the alleged unethical behavior:

11.23.02 – ?

4. Have you discussed this situation with the psychologist(s) you are complaining about?

____ Yes _X_ No

5. Are you a member of the American Psychological Association?

____ Yes _X_ No

6. Have you filed a complaint with any other organization(s)?

_X_ Yes ____ No

If you answered Yes, please indicate below where else you have filed and the date:

_X_ State Licensing Board New York
____ State Psychology Association Ethics Committee ____
____ Civil suit (e.g., malpractice) ____
____ Grievance Committee ____
____ Other ____

{Please describe the status of these complaint(s) in Item #7}

9-1

FEB 1 5

7. Please help us to understand your complaint by providing the following information typed or printed (in ink) on separate paper:

(a) A **concise**, one paragraph summary of the nature of the alleged ethical misconduct;

(b) A detailed description of the alleged misconduct, specifying as accurately as possible the dates and:

(i) the sequence of events leading up to the behavior,

(ii) a complete account of the behavior and the Ethical Standards you believe have been violated,

(iii) any relevant information about what happened after the behavior occurred,

(iv) the status of any other complaints you have filed and any other steps you have taken to address this situation.

RELEASES

8. I hereby give the member(s) against whom I am making this complaint permission to give the APA Ethics Committee any confidential information regarding me, including any records of our interactions, and to answer all questions the Committee may have concerning such information.

Signature: _____ Date: 4.15.07

9. I hereby give the APA Ethics Committee permission to send to the member(s) against whom I am making this complaint copies of any materials submitted by me or on my behalf concerning this complaint.

Signature: _____ Date: 4.15.07

10. I hereby waive any right to subpoena from APA or its agents, for the purposes of private civil litigation, any documents or information concerning this matter.

Signature: _____ Date: 4.15.07

****** IMPORTANT ******

Please sign each of the releases without modification. We will only process your complaint form if these releases are complete. If they are incomplete, processing of your complaint will be delayed while we return this form to you for your signature.

Date revised: August 14, 1996

FEB 15 [redacted]

9-2

Please return completed form to:
APA Ethics Office, 750 First Street, NE, Washington, DC 20002

TRUDY BOND, Ed.D.
Counseling Psychology
PRIVACY REDACTION

4/15/07

7. (a) An 83-page interrogation log details psychological participation in the interrogation of Prisoner 063, Mohammed al-Qahtani, at Guantanamo Bay between November 23, 2002 and January 11, 2003.(http://www.time.com/time/nation/article/0,8599,1169322,00.html). Major John Leso, a psychologist and member of APA, who CHAIRED the BSCT at Guantanamo, was noted to be present at the start of the interrogation log. On November 27, he suggested putting the prisoner in a swivel chair to prevent him from fixing his eyes on one spot and thereby avoiding the guards. On December 11, al-Qahtani asked to be allowed to sleep in a room other than the one in which he was being fed and interrogated. The log notes that "BSCT" advised the interrogators that the prisoner was simply trying to gain control and sympathy. Many psychological "approaches" or "themes" were repetitively used. These included: "Failure/Worthless," "Al Qaeda Falling Apart," "Pride Down," "Ego Down," "Futility," "Guilt/Sin Theme (with Evidence/Circumstantial Evidence," etc. Al-Qahtani was shown videotapes entitled "Taliban Bodies" and "Die Terrorist Die." Some scripts aimed at his Islamic identity bore names such as "Good Muslim," "Bad Muslim," "Judgment Day," "God's Mission" and "Muslim in America." Al-Qahtani was called "unclean" and "Mo" [for Mohammed]. He was lectured on the true meaning of the Koran, instruction that especially enraged him when done by female soldiers. He was not told, despite asking, that some of the interrogation took place during Ramadan, a time when Moslems have special obligations. He was not allowed to honor prayer times. The Koran was intentionally and disrespectfully placed on a television (an authorized control measure) and a guard "unintentionally" squatted over it while harshly addressing the prisoner.

7. (b) i. See above.

7. (b) ii. See above for the complete account of the behavior. The Ethical Standards which were violated include:

Principle A: Beneficence and Nonmaleficence
Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm.

FEB 15 2008

9-3

Principle E: Respect for People's Rights and Dignity
Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups.

3.04 Avoiding Harm
Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable

iii. Dr. John Leso was promoted to a position at the United States Embassy in Austria.

iv. New York State Board of Licensing stated they have no authority over military personnel, even though as a Licensing Board they granted Dr. John F. Leso his license to practice psychology.

Please contact me with any further questions.

Sincerely,

Dr. Trudy Bond

FEB 15 2008

9-4

(2)

TRUDY BOND, Ed.D.
Counseling Psychology
PRIVACY REDACTION

September 4, 2007

APA Ethics Committee

To whom it may concern:

Attached is a copy of the form I submitted to the American Psychological Association (APA) Ethics Committee on April 15, 2007 regarding APA member John Francis Leso. I have received no acknowledgment of or response to said complaint, and therefore am resubmitting this complaint in light of the Resolution adopted at the APA convention in August of 2007. Major John Francis Leso was licensed as a psychologist by the state of New York and retains license number 013492 until July, 2009. He is currently an active APA member and has been since 1996, and was chair of the Behavioral Science Consultation Team at Guantanamo in 2002-2003.

In addition to the information requested on APA's form, I am providing the following information to clarify this complaint:

- I resigned my APA membership in November of 2006 in protest of APA's continued support of psychologists' involvement in the torture of detainees at U.S. military installations as well as CIA "black hole" sites. Therefore, as a non-APA member, I have five years from the date of the ethics violation to file a complaint.

- I filed a complaint with the Office of the Professions, New York State Education Department regarding John Francis Leso on April 7, 2007. That office called me within a week to discuss my complaint. Though sympathetic to my complaint, the director of the office stated that their office, though in charge of initially licensing John F. Leso, has no jurisdiction over military psychologists.

- The American Psychological Association (APA) 2002 Code of Ethics demands that I file this complaint:

  1.05 Reporting Ethical Violations

  If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation.

9-5

FEB 15 2008

HC00018636

- The following information is in response to Question 7 on the Ethics Complaint Form from the APA Ethics Office.

7. (a) A concise, one paragraph summary of the nature of the alleged ethical misconduct;

An 83-page interrogation log details psychological participation in the interrogation of Prisoner 063, Mohammed al-Qahtani, at Guantanamo Bay between November 23, 2002 and January 11, 2003.(http://www.time.com/time/nation/article/0,8599,1169322,00.html). Major John Leso, a psychologist and member of APA, who CHAIRED the Behavioral Science Consultation Team (BSCT) at Guantanamo Bay, was noted to be present at the start of the interrogation log. On November 27, he suggested putting the prisoner in a swivel chair to prevent him from fixing his eyes on one spot and thereby avoiding the guards. On December 11, al-Qahtani asked to be allowed to sleep in a room other than the one in which he was being fed and interrogated. The log notes that "BSCT" advised the interrogators that the prisoner was simply trying to gain control and sympathy. Many psychological "approaches" or "themes" were repetitively used, at the behest of the Behavioral Science Consultation Team. These included: "Failure/Worthless," "Al Qaeda Falling Apart," "Pride Down," "Ego Down," "Futility," "Guilt/Sin Theme (with Evidence/Circumstantial Evidence," etc. Al-Qahtani was shown videotapes entitled "Taliban Bodies" and "Die Terrorist Die." Some scripts aimed at his Islamic identity bore names such as "Good Muslim," "Bad Muslim," "Judgment Day," "God's Mission" and "Muslim in America." Al-Qahtani was called "unclean" and "Mo" [for Mohammed]. He was lectured on the true meaning of the Koran, instruction that especially enraged him when done by female soldiers. He was not told, despite asking, that some of the interrogation took place during Ramadan, a time when Moslems have special obligations. He was not allowed to honor prayer times. The Koran was intentionally and disrespectfully placed on a television (an authorized control measure) and a guard "unintentionally" squatted over it while harshly addressing the prisoner.

7. (b) A detailed description of the alleged misconduct, specifying as accurately as possible the dates and :

(i) the sequence of events leading up to the behavior,

- Interrogation centers in Iraq and at Guantanamo Bay created Behavioral Science Consultation Teams (BSCT) chaired by a psychiatrist or psychologist. As previously stated, Major John Leso was the chair of the Behavioral Science Consultation Team at Guantanamo during 2002-2003. University of Wisconsin history professor, Alfred McCoy, described those interrogation methods developed in Guantanamo Bay after Defense Secretary Donald Rumsfeld appointed General Jeffrey Miller to run the prison camp: "And under General Miller at Guantanamo, they perfected the C.I.A. torture paradigm. They added two key techniques. They went beyond the universal sensory receptors of the original research. They added to it an attack on cultural sensitivity, particularly Arab male sensitivity to issues of gender and sexual identity. And then they went further still. Under General Miller, they created these things called "Biscuit" teams,

FEB 15 2008
9-6

behavioral science consultation teams, and they actually had qualified military psychologists participating in the ongoing interrogation, and these psychologists would identify individual phobias, like fear of dark or attachment to mother, and by the time we're done, by 2003, under General Miller, Guantanamo had perfected the C.I.A. paradigm, and it had a three-fold total assault on the human psyche: sensory receptors, self-inflicted pain, cultural sensitivity, and individual fears and phobia." (http://www.democracynow.org/article.pl?sid=06/06/16/1355222)

- John Leso was commissioned as a second lieutenant from the Johns Hopkins ROTC program as an undergraduate and was granted an educational delay to complete his doctorate in counseling psychology in 1995 at SUNY Albany, NY. In June of 2002, a mere four years after receiving his license as a psychologist he was promoted to Chief of the Clinical Psychology Service at Walter Reed Army Medical Center. Five months later, Dr. Leso was appointed Chair of the Behavioral Science Consultation Team at Guantanamo Bay.

7. (b) (ii) a complete account of the behavior and the Ethical Standards you believe have been violated,

- The American Psychological Association (APA) 2002 Code of Ethics includes both General Principles and Ethical Standards. (http://www.apa.org/ethics/code2002.html#1_01) As will be documented later in this complaint, Dr. John Franklin Leso has violated all five General Principles of the Code of Ethics.

Principle A: Beneficence and Nonmaleficence
Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility
Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of

FEB 15 2008

HC00018636

conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity
Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice
Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People's Rights and Dignity
Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

However, in the introduction to the General Principles of the 2002 APA Code of Ethics, the following disclaimer is founds: "General Principles, in contrast to Ethical Standards, do not

FEB 1 5 2008

represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose."

The Ethical Standards which do represent obligations for Dr. John Leso and should form the basis for imposing sanctions include the following:

1.01 Misuse of Psychologists' Work
If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.03 Conflicts Between Ethics and Organizational Demands
If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code.

1.05 Reporting Ethical Violations
If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities.

3.01 Unfair Discrimination
In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment
Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.

3.03 Other Harassment
Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

9-9

FEB 15 2008

3.04 Avoiding Harm

Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

- In his article in the July/August 2006 volume of the Monitor on Psychology (http://www.apa.org/monitor/julaug06/interrogations.html), Stephen Behnke, JD, PhD and director of APA's Ethics Office, referred to the document, "REPORT OF THE PRESIDENTIAL TASK FORCE ON PSYCHOLOGICAL ETHICS AND NATIONAL SECURITY (PENS)." (http://www.apa.org/releases/PENSTaskForceReportFinal.pdf) which delineates the role of psychologists in the military. The PENS report became an extension of the 2002 Ethics Code. As Dr. Behnke wrote, "The Task Force looked to the APA Ethics Code for fundamental principles to guide its thinking. The Task Force found such principles in numerous aspects of the Ethics Code, such as the Preamble, 'Psychologists respect and protect civil and human rights' and '[The Ethics Code] has as its goals the welfare and protection of the individuals and groups with whom psychologists work'; Principle A, Beneficence and Nonmaleficence, 'In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons'; . . .The Task Force concluded that the Ethics Code is fundamentally sound in addressing the ethical dilemmas that arise in the context of national security-related work." In addition, Dr. Behnke stated in writing on August 29, 2007, "In 2005, the APA Ethics Committee determined that the 12 statements in the PENS report were appropriate interpretations and applications of the APA Ethics Code. The version of the Ethics Code that the PENS report was written under was adopted by our Council of Representatives in 2002." Ironically, the APA's own task force consisted of at least 6 members with direct involvement with the interrogation programs, including Colonel Larry James, Ph.D. who was the chief psychologist for the Joint Intelligence Group at Guantanamo Bay and then became the director of the Behavioral Science Unit at Abu Ghraib. This involvement of these APA members may well lead to further complaints.

- At their convention in August, 2006, the APA Council of Representatives passed the 2006 APA Resolution Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment. The 2006 Resolution:

  1. Unequivocally condemned torture and cruel, inhuman, or degrading treatment or punishment.
  2. Prohibited psychologist involvement, either directly or indirectly, in behaviors that involved torture or cruel, inhuman, or degrading treatment or punishment and called upon psychologists to report violations.
  3. Stated that the prohibition and condemnation applied to all persons, settings, and contexts.

FEB 1 5 2008

4. Included the principle that settings could be defined as cruel, inhuman, or degrading.
5. Included the fundamental principle of denial of due process in as a primary characteristic in defining a setting as cruel, inhuman, or degrading.
6. Argued that there were no exceptional circumstances that justified the use of torture or cruel, inhuman, or degrading treatment or punishment, including instances of war or following orders. (http://www.peacepsych.org; http://www.counterpunch.org/woolf09012007.html)

- In response to my question posed in August of 2006 regarding the 2006 Resolution and the 2002 Code of Ethics, Dr. Stephen Behnke, Director of Ethics for the APA, responded that the Resolution was an elaboration of the 2002 Ethics Code, and not a replacement for such. He stated in an email to me "This Resolution was intended to update the 1986 Resolution Against Torture."

- At their convention in August, 2007, the APA Council of Representatives passed the 2007 Reaffirmation of the American Psychological Association Position Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment and Its Application to Individuals Defined in the United States Code as "Enemy Combatants." The 2007 Reaffirmation of the American Psychological Association Position Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment and Its Application to Individuals Defined in the United States Code as "Enemy Combatants" is aptly named. It is quite simply a reaffirmation and application of the 2006 APA Resolution Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment, and the elements as listed about but within the context of interrogations of individuals designated as "enemy combatants" and "illegal enemy combatants un the Military Commissions Act of 2006. (http://www.counterpunch.org/woolf09012007.html)

- In the Town Hall meeting at the APA convention in August of 2007, Dr. Stephen Behnke specifically stated that the 2007 Reaffirmation of the American Psychological Association Position Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment and Its Application to Individuals Defined in the United States Code as "Enemy Combatants." would override Section 1.02 from the Ethical Standards, thereby not to excuse psychologists from continuing to be accomplices to torture because the national policies allow such violation of international law. (**1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority:** If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.)

FEB 15 2008

- Two government documents detail Major John Leso's psychological participation in and supervision of the interrogation of Prisoner 063, Mohammed al-Qahtani, at Guantanamo Bay between November 23, 2002 and January 11, 2003, actions which are in violation of the previously-listed Ethical Codes. The first is an 83-page interrogation log which places Major John Leso at the interrogation, details his further involvement, and describes the psychological torture of the detainee. (ORCON [Authoring agency classified by Originator Control]. Interrogation Log Detainee 063. PDF can be reached through http://www.time.com/time/nation/article/0,8599,1169322,00.html) The second is an Army investigation of complaints of mistreatment of prisoners at Guantanamo Bay, including Prisoner 063. (United States Army. Final Report Investigation into FBI Allegations of Detainee Abuse at Guantanamo Bay, Cuba Detention Facility [Section entitled "First Special Interrogation Plan," pp 13-21], Apr, 1, 2005. http://www.dod.gov/news/Jul2005/d20050714report.pdf) According to the log, on November 27, 2002, in the middle of al-Qahtani's daily 20-hour interrogations, Major John Leso "suggested putting the prisoner in a swivel chair to prevent him from fixing his eyes on one spot and thereby avoiding the guards." On December 11, after 16 days of 20 or more hours of interrogation a day, broken only by a 42-hour hospitalization for torture-induced hypothermia, al-Qahtani asked to be allowed to sleep in a room other than the one in which he was being fed and interrogated. "The log notes that 'BSCT' advised the interrogators that the prisoner was simply trying to gain control and sympathy." Further psychological abuse under the chairmanship of Major John Leso follows:

> Prisoner 063 was called "unclean" and "Mo" [for Mohammed]. . .He was not told, despite asking, that some of the interrogation took place during Ramadan, a time when Moslems have special obligations. He was not allowed to honor prayer times. . .Transgressions against Islamic and Arab mores for sexual modesty were employed. The prisoner was forced to wear photographs of "sexy females" and to study sets of such photographs to identify whether various pictures of bikini-clad women were of the same or a different person. He was told that his mother and sister were whores. He was forced to wear a bra, and a woman's thong was put on his head. He was dressed as a woman and compelled to dance with a male interrogator. He was told that he had homosexual tendencies and that other prisoners knew this. Although continuously monitored, interrogators repeatedly strip-searched him as a "control measure." On at least one occasion, he was forced to stand naked with women soldiers present. Female interrogators seductively touched the prisoner under the authorized use of approaches called "Invasion of Personal Space" and "Futility." On one occasion, a female interrogator straddled the prisoner as he was held down on the floor . . . He was leashed (a detail omitted in the log but recorded by investigators) and made to "stay, come, and bark to elevate his social status up to a dog." He was told to bark like a happy dog at photographs of 9/11 victims and growl at pictures

FEB 15 2008

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of terrorists . . . He was shown pictures of the attacks, and photographs of victims were affixed to his body.
(http://www.bioethics.net/journal/j_articles.php?aid=1140)

- To summarize, as the chair of the Behavioral Science Consultation Team at Guantanamo, Dr. John Leso violated Ethical Codes **1.01 Misuse of Psychologists' Work, 1.03 Conflicts Between Ethics and Organizational Demands, 1.05 Reporting Ethical Violations, 3.01 Unfair Discrimination, 3.02 Sexual Harassment, 3.03 Other Harassment, and 3.04 Avoiding Harm.**

7. (b) (iii) any relevant information about what happened after the behavior occurred,

- Dr. John Leso was promoted to a position at the United States Embassy in Austria.

7. (b) (iv) the status of any other complaints you have filed and any other steps you have taken to address this situation.

- I filed a complaint with the Office of the Professions, New York State Education Department regarding John Francis Leso on April 7, 2007. That office called me within a week to discuss my complaint. Though sympathetic to my complaint, the director of the office stated that their office, though in charge of initially licensing John F. Leso, has no jurisdiction over military psychologists.

- The APA has received and apparently buried numerous other complaints by psychologists against APA member John Leso. While the investigations are confidential, the results of any action taken against any psychologist licensed in New York State is accessible at their website. John Leso's license and membership in APA remains intact.

- As recently as August 19, 2007, Dr. Steven Behnke told Bob Egelko of the San Francisco Chronicle that he was unaware of any cases of APA members at military bases who have "developed the torture techniques and, in some cases, applied them."

FEB 1 5 2008

9-13

TRUDY BOND, Ed.D.
Counseling Psychology
PRIVACY REDACTION

CONFIDENTIAL

2/12/2008

Stephen Behnke
APA Ethics Office
750 First Street, NE
Washington, DC 20002-4242

Dear Dr. Behnke,

I have received your letter of February 6, 2008, and am responding in order to correct the errors in your correspondence.

1. You are correct in that I indicated on April 11 to file said complaint against Dr. John Leso. I received your packet, and returned said materials to the address at the top of this letter on or about April 15, 2007. I also have documentation that this complaint was faxed to another entity on 8/29/07.

2. The complaint against Dr. Leso dated 4/15/07 was never acknowledged by APA. On 9/4/2007, I resubmitted the same APA form that I had sent to your office on April 15, 2007, with an expanded explanation attached, long before the October 11, 2007 deadline for closing my request for a complaint against Dr. Leso. This complaint also was never acknowledged.

3. You are correct in that the Ethics Office only sent me one complainant packet. I made a copy of the simplistic form that I had used for Dr. Leso's complaint to which I had added substantive information separately, whited out the information identifying Dr. Leso and replaced such with Dr. [redacted]' information for the purpose of filing the complaint against Dr. [redacted].

To date, you have received two complaints from me against Dr. Leso. It is ironic that neither one made it to your office. I am quite aware of the timing of these complaints. Both will be sent to you again under separate cover by certified mail.

Sincerely,

Dr. Trudy Bond

(1)

FEB 12 2008

8

TRUDY BOND, Ed.D.
Counseling Psychology
PRIVACY REDACTION

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Date: 2.12.08 Time: 12:15 p.m.

To: Stephen Behnke 202.336.5997

From: Moore

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AMERICAN PSYCHOLOGICAL ASSOCIATION

CONFIDENTIAL
VIA FEDERAL EXPRESS

January 23, 2008

Dr. Trudy Bond
PRIVACY REDACTION

Dear Dr. Bond:

Thank you for your letter of January 3, which the Ethics Office received on January 11, and your facsimile which we received yesterday. I am out of the country, and will respond to your question as soon as I return, the last week in January. I have reviewed this matter, and would like to provide you information that I will believe will be helpful in understanding what happened.

The Ethics Office Deputy Director, Lindsay Childress-Beatty, is signing this letter on my behalf.

Sincerely,

Stephen H. Behnke, JD, PhD
Director, Ethics Office

750 First Street, NE
Washington, DC 20002-4242
(202) 336-5500
(202) 336-6123 TDD

Web: www.apa.org

7A

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Childress-Beatty, Lindsay

From: TrackingUpdates@fedex.com
Sent: Tuesday, January 29, 2008 1:52 PM
To: Childress-Beatty, Lindsay
Subject: FedEx Shipment [redacted] Delivered

This tracking update has been requested by:

Company Name:	American Psychological Assoiciation
Name:	Lindsay Childress-Beatty
E-mail:	LChildress-Beatty@apa.org

Our records indicate that the following shipment has been delivered:

Reference:	[redacted]
Ship (P/U) date:	Jan 23, 2008
Delivery date:	Jan 29, 2008 1:46 PM
Sign for by:	T.BOND
Delivered to:	Receptionist/Front Desk
Service type:	FedEx Express Saver
Packaging type:	FedEx Envelope
Number of pieces:	1
Weight:	0.50 lb.
Special handling/Services:	Deliver Weekday
Tracking number:	[redacted]

Shipper Information	Recipient Information
Lindsay Childress-Beatty	Trudy Bond Ed.D.
American Psychological Assoiciation	[redacted]
750 First Street NE	
Washington	
DC	
US	
20002	

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Thank you for your business.

7B

Leso

AMERICAN PSYCHOLOGICAL ASSOCIATION

February 6, 2008

Trudy Bond, Ed.D
PRIVACY REDACTION

Dear Dr. Bond,

Thank you for your letter of January 22, regarding the status of two ethics matters. I have reviewed the written materials related to your question.

There are two initial steps in the ethics process: the first step occurs when an individual contacts the Ethics Office and indicates a wish to file a complaint. This step is called an "inquiry." The Ethics Office processes the inquiry and determines whether APA has jurisdiction over the matter (for example, confirms that the psychologist is an APA member). If the preliminary determination is that APA does have jurisdiction over the matter, the second step occurs, when APA provides a complainant packet (including necessary forms) to the person who has contacted the Office. Please note that APA does not provide a complainant packet until it has processed the inquiry.

Our records indicate that on April 11, 2007, you contacted the Ethics Office and indicated a wish to file a complaint against Dr. John Leso. Our records indicate that on that same day, the Ethics Office processed your inquiry and sent you a complainant packet. An inquiry is closed if no signed complaint form is received within 6 months. Our records indicate that as of October, 2007, the Office had received neither the complaint form nor any additional information from you. As a result, on October 11 the inquiry was closed.

Our records indicate that on December 4, 2007, the Ethics Office received a request from you (dated November 26) to file a complaint against Dr. [redacted]. Prior to our office sending a complainant packet to you in response to this inquiry, the Ethics Office received a completed complaint form from you (dated December 5, received December 10). The subject of this complaint was Dr. [redacted]. It appears that you took the complainant packet sent in April, in response to your inquiry regarding Dr. Leso, and used this packet to file a complaint against Dr. [redacted]. Consistent with this understanding of events, the complaint form you submitted in the Dr. [redacted] matter has Dr. Leso's name covered by "white out" and replaced with "[redacted]" on the form. In addition, the Ethics Office sent you only 1 complainant packet.

Your complaint against Dr. [redacted] is being processed. To date, we have not received any complaint from you against Dr. Leso.

Sincerely,

Stephen Behnke

Stephen Behnke, JD, PhD
Director, Ethics Office

750 First Street, NE
Washington, DC 20002-4242
(202) 336-5500
(202) 336-6123 TDD

Web: www.apa.org

MC

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TRUDY BOND, Ed.D.
Counseling Psychology
PRIVACY REDACTION

JAN 22 2008

CONFIDENTIAL

January 22, 2008

Dr. Stephen Behnke
Ethics Office
750 First Street, NE
Washington, DC 20002

Re: Ethical Complaint against John Leso

Dr. Behnke:

On December 18, you wrote: "The Rules and Procedures dictate that the ethics process is confidential and that the process applies to all ethics matters that come before APA. There are no exceptions. Persons filing ethics complaints are informed of the status of the complaint throughout the process."

On December 24, I wrote to you in an email: "I filed a second formal complaint against John Leso on September 4, 2007 after I had received no contact from APA regarding the first complaint filed in April of this year. I also filed a formal complaint against [redacted] on December 5, 2007. Both Leso and [redacted] are APA members. The APA Office of Ethics has not even acknowledged receipt of the complaints I filed, yet you state to Dr. Hildebrandt that "Persons filing ethics complaints are informed of the status of the complaint throughout the process."

You responded the same day, stating (highlights mine):
"Dear Dr. Bond,
Thank you for your message. The Ethics Office does not respond on email to questions regarding specific ethics matters. If you have a question regarding a specific case in which you are a complainant, please write [Ethics Office; 750 First Street, NE; Washington, DC; 20002] or fax

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JAN 22 2008

[(202) 336-5997)] the Ethics Office and I will ensure that you receive an **expeditious** response.

Stephen Behnke
Director, Ethics Office"

On December 26, I both faxed and sent by U.S. Postal Mail my email request of 12/24/07 to the address and fax number you provided.

On January 2, 2008, I received a certified letter from APA Department of Ethics acknowledging receipt of my complaint against [redacted], filed one month earlier.

On January 3, 2008, I again faxed and mailed to you a request for the status of my complaint against John Leso which you stated on 12/24/07 that you would "expeditiously" provide.

I am still waiting for both an acknowledgment of this claim filed September 4, 2007, three months before the [redacted]' complaint, as well as the status of the complaint for the past four months.

Sincerely,

Dr. Trudy Bond

6A

JAN 22 2008

TRUDY BOND, Ed.D.
Counseling Psychology
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Date: 1.22.08 Time: 1:30 p.m.

To: Stephen Behnke - APA Ethics

From: above

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JAN 22 2008

TRUDY BOND, Ed.D.
Counseling Psychology
PRIVACY REDACTION

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JAN 11 2008

1/3/2008

Stephen Behnke
Director, Ethics Office
750 First Street, NE
Washington, DC 20002

Dear Dr. Behnke,

As per your request of 12/24/2007, I am resending my letter of that date to you by U.S. Postal Mail asking that you inform me of the status of my ethical complaints against Dr. John Leso.

I received confirmation 1/2/2008 of my complaint against Dr. [redacted] I have yet to receive acknowledgment of my complaint against Dr. John Leso, filed for the second time on September 4, 2007 after I had received no contact from APA regarding the first complaint filed in April of this year. As I resigned from APA in 2006, I have five years to file the complaint against Dr. Leso's actions.

I am still waiting for the fulfillment of your statement, "Persons filing ethics complaints are informed of the status of the complaint throughout the process."

Sincerely,

Dr. Trudy Bond

TRUDY BOND, Ed.D.
Counseling Psychology
PRIVACY REDACTION

CONFIDENTIAL

12/26/2007

Stephen Behnke
Director, Ethics Office
750 First Street, NE
Washington, DC 20002

Dear Dr. Bond,

As per your request of 12/24/2007, I am resending my letter of that date to you by U.S. Postal Mail as well as fax asking that you inform me of the status of my ethical complaints against Dr. John Leso and Dr. [redacted]

I read with interest the following letter written by you to Dr. Hildebrandt. I assume your letter represents APA policy for all complaints filed. I filed a second formal complaint against John Leso on September 4, 2007 after I had received no contact from APA regarding the first complaint filed in April of this year. I also filed a formal complaint against [redacted] on December 5, 2007. Both Leso and [redacted] are APA members. The APA Office of Ethics has not even acknowledged receipt of the complaints I filed, yet you state to Dr. Hildebrandt that "Persons filing ethics complaints are informed of the status of the complaint throughout the process." Dr. Hildebrandt and many other psychologists, including me, are awaiting your explanation.

<< From: Behnke, Stephen
To: Sallie Hildebrandt, Ph.D.
Sent: Tuesday, December 18, 2007 5:30 PM
Subject: APA Ethics Office responds to a CPA post

Dear Dr. Hildebrandt,

Thank you for calling to my attention postings on the California Psychological Association listserv regarding APA's ethics process. The Ethics Committee Rules and Procedures (2001) govern all aspects of how ethics matters are handled. APA has jurisdiction only over the actions of APA members.

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When a complaint is received about an APA member, the Ethics Office and Committee thoroughly investigate the complaint under a set of extensive procedures that apply to all complainants and to all psychologists who are subjects of a complaint. The process in the Rules and Procedures is designed to ensure that each complainant has an opportunity to provide all information deemed relevant to the matter, and that each APA member against whom a complaint is filed has an opportunity to respond fully to the allegations. In certain cases the nature of the situation allows for an expeditious review and disposition, while in other matters it may take longer to gather information necessary for a thorough and fair review.

The Rules and Procedures dictate that the ethics process is confidential and that the process applies to all ethics matters that come before APA. There are no exceptions. Persons filing ethics complaints are informed of the status of the complaint throughout the process.

Stephen Behnke, JD, PhD

Director, Ethics Office

American Psychological Association>>

Sincerely,

Trudy Bond, Ed.D.
Counseling Psychology

DEC 26 2007

4A

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

April 11, 2007

CONFIDENTIAL

Trudy Bond, EdD
PRIVACY REDACTION

Dear Dr. Bond:

This is to acknowledge your inquiry received April 11, 2007 indicating your intent to file a complaint against Dr. John F. Leso.

We are enclosing an Ethics Complaint Packet that includes all of the following:

- Ethics Complaint Form. You must fill this out to register a formal complaint. Please be sure to sign each of the required releases at the end of the form. If these are not signed or you have omitted other required information, we will return the complaint form to you for completion. We will only begin review after all required sections of the complaint form have been completed.

- APA Ethics Committee Rules and Procedures. The Overview provides helpful information about the complaint process.

- APA Ethics Code. Both the 1992 and the 2002 Ethics Codes are enclosed for your reference. For behaviors that occurred prior to June 1, 2003, please only refer to the 1992 Ethics Code. For behaviors that occurred after June 1, 2003, please only refer to the 2002 Ethics Code. If there are behaviors that spanned both before and after June 1, 2003, both Ethics Codes may apply.

- Information for Individuals Filing APA Ethics Complaints. This information helps you to better understand the complaint process and assists you in preparing materials you plan to submit.

Once your completed complaint form is received, we will determine whether it is within the time limits for filing. Time limits for filing are important. Please review section 8 of the enclosed information sheet. If there is a problem with time limits, you will be informed.

Filing a complaint with us may or may not be the best option for you to pursue your objectives. The enclosed information sheet discusses alternatives and pros and cons of filing your complaint with us.

We await your response.

A 3

750 First Street, NE
Washington, DC 20002-4242
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(202) 336-6123 TDD
Web: www.apa.org

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Sincerely,

Jennifer Royster (ell)

Jennifer Royster
Ethics Coordinator

JMR:ell

Enclosures

Complaint Form
Ethics Code 1992 & 2002
Rules and Procedures 2001
Information for Individuals Filing APA Ethics Complaints

3A

TRUDY BOND, Ed.D.
PRIVACY REDACTION

APR 11 2007

CONFIDENTIAL

April 11, 2007

APA - Office of Ethics
750 Frist Street, NSE
Washington, DC 20002-4242

FAX: 202-336-5997

Dr. Behnke:

I am filing an ethics complaint against Dr. John F. Leso, a member of APA since 1996. The behavior at issue is participation in cruel, inhuman and degrading treatment as documented in the INTERROGATION LOG of DETAINEE 063 (http://www.time.com/time/2006/log/log.pdf) at Guantanamo.

Sincerely,

Dr. Trudy Bond
Counseling Psychology

(1)

2

APR 11 2007

TRUDY BOND, Ed.D.
Counseling Psychology
PRIVACY REDACTION

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Date: 4.11.07 Time: 12:35 p.m.

To: Dr. Stephen Behnke Fax: 202-336-5994

From: above

Comments:

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APR 11 2007

APA's Intranet Resource

Membership Records Online - Results

Got Questions?

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Your Last Name Search Results for john leso

MemRec Database Online

Leso, John F [redacted]

Address	Telephone
John F Leso, PhD [redacted] Address Updated as of: 12/6/2004 Exclude from Mailings: No Address is Bad: No	Home Phone: Business Phone: [redacted] Facsimile: Email:

Membership Status	Membership Elect Dates
Member	Affiliate Since 1987 Member Since 1996

Divisions
30 - Member - Society for Psychological Hypnosis

Membership Number:	[redacted]	Record Last Changed On:	12/19/2006

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Member's biosketch

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PSYCHOL
STUDENT
PUBLIC

Dr John F Leso

Member **Election Date(s):** 1996

Address 1:
PRIVACY REDACTION

Business Phone 1: PRIVACY REDACTION

Highest Degree: PhD , 1995, SUNY Albany (NY)
Degree Major Field: Couns Psychol

Major Field of Activity: Couns Psychol

Employment History: Clin Psychologist , Army Med Dept , US Army 1995 -

Divisional Affiliation: Member of Division(s): 30

Quick

- Diplom
- Diplom
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Telephone: 800-374-2721; 202-336-5596; 202-336-5582. TDD/TTY: 202-336-6123

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1-1

Open Letter to
President Suzanne Bennett Johnson
American Psychological Association

> A.P.A. has taken a very strong stance against the use of torture, inhumane, and degrading treatment, and if anyone is able to identify A.P.A. members who have been involved in such activities, we will take disciplinary action.
> -- Gerald Koocher, former APA President, speaking on *Democracy Now!* (June 16, 2006)

September 18, 2012

Dear Dr. Johnson:

We are two psychologists committed to making certain that psychologists implicated in torture and prisoner abuse are held accountable by oversight bodies for their egregious ethical violations. We believe the public trust and the reputation of our profession depend upon such accountability.

We are writing at this time regarding ethics complaints filed with the APA Ethics Office against three psychologists who remain APA members in good standing: Dr. Michael Gelles, Dr. Larry James and Dr. John Francis Leso. Based on undisputed facts, these cases cry out for investigation and appropriate censure. We would like to briefly review some of the evidence for these complaints and express our concern with regard to the status of each complaint.

Attorney Jonathan Turley filed a complaint with the APA Ethics Office in 2001 against Dr. Michael Gelles for alleged complicity in the harsh treatment of US Naval Officer Daniel King, who had been accused of espionage.[i] [ii] King was held for 520 days without charge by the Navy Criminal Investigative Service (NCIS) and interrogated for 29 days in 15-20 hour sessions. During this period, Navy investigators gave King multiple polygraph tests and lied to him about the results. By the end of the month, King had signed a confession despite having no recollection of the actions to which he admitted. Prior to his military hearing, King had become suicidal and felt he was losing his grip on reality, since he could not remember the event. He requested a consultation with a psychologist to help him remember, via hypnosis or truth serum, and King was sent to Dr. Gelles for a psychological consultation.[iii] [iv] [v] According to testimony of King's defense attorney before the Senate Intelligence Committee, "Gelles virtually ignored the statement of King that he had suicidal thoughts... two days before the interview."[vi] He focused instead on pressuring King to give the agents "corroborating" evidence, offering to hypnotize King *if* he did so. These allegations are supported by the videotape of Dr. Gelles' session with King (made by NCIS without consent) which was provided by Turley to the Ethics Committee. (Ultimately, all charges against King were dismissed when a military judge concluded there was insufficient evidence even to sustain a determination of probable cause.[vii])

The Ethics Committee apparently found that Dr. Gelles' behavior did not violate APA ethics; in fact, subsequent to this case, Dr. Gelles was chosen by the Director of the Ethics Office to sit on the PENS Task Force and help develop ethical guidelines for national security interrogations.

On December 5, 2007, Dr. Trudy Bond filed a complaint with the APA Ethics Office against Dr. Larry James for his alleged involvement in the harsh treatment of detainees. Among numerous ethical violations, Dr. James oversaw the transport of three child prisoners – one 12 years old and two 13 years old[viii] – from Bagram, Afghanistan to Guantánamo, where Dr. James was the Chief Behavioral Science Consultation Team member ("BSCT #1").[ix x] According to the New York Times, during transport the boys were "put on a plane with other prisoners, chained by the wrists and ankles, with a hood" placed over their heads. At Guantánamo, Dr. James oversaw the daily interrogations of these boys. For ten months the boys' families were not told what had happened to their children, who had been "disappeared" by American authorities. The United Nations Committee Against Torture has held that such "disappearance" is torture – not only for the subject, but also for the family of the child taken without public acknowledgement. In addition, there is no dispute that such treatment of children is a violation of international law.

The ethics complaint against Col. James was dismissed by the APA Ethics Office without investigation.

In 2006, Dr. Alice Shaw filed a complaint against Dr. John Leso with the APA Ethics Office, which was never officially acknowledged. On April 15, 2007, Dr. Trudy Bond filed a similar complaint against Dr. Leso, which also was not acknowledged. Dr. Bond refiled the complaint on September 4, 2007. That complaint was formally acknowledged by APA on February 27, 2008. Declassified U.S. government documents indicate that while serving at the U.S. Station at Guantánamo Bay Dr. Leso, in his position as BSCT #1 (he preceded Dr. James in this position), co-authored a document recommending that a series of escalating physically and psychologically abusive interrogation tactics be used on detainees there. Many of these techniques were applied to Guantánamo detainee "063," Mohammed al-Qahtani, under Dr. Leso's direct supervision.[xi xii] Susan Crawford, the Convening Authority for the Guantánamo Military Commissions appointed by George W. Bush, dismissed the case against al-Qahtani precisely because "his treatment met the legal definition of torture." Many of the techniques and conditions that appeared in Dr. Leso's written interrogation document were subsequently applied to other men and boys held at Guantánamo and eventually to detainees held in U.S. custody in Iraq and Afghanistan.

Now, more than five years after filing, the ethics complaint against Dr. Leso still remains unadjudicated by the APA Ethics Office (apparently the longest unadjudicated case in APA history).

The results of the case against Dr. Leso in New York clearly establish why the APA must take the lead in such cases. Unlike the NYOPD, the APA's standards for psychologists do not permit the sidestepping of ethical issues through legal gymnastics. As the APA Ethics Code states:

> This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration.

Most states follow the lead of the APA Ethics Office in determining ethical standards and in adjudicating cases.

Because of the Ethics Committee's delay in adjudicating the Leso case, Dr. Steven Reisner initiated an ethics complaint against Dr. Leso with the New York Office of Professional Discipline (NYOPD), which grants his license to practice.[xiii] The NYOPD and the New York Attorney General acknowledged the fact that, "Dr. Leso, apparently, was asked to use his skills as a weapon; not to help the mental health of the detainees." But the NYOPD used these very facts to determine that – since the aim of Dr. Leso's activity at Guantánamo was explicitly to cause harm, and since there was no "therapist-patient relationship between Dr. Leso and any of the Guantánamo detainees" – Dr. Leso's professional behavior could not be considered the "practice of psychology" under the New York Education Law and therefore the ethics code did not apply. *The case was dismissed without investigation.*

Dr. Reisner pursued the case against Leso in New York State Supreme Court. The Court refused to overrule NYOPD, not on the merits of the case, but based on a technicality: that harm to the profession at large notwithstanding, Dr. Reisner could not show that he had been *personally* harmed by Dr. Leso's activities. But harm to the profession of psychology is precisely a central issue for the American Psychological Association. The ability of our association to establish and uphold ethical principles is the very basis upon which we garner and maintain public trust. And that trust has been sorely challenged by the failure of the APA Ethics Office to determine when a psychologist's behavior in national security interrogations has violated our basic, time-honored ethical principles.

In light of the circumstances we have described here, we are requesting that you, as President of the APA:

1. Open a full review of the practices of the APA Ethics Office with regard to the investigation and adjudication of cases alleging torture, cruel, inhuman or degrading treatment or punishment in general, and the cases of Drs. Leso, James, and Gelles in particular.

2. Ensure that the case against Dr. Leso now receives a prompt adjudication, five years after it was filed.

3. Move to rescind the current statute of limitations on cases of torture, cruel, inhuman or degrading treatment so that there can be accountability for psychologists who participate in classified abuses whenever the evidence of such abuses becomes available.

Sincerely,

Trudy Bond
Steven Reisner

[i] Kaye, J. (2009, July 24). *Former Top Navy Psychologist Involved in Pre-9/11 Prisoner Abuse Case.* Retrieved September 7, 2012, from Invictus: http://valtinsblog.blogspot.com/2009/07/former-top-navy-psychologist-involved_24.html

[ii] Turley, J. (2007, August 20). *Testimony in Senate Intelligence Committee on Abuses By Naval Intelligence and the Daniel King Case Published 1, Aug.* Retrieved September 7, 2012, from http://jonathanturley.org/2007/08/20/testimony-in-senate-intelligence-committee-on-abuses-by-naval-intelligence-and-the-daniel-king-case/

[iii] (Turley, 2007)

[iv] (Kaye, 2009)

[v] Soldz, S. (2009, December 7). *The "Ethical Interrogation": The Myth of Michael Gelles and the al-Qahtani Interrogation.* Retrieved September 7, 2012, from The PsySR Blog: http://www.psysr.org/blog/2009/12/07/michael-gelles-and-the-al-qahtani-interrogation/

[vi] (Turley, 2007)

[vii] (Kaye, 2009)

[viii] James, L. (2008). *Fixing Hell.* Grand Central Pub. p. 43.

[ix] International Human Rights Clinic. *Public Accountability for U.S. Doctors and Psychologists Involved in Torture.* Retrieved September 7, 2012, from Human Rights Program Harvard Law School: http://www.law.harvard.edu/programs/hrp/clinic/current%20projects/current_americas_projects.html

[x] Center for Constitutional Rights. *Evidence: Larry James.* Retrieved September 7, 2012, from When Healers Harm: http://whenhealersharm.org/sources-call-for-an-investigation-on-larry-james/

[xi] Center For Constitutional Rights. *John Leso.* Retrieved September 7, 2012, from When Healers Harm: http://whenhealersharm.org/john-leso/

[xii] UC Berkeley School of Law. *Do No Harm? Intelligence Ethics, Health Professionals and the Torture Debate.* Retrieved September 7, 2012, from BerkeleyLaw - University of California: http://www.law.berkeley.edu/8307.htm

[xiii] The Center for Justice & Accountability. *Reisner v. Leso: Accountability for One of the Psychologists Behind the Guantánamo Abuses* . Retrieved September 7, 2012, from The Center for Justice & Accountability: http://cja.org/article.php?list=type&type=412

You replied on 2/12/2009 11:06 PM.
Attachments can contain viruses that may harm your computer. Attachments may not display correctly.

Garrison, Ellen

From: Kelly, Heather **Sent:** Thu 2/12/2009 9:09 PM
To: Mumford, Geoff; Breckler, Steve; Behnke, Stephen; Garrison, Ellen; Anderson, Norman; Farberman, Rhea
Cc:
Subject: FW: Recent APA Advisory Group Document
Attachments: Final_Report_of_Advisory_Group1.doc(108KB) ATT861567.htm(874B)

Hi, all:

See below, which was sent to about 50 military and intelligence community psychologists (I have removed their names and addresses), one of whom forwarded it to me just now.

Begin forwarded message:

From: "Banks Louie M COL" <louie.morgan.banks@us.army.mil>
Date: February 12, 2009 7:13:35 PM EST
To:
Subject: Recent APA Advisory Group Document

Colleagues,

I have attached a very unpleasant document for your review, the *Report of the APA Presidential Advisory Group on the Implementation of the Petition Resolution*. Unfortunately, the authors of this document, an APA presidential advisory group, have seen fit to produce this document, and it will be presented to council next week. I have asked for legal review from a series of military JAGs, and I am awaiting their formal responses. So far, I have received consistent feedback that the options identified in the report for Council's consideration are inconsistent with military service. In particular, the informal legal opinions I have received imply that the recommendations in the report, if adopted as APA policy, would require a violation of your oath of office and of the UCMJ. I should note that the duties (other than mental health care to other service members) that psychologists perform are not addressed in the document, only the location of the duty. In other words, this would limit mental health care to detainees as well as limit any intelligence support at the specified locations. At this point the document is an advisory document and would become policy only if Council acts to make it such. I personally believe (consistent with the legal advice that I have so far received) that the document is incompatible with military service, and would violate our oath of office (to the US Constitution) if enacted into policy. (Paragraphs 3., 4., & 6.). As an example, the advisory report states

A determination of whether a particular detention setting is "in violation of international law" is to be derived from multiple sources. The U.N. and its committees can declare a site to be in violation of international law, as can any international body that the U.N. takes to be authoritative. A setting that has been censured due to reasons reflected by this policy by the Council of Europe, the International Committee of the Red Cross (ICRC), or other internationally accepted body as "outside of, or in violation of, international law" would also be considered a proscribed or prohibited setting.

The effect is that any one of a number of international entities would have the authority to determine where U.S. service personnel could be deployed. No military psychologist could function with such uncertainty, if an undetermined international entity could declare a site out-of-bounds. Military psychologists would face a stark choice: Remain a member of military service or resign from APA.

The report continues

The determination of whether a particular detention setting is operating 'outside of international law' rests on whether the authority governing the site declares itself to be unbound by the relevant international or constitutional law, thereby indicating its unwillingness to abide by such laws. Relevant examples include a nation stating it will treat detainees 'consistent' with the law rather than in compliance with the law; a state that accepts the law in part or with reservations…

This statement represents another insurmountable obstacle for service personnel remaining members of APA. The United States has reservations to many treaties. If anything less than full acceptance to a treaty renders a site prohibited, military psychologists are again in an untenable situation and would have to choose between remaining in military service and membership in APA.

Finally, I believe the report would impose a condition that itself runs afoul of our ethics. The report limits psychologists' work in a prohibited setting to providing care for military personnel. Of course, I fully support providing care to military personnel. Yet, the report then says that military psychologists may not provide assistance to detainees in a setting that an undetermined international body has deemed prohibited. Taken at face value, a military psychologist who is able and willing to do so could nonetheless not provide assistance to a detainee in significant psychological distress. I believe that this position is contrary to the finest traditions of military service and is itself unethical.

Some military psychologists are much more concerned about possible changes to the ethics code than on what this document states. I agree that this is an area of significant concern. However, I also believe that we must stand up to this type of inappropriate intimidation now, and do what is right. The current APA ethics code is one of the very finest documents of its kind in existence. My strong expectation is that any change to such a document would be very carefully considered by the APA, and we would have ample time to address any concerns that a change would make.

You are among the very best, most ethical, most competent, and most motivated psychologists with whom I have had the pleasure

of working. Continue to press on, and do not let the misinformed actions of a few demoralize you, or deter you from doing what you know to be right.

Please feel free to share this as you believe is appropriate.

Very respectfully,

Morgan Banks

COL L. Morgan Banks
Director, Psychological Applications
US Army Special Operations Command
DSN 239-6833 COM (910) 432-6833
PRIVACY REDACTION
Banksl@usasoc.socom.smil.mil/louie.morgan.banks@us.army.mil

Childress-Beatty, Lindsay

From: Behnke, Stephen
Sent: Wednesday, December 12, 2007 8:06 PM
To: Dixon, Pat; Childress-Beatty, Lindsay
Subject: Trudy Bond (interrogator) complaint

Hi Pat and Lindsay,

I've spoken with Stan about being the investigator on this case, and with Nathalie as well. Everyone thinks that would be fine. I'd like to have a decision by the current chair.

Pat, could you please send the materials to Stan overnight, so he'll have on Friday?

Thanks so much,

Steve

Childress-Beatty, Lindsay

From: Garrison, Ellen
Sent: Thursday, October 25, 2012 2:07 PM
To: Anderson, Norman; Farberman, Rhea
Cc: Honaker, Michael; Moore, Nancy; Gilfoyle, Nathalie; Behnke, Stephen; Childress-Beatty, Lindsay
Subject: RE: Follow-up to Open Letter from Trudy Bond and Steven Reisner
Attachments: open letter SBJ reply to BondReisner with EG edits.docx

Rhea, this draft looks good. Much thanks for taking the lead in preparing it!

See attached for the addition of an intro transition sentence and a reworking of the first sentence in the second paragraph, along with just a few minor edits. If the revised sentence below is OK with Steve and Lindsay, I think it would be better received by this particular audience – i.e., reference to protecting the (undefined) interests of our accused members would not sit well with these folks.

APA's ethics process is designed to protect the welfare of the public, while safeguarding the privacy interests of the individual filing an ethics complaint, as well as those of the psychologist against whom a complaint is made.

Here's how the sentence reads in the earlier draft:

APA's ethics process is designed to protect the interests of the individual filing an ethics complaint, the psychologist against whom a complaint is made, and the public.

I think it would also be helpful for others who might read this letter to state what the current statute of limitations is for these cases. Steve/Lindsay?

And lastly, reading between the lines, as they surely will, are we OK with the message that Leso's ethics case is pending because the matter is currently under legal review?

If so, the letter is good to go in my view with these suggested edits.

Ellen

From: Anderson, Norman
Sent: Thursday, October 25, 2012 1:12 PM
To: Farberman, Rhea
Cc: Honaker, Michael; Moore, Nancy; Gilfoyle, Nathalie; Behnke, Stephen; Childress-Beatty, Lindsay; Garrison, Ellen
Subject: Re: Follow-up to Open Letter from Trudy Bond and Steven Reisner

This looks good. Just make "Dr." plural (Drs.) at the end of the letter referring to the two psychologists.

Why would we wait so long (five days until Monday) before getting this to Suzanne? Can't it be finalized today and sent to her today or tomorrow?

Norman

Norman B. Anderson, Ph.D.
Chief Executive Officer

American Psychological Association
750 First Street, NE
Washington, DC 20002
(202) 336-6080
www.apa.org

On Oct 25, 2012, at 12:55 PM, "Farberman, Rhea" <rfarberman@apa.org> wrote:

> Hi all. In consultation with Ellen and Steve, I have retooled our earlier "general" response to the Bond/Reisner open letter. This text is meant to be a direct response from SBJ to Drs. Bond and Reisner. It's not super short or too long – about 430 words – and written to respond to Bond/Reisner and to inform and give context to others who will likely see it on shared lists, etc.
>
> Any edits, suggestions, questions?
>
> If possible let's plan on finalizing the text tomorrow or over the weekend. We can send to SBJ on Monday for her emailing to Bond/Reisner.
>
> Thanks.
>
> Rhea

Rhea K. Farberman, APR | Executive Director
Public and Member Communications
American Psychological Association
750 First Street NE, Washington, DC 20002-4242
Tel: (202) 336-5709 | Email: RFarberman@apa.org

Please consider the environment before printing this email.

From: Honaker, Michael
Sent: Tuesday, October 23, 2012 4:05 PM
To: Farberman, Rhea; Moore, Nancy; Anderson, Norman
Subject: FW: Follow-up to Open Letter from Trudy Bond and Steven Reisner

I assume that this is a follow-up letter to the earlier one? Should we forward to Suzanne?

From: Trudy Bond PRIVACY REDACTION
Sent: Tuesday, October 23, 2012 3:51 PM
To: ExecutiveOffice
Subject: Follow-up to Open Letter from Trudy Bond and Steven Reisner

October 23, 2012

Suzanne Bennett Johnson, President

American Psychological Association

750 First Street, NE

Washington, DC 20002

By facsimile and email (executiveoffice@apa.org)

Dear Dr. Johnson:

It has been over a month since we originally wrote to you regarding alleged ethical violations by psychologists for whom credible evidence exists implicating them in torture and prisoner abuse. To date we have not received a response to our letter.

To summarize, we made three requests of you in your role as president of the American Psychological Association:

1. Open a full review of the practices of the APA Ethics Office with regard to its failures regarding the investigation and adjudication of cases alleging torture, cruel, inhuman or degrading treatment or punishment in general, and the cases of Drs. Leso, James, and Gelles in particular.

2. Ensure that the case against Dr. Leso – now open for over six years – receives adjudication.

3. Move to rescind the current statute of limitations on cases of torture, cruel, inhuman or degrading treatment so that there can be accountability for psychologists who participate in abuses in the name of national security, whenever the evidence of such abuses becomes declassified or otherwise available.

We had hoped that you would have replied to our letter by now, and we're unsure how to interpret your silence. Over the next few days, can you let us know where you stand regarding the issues we have raised? We are also exploring other steps that might usefully serve to draw greater attention to these concerns, which we know are shared by many colleagues. Thank you.

Sincerely,

Trudy Bond PRIVACY REDACTION

Steven Reisner PRIVACY REDACTION

HC00022099

--
Dr. Trudy Bond
PRIVACY REDACTION

****

This communication (including any attachments) is intended solely for the recipient(s) named above and may contain information that is confidential, privileged or legally protected. Any unauthorized use or dissemination of this communication is strictly prohibited. If you have received this communication in error, please immediately notify the sender by return e-mail message and delete all copies of the original communication. Thank you for your cooperation.

CONFIDENTIAL

APA ETHICS COMMITEE
COMPLAINANT CASE

Complainant: **Jonathan Turley (on behalf of client DK)**

Respondent: **Michael Gelles, Psy.D.**

Reader: **Lisa Callahan**

Dates: **September 20-22, 2002**

Case Summary: As part of an espionage investigation by the Naval Criminal Investigative Service (NCIS), MG was asked to interview the individual under investigation (DK) who was a Naval Petty Officer as to DK's suitability for an interview under hypnosis. While the facts surrounding the espionage charge are not known to us, it is inferred that during ordinary interrogations, DK did not recall the events about which he was being interrogated. It is inferred from the record that the agents ("Stu" & "Helen") and perhaps others, along with DK, hoped that hypnosis would "unlock" his memories about the illegal activities. An officer involved with the investigation (HS) states in her letter at 44-1 that DK requested the interview to determine whether hypnosis would help him recall past events. MG claims that he has "expertise in using hypnosis in investigations" (44) although there is no support in his vitae to suggest any training, research, or continuing education on this topic. MG ultimately concluded that DK was not a good candidate for hypnosis on these events because he could not provide any "anchors" around which to question DK while under hypnosis. Simply put, DK could recall no information about the espionage events of concern. This was the only contact that MG had with DK.

There was a lot of "posturing" and hyperbole from DK's attorney, the complainant of record. After reading the entire case file, it was concluded that the following documents were most helpful in assessing the case: the Gore transcript, the videotape, and to a lesser degree DK's declaration and MG's responses. Despite the complexity of the charges, the behavior in question lasted 45 minutes.

MG's interview with DK was in the presence of the agents and DK was fully aware of their presence. DK continually referred to the agents during the interview. However, as per Naval regulations, DK was videotaped without his knowledge and with the knowledge of MG.

Standards Charged: There are a number of standards charged in this case. There are 2 transcriptions of the interview along with a 45 minute videotape. The second transcription (44-19 to 44-66) is being relied on for this review as it was transcribed by an "outside" concern as opposed to the complainant's transcription (6-65 to 6-90).

Standard 1.15 & Standard 1.16a: Misuse of Psychologist's Influence & Work: No Violation

While MG did identify himself as a "clinical psychologist," (44-24) he goes on to state that he does hypnotic interviews. Next the 2 have a lengthy discussion about what hypnosis is, why DK wants hypnosis, and what purposes it might serve (generally and specifically) (44-24 to 44-30). It is clear from the transcript and videotape that DK knows why MG is present and what the purpose of his interview is - he came with a list of questions.

The reading of the transcript does not suggest that MG suggested that the agents and MG were DK's friends (44-64 to 44-65). While DK does often refer to the agents during the interview with gestures and comments, MG does not receive or give the same attention. The discussion about the importance of relationships is so general that it is difficult to infer that MG was talking about the agents or himself vis a vis DK. He states that "relationships are more solid than anything else in the world and people will stick with you." He does not state that he (MG) will stick with him.

In terms of failing to explain false memory and relying simply on repressed memory, the record does not support that claim. MG & DK discuss "fantasy" thoughts (44-48; 44-51), especially at 44-54 where MG explains false memories and false memory syndrome (44-55 to 44-56). This is clear from the videotape as well. They discuss a show (20/20) on false memories. MG inquires whether DK has ever failed to recall any facts surrounding an important event or if this is the first time that he (DK) suspects that he has. DK denies that he has ever before failed to recall any information about any significant events.

The client's (DK) declaration misrepresents the facts as shown on the videotape and on the transcription, as a matter of degree than fact. For example, at #17 (6-59), DK states that he believed MG would help him "deal with these emotional and memory problems and help me bring closure to the whole interrogation." This contradicts his behavior at the interview first, by arriving with a list of questions specifically about hypnosis and second, by stating that he (MG) didn't have to worry about "it" (DK's suicidal thoughts) when MG probed about his psychiatric history.

Standard 1.21(a): Clarify nature of relationship, limits to confidentiality: No violation

MG was very clear about why he was interviewing DK. In fact, it was stated and agreed upon that DK requested to have MG (or another clinician) interview him for his suitability for hypnosis. MG then explains that to determine whether or not he is a candidate for hypnosis, he must do an assessment, covering physical illnesses (DK & family) and psychiatric illnesses (DK & family).

There is no evidence in the written record nor in the videotape that suggests that MG had a "hidden agenda." He repeatedly states that he is there to see if DK is eligible for hypnosis. Most of their discussion is about hypnosis.

As far as the discussion of mental health issues, in particular DK's suicidality, MG appears to be following up with standard questions regarding the history of psychiatric problems, which could perhaps limit the success of hypnosis. When DK mentioned suicidal thoughts, it would likely have been problematic had MG failed to followed up on the concerns, regardless of the purpose of the interview, to determine if DK was currently at risk.

When MG used the word "help" in various sentences, it was always in the context of helping DK understand hypnosis and the potential role it might serve in his investigation. There was no implication of therapeutic "help" being sought or offered. DK came with a list of questions for MG, which they eventually worked through.

Standard 5.01(a): Failure to discuss limits of confidentiality: No violation

There is nothing in the written record or on the videotape that supports the claim that DK did not know the limits on confidentiality. Stu and Helen were in the room throughout the interview. On a number of occasions, MG told DK that he had been "briefed" by the agents in terms of the case.

Standard 5.01(c): Videotaping without knowledge or permission of client: No violation

NCIC regulations required that the interview be covertly taped (18-22). Military chain of command being what it is, MG was required by his superiors to follow the order for a secret taping of the interview. Because MG was charged under this standard and not under 8.03 which addresses the conflict between ethics and organizational demands, there is no violation.

Standard 1.07(a) and (b): Provision of information beforehand about the nature of services and information later about results and conclusions; informing client at outset if precluded from doing (a): No violation

This charge is contingent upon being convinced that MG had a hidden agenda, which isn't documented. The interview was requested by DK to talk to someone about hypnosis. DK seemed genuinely concerned that he couldn't recall any facts related to behavior that he was being investigated for, namely espionage. MG clearly states to DK (videotape and transcript at 44-65) that he (MG) does not think that DK is a good candidate for hypnosis at this time. MG continued that if after working with the agents he is able to establish "anchors," they could talk again to see if hypnosis was recommended. That was the end of the relationship between DK and MG. In his case notes MG (18-26 to 18-27) states that "he should be considered as suggestible and focus should be directed toward not doing anything at this point in time that might encourage a false confession."

Most of the last half of DK's declaration reflects his interpretation of the interview that differs from MG's interpretation. DK claims that MG implied that if he (DK) didn't go

back and give the agents corroborating evidence, he (MG) wouldn't be able to work with him, and thus gain "closure." My viewing of the videotape does not agree with DK's claim. Repeatedly MG explains the process of hypnosis and how he would need temporal or geographic "anchors" to successfully hypnotize DK. He suggested that he work with the agents to see if they could come up with any anchors.

Recommendation: No violation on all standards

Legal Review: Completed

APA ETHICS COMMITTEE
READER SUMMARY
CONFIDENTIAL

AUG 2 0 2002

Respondent: Michael G. Gelles, Psy.D.

Complainant: Daniel M. King

Meeting Dates: September 20-22, 2002

Reader: Elizabeth V. Swenson, Ph.D., J.D.

Standards Charged: Standards 1.15, 1.16(a), 1.21(a), 5.01(a), 5.01(c), 1.07(a), and 1.07(b)

Case Summary: Daniel King was a Petty Officer in the United States Navy. In October of 1999 he was questioned and subsequently held for possible espionage after taking an inconclusive polygraph test. Mr. King cites a number of egregious questioning techniques used by his military interrogators. After 520 days in custody, his case was dismissed by a military judge for insufficient evidence.

This complaint against Dr. Gelles was brought in Mr. King's name by his attorney for Dr. Gelles' alleged role in the interrogation. On October 19, 1999, Mr. King met with Dr. Gelles in a hotel room. Mr. King had requested this meeting to explore the possibility of using hypnosis to aid in his recall of the alleged events related to the espionage. In the interview, Mr. King asks for help via hypnosis in clarifying events he fails to recall which Dr. Gelles responds to by probing for factors which might interfere with his ability to concentrate under hypnosis. This interview was videotaped without Mr. King's knowledge or consent. Also present were two Naval Criminal Investigative Service (NCIS) agents.

Mr. King, a seemingly gullible individual, alleges that during the course of the interview Dr. Gelles failed to inform him that he was an NCIS employee and encouraged him to be trusting and to give "corroborating evidence" to the investigators. Dr. Gelles has alternative explanations for his behavior in the interview. The EC has been provided with a videotape of the session and transcripts submitted by both parties.

Standards Charged: Standard 1.15 ("[Psychologists] ... guard against ... factors that might lead to misuse of their influence.")

Standard 1.16(a) ("Psychologists do not participate in activities in which it appears likely that their skill or data will be misused by others ...")

Argument for Violation: In the interview, Dr. Gelles stated twice that he is there "... to see if I might be of some help to you." (6-65, L.23 and 6-67, L.9) and added at the end that "I hope

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this has been somewhat helpful." (6-89, L.16)

Dr. Gelles suggested to Mr. King that he find "anchors" such as "a time, a date, a particular place" to deal with his need to distinguish fantasy from reality so that hypnosis could be more productive. (6-87, L.23-24) He encouraged him to cooperate with the agents by saying "You guys have a nice relationship" and "...they care a lot about you." 6-80, L. 24, 6-81, L.2, and 44-48, L.1, 3-4. He also noted that the agents, like Mr. King's daughters "don't pass judgment and support you one way ot the other." 44-64, L.16-17. At the least, this is misleading a naive person. Under the circumstances, Dr. Gelles' comments about the agents seem disingenuous.

Dr. Gelles disregarded the possibility that Mr. King might not have remembered accurately (false memories), even when Mr. King noted that he might have confused fantasy with reality. While Mr. King pathetically asked for information about how to uncover suppressed memories by asking for someone to get into his mind, Dr. Gelles launched into a discussion of repressed memories in the context of psychotherapy, an irrelevancy.

Argument against Violation: At 6-88, L.9-10, he comments that "...I don't know that I could be of help to you."
Although Dr. Gelles may have been asked to conduct the interview by the agents, he also was responding to Mr. King's request for information on hypnosis and his candidacy for receiving it. Thus "help" may well refer to his providing this information alone and may not related to his doing anything else to help him.

Dr. Gelles does not dispute the quoted statements about anchors and the quality of the relationship with the agents. Instead he says that he did not tell Mr. King to "trust the relationship." Mr. King was the first to say that they're good people, (6-81, L.1) and Dr. Gelles may have been only responding to this thought. The discussion of anchors may have been present to give Mr. King a reason why his recollection was too fuzzy for hypnosis to aid.

Perhaps Dr. Gelles did not understand the differences between the concepts of false, repressed, and suppressed memories. He did talk to Mr. King about his difficulties in separating fantasy from reality. Apparently he felt no obligation to offer this information.

Recommendation: Technically no violation, but Dr. Gelles, in my opinion, was not only misleading in his comments about the agents but omitted information that could have really helped Mr. King about how false memories can be established and solidified by interrogation.

Standard Charged: Standard 1.21(a) ("When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist clarifies to the extent feasible at the outset of the service, the nature of the relationship with each

AUG 3 0 2002

HC00022258

party. This clarification includes the role of the psychologist ... the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality.")

Argument for Violation: Although Dr. Gelles did say "Stu and Helen had asked me if I might come by ..." 6-62 L. 22 and "I am a clinical psychologist. And I work with Stu and Helen and the system ..." 6-67, L.9-10, he did not explain how his services and the provided information would be used and the limits to confidentiality.

Argument against Violation: Dr. Gelles provided the bare minimum amount of the information required by Standard 1.21(a).

Recommendation: Again, technically no violation, but Dr. Gelles could have done much more to explain his role, which would be in the spirit of Standard 1.21(a)

Standard Charged: Standard 5.01(a) ("Psychologists discuss with persons and organizations with whom they establish a scientific or professional relationship ... (1) the relevant limitations on confidentiality .... (2) the foreseeable uses of the information generated through their services.")

Argument for Violation: Dr. Gelles apparently did not discuss the limitations of confidentiality and the foreseeable uses of the information from the session with Mr. King.

Argument against Violation: The presence of the two agents makes the lack of confidentiality clear. The signed Miranda warnings prior to the session indicate the foreseeable uses of the information.

Recommendation: No violation.

Standard Charged: Standard 5.01(c) ("Permission for electronic recordings of interviews is secured from clients or patients.")

Argument for Violation: Dr. Gelles did not receive permission from Mr. King to videotape the session.

Argument against Violation: According to document 18-22 the permission to videotape covertly was obtained from the staff judge advocate. This was out of the control of Dr. Gelles, although it is not clear if Dr. Gelles raised an objection to his superiors.

Recommendation: No violation. Possible recharge under Standard 8.03.

AUG 3 0 2002

HC00022258

Standards Charged: Standard 1.07 ("When psychologists provide assessment, evaluation, treatment, counseling ... they provide, using language that is reasonably understandable to the recipient of those services, appropriate information beforehand about the nature of such services and appropriate information later about results and conclusions.")

Standard 1.07(b) ("If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.")

Argument for Violation: Some of the questions and topics that Dr. Gelles brought up, such as suicide and depression, may be construed to mean that he was conducting an in-depth psychological evaluation. Others of his questions and comments can be construed to mean that his job was to encourage Mr. King to discover more information about the incidents with the Russians and the disk in collaboration with Stu and Helen. If so, he was not up front with Mr. King about this type of evaluation

Argument against Violation: Although it is difficult to ascertain with certainty, it appears that the session involved Mr. King's need to determine if there was a technique, such as hypnosis, that would enable him to uncover more information in his memory. Dr. Gelles' agenda may have been to ascertain if Mr. King was a good candidate for hypnosis. This topic was discussed at length.

Recommendation: No violation.

Recommended Action: No action is necessary except a possible recharge under Standard 8.03. Dr. Gelles made the most minimal disclosures necessary to comply with the ethics standards. Mr. King was very suggestible and easily duped by the agents. A highly ethical psychologist would have seen this and refused to cooperate with the system. Dr. Gelles' behavior is ethically very marginal in my opinion. It is disturbing to watch this video.

AUG 3 0 2002

HC00022258

110TH CONGRESS
2nd Session

COMMITTEE PRINT

INQUIRY INTO THE TREATMENT OF DETAINEES IN U.S. CUSTODY

REPORT

OF THE

COMMITTEE ON ARMED SERVICES
UNITED STATES SENATE

NOVEMBER 20, 2008

HC00022487

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HC00022487

(U) Contents

Note on Source Material Used in the Preparation of the Report (U) viii

List of Acronyms Used in the Report (U). ix

Executive Summary and Conclusions (U). xii

I. Early Influences on Interrogation Policy (U) 1

A. *Redefining the Legal Framework For the Treatment of Detainees* (U) 1

B. *Department of Defense Office of General Counsel Seeks Information from the Joint Personnel Recovery Agency (JPRA)* (U) 3

C. *JPRA Collaboration with Other Government Agencies (OGAs)* (U) 6

D. *JPRA Support to the Defense Intelligence Agency (DIA)* (U) 8

E. *JPRA Recommendations for GTMO* (U) 11

F. *Colonel Herrington's Assessment of GTMO* (U) 12

G. *JPRA Prepares Draft Exploitation Plan* (U) 14

II. Development of New Interrogation Authorities (U) 16

A. *CIA's Interrogation Program and the Interrogation of Abu Zubaydah (U)* 16

B. *JPRA Assistance to Another Government* Agency (U) 19

C. *Senior SERE Psychologist Detailed From Department of Defense to Other Government Agency* (U) 23

D. *Department of Defense General Counsel Seeks Information on SERE Techniques From JPRA* (U) 24

E. *The Department of Justice Changes the Rules* (U) 31

F. *JPRA's Special Program In Support of* [redacted] (U) 35

1. *August 2002 Training Proposal* (U) 35

2. *JPRA Creates Project 22B* (U) 37

III. Guantanamo Bay as a "Battle Lab" for New Interrogation Techniques (U) 38

A. *GTMO Stands Up a Behavioral Science Consultation Team (BSCT)* (U) 38

B. *Behavioral Science Consultation Team (BSCT) Personnel Contact the U.S. Army Special Operations Command (USASOC)* (U)....39

C. *U.S. Southern Command Seeks External Review of GTMO* (U)....42

D. *GTMO Personnel Attend Training at Fort Bragg* (U)....43

E. *Delegation of Senior Government Lawyers Visits Guantanamo* (U)....49

F. *JTF-170 BSCT Produces Interrogation Policy Memo* (U)....50

G. *CIA Lawyer Advises GTMO on Interrogations* (U)....53

H. *DoD Takes Lead on the Interrogation of Mohammed al Khatani* (U)....57

IV. GTMO Seeks Authority to Use Aggressive Interrogation Techniques (U)....61

A. *GTMO Requests Counter-Resistance Techniques Influenced by SERE* (U)....61

B. *GTMO Staff Judge Advocate Conducts "Legal Review of Aggressive Interrogation Techniques"* (U)....63

C. *Chain of Command Considers the Request for Interrogation Techniques as CITF and FBI Raise Objections* (U)....65

D. *Military Services React to GTMO Request for Interrogation Techniques* (U)....67

E. *Department of Defense General Counsel Quashes Joint Staff Legal Review* (U)....70

F. *GTMO and JPRA Plan for Additional Interrogation Training* (U)....72

V. Command Change at Guantanamo as Dispute over Aggressive Techniques Continues (U)....73

A. *Major General Geoffrey Miller Takes Command of JTF-GTMO* (U)....73

B. *Khatani Interrogation Plan Fuels Dispute Over Aggressive Techniques* (U)....74

1. *JTF-GTMO Staff Circulate Khatani Interrogation Plan* (U)....75

2. *CITF and FBI Object to Proposed Interrogation Techniques* (U)....78

3. *JTF-GTMO Briefs DoD General Counsel's Office on Interrogation Plan* (U)....79

4. *"Final" Khatani Interrogation Plan* (U)....81

5. *FBI and CITF Continue to Object to Khatani Interrogation Plan* (U)....84

6. *Khatani Interrogation Begins, CITF Directed To "Stand Clear"* (U)....87

7. *Techniques Used During Khatani Interrogation* (U)....88

VI. JPRA's Assistance to Another Government Agency (U)....91

VII. Secretary Rumsfeld Approves Interrogation Authorities, GTMO Plans to Implement SERE Techniques (U)....94

A. *Secretary of Defense Authorizes Aggressive Techniques for use at GTMO* (U)....94

B. *JTF-GTMO Develops Standard Operating Procedure (SOP) for the Use of SERE Techniques in Interrogations* (U)....97

C. *SERE School Trainers Provide Instruction for GTMO Interrogators* (U)....103

D. *Navy General Counsel Raises Concerns About Interrogation Techniques, Secretary Rumsfeld Rescinds Authority* (U)....105

E. *National Security Council (NSC) Principals Discuss DoD Interrogations* (U)....109

VIII. New Interrogation Policy Developed for GTMO (U)....110

A. *The Working Group Solicits Information on Interrogation Techniques*....110

1. *The Defense Intelligence Agency Provides Information on Specific Interrogation Techniques* (U)....110

2. *The Working Group Solicits Information About Interrogation Techniques From CENTCOM and SOUTHCOM* (U)....113

3. *The Working Group Requests Information from JPRA* (U)....116

B. *Department of Justice Office of Legal Counsel's Analysis Is Presented As Controlling Authority* (U)....118

C. *Working Group Drafts Report Recommending Interrogation Techniques* (U)....122

D. *SOUTHCOM Presses for Additional Techniques* (U)....128

E. *JPRA Briefs Members of the Working Group on SERE Techniques, Including Physical Pressures* (U)....130

F. *The Working Group Finalizes Its Report and the Secretary of Defense Issues a New Interrogation Policy For GTMO* (U)....130

IX. Aggressive Interrogations at GTMO (U)....132

A. *Allegations of Detainee Mistreatment* (U)....132

B. *Special Interrogation Plans Modeled on Khatani Interrogation* (U)....135

1. *JTF-GTMO Plans for Interrogation of Slahi* (U)....135

2. *JTF-GTMO Formally Submits Special Interrogation Plan for Slahi (ISN 760)* (U).....136

3. *Interrogation Begins Before the Special Interrogation Plan Is Approved* (U).....138

4. *Special Interrogation Plan Approved and Implemented Despite Apparent Cooperation* (U).....140

5. *FBI Concerns with Special Interrogation* (U).....141

6. *Special Project at GTMO Uses Aggressive Interrogation Techniques* (U).....141

7. *CITF Reissues Order for Agents to "Stand Clear" of Aggressive Interrogations* (U).....143

8. *GTMO Seeks Approval for Two Additional Special Interrogation Plans* (U).....143

a. *Special Interrogation Plan #3* (U).....143

b. *Special Interrogation Plan #4* (U).....144

c. *SOUTHCOM and OSD SO/LIC Recommend Approval of Special Interrogation Plans #3 & #4* (U).....145

X. DOJ Office of Legal Counsel Withdraws March 14, 2003 Legal Opinion Governing DoD Interrogations (U).....146

XI. Development of Interrogation Policy in Afghanistan (U).....148

A. *Assessment Team Visit to Guantanamo Bay* (U).....149

B. *The Deaths of Dilawar and Habibullah* (U).....151

C. *Questions Raised About Task Force Participation in OGA Interrogations* (U).....152

D. *January 2003 Task Force Interrogation SOP (Afghanistan)* (U).....153

E. *CJTF-180 Produces Memorandum on Interrogation Techniques* (U).....154

F. *CENTCOM Raises Concerns About Interrogation Techniques* (U).....156

XII. Development of Interrogation Policy in Iraq (U).....157

A. *Special Mission Unit Task Force Interrogation Policies* (U).....158

1. SMU *Task Force Uses Afghanistan Interrogation Policy* (U).....158

2. *OGA Comments on SMU TF Interrogation Techniques* (U).....159

3. *July 2003 Interrogation SOP Drafted for Iraq SMU TF* (U).....159

4. *Iraq Survey Group Concerns with SMU TF Detainee Treatment* (U).....162

B. *Interrogation Policies for Conventional Forces in Iraq* (U).....164

1. *CJTF-7 Stands Up (Summer 2003)* (U).....164

2. *Interrogation Operations Begin at Abu Ghraib* (U).....165

3. *519th MI Battalion at Abu Ghraib Seeks Additional Guidance* (U).....166

4. *519th MI BN Proposes Interrogation Policy* (U).....166

5. *CJTF-7 Solicits "Wish List" of Interrogation Techniques* (U).....167

6. *Interrogation OIC at Abu Ghraib Resubmits the Proposed Interrogation Policy for 519th MI BN* (U).....169

C. *JPRA Provides "Offensive" SERE Training in Iraq* (U).....170

1. *Special Mission Unit Task Force in Iraq Seeks Assistance from JPRA* (U).....170

2. *Awareness of the JPRA Trip to Iraq at Headquarters, Joint Forces Command (JFCOM)* (U).....171

3. *JPRA Provides Interrogation Support to the Special Mission Unit Task Force in Iraq* (U).....173

4. *JPRA Team Authorized to Participate in Interrogations* (U).....174

5. *JPRA Present as Interrogator Uses Stress Positions and Slaps* (U).....176

6. *JPRA Team Authorized to Use SERE Techniques* (U).....179

7. *JPRA Team Chief Seeks Legal Guidance* (U).....179

8. *JPRA Training Manager and Contractor Participate in an Interrogation* (U).....181

9. *JPRA Team Chief Objects to SMU TF Interrogation* (U).....182

10. *JPRA Develops a Concept of Operations (CONOP)* (U).....184

11. *JPRA Team Leaves Iraq* (U).....186

12. *U.S. Joint Forces Command (JFCOM) Reviews JPRA Concept Of Operations (CONOP)* (U).....187

13. *JFCOM Verifies Team Chief's Account of Events in Iraq* (U).....188

D. *Major General Geoffrey Miller Leads GTMO Assessment Team to Iraq* (U).....189

1. *CJTF-7 Commander Identifies Deficiencies* (U).....189

2. *GTMO Assessment Team Travels to Iraq* (U).....190

3. *GTMO Team Visits Iraq Survey Group (ISG)* (U).....191

4. *GTMO Team Visits Special Mission Unit Task Force* (U).....193

5. *GTMO Team Discusses Interrogations with CJTF-7* (U).....194

6. *GTMO Commander Recommends CJTF-7 Develop an Interrogation Policy* (U).....197

7. *JTF-GTMO Assessment Team Produces Trip Report* (U).....198

8. *MG Miller Briefs Senior DoD Officials on Assessment Visit* (U).....199

E. *Interrogation and Counter-Resistance Policy Established* (U).....200

1. *CJTF-7 Commander Issues Policy Including Aggressive Interrogation Techniques* (U).....200

2. *Interrogation and Counter Resistance Policy Implemented at Abu Ghraib* (U).....201

3. *CENTCOM Raises Concerns About CJTF-7 Policy* (U).....202

4. *CJTF-7 Issues New Interrogation Policy* (U).....204

F. *SMU Task Force Issues a New Interrogation SOP* (U).....206

XIII. Interrogation Techniques and Detainee Mistreatment at Abu Ghraib (U).....207

A. *Use of Military Working Dogs* (U).....208

B. *Stress Positions and Physical Training* (U).....210

C. *Removal of Clothing* (U).....211

D. *Sleep Adjustment/ Sleep Management* (U).....213

E. *Sensory Deprivation and Isolation* (U).....215

F. *"Lost Opportunity" to Fix Problems at Abu Ghraib* (U).....216

1. *Retired Army Intelligence Officer Leads Assessment Team* (U).....216

2. *Assessment Team Visits Abu Ghraib and CJTF-7 Headquarters* (U).....217

3. *Team Hears Reports of Detainee Mistreatment* (U).....218

4. *COL Herrington Reports Findings* (U).....218

XIV. Interrogation Policies Following Abu Ghraib (U).....219

A. *February 2004 CJSOTF Interrogation SOP* (U).....219

B. *Interrogation Plan in Iraq Derived from SERE* (U).....221

C. *March 2004 Interrogation SOP for Conventional Forces in Afghanistan* (U).....221

D. *Special Mission Unit Task Force Interrogation Polices* (U).....222

XV. CENTCOM Seeks JPRA Interrogation Assistance in Afghanistan (U).....224

A. *May 2004 CENTCOM Request* (U).....224

B. *CENTCOM Makes Another Request for JPRA Interrogation Assistance in Afghanistan* (U).....228

C. *U.S. Joint Forces Command Issues Policy Guidance For JPRA "Offensive" Support* (U)...230

Note on Source Material Used in the Preparation of the Report

(U) Over the course of the its inquiry into the treatment of detainees in U.S. custody, the Committee reviewed more than 200,000 pages of classified and unclassified documents, including detention and interrogation policies, memoranda, electronic communications, training manuals, and the results of previous investigations into detainee abuse. The majority of those documents were provided to the Committee by the Department of Defense. The Committee also reviewed documents provided by the Department of Justice, documents in the public domain, a small number of documents provided by individuals, and a number of published secondary sources including books and articles in popular magazines and scholarly journals.

(U) The Committee interviewed over 70 individuals in connection with its inquiry. Most interviews were of current or former Department of Defense employees, though the Committee also interviewed current and/or former employees of the Department of Justice and the Federal Bureau of Investigation. The Committee issued two subpoenas and held two hearings to take testimony from subpoenaed witnesses. The Committee also sent written questions to more than 200 individuals. The Committee held public hearings on June 17, 2008 and September 25, 2008.

(U) Military personnel referred to in the report are identified by their rank at the time the events in question took place.

List of Acronyms (U)

AAR	After Action Report
AOR	Area of Responsibility
BCP	Bagram Collection Point, Bagram Air Field, Afghanistan
BDE	Brigade
BN	Battalion
BSCT	Behavioral Science Consultation Team
CCJ-2	Intelligence directorate at U.S. CENTCOM.
CENTCOM	U.S. Central Command
CFLCC	Coalition Forces Land Component Command
CIA	Central Intelligence Agency
CID	Army Criminal Investigative Division
CITF	Criminal Investigation Task Force
CJ-2	Combined J-2 (Intelligence directorate at combined organization)
CJ2X	Combined J-2X; See J-2X
CJCS	Chairman of the Joint Chiefs of Staff
CJTF-180	Combined Joint Task Force 180
CJTF-7	Combined Joint Task Force 7
CONOP	Concept of Operations
CTC	Central Intelligence Agency's CounterTerrorist Center
DHS (DH)	Defense Human Intelligence Service, part of DIA
DIA	Defense Intelligence Agency
DoD	Department of Defense
DoJ	Department of Justice
DPMO	Defense Prisoner of War/Missing Personnel Office
DUC	Designated Unlawful Combatant
EPW	Enemy Prisoner of War
FBI	Federal Bureau of Investigation
FM 34-52	US Army Field Manual on Interrogation (1987, 1992)
G-2	Intelligence directorate at Army Staff
GTMO (GITMO)	U.S. Naval Base Guantanamo Bay
HUMINT	Human Intelligence
HVD	High Value Detainee
HVT	High Value Target
ICE	Interrogation Control Element
ICRC	International Committee of the Red Cross

IROE	Interrogation Rules of Engagement
ISG	Iraq Survey Group
ISN	Internment Serial Number
J-2	Intelligence directorate within a joint organization, e.g. Joint Staff
J-2X	Counterintelligence and Human Intelligence officer or organization
J-3	Operations directorate within a joint organization, e.g. Joint Staff
JAG	Judge Advocate General
JFCOM	U.S. Joint Forces Command
JIDC	Joint Interrogation and Debriefing Center
JIG	Joint Interrogation Group
JPRA	Joint Personnel Recovery Agency
JSOC	Joint Special Operations Command
JTF-160	Joint Task Force 160 at U.S. Naval Base Guantanamo Bay
JTF-170	Joint Task Force 170 at U.S. Naval Base Guantanamo Bay
JTF-GTMO	Joint Task Force Guantanamo Bay
MWD	Military Working Dog
NCIS	Naval Criminal Investigative Service
OEF	Operation Enduring Freedom
OGA	Other Government Agency
OI	Operating Instruction
OIC	Officer in Charge
OIF	Operation Iraqi Freedom
OLC	Department of Justice Office of Legal Counsel
OSD	Office of the Secretary of Defense
OSI	Air Force Office of Special Investigations
OSO	Operational Support Office (JPRA)
OTJAG	Office of The Judge Advocate General
PAD	Psychological Applications Directorate
POW	Prisoner of War
PRA	Personnel Recovery Agency
ROE	Rules of Engagement
S-3	Army operations directorate at brigade level or below
SERE	Survival Evasion Resistance Escape
SJA	Staff Judge Advocate
SMU	Special Mission Unit
SO/LIC	Special Operations/Low Intensity Conflict
SOCOM	U.S. Special Operations Command

SOP	Standard Operating Procedure
SOUTHCOM	U.S. Southern Command
S-V91	Department of Defense High Risk Survival Training
TF	Task Force
TJAG	The Judge Advocate General
TTPs	Tactics, Techniques, and Procedures
UCMJ	Uniform Code of Military Justice
USASOC	U.S. Army Special Operations Command
USDI	Under Secretary of Defense for Intelligence
VTC	Video Teleconference
WMD	Weapons of Mass Destruction

Executive Summary

"What sets us apart from our enemies in this fight... is how we behave. In everything we do, we must observe the standards and values that dictate that we treat noncombatants and detainees with dignity and respect. While we are warriors, we are also all human beings."

-- General David Petraeus

May 10, 2007

(U) The collection of timely and accurate intelligence is critical to the safety of U.S. personnel deployed abroad and to the security of the American people here at home. The methods by which we elicit intelligence information from detainees in our custody affect not only the reliability of that information, but our broader efforts to win hearts and minds and attract allies to our side.

(U) Al Qaeda and Taliban terrorists are taught to expect Americans to abuse them. They are recruited based on false propaganda that says the United States is out to destroy Islam. Treating detainees harshly only reinforces that distorted view, increases resistance to cooperation, and creates new enemies. In fact, the April 2006 National Intelligence Estimate "Trends in Global Terrorism: Implications for the United States" cited "pervasive anti U.S. sentiment among most Muslims" as an underlying factor fueling the spread of the global jihadist movement. Former Navy General Counsel Alberto Mora testified to the Senate Armed Services Committee in June 2008 that "there are serving U.S. flag-rank officers who maintain that the first and second identifiable causes of U.S. combat deaths in Iraq – as judged by their effectiveness in recruiting insurgent fighters into combat – are, respectively the symbols of Abu Ghraib and Guantanamo."

(U) The abuse of detainees in U.S. custody cannot simply be attributed to the actions of "a few bad apples" acting on their own. The fact is that senior officials in the United States government solicited information on how to use aggressive techniques, redefined the law to create the appearance of their legality, and authorized their use against detainees. Those efforts damaged our ability to collect accurate intelligence that could save lives, strengthened the hand of our enemies, and compromised our moral authority. This report is a product of the Committee's inquiry into how those unfortunate results came about.

Presidential Order Opens the Door to Considering Aggressive Techniques (U)

(U) On February 7, 2002, President Bush signed a memorandum stating that the Third Geneva Convention did not apply to the conflict with al Qaeda and concluding that Taliban detainees were not entitled to prisoner of war status or the legal protections afforded by the Third Geneva Convention. The President's order closed off application of Common Article 3 of the Geneva Conventions, which would have afforded minimum standards for humane treatment, to al Qaeda or Taliban detainees. While the President's order stated that, as "a matter of policy, the United States Armed Forces shall continue to treat detainees humanely and, to the extent appropriate and consistent with military necessity, in a manner consistent with the principles of the Geneva Conventions," the decision to replace well established military doctrine, i.e., legal compliance with the Geneva Conventions, with a policy subject to interpretation, impacted the treatment of detainees in U.S. custody.

(U) In December 2001, more than a month before the President signed his memorandum, the Department of Defense (DoD) General Counsel's Office had already solicited information on detainee "exploitation" from the Joint Personnel Recovery Agency (JPRA), an agency whose expertise was in training American personnel to withstand interrogation techniques considered illegal under the Geneva Conventions.

(U) JPRA is the DoD agency that oversees military Survival Evasion Resistance and Escape (SERE) training. During the resistance phase of SERE training, U.S. military personnel are exposed to physical and psychological pressures (SERE techniques) designed to simulate conditions to which they might be subject if taken prisoner by enemies that did not abide by the Geneva Conventions. As one JPRA instructor explained, SERE training is "based on illegal exploitation (under the rules listed in the 1949 Geneva Convention Relative to the Treatment of Prisoners of War) of prisoners over the last 50 years." The techniques used in SERE school, based, in part, on Chinese Communist techniques used during the Korean war to elicit false confessions, include stripping students of their clothing, placing them in stress positions, putting hoods over their heads, disrupting their sleep, treating them like animals, subjecting them to loud music and flashing lights, and exposing them to extreme temperatures. It can also include face and body slaps and until recently, for some who attended the Navy's SERE school, it included waterboarding.

(U) Typically, those who play the part of interrogators in SERE school neither are trained interrogators nor are they qualified to be. These role players are not trained to obtain reliable intelligence information from detainees. Their job is to train our personnel to resist providing reliable information to our enemies. As the Deputy Commander for the Joint Forces Command (JFCOM), JPRA's higher headquarters, put it: "the expertise of JPRA lies in training personnel how to respond and resist interrogations – not in how to conduct interrogations." Given JPRA's role and expertise, the request from the DoD General Counsel's office was unusual. In fact, the Committee is not aware of any similar request prior to December 2001. But while it may have been the first, that was not the last time that a senior government official contacted JPRA for

advice on using SERE methods offensively. In fact, the call from the DoD General Counsel's office marked just the beginning of JPRA's support of U.S. government interrogation efforts.

Senior Officials Seek SERE Techniques and Discuss Detainee Interrogations (U)

(U) Beginning in the spring of 2002 and extending for the next two years, JPRA supported U.S. government efforts to interrogate detainees. During that same period, senior government officials solicited JPRA's knowledge and its direct support for interrogations. While much of the information relating to JPRA's offensive activities and the influence of SERE techniques on interrogation policies remains classified, unclassified information provides a window into the extent of those activities.

(U) JPRA's Chief of Staff, Lieutenant Colonel Daniel Baumgartner testified that in late 2001 or early 2002, JPRA conducted briefings of Defense Intelligence Agency (DIA) personnel on detainee resistance, techniques, and information on detainee exploitation.

(U) On April 16, 2002, Dr. Bruce Jessen, the senior SERE psychologist at JPRA, circulated a draft exploitation plan to JPRA Commander Colonel Randy Moulton and other senior officials at the agency. The contents of that plan remain classified but Dr. Jessen's initiative is indicative of the interest of JPRA's senior leadership in expanding the agency's role.

(U) One opportunity came in July 2002. That month, DoD Deputy General Counsel for Intelligence Richard Shiffrin contacted JPRA seeking information on SERE physical pressures and interrogation techniques that had been used against Americans. Mr. Shiffrin called JPRA after discussions with William "Jim" Haynes II, the DoD General Counsel.

(U) In late July, JPRA provided the General Counsel's office with several documents, including excerpts from SERE instructor lesson plans, a list of physical and psychological pressures used in SERE resistance training, and a memo from a SERE psychologist assessing the long-term psychological effects of SERE resistance training on students and the effects of waterboarding. The list of SERE techniques included such methods as sensory deprivation, sleep disruption, stress positions, waterboarding, and slapping. It also made reference to a section of the JPRA instructor manual that discusses "coercive pressures," such as keeping the lights on at all times, and treating a person like an animal. JPRA's Chief of Staff, Lieutenant Colonel Daniel Baumgartner, who spoke with Mr. Shiffrin at the time, thought the General Counsel's office was asking for the information on exploitation and physical pressures to use them in interrogations and he said that JFCOM gave approval to provide the agency the information. Mr. Shiffrin, the DoD Deputy General Counsel for Intelligence, confirmed that a purpose of the request was to "reverse engineer" the techniques. Mr. Haynes could not recall what he did with the information provided by JPRA.

(U) Memos from Lieutenant Colonel Baumgartner to the Office of Secretary of Defense General Counsel stated that JPRA would "continue to offer exploitation assistance to those government organizations charged with the mission of gleaning intelligence from enemy

detainees." Lieutenant Colonel Baumgartner testified that he provided another government agency the same information he sent to the DoD General Counsel's office.

(U) Mr. Haynes was not the only senior official considering new interrogation techniques for use against detainees. Members of the President's Cabinet and other senior officials attended meetings in the White House where specific interrogation techniques were discussed. Secretary of State Condoleezza Rice, who was then the National Security Advisor, said that, "in the spring of 2002, CIA sought policy approval from the National Security Council (NSC) to begin an interrogation program for high-level al-Qaida terrorists." Secretary Rice said that she asked Director of Central Intelligence George Tenet to brief NSC Principals on the program and asked the Attorney General John Ashcroft "personally to review and confirm the legal advice prepared by the Office of Legal Counsel." She also said that Secretary of Defense Donald Rumsfeld participated in the NSC review of the CIA's program.

(U) Asked whether she attended meetings where SERE training was discussed, Secretary Rice stated that she recalled being told that U.S. military personnel were subjected in training to "certain physical and psychological interrogation techniques." National Security Council (NSC) Legal Advisor, John Bellinger, said that he was present in meetings "at which SERE training was discussed."

Department of Justice Redefines Torture (U)

(U) On August 1, 2002, just a week after JPRA provided the DoD General Counsel's office the list of SERE techniques and the memo on the psychological effects of SERE training, the Department of Justice's Office of Legal Counsel (OLC) issued two legal opinions. The opinions were issued after consultation with senior Administration attorneys, including then-White House Counsel Alberto Gonzales and then-Counsel to the Vice President David Addington. Both memos were signed by then-Assistant Attorney General for the Office of Legal Counsel Jay Bybee. One opinion, commonly known as the first Bybee memo, was addressed to Judge Gonzales and provided OLC's opinion on standards of conduct in interrogation required under the federal torture statute. That memo concluded:

> [F]or an act to constitute torture as defined in [the federal torture statute], it must inflict pain that is difficult to endure. Physical pain amounting to torture must be equivalent in intensity to the pain accompanying serious physical injury, such as organ failure, impairment of bodily function, or even death. For purely mental pain or suffering to amount to torture under [the federal torture statute], it must result in significant psychological harm of significant duration, e.g., lasting for months or even years.

(U) In his book The Terror Presidency, Jack Goldsmith, the former Assistant Attorney General of the OLC who succeeded Mr. Bybee in that job, described the memo's conclusions:

> Violent acts aren't necessarily torture; if you do torture, you probably have a defense; and even if you don't have a defense, the torture law doesn't apply if you act under the color of presidential authority.

(U) The other OLC opinion issued on August 1, 2002 is known commonly as the Second Bybee memo. That opinion, which responded to a request from the CIA, addressed the legality of specific interrogation tactics. While the full list of techniques remains classified, a publicly released CIA document indicates that waterboarding was among those analyzed and approved. CIA Director General Michael Hayden stated in public testimony before the Senate Intelligence Committee on February 5, 2008 that waterboarding was used by the CIA. And Steven Bradbury, the current Assistant Attorney General of the OLC, testified before the House Judiciary Committee on February 14, 2008 that the CIA's use of waterboarding was "adapted from the SERE training program."

(U) Before drafting the opinions, Mr. Yoo, the Deputy Assistant Attorney General for the OLC, had met with Alberto Gonzales, Counsel to the President, and David Addington, Counsel to the Vice President, to discuss the subjects he intended to address in the opinions. In testimony before the House Judiciary Committee, Mr. Yoo refused to say whether or not he ever discussed or received information about SERE techniques as the memos were being drafted. When asked whether he had discussed SERE techniques with Judge Gonzales, Mr. Addington, Mr. Yoo, Mr. Rizzo or other senior administration lawyers, DoD General Counsel Jim Haynes testified that he "did discuss SERE techniques with other people in the administration." NSC Legal Advisor John Bellinger said that "some of the legal analyses of proposed interrogation techniques that were prepared by the Department of Justice... did refer to the psychological effects of resistance training."

(U) In fact, Jay Bybee the Assistant Attorney General who signed the two OLC legal opinions said that he saw an assessment of the psychological effects of military resistance training in July 2002 in meetings in his office with John Yoo and two other OLC attorneys. Judge Bybee said that he used that assessment to inform the August 1, 2002 OLC legal opinion that has yet to be publicly released. Judge Bybee also recalled discussing detainee interrogations in a meeting with Attorney General John Ashcroft and John Yoo in late July 2002, prior to signing the OLC opinions. Mr. Bellinger, the NSC Legal Advisor, said that "the NSC's Principals reviewed CIA's proposed program on several occasions in 2002 and 2003" and that he "expressed concern that the proposed CIA interrogation techniques comply with applicable U.S. law, including our international obligations."

JPRA and CIA Influence Department of Defense Interrogation Policies (U)

(U) As senior government lawyers were preparing to redefine torture, JPRA – responding to a request from U.S. Southern Command's Joint Task Force 170 (JTF-170) at Guantanamo Bay (GTMO) – was finalizing plans to train JTF-170 personnel. During the week of September 16, 2002, a group of interrogators and behavioral scientists from GTMO travelled to Fort Bragg, North Carolina and attended training conducted by instructors from JPRA's SERE school. On September 25, 2002, just days after GTMO staff returned from that training, a delegation of

senior Administration lawyers, including Mr. Haynes, Mr. Rizzo, and Mr. Addington, visited GTMO.

(U) A week after the visit from those senior lawyers, two GTMO behavioral scientists who had attended the JPRA-led training at Fort Bragg drafted a memo proposing new interrogation techniques for use at GTMO. According to one of those two behavioral scientists, by early October 2002, there was "increasing pressure to get 'tougher' with detainee interrogations." He added that if the interrogation policy memo did not contain coercive techniques, then it "wasn't going to go very far."

(U) JPRA was not the only outside organization that provided advice to GTMO on aggressive techniques. On October 2, 2002, Jonathan Fredman, who was chief counsel to the CIA's CounterTerrorist Center, attended a meeting of GTMO staff. Minutes of that meeting indicate that it was dominated by a discussion of aggressive interrogation techniques including sleep deprivation, death threats, and waterboarding, which was discussed in relation to its use in SERE training. Mr. Fredman's advice to GTMO on applicable legal obligations was similar to the analysis of those obligations in OLC's first Bybee memo. According to the meeting minutes, Mr. Fredman said that "the language of the statutes is written vaguely... Severe physical pain described as anything causing permanent damage to major organs or body parts. Mental torture [is] described as anything leading to permanent, profound damage to the senses or personality." Mr. Fredman said simply, "It is basically subject to perception. If the detainee dies you're doing it wrong."

(U) On October 11, 2002, Major General Michael Dunlavey, the Commander of JTF-170 at Guantanamo Bay, sent a memo to General James Hill, the Commander of U.S. Southern Command (SOUTHCOM) requesting authority to use aggressive interrogation techniques. Several of the techniques requested were similar to techniques used by JPRA and the military services in SERE training, including stress positions, exploitation of detainee fears (such as fear of dogs), removal of clothing, hooding, deprivation of light and sound, and the so-called wet towel treatment or the waterboard. Some of the techniques were even referred to as "those used in U.S. military interrogation resistance training." Lieutenant Colonel Diane Beaver, GTMO's Staff Judge Advocate, wrote an analysis justifying the legality of the techniques, though she expected that a broader legal review conducted at more senior levels would follow her own. On October 25, 2002, General Hill forwarded the GTMO request from Major General Dunlavey to General Richard Myers, the Chairman of the Joint Chiefs of Staff. Days later, the Joint Staff solicited the views of the military services on the request.

(U) Plans to use aggressive interrogation techniques generated concerns by some at GTMO. The Deputy Commander of the Department of Defense's Criminal Investigative Task Force (CITF) at GTMO told the Committee that SERE techniques were "developed to better prepare U.S. military personnel to resist interrogations and not as a means of obtaining reliable information" and that "CITF was troubled with the rationale that techniques used to harden resistance to interrogations would be the basis for the utilization of techniques to obtain information." Concerns were not limited to the effectiveness of the techniques in obtaining reliable information; GTMO's request gave rise to significant legal concerns as well.

Military Lawyers Raise Red Flags and Joint Staff Review Quashed (U)

(U) In early November 2002, in a series of memos responding to the Joint Staff's call for comments on GTMO's request, the military services identified serious legal concerns about the techniques and called for additional analysis.

(U) The Air Force cited "serious concerns regarding the legality of many of the proposed techniques" and stated that "techniques described may be subject to challenge as failing to meet the requirements outlined in the military order to treat detainees humanely..." The Air Force also called for an in depth legal review of the request.

(U) CITF's Chief Legal Advisor wrote that certain techniques in GTMO's October 11, 2002 request "may subject service members to punitive articles of the [Uniform Code of Military Justice]," called "the utility and legality of applying certain techniques" in the request "questionable," and stated that he could not "advocate any action, interrogation or otherwise, that is predicated upon the principle that all is well if the ends justify the means and others are not aware of how we conduct our business."

(U) The Chief of the Army's International and Operational Law Division wrote that techniques like stress positions, deprivation of light and auditory stimuli, and use of phobias to induce stress "crosses the line of 'humane' treatment," would "likely be considered maltreatment" under the UCMJ, and "may violate the torture statute." The Army labeled GTMO's request "legally insufficient" and called for additional review.

(U) The Navy recommended a "more detailed interagency legal and policy review" of the request. And the Marine Corps expressed strong reservations, stating that several techniques in the request "arguably violate federal law, and would expose our service members to possible prosecution." The Marine Corps also said the request was not "legally sufficient," and like the other services, called for "a more thorough legal and policy review."

(U) Then-Captain (now Rear Admiral) Jane Dalton, Legal Counsel to the Chairman of the Joint Chiefs of Staff, said that her staff discussed the military services' concerns with the DoD General Counsel's Office at the time and that the DoD General Counsel Jim Haynes was aware of the services' concerns. Mr. Haynes, on the other hand, testified that he did not know that the memos from the military services existed (a statement he later qualified by stating that he was not *sure* he knew they existed). Eliana Davidson, the DoD Associate Deputy General Counsel for International Affairs, said that she told the General Counsel that the GTMO request needed further assessment. Mr. Haynes did not recall Ms. Davidson telling him that.

(U) Captain Dalton, who was the Chairman's Legal Counsel, said that she had her own concerns with the GTMO request and directed her staff to initiate a thorough legal and policy review of the techniques. That review, however, was cut short. Captain Dalton said that General Myers returned from a meeting and advised her that Mr. Haynes wanted her to stop her review,

in part because of concerns that people were going to see the GTMO request and the military services' analysis of it. Neither General Myers nor Mr. Haynes recalled cutting short the Dalton review, though neither has challenged Captain Dalton's recollection. Captain Dalton testified that this occasion marked the only time she had ever been told to stop analyzing a request that came to her for review.

Secretary of Defense Rumsfeld Approves Aggressive Techniques (U)

(U) With respect to GTMO's October 11, 2002 request to use aggressive interrogation techniques, Mr. Haynes said that "there was a sense by the DoD Leadership that this decision was taking too long" and that Secretary Rumsfeld told his senior advisors "I need a recommendation." On November 27, 2002, the Secretary got one. Notwithstanding the serious legal concerns raised by the military services, Mr. Haynes sent a one page memo to the Secretary, recommending that he approve all but three of the eighteen techniques in the GTMO request. Techniques such as stress positions, removal of clothing, use of phobias (such as fear of dogs), and deprivation of light and auditory stimuli were all recommended for approval.

(U) Mr. Haynes's memo indicated that he had discussed the issue with Deputy Secretary of Defense Paul Wolfowitz, Under Secretary of Defense for Policy Doug Feith, and General Myers and that he believed they concurred in his recommendation. When asked what he relied on to make his recommendation that the aggressive techniques be approved, the only written legal opinion Mr. Haynes cited was Lieutenant Colonel Beaver's legal analysis, which senior military lawyers had considered "legally insufficient" and "woefully inadequate," and which LTC Beaver herself had expected would be supplemented with a review by persons with greater experience than her own.

(U) On December 2, 2002, Secretary Rumsfeld signed Mr. Haynes's recommendation, adding a handwritten note that referred to limits proposed in the memo on the use of stress positions: "I stand for 8-10 hours a day. Why is standing limited to 4 hours?"

(U) SERE school techniques are designed to simulate abusive tactics used by our enemies. There are fundamental differences between a SERE school exercise and a real world interrogation. At SERE school, students are subject to an extensive medical and psychological pre-screening prior to being subjected to physical and psychological pressures. The schools impose strict limits on the frequency, duration, and/or intensity of certain techniques. Psychologists are present throughout SERE training to intervene should the need arise and to help students cope with associated stress. And SERE school is voluntary; students are even given a special phrase they can use to immediately stop the techniques from being used against them.

(U) Neither those differences, nor the serious legal concerns that had been registered, stopped the Secretary of Defense from approving the use of the aggressive techniques against detainees. Moreover, Secretary Rumsfeld authorized the techniques without apparently providing any written guidance as to how they should be administered.

SERE Techniques at GTMO (U)

(U) Following the Secretary's December 2, 2002 authorization, senior staff at GTMO began drafting a Standard Operating Procedure (SOP) specifically for the use of SERE techniques in interrogations. The draft SOP itself stated that "The premise behind this is that the interrogation tactics used at U.S. military SERE schools are appropriate for use in real-world interrogations. These tactics and techniques are used at SERE school to 'break' SERE detainees. The same tactics and techniques can be used to break real detainees during interrogation." The draft "GTMO SERE SOP" described how to slap, strip, and place detainees in stress positions. It also described other SERE techniques, such as "hooding," "manhandling," and "walling" detainees.

(U) On December 30, 2002, two instructors from the Navy SERE school arrived at GTMO. The next day, in a session with approximately 24 interrogation personnel, the two SERE instructors demonstrated how to administer stress positions, and various slapping techniques. According to two interrogators, those who attended the training even broke off into pairs to practice the techniques.

(U) Exemplifying the disturbing nature and substance of the training, the SERE instructors explained "Biderman's Principles" – which were based on coercive methods used by the Chinese Communist dictatorship to elicit false confessions from U.S. POWs during the Korean War – and left with GTMO personnel a chart of those coercive techniques. Three days after they conducted the training, the SERE instructors met with GTMO's Commander, Major General Geoffrey Miller. According to some who attended that meeting, Major General Miller stated that he did not want his interrogators using the techniques that the Navy SERE instructors had demonstrated. That conversation, however, took place after the training had already occurred and not all of the interrogators who attended the training got the message.

(U) At about the same time, a dispute over the use of aggressive techniques was raging at GTMO over the interrogation of Mohammed al-Khatani, a high value detainee. Personnel from CITF and the Federal Bureau of Investigations (FBI) had registered strong opposition, to interrogation techniques proposed for use on Khatani and made those concerns known to the DoD General Counsel's office. Despite those objections, an interrogation plan that included aggressive techniques was approved. The interrogation itself, which actually began on November 23, 2002, a week before the Secretary's December 2, 2002 grant of blanket authority for the use of aggressive techniques, continued through December and into mid-January 2003.

(U) NSC Legal Advisor John Bellinger said that, on several occasions, Deputy Assistant Attorney General Bruce Swartz raised concerns with him about allegations of detainee abuse at GTMO. Mr. Bellinger said that, in turn, he raised these concerns "on several occasions with DoD officials and was told that the allegations were being investigated by the Naval Criminal Investigative Service." Then-National Security Advisor Condoleezza Rice said that Mr. Bellinger also advised her "on a regular basis regarding concerns and issues relating to DoD detention policies and practices at Guantanamo." She said that as a result she convened a "series

of meetings of NSC Principals in 2002 and 2003 to discuss various issues and concerns relating to detainees in the custody of the Department of Defense."

(U) Between mid-December 2002 and mid-January 2003, Navy General Counsel Alberto Mora spoke with the DoD General Counsel three times to express his concerns about interrogation techniques at GTMO, at one point telling Mr. Haynes that he thought techniques that had been authorized by the Secretary of Defense "could rise to the level of torture." On January 15, 2003, having received no word that the Secretary's authority would be withdrawn, Mr. Mora went so far as to deliver a draft memo to Mr. Haynes's office memorializing his legal concerns about the techniques. In a subsequent phone call, Mr. Mora told Mr. Haynes he would sign his memo later that day unless he heard definitively that the use of the techniques was suspended. In a meeting that same day, Mr. Haynes told Mr. Mora that the Secretary would rescind the techniques. Secretary Rumsfeld signed a memo rescinding authority for the techniques on January 15, 2003.

(U) That same day, GTMO suspended its use of aggressive techniques on Khatani. While key documents relating to the interrogation remain classified, published accounts indicate that military working dogs had been used against Khatani. He had also been deprived of adequate sleep for weeks on end, stripped naked, subjected to loud music, and made to wear a leash and perform dog tricks. In a June 3, 2004 press briefing, SOUTHCOM Commander General James Hill traced the source of techniques used on Khatani back to SERE, stating: "The staff at Guantanamo working with behavioral scientists, having gone up to our SERE school and developed a list of techniques which our lawyers decided and looked at, said were OK." General Hill said "we began to use a few of those techniques ... on this individual..."

(U) On May 13, 2008, the Pentagon announced in a written statement that the Convening Authority for military commissions "dismissed without prejudice the sworn charges against Mohamed al Khatani." The statement does not indicate the role his treatment may have played in that decision.

DoD Working Group Ignores Military Lawyers and Relies on OLC (U)

(U) On January 15, 2003, the same day he rescinded authority for GTMO to use aggressive techniques, Secretary Rumsfeld directed the establishment of a "Working Group" to review interrogation techniques. For the next few months senior military and civilian lawyers tried, without success, to have their concerns about the legality of aggressive techniques reflected in the Working Group's report. Their arguments were rejected in favor of a legal opinion from the Department of Justice's Office of Legal Counsel's (OLC) John Yoo. Mr. Yoo's opinion, the final version of which was dated March 14, 2003, had been requested by Mr. Haynes at the initiation of the Working Group process, and repeated much of what the first Bybee memo had said six months earlier.

(U) The first Bybee memo, dated August 1, 2002, had concluded that, to violate the federal torture statute, physical pain that resulted from an act would have to be "equivalent in intensity to the pain accompanying serious physical injury, such as organ failure, impairment of

bodily function, or even death." Mr. Yoo's March 14, 2003 memo stated that criminal laws, such as the federal torture statute, would not apply to certain military interrogations, and that interrogators could not be prosecuted by the Justice Department for using interrogation methods that would otherwise violate the law.

(U) Though the final Working Group report does not specifically mention SERE, the list of interrogation techniques it evaluated and recommended for approval suggest the influence of SERE. Removal of clothing, prolonged standing, sleep deprivation, dietary manipulation, hooding, increasing anxiety through the use of a detainee's aversions like dogs, and face and stomach slaps were all recommended for approval.

(U) On April 16, 2003, less than two weeks after the Working Group completed its report, the Secretary authorized the use of 24 specific interrogation techniques for use at GTMO. While the authorization included such techniques as dietary manipulation, environmental manipulation, and sleep adjustment, it was silent on many of the techniques in the Working Group report. Secretary Rumsfeld's memo said, however, that "If, in your view, you require additional interrogation techniques for a particular detainee, you should provide me, via the Chairman of the Joint Chiefs of Staff, a written request describing the proposed technique, recommended safeguards, and the rationale for applying it with an identified detainee."

(U) Just a few months later, one such request for "additional interrogation techniques" arrived on Secretary Rumsfeld's desk. The detainee was Mohamedou Ould Slahi. While documents relating to the interrogation plan for Slahi remain classified, a May 2008 report from the Department of Justice Inspector General includes declassified information suggesting the plan included hooding Slahi and subjecting him to sensory deprivation and "sleep adjustment." The Inspector General's report says that an FBI agent who saw a draft of the interrogation plan said it was similar to Khatani's interrogation plan. Secretary Rumsfeld approved the Slahi plan on August 13, 2003.

Aggressive Techniques Authorized in Afghanistan and Iraq (U)

(U) Shortly after Secretary Rumsfeld's December 2, 2002 approval of his General Counsel's recommendation to authorize aggressive interrogation techniques, the techniques – and the fact the Secretary had authorized them – became known to interrogators in Afghanistan. A copy of the Secretary's memo was sent from GTMO to Afghanistan. Captain Carolyn Wood, the Officer in Charge of the Intelligence Section at Bagram Airfield in Afghanistan, said that in January 2003 she saw a power point presentation listing the aggressive techniques that had been authorized by the Secretary.

(U) Despite the Secretary's January 15, 2003 rescission of authority for GTMO to use aggressive techniques, his initial approval six weeks earlier continued to influence interrogation policies.

(U) On January 24, 2003, nine days after Secretary Rumsfeld rescinded authority for the techniques at GTMO, the Staff Judge Advocate for Combined Joint Task Force 180 (CJTF-180),

U.S. Central Command's (CENTCOM) conventional forces in Afghanistan, produced an "Interrogation techniques" memo. While that memo remains classified, unclassified portions of a report by Major General George Fay stated that the memo "recommended removal of clothing – a technique that had been in the Secretary's December 2 authorization" and discussed "exploiting the Arab fear of dogs" another technique approved by the Secretary on December 2, 2002.

(U) From Afghanistan, the techniques made their way to Iraq. According to the Department of Defense (DoD) Inspector General (IG), at the beginning of the Iraq war, special mission unit forces in Iraq "used a January 2003 Standard Operating Procedure (SOP) which had been developed for operations in Afghanistan." According to the DoD IG, the Afghanistan SOP had been:

> [I]nfluenced by the counter-resistance memorandum that the Secretary of Defense approved on December 2, 2002 and incorporated techniques designed for detainees who were identified as unlawful combatants. Subsequent battlefield interrogation SOPs included techniques such as yelling, loud music, and light control, environmental manipulation, sleep deprivation/adjustment, stress positions, 20-hour interrogations, and controlled fear (muzzled dogs)...

(U) Techniques approved by the Secretary of Defense in December 2002 reflect the influence of SERE. And not only did those techniques make their way into official interrogation policies in Iraq, but instructors from the JPRA SERE school followed. The DoD IG reported that in September 2003, at the request of the Commander of the Special Mission Unit Task Force, JPRA deployed a team to Iraq to assist interrogation operations. During that trip, which was explicitly approved by U.S. Joint Forces Command, JPRA's higher headquarters, SERE instructors were authorized to participate in the interrogation of detainees in U.S. military custody using SERE techniques.

(U) In September 2008 testimony before the Senate Armed Services Committee, Colonel Steven Kleinman, an Air Force Reservist who was a member of the interrogation support team sent by JPRA to the Special Mission Unit Task Force in Iraq, described abusive interrogations he witnessed, and intervened to stop, during that trip. Colonel Kleinman said that one of those interrogations, which took place in a room painted all in black with a spotlight on the detainee, the interrogator repeatedly slapped a detainee who was kneeling on the floor in front of the interrogator. In another interrogation Colonel Kleinman said the two other members of the JPRA team took a hooded detainee to a bunker at the Task Force facility, forcibly stripped him naked and left him, shackled by the wrist and ankles, to stand for 12 hours.

(U) Interrogation techniques used by the Special Mission Unit Task Force eventually made their way into Standard Operating Procedures (SOPs) issued for all U.S. forces in Iraq. In the summer of 2003, Captain Wood, who by that time was the Interrogation Officer in Charge at Abu Ghraib, obtained a copy of the Special Mission Unit interrogation policy and submitted it, virtually unchanged, to her chain of command as proposed policy.

Presidential Order Opens the Door to Considering Aggressive Techniques (U)

(U) On February 7, 2002, President Bush signed a memorandum stating that the Third Geneva Convention did not apply to the conflict with al Qaeda and concluding that Taliban detainees were not entitled to prisoner of war status or the legal protections afforded by the Third Geneva Convention. The President's order closed off application of Common Article 3 of the Geneva Conventions, which would have afforded minimum standards for humane treatment, to al Qaeda or Taliban detainees. While the President's order stated that, as "a matter of policy, the United States Armed Forces shall continue to treat detainees humanely and, to the extent appropriate and consistent with military necessity, in a manner consistent with the principles of the Geneva Conventions," the decision to replace well established military doctrine, i.e., legal compliance with the Geneva Conventions, with a policy subject to interpretation, impacted the treatment of detainees in U.S. custody.

(U) In December 2001, more than a month before the President signed his memorandum, the Department of Defense (DoD) General Counsel's Office had already solicited information on detainee "exploitation" from the Joint Personnel Recovery Agency (JPRA), an agency whose expertise was in training American personnel to withstand interrogation techniques considered illegal under the Geneva Conventions.

(U) JPRA is the DoD agency that oversees military Survival Evasion Resistance and Escape (SERE) training. During the resistance phase of SERE training, U.S. military personnel are exposed to physical and psychological pressures (SERE techniques) designed to simulate conditions to which they might be subject if taken prisoner by enemies that did not abide by the Geneva Conventions. As one JPRA instructor explained, SERE training is "based on illegal exploitation (under the rules listed in the 1949 Geneva Convention Relative to the Treatment of Prisoners of War) of prisoners over the last 50 years." The techniques used in SERE school, based, in part, on Chinese Communist techniques used during the Korean war to elicit false confessions, include stripping students of their clothing, placing them in stress positions, putting hoods over their heads, disrupting their sleep, treating them like animals, subjecting them to loud music and flashing lights, and exposing them to extreme temperatures. It can also include face and body slaps and until recently, for some who attended the Navy's SERE school, it included waterboarding.

(U) Typically, those who play the part of interrogators in SERE school neither are trained interrogators nor are they qualified to be. These role players are not trained to obtain reliable intelligence information from detainees. Their job is to train our personnel to resist providing reliable information to our enemies. As the Deputy Commander for the Joint Forces Command (JFCOM), JPRA's higher headquarters, put it: "the expertise of JPRA lies in training personnel how to respond and resist interrogations – not in how to conduct interrogations." Given JPRA's role and expertise, the request from the DoD General Counsel's office was unusual. In fact, the Committee is not aware of any similar request prior to December 2001. But while it may have been the first, that was not the last time that a senior government official contacted JPRA for

advice on using SERE methods offensively. In fact, the call from the DoD General Counsel's office marked just the beginning of JPRA's support of U.S. government interrogation efforts.

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(U) Memos from Lieutenant Colonel Baumgartner to the Office of Secretary of Defense General Counsel stated that JPRA would "continue to offer exploitation assistance to those government organizations charged with the mission of gleaning intelligence from enemy

detainees." Lieutenant Colonel Baumgartner testified that he provided another government agency the same information he sent to the DoD General Counsel's office.

(U) Mr. Haynes was not the only senior official considering new interrogation techniques for use against detainees. Members of the President's Cabinet and other senior officials attended meetings in the White House where specific interrogation techniques were discussed. Secretary of State Condoleezza Rice, who was then the National Security Advisor, said that, "in the spring of 2002, CIA sought policy approval from the National Security Council (NSC) to begin an interrogation program for high-level al-Qaida terrorists." Secretary Rice said that she asked Director of Central Intelligence George Tenet to brief NSC Principals on the program and asked the Attorney General John Ashcroft "personally to review and confirm the legal advice prepared by the Office of Legal Counsel." She also said that Secretary of Defense Donald Rumsfeld participated in the NSC review of the CIA's program.

(U) Asked whether she attended meetings where SERE training was discussed, Secretary Rice stated that she recalled being told that U.S. military personnel were subjected in training to "certain physical and psychological interrogation techniques." National Security Council (NSC) Legal Advisor, John Bellinger, said that he was present in meetings "at which SERE training was discussed."

Department of Justice Redefines Torture (U)

(U) On August 1, 2002, just a week after JPRA provided the DoD General Counsel's office the list of SERE techniques and the memo on the psychological effects of SERE training, the Department of Justice's Office of Legal Counsel (OLC) issued two legal opinions. The opinions were issued after consultation with senior Administration attorneys, including then-White House Counsel Alberto Gonzales and then-Counsel to the Vice President David Addington. Both memos were signed by then-Assistant Attorney General for the Office of Legal Counsel Jay Bybee. One opinion, commonly known as the first Bybee memo, was addressed to Judge Gonzales and provided OLC's opinion on standards of conduct in interrogation required under the federal torture statute. That memo concluded:

> [F]or an act to constitute torture as defined in [the federal torture statute], it must inflict pain that is difficult to endure. Physical pain amounting to torture must be equivalent in intensity to the pain accompanying serious physical injury, such as organ failure, impairment of bodily function, or even death. For purely mental pain or suffering to amount to torture under [the federal torture statute], it must result in significant psychological harm of significant duration, e.g., lasting for months or even years.

(U) In his book The Terror Presidency, Jack Goldsmith, the former Assistant Attorney General of the OLC who succeeded Mr. Bybee in that job, described the memo's conclusions:

> Violent acts aren't necessarily torture; if you do torture, you probably have a defense; and even if you don't have a defense, the torture law doesn't apply if you act under the color of presidential authority.

(U) The other OLC opinion issued on August 1, 2002 is known commonly as the Second Bybee memo. That opinion, which responded to a request from the CIA, addressed the legality of specific interrogation tactics. While the full list of techniques remains classified, a publicly released CIA document indicates that waterboarding was among those analyzed and approved. CIA Director General Michael Hayden stated in public testimony before the Senate Intelligence Committee on February 5, 2008 that waterboarding was used by the CIA. And Steven Bradbury, the current Assistant Attorney General of the OLC, testified before the House Judiciary Committee on February 14, 2008 that the CIA's use of waterboarding was "adapted from the SERE training program."

(U) Before drafting the opinions, Mr. Yoo, the Deputy Assistant Attorney General for the OLC, had met with Alberto Gonzales, Counsel to the President, and David Addington, Counsel to the Vice President, to discuss the subjects he intended to address in the opinions. In testimony before the House Judiciary Committee, Mr. Yoo refused to say whether or not he ever discussed or received information about SERE techniques as the memos were being drafted. When asked whether he had discussed SERE techniques with Judge Gonzales, Mr. Addington, Mr. Yoo, Mr. Rizzo or other senior administration lawyers, DoD General Counsel Jim Haynes testified that he "did discuss SERE techniques with other people in the administration." NSC Legal Advisor John Bellinger said that "some of the legal analyses of proposed interrogation techniques that were prepared by the Department of Justice... did refer to the psychological effects of resistance training."

(U) In fact, Jay Bybee the Assistant Attorney General who signed the two OLC legal opinions said that he saw an assessment of the psychological effects of military resistance training in July 2002 in meetings in his office with John Yoo and two other OLC attorneys. Judge Bybee said that he used that assessment to inform the August 1, 2002 OLC legal opinion that has yet to be publicly released. Judge Bybee also recalled discussing detainee interrogations in a meeting with Attorney General John Ashcroft and John Yoo in late July 2002, prior to signing the OLC opinions. Mr. Bellinger, the NSC Legal Advisor, said that "the NSC's Principals reviewed CIA's proposed program on several occasions in 2002 and 2003" and that he "expressed concern that the proposed CIA interrogation techniques comply with applicable U.S. law, including our international obligations."

JPRA and CIA Influence Department of Defense Interrogation Policies (U)

(U) As senior government lawyers were preparing to redefine torture, JPRA – responding to a request from U.S. Southern Command's Joint Task Force 170 (JTF-170) at Guantanamo Bay (GTMO) – was finalizing plans to train JTF-170 personnel. During the week of September 16, 2002, a group of interrogators and behavioral scientists from GTMO travelled to Fort Bragg, North Carolina and attended training conducted by instructors from JPRA's SERE school. On September 25, 2002, just days after GTMO staff returned from that training, a delegation of

senior Administration lawyers, including Mr. Haynes, Mr. Rizzo, and Mr. Addington, visited GTMO.

(U) A week after the visit from those senior lawyers, two GTMO behavioral scientists who had attended the JPRA-led training at Fort Bragg drafted a memo proposing new interrogation techniques for use at GTMO. According to one of those two behavioral scientists, by early October 2002, there was "increasing pressure to get 'tougher' with detainee interrogations." He added that if the interrogation policy memo did not contain coercive techniques, then it "wasn't going to go very far."

(U) JPRA was not the only outside organization that provided advice to GTMO on aggressive techniques. On October 2, 2002, Jonathan Fredman, who was chief counsel to the CIA's CounterTerrorist Center, attended a meeting of GTMO staff. Minutes of that meeting indicate that it was dominated by a discussion of aggressive interrogation techniques including sleep deprivation, death threats, and waterboarding, which was discussed in relation to its use in SERE training. Mr. Fredman's advice to GTMO on applicable legal obligations was similar to the analysis of those obligations in OLC's first Bybee memo. According to the meeting minutes, Mr. Fredman said that "the language of the statutes is written vaguely... Severe physical pain described as anything causing permanent damage to major organs or body parts. Mental torture [is] described as anything leading to permanent, profound damage to the senses or personality." Mr. Fredman said simply, "It is basically subject to perception. If the detainee dies you're doing it wrong."

(U) On October 11, 2002, Major General Michael Dunlavey, the Commander of JTF-170 at Guantanamo Bay, sent a memo to General James Hill, the Commander of U.S. Southern Command (SOUTHCOM) requesting authority to use aggressive interrogation techniques. Several of the techniques requested were similar to techniques used by JPRA and the military services in SERE training, including stress positions, exploitation of detainee fears (such as fear of dogs), removal of clothing, hooding, deprivation of light and sound, and the so-called wet towel treatment or the waterboard. Some of the techniques were even referred to as "those used in U.S. military interrogation resistance training." Lieutenant Colonel Diane Beaver, GTMO's Staff Judge Advocate, wrote an analysis justifying the legality of the techniques, though she expected that a broader legal review conducted at more senior levels would follow her own. On October 25, 2002, General Hill forwarded the GTMO request from Major General Dunlavey to General Richard Myers, the Chairman of the Joint Chiefs of Staff. Days later, the Joint Staff solicited the views of the military services on the request.

(U) Plans to use aggressive interrogation techniques generated concerns by some at GTMO. The Deputy Commander of the Department of Defense's Criminal Investigative Task Force (CITF) at GTMO told the Committee that SERE techniques were "developed to better prepare U.S. military personnel to resist interrogations and not as a means of obtaining reliable information" and that "CITF was troubled with the rationale that techniques used to harden resistance to interrogations would be the basis for the utilization of techniques to obtain information." Concerns were not limited to the effectiveness of the techniques in obtaining reliable information; GTMO's request gave rise to significant legal concerns as well.

Military Lawyers Raise Red Flags and Joint Staff Review Quashed (U)

(U) In early November 2002, in a series of memos responding to the Joint Staff's call for comments on GTMO's request, the military services identified serious legal concerns about the techniques and called for additional analysis.

(U) The Air Force cited "serious concerns regarding the legality of many of the proposed techniques" and stated that "techniques described may be subject to challenge as failing to meet the requirements outlined in the military order to treat detainees humanely..." The Air Force also called for an in depth legal review of the request.

(U) CITF's Chief Legal Advisor wrote that certain techniques in GTMO's October 11, 2002 request "may subject service members to punitive articles of the [Uniform Code of Military Justice]," called "the utility and legality of applying certain techniques" in the request "questionable," and stated that he could not "advocate any action, interrogation or otherwise, that is predicated upon the principle that all is well if the ends justify the means and others are not aware of how we conduct our business."

(U) The Chief of the Army's International and Operational Law Division wrote that techniques like stress positions, deprivation of light and auditory stimuli, and use of phobias to induce stress "crosses the line of 'humane' treatment," would "likely be considered maltreatment" under the UCMJ, and "may violate the torture statute." The Army labeled GTMO's request "legally insufficient" and called for additional review.

(U) The Navy recommended a "more detailed interagency legal and policy review" of the request. And the Marine Corps expressed strong reservations, stating that several techniques in the request "arguably violate federal law, and would expose our service members to possible prosecution." The Marine Corps also said the request was not "legally sufficient," and like the other services, called for "a more thorough legal and policy review."

(U) Then-Captain (now Rear Admiral) Jane Dalton, Legal Counsel to the Chairman of the Joint Chiefs of Staff, said that her staff discussed the military services' concerns with the DoD General Counsel's Office at the time and that the DoD General Counsel Jim Haynes was aware of the services' concerns. Mr. Haynes, on the other hand, testified that he did not know that the memos from the military services existed (a statement he later qualified by stating that he was not *sure* he knew they existed). Eliana Davidson, the DoD Associate Deputy General Counsel for International Affairs, said that she told the General Counsel that the GTMO request needed further assessment. Mr. Haynes did not recall Ms. Davidson telling him that.

(U) Captain Dalton, who was the Chairman's Legal Counsel, said that she had her own concerns with the GTMO request and directed her staff to initiate a thorough legal and policy review of the techniques. That review, however, was cut short. Captain Dalton said that General Myers returned from a meeting and advised her that Mr. Haynes wanted her to stop her review,

in part because of concerns that people were going to see the GTMO request and the military services' analysis of it. Neither General Myers nor Mr. Haynes recalled cutting short the Dalton review, though neither has challenged Captain Dalton's recollection. Captain Dalton testified that this occasion marked the only time she had ever been told to stop analyzing a request that came to her for review.

Secretary of Defense Rumsfeld Approves Aggressive Techniques (U)

(U) With respect to GTMO's October 11, 2002 request to use aggressive interrogation techniques, Mr. Haynes said that "there was a sense by the DoD Leadership that this decision was taking too long" and that Secretary Rumsfeld told his senior advisors "I need a recommendation." On November 27, 2002, the Secretary got one. Notwithstanding the serious legal concerns raised by the military services, Mr. Haynes sent a one page memo to the Secretary, recommending that he approve all but three of the eighteen techniques in the GTMO request. Techniques such as stress positions, removal of clothing, use of phobias (such as fear of dogs), and deprivation of light and auditory stimuli were all recommended for approval.

(U) Mr. Haynes's memo indicated that he had discussed the issue with Deputy Secretary of Defense Paul Wolfowitz, Under Secretary of Defense for Policy Doug Feith, and General Myers and that he believed they concurred in his recommendation. When asked what he relied on to make his recommendation that the aggressive techniques be approved, the only written legal opinion Mr. Haynes cited was Lieutenant Colonel Beaver's legal analysis, which senior military lawyers had considered "legally insufficient" and "woefully inadequate," and which LTC Beaver herself had expected would be supplemented with a review by persons with greater experience than her own.

(U) On December 2, 2002, Secretary Rumsfeld signed Mr. Haynes's recommendation, adding a handwritten note that referred to limits proposed in the memo on the use of stress positions: "I stand for 8-10 hours a day. Why is standing limited to 4 hours?"

(U) SERE school techniques are designed to simulate abusive tactics used by our enemies. There are fundamental differences between a SERE school exercise and a real world interrogation. At SERE school, students are subject to an extensive medical and psychological pre-screening prior to being subjected to physical and psychological pressures. The schools impose strict limits on the frequency, duration, and/or intensity of certain techniques. Psychologists are present throughout SERE training to intervene should the need arise and to help students cope with associated stress. And SERE school is voluntary; students are even given a special phrase they can use to immediately stop the techniques from being used against them.

(U) Neither those differences, nor the serious legal concerns that had been registered, stopped the Secretary of Defense from approving the use of the aggressive techniques against detainees. Moreover, Secretary Rumsfeld authorized the techniques without apparently providing any written guidance as to how they should be administered.

SERE Techniques at GTMO (U)

(U) Following the Secretary's December 2, 2002 authorization, senior staff at GTMO began drafting a Standard Operating Procedure (SOP) specifically for the use of SERE techniques in interrogations. The draft SOP itself stated that "The premise behind this is that the interrogation tactics used at U.S. military SERE schools are appropriate for use in real-world interrogations. These tactics and techniques are used at SERE school to 'break' SERE detainees. The same tactics and techniques can be used to break real detainees during interrogation." The draft "GTMO SERE SOP" described how to slap, strip, and place detainees in stress positions. It also described other SERE techniques, such as "hooding," "manhandling," and "walling" detainees.

(U) On December 30, 2002, two instructors from the Navy SERE school arrived at GTMO. The next day, in a session with approximately 24 interrogation personnel, the two SERE instructors demonstrated how to administer stress positions, and various slapping techniques. According to two interrogators, those who attended the training even broke off into pairs to practice the techniques.

(U) Exemplifying the disturbing nature and substance of the training, the SERE instructors explained "Biderman's Principles" – which were based on coercive methods used by the Chinese Communist dictatorship to elicit false confessions from U.S. POWs during the Korean War – and left with GTMO personnel a chart of those coercive techniques. Three days after they conducted the training, the SERE instructors met with GTMO's Commander, Major General Geoffrey Miller. According to some who attended that meeting, Major General Miller stated that he did not want his interrogators using the techniques that the Navy SERE instructors had demonstrated. That conversation, however, took place after the training had already occurred and not all of the interrogators who attended the training got the message.

(U) At about the same time, a dispute over the use of aggressive techniques was raging at GTMO over the interrogation of Mohammed al-Khatani, a high value detainee. Personnel from CITF and the Federal Bureau of Investigations (FBI) had registered strong opposition, to interrogation techniques proposed for use on Khatani and made those concerns known to the DoD General Counsel's office. Despite those objections, an interrogation plan that included aggressive techniques was approved. The interrogation itself, which actually began on November 23, 2002, a week before the Secretary's December 2, 2002 grant of blanket authority for the use of aggressive techniques, continued through December and into mid-January 2003.

(U) NSC Legal Advisor John Bellinger said that, on several occasions, Deputy Assistant Attorney General Bruce Swartz raised concerns with him about allegations of detainee abuse at GTMO. Mr. Bellinger said that, in turn, he raised these concerns "on several occasions with DoD officials and was told that the allegations were being investigated by the Naval Criminal Investigative Service." Then-National Security Advisor Condoleezza Rice said that Mr. Bellinger also advised her "on a regular basis regarding concerns and issues relating to DoD detention policies and practices at Guantanamo." She said that as a result she convened a "series

of meetings of NSC Principals in 2002 and 2003 to discuss various issues and concerns relating to detainees in the custody of the Department of Defense."

(U) Between mid-December 2002 and mid-January 2003, Navy General Counsel Alberto Mora spoke with the DoD General Counsel three times to express his concerns about interrogation techniques at GTMO, at one point telling Mr. Haynes that he thought techniques that had been authorized by the Secretary of Defense "could rise to the level of torture." On January 15, 2003, having received no word that the Secretary's authority would be withdrawn, Mr. Mora went so far as to deliver a draft memo to Mr. Haynes's office memorializing his legal concerns about the techniques. In a subsequent phone call, Mr. Mora told Mr. Haynes he would sign his memo later that day unless he heard definitively that the use of the techniques was suspended. In a meeting that same day, Mr. Haynes told Mr. Mora that the Secretary would rescind the techniques. Secretary Rumsfeld signed a memo rescinding authority for the techniques on January 15, 2003.

(U) That same day, GTMO suspended its use of aggressive techniques on Khatani. While key documents relating to the interrogation remain classified, published accounts indicate that military working dogs had been used against Khatani. He had also been deprived of adequate sleep for weeks on end, stripped naked, subjected to loud music, and made to wear a leash and perform dog tricks. In a June 3, 2004 press briefing, SOUTHCOM Commander General James Hill traced the source of techniques used on Khatani back to SERE, stating: "The staff at Guantanamo working with behavioral scientists, having gone up to our SERE school and developed a list of techniques which our lawyers decided and looked at, said were OK." General Hill said "we began to use a few of those techniques ... on this individual..."

(U) On May 13, 2008, the Pentagon announced in a written statement that the Convening Authority for military commissions "dismissed without prejudice the sworn charges against Mohamed al Khatani." The statement does not indicate the role his treatment may have played in that decision.

DoD Working Group Ignores Military Lawyers and Relies on OLC (U)

(U) On January 15, 2003, the same day he rescinded authority for GTMO to use aggressive techniques, Secretary Rumsfeld directed the establishment of a "Working Group" to review interrogation techniques. For the next few months senior military and civilian lawyers tried, without success, to have their concerns about the legality of aggressive techniques reflected in the Working Group's report. Their arguments were rejected in favor of a legal opinion from the Department of Justice's Office of Legal Counsel's (OLC) John Yoo. Mr. Yoo's opinion, the final version of which was dated March 14, 2003, had been requested by Mr. Haynes at the initiation of the Working Group process, and repeated much of what the first Bybee memo had said six months earlier.

(U) The first Bybee memo, dated August 1, 2002, had concluded that, to violate the federal torture statute, physical pain that resulted from an act would have to be "equivalent in intensity to the pain accompanying serious physical injury, such as organ failure, impairment of

bodily function, or even death." Mr. Yoo's March 14, 2003 memo stated that criminal laws, such as the federal torture statute, would not apply to certain military interrogations, and that interrogators could not be prosecuted by the Justice Department for using interrogation methods that would otherwise violate the law.

(U) Though the final Working Group report does not specifically mention SERE, the list of interrogation techniques it evaluated and recommended for approval suggest the influence of SERE. Removal of clothing, prolonged standing, sleep deprivation, dietary manipulation, hooding, increasing anxiety through the use of a detainee's aversions like dogs, and face and stomach slaps were all recommended for approval.

(U) On April 16, 2003, less than two weeks after the Working Group completed its report, the Secretary authorized the use of 24 specific interrogation techniques for use at GTMO. While the authorization included such techniques as dietary manipulation, environmental manipulation, and sleep adjustment, it was silent on many of the techniques in the Working Group report. Secretary Rumsfeld's memo said, however, that "If, in your view, you require additional interrogation techniques for a particular detainee, you should provide me, via the Chairman of the Joint Chiefs of Staff, a written request describing the proposed technique, recommended safeguards, and the rationale for applying it with an identified detainee."

(U) Just a few months later, one such request for "additional interrogation techniques" arrived on Secretary Rumsfeld's desk. The detainee was Mohamedou Ould Slahi. While documents relating to the interrogation plan for Slahi remain classified, a May 2008 report from the Department of Justice Inspector General includes declassified information suggesting the plan included hooding Slahi and subjecting him to sensory deprivation and "sleep adjustment." The Inspector General's report says that an FBI agent who saw a draft of the interrogation plan said it was similar to Khatani's interrogation plan. Secretary Rumsfeld approved the Slahi plan on August 13, 2003.

Aggressive Techniques Authorized in Afghanistan and Iraq (U)

(U) Shortly after Secretary Rumsfeld's December 2, 2002 approval of his General Counsel's recommendation to authorize aggressive interrogation techniques, the techniques – and the fact the Secretary had authorized them – became known to interrogators in Afghanistan. A copy of the Secretary's memo was sent from GTMO to Afghanistan. Captain Carolyn Wood, the Officer in Charge of the Intelligence Section at Bagram Airfield in Afghanistan, said that in January 2003 she saw a power point presentation listing the aggressive techniques that had been authorized by the Secretary.

(U) Despite the Secretary's January 15, 2003 rescission of authority for GTMO to use aggressive techniques, his initial approval six weeks earlier continued to influence interrogation policies.

(U) On January 24, 2003, nine days after Secretary Rumsfeld rescinded authority for the techniques at GTMO, the Staff Judge Advocate for Combined Joint Task Force 180 (CJTF-180),

U.S. Central Command's (CENTCOM) conventional forces in Afghanistan, produced an "Interrogation techniques" memo. While that memo remains classified, unclassified portions of a report by Major General George Fay stated that the memo "recommended removal of clothing – a technique that had been in the Secretary's December 2 authorization" and discussed "exploiting the Arab fear of dogs" another technique approved by the Secretary on December 2, 2002.

(U) From Afghanistan, the techniques made their way to Iraq. According to the Department of Defense (DoD) Inspector General (IG), at the beginning of the Iraq war, special mission unit forces in Iraq "used a January 2003 Standard Operating Procedure (SOP) which had been developed for operations in Afghanistan." According to the DoD IG, the Afghanistan SOP had been:

> [I]nfluenced by the counter-resistance memorandum that the Secretary of Defense approved on December 2, 2002 and incorporated techniques designed for detainees who were identified as unlawful combatants. Subsequent battlefield interrogation SOPs included techniques such as yelling, loud music, and light control, environmental manipulation, sleep deprivation/adjustment, stress positions, 20-hour interrogations, and controlled fear (muzzled dogs)...

(U) Techniques approved by the Secretary of Defense in December 2002 reflect the influence of SERE. And not only did those techniques make their way into official interrogation policies in Iraq, but instructors from the JPRA SERE school followed. The DoD IG reported that in September 2003, at the request of the Commander of the Special Mission Unit Task Force, JPRA deployed a team to Iraq to assist interrogation operations. During that trip, which was explicitly approved by U.S. Joint Forces Command, JPRA's higher headquarters, SERE instructors were authorized to participate in the interrogation of detainees in U.S. military custody using SERE techniques.

(U) In September 2008 testimony before the Senate Armed Services Committee, Colonel Steven Kleinman, an Air Force Reservist who was a member of the interrogation support team sent by JPRA to the Special Mission Unit Task Force in Iraq, described abusive interrogations he witnessed, and intervened to stop, during that trip. Colonel Kleinman said that one of those interrogations, which took place in a room painted all in black with a spotlight on the detainee, the interrogator repeatedly slapped a detainee who was kneeling on the floor in front of the interrogator. In another interrogation Colonel Kleinman said the two other members of the JPRA team took a hooded detainee to a bunker at the Task Force facility, forcibly stripped him naked and left him, shackled by the wrist and ankles, to stand for 12 hours.

(U) Interrogation techniques used by the Special Mission Unit Task Force eventually made their way into Standard Operating Procedures (SOPs) issued for all U.S. forces in Iraq. In the summer of 2003, Captain Wood, who by that time was the Interrogation Officer in Charge at Abu Ghraib, obtained a copy of the Special Mission Unit interrogation policy and submitted it, virtually unchanged, to her chain of command as proposed policy.

(U) Captain Wood submitted her proposed policy around the same time that a message was being conveyed that interrogators should be more aggressive with detainees. In mid-August 2003, an email from staff at Combined Joint Task Force 7 (CJTF-7) headquarters in Iraq requested that subordinate units provide input for a "wish list" of interrogation techniques, stated that "the gloves are coming off," and said "we want these detainees broken." At the end of August 2003, Major General Geoffrey Miller, the GTMO Commander, led a team to Iraq to assess interrogation and detention operations. Colonel Thomas Pappas, the Commander of the 205th Military Intelligence Brigade, who met with Major General Miller during that visit, said that the tenor of the discussion was that "we had to get tougher with the detainees." A Chief Warrant Officer with the Iraq Survey Group (ISG) said that during Major General Miller's tour of the ISG's facility, Major General Miller said the ISG was "running a country club" for detainees.

(U) On September 14, 2003 the Commander of CJTF-7, Lieutenant General Ricardo Sanchez, issued the first CJTF-7 interrogation SOP. That SOP authorized interrogators in Iraq to use stress positions, environmental manipulation, sleep management, and military working dogs in interrogations. Lieutenant General Sanchez issued the September 14, 2003 policy with the knowledge that there were ongoing discussions about the legality of some of the approved techniques. Responding to legal concerns from CENTCOM lawyers about those techniques, Lieutenant General Sanchez issued a new policy on October 12, 2003, eliminating many of the previously authorized aggressive techniques. The new policy, however, contained ambiguities with respect to certain techniques, such as the use of dogs in interrogations, and led to confusion about which techniques were permitted.

(U) In his report of his investigation into Abu Ghraib, Major General George Fay said that interrogation techniques developed for GTMO became "confused" and were implemented at Abu Ghraib. For example, Major General Fay said that removal of clothing, while not included in CJTF-7's SOP, was "imported" to Abu Ghraib, could be "traced through Afghanistan and GTMO," and contributed to an environment at Abu Ghraib that appeared "to condone depravity and degradation rather than humane treatment of detainees." Major General Fay said that the policy approved by the Secretary of Defense on December 2, 2002 contributed to the use of aggressive interrogation techniques at Abu Ghraib in late 2003.

OLC Withdraws Legal Opinion - JFCOM Issues Guidance on JPRA "Offensive" Support (U)

(U) As the events at Abu Ghraib were unfolding, Jack Goldsmith, the new Assistant Attorney General for the Office of Legal Counsel was presented with a "short stack" of OLC opinions that were described to him as problematic. Included in that short stack were the Bybee memos of August 1, 2002 and Mr. Yoo's memo of March 2003. After reviewing the memos, Mr. Goldsmith decided to rescind both the so-called first Bybee memo and Mr. Yoo's memo. In late December 2003, Mr. Goldsmith notified Mr. Haynes that DoD could no longer rely on Mr. Yoo's memo in determining the lawfulness of interrogation techniques. The change in OLC guidance, however, did not keep JPRA from making plans to continue their support to interrogation operations. In fact, it is not clear that the agency was even aware of the change.

[redacted]

[redacted]

G. *JPRA Prepares Draft Exploitation Plan* (U)

(U) As experienced intelligence officers were making recommendations to improve intelligence collection, JPRA officials with no training or experience in intelligence collection were working on their own exploitation plan. In April 2002, senior SERE psychologist Bruce Jessen drafted an exploitation plan and circulated that plan to Commander of the JPRA, Col Randy Moulton, and the senior civilian leadership of the organization.[94]

[redacted] The exploitation plan drafted by the senior SERE psychologist contained recommendations for JPRA involvement in the detainee exploitation process at an undisclosed facility.

[redacted] The "Exploitation Draft Plan," which was circulated on April 16, 2002, stated that its objective was to "[h]old, manage and exploit detainees to elicit critical information."[95] The plan proposed an "exploitation facility" be established at a [redacted] off limits to non-essential personnel, press, ICRC, or foreign observers."[96] The plan also described the fundamentals – [redacted] "exploitation of select al Qaeda detainees."[97]

[redacted] The first option was for JPRA to field, deploy, direct, and sustain an entire interrogation team.[98] The plan recommended that JPRA not pursue this course stating, "No – Too much of a manpower drain and we [JPRA] are not prepared to provide this kind of support infrastructure."[99] A second option was for JPRA to field a "lead captivity/ exploitation expert (JPRA Senior SERE Psychologist) to advise and support" the exploitation process and to

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[92] Ibid.

[93] Ibid.

[94] Email from Dr. Bruce Jessen to Christopher Wirts, Mike Dozier and Randy Moulton (April 16, 2002).

[95] Joint Personnel Recovery Agency, *Exploitation Draft Plan* (undated), attached to email from Bruce Jessen to Col Randy Moulton, Christopher Wirts, and Mike Dozier (April 16, 2002) (hereinafter "JPRA, *Exploitation Draft Plan*").

[96] Ibid.

[redacted]

[98] Ibid.

[99] Ibid.

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[redacted]

described in that CONOP was "injury [to JPRA personnel] as a result of physical pressures administered by [redacted] during the training."[271]

(U) At the August 12, 2002 meeting, JPRA created a special program, which it called Project 22B, to "limit JPRA distribution of sensitive activities in support of [redacted]."[272]

[redacted] In his memo, Col Moulton wrote that protecting information associated with these activities was "of paramount concern" to [redacted] and noted that [redacted] anticipates a congressional investigation into this activity at some time in the future."[273]

III. Guantanamo Bay as a "Battle Lab" for New Interrogation Techniques (U)

[redacted] JPRA was also developing a plan to support Department of Defense interrogation operations at Guantanamo Bay (GTMO). In the summer of 2002, following a request from the Army's Special Operations Command (USASOC) to develop a training regimen for GTMO interrogation personnel, JPRA modified the training plan it had developed for [redacted] to produce a plan to train the GTMO personnel. In September, JPRA sent a team of instructors, including two instructors who had discussed and demonstrated SERE physical pressures to [redacted] officers in July, to Fort Bragg, North Carolina to provide instruction at a four day conference attended by the GTMO personnel.

(U) Just weeks after the JPRA training at Fort Bragg, two GTMO personnel who attended the Fort Bragg training drafted a memo proposing the use of physical and psychological pressures in interrogations at GTMO, including some pressures used at SERE schools to teach U.S. soldiers how to resist interrogation by enemies that do not follow the Geneva Conventions.

(U) On October 11, 2002, Major General Michael Dunlavey, Commander of GTMO's Joint Task Force 170 (JTF-170), submitted a modified version of that memo for approval by his Chain of Command. On December 2, 2002, Secretary of Defense Rumsfeld approved many of those techniques for use in interrogations at GTMO.

A. GTMO Stands Up a Behavioral Science Consultation Team (BSCT) (U)

(U) In June 2002, members of the Army's 85th Medical Detachment's Combat Stress Control Team deployed to Guantanamo Bay. Upon arrival, three members of the team – psychiatrist Major Paul Burney, psychologist [redacted] and a psychiatric technician – were informed that MG Michael Dunlavey, the Commander of JTF-170, had assigned them to support interrogation operations as part of a newly created Behavioral Science Consultation Team (BSCT) at the JTF. This assignment came as a surprise to MAJ Burney and [redacted] because, when they were deployed, the two understood that their mission would be to care for

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[271] Ibid.

[272] Memo from JPRA/CC (Col Randy Moulton) to JPRA J3/J7/PRA, [redacted] *Support to* [redacted] */ Project 22B* (August 13, 2002) at 1.

[273] Ibid.

[redacted]

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[redacted]

U.S. soldiers dealing with deployment-related stress.[274] In a written statement provided to the Committee, MAJ Burney described the assignment:

> Three of us; [redacted] [the enlisted psychiatric technician], and I, were hijacked and immediately in processed into Joint Task Force 170, the military intelligence command on the island. It turns out we were assigned to the interrogation element because Joint Task Force 170 had authorizations for a psychiatrist, a psychologist, and a psychiatric technician on its duty roster but nobody had been deployed to fill these positions. Nobody really knew what we were supposed to do for the unit, but at least the duty roster had its positions filled.[275]

(U) MG Dunlavey told the Committee that he was in the hospital for much of the month of June and did not know who initiated the creation of the JTF-170 BSCT.[276]

(U) Prior to their arrival at GTMO, neither MAJ Burney nor [redacted] had any training to support interrogations and there was no standard operating procedure in place for the team at GTMO.[277] MAJ Burney told the Committee that the team was "very aware of how little we knew about the whole spectrum of detention and interrogation, we decided we needed help.[278]

B. Behavioral Science Consultation Team (BSCT) Personnel Contact the Army Special Operations Command (USASOC) (U)

(U) Shortly after arriving at GTMO, the BSCT contacted the Chief of the Psychological Applications Directorate (PAD) at the U.S. Army's Special Operations Command (USASOC), LTC Louie "Morgan" Banks.[279] At the time, LTC Banks was also the senior Army SERE Psychologist. The BSCT psychologist, [redacted] had met LTC Banks prior to deploying to GTMO but told the Committee that he was unaware at the time of the connections LTC Banks had with the Army's SERE School.

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[274] Committee staff interview of MAJ Paul Burney (August 21, 2007); Committee staff interview of [redacted] (September 12, 2007).

[275] Written statement of MAJ Paul Burney (August 21, 2007).

[276] Committee staff interview of MG Michael Dunlavey (November 30, 2007).

[277] [redacted] A standard operating procedure was drafted in November 2002, several months after the BSCT was established. It described BSCT tasks including: consulting on interrogation approach techniques, conducting detainee file reviews to construct personality profiles and provide recommendations for interrogation strategies; observing interrogations and providing feedback to interrogators on detainee behavior, flow of the interrogation process, translator and cultural issues and possible strategies for further interrogation; and providing consultation/training on specific behavioral science interviewing and observational techniques that promote productive interrogation. The November SOP also stated that the BSCT "does not conduct medical evaluation or treatment of detainees and does not participate in determining medical treatment protocols for detainees." While the Committee does not know whether the SOP was ever approved, it comports with what BSCT members told the Committee about their activities. JTF GTMO-BSCT Memorandum for Record, *BSCT Standard Operating Procedures* (November 11, 2002); Committee staff interview of [redacted] (September 12, 2007); Committee staff interview of Paul Burney (August 21, 2007).

[278] Written statement of MAJ Paul Burney (August 21, 2007).

[279] Committee staff interview of [redacted] (September 12, 2007).

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HC00022487

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[redacted] LTC Banks told the Committee that it was apparent to him that the BSCT lacked the proper training for the mission and that, when asked to help, he felt obliged to assist.[280] LTC Banks contacted the Joint Personnel Recovery Agency (JPRA) for assistance in organizing training for the BSCT.[281] After speaking to Col Moulton, the JPRA Commander, LTC Banks informed the BSCT that JPRA was willing to modify its prior [redacted] interrogation training sessions to suit the BSCT's needs.[282]

(U) BSCT members told the Committee that *they* sought the training to better understand the interrogation process.[283] They also told the Committee, however, that GTMO's Director for Intelligence (J-2), LTC Jerald Phifer, approved their trip with the expectation that the BSCT would learn about and bring back interrogation techniques that could be considered for use in interrogations at GTMO; a point that the LTC Phifer confirmed in his testimony to the Department of the Army Inspector General (Army IG).[284] The Staff Judge Advocate at GTMO, LTC Diane Beaver, confirmed LTC Phifer's account, but said that MG Dunlavey told staff he had been considering a request for authority to use additional interrogation techniques and that MG Dunlavey's purpose in sending the staff to the training was to "find out what could be used."[285]

(U) MAJ Burney said that he and [redacted] made LTC Banks "aware that there was interest within JTF-170 to see if we could use 'SERE tactics' to try to elicit information from detainees."[286] [redacted] told the Committee that he believed that the two discussed the GTMO command's interest in obtaining a list of resistance training techniques with LTC Banks.[287] The JPRA Operational Support Office Chief Christopher Wirts, told the Committee that he believed that he and LTC Banks also talked about the need to demonstrate physical pressures used in SERE schools at the Fort Bragg training.[288] LTC Banks, however, told the Committee that he did not recall a discussion of physical pressures at the training and that he was surprised when he later learned that the BSCT had expected to become familiar with resistance training techniques used in SERE school while at the training session.[289]

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[280] Committee staff interview of LTC Morgan Banks (July 2, 2007).

[281] Ibid.

[282] Email from LTC Morgan Banks to MAJ Paul Burney (July 15, 2002).

[283] Committee staff interview of [redacted] (September 12, 2007); Committee staff interview of MAJ Paul Burney (August 21, 2007).

[284] Army IG, Interview of LTC Jerald Phifer (March 16, 2006) at 8; Army IG, Interview of MAJ Paul Burney (April 28, 2006) at 14.

[285] SASC Hearing (June 17, 2008).

[286] Written statement of MAJ Paul Burney (August 21, 2007) at 4.

[287] Committee staff interview of [redacted] (September 12, 2007); Committee staff interview of MAJ Paul Burney (August 21, 2007).

[288] Committee staff interview of Christopher Wirts (January 4, 2008).

[289] Committee staff interview of LTC Morgan Banks (July 2, 2007).

[redacted]

HC00022487

[redacted]

(U) At the time, there was a view by some at GTMO that interrogation operations had not yielded the anticipated intelligence.[290] MAJ Burney testified to the Army IG regarding interrogations:

> [T]his is my opinion, even though they were giving information and some of it was useful, while we were there a large part of the time we were focused on trying to establish a link between Al Qaeda and Iraq and we were not being successful in establishing a link between Al Qaeda and Iraq. The more frustrated people got in not being able to establish this link ... there was more and more pressure to resort to measures that might produce more immediate results.[291]

[redacted] The GTMO Interrogation Control Element (ICE) Chief, David Becker, told the Committee that, at one point, interrogation personnel were required to question [redacted] but that he was unaware of the source of that requirement.[292] Others involved in JTF-170 interrogation operations agreed that there was pressure on interrogation personnel to produce intelligence, but did not recall pressure to identify links between Iraq and al Qaeda.[293]

[redacted] Mr. Becker told the Committee that during the summer of 2002, the JTF-170 Commander, MG Dunlavey, and his Director for Intelligence (J-2), LTC Phifer, had urged him to be more aggressive in interrogations.[294] Mr. Becker also told the Committee that MG Dunlavey and LTC Phifer repeatedly asked him during this period why he was not using stress positions in interrogations, even though the August 2002 Standard Operating Procedure for JTF-170 expressly prohibited the use of the technique.[295] MG Dunlavey told the Committee that he did not recall asking his staff why they were not using stress positions or telling them that they should be more aggressive.[296]

[redacted] Mr. Becker also told the Committee that, on several occasions, MG Dunlavey had advised him that the office of Deputy Secretary of Defense Wolfowitz had called to express concerns about the insufficient intelligence production at GTMO.[297] Mr. Becker recalled MG Dunlavey telling him after one of these calls, that the Deputy Secretary himself said that GTMO

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[290] Army IG, Interview of MAJ Paul Burney (April 28, 2006) at 6; Committee staff interview of [redacted] (September 12, 2007).

[291] Army IG, Interview of MAJ Paul Burney (April 28, 2006) at 6.

[292] The ICE Chief told the Committee that interrogators identified only "a couple of nebulous links." Committee staff interview of David Becker (September 17, 2007).

[293] Committee staff interview of LTC Jerald Phifer (June 27, 2007); Committee staff interview of [redacted] (September 12, 2007).

[294] Committee staff interview of David Becker (September 17, 2007).

[295] [redacted] *JTF-170 J2 Interrogation Section Standard Operating Procedures* (August 20, 2002) (emphasis in original) (Detainees being interrogated will "remain seated and secured to the floor. DETAINEES WILL NOT BE PLACED IN STRESS POSITIONS"); *see also* Committee staff interview of David Becker (September 17, 2007).

[296] Committee staff interview of MG Michael Dunlavey (November 30, 2007).

[297] Committee staff interview of David Becker (September 17, 2007).

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HC00022487

[redacted]

should use more aggressive interrogation techniques.[298] MG Dunlavey told the Committee that he could not recall ever having a phone call with Deputy Secretary Wolfowitz or his staff.[299]

C. *U.S. Southern Command Seeks External Review of GTMO* (U)

[redacted] Just as the JTF-170 BSCT was reaching out to LTC Banks for assistance, SOUTHCOM was looking for advice to improve GTMO operations. In June 2002, Major General Gary Speer, the Acting Commander of SOUTHCOM, requested that the Joint Staff conduct an external review of intelligence collection operations at Guantanamo Bay.[300] In response, the Joint Staff directed COL John P. Custer, then-assistant commandant of the U.S. Army Intelligence Center and School at Ft. Huachuca, Arizona, to lead a review team.

[redacted] COL Custer's team visited GTMO in August and submitted its findings to the Joint Staff on September 10, 2002.[301] Like COL Herrington's assessment six months earlier, the Custer review identified a number of issues hampering GTMO's intelligence collection mission,

[redacted]

[redacted] COL Custer also noted deficiencies in interrogation approaches used by JTF-170, stating that:

[redacted]

[redacted] COL Custer recommended that SOUTHCOM, in coordination with JTF-170, provide written guidance "delineating what tools and measures are available and permissible to leverage control over the detainees while providing acceptable guidelines for questioning."[304] He also recommended combining the FBI's Behavioral Analysis Unit and the JTF-170 BSCT to use both military and law enforcement approaches to create an environment that would be "conducive to extracting information by exploiting the detainee's vulnerabilities."[305]

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[298] Ibid.

[299] Committee staff interview of MG Michael Dunlavey (November 30, 2007).

[300] [redacted] COL John Custer, [redacted] *CJCS External Review of Guantanamo Bay Intelligence Operations (U)* (September 2002) (hereinafter "Custer Report"); *see also* Briefing Slides, *GTMO Review: Joint Staff External Review of Intelligence Operations at Guantanamo Bay, Cuba* (September 10, 2002).

[301] Custer's team included subject matter experts from Fort Huachuca, the Joint Staff, and Office of the Secretary of Defense.

[302] With respect to personnel, Custer cited a dearth of linguists, noted a lack of cultural training among interrogators, and called the entire mission "woefully undermanned." Custer Report at 2.

[303] Ibid. at 11.

[304] Ibid. at 12.

[305] Ibid. 11-12.

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HC00022487

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In his report, COL Custer referred to GTMO as "America's 'Battle Lab'" in the global war on terror, observing that "our nation faces an entirely new threat framework," which must be met by an investment of both human capital and infrastructure. [306]

(U) Several witnesses expressed concerns to the Committee about using the term "Battle Lab" to describe operations at GTMO.[307] In written answers to questionnaires from Senator Carl Levin, COL Britt Mallow, the Commander of the Criminal Investigative Task Force (CITF), stated:

> MG Dunlavey and later MG Miller referred to GTMO as a "Battle Lab" meaning that interrogations and other procedures there were to some degree experimental, and their lessons would benefit DOD in other places. While this was logical in terms of learning lessons, I personally objected to the implied philosophy that interrogators should experiment with untested methods, particularly those in which they were not trained. [308]

(U) CITF's Deputy Commander, Mark Fallon, echoed the CITF Commander's concern. Mr. Fallon stated that CITF did not concur with the Battle Lab concept because the task force "did not advocate the application of unproven techniques on individuals who were awaiting trials."[309] He emphasized that the CITF position was that "there were many risks associated with this concept . . . and the perception that detainees were used for some 'experimentation' of new unproven techniques had negative connotations."[310]

(U) MG Dunlavey told the Committee he did not think he would have used the term to describe GTMO.[311] MG Miller told the Committee that he did not recall using the term and that it would be inappropriate to apply it to an operational unit.[312]

D. GTMO Personnel Attend Training at Fort Bragg (U)

(U) On September 16, 2002, less than a week after COL Custer submitted his report to the Joint Chiefs of Staff, seven personnel from JTF-170 at GTMO, including three members of the BSCT and four interrogators, arrived at Fort Bragg for training organized by LTC Banks and JPRA. They were joined by a CIA psychologist and several Army personnel.[313] Joint Forces

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[306] Ibid. at 2.

[307] Committee staff interviews of MAJ Sam McCahon (June 15, 2007); COL Britt Mallow (May 7, 2007); Timothy James (May 18, 2007).

[308] Responses of COL Britt Mallow to questionnaire of Senator Carl Levin (September 15, 2006). Two other witnesses also told the Committee that the term "Battle Lab" was used by Major General Dunlavey to describe GTMO operations. Committee staff interview of LTC Jerald Phifer (June 27, 2007); Committee staff interview of Tim James (May 18, 2007).

[309] Responses of Mark Fallon to questionnaire of Senator Carl Levin (November 15, 2006).

[310] Ibid.

[311] Committee staff interview of MG Michael Dunlavey (November 30, 2007).

[312] Committee staff interview of MG Geoffrey Miller (December 5, 2007).

[313] Memo from Joseph Witsch to Col Randy Moulton, Col John Atkins, Lt Col Baumgartner and Christopher Wirts, [redacted] *USASOC Requirement to Provide Exploitation Instruction in Support of Operation Enduring Freedom*

[redacted]

Command (JFCOM) was formally notified on September 5, 2002 that JPRA intended to provide training support to Army psychologists, but did not mention Guantanamo Bay or interrogation.[314]

(U) JPRA sent senior SERE psychologist Gary Percival, who had recently assumed that position after Dr. Jessen's departure, and two instructors to conduct the training at Fort Bragg.

[redacted] Dr. Percival and one of the two trainers, Joseph Witsch, had been instructors at the exploitation training for [redacted] in July, where they had discussed and demonstrated physical pressures.[315] In testimony before the Committee, the other JPRA trainer, Terrence Russell, stated that the team had designed the training to provide attendees a "familiarization with the academic or the theoretical application of exploitation from a SERE perspective."[316] A contemporaneous email from JPRA Operational Support Office (OSO) Chief Christopher Wirts, who was involved in planning the training, explained that it was intended to be "similar in nature to what we did for OGA on the last iteration."[317] None of the three instructors sent by JPRA to Fort Bragg was a trained interrogator.[318]

[redacted] According to a JPRA plan of instruction dated August 28, 2002, the first day of training included instruction on the stages of [redacted] The next three days of training in the plan of instruction included a range of topics, including "[redacted]"[319]

[redacted]) JPRA developed a number of presentations to support the training including one called [redacted] A slide from that presentation stated that "the exploitation process is fairly simple but needs to be adhered to [to] be successful if the goal is to increase the likelihood of obtaining useful intelligence information from enemy prisoners. . ."[320] The presentation listed a number of "Critical Operational Exploitation Principles," including [redacted]"[321] The "Principles" listed in the Fort Bragg training presentation

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(OEF) (September 24, 2002) (hereinafter "*USASOC Requirement to Provide Exploitation Instruction* (September 24, 2002)").

[314] JPRA to USCINCSOC, *Request JPRA Support*, DTG: 052135ZSEP02 (September 5, 2002).

[315] [redacted] Memo from Joseph Witsch to Col Randy Moulton and Christopher Wirts, *Exploitation Training for [redacted] Officers* (July 16, 2002); Committee staff interview of Dr. Gary Percival (July 25, 2007).

[316] Testimony of Terrence Russell (August 3, 2007) at 79.

[317] Email from Christopher Wirts to JPRA Staff (August 8, 2002).

[318] Testimony of Joseph Witsch (September 4, 2007) at 14; Testimony of Terrence Russell (August 3, 2007) at 25.

[319] Memorandum from Joseph Witsch to JPRA/CC, JPRA/CD, JPRA/COS, JPRA/OSO, *Plan of Instruction (POI) for USASOC Training Support (U)* (August 28, 2002).

[320] [redacted] Joint Personnel Recovery Agency, *Exploitation of Captive*, presentation to GTMO personnel at Fort Bragg (September 2002) (hereinafter "JPRA, *Exploitation of Captive*").

[321] Ibid. at 4.

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HC00022487

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were substantially the same as those described in the Exploitation Draft Plan, circulated by Dr. Jessen in April, which described a JPRA-directed exploitation process.[322]

[redacted] Though GTMO was a facility that dealt with detainees after they had been removed from the battlefield, the presentation also included information on "Tactical Questioning," stating that tactical interrogators should [redacted]"[323] Mr. Witsch, the JPRA instructor who acted as Team Chief for the training, testified to the Committee:

> Rough handling is you would pull the person up to their feet, you would move them rapidly in the direction that you were going to take them... basically, they have no control. They would feel like the person that has them is in total control of them. That's what we mean by rough handling.[324]

[redacted] Presentation slides used for the training also listed a number of other recommendations for handling detainees including [redacted]"[325] Mr. Witsch testified to the Committee that he did not know what was meant by those statements and he could not recall any discussion about what punishments might be culturally undesirable for Arab or Islamic detainees.[326]

[redacted] ([redacted] The presentation stated that "all daily activities should be on random schedules" and should, among other things "disrupt prisoner sleep cycles."[327] Mr. Witsch said that denying detainees the ability to predict and determine their schedules "keeps them somewhat off guard and guessing."[328]

[redacted] ([redacted] A second JPRA presentation delivered at Fort Bragg described methods to deal with detainees who were trained to resist interrogation.[329] The presentation, entitled "Counter Measures to Defeat al Qaeda Resistance Contingency Training Based on Recently Obtained AL-QA'IDA Documents" listed several countermeasures to deal with resistant detainees including "invasion of personal space by female."[330] Mr. Witsch explained that "[i]n a lot of cases, it's uncomfortable for a male to have a female in their space. It could also be looked at as uncomfortable having a female in front of an Arab. . . What this is is a form of pressure in

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[322] Compare JPRA, *Exploitation of Captive* with JPRA, *Exploitation Draft Plan.*

[323] JPRA, *Exploitation of Captive.*

[324] Hearing to Receive Information Relating To The Treatment of Detainees, Senate Committee on Armed Services, 110th Cong. (September 6, 2007) (Testimony of Joseph Witsch) at 12, 34 (hereinafter "Testimony of Joseph Witsch (September 6, 2007)").

[325] JPRA, *Exploitation of Captive.*

[326] Testimony of Joseph Witsch (September 6, 2007) at 16.

[327] JPRA, *Exploitation of Captive.*

[328] Testimony of Joseph Witsch (September 6, 2007) at 18.

[329] Ibid. at 25.

[330] JPRA, *Counter Measures to Defeat al-Qa'ida Resistance,* presentation to GTMO personnel at Fort Bragg (September 2002) (hereinafter "JPRA, *Counter Measures to Defeat al-Qa'ida Resistance*").

[redacted]

that situation."[331] He testified that JPRA might have become aware that the invasion of the personal space by a female might make an Arab detainee uncomfortable while conducting research in preparation for the training.[332]

[redacted] The presentation on countermeasures to defeat al Qaeda resistance also explained that "[i]f the prisoner believes that Americans are immoral barbarians and what he sees counters those beliefs then his core beliefs have been shaken and he is more likely to cooperate. . . . If his core beliefs are reinforced by his treatment he is more likely to stick to his resistance."[333] Mr. Witsch told the Committee that it was "hard to say" what the effect of [redacted] would have on a detainee's resistance – whether it would make the detainee more or less likely to cooperate.[334]

(U) In his testimony to the Army IG, MAJ Burney, the GTMO BSCT psychiatrist who attended the training, stated that JPRA personnel at Fort Bragg, "described some of the stuff that they would do in SERE school as far as keeping people in some sort of solitary confinement for a period of time" or "finding out what their fears were before they came so that they would try and use those against them, whether it was fear of spiders, of the dark or whatever. . ."[335] An interrogator from GTMO who attended the training also recalled a discussion about the use of phobias.[336]

[redacted] Members of the GTMO BSCT who attended the Fort Bragg training recalled discussions with the JPRA instructors about how they administered physical pressures.[337] MAJ Burney told the Committee that instructors talked about techniques the SERE schools used to teach resistance to interrogation, such as walling, and exposing students to cold until they shiver.[338] [redacted] told the Committee that hooding and hitting in a way that was not injurious were both mentioned at Fort Bragg.[339] An interrogator from JTF-170 who attended the training also recalled a discussion about the use of physical pressures.[340]

(U) That same interrogator said that the instructors spoke about using existing procedures at GTMO to enhance interrogations.[341] For example, the interrogator told the Committee that there was a discussion with JPRA personnel that military working dogs, already present at

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[331] Testimony of Joseph Witsch (September 6, 2007) at 26.

[332] Ibid. at 27.

[333] JPRA, *Counter Measures to Defeat al-Qa'ida Resistance*.

[334] Testimony of Joseph Witsch (September 6, 2007) at 30.

[335] Army IG, Interview of MAJ Paul Burney (April 28, 2006) at 14.

[336] Committee staff interview of GTMO Interrogator (November 6, 2007).

[337] Testimony of Joseph Witsch (September 4, 2007) at 92.

[338] Committee staff interview of MAJ Paul Burney (August 21, 2007).

[339] Committee staff interview of [redacted] (September 12, 2007).

[340] Committee staff interview of GTMO Interrogator (November 6, 2007).

[341] Ibid.

[redacted]

GTMO for security, could enhance detainee exploitation. Similarly, the interrogator said that the instructors pointed out that hoods, goggles, and ear muffs were already in use with detainees at GTMO for security purposes, and that existing processes utilizing those techniques could also be used to enhance interrogations. The interrogator also recalled requesting additional JPRA training for GTMO personnel on the use of physical pressures.

(U) Neither LTC Banks nor any of the JPRA instructors from the Fort Bragg training could recall if there were discussions of physical pressures.[342] LTC Banks told the Committee that using physical pressures designed for students at SERE school in actual interrogations would almost always be unproductive.[343] For example, he told the Committee that slapping a person would harden their resistance.

(U) Despite the apparent instruction on physical pressures, MAJ Burney told the Army IG that instructors at Fort Bragg believed that the techniques used in SERE training should not be brought back for use at GTMO and that "interrogation tactics that rely on physical pressures or torture, while they do get you information, do not tend to get you accurate information or reliable information."[344] In a written statement provided to the Committee, MAJ Burney reiterated that point, stating that "[i]t was stressed time and time again that psychological investigations have proven that harsh interrogations do not work. At best it will get you information that a prisoner thinks you want to hear to make the interrogation stop, but that information is strongly likely to be false."[345]

[redacted] During the Fort Bragg training, the GTMO personnel also discussed conditions at GTMO that they felt were hampering intelligence collection efforts. In his after action report summarizing the training, JPRA instructor and training Team Chief Joseph Witsch described some of those conditions, stating for example that [redacted]."[346] Mr. Witsch also stated in his after action report that "[a] lot of interrogation techniques used in the past are no longer effective against the individual detainees because they have developed an awareness and countermeasures to deal with them."[347] Mr. Witsch added that some of the interrogators had become "frustrated over the controls placed on their ability to extract actionable information," such as restrictions on bringing detainees together in a room to confront inconsistencies or on interrogating detainees for "12-15-20 hours at a time."[348] While Mr. Witsch noted that rapport building had proved to be the most effective interrogation technique in eliciting information and that the positive treatment of detainees at GTMO was

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[342] LTC Banks added that he was not present for all of the training sessions. Committee staff interview of LTC Morgan Banks (June 15, 2007); Testimony of Terrence Russell (August 3, 2007) at 79; Testimony of Joseph Witsch (September 4, 2007) at 99.

[343] Committee staff interview of LTC Morgan Banks (June 15, 2007).

[344] Army IG, Interview of MAJ Paul Burney (April 28, 2006) at 8.

[345] Written statement of MAJ Paul Burney (August 21, 2007).

[346] Memo from Joseph Witsch to Col Moulton, Col Atkins, Lt Col Baumgartner, Mr. Wirts, *U.S. Army Special Operations Command (USASOC), Requirement to Provide Exploitation Instruction* (September 24, 2002).

[347] Ibid.

[348] Ibid.

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HC00022487

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having some effect, he stated that the positive effect appeared limited to the "younger, inexperienced" detainees."[349]

[redacted] In his after action report, Mr. Witsch expressed concerns about JPRA involvement in GTMO operations, writing:

> I highly recommend we continue to remain in an advisory role and not get directly involved in the actual operations – GITMO in particular. We have no actual experience in real world prisoner handling. The concepts we are most familiar with relate to our past enemies and we have developed our Code of Conduct procedures based on those experiences. Without actual experience with current [Designated Unlawful Combatants] we are making the assumption that procedures we use to exploit our personnel will be effective against the current detainees.[350]

[redacted] A week later, Mr. Witsch prepared a follow up memo for Mr. Wirts, JPRA's OSO chief, expressing concern about JPRA's involvement with detainee exploitation, stating:

> What do we bring to the table? We are Code of Conduct instructors with a vast amount of experience training highly intelligent, disciplined, and motivated DoD personnel to resist captivity. . . We base our role-play laboratories on what we know our former enemies have done to our personnel in captivity. It is based on illegal exploitation (under the rules listed in the 1949 Geneva Convention Relative to the Treatment of Prisoners of War) of prisoners over the last 50 years...

[redacted] Mr. Witsch continued:

> I believe the techniques and tactics that we use in training have applicability. What I am wrestling with is the implications of using these tactics as it relates to current legal constraints, the totally different motivations of the detainees, and the lack of direction of senior leadership within the [U.S. Government] on how to uniformly treat detainees.
>
> I think we are well within our sphere of influence if we stick to providing methods to counter resistance trained [Designated Unlawful Combatants]. We are out of our sphere when we begin to profess the proper ways to exploit these detainees. We are now attempting to educate lower level personnel in DoD and OGAs with concepts and principles that are somewhat foreign to them and while it all sounds good they are not in a position nor do they have the depth of knowledge in these matters to effect change and do it in reasonable safety.
>
> The handling of [Designated Unlawful Combatants] is a screwed up mess and everyone is scrambling to unscrew the mess... If we want a more profound role in this effort we need to sell our capabilities to the top level people in the USG and

[349] Ibid.

[350] Ibid.

[redacted]

not spend our time trying to motivate the operators at the lower levels to sway their bosses. This is running the train backwards and that is a slow method to get somewhere. There are a lot of people in the USG intelligence community that still believe in the old paradigm and wonder just what we're doing in their business.[351]

[redacted] The memo concluded with the warning, "[w]e don't have an established track record in this type of activity and we would present an easy target for someone to point at as the problem. The stakes are much higher for this than what you and I have done in any activity before."[352]

E. Delegation of Senior Government Lawyers Visits Guantanamo (U)

(U) On September 25, 2002, less than a week after GTMO personnel returned from the training at Fort Bragg, Counsel to the President Alberto Gonzales, Counsel to the Vice President David Addington, DoD General Counsel Jim Haynes, Acting CIA General Counsel John Rizzo, Assistant Attorney General of the Criminal Division Michael Chertoff, and other senior administration officials travelled to Guantanamo Bay and were briefed on future plans for detention facilities as well as on intelligence successes, failures, and problems at the JTF.[353]

[redacted] According to a trip report prepared by a Deputy Staff Judge Advocate at SOOUTHCOM, MG Dunlavey held private conversations with Mr. Haynes and a few others and briefed the entire group on a number of issues including "policy constraints" affecting interrogations at the JTF.[354] For example, MG Dunlavey told the group that JTF-170 would "like to take Koran away from some detainees – hold it as incentive" but that the issue was undergoing a policy determination by SOUTHCOM.[355] The trip report noted that Mr. Haynes "opined that JTF-170 should have the authority in place to make those calls, per POTUS order," adding that he "[t]hought JTF-170 would have more freedom to command."[356] MG Dunlavey told the Committee that he may have told the group during their visit that JTF-170 was working on a request for authority to use additional interrogation techniques.[357] Mr. Haynes said he did not recall discussing specific interrogation techniques or GTMO's work on a request for authority to use additional interrogation techniques.[358]

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[351] [redacted] Memo from Joseph Witsch to Christopher Wirts, *(U) Concerns with JPRA Involvement in Operation Enduring Freedom Exploitation of Detained Unlawful Combatants* (October 1, 2002).

[352] Ibid.

[353] JTF-GTMO Distinguished Visitors Roster (September 27, 2002). Col Terrence Farrell, *Trip Report – DoD General Counsel Visit to GTMO* (September 27, 2002). While the September 27, 2002 trip report states that the visit occurred on September 25th, Jack Goldsmith, another senior official on the trip, recounts that the visit took place on September 26, 2002. Goldsmith notes that Patrick Philbin, then-Chertoff Chief of Staff Alice Fisher, and "several Pentagon lawyers" also went on the trip. The Terror Presidency at 99-100.

[354] Col. Terrence Farrell, *Trip Report – DoD General Counsel Visit to GTMO* (September 27, 2002).

[355] Ibid.

[356] Ibid.

[357] Committee staff interview of MG Michael Dunlavey (November 30, 2007).

[358] Committee staff interview of William J. Haynes II (April 25, 2008) at 139-42.

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HC00022487

[redacted]

F. *JTF-170 BSCT Produces Interrogation Policy Memo* (U)

(U) According to the Staff Judge Advocate (SJA) at GTMO, LTC Diane Beaver, there was discussion among senior staff at GTMO as to whether or not the JTF required explicit authorization to use interrogation approaches that had not been taught to interrogators at the U.S. Army Intelligence Center at Fort Huachuca, Arizona. While some felt that JTF-170 already had the authority to use additional interrogation techniques, MG Dunlavey directed his staff to draft a request for new authorities to submit to SOUTHCOM for approval.[359]

(U) The JTF-170 Director for Intelligence, LTC Jerald Phifer, told the Committee that MG Dunlavey wanted to get new techniques on the table and that MG Dunlavey pressured him to draft a memo requesting additional techniques.[360] LTC Phifer asked the BSCT to draft an interrogation policy that could be formally submitted up the chain of command for review.[361] According to MAJ Burney, the BSCT psychiatrist, "by early October there was increasing pressure to get 'tougher' with detainee interrogations but nobody was quite willing to define what 'tougher' meant."[362] MAJ Burney added that there was "a lot of pressure to use more coercive techniques" and that if the interrogation policy memo that LTC Phifer had asked him to write did not contain coercive techniques, then it "wasn't going to go very far."[363]

(U) According to MAJ Burney, he and [redacted] wrote a memo of suggested detention and interrogation policies in the course of an evening.[364] MAJ Burney told the Committee that some of the interrogation approaches identified in the memo came from their JPRA training in Fort Bragg and other approaches were simply made up by the BSCT.[365] [redacted], the BSCT psychologist, also told the Committee that the BSCT used information from the JPRA training at Fort Bragg to draft the memo.[366]

[redacted] The BSCT memo, dated October 2, 2002, began:

[redacted]

[359] Committee staff interview of LTC Diane Beaver (November 9, 2007).

[360] Committee staff interview of LTC Jerald Phifer (June 27, 2007).

[361] Written statement of MAJ Paul Burney (August 21, 2007).

[362] Ibid.

[363] Army IG, Interview of MAJ Paul Burney (April 28, 2006) at 11.

[364] Ibid.

[365] Committee staff interview of MAJ Paul Burney (August 21, 2007). However, in testimony to the Army IG, MAJ Burney said he did not know whether the memo incorporated tactics from the Fort Bragg training. Army IG, Interview of MAJ Paul Burney (April 28, 2006) at 11.

[366] Committee staff interview of [redacted] (September 12, 2007).

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HC00022487

[redacted]

[redacted]

[redacted] The memo identified a number of conditions at GTMO that the BSCT judged to be hindering intelligence collection and stated:

[redacted]

[redacted] The October 2, 2002 memo proposed three categories of interrogation techniques "for use in the interrogation booth to develop rapport, promote cooperation, and counter resistance."[369] Category I techniques included incentives and "mildly adverse approaches" such as telling a detainee that he was going to be at GTMO forever unless he cooperated.[370] The memorandum stated that an interrogator should be able to ascertain whether a detainee is being cooperative by the end of the initial interrogation and said that if Category I approaches failed to induce cooperation, the interrogator could request approval for Category II approaches.[371]

[redacted] Category II techniques were designed for "high priority" detainees, defined in the memo as "any detainee suspected of having significant information relative to the security of the United States."[372] Category II techniques included stress positions; the use of isolation for up to 30 days (with the possibility of additional 30 day periods, if authorized by the Chief Interrogator); depriving a detainee of food for up to 12 hours (or as long as the interrogator goes without food during an interrogation); the use of back-to-back 20 hour interrogations once per week; removal of all comfort items including religious items; forced grooming; handcuffing a detainee; and placing a hood on a detainee during questioning or movement.[373]

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[367] [redacted] MAJ Paul Burney and [redacted] Memorandum for Record, *Counter-resistance Strategies* (October 2, 2002) at 1 (hereinafter "BSCT, *Counter-resistance Strategies*").

[368] Ibid. at 2.

[369] Ibid.

[370] Ibid.

[371] Ibid.

[372] Ibid.

[373] Ibid. at 2-3. There is evidence that stress positions were used at GTMO prior to the BSCT memo. Lt. Col. Ronald Buikema, who served at Guantanamo from January 2001 until June 2001 as the JTF-170 J2 and Commanding Officer of the Joint Interagency Interrogation Facility (JIIF) indicated in his response to a Navy IG questionnaire that stress positions were used in some interrogations at GTMO. Email from Lt. Col. Ron Buikema to Victoria Gnibus (July 21, 2004).

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[redacted] The memo reserved Category III techniques "ONLY for detainees that have evidenced advanced resistance and are suspected of having significant information pertinent to national security."[374] Category III techniques included the daily use of 20 hour interrogations; the use of strict isolation without the right of visitation by treating medical professionals or the International Committee of the Red Cross (ICRC); the use of food restriction for 24 hours once a week; the use of scenarios designed to convince the detainee he might experience a painful or fatal outcome; non-injurious physical consequences; removal of clothing; and exposure to cold weather or water until such time as the detainee began to shiver.[375]

[redacted] In addition to suggesting interrogation techniques, the BSCT memo made recommendations for the treatment of detainees in the cell blocks. Specifically, it proposed that resistant detainees might be limited to four hours of sleep a day; that they be deprived of comfort items such as sheets, blankets, mattresses, washcloths; and that interrogators control access to all detainees' Korans.[376] The BSCT memo described using fans and generators to create white noise as a form of psychological pressure and advocated that "all aspects of the [detention] environment should enhance capture shock, dislocate expectations, foster dependence, and support exploitation to the fullest extent possible."[377]

[redacted] MAJ Burney and [redacted] told the Committee that they were not comfortable with the memo they were asked to produce, and therefore included a statement in the memo reflecting their concerns about the techniques, including concerns about the "long term physical and/or mental impact of the techniques."[378] They wrote:

> Experts in the field of interrogation indicate the most effective interrogation strategy is a rapport-building approach. Interrogation techniques that rely on physical or adverse consequences are likely to garner inaccurate information and create an increased level of resistance. . .There is no evidence that the level of fear or discomfort evoked by a given technique has any consistent correlation to the volume or quality of information obtained. . .The interrogation tools outlined could affect the short term and/or long term physical and/or mental health of the detainee. Physical and/or emotional harm from the above techniques may emerge months or even years after their use. It is impossible to determine if a particular strategy will cause irreversible harm if employed. . .Individuals employing Category II or Category III interrogation techniques must be thoroughly trained . . . carefully selected, to include a mental health screening (such screenings are SOP for SERE and other Special Operations personnel).[379]

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[374] BSCT, *Counter-resistance Strategies* at 3 (emphasis in original).

[375] Ibid.

[376] Ibid. at 4.

[377] Ibid. at 4-5.

[378] Committee staff interview of MAJ Paul Burney (August 21, 2007); Committee staff interview of [redacted] (September 13, 2007).

[379] BSCT, *Counter-resistance Strategies* at 6.

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HC00022487

[redacted]

(U) The BSCT provided a copy of their memo to LTC Banks at U.S. Army Special Operations Command (USASOC), who had helped organize their JPRA training. Upon reviewing the memo, LTC Banks praised the BSCT for their "great job" on the memo, but also raised concerns about the suggested use of physical pressures in interrogation, noting that physical pressures are used with students in SERE school to *increase* their resistance to interrogation, not break it down. [380]

(U) LTC Banks wrote:

> [redacted] The use of physical pressures brings with it a large number of potential negative side effects. . . When individuals are gradually exposed to increasing levels of discomfort, it is more common for them to resist harder. That is one of the reasons we use it [in SERE school] – to increase the resistance posture of our soldiers. If individuals are put under enough discomfort, i.e. pain, they will eventually do whatever it takes to stop the pain. This will increase the amount of information they tell the interrogator, but it does not mean the information is accurate. In fact, it usually decreases the reliability of the information because the person will say whatever he believes will stop the pain. Now, there are certain exceptions, like with all generalizations, but they are not common. Bottom line: The likelihood that the use of physical pressures will increase the delivery of accurate information from a detainee is very low. The likelihood that the use of physical pressures will increase the level of resistance in a detainee is very high...
>
> [redacted] It is important to remember that SERE instructors use these techniques [physical pressures] because they are effective at increasing resistance. . . Because of the danger involved, very few SERE instructors are allowed to actually use physical pressures. . .everything that is occurring [in SERE school] is very carefully monitored and paced. . . Even with all these safeguards, injuries and accidents do happen. The risk with real detainees is increased exponentially.
>
> (U) My strong recommendation is that you do not use physical pressures . . .[If GTMO does decide to use them] you are taking a substantial risk, with very limited potential benefit.[381]

G. CIA Lawyer Advises GTMO on Interrogations (U)

(U) On October 2, 2002, the GTMO Staff Judge Advocate LTC Diane Beaver convened a meeting to discuss the BSCT memo. Minutes from that meeting reflect the attendance of JTF-170 personnel and the then-chief counsel to the CIA's CounterTerrorist Center Jonathan Fredman.[382]

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[380] Email from LTC Morgan Banks to MAJ Paul Burney and [redacted] (October 2, 2002).

[381] Ibid.

[382] *Counter Resistance Strategy Meeting Minutes* at 2. The meeting minutes stated that questions and comments from the meeting were paraphrased.

[redacted]

(U) Mr. Fredman's visit took place just a week after the acting CIA General Counsel John Rizzo and DoD General Counsel Jim Haynes's September 25, 2002 visit to GTMO. Mr. Haynes did not recall discussing with Mr. Rizzo during their visit the possibility of having a CIA lawyer travel to GTMO to talk to DoD personnel there.[383] Mr. Haynes said he later found out in a discussion with Mr. Rizzo that a CIA lawyer had gone to GTMO and discussed legal authorities applicable to interrogations, but said he could not recall when he first learned of that CIA lawyer's visit.

(U) While LTC Beaver could not recall what she or others said, the minutes of the October 2, 2002 meeting indicate that it began with a briefing by the BSCT on the JPRA training at Fort Bragg.[384] The BSCT briefer told the group that rapport building and the "friendly approach" were proven methods to overcome resistance, while "fear based approaches" were "unreliable" and "ineffective in almost all cases."[385] According to the meeting minutes, however, the BSCT did report that psychological stressors such as sleep deprivation, withholding food, isolation, and loss of time were "extremely effective."[386] The BSCT also identified "camp-wide, environmental strategies designed to disrupt cohesion and communication among detainees" as potentially helpful to improve the effectiveness of interrogations and explained that the detention "environment should foster dependence and compliance."[387]

(U) Despite the BSCT comment on the effectiveness of rapport building, the meeting minutes reflect little discussion of that approach. In fact, according to the meeting minutes, the GTMO Director for Intelligence LTC Jerald Phifer questioned the BSCT assessment, stating that "harsh techniques used on our service members have worked and will work on some, what about those?"[388] [redacted] responded that force was "risky, and may be ineffective."[389] Nevertheless, the remainder of the meeting appears to have revolved around a discussion of aggressive interrogation techniques and how to obtain the approval to use them.

(U) Interrogation Control Element (ICE) Chief David Becker noted at the meeting that there were many reports about sleep deprivation used at Bagram in Afghanistan.[390] According to the meeting minutes, LTC Beaver agreed but stated that "officially it is not happening."[391] Nevertheless, LTC Beaver suggested that sleep deprivation could be used on GTMO detainees "with approval."[392] The group also discussed ways to manage the detainees' sleep cycles, i.e., by

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[383] Committee staff interview of William J. Haynes II (April 25, 2008) at 145-47.

[384] SASC Hearing (June 17, 2008); *Counter Resistance Strategy Meeting Minutes* at 3.

[385] *Counter Resistance Strategy Meeting Minutes* at 3.

[386] Ibid.

[387] Ibid.

[388] Ibid.

[389] Ibid. at 2.

[390] Ibid.

[391] Ibid. at 3. It is unclear how and when JTF-170 personnel became aware of the use of sleep deprivation at Bagram, though LTC Beaver told the Committee that she had seen a version of a standard operating procedure for interrogations in use at Bagram on a classified DoD internet system.

[392] Ibid.

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HC00022487

[redacted]

letting the detainee rest "just long enough to fall asleep and wake him up about every thirty minutes and tell him it's time to pray again."[393]

(U) According to the meeting minutes, LTC Beaver suggested that the JTF might "need to curb the harsher operations while [the International Committee of the Red Cross (ICRC)] is around," and that it would be "better not to expose them to any controversial techniques."[394] LTC Beaver explained that "[t]he ICRC is a serious concern. They will be in and out, scrutinizing our operations, unless they are displeased and decide to protest and leave. This would draw a lot of negative attention."[395] The minutes reflect that the CIA lawyer added his view:

> In the past when the ICRC has made a big deal about certain detainees, the DOD has 'moved' them away from the attention of the ICRC. Upon questioning from the ICRC about their whereabouts, the DOD's response has repeatedly been that the detainee merited no status under the Geneva Convention.[396]

(U) At the meeting, the minutes reflect that CIA lawyer Jonathan Fredman also discussed whether or not the techniques in the BSCT memo complied with applicable legal standards. Mr. Fredman explained:

> Under the Torture Convention, torture has been prohibited by international law, but the language of the statutes is written vaguely. Severe mental and physical pain is prohibited. The mental part is explained as poorly as the physical. Severe physical pain [is] described as anything causing permanent damage to major organs or body parts. Mental torture [is] described as anything leading to permanent, profound damage to the senses or personality. It is basically subject to perception. If the detainee dies you're doing it wrong. So far the techniques we have addressed have not proven to produce these types of results, which in a way challenges what the BSCT paper says about not being able to prove whether these techniques will lead to permanent damage. Everything in the BSCT [memo] is legal from a civilian standpoint.[397]

(U) According to the minutes, when the participants of the meeting discussed whether or not to videotape the "aggressive sessions or interrogations," Mr. Fredman said that videotaping of "even totally legal techniques will look 'ugly.'"[398] Mr. Becker, who agreed with the CIA lawyer's assessment, added that "videotapes are subject to too much scrutiny in court."[399]

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[393] Ibid. at 5.

[394] Ibid. at 3.

[395] Ibid.

[396] Ibid.

[397] According to the meeting minutes, the CIA lawyer added "The Torture Convention prohibits torture and cruel, inhumane and degrading treatment. The US did not sign up to the second part, because of the 8th amendment . . .That gives us more license to use more controversial techniques." Ibid.

[398] Ibid. at 5.

[399] Ibid. at 3.

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HC00022487

[redacted]

(U) When an attendee at the meeting mentioned that law enforcement agents (presumably referring to CITF and FBI) had concerns about the use of aggressive tactics, the minutes reflect that Mr. Fredman responded that "[w]hen CIA has wanted to use more aggressive techniques in the past, the FBI has pulled their personnel from theatre. In those rare instances, aggressive techniques have proven very helpful."[400] LTC Beaver added that there was no legal reason why law enforcement personnel could not participate in those operations.[401]

(U) While LTC Beaver testified in 2008 that she was aware that SERE training was not designed for offensive use with detainees, the minutes of the October 2, 2002 meeting reflect that she nevertheless asked about use of the "wet towel" technique in SERE school.[402] The CIA lawyer replied:

> If a well-trained individual is used to perform this technique it can feel like you're drowning. The lymphatic system will react as if you're suffocating, but your body will not cease to function. It is very effective to identify phobias and use them (i.e., insects, snakes, claustrophobia). The level of resistance is directly related to person's experience.[403]

(U) According to the meeting minutes, ICE Chief David Becker asked whether GTMO could get blanket approval for the use of techniques or whether techniques would be approved on a case-by-case basis.[404] Mr. Fredman responded that the "CIA makes the call internally on most of the techniques found in the BSCT" memo and referenced in their meeting, but that "significantly harsh techniques are approved through the DOJ."[405] As to whether Geneva Conventions would apply, Mr. Fredman noted that the "CIA rallied for it not to."[406]

(U) The meeting minutes also reflect Mr. Fredman thoughts on other interrogation techniques, such as threats of death. Mr. Fredman noted that such threats "should be handled on a case by case basis. Mock executions don't work as well as friendly approaches, like letting someone write a letter home, or providing them with an extra book."[407]

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[400] Ibid.

[401] Ibid.

[402] SASC Hearing (June 17, 2008); BSCT, *Counter-resistance Strategies* at 4.

[403] [redacted] *Counter Resistance Strategy Meeting Minutes* at 4. LTC Beaver said that she had learned about the wet towel technique from a Navy doctor who had been assigned to the Hospital at Guantanamo and who described to her its use at the Navy SERE school. It is unclear, however, to whom LTC Beaver is referring. The Committee interviewed a Navy Lieutenant Commander who was deployed to GTMO and who had previously worked at the Navy SERE school at the Naval Air Station in Brunswick, Maine. The Lieutenant Commander told the Committee that he discussed with JTF-GTMO staff physical pressures used to teach students at SERE school how to resist interrogations. However, the Lieutenant Commander was not deployed to GTMO until November 2002. Committee staff interview of LTC Diane Beaver (October 11, 2007); see Committee staff interview of [redacted] (August 22, 2007); [redacted] Travel voucher.

[404] *Counter Resistance Strategy Meeting Minutes* at 4.

[405] Ibid.

[406] Ibid.

[407] Ibid. at 3.

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HC00022487

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(U) Weeks later, CITF Deputy Commander Mark Fallon wrote an email to CITF's Chief Legal Counsel Major Sam McCahon regarding the meeting minutes:

> Quotes from LTC Beaver regarding things that are not being reported give the appearance of impropriety. Other comments like "It is basically subject to perception. If the detainee dies you're doing it wrong" and "Any of the techniques that lie on the harshest end of the spectrum must be performed by a highly trained individual. Medical personnel should be present to treat any possible accidents." Seem to stretch beyond the bounds of legal propriety. Talk of "wet towel treatment" which results in the lymphatic gland reacting as if you are suffocating, would in my opinion; shock the conscience of any legal body looking at using the results of the interrogations or possibly even the interrogators. Someone needs to be considering how history will look back at this.[408]

[redacted] The October 2, 2002 meeting minutes indicated that the group discussed Mohammed al Khatani, a high value detainee suspected of being connected to the September 11, 2001 attacks. A week before the meeting, JTF-170 had assumed the lead on Khatani's interrogation.[409] By the October 2, 2002 meeting, JTF-170 had already developed an aggressive interrogation plan for Khatani.

[redacted] Two days after the meeting, BSCT psychiatrist MAJ Paul Burney sent an email to LTC Banks, stating that "persons here at this operation are still interested in pursuing the potential use of more aversive interrogation techniques . . . Were more aversive techniques approved for use in the future by appropriate people, the operation would like to have a few task force personnel specifically trained in various techniques."[410] MAJ Burney asked whether LTC Banks knew "where task force personnel could go to receive such training" and whether he knew of "any consultants who could assist if any of these measures are eventually approved."[411]

[redacted] LTC Banks replied "I do not envy you. I suspect I know where this is coming from. The answer is no, I do not know of anyone who could provide that training... The training that SERE instructors receive is designed to simulate that of a foreign power, and to do so in a manner that encourages resistance among the students. I do not believe that training interrogators to use what SERE instructors use would be particularly productive."[412]

H. DoD Takes Lead on the Interrogation of Mohammed al Khatani (U)

[redacted] According to the Department of Defense, Pakistani authorities captured Mohammed al Khatani along the Pakistani-Afghanistan border on December 15, 2001 and

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[408] Email from Mark Fallon to MAJ Sam McCahon et al. (October 28, 2002).

[409] [redacted] LTG Joseph Inge, *DEPSECDEF Inquiry Regarding Location of Interrogation Plan for ISN 063* (August 24, 2006) at 5 (hereinafter "Inge Report").

[410] Email from MAJ Paul Burney to LTC Morgan Banks (October 4, 2002).

[411] Ibid.

[412] Email from LTC Morgan Banks to MAJ Paul Burney (October 4, 2002).

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HC00022487

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Prior to the first interrogation, we would like to have the detainee's head and beard shaved. This is to be done for both psychological and hygiene purposes. [redacted] During the interrogations the detainee will at times be placed in stress positions and blindfolded. If necessary the detainee may have his mouth taped shut in order to keep him from talking. Written approval for the tape and for the presence of dogs will be submitted and obtained prior to implementation.[569]

[redacted] The November 12, 2002 plan went on to describe four phases for the interrogation.[570] During Phase I, interrogators would increase the pressure on Khatani while not permitting him to speak, with the expectation that Khatani, when later presented with the opportunity to speak to an interrogator, would "provide his whole story."[571]

[redacted] Phase II of the plan was to place a cooperative detainee or a native linguist at Camp X-Ray in full view of Khatani.[572] [redacted]

[redacted] Phase III of the plan, which was entitled "Level III techniques," was to utilize techniques based on those used at SERE school. The plan stated:

The third phase of the plan to exploit 063 requires OSD approval for the SERE interrogation technique training and approval of the level three counter interrogation resistance training submitted by JTF-GTMO. Once the approvals are in place, those interrogation techniques will be implemented to encourage 063 to cooperate. [redacted]

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[568] Ibid.

[569] Ibid. A third draft of the plan which appears to have been produced after November 12 stated that "written approval for use of gauze and for the presence of dogs have been approved by [MG Miller]" and was sent from an attorney in the DoD General Counsel's office to an attorney at the Department of Justice's Office of Legal Counsel in May 2003. January 31, 2008 SASC staff notes on Vaughn declaration documents.

[570] Interrogation Plan for ISN [redacted] [Khatani] (November 12, 2002).

[571] Ibid.

[572] Ibid.

[573] Ibid.

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HC00022487

[redacted]

being outside the interrogation room, they discussed the purpose of the dogs' presence during interrogations was that it "exploits [the detainee's] fear."[607]

[redacted] Mr. Becker told the Committee that MG Miller told him to remove dogs from the plan.[608] Nevertheless, a document describing interrogation techniques used in the Khatani interrogation and a witness account (both discussed below) suggest that dogs were used during the interrogation to shock and agitate Khatani.[609]

[redacted] With respect to stress positions, Mr. Becker told the Committee that, notwithstanding the fact that they were included in the earlier plan, there was never an intent to use stress positions with Khatani.[610] A document that appears to have been produced during the Khatani interrogation, however, stated that stress positions would "be employed."[611] In addition, a 2005 memo from the JTF-GTMO Chief of Staff referencing the 2002 interrogation stated that Khatani had "slight abrasions caused by stress positions and shackle restraints."[612]

[redacted] The November 22, 2002 plan identified by MG Miller as the final plan described five phases to the interrogation.[613] Phase I, which was added after November 12, called for the interrogators to "Induce and exploit Stockholm Syndrome" by establishing "an isolated, austere environment where the detainee becomes completely dependent on the interrogators and the interrogator presents himself as a 'caretaker' of the detainee."[614] Dr. Gelles said that the idea of inducing the Stockholm syndrome implied that "the subject feels that he is to be killed and the information provided may in fact be distorted."[615]

[redacted] Phase II of the November 22, 2002 plan (which is largely the same as Phase I of the earlier plan) stated that prior to the start of the first Phase II interrogation session, Khatani's head and beard would be shaved for "safety, hygiene and psychological purposes."[616] In addition, the plan stated that MG Miller had approved the use of hospital gauze to restrain the detainee's mouth to prevent him from becoming argumentative and verbally abusive.

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[607] Ibid.

[608] Committee staff interview of David Becker (September 17, 2007).

[609] [redacted] Memorandum, *Methods Employed X-Ray Interrogation ISN 63(S)* (January 17, 2003). Army IG, Interview of [redacted] (April 28, 2006).

[610] Committee staff interview of David Becker (September 17, 2007).

[611] Memo, *063 Plan of Attack: Phase I Bravo* (undated).

[612] Memo from COL John A. Hadjis to Chief of Staff, USSOUTHCOM, *Executive Summary on Information Concerning Detainee ISN: [redacted] (U)* (March 14, 2005).

[613] Khatani interrogation plan (November 22, 2002).

[614] Khatani interrogation plan (November 22, 2002). The Stockholm Syndrome refers to a psychological event where hostages begin to identify with and grow sympathetic to their captors. The syndrome draws its name from a bank robbery and hostage situation in Stockholm, Sweden in 1973.

[615] *Review of JTF-GTMO Interrogation Plan Detainee 063* (November 22, 2002).

[616] Khatani interrogation plan (November 22, 2002).

[redacted]

7. *Techniques Used During Khatani Interrogation* (U)

(U) According to [redacted] the GTMO BSCT psychiatrist who participated in the interrogation, just before the Khatani interrogation began, Khatani was "made [to] believe he was sent to a hostile country which advocated torture."[658] [redacted] stated that Khatani was also "led to believe he himself might be killed if he did not cooperate with questioning."[659] The actual interrogation took place at GTMO's Camp X-Ray. LTC Phifer told the Committee that Khatani was taken to X-Ray [redacted][660]

[redacted] However, an interrogator who participated in the interrogation told the Committee that part of the reason Khatani was taken to X-Ray was to scare him.[661]

(U) Khatani was interrogated from November 23, 2002 through January 16, 2003.[662] In June 2004, SOUTHCOM Commander GEN Hill, described the origin of some of the interrogation techniques used in the interrogation:

> The staff at Guantanamo working with behavioral scientists, having gone up to our SERE school and developed a list of techniques which our lawyers decided and looked at, said were OK. I sent that list of techniques up to the Secretary and said, in order for us to get at some of these very high-profile, high-value targets who are resistant to techniques, I may need greater flexibility. But I want a legal review of it and you to tell me that, policywise, it's the right way to do business. He did that. And he approved additional techniques, which I would not describe as harsh, but additional techniques and gave them to me the first part of December. *And we began to use a few of those techniques, a few of those techniques on this individual...*[663]

[redacted] A memo dated January 17, 2003 also described techniques "used" against Khatani between November 23, 2002 and January 16, 2003, including stripping, forced grooming, invasion of space by a female interrogator, treating Khatani like an animal, using a military working dog, and forcing him to pray to an idol shrine.[664]

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[658] Written statement of [redacted] (August 21, 2007).

[659] Ibid.

[660] Committee staff interview of LTC Jerald Phifer (June 27, 2007).

[661] Committee staff interview of JTF-GTMO Interrogator (January 9, 2008).

[662] Schmidt-Furlow Report at 17.

[663] Transcript of Media Availability with Commander U.S Southern Command General James Hill (June 3, 2004) (emphasis added). Despite General Hill's acknowledgement in 2004, in comments submitted to the DoD IG's August 25, 2006 report, the DoD General Counsel's office stated that "there is no evidence that SERE techniques were ever adopted at Guantanamo or anywhere else." *See* DoD Office of General Counsel, *Legal Review of DRAFT SECRET/NOFORN DoD IG Report, "Review of DoD-Directed Investigations of Detainee Abuse (Project No. D2004-DINT01-0174) (U)"* (June 8, 2006) at 8.

[664] Memo, *Methods Employed X-Ray Interrogation ISN 63* (January 17, 2003). The author of the memo is unknown but a copy of the memo was sent by the JTF-GTMO BSCT psychiatrist, [redacted] to LTC Morgan Banks,

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[redacted] These techniques are similar to techniques used in SERE school. In fact, JPRA training slides, identified by a JPRA instructor as those presented to interrogation personnel deploying for GTMO, identified "religious disgrace" and "invasion of personal space by a female" as methods to defeat resistance.[665] Likewise, JPRA materials identified "degradation" as a method to defeat resistance, which was understood to include such methods as stripping the individual, having the guards address the individual as if that person were an "animal" or of "very low status," and controlling use of the latrine.[666]

[redacted] The January 17, 2003 memo stated that "[s]earch/strip search" was used on Khatani "for security and to assert control."[667] A second document that appears to have been produced while the Khatani interrogation was ongoing stated that "removal of clothing" would "be employed" as part of Khatani's interrogation.[668] Despite the contemporaneous documents suggesting that removal of clothing was used during the interrogation, several senior JTF-GTMO personnel have said they were unaware of its use as an interrogation technique.

- [redacted] MG Miller told the Committee that he informed his Director for Intelligence, LTC Phifer, that he opposed the forced removal of clothing as an interrogation technique and in a 2004 sworn statement stated that "to the best of my knowledge JTF-GTMO never used [removal of clothing]" during the six week period in late 2002 early 2003 when it was authorized.[669]

- LTC Phifer and his replacement, COL Richard Sanders (who was given the title of Joint Intelligence Group (JIG) Commander) told the Committee that they were not aware that Khatani was strip searched.[670]

- Both Mr. Becker, the ICE Chief present for the development of the Khatani plan, and his successor Lt Col Ted Moss, who assumed the position when the interrogation was already underway, told the Committee that they were unaware of Khatani being stripped at the direction or suggestion of interrogation personnel.[671]

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the Chief of the Psychological Applications Directorate (PAD) at the U.S. Army's Special Operations Command (USASOC).

[665] *See* Section I D, *supra.*

[666] Testimony of Joseph Witsch (September 4, 2007) at 22; Level C Peacetime Governmental Detention Survival JPRA Instructor Guide, *Exploitation: Threats and Pressures*, Module 6.0, Lesson 6.1, para 5.3.3 (Version G01.1).

[667] *Methods Employed X-Ray Interrogation ISN 63* (January 17, 2003).

[668] Memo, *063 Plan of Attack: Phase I Bravo* (undated).

[669] Committee staff interview of MG Geoffrey Miller (December 6, 2007); Sworn Statement of MG Geoffrey Miller (June 19, 2004).

[670] Committee staff interview of LTC Jerald Phifer (June 27, 2007); Committee staff interview of COL Richard Sanders (August 10, 2007).

[671] Committee staff interview of Lt Col Ted Moss (October 17, 2007); Committee staff interview of David Becker (September 17, 2007).

[redacted]

[redacted] The January 17, 2003 memo stated that Khatani's head and beard were shaved "for hygienic purposes and to assert control over the detainee," that Khatani's hands were shackled to a chair to prevent him from praying, and that prayer was denied in circumstances where prayer was "used as a resistance technique."[672] The memo stated that up to eight ounces of water was poured over Khatani's head as a "method of asserting control" when Khatani exhibited "undesired behavior."[673] And it said Khatani was forced to "sit, stand, lay down, walk or other non-stress position activities by guards to enforce the control of the interrogator."[674] MAJ Burney said that Khatani was "made to stand for several hours at a time or sit on a hard chair for several hours at a time.[675] The January 17, 2003 memo also stated that Khatani was ridiculed and berated "to elicit an adversarial response."[676]

[redacted] The memorandum listed several techniques used to increase Khatani's stress level including using of a female interrogator who "touch[ed] [Khatani] in close proximity," instructing Khatani "to pray to idol shrine to test religious temperance and incur,"[redacted][677]

[redacted] The memo stated that "K-9 units [were] present during interrogation but outside of booth to provide barking in order to agitate the detainee and provide shock value."[678]

[redacted] One interrogator who participated in the Khatani interrogation told the Committee that he understood that dogs could be used in a manner consistent with the description in the January 17, 2003 memo, i.e. they could be present during interrogation but outside the booth in order to agitate Khatani and provide shock value.[679] The interrogator told the Committee that during one of his shifts interrogating Khatani, an MP brought a dog to the outside of the room in which the interrogation was taking place and that the MP got the dog to bark.[680] The interrogator said that he did not ask the MP to do so and told the MP not to do it again.

(U) MAJ Burney, who was present for portions of the interrogation, testified to the Army IG that a dog was brought into the Khatani interrogation during late November or early December an estimated "half dozen times."[681] MAJ Burney testified:

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[672] *Methods Employed X-Ray Interrogation ISN 63* (January 17, 2003).

[673] Ibid.

[674] Ibid.

[675] Written statement from MAJ Paul Burney (August 21, 2007).

[676] *Methods Employed X-Ray Interrogation ISN 63* (January 17, 2003).

[677] Ibid.

[678] Ibid.

[679] Committee staff interview of JTF-GTMO Interrogator (January 9, 2008); *Methods Employed X-Ray Interrogation ISN 63* (January 17, 2003).

[680] Committee staff interview of JTF-GTMO Interrogator (January 9, 2008).

[681] Army IG, Interview of MAJ Paul Burney (April 28, 2006).

[redacted]

> [The] dog was never allowed to bite the detainee but would be ordered to bark loudly close to the detainee, to sort of sniff or muzzle the detainee, to put paws up on the detainee.[682]

(U) MAJ Burney said that interrogators stopped using the dog "not because anybody had necessarily objected to [the use of the dog]," but because "the initial shock value had worn off" and "it just wasn't felt to be effective anymore."[683] None of the other witnesses interviewed by the Committee stated that they were aware of a dog being brought into the interrogation booth.

[redacted] who was present for portions of the interrogation, stated that at one point during an interrogation, either a guard or an interrogator suggested that a dog be used to scare Khatani.[684] [redacted] said that he informed Mr. Becker, who intervened before the dogs were used.[685]

(U) As discussed above, MG Miller told the Committee that dogs were present at Camp X-Ray solely for securing the perimeter and that he was absolutely clear with ICE Chief David Becker that dogs were not to be used in interrogations.[686] He testified to the Army IG that he "rejected [using dogs in interrogations] as an acceptable technique" and that dogs "were not to be used during active interrogation."[687] In written answers to questions posed by Vice Admiral Church, however, the Director for Intelligence, LTC Phifer stated that dogs were used in the Khatani interrogation and that "We would bring the dog around to within 10 feet [of Khatani] and he would be somewhat unnerved by it. We did it to keep him off balance as well as to enhance security."[688] Despite the testimony of the BSCT psychiatrist and LTC Phifer, Mr. Becker stated that the Commander "refused to allow dogs" in interrogations while he was in command of JTF-GTMO and told the Committee that dogs were not at the Khatani interrogation.[689]

VI. JPRA's Assistance to Another Government Agency (U)

[redacted] As the disagreement continued at GTMO about interrogation techniques being used by military interrogators in the Khatani interrogation, JPRA was developing another training session on the use of physical pressures and other interrogation techniques for [redacted] interrogators.[690]

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[682] Ibid.

[683] Ibid.

[684] Committee staff interview of [redacted] (August 13, 2007).

[685] Ibid.

[686] Committee staff interview of MG Geoffrey Miller (December 5, 2007).

[687] Army IG, Interview of MG Geoffrey Miller (May 2, 2006).

[688] LTC Jerry Phifer written answers to Church Report Questionnaire (July 16, 2004). It is not clear from those written answers whether the Director for Intelligence [Phifer] was referring to the use of dogs in the interrogation of Khatani that began in November or the interrogation that took place in October 2003. See section B supra.

[689] Army IG, Interview of David Becker (September 20, 2005) at 31.

[690] Email from Christopher Wirts to Joe Witsch, Gary Percival, and Terry Russell (November 12, 2002).

[redacted]

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[redacted]

[redacted] Nevertheless, at Mr. Haynes's direction, Ms. Walker instructed the Working Group to consider the "OLC memorandum as authoritative" and directed that it "supplant the legal analysis being prepared by the Working Group action officers."[924]

(U) CAPT Dalton, the Legal Counsel to the Chairman of the Joint Chiefs of Staff, said she was "very angry" when told that the Working Group would be governed by the OLC's legal analysis.[925] She told the Committee: "There was a point [during the Working Group process] where we were told that we could not argue against the OLC opinion . . . that any other legal ideas that we had would not be accepted, particularly when we commented on the draft report."[926] Likewise, Alberto Mora, the Navy General Counsel and a participant in the Working Group, said that "[s]oon upon receipt of the OLC memo, the Working Group leadership began to apply its guidance to shape the content of its report."[927] Mr. Mora stated that "contributions from the members of the Working Group, including [contributions from his office], began to be rejected if they did not conform to the OLC guidance."[928]

(U) The final OLC memo, signed by John Yoo on March 14, 2003 (and known commonly as the "Yoo memo"), adopted many of the same conclusions as those of the First Bybee memo (dated August 1, 2002), in which the OLC had significantly narrowed the scope of what constituted torture under federal law. For example, Mr. Yoo's memo repeated OLC's previous analysis of the federal anti-torture statute, 18 U.S.C. § 2340, finding that the statute prohibited "only extreme acts" and that in order to constitute torture, physical pain would have to be equivalent in intensity to that accompanying "serious physical injury, such as organ failure, impairment of bodily functions or even death."[929]

(U) The final March 14, 2003 OLC memo, however, added that general criminal statutes, such as the federal anti-torture statute, were inapplicable to the military during the conduct of a war.[930] The OLC concluded that the assault, maiming, interstate stalking, and anti-torture statutes do not apply to the "properly-authorized interrogation of enemy combatants by the United States Armed Forces during an armed conflict."[931]

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[924] *Church Report* at 126 (citing February 2, 2003 Working Group draft)

[925] Committee staff interview of Jane Dalton (April 10, 2008) at 167.

[926] Ibid. at 165.

[927] Mora, *Statement for the Record* at 17. Other participants of the Working Group confirmed that "in drafting the subject report and recommendations, the legal opinions of the [OLC] were relied on almost exclusively." Memo from Air Force Deputy JAG Jack Rives to Air Force General Counsel, *Final Report and Recommendations of the Working Group to Assess the Legal, Policy and Operational Issues Relating to Interrogation of Detainees Held by the U.S. Armed Forces in the War on Terrorism* (February 5, 2003).

[928] Mora, *Statement for the Record* at 17.

[929] Memorandum from John Yoo to William J. Haynes II, *Re: Military Interrogations of Alien Unlawful Combatants Held Outside the United States* (March 14, 2003) at 34-47 (hereinafter "Yoo Memo (March 14, 2003)").

[930] Those canons included "the avoidance of constitutional difficulties, inapplicability of general criminal statutes to the conduct of the military during war, inapplicability of general statutes to the sovereign, and the specific governs the general." Yoo Memo (March 14, 2003) at 11-19.

[931] Yoo Memo (March 14, 2003) at 11-19. Despite concluding that such statutes are inapplicable to the military during the conduct of a war, the OLC memo nonetheless considered whether use of certain specific techniques by an