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Pages
87

Size
8.5 x 10

ISBN
0309323525

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**RESEARCH AND TRAINING FOR THE SECRET SERVICE:
BEHAVIORAL SCIENCE AND MENTAL HEALTH PERSPECTIVES**

A Report of a Committee of the Institute of Medicine

February 1984

**National Academy Press
Washington, D.C.**

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NOTICE The project that is the subject of this report was approved by the Governing Board of the National Research Council, whose members are drawn from the Councils of the National Academy of Sciences, the National Academy of Engineering, and the Institute of Medicine. The members of the Committee responsible for the report were chosen for their special competences and with regard for appropriate balance.

This report has been reviewed by a group other than the authors according to procedures approved by a Report Review Committee consisting of members of the National Academy of Sciences, the National Academy of Engineering, and the Institute of Medicine.

The Institute of Medicine was chartered in 1970 by the National Academy of Sciences to enlist distinguished members of appropriate professions in the examination of policy matters pertaining to the health of the public. In this, the Institute acts under both the Academy's 1863 congressional charter responsibility to be an advisor to the Federal Government, and its own initiative in identifying issues of medical care, research, and education.

This volume is the final report of a study conducted under Contract No. Tss 82-22, with the U.S. Secret Service, Department of the Treasury.

2101 Constitution Ave., N.W.
Washington, D.C. 20418
(202) 334-3300

Publication IOM-84-01

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PREFACE

We live in a hazardous world. Throughout history, men and women have sought safety, and throughout history we have experienced violence, particularly at the hands of our fellow human beings.

One particularly troubling form of violence is assassination, a phenomenon with which this country is all too familiar. The United States Secret Service is charged with the responsibility to protect the President of the United States, the Vice President, and other designated leaders from such attacks; and the Secret Service devotes extensive energy and resources to assure the safety of these leaders. At the same time, the Service is constantly reassessing its efforts and applying new technology to accomplish its assigned task.

In 1980, the Secret Service first approached the Institute of Medicine of the National Academy of Sciences for assistance and advice with regard to one troubling aspect of threats against the President. The Service sought advice from social and behavioral scientists in assessing and managing individuals who threaten the President because of the considerable number of threateners who present evidence of emotional illness. In response to the Secret Service request, a conference was sponsored by the Institute in March, 1981; the conference proceedings are reported in Behavioral Science and the Secret Service: Toward the Prevention of Assassination (Takeuchi, Solomon, Menninger, 1981).

That conference was wide-ranging in its discussion of threats against the President and it offered a number of suggestions to the Secret Service regarding the protection of the President. In particular, there were suggestions for an increased capacity of the Secret Service to do research and to increase the knowledge of special agents in dealing with the many emotionally disturbed threateners who come to their attention. In 1982, the Secret Service contracted with the Institute of Medicine to explore those areas in greater detail; the report that follows is the product of

the committee of consultants convened to respond to that Secret Service request. It contains a series of recommendations that would establish a long-term future direction for research and training for the Secret Service.

The work of this committee and this report reflect the limited task requested by the Secret Service. In no way is this effort a study of the totality of presidential protection. It does not address many critical concerns involved in the protection of the President in this day and age--such as evaluating and counteracting acts of conspiratorial terrorists, reviewing and limiting the behavior of the President to limit his risk of attack, or identifying and alleviating stress on the individual Secret Service agents assigned to protective duty or protective intelligence work.

Instead, we reviewed three areas that present a special concern to the Secret Service in carrying out its protective responsibilities. First is the identification of individual threateners who present a real danger to the President and the other protected persons, using modern research knowledge and methods to tease out from the extensive data collected by the Service, and from the experience of its agents, those characteristics that seem most useful to the agent who must make these assessments of dangerousness. Part of our task has been to help the Secret Service establish a solid in-house research capability to begin the desired research; an additional effort has been to point directions for fruitful research. The committee's ideas and suggestions in these areas are spelled out in chapter 2.

A second area of committee activity is in response to the Secret Service's concerns for improving the ability of their special agents to assess and manage the threateners who come to their attention, a considerable number of whom are mentally ill. Committee members were impressed by the sensitivity and responsiveness of agents to threateners who appeared to be mentally ill. At the same time, the committee reviewed the overall training of the agents and concluded there were some aspects of mental health knowledge that might enhance the capacity of agents to assess some of the threateners with whom they must deal. The committee focused its attention more on mental illness than on violent behavior per se, because the Secret Service already seems much more prepared to assess and deal with the latter than the former. Thus the emphasis of chapter 3 is on training primarily as it relates to evaluating the impact of mental illness on threateners who come to the attention of the Secret Service, although the knowledge and skills proposed are also useful in assessing and managing non-mentally ill people who may present a danger.

Finally, because the mental health problems of threateners represent a time-consuming aspect of the Secret Service response, the committee explored the relationship between the Secret Service and the mental health profession, which is described in chapter 4.

SUMMARY

This report focuses on three aspects of the behavioral sciences that are relevant to the protective mission of the United States Secret Service in assessing and managing individuals who are potentially dangerous to the President and others protected by the Secret Service. These are: research, training, and agency relationships with mental health professionals and institutions. Each topic occupies a chapter of the report.

The United States Secret Service is a law enforcement agency that has the responsibility of protecting the safety of the President and the Vice President of the United States as well as other designated persons. In performing this mission, the Secret Service not only poses as a physical barrier to assassination attempts, but also tries to identify potential assassins and ensure that they do not have an opportunity to attack.

At the request of the Secret Service, the Institute of Medicine formed a committee to advise on certain aspects of the Service's program of protection of the President and others from assassination. Specifically, the committee was asked to assist in the development and implementation of a program of behavioral sciences research and in the improvement of special agent training, especially with regard to "clinical" issues in interviewing and assessing mentally ill persons.

The committee was not asked to report on the usefulness of behavioral science research or training to other important aspects of the Secret Service's protection task, such as guarding against attacks by terrorists and other violent organized groups or conspiracies.

Most of the people whom the agency considers dangerous to protected persons have prior histories of mental illness or emotional disturbance, often involving hospitalization. Many have a history of violent acts or threatening behavior toward others. Historically, the agency has had prior contact with only one person (Sara Jane Moore) who has subsequently attacked a protected person (President Gerald Ford); however, others have been stopped at various stages of an impending attack or have killed or wounded others (including Secret Service agents).

Ideally, the Service would like to discover the means to increase the number of potential assassins with whom it comes in contact, as well as better to distinguish the dangerous from the non-dangerous among the individuals it encounters under current procedures. First, however, in order not to be overwhelmed, the Service would need more sensitive criteria for separating out non-serious cases before it could investigate a much larger number of people, unless it could increase the number of investigating agents accordingly. Therefore,

the committee recommends ways to help the Service learn more about the people it already encounters, a few of whom have attempted or made the first steps toward assassination, augmented by the addition of cases involving proxy behaviors short of assassination itself. Conceivably, such research might eventually provide the Service with guidelines for eliminating some non-serious types of cases that come to it through current referral arrangements. It may or may not provide criteria for better identifying additional serious cases that would not come to its attention through current arrangements.

Any person whose words or actions bring them to the attention of the Secret Service may be investigated. Each case is assigned to an agent in the field district where the possible threat occurred. The "case agent" conducts an investigation that includes a personal interview if possible. The result is a decision as to whether or not the person "does (does not) appear to present a danger to persons under our protection at this time." In this kind of activity, special agents are engaged more in prediction of future behavior than in criminal investigation.

If persons are classified as dangerous, they are interviewed and reassessed at least every 90 days (unless they are securely confined in a prison, jail, or mental hospital), and they are called Quarterly Investigation subjects--"QIs" for short.

Fifty-four percent of the people who come to the attention of the Secret Service as possible threats to protected persons have a prior history of mental disorder, and it often is their bizarre behavior that causes them to be noticed. Nearly 95 percent of those individuals considered dangerous to protected persons (QI subjects) have had some kind of contact with the mental health sector. Many QIs currently are in mental hospitals or receiving some kind of mental health care. The Secret Service makes many contacts with mental health professionals and agencies in the course of its initial and subsequent investigations.

Assessment and Case Management

In considering the work of the Secret Service, the study committee found it useful to distinguish the agency's assessment task from its case management activities. Assessment entails trying to identify potential assassins. There are at present no scientifically valid models to predict who will be assassins, for reasons explained in chapter 2. Nevertheless, the Service must investigate and make judgments about the dangerousness of the many people who come to its attention each year.

Case management comes into play after the Secret Service identifies a person whom they consider to be dangerous to protected persons. The Service continually reassesses their dangerousness, and if those individuals have obvious mental problems, the Service refers them to mental health professionals to help alleviate whatever

conditions make them potential threats. Case management includes attempts to arrange for services and treatment on behalf of persons of ongoing concern to the Secret Service.

A Beginning Research Program for the Secret Service

The committee recommends that the Service, through a continuing, long-term program of in-house and external research, improve its knowledge of human behavior pertinent to its protective intelligence responsibilities and decision making.

The committee looked for useful and practical ways to conduct research notwithstanding the statistical obstacle posed by the rarity of assassination attempts. The low "base rate" of occurrence makes it difficult to conduct valid analyses of phenomenon. The committee believes that several approaches, each coordinated with the other, are necessary, and that no single program could produce the same results. The committee identified three areas of potentially useful research.

1. Expanding the Base Rate The first research proposal is to expand the base rate by studying behaviors sufficiently related to assassination to be considered as proxies for it. This research would include close calls by assassins, incidents of stalking a protected person, actions by threateners that would further an assassination attempt, such as the purchase of firearms, and the like. A specific project for developing a hierarchy of such proximate behaviors is presented.

2. Empirical Studies of Secret Service Dangerousness (QI) Decisions A series of empirical studies of QI decisions by Secret Service agents is suggested to reveal criteria as actually used and weighted by agents and to compare the criteria with what Secret Service managers think they should be. A multiphased project, including a series of specific decision studies, could reveal the criteria actually used by special agents in assessing typical cases and a set of ambiguous test cases, in making initial QI decisions, and in making follow-up decisions to keep people on QI status or to take them off.

3. A Definitional Approach to Determining Dangerousness to Protected Persons The third line of research is a definitional approach to determining dangerousness. It would draw upon the behavioral sciences literature and the clinical insights and opinions of mental health professionals and experienced special agents to approach the question of what the criteria should be from a different direction. The implicit models of dangerousness to protected persons would be made explicit and could be used to construct an integrated set of indicators of dangerousness, or index, that could be used for decision making and management purposes.

The committee hopes the Secret Service will carry out all three types of studies simultaneously because they could build on each other in developing and testing an agreed-upon set of criteria that could improve decision making as well as be useful for operational purposes. However, the committee cautions that such criteria or index should be updated frequently. They should be used only as a guide for discussion of cases and decision making, never as the sole basis for action. They should not be used in a purely mechanical way, overriding intuition or stifling creative assessment and management by agents.

Recommended Structure for a Program of Research

The Secret Service recently has established a Research Branch in its Intelligence Division, and this report outlines the responsibilities and functions of such an in-house research enterprise. The committee is of the opinion that the success of the Research Branch will depend to a large extent on its access to top-level management for reporting its findings and for receiving policy guidance.

In addition, the establishment of an external research advisory committee could help to (1) ensure the quality and appropriateness of the research by giving the Secret Service access to advice from experts in the relevant methods; (2) ensure the credibility of the research in the wider scientific community; and (3) aid in attracting and retaining a skilled research staff.

The report briefly describes another kind of research activity, called strategic analysis. Many complex organizations find it prudent and useful to undertake strategic analysis and planning from time to time, in order to ensure that policies and procedures remain optimal while the organizational mission and its context undergo changes. The protective intelligence program of the Secret Service might also benefit from periodic reassessments of its fundamental assumptions, goals, and effectiveness in reaching those goals.

Training for Assessing and Managing Potential Assassins

The committee recommends that special agents receive more training than they do now about mental health concepts, the course of disorders, interviewing and observation skills, and that they be exposed to clinicians who have had extensive experience in dealing with mentally ill and violent people. Agents also need to learn about options available in local mental health resources and about the legal and ethical constraints on mental health institutions and professionals in their relationship with the Secret Service.

The committee also is concerned about possible danger to the agents themselves during certain interview situations, and believes that mental health knowledge and skills might help reduce the likelihood of injury to agents.

There are also limitations to the applicability of mental health techniques and training to needs of the Secret Service. A training program in mental health should not, for example, try to turn special agents into mental health practitioners. Therapeutic and criminal justice goals and roles should be recognized as distinct from each other and no attempt should be made to divert special agents from their prime duty in law enforcement and guarding the safety of protected persons. Secret Service agents themselves are the most experienced persons in judging the dangerousness of potential assassins to their protected persons and they can look to mental health and behavioral scientists only to supplement, not supplant, their own judgments, skills, and resulting decisions.

Protective intelligence courses given in the Secret Service have devoted more and more time to practical exercises in interviewing and assessing dangerous persons, rather than to lectures. The committee endorses this direction of development, because practical, clinically oriented training is the best way to teach agents what mental health clinicians and experienced agents look for in evaluating dangerousness.

The committee anticipates that the Secret Service protective intelligence training program later will incorporate the findings of the various lines of research that are recommended in chapter 2.

The committee's suggestions about education and training in protective intelligence are mostly structural rather than substantive: such training should be linked more closely to the daily work and careers of special agents, and made part of a more broadly organized training program that features continuing in-service training in the field as well as periodic formal courses provided at headquarters.

Conducting courses only in Washington, D.C., limits their effectiveness in teaching certain kinds of knowledge and skills. Lectures and one-time demonstrations do not provide the best environment for imparting clinical skills. Those are best taught on an ongoing basis and in a practical setting, with supervision and consultation from experienced professionals.

Relationships with Mental Health Professionals and Institutions

Although 95 percent of the QI subjects have had some kind of contact with mental health professionals or agencies, and more than 21 percent are currently in mental institutions, Secret Service field offices have established no consistent relationships with the mental health professions.

Contributions might be made by consultants or specialists in assessment, case management, inter-institutional communication, education and training, and stress management.

A successful consultation will depend on both the Secret Service and the mental health consultant recognizing the limits of the relationship. The roles of each must be clear, i.e., the mental health professional offers clinical expertise and not judgments about Secret Service decisions or predictions of dangerousness. The determination of a subject's dangerousness to a protected person must be made by the Secret Service agent, not the consultant. The consultant is not acting in the role of a physician or caretaker but rather is acting as an expert adviser to a law enforcement agency. Many situations will present a conflict between the values of a treating professional and the Secret Service that cannot be resolved by the addition of a consultant.

Selection of a consultant requires thorough assessment of qualifications, including relevant clinical experience, professional responsibility, standards of practice, and the respect of colleagues. The Secret Service should avoid working with self-designated experts who may be motivated by hopes of having a special status as a consultant of the Service.

The committee recommends that selected Secret Service field offices actively develop a relationship with at least one respected mental health institution, university department, or practitioner. Such relationships could provide case consultation, access to mental health practitioners and agencies in the community, agent training assistance, and consultation on matters in which mental health advice might help the functioning of the field office.

The committee hopes these relationships will open up a dialogue among mental health professionals concerning the legal and ethical dilemmas of the relationships between the Secret Service and the mental health community.

Chapter 1

INTRODUCTION TO THE SECRET SERVICE'S PROTECTION MISSION

The Secret Service has multiple missions: protection of the President, Vice President, and other designated persons; suppression of counterfeiting; and apprehension of forgers of government checks and securities. These missions involve activities ranging from criminal investigations of counterfeiters and forgers to assessments of the likely future behavior of people and groups who may be dangerous to those whom the Service protects.

In performing its protection mission, the Service is not only concerned with physical barriers against assassination attempts, but also tries to identify potential assassins and ensure that they do not have an opportunity to attack. These potential assassins may be affiliated with terrorist or other organized groups or they may be individuals posing a threat on their own.

The Secret Service approached the Institute of Medicine for assistance in developing a behavioral science research capacity that would aid it in guarding the President and others it protects from attack by individuals. Theoretically, there are two ways to approach the problem facing the Secret Service in trying to identify potential assassins ahead of time. First would be to increase the number of potential assassins with whom it comes into contact in the first place. Second would be better to distinguish those individuals who are potentially dangerous, among the persons it encounters, from those who are not.

By and large, the Service has to wait for persons to behave in a way that causes them to be reported as possible threats. Thus the Service will miss (as it has in the past) certain persons who do not exhibit threatening behavior, while at the same time it may end up having to investigate many non-dangerous persons who act in bizarre ways. However, simply increasing the size of the Service's intelligence "net" without at the same time adjusting the mesh to filter out the benign cases or adding additional investigators could overwhelm the Service and quite possibly make it less effective. There are also severe legal and political obstacles to a major increase in case finding. The committee accordingly recommends ways

to help the Service learn more about the people it already encounters, a few of whom have attempted or made the first steps toward assassination, augmented by cases involving various forms of proxy behavior short of assassination itself. Conceivably, such research might eventually provide the Service with guidelines for eliminating some non-serious types of cases that come to it through current referral arrangements. It may or may not provide criteria for better identifying additional serious cases that would not come to its attention through current arrangements.

Most of the people whom the Service considers dangerous to protected persons are individuals with prior histories of mental illness or emotional disturbance. Many have been hospitalized or treated for their mental problems. This situation led the Secret Service to ask that the Institute of Medicine assist it in improving its training of special agents involved in assessing and managing individuals who may pose threats to the safety of government leaders and others whom the Secret Service protects. The usefulness of behavioral science research in dealing with potential danger from terrorists or groups is another question, but it is not addressed in this study.

Assassination and its prevention are an extremely complex area of human behavior that is not well understood by behavioral scientists or clinicians. It is difficult to develop straightforward answers. The Institute of Medicine nevertheless formed this committee to study the problem of assassination and its prevention and to begin to suggest ways for the Secret Service to learn more about assessing and managing individuals, especially those who may be mentally ill and who may be dangerous to the President or others under Secret Service protection.

Historically, there have been eleven incidents in which twelve individuals came close enough to attempt an assassination of the President (Cooper, 1981). Four attempts were successful: Abraham Lincoln in 1865 (John Wilkes Booth); James Garfield in 1881 (Charles Guiteau); William McKinley in 1901 (Leon F. Czolgosz); and John F. Kennedy in 1963 (Lee Harvey Oswald). All the incidents involved individuals who were subsequently deemed to be mentally disturbed except the 1950 terrorist attack on President Truman by two Puerto Rican nationalists.

Other individuals have been stopped in the threshold stages of what appears to have been an assassination attempt. The best-known case is that of Samuel Byck who, in 1974, killed two people, and was himself killed, while attempting to hijack an airliner from Baltimore-Washington International Airport with the apparent intention of crashing it into the White House (Clarke, 1982:128ff). In 1960, the Secret Service had received a report from New Hampshire that someone named Richard P. Pavlick had threatened the life of President-elect Kennedy. In the meantime, however, Pavlick had gone to Palm Beach, Florida, where Kennedy was staying at the home of his father, and had rigged his car as a rolling bomb. The Service quickly apprehended Pavlick but found that, just the day before, he had

decided against ramming and blowing up Kennedy's car only because he did not want to harm Mrs. Kennedy and the children who had come out to see Kennedy off (Baughman, 1962:9).

In addition, there have been assassinations and attempted assassinations of other categories of people protected by the Secret Service. A law permitting the protection of major presidential candidates was passed as a result of the murder of Robert F. Kennedy in 1968 by Sirhan Sirhan. (Kennedy was not under Secret Service protection at the time of his assassination.) In 1972, Arthur H. Bremer shot George Wallace and a Secret Service agent after being frustrated by heavy Secret Service protection of his first target, President Nixon. In 1979, Suzanne Osgood drew a knife and slightly injured a Secret Service agent in Edward M. Kennedy's Senate office (Washington Post, 1979).

Some of these would-be assassins had said or done things that had caused them to be investigated by the Secret Service. Of the twelve presidential assassins, the agency had had previous contact with one. In 1975, the agency received a report from San Francisco police that Sara Jane Moore had been talking about taking a gun to a public appearance by President Ford to "test the system." Secret Service agents interviewed Moore immediately and made a preliminary judgment (pending the results of a full investigation) that she was not dangerous to Ford at that time (U.S. Congress, 1975). The next day, she took a shot at Ford as he came out of his hotel in San Francisco. The agency has encountered other cases in which it knew of persons, and considered them dangerous, who later were stopped in the incipient stages of approaching the President with a weapon. Others have attacked agents who were dealing with them. One man who was supposed to be in a mental hospital showed up in a field office half way across the country where he shot and killed a special agent.

The Secret Service, then, has encountered individuals, some of whom it considered dangerous and others non-dangerous, who subsequently made moves toward attacking protected persons. One of them, Sara Jane Moore, was successful in attacking at lethal range. The agency will probably continue to encounter such individuals. It also may have encountered individuals who would have proceeded to make an attack except that Secret Service intervention deterred them. At the same time, no doubt, other individuals have and presumably will continue to attempt assassination without being known beforehand to the Secret Service. However, it would be unwarranted to conclude that everyone in the group known to the Service is innocuous.

This report focuses on three major topics relevant to the mission of the Secret Service in assessing and managing individuals who are potentially dangerous to the President and others protected by the Secret Service. These are: research, training, and the agency's relationships with mental health agencies and professionals. They form the subjects of chapters 2 through 4 of the report.

In this chapter, the background, origins, and conduct of the study are introduced. First it describes the mission, organization, and procedures of the Secret Service in assessing and managing persons who are potentially dangerous to protected individuals. Then it discusses the prediction of dangerousness and the management of subjects deemed dangerous. That is followed by a recounting of the origins of the Institute of Medicine's study and the work of the conference held in 1981 by the Institute of Medicine on the potential contributions of the behavioral sciences to the Secret Service's protection mission. The chapter concludes with a description of the committee's activities.

The Protective Intelligence Program

The United States Secret Service is a law enforcement organization that has the responsibility of protecting the safety of the President and the Vice President of the United States as well as a number of other designated individuals.* One aspect of this mission is physical protection, in which arrangements to defend against attacks are coordinated by an assigned detail of special agents. In addition, the Secret Service has a program called "protective intelligence" for the prevention of attacks on its protected persons. The protective intelligence program, coordinated by the Intelligence Division of the Secret Service, seeks to identify, investigate, and take appropriate precautions with regard to persons who may be potentially dangerous to those whom the Service is responsible for protecting.

Any person whose words or actions bring them to the attention of the Secret Service may be investigated. In fiscal year 1983, about 4,000 such individuals were investigated. Most of these people (87 percent) were previously unknown to the Secret Service. Each of these investigations includes an interview with the subject if possible, and culminates in a decision as to whether the person is deemed "does (does not) appear to present a danger to persons under our protection at this time."

These decisions, and the judgments upon which they are based, are made by special agents of the Secret Service. Each case is assigned to one of the agents stationed in the field district where the possible threat occurred. This "case agent" conducts the investigation and makes an assessment of the individual's dangerousness to protected persons at that time.

The initial investigations of new cases are extensive in terms of the scope of information gathered and the range of sources consulted. A personal interview of the subject is conducted by an agent or agents, who attempt to explore fully the motivations that caused

*See Appendix A for a brief description of the formal authority and responsibilities of the Secret Service in the area of protection.

whatever event prompted the investigation. The interviewing agents inquire about the subject's feelings, intentions, and plans (especially with regard to protected persons), such as what he or she would like to do or say to the protected person and why. The interview, if consistent with the results of the rest of the investigation, weighs heavily in the agents' evaluation of a subject's dangerousness. In subsequent checkups, the interview is usually the most important element in reassessing the person's potential dangerousness to protected persons.

The case agent prepares a detailed report of the investigation in a specified format for storage and analysis in the files of the Intelligence Division at the Washington, D.C., headquarters of the Service. An abstract of the case is entered into a computer and can be quickly retrieved for investigative purposes.

If the subject is evaluated as dangerous to a protected person, he or she automatically becomes a subject of "Quarterly Investigations" (QIs). QI subjects who are not confined in a mental hospital or prison are re-interviewed at least every 90 days, or sooner if a protected person is to travel in their vicinity, in order to see whether they still should be considered dangerous.

In fiscal year 1983, approximately 3 percent of all persons investigated were classified as dangerous to protected persons. The monthly average number of people considered dangerous has remained at about 350 in recent years; at any given time, about 250 of this group are confined in a prison or mental hospital. Precautions are taken to see that unconfined QI subjects do not come within striking distance of protected persons. Arrangements are made for periodic interviews of institutionalized persons who are considered dangerous and for notification of the Secret Service when they are released.

Field office supervisors and Intelligence Division officials in Washington have to concur with the local case agent's assessment before it becomes established. However, the investigating agent seldom is overruled. Therefore, although the Intelligence Division requires its special agents to gather and report information on a series of specific variables, the precise weighting of variables in determining dangerousness in a particular case remains a very difficult and subjective problem for the case agents.

The protective intelligence program of the Secret Service thus relies primarily on special agents in its 63 field offices. The agents are career civil service employees, from varied backgrounds, who are recruited as criminal investigators. They are considered generalists and rotate among assignments to counterfeiting, forgery, physical protection details, and protective intelligence work in field offices and at headquarters.

When special agents work on protective intelligence cases they are engaged in an activity that is closely akin to clinical prediction of future behavior. Of course, much of their activity resembles more traditional criminal investigation work, an effort that tries to

establish who did what. In many intelligence cases, there is an alleged threat. A decision as to whether there is probable cause that the so-called "threat statute" (18 U.S.C. 871 or 18 U.S.C. 879 for presidential candidates) has been violated must be made (Appendix A). There may be other criminal violations involved. But Assistant U.S. Attorneys are generally reluctant to bring charges in threat cases when there is a question of mental illness, and prosecution is infrequent. Even if there is a criminal action, the case agent also makes an assessment of the individual's possible dangerousness to protected persons and, if the person is deemed dangerous, the Service monitors the situation and institutes Quarterly Investigations.

Many of the people--about 54 percent--who come to the attention of the Secret Service as possible threats to protected persons have a prior history of mental disorder. Historically almost all assassins and would-be assassins of Presidents have been classified as mentally ill. In its internal policy manual, the Service lists the following as characteristics of mental dysfunction that might be exhibited by a potential assassin: "mental abnormalities or character disorders related to a persecution complex or strong grievance involving any public officials"; "history of commitment to mental institutions"; "diagnosis or prognosis by medical doctors indicating [that the] subject is dangerous to self and/or others."

A recent analysis by the Secret Service of the group of individuals considered dangerous to protected persons (QI subjects) found that 95 percent have histories of some kind of contact with the mental health sector.* Many of them were currently in mental hospitals or receiving some kind of mental health care.

When a person being investigated initially is or has been treated for mental illness, the Secret Service contacts professionals and agencies in mental health for information and professional opinion.

Assessment and Case Management

In considering the work of the Secret Service, the committee found it useful to distinguish the assessment task of the agency from its case management activities. Assessment entails trying to identify potential assassins. There are at present no scientifically valid models to predict who will be assassins, for reasons explained in

*Of the 326 individuals classified as QI subjects on September 12, 1983, 309 (94.8 percent) had had some kind of contact with the mental health sector, ranging from psychiatric consultation to commitment to a mental hospital. Sixty-nine people (21.2 percent) were then in mental hospitals or prison psychiatric units.

chapter 2. Nevertheless, the Service must investigate and make judgments about the dangerousness of the many people who come to its attention each year. Therefore, the committee suggests some research approaches and training topics aimed at improving decision making and "clinical" prediction by Secret Service agents.

Case management comes into play after the Secret Service identifies a person whom they consider to be dangerous to protected persons. The Service monitors these persons on an ongoing basis. If they have mental problems, the Service refers them to the mental health sector for efforts to alleviate whatever conditions make them potential threats. These attempts to arrange for services and treatment on behalf of persons of ongoing concern to the Secret Service constitute a large part of case management. Some of the committee's conclusions and recommendations in the chapters on training and on relationships with the mental health sector are concerned more with the case management activities of the Secret Service than they are with its assessment task.

The Assessment Task of the Secret Service

The fortunate paucity of attempts to harm protected persons does not provide the base of information that would be necessary to establish objective criteria for deciding who is a likely assassin. At present, the Secret Service must rely on the experienced judgments of special agents who investigate and interview individuals who come to its attention as possible threats to the persons it protects.

Some of the agents' activities in determining the dangerousness of a person might be enhanced by knowledge and skills of the behavioral science and mental health professions. These activities include (1) the collection of mental health-related information as part of the investigation of a case; (2) contacting mental health agencies and professionals for information about and assessment of a person of concern; and (3) using mental health-related information in making the determination of dangerousness.

The Case Management Task of the Secret Service

Once someone is determined by the Secret Service to be potentially dangerous to its protected persons, and is placed on QI status, all necessary and available steps are taken to ensure that that person will not have an opportunity to attack a protected person. The Secret Service has many options. If called for, the person may be arrested under the federal "threat statute" (18 U.S.C. 871), which makes it a felony to threaten the President or the Vice President. Or, the Service may seek to have the person committed to a mental institution, depending on the nature and seriousness of the person's mental

disorder and the civil commitment laws in that jurisdiction. If a protected person is living or traveling in the vicinity, the QI subject may only be kept under surveillance. The agents responsible for physical protection are informed about all people in the vicinity who have been judged dangerous to the protected person. Finally, the Secret Service continues to re-interview and re-evaluate the dangerousness of unconfined QI subjects at least every 90 days.

On any given day, from two-thirds to three-quarters of the approximately 350 people the Secret Service has on QI status are in a jail or prison or mental health facility. However, many of them are detained on a short-term basis or in a non-secure facility, with the Secret Service arranging to be notified (if the state statutes permit) of release or any other significant change in the person's status. The remaining 100 to 150 QI subjects have not committed a federal crime and are not committable to a mental hospital under state laws. Many of them, however, have histories of mental disorder, having been hospitalized, or committed for psychiatric evaluations, or given outpatient or office treatment.*

There is no necessary connection between violence and mental illness. Some of the persons classified as QI subjects by the Secret Service, even those who have been violent in the past, have no diagnosable mental disorder. However, certain mental disorders, which seem to be highly represented in the very small population of QI subjects, may be related to these individuals' threatening and potentially dangerous behavior toward protected persons and perhaps the agents or others. The course of the mental illness may, for example, affect the timing of a violent act or the type of threatening behavior that is manifested. The primary objective of the protective intelligence program is to prevent attacks, and therefore it behooves the Secret Service to arrange for mental health treatment that may lessen either the interest of the patient in protected persons or reduce the likelihood of violence directed toward them.

Furthermore, many of the persons judged dangerous end up in continuous or repeated contact with the Secret Service over many years. A common type of case involves a person who has recurrent episodes of psychotic behavior (perhaps occurring after cessation of anti-psychotic drugs) during which they become intent on harming a protected person.

*On September 12, 1983, 27 percent of the Quarterly Investigation subjects at that time were not confined; of the non-confined QIs, nearly 97 percent had had some kind of contact with mental health agencies or services. It is not known precisely how many of them were evaluated as having a mental disorder; Secret Service officials say that nearly all are so diagnosed.

Given the frequent contact by the Secret Service with mentally ill persons, the agency often finds itself arranging for mental health services for such persons, especially those considered potentially dangerous.

The Secret Service also encounters many people who are not deemed dangerous to protected persons but who appear to be mentally ill and who may be dangerous to others or themselves. Some of these persons are encountered recurrently and consume valuable investigative time and resources. Again, for practical as well as humanitarian reasons, special agents may need to make arrangements for such people to receive appropriate mental health evaluations, consultation, and services.

When special agents make arrangements for case management by mental health resources, they are involved in (1) identifying mental health agencies and professionals to arrange for referrals and (2) appraising the effectiveness of case management arrangements.

The Secret Service is not a mental health agency, does not perceive itself as such, and should not become one. The committee recognizes that the Secret Service sometimes ends up as an agency of last resort because of the limitations of mental health resources. Although special agents should not be expected to function as mental health professionals, they should be knowledgeable about mental health and behavioral science matters relevant to their task of assessing potential dangerousness. For the broader tasks of psychiatric diagnosis and mental health care and treatment, the agency must rely on appropriate mental health agencies and professionals. The Secret Service should not become a case management agency, in the clinical sense, for mentally ill persons. The appropriate role of the Secret Service in case management is to try to ensure that someone else--an appropriate mental health professional (in conjunction with the family when possible)--is managing these kinds of cases. Even to make referrals and to arrange for some kind of planned management in certain cases, however, calls for certain kinds of mental health knowledge.

The committee also recognizes that case management does not necessarily have to involve mental health resources; there may be opportunities for managing cases in the criminal justice system. In this report, however, the committee, given its charge and its areas of expertise, discusses case management only in the context of mental health resources.

Origins of the Study

In the mid-1970s, the Secret Service began to contract for some behavioral science research projects in hopes of bolstering its protective mission. In 1977, it established an advanced training course that featured outside lecturers and presentations by behavioral scientists and mental health clinicians.

In 1980, the Director of the Secret Service approached the Institute of Medicine for an appraisal of the contributions that behavioral sciences research methods and training techniques might make to the Service's mission. As a result, the Institute convened a conference of behavioral scientists and mental health clinicians in March, 1981, to explore the ways in which the behavioral sciences might help the Secret Service.

The conference proceedings, Behavioral Science and the Secret Service: Toward the Prevention of Assassination, were published by the National Academy Press (Takeuchi, Solomon, Menninger, 1981). Summaries of the conference discussion and suggestions pertaining to the three topics of this report--research, training, and relationships with mental health agencies and professions--are in the appendixes of this report.

Suggestions generated at the conference led the Secret Service to establish a research unit headed by a psychologist. The Service also has continued its relationship with two university psychology faculty members who have research experience in criminology and personality assessment. Those consultants aid in developing a behavioral science research capacity, and they help evaluate research proposals.

And the Secret Service asked the Institute of Medicine to form this committee to develop further certain suggestions from the 1981 conference regarding research and training in the assessment and management of individuals who might be dangerous to persons the Secret Service protects.

The Committee and Its Activities

This committee was asked to advise the Secret Service's staff and consultants on the development and implementation of a program of behavioral science research, and to appraise Secret Service training, especially as it involves "clinical" issues of interviewing, assessing, and managing mentally ill people. The committee was not asked to study other aspects of presidential protection, such as the analysis and management of threats by terrorists and organized violent groups and conspiracies, or ways that presidents and other protected persons might change their behavior to minimize exposure to attacks.

The committee comprised members from many disciplines, including criminology, decision research, epidemiology, operations research, psychiatry, psychology, and sociology.

A series of committee meetings was occupied with discussions of research and training matters in which Secret Service staff and consultants participated. Some committee members also visited field offices and the Intelligence Division. The results of the committee's work, including its findings and recommendations, are presented in the subsequent chapters of this report.

Chapter 2 provides suggestions for beginning a program of behavioral science research and guidelines for institutionalizing and managing the research effort. The third chapter contains the committee's recommendations on the Secret Service protective research training program, with emphasis on ways to interview and assess potentially dangerous mentally ill persons. This emphasis stems from the special need of the Service for assistance in dealing with this segment of its caseload and should not be taken to mean that non-mentally ill threateners should be considered less dangerous.

During the course of the committee's deliberations, the extent, nature, and quality of the relationships between the Secret Service and mental health professionals and agencies began to emerge as additional important topic for the committee to consider. It is, therefore, the subject of chapter 4.

Chapter 2

A BEHAVIORAL SCIENCES RESEARCH PROGRAM FOR THE SECRET SERVICE

This chapter briefly outlines major points of consensus from the 1981 conference arranged by the Institute of Medicine for the Secret Service, and some subsequent related actions by the agency. These serve to introduce the committee deliberations about the development of a research program for the Service, including an examination of research opportunities and obstacles. The committee recommends a structure for a research program.

The 1981 conference produced several points of general agreement about research requirements of the Secret Service (Appendix B of this report):

- The Secret Service should develop a more effective capacity to use behavioral research--by employing consultants, by developing a competent in-house research staff, and by establishing a research advisory board.
- No means were apparent to produce statistically validated criteria for distinguishing potential assassins from non-serious threateners. Therefore, most of the suggestions at the conference concerned the way cases are handled by the Service and, particularly, by its most experienced special agents. In the course of investigating people who make threats toward its protected persons, the Service develops a great deal of information that could be very useful for research purposes, although it must first be systematically coded, stored, and subjected to empirical analysis. The conferees made a number of suggestions for revising data collection instruments for research as well as immediate decision making purposes. The Service was strongly urged to conduct a descriptive analysis of its case files as a first step toward developing a data base for future studies. Conferees suggested that systematic research be undertaken to learn as much as possible from those agents who seem to be especially good at identifying or eliciting subtle behavioral cues from people they are investigating and at developing well-reasoned assessments of their possible dangerousness.

Following the conference, the Secret Service decided to establish a research staff unit in the Intelligence Division with three major responsibilities:

- monitoring the research and related literature concerning the identification, assessment, and management of dangerous individuals and the causes of violence, to see what the implications might be for the protection mission of the Secret Service
- evaluating extramural research proposals, overseeing the progress of approved research projects, and evaluating their results
- developing and overseeing an organized research program for the Intelligence Division, including identifying research questions germane to the protection mission of the Secret Service, designing studies or specifications for studies to address these questions, and arranging for these studies to be carried out by research staff, consultants, or extramural researchers

A psychologist was recruited to head the research staff and began work in December, 1982; the rest of the positions in the new unit are in the process of being filled.

Research Opportunities and Obstacles

The committee recommends that the Service should, through a continuing, long-term program of in-house and external research, improve its knowledge of human behavior pertinent to its protective intelligence responsibilities and decision making.

The extremely grave consequences of assassination of governmental leaders require that the Secret Service identify as precisely as it can the characteristics of those individuals who are most likely to attempt assassination. The committee recognizes that there are limits on the ability of research to help the Secret Service in preventing assassinations of those it protects. Nevertheless, the committee believes that there are sufficient benefits to the Secret Service to warrant the development of an organized and coordinated research program in the area of protective research.

In recent decades, prediction research has developed models for use in assessing such human behavior matters as credit worthiness, job performance, and academic achievement. Every protective intelligence investigation of the Secret Service involves a type of prediction of future behavior. The committee believes that statistical prediction research is relevant but limited in its value at this time, for reasons that are explained more fully in the following.

Prediction Research

In prediction research (Monahan, 1981), a population or a sample from a population is assessed at one point in time and subsequently followed up. At the outset, each person is measured in various ways that are presumed to be relevant to what is being predicted--the "predictor variables." Later, the person's behavior in the intervening period is observed to see whether or not he has done what was predicted--whether he exhibited the "criterion behavior."

Even under ideal circumstances, in which the variables being measured are relevant to the behaviors of interest and there is no bias in the selection of cases, there will remain an irreducible amount of measurement error. There always will be cases in which persons predicted to perform the criterion behavior do not; these are "false positive" cases. For the Secret Service the false positives would be people who are thought to be and are treated as though they were potential assassins, but who actually will not display such behavior. There also always will be cases of those who end up displaying the criterion behaviors, but who were not predicted to do so; these are the "false negative" cases. These are people investigated by the Secret Service and evaluated as not dangerous, but who attempted an assassination.

The goal of prediction research is to minimize the aggregate consequences of these two types of prediction errors. However, attempts to lessen the incidence of false negative cases that are of paramount concern usually lead to an increase in false positive cases. Our social values and legal system place sharp limits on the extent to which the Secret Service can detain or even keep under surveillance a group of individuals containing a large number of false positives. However, given the enormous costs of a false negative error in the work of the Secret Service, special agents face daily the practical problems of avoiding infringements on individual rights. This is why at least part of the research efforts of the Secret Service should be devoted to the prediction of future behavior, even if the prospects for success are very limited.

The "Low Base Rate" Problem

The most difficult obstacle to predictive research on assassination is its rarity. There have only been twelve presidential attackers in the history of the United States (Cooper, 1981). Meehl and Rosen pointed out in 1955 that a low rate of occurrence of the criterion behavior makes it difficult to conduct any valid analyses of the phenomenon. The low base rate problem has also plagued prediction research on other violent events such as suicide and murder, even though they are much more common than assassination.

There are two phases of the low base rate problem. Initially the small number of cases makes it difficult to develop a strong prediction rule, that is, one that will identify most of the true positives. Subsequently, the low rate of occurrence of new cases makes it difficult to test the prediction rule and so avoid a large number of false positive cases. Extrapolating from the characteristics of the few known cases of successful and unsuccessful assassins to a larger population would result in a very high rate of false positive errors, so that many persons would be classified as "dangerous" who are not dangerous. Similarly, basing a profile of an assassin retrospectively on the few cases that have occurred over many years may well make investigators less sensitive to dangerous cases that display previously unencountered characteristics. As a result, the investigators will make false negative errors.

These two undesirable consequences may be further compounded by the way that cases are selected for study. The cases that come to attention are a biased sample, made up mostly of persons who have called attention to themselves by their threats against protected persons, or have shown other idiosyncratic, often bizarre behaviors. At the same time, there probably is an unknown amount of deterrent effect, in which Secret Service intervention, or the subject's fear of intervention, puts off potential attackers who should be in a random sample of cases for research purposes.

Surmounting the Obstacles

During the course of its deliberations, the committee looked for practical ways to proceed in the face of the low base rate obstacle to statistical prediction. It was clear to the committee that several approaches, each coordinated with the other, were necessary, and that no single program would have the same payoff. Eventually, the committee identified three potentially useful research avenues: expanding the base rate, empirical studies of current decision making rules, and a theory-based approach to defining dangerousness.

Expanding the Base Rate

One approach to the basic statistical problem is to incorporate a range of behaviors sufficiently related to assassination to be considered as proxies for it, thus expanding the base rate. This research would cover not only assassination, but also such things as close calls, evidence of stalking a protected person, actions that go beyond an oral or written threat, such as purchasing firearms, and the like.

The base rate also could be expanded in several other ways. Proxy behaviors (Zimring, 1981) could be broadened to include such actions as some forms of interpersonal violence and self-destructive conduct

that, although not directed at a protected person, seem to have some features in common with the acts of concern to the Secret Service. Alternatively, the base rate could be expanded for research purposes by including assassinations and assassination attempts on political and public figures other than protected persons, such as state and local politicians, political leaders in other countries, or non-political but highly public figures (Shah, 1981).

One promising way to expand the base rate would be to conceptualize the criterion as a spectrum of "dangerousness" rather than the yes-or-no situation of whether assassination was attempted (Shah, 1981). One end of the spectrum would be an actual attempt to assassinate a protected person. The other end would be the status of most people who never have committed or threatened an act of concern to the Secret Service.

The essence of the spectrum notion is that useful intermediate points exist between the two extremes. For example, it could be enlightening to study the characteristics of a person who has been apprehended with a loaded gun in shooting distance of the President, but has not pointed the gun or pulled the trigger. Elsewhere on the spectrum would be persons who have threatened violence to a protected person and also have then taken some additional action (such as purchasing a gun or traveling on an itinerary that closely follows the movements of the President). Still lower on the spectrum might be persons who have explicitly threatened a protected person but have not taken any additional action to carry it out.

The spectrum approach can be illustrated by the following seven-category scale. (The categories actually used, and their scaling, would have to be developed as part of this line of research and no doubt would be different from this simple example.)

<u>Category</u>	<u>Item</u>
0	No threats
1	Threats of assassination under certain mitigating conditions, e.g., while very angry or otherwise upset about events such as job loss or during a state of alcohol or other drug-induced intoxication
2	Threats of assassination without mitigating conditions
3	Threats of assassination and at least one additional action in furtherance of the threats, e.g., purchase of a firearm, collecting information about protected persons, or other acts reflecting definite direction of interest (Note that these acts themselves could be weighted on a spectrum)

- 4 Fulfillment of the criteria for a score of 3 and, in addition, subject has been "tracking" a protected person over a period of time and over a geographic range (Note that these travels, too, could be scaled)
- 5 Fulfillment of the criteria for a score of 4 and, in addition, subject has come within lethal range of a protected person, whether or not carrying a loaded weapon at the time
- 6 Potentially lethal assassination attempt

Such a spectrum of categories--and many others that are more elaborately scaled and multi-dimensional--could be used both in studies of factors that distinguish persons who fall into the greater-than-zero category from the general population, and in studies of factors that distinguish those who score above some particular level, such as 3 or 4 on the above scale.

A further use of a spectrum of behaviors could be to study actual decisions of agents about the dangerousness of subjects. Empirical studies seeking to make explicit the criteria used by experienced special agents in making such decisions, suggested below, can only establish the reliability of the criteria. These studies, by themselves, would be unable to determine whether criteria reliably invoked by agents are actually related to the subsequent behavior of the persons being investigated that are of concern. Although the base rate for events in category 6 (in the above illustration) would remain exceedingly small, it could be possible to determine whether or not agent decision making bears any relationship to the higher scores. While a serious base rate problem would still exist, the core criterion events would probably be multiplied several times if one were to include events in category 3 or above on the illustrative scale.

Empirical Studies of Dangerousness Decisions

It may never be possible completely to overcome the low base rate problem. For one thing, the use of proxy behavior, such as suicide, murder, or even buying a weapon and a ticket to Washington, D.C., after making oral threats, may not adequately measure the likelihood of a lethal attack on a protected person. But statistical research depends for its validity on the closeness with which the criterion can approximate the outcome of interest (Cronbach, 1971). Also, the number of additional case types used to expand the base rate may still be too small for statistical analysis. It is, therefore, prudent to pursue additional lines of research.

One alternative is to study behaviors of interest that do occur often enough to meet at least the reliability criteria required for statistical research. The committee's second suggested research project, for example, is to conduct a series of empirical studies of various phases of Secret Service decision making. The main purpose of these studies would be to see whether the factors used by different special agents in different field offices in making their dangerousness classifications are the factors that should enter into those decisions, in the judgment of highly experienced Secret Service officials or in accordance with the judgments of behavioral scientists and mental health clinicians.

The Basic Decision Problem The fundamental decision making task of the Intelligence Division involves processing the thousands of referrals that come to their attention annually to decide who is of no further interest, who warrants further investigation to enable a decision, who warrants continued surveillance (the Quarterly Investigation subjects), and who should be committed to a mental hospital or prosecuted for a legal violation. For those who are once classified as QI subjects, periodic decisions must be made on when they are no longer of concern (i.e., can be classified as no longer needing quarterly investigations).

If there were a large data base of attempted assassinations, then this aspect of the task would be relatively easy because the standard methods of statistics could be used, such as discriminant analysis. One could simply feed in the attributes of two groups who had been called to the attention of the Secret Service--those who had made assassination attempts and those who had not--and use the statistical techniques to distinguish the attempters from the non-attempters.

The experienced special agent might possibly be able to do a more accurate job than a statistical model. But, it is also possible that his judgment could be colored by particularly dramatic cases, or that some assassin attributes would escape conscious recognition by the agent. Any individual agent's judgment is limited by his own experience which can become filtered through the experiences of others with whom he is associated. Therefore, a more detached and systematic empirical analysis of the total experience of assassination attempts might well provide important additional information.

Regardless of those possibilities, the fortunate fact that assassination attempts are very rare precludes any such analyses. The events that are numerous, however, are the decisions about dangerousness made regularly by the Secret Service. Those decisions may vary over time, across agents, and across offices. It could be useful to identify the factors that enter into those decisions, and then to test those factors against the judgment of highly experienced Secret Service managers of the factors that should enter those decisions.

It could also be interesting to test those factors against behavioral science knowledge. Research results or the insights of experienced mental health practitioners might suggest errors of commission (variables that conventional wisdom considers appropriate but that research has shown to be non-predictive of violence) or errors of omission (variables whose importance may recently have emerged in other aspects of violence but that have not yet been incorporated into Secret Service practice).

It might also be productive to compare the decision making processes of the "best" agents (however they are identified as such) against the norm to see if the best agents have insights that could be imparted to the others. Decisions across Secret Service field offices could be compared to determine the extent of variability, and whether the variations are random or result from identifiable factors. Such factors could include circumstances as commonplace as differing case loads, forcing offices to establish different thresholds for classifying a case for QI status.

The decision to drop an individual from the QI category could be compared point-by-point with the earlier decision to include the individual as a QI subject. The comparison might disclose whether those decisions invoke different considerations or weights, to what extent the off-QI decisions are forced by workload as opposed to changes in individual attributes, and to what extent those considerations warrant changes in distribution of resources.

Analysis of QI Decisions The fundamental task is one of developing a mathematical relationship or "model" that links the factors in a case (particularly the identifiable attributes of a referred person, but also possibly even the characteristics of the office such as its work load) to the final decision on whether or not to put that person on QI status. In its simplest form, this model could be represented as a weighted sum of the statistically significant variables representing the individual's attributes, where the weights are determined using standard methods of statistical analysis.*

*Many other models are possible and appropriate, and need not be in linear form. The models could be hierarchical in the sense that one group of variables is considered first, and only cases that survive the first test are put to a second test invoking a different group of variables. Also, it would probably be more appropriate to use logic models than linear models to compare different cases in terms of the probability that they are classified as QI. The statistical details of the individual analyses would be worked out in the course of the research and need not be elaborated here.

Such a model is not intended to reflect the sequence of logical decisions made by an agent, but rather the statistical relationship between the outcome of the decision and the factors affecting the outcome. If the logic could be represented by a sequence of intermediate decisions, with each of those represented by a subsidiary statistical model, then the explanatory power of the overall model likely would be improved.

The variables to be measured, and that are candidates to be included in the model, would be determined through a combination of methods. First, interviews would be held with Secret Service agents to identify the factors they take into account in their classification decisions. Second, behavioral science theory may suggest some additional factors that should be taken into account or receive more emphasis. Any array of such variables is possible, limited only by the fact that the number of cases to be analyzed must be many times larger than the number of factors considered. Once the variables are identified and their relationships specified, the model would be tested with information from a sample of case files and perhaps other objective data, such as information specific to the field office (size, case load, and so on).

It should be emphasized that none of the research proposed here would identify the basis for making the "right" classification decision. It would merely force an explicit consideration of the factors that are being used in the classification decisions by different agents and in different offices, and thereby provide an opportunity to confront that practice with judgment about what those factors should be, as viewed by behavioral scientists or mental health clinicians or by managers and senior officials of the Secret Service. There is no guarantee of better decisions, because not enough is known about what constitutes an assassin. However, the Service could only be helped in thinking about the issue by comparing the factors that are used in the actual decisions to some more sophisticated judgment of the factors that should enter.

The first phase of such an analytical project would entail selection of a random set of perhaps 500 cases, comprising 250 for which a positive QI decision was made and 250 for which the decision was negative. For each sampled case, data would be recorded from the case file on the QI decision and on the values of each of the candidate variables hypothesized to distinguish the QI cases from the non-QI cases. Standard methods of statistical analysis (e.g., discriminant analysis) provide the means for identifying the variables that contribute significantly to the decision and for estimating the weight of each of the variables in the statistical model of the QI decision in those 500 cases. If they are truly representative cases (as a random sample should be), then that model should be generalizable to all Secret Service QI decisions. If the factors or weights influencing the decisions of one sub-group of cases is expected to be different from those influencing another sub-group (such as male cases

from female, former QI cases from new cases, East Coast cases from West Coast cases), then separate models could be estimated for each such sub-group.

With such a model, the analysts would be in a position to present to Secret Service management the significant factors that enter their agents' QI decisions. At a minimum, the model would test whether the factors that the statistical model deems influential also are those that management believes to be appropriate, and also whether additional factors that management deems important are missing from the statistical model. The model also could be tested against behavioral scientists and mental health clinicians to determine the degree of agreement on factor weight. Substantial disagreements on factor weights would call for explorations with agents to determine the reasons.* The benefits of such an approach are primarily those associated with the explicit attention that is drawn to the considerations that actually prevail in the QI decision, both in empirical and conceptual terms.

A second phase of this project would develop a model of the decisions made by agents who are especially skilled at interviewing, assessing, and case-managing potentially dangerous people. Comparing this model with the model derived from a random sample of cases would identify in what ways these "best" agents apply different rules than the others, and that could provide a basis for imparting the special skills and sensitivity of these more experienced agents to their colleagues. Any such project, of course, requires some basis for identifying agents who are especially able in this work. They could be those identified by their supervisors, by their peers, or by other professionals reading their reports to determine those most sensitive to more subtle cues. However, due to the low base rate and the intervention effects, it will not be possible to determine who the best agents are in terms of the ultimate criterion of concern--assassination prevention. The analysis of these agents' decisions could be pursued using the same statistical approach outlined above. It should also be addressed in a less formal way through interviews with these specialists to ask them to describe as well as they can the factors--and especially the more subtle ones--they look for.

A third phase of this project would involve an analysis of the decisions made by the busiest offices compared with those that carry relatively light case loads. The analysis would disclose if there are

*It is possible that some factors that agents weight heavily may not be highlighted by the statistical model because of its insufficiency. For example, one factor may be important, but only in conjunction with another factor--an "interaction effect"--and the statistical model may not include that effect.

differences in the decisions between the two kinds of offices, and if there are differences in the thresholds used to classify a case as QI (i.e., whether the lightly loaded offices classify as QI those marginal cases that the heavily loaded offices cannot afford to). If that is found to be the case, it would be desirable to examine the nature of the cases at the margin to determine whether they could reasonably be classified non-QI, or whether they should be classified as QIs and resources increased for the heavily loaded offices.

A fourth phase of such a study, to be designed in detail after the salient case factors are identified, could employ an experimental set of purposely ambiguous cases (possibly using real cases on which there is disagreement about classification), distributing the same sample of cases to different agents or to different offices, and then analyzing their respective classification decisions. The cases chosen for this experiment would have a plentiful supply of factors whose importance are in contention for QI decisions. The research could reveal if the disagreement over some factors is contingent on other factors (i.e., interaction among them), if it reflects random variation in taste, if it is associated with office workload, or can be traced to some other cause.

Analysis of Decisions to Drop from QI Status The decision to remove cases from QI status is the reciprocal of the one to place the individual on QI status. The four phases of the research discussed in the previous section could be pursued for the off-QI decision: comparing decisions on a random set of cases, analyzing decisions by the "best" agents, comparing the heavily with the lightly loaded offices, and testing an experimental set of ambiguous cases in different decision settings.

This analysis should be pursued because its insights are likely to be very different from the analysis of the on-QI decision. The base sample of cases is not those that have simply been referred, but rather all those that have already achieved QI status. Thus the factors that will enter the off-QI decision are likely to be very different. They will have in common such characteristics as threatening behavior and a history of violence, and so the mere presence of those factors is not likely to be relevant to the off-QI decision. The factors that enter the off-QI decision more likely will reflect behavior during the QI period as well as the intensity of the factors that led to the QI decision.

The comparison between the "best" agents and the rest should be instructive in terms of highlighting the considerations they take into account in their off-QI assessments.

Comparison across the offices would help to indicate the influence of case load on the off-QI decision, and again, should indicate whether the more heavily loaded offices are forced to exercise a higher threshold of seriousness for retention and whether that warrants reconsideration of the resource issues.

Finally, an analysis could be made of the results of a recent change in Secret Service procedures, which formalizes the authority of the Intelligence Division to review all off-QI decisions by field offices. Disagreements between field staff and the Intelligence Division staff could reflect differences of opinion on a subject's dangerousness. Data on such disagreements might permit the inductive development of standards for QI decisions that would be more refined and more systematic than current guidelines.

A Definitional Approach to Determining Dangerousness to Protected Persons

The third approach presented by the committee--defining dangerousness--tries to build on Secret Service decision making from a different perspective. It would use a different data base than empirical studies of decisions on actual cases. This approach would use the experience of the Secret Service, supplemented by the behavioral sciences literature and the clinical insights of other experts on dangerousness, to develop a theoretical model of indicators of dangerousness. All agents have a concept of dangerousness to protected persons that they use in judging cases; these concepts would be made explicit through interviews and then used to construct an integrated set of indicators of dangerousness to guide information gathering, analysis, and decision making.

The Problem A major objective of the Secret Service Intelligence Division is to minimize assassination risk by identifying dangerous individuals and taking action to ensure that they cannot harm those protected by the Secret Service. However, in most cases, it is extremely difficult to determine "dangerousness." An individual making threats and brandishing a weapon in the vicinity of the President is clearly dangerous, but most of the threats requiring evaluation take place in settings physically distant from the President and involve behaviors whose threat is far less obvious. In these typical cases, the exceedingly low base rate of assassination attempts makes prediction of future assassination attempts nearly impossible. Moreover, the Service's ability to learn from experience is thwarted by the necessity to intervene in cases judged to pose significant threat. As a result, they never can know what the subject would have done in the absence of intervention.

The agency has recognized the advantages that would be provided by an "objective" measure of dangerousness. Such a replicable measure could be used to make explicit the criteria on which key decisions are based; it could serve as an organizing structure for the collection of case data; and it could aid in the training of agents. In general, a measure of dangerousness could help reduce any variability and inconsistencies in case decisions and make the decision process more systematic and defensible.

Early attempts to construct a dangerousness index (e.g., a 1977 study for the Secret Service by Hay Associates) helped delineate a large number of subject characteristics that would be candidates for inclusion in such an index. However, these attempts did not succeed in producing a useful measure of dangerousness, largely because they were based on the wrong strategy. The researchers employed the traditional method of selecting and weighting subject characteristics according to the degree that they differentiated between criterion groups of assassins and non-assassins, with the aim of developing a scoring system that would predict dangerousness. This predictive approach is doomed to fail in this context, because the small numbers of assassins to examine and the availability of many potential predictors lead to overfitting the data and thus the development of measures with no predictive power in new cases.

Defining Dangerousness The approach suggested here is to define dangerousness judgmentally. Such an approach would rely on the expertise within the Service to develop a theoretical model of dangerousness whose components would be linked to observable feelings and behaviors. Presence or absence of these feelings and behaviors in a given case would be combined, in a manner dictated by the model, to produce a dangerousness classification for that case.

A first step in constructing the model is to determine the key dimensions or categories. Previous research sponsored by the Secret Service would provide a useful starting point, to be supplemented by discussion with intelligence experts designated by the Service. For example, the research literature on assassination suggests at least five general categories that may be relevant to defining dangerousness: (1) interest in or motivation toward harming the protected person; (2) possession of weapons and knowledge of how to use them; (3) ability to plan an attack; (4) mobility; and (5) inhibitory factors such as a supportive family or a good job. Within each of these or other general categories, one would construct a set of specific behaviors that would contribute to a score for that category.

The category scores would then be combined into an overall index of dangerousness. The combination rule would be dictated by the model. One possible model would be multiplicative in nature. For example, it might be argued that a low score on any single category would imply a low level of dangerousness, regardless of how high the scores were on the other categories (a person who lacks the mental capacity to plan an attack or who is securely confined is probably not very dangerous). An alternative model for consideration is the additive model in which category scores would be weighted for their relative importance and summed to produce an overall index of dangerousness. It has been found that simple additive models do a good job of approximating more complex models. Therefore, even if an additive model was not strictly justifiable according to one's theory of dangerousness, it might nevertheless be useful in the absence of a

clearly better model. At any rate, the choice of a model and a rule for combining category scores is an important, but manageable task.

The categories and their component elements need not all be directly observable. Feelings of the agent (e.g., discomfort or fear during the interview) or of the individual being investigated (e.g., rage) may also be included in the model and would be based on the agent's judgments.

Every agent has an implicit concept of dangerousness on which case judgments are based. This approach attempts to make these theories explicit and to construct an integrated set of indicators of dangerousness to protected persons to guide information gathering and decision making. This general approach to decision making is not new. It has been used successfully in other areas such as medical diagnosis (wherein a master diagnostician's model has been made explicit and programmed into a computer so that it could be used by other physicians). The burgeoning field of artificial intelligence relies heavily on these "knowledge based" or "expert" systems.

Validating the Dangerousness Index It is impossible to validate the resulting dangerousness score in the traditional way, because of the extremely low frequency of assassination attempts and the prohibition against allowing a predicted assassin to proceed without intervention. Nevertheless, it may be possible to evaluate the index by relating it to less catastrophic behavior of greater frequency in the case population, such as the spectrum of proxy behaviors suggested earlier to expand the base rate. For example, individuals who score very highly on the intent or motivation scale would be expected to exhibit a relatively high frequency of consistent behavior (e.g., planning an attack, acquiring weapons, tracking the protected person), assuming that the Service has not seen fit to intervene. Also, persons with high scores on the overall dangerousness index might be expected to exhibit a higher incidence of violence toward people other than the protected person. In other words, there may be a spectrum of criterion behavior against which to "validate" the index, with actual assassination attempts being at the extreme end of the spectrum. It should be acknowledged that such "construct" validation probably will not be an adequate substitute for traditional criterion group validation (Carmines and Zeller, 1979), but it is all that can be done in this context.

Using the Dangerousness Index An index, once developed, must not be etched in stone. It would be frequently reviewed and revised as experience with it accumulated. It should be used only as a guide for discussion of cases and decision making, never as the sole basis for action. The dangerousness index should not be used in a purely mechanical way, in which hard numbers dominate intuition and stifle creative assessment and case management. For example, case agents should not use index scores to make their decision and so fail to look for unique features of the particular case that should override

the index. Nevertheless, decisions seriously inconsistent with the index would need to be justified. These justifications would usually involve special features of particular cases. Over time, the justifications for overriding the index could be incorporated into the index itself, thus improving it.

We would expect that the measure of dangerousness would greatly facilitate review and analysis of cases. For example, changes of status would be much easier to track. Whereas the significance of a small but crucial change (such as improved mental functioning allowing ability to plan an attack) may be missed under the current case analysis system, such a change might complete the pattern leading to a large increase in the dangerousness score, which would be made highly visible by the tracking system.

Another use of the index would be in evaluating cases taken off QI status. Have their dangerousness scores changed? How? Analysis of regional differences in the way that cases are evaluated and managed would also be facilitated by the index. The index could also be a useful guide to case management when the protected person visits a region. Different management options could be applied to unconfined individuals, depending on their dangerousness score.

In sum, the committee believes that an explicit model of dangerousness, accompanied by a quantitative index and intelligently developed and applied with restraint, could prove to be a valuable tool in the management of the thousands of cases now within the Secret Service's net.

Relationships Among the Projects

The committee is suggesting different types of research approaches because the best single approach is not clear. These various approaches to research on the Secret Service's job of assassination prevention can be separately justified on their own merits. The committee wants to emphasize that they could also interact and build on each other if they were pursued together in a coordinated way.

For example, the empirical studies of the factors used by agents in QI decision making would be compared with what Secret Service policy says they should be. Also, the concepts of what the factors should be that are held by highly experienced Secret Service agents would be evolving as part of the exercise of defining dangerousness. Indeed, that phase of the empirical QI studies that looks at the factors actually used by expert agents in decision making could be extended easily to explore with them the factors they think should be used, and why, as part of the process of developing a theory-based definition of dangerousness.

Similarly, the spectrum of behaviors proximate to assassination could be used to evaluate the index of dangerousness resulting from the definitional approach to determining dangerousness to protected persons, as outlined in the last previous section of this chapter.

The three approaches are different ways of achieving the same goal--explicit criteria for making dangerousness decisions--and, therefore, the committee recommends that these three approaches, if adopted, be pursued together. One approach proceeds empirically to make explicit the criteria that are actually used so they may be examined critically; another proceeds theoretically to construct objective criteria based on the judgments of highly experienced special agents and mental health clinicians, as well as on the theoretical research literature. Both of these approaches would benefit from a simultaneous exploration of cases involving a range of behaviors that are proximate to assassination. All three efforts are ways of approaching the low base rate problem from different directions. All three could be examined together to see the extent to which they have consistent or inconsistent findings.

Impact of Research Results on Training

The eventual findings of the various lines of research suggested above will have implications for the Secret Service protective intelligence training program. For example, these research efforts, if fully adopted and carried out, will eventually result in an agreed-upon set of criteria, which could be taught to special agents in the training program. One of the byproducts of the research effort will be the identification of a cadre of especially skilled special agents who could be used in several ways for training purposes.

Development of an Information Base for Research Purposes

The data requirements of the three research approaches have implications for information gathering, storage, and retrieval. The committee urges the Secret Service to continue its development of a research data base that includes information on all potentially useful cases. For example, if persons ever considered dangerous to protected persons by the Secret Service commit suicide or murder, information about them should be kept in a data file of "proxy" cases. Similarly, persons picked up in the vicinity of a protected person with weapons or other indications of impending attack should be included in a file of "threshold" cases. Information should be collected for research purposes on persons who attack, or are apprehended in the process of an impending attack on, other government executives and public figures.

Structure for the Research Program

This section discusses ways to begin research described earlier in the chapter, and ways to organize to take advantage of research opportunities that develop in the future. Because much of the research will use data from the Service's cases and avail itself of the experience and judgment of the Service's special agents, the committee concurs with the 1981 conferees that the Secret Service must develop its own capacity to conduct and to sponsor research as well as to remain well-informed about relevant research conducted by others. The committee's suggested guidelines for organizing and managing the in-house research enterprise are outlined below.

Many large organizations with complex missions find it useful and prudent to conduct "strategic" planning and analysis exercises on a regular basis. The protective intelligence program of the Secret Service might also benefit from periodic reassessments of its fundamental assumptions, goals, and effectiveness in reaching those goals. The physical protection program of the Secret Service was not within the scope of the present study, and the committee was not informed of the arrangements now made for evaluating physical protection operations. However, it would be useful to include all components of the protection program of the Service in strategic analysis exercises when and if they are undertaken. But such overall analyses would have to be done under the auspices of a unit at, or reporting to, a higher organizational level than the Research Branch of the Intelligence Division. Strategic analysis, its purposes, and its uses are discussed briefly in the last section of the chapter.

The Research Branch of the Intelligence Division

Rationale The primary goal of the Research Branch is to provide empirical data that enable the Secret Service Intelligence Division to accomplish more effectively the mission of protecting the President of the United States and other designated persons. Toward that end, the Research Branch must conduct and monitor a variety of research endeavors that meet the practical needs of the Service's top administrators and field agents as well as high scientific standards.

The responsibilities and functions of the Research Branch include: (1) monitoring the relevant scientific literature for developments and advances pertinent to the mission of the agency; (2) planning both intra- and extramural research programs of the Intelligence Division; (3) developing, supporting, monitoring, and evaluating extramural research projects; (4) designing and conducting a variety of intramural research projects; (5) effectively communicating and disseminating research findings and information to various components of the agency and facilitating their proper utilization; and (6) undertaking evaluative research studies of policies, programs, and decisions of the Intelligence Division and other related Secret Service components.

To accomplish all that, the Research Branch requires a structure that ensures its responsiveness to the needs of the Service and assures its access to top-level management for reporting its findings. The research that is conducted must be relevant and timely, and be communicated in a fashion that is readily understandable. The structure of the branch must also allow the staff sufficient latitude in its conduct of research to ensure its legitimacy and credibility with the external research community.

Structure There are two matters to be considered in the organizational location of the Research Branch. First, consistent with its being a staff unit, the director of the branch should report to the head of the Intelligence Division or that person's deputy. Without access to top leadership, the branch could easily become lost in the bureaucracy and lose its effectiveness to the agency. Second, as an integral component of the Secret Service, the policies and priorities of the Research Branch must ultimately be determined by administrative leadership of the Service rather than by an external advisory committee. However, an external research advisory committee can play a very essential role in the establishment of broad directions of the research effort, inform the branch of relevant research advances with implications for the work of the Service, and also help to assure the scientific quality and integrity of the research endeavors of the unit.

With respect to the first point noted above, it is important that the perceived value of the Research Branch be reflected in its organizational location. Moreover, for it to begin operations smoothly, the cooperation and collaboration of other Service components will be essential. Such cooperation and collaboration would greatly be facilitated by clear indications of support for the branch from the highest levels of the Secret Service.

Oversight and Advisory Committees Two committees appear necessary to facilitate effective coordination, administrative oversight, and the provision of scientific and technical advice to the Research Branch.

One committee, essentially internal in membership, would be concerned primarily with administrative oversight and coordination of the work of the Research Branch with other relevant components of the Secret Service. This committee, which could be called the Research Committee, would be composed of the research staff of the branch, the administrative supervisor (the Assistant Special Agent in Charge for Planning and Research), and representatives from other major agency components with which the branch would be working. The oversight function of this committee would ensure that the work of the branch addresses the major needs and objectives of the Service. The Service might consider involving its research consultants as ad hoc members of the Research Committee, as considered feasible and desirable.

To ensure the credibility and integrity of the research undertaken by the branch, to facilitate suitable ties with the scientific community, and to attract and retain highly skilled research staff in the branch, it also would be desirable to have a Research Advisory Committee. Its membership would be primarily external, providing the branch with consultive access to persons with the expertise needed by the Intelligence Division.

The non-agency members of the Research Advisory Committee need not number more than four or five persons in order to have a suitable range of knowledge. They should, however, have expertise in behavioral assessments and predictions of dangerousness, judgments made under conditions of uncertainty, operations research, and the management of mentally disordered persons. To facilitate continuity and stability in this committee, the external members should have staggered terms. In addition to the external members, the Research Advisory Committee would consist of the Chief of the Research Branch, the Assistant Special Agent in Charge for Planning and Research, and the Research Consultants to the Secret Service. Depending on the specific topics and issues to be addressed at particular meetings of this committee, other agency staff might be invited to attend particular meetings. To facilitate the effective functioning of this advisory committee, it would be desirable to keep the number of participants small. The Research Advisory Committee should meet no less frequently than once a year. This committee should be asked to review the research plans and projects proposed by the Research Branch, to suggest promising research avenues and projects relevant to specific needs of the Service, and to function in related advisory roles.

Strategic Analysis

The present protective intelligence operations of the Secret Service may be optimal, and an analysis designed to improve its functioning would be of little value. The protective programs of the Secret Service have evolved over time, subject to daily pressures and challenges, successes and failures, and the harsh scrutiny of investigative committees, which have shaped its current form and the manner in which it handles uncertainties and risk/cost trade-offs. One has to respect the wisdom inherent in organizational systems that have "stood the test of time." However, the intelligence system that has evolved over time in the Secret Service might benefit from certain forms of analysis that have been developed to improve organizational decision making.

Analysis of the protective intelligence system could proceed at several levels. The highest, most general level might examine the fundamental structure of the entire system, its objectives, decision options, explicit and implicit costs, underlying assumptions about the

nature of assassination threat, assumptions about the ability of the Secret Service's actions to reduce that threat, and so forth. This analysis could be done by a small group of people, working individually or as a team, with top officials of the Secret Service. They could come up with new ideas or insights, or at the very least, might reaffirm the wisdom of the Service's current approach.

A second level of scrutiny would be applied to specific operational decisions, employing a methodological technique such as decision analysis, risk analysis, or cost/benefit analysis. Decision analysis, for example, is an approach for aiding decisions characterized by complexity (multiple objectives, presence of uncertainty and risk, intangible costs and benefits, and no easy solutions) (Keeney, 1982). It combines sophisticated modeling of decision problems (e.g., decision "trees" relating critical options, events, and consequences) with a theory specifying how to deal rationally with uncertainty and the subjectivity of decision makers' preferences and values. Decision analysis has been applied to many problems in industry, government, and the military, including the design and marketing of new products, the evaluation of medical treatments, the selection of experiments for space missions, and the like.

In no sense does organizational decision analysis replace decision makers with arithmetic or change the role of human judgment in decision making. Rather, it attempts to provide an orderly and easily understood structure that helps to aggregate the wisdom of experts on the many topics that may be needed to make a decision, and it aids decision makers by providing them with techniques to support and supplement their decisions.

Chapter 3

A TRAINING PROGRAM FOR THE SECRET SERVICE FOR ASSESSING AND MANAGING POTENTIALLY DANGEROUS PERSONS

When the Secret Service first approached the Institute of Medicine for assistance in 1980, its main concern was whether or not behavioral science research could help the agency to identify and weigh objective indicators of dangerousness that could be used to guide information collecting, analysis, and case-by-case decision making. However, the agency also expressed interest in the possible utility of knowledge and skills from mental health and the behavioral sciences for assessing and managing the potentially dangerous individuals that come to its attention. Training was discussed at length at the 1981 Institute of Medicine conference, and the findings and suggestions of the conferees on the subject of training are summarized in Appendix C of this report.

The Secret Service asked that this committee, established to follow up on the conference effort, advise in improving the training of special agents involved in assessing and managing persons who may pose threats to those persons whom the agency protects. Accordingly, one of the tasks of this committee of the Institute of Medicine has been to appraise Secret Service training, especially as it involves "clinical" issues in interviewing, assessing, and managing mentally ill persons.

The committee spent a great deal of its meeting time on issues related to training. It reviewed the schedule of the "Protective Research Briefing," which is the advanced course for special agents engaged in protective intelligence work. Committee members listened to presentations of the course by representatives of the Secret Service Office of Training, observed several videotapes of simulated interviews between special agents and psychodramatists from St. Elizabeth's Hospital who played the role of mentally disturbed subjects, and read a staff background paper on training in the Secret Service. In addition, individual committee members visited nearby Secret Service field offices to talk with local special agents about training needs and ideas.

This chapter describes the types of special agent activities that are involved in the assessment and management of mentally ill people who may be dangerous to protected persons. It also discusses the mental health topics relevant to those activities. A description and

appraisal of the current protective intelligence training program in terms of the relevant mental health topics is followed by recommendations for additional coverage on several of the topics and a change in the structure of protective intelligence training to make it part of a formally organized and ongoing training program that takes place mostly in the field.

The Relevance of Mental Health Knowledge and Skills

The committee recommends that special agents receive more training in mental health than they do now, because of the substantial proportion of their case load that consists of potentially dangerous persons with indications of mental or emotional disorder and because of the frequency with which agents find it necessary to refer cases to mental health services. In this finding, as well as in certain ethical and legal caveats mentioned below, the committee is in accord with the participants at the 1981 Institute conference (Takeuchi, Solomon, Menninger, 1981:86).

In the course of assessing and managing potentially dangerous people who give indications of mental illness, special agents are engaged in many activities that could benefit from mental health knowledge or skills: (1) collecting information for assessment and decision making, including any mental health-related information that may be obtained from the persons under investigation or from mental health agencies and professionals who may have evaluated or treated them; (2) assessing the subjects' dangerousness to protected persons, which involves the weighing of information about their behavior and of assessments of that behavior by mental health professionals, among others; (3) contacting mental health agencies and professionals to make referrals and to arrange for any necessary case management of mentally ill people who are deemed dangerous to protected persons; and (4) monitoring the effectiveness of case management arrangements for mentally ill people of concern to the Secret Service.

The committee believes that special agents can benefit by learning about mental health concepts, the course of mental disorders, and interviewing and observation skills, and from exposure to clinicians who have had extensive experience in dealing with mentally ill and violent people. Agents also need to learn about options available through local mental health resources, and about the legal and ethical constraints on mental health agencies and professionals in their relations with the Secret Service.

The committee, after considering special agent assessment and case management activities, believes that the following mental health subjects and skills are relevant in the training of agents: (1) mental health terminology and concepts; (2) knowledge of the course of mental disorders; (3) interviewing and observation; (4) elements of dangerousness that mental health clinicians and experienced special agents are sensitive to; and (5) knowledge of mental health resources

and constraints on cooperation. The activities of the agents that could be enhanced by more mental health knowledge and skills, and then the particular areas of knowledge and skills themselves, are described in greater detail following a brief caveat.

Limitations to the applicability of mental health techniques and training to needs of the Secret Service must be emphasized. A training program in mental health should not try to turn special agents into mental health practitioners. Therapeutic and criminal justice goals and roles should be recognized as distinct from each other, and no attempt should be made to divert special agents from their prime duty in law enforcement and guarding the safety of protected persons. Secret Service agents themselves are the most experienced persons in judging the dangerousness of potential assassins to their protected persons; and they can look to mental health and behavioral scientists only to supplement, not supplant, their own judgments, skills, and resulting decisions. The committee also wants to emphasize that the fortunate paucity of assassination attempts--the low base rate problem in data gathering--makes impossible at the present time the evaluation of the effects of increased training in mental health on the probabilities of future assassinations.

Special Agent Activities That Could Benefit from Mental Health Knowledge and Skills

Collection of Information for Assessments and Decisions

When a person comes to the attention of the Secret Service as a potential threat to a protected person, the ensuing investigation creates an extensive case file to help in making a decision about the subject's possible dangerousness and need, if any, for case management. The case file includes a detailed life history and police record. It also includes, where applicable, a history of mental illness and related problems, such as responses to drugs, to the extent possible. This "clinical" history relies on documentary records as well as interviews with the person under investigation, with any mental health professionals who may have seen the person and, often, with relatives, friends, and other persons in frequent contact with the subject.

Case file updates, especially the Quarterly Investigations (QIs) of those classified as dangerous by the Secret Service, emphasize indicators of change in the person's situation, actions, words, and emotional state--particularly in relation to protected persons--since the previous interview and investigation.

Agent Assessments of Dangerousness

At the end of every investigation of a possible threat, the special agent assesses whether or not the person is dangerous to a protected person at that time. Although the Secret Service provides the agents with a list of possible indicators of dangerousness to protected persons, the weighting and combining of those indicators in making the QI decision is left to the agent's discretion. There are no scientifically valid criteria for aid in making these decisions. The committee believes that special agents should be sensitized to the kinds of behavior that mental health clinicians with extensive experience in dealing with mentally ill and violent people have recognized as symptomatic.

Contact with Mental Health Agencies and Professionals

In the course of their work, Secret Service agents find themselves in frequent contact with mental health agencies and professions. Typically, agents contact mental health professionals and agencies that have in the past evaluated and/or treated subjects of their investigations to find out what the diagnoses and prognoses have been and to learn any other mental health information of possible relevance. Agents sometimes refer subjects, both dangerous and non-dangerous, to mental health agencies or professionals for evaluation and treatment. In the cases of persons deemed dangerous, agents also seek to be apprised of progress in the case and of major changes in status. Their success at being so apprised depends largely on state confidentiality statutes.

The committee is recommending that these relationships and arrangements be broadened and strengthened beyond the minimum of ascertaining the whereabouts of those people considered dangerous to protected persons and their psychiatric diagnoses and prognoses. In important cases, the agency should ensure that there is some sort of effective and continuing effort for treatment and support.

Appraisal of Case Management Arrangements

Given the fragmentation of mental health services, with its gaps and high case loads, it would be impossible for the Secret Service to hand over all responsibility for patients, even when a case management plan has been worked out. There are patients who may be unwilling to seek or to utilize services effectively (e.g., adhere to prescribed drug therapy regimens). Not all mental health professionals or agencies are particularly knowledgeable about or willing to cope with potentially violent patients. Thus, Secret Service agents need to

know how to find qualified mental health professionals with experience in dealing with violent patients. While agents may not be able to evaluate clinically the treatment of a patient, they should be able to assess when something is seriously awry in the treatment plan or the way it is working out. For example, upon re-interviewing a person of concern, they may find out that the prescribed drug or its dosage seems very uncommon for a case of that general type. They may find that the patient, who typically tends to become psychotic when not on anti-psychotic drugs, has been taken off medication for some reason. This should alert the agents to check with the treating mental health professional.

Mental Health Topics and Skills of Value in Training of Agents

Mental Health Terminology and Concepts

Special agents are expected to interpret and use psychiatric and psychological records, reports, and consultations in making their dangerousness assessments and reassessments. It is important, therefore, that agents correctly understand mental health terminology and concepts. For example, they should be able to separate general diagnostic labels that may not be of interest to the Secret Service from information that is more useful in determining how someone is likely to act in the near future. Agents should develop the ability to evaluate critically the reports of mental health professionals, some of which may be based on inadequate evaluations and therefore should be discounted accordingly. As this ability and knowledge develops, Secret Service relations with mental health agencies and professionals should become more effective.

Knowledge of the Course of Mental Disorders

Knowledge about mental disorders and about the behavioral effects of alcohol and drugs would be useful to agents in making their assessment of a person's current likelihood of violence toward a protected person--or toward the investigating agents themselves. Such knowledge is closely related to the other clinical-type assessment activities, such as taking and updating case histories and being sensitive to elements of potential dangerousness that concern mental health professionals.

Many persons are encountered and investigated only once, and a decision that they are not dangerous is made on the basis of information available at that single point in time. Even in these cases, however, agents attempt to develop a mental health profile that may provide valuable information on the course of the person's mental illness.

Other persons are judged as dangerous and therefore are in regular contact with the Secret Service over a lengthy period of time; hence the Service is in a position to collect much behavioral information about these cases. Still others who were deemed dangerous but subsequently dropped from the dangerous category, or who were never deemed dangerous, may act again in ways that cause them to be re-investigated by the Service. The episodic nature of many mental disorders must be appreciated by agents who should be able to differentiate between acute and chronic problem behavior and draw their conclusions accordingly. In the process of investigating and periodically re-evaluating persons who are judged to be dangerous, the Secret Service may well obtain better case histories of the course of the mental disorder than many mental health agencies could develop. Thus, Secret Service agents knowledgeable about mental disorders would have an enhanced ability to identify and respond to a person who manifests periodic manic episodes, or who exhibits certain recognizable behaviors leading to acute schizophrenia following certain stresses or family involvements. Agents could, therefore, be alert to the reappearance of certain indicators of current dangerousness, and they would know when to contact mental health agencies.*

Interviewing and Observation

Interviews with subjects are an important source of information and a unique opportunity for observation of their behavior and living conditions. The committee was told on several occasions that interviews with subjects are usually the most important element in dangerousness determinations. However, interviews with people to assess their dangerousness to protected persons differ significantly from interrogations of suspected criminals. In these interviews, agents are not just concerned with discovering criminal acts committed in the past; they are especially concerned with assessing possible future behavior. This requires such techniques as building rapport and using open-ended questions.

The committee endorses continuation of Secret Service training in interview techniques developed by mental health clinicians. This training should ensure that the interview is used most effectively as an information-gathering and assessment tool. For example, agents should become more sensitive to and recognize the significance of eye movements, body language, hyperventilation, altered states of consciousness, and other nonverbal behavior. They should know how

*For a review of psychological and psychosocial factors that might be considered in assessing dangerousness to the President, see Frazier et al., 1981.

best to interview an intoxicated or a paranoid person without provoking an attack on themselves. Women patients with manic disorders are potentially quite violent, at least in clinical settings; agents may need to learn more about assessing the dangerousness of women.

Elements of Dangerousness of Concern

Special agents would benefit from experienced mental health professionals' divulging those characteristics and indices of violent patients that concern the professions. Agents especially would benefit from an explication of the reasoning underlying those concerns and how they affect the clinician's assessment and management of a patient. For example, the immediate antecedents of previous violent actions in a person's history, such as intoxication or the abrupt loss of family support, might indicate situations or factors to look for in assessing future dangerousness, especially in the short run. The person's history of mental illness might include unpredictable manic episodes or it might reveal fairly consistent signs of impending episodes that would help the agent assess the person's probable behavior in the near future. For example, the person being assessed may have a history of acting violently only after the onset of "command hallucinations" telling him to hurt a particular person, and agents should ask about these.

Later in this chapter, the committee recommends that the Secret Service adopt the "case conference method" as a way of imparting these kinds of concerns. An experienced mental health clinician could use regular case conferences with groups of agents as an educational tool for exploring with them a series of especially difficult or interesting cases and the reasoning the agents used to make their assessments in the cases. The clinician could use the conferences for hypothetical discussions of: (1) features of subjects in these cases that might concern him or her; (2) what additional information the clinician would like to have known (and how it might be found out in future cases); (3) particular questions which might have been asked subjects similar to those in the case; (4) specific factors or changing situations that might increase or decrease the risk of a violent act; and (5) what kinds of management approaches might be suggested for handling such mentally ill persons.

There are mental health professionals who are experienced and skillful in dealing with violent patients, but few have had any experience with assassins of political leaders or public figures. It is the practicing "clinicians" in the Secret Service itself--the experienced senior intelligence agents--who have the most applicable experience in assessing people who are possible threats to protected persons.

Knowledge of Mental Health Resources and Constraints on Cooperation

The committee is convinced that the goals of both the Secret Service and mental health professionals would be enhanced by increased cooperation between them with respect to mentally ill persons who may be violent toward protected persons. However, the goals of the Secret Service and of mental health agencies are different. Each has its own priorities and ethical and legal responsibilities and limitations. Special agents must understand the differences and constraints because they may impose barriers to full cooperation in some instances. Agents also must know about organizational and institutional limits on the extent to which mental health agencies and professions can respond to the needs of the Secret Service and the people it is concerned about, especially in this era of deinstitutionalization and budget restraints on publicly funded mental health services. On the other hand, mental health professionals must respect the primary responsibility of the Secret Service agents and the high cost of failure.

An agent training program should provide for orientation to the particular array of local mental health resources and the legal constraints, such as statutory guidelines for emergency and civil commitment, facing each field office district. Such a program also should introduce more general understanding of ethical issues facing mental health professionals and wide-ranging discussions of the workings of mental health agencies and professions as they relate to law enforcement agencies.*

Appraisal of Current Protective Intelligence Training

The basic Secret Service agent training course once included a visit to St. Elizabeth's Hospital to observe patient interviews. More recently, a program of simulated interviews involving role-playing agents and psychodramatists from St. Elizabeth's Hospital has been developed at the Secret Service Office of Training. That office also has developed an advanced course on this topic, the Protective Research Briefing.

*Various perspectives on ethical and legal issues involved in mental health professionals' relations with law enforcement officers were offered by authors of several background papers and memoranda for the 1981 Institute conference. The presentations by Halpern, Michels, Whitebread, and Gable were discussed at length at the conference. The discussion summary and papers appear in the conference proceedings (Takeuchi, Solomon, Menninger, 1981:49-58; 159-173).

The mental health and behavioral science topics generally applicable to protective intelligence work have been addressed in the training course, although certain additions and changes in emphasis are indicated below. The committee also suggests making some changes in the structure of protective intelligence training that would lead to better learning environments for certain kinds of skills.

Existing Training in the Secret Service

History Training has gone through several stages in the history of the Secret Service. The Service has long required a college degree or its equivalent for entry into the special agent force, but beyond that most in-service training followed the trade model: extensive on-the-job training by more senior agents, as was appropriate for a small work force (less than 400 agents in the 1950s) in a time of simpler technology.

After the 1964 Warren Commission report, formal training was greatly expanded and organizationally upgraded in conjunction with a great expansion of the agent force (to 800 by 1968 and 1,600 in recent years) and with the advent of more sophisticated protective and investigative technologies. An Office of Training was established in the Director's Office, and now offers a wide variety of courses at its facilities in Beltsville, Maryland, and in downtown Washington. On-the-job training continues in the field offices, but formal training is highly centralized. Special agents are exposed to all the general and many of the specialized courses during their careers.

Scope The Secret Service has a number of important tasks other than protective intelligence that have major training components: suppression of counterfeiting; investigation of forgeries of U.S. Treasury checks and other federal financial instruments; and ensuring the immediate physical safety of the President and others. All of these tasks are performed by a force of career special agents who are trained as generalists.

Special agents have many responsibilities. They are expected to be able to handle any type of case or assignment from beginning to end, although they are subject to review and "control" at the field office and headquarters levels. They have to perform at a level that requires them to be professionally expert in a number of techniques and areas of knowledge that sometimes are only loosely related to each other. These requirements necessitate that the Secret Service have an extensive training program for its agents.

The training task would be made easier in some ways if more agents specialized in protective intelligence work. The Secret Service has chosen to rely on the generalist approach involving multiple duties and rotation of assignments, primarily to motivate the agents and to prevent "burn-out" phenomena that may result from the rigors of long-term protection work. The generalist system also allows the Service to respond flexibly to changing demands for protection manpower. Any

personnel assignment system has strengths and weaknesses, including specialization. The training program recommended by the committee would be applicable to either generalist or specialist assignment systems; it would have to be applied to a larger number of agents in the former case.

Basic Agent Training Upon entering the Secret Service, agents take a eight-week course given to all Treasury Department law enforcement officers at the Federal Law Enforcement Training Center in Georgia. Then they attend a basic eight-week Special Agent Training Course given by the Secret Service Office of Training in Washington. The basic course covers all the areas of agent work, including protective intelligence investigations. The proportion of classroom time devoted to protective intelligence has been increasing and now totals 26 hours. It includes lectures on such topics as interviewing, human behavior, and presidential assassinations. There also are simulated interviews with alleged presidential threateners performed by psychodramatists and role-playing agents-in-training.

Agents are then assigned to a field office, where they are given a variety of on-the-job training experiences, including assignments to protective intelligence investigations that are marked off on a standard checklist by the field office's training officer.

Advanced Agent Training The Secret Service has a five-day in-service training course to inform agents about the latest advances in their various areas of responsibility, which is supposed to be taken by every agent about every three to seven years. Protective intelligence is one of the subjects covered in this course. Part of one day is spent on reviewing protective intelligence policies and procedures.

The Office of Training also offers a number of advanced and specialized courses that many agents take in Washington at various points in their careers. Many of these courses are related to physical protection assignments, but there also are advanced criminal investigation courses.

Appraisal of the Protective Research Briefing

In 1977, in response to the ever-increasing number of intelligence investigations, the Office of Training established an advanced course for agents assigned to or about to be assigned to protective intelligence work called the Protective Research Briefing. The course has been given in Washington, D.C. It has varied in scope and length (from five to seven days) over the 15 times it has been given. Approximately 350 special agents have taken the course over the six-year period it has been offered.

The topics the committee has identified in mental health and the behavioral sciences as being relevant for training special agents in protective intelligence work are covered to some extent in the Protective Research Briefing in lectures and practical exercises. However, more systematic coverage and increased emphasis could usefully be given to several topics.

The following mental health topic areas are covered to some extent in the Protective Research Briefings, although they would benefit from the addition of field office-based learning, as recommended later in the chapter.

Mental Health Terminology and Concepts The Protective Research Briefing has always included a guest lecture by a psychiatrist on the meaning of psychiatric diagnostic classifications. Course participants are also given the American Psychiatric Association's glossary of psychiatric vocabulary.

Knowledge of the Course of Mental Disorders Several guest lectures touch upon this topic, and include lectures on common mental problems and on the situational and psychological aspects of assessing dangerousness, presented by mental health professionals who work with violent mentally ill patients.

Interviewing and Observation Skills A lecture on interviewing mentally disordered subjects of investigations is given by a clinical psychologist. Special agent-instructors in the Office of Training now have developed a practical exercise, in conjunction with psychodramatists from St. Elizabeth's Hospital, in which agents practice interviewing subjects (portrayed by the psychodramatists) with various types of mental disorders. The interviews are conducted in settings made as real as possible and are videotaped. The interviews are critiqued by the class and the psychodramatists, and a copy of the interview videotape is made available to each participating agent for future review in their field offices. Special videotapes for training purposes, such as instruction in interviewing techniques, could be made available in each field office.

Matters for More Emphasis in Training

Several of the mental health-related training topic areas need increased coverage, both in the Protective Research Briefings and in field office-based training:

Elements of Dangerousness The Protective Research Briefings have devoted steadily increasing amounts of time to practical exercises aimed at enhancing skills in interviewing and assessing dangerous persons, rather than further expanding the lecture-based portion of

the course. Practical and clinically oriented training is the best mode for imparting interviewing and assessment skills to agents and for teaching them what mental health clinicians and experienced agents look for in evaluating dangerousness.

However, much of this training could be moved to the field, where the agents are working. For example, field-level training in interviewing of actual subjects, with observation by a senior agent or by a mental health professional in a hospital situation, would provide a kind of realism that can only be approached in the simulated interviews conducted as part of the Protective Research Briefings. In addition, there would be an opportunity to see the effects of interview training on agents during subsequent interviews.

Knowledge of Mental Health Resources and Constraints on Cooperation

This topic is not fully addressed in the Protective Research Briefing, although aspects of it are covered in various presentations. There has been a lecture by a psychiatrist-attorney on the legal aspects of mental illness that gives a general overview of topics such as the insanity defense and commitment laws. There sometimes has been a lecture on the role of the mental health system and the expectations that agents might realistically have of it.

The committee recommends that Secret Service training devote more attention to informing special agents about mental health resources. This training would present its strengths and limitations as a resource for special agents who have potentially violent persons to evaluate and manage. It would also form part of the broader attempt to increase understanding between the Secret Service and mental health agencies and professionals that is more fully discussed in chapter 4. Much of this knowledge is particular to each state and locality, and is best taught at the field level.

Structural Issues in Protective Intelligence Training

The committee's principal suggestions regarding the Protective Research Briefing are structural rather than substantive. They involve (1) linking it more closely to the daily work and the careers of special agents and (2) making it part of a more broadly organized program of protective intelligence training that emphasizes continuing training in the field as well as periodic formal courses provided centrally.

Joining Training with Practice The Secret Service should try more systematically to identify agents who would benefit most from the Protective Research Briefing. More preparation for the course in advance should be encouraged as well as follow-up and continued consultation afterwards to reinforce and evaluate the impact of the course on the functioning of agents.

Agents attending recent Protective Research Briefings have been provided with notebooks of curricular and background materials for use during and after the course, one way to increase involvement of the special agents in training courses. Although there are severe constraints on the time available to agents in the field offices to prepare for the course in advance, an effort should be made to free some time for agents to review background materials sent out ahead of time. These might be in written or videotaped form. Each participating agent might also be asked to prepare a difficult protective intelligence case to present to the class for discussion as a teaching case.

Post-course follow-up should also be increased. At the present time, agents give the Office of Training a detailed evaluation of the Protective Research Briefing at the end, but there is no systematic way of determining how effective the course is in terms of agent performance.

A further step would be to have agents who have attended a Protective Research Briefing impart some of their new knowledge and skills to others working on protective intelligence cases in their field offices. This would increase the impact of the course. Such a "training the trainers" role would be especially appropriate if the agency chooses to begin to increase protective intelligence training at the field level, which is discussed next.

Structured Field-Based Training The Protective Research Briefing is a necessary first step toward increasing the knowledge and skills of special agents in dealing with mentally ill persons who might pose a threat to the safety of those protected by the Secret Service.

However, the course's approach has several features that limit its effectiveness in teaching certain kinds of knowledge and skills. It takes place in a classroom removed from the daily work of the agents. It is a relatively short, one-time event. It has to be general enough to apply to agents working in all field offices. In addition, it is costly and only reaches a small number of agents.

The course relies heavily on lectures and demonstrations, but those do not constitute the ideal format for teaching several of the subjects of critical importance in protective intelligence. In particular, interviewing mentally disordered persons and making assessments of their potential for violence to protected persons are activities that cannot be taught most effectively in a one-time course. These are skills that are best taught on a continuing basis through interaction with real cases under the supervision of experienced professionals, in this case, senior agents and consulting mental health professionals. Some suggestions for developing an organized and ongoing field-based training program are presented in the next section.

There are several additional reasons for enhancing field-based training. For one thing, knowledge of mental health agencies and professions in terms of legal constraints, available institutional resources, and ongoing relationships is largely localized. For another, the Secret Service has the technology and equipment to put Protective Research Briefing lectures and demonstrations on videotapes that could be made available in each field office for training and follow-up purposes. Finally, the training would reach a larger number of special agents.

Future of the Protective Research Briefing Even if suggestions for an expanded training effort in the field are adopted, courses such as the Protective Research Briefing will continue to be useful and necessary. For example, a major byproduct of the course has been the exposure of field agents to the Intelligence Division and its personnel and operations. As a result, a large cadre of senior agents in the field has become personally familiar with the policies and personnel of the Intelligence Division.

If a systematic program of training in the field is developed, the Protective Research Briefing would benefit from not having to cover so many topics in such detail. Within the overall training program for protective intelligence work, the course could concentrate on those subjects for which it is best suited, such as lectures about types of mental illness and the language and categories used by mental health professionals. However, interviewing skills, while they involve some didactic learning, are mostly acquired through practice, as are most of knowledge areas mentioned, such as understanding the course of mental disorders and learning the elements of dangerousness that concern experts.

Toward Structured Field-Based Learning

Organized training should not be an episodic event that takes place only in a classroom in Washington, D.C. Agent performance of such tasks as assessing dangerousness would be optimized by knowledge and skills best learned in a practical setting, with supervision and consultation by experienced professionals. This could be more familiarly described as the development of a structured approach to on-the-job training in the field. However, there would be at least three significant differences from current practice: on-the-job training would be formalized and standardized rather than informal; some of the consultation would have to come, directly or indirectly, from outside mental health experts rather than only from special agents; and the training would be continuous.

Structuring a Field-Based Training Program

Training for protective intelligence work should be an integral part of each agent's professional career. Individual career training plans need to be developed and updated for each special agent as part of regular job evaluations.

Much of this ongoing training would take place in the field offices, where most of the agents work, and where there already are designated training officers and videotape monitors. There would remain a need for specialized and in-service refresher courses at the Office of Training.

There are several kinds of opportunities for ongoing training at the field office. For example, the Office of Training could develop a series of videotapes for group use at field offices or on a self-paced basis. Interview training tapes already have been developed elsewhere that contain breaks at critical points for group discussion, followed by discussion on tape by a panel of experts. These materials have proven to be very effective in training mental health professionals; a variation of this approach might be useful for Secret Service agents.

For training purposes (as well as for research), the Secret Service can learn much from some of its own agents. Agents who are especially skilled at investigating, interviewing, assessing, and managing potentially dangerous persons could be identified as part of the research program. They would be valuable resources for training new agents in the field. In many field offices, this would entail formalizing an on-the-job-training approach that already exists on an informal basis. The Office of Training's necessary and proper role in this would be to specify goals, develop the curricula, and identify, work with, and support training officers and staff resource persons in each field office.

A variation of this approach would be to require each field office to designate a senior agent or supervisor as a protective intelligence trainer. The training coordinator would supervise the on-the-job training of newly assigned special agents working on protective intelligence cases. As noted already, one of the purposes of the Protective Research Briefings could be to train these protective intelligence trainers.

Another possibility in the use of especially skilled special agents for training would be to develop something akin to the internship training programs used in clinical professions. Field offices large enough to encounter a broad spectrum of protective intelligence cases could be given the staff capacity and resources to develop special agent-instructors and to train agents on a rotation basis in the so-called clinical skills involved in protective intelligence work. For example, all agents could be rotated through one of a half dozen such training centers as their initial assignment to protective intelligence. Agents with more experience could be

rotated through these centers from time to time for refresher and advanced courses. The most skilled and experienced agents could be developed to serve as the training coordinators in regular field offices or as instructors in one of the training centers. Among the factors to be considered in deciding on the number and location of such centers would be: geographic coverage; size large enough to ensure a spectrum of types of cases; and well-developed links with mental health agencies that might participate in the training program.

The committee suggests that field offices use an adaptation of the "case conference method," commonly used in the clinical training of health professionals, to improve the agents' diagnostic and assessment skills. The case conference method is highly flexible but would include the following general elements: (1) presentation of a case with the case agent's assessment, along with the reasoning behind that assessment; (2) presentation by the agent of the dilemmas or problems raised by the case; (3) comments from other agents and, usually, observations by an outside consultant.

Reinforcement of the Training Program

A structured in-service approach, based both in the field offices and in the central office, would make training much more relevant and useful for agents in their everyday work, and motivate them voluntarily to take advantage of the opportunities in the field office for further learning. However, the committee also feels that such a continuing education system should be ensured by the Service's existing incentive systems. Otherwise, despite the best intentions of the individuals involved, the press of daily business will make training a secondary activity at the field office level and in the agent's personal career priorities, even though in the long run it is essential to develop and maintain the competence of the special agent force. Accordingly, rewards for training and education should be built into the agent evaluation and promotion systems and the field office evaluation system. For example, career training goals could be included in each agent's performance plan under the merit system. Each special agent should be expected to achieve certain training goals on a regular basis and each special agent in charge of a field office would be evaluated in part according to the educational activities of agents in his office.

The committee also suggests that, in encouraging continued professionalization of the Service, the status and importance of the training system should be raised in the eyes of the agents and their supervisors in the field. This would involve explicit statements and actions by the Service's top leadership in support of a continuing in-service training approach to enhancing agent skills.

Chapter 4

RELATIONS BETWEEN THE SECRET SERVICE AND MENTAL HEALTH AGENCIES AND PROFESSIONS

Analysis of the characteristics of individuals who come to the attention of the Secret Service as a threat to the President, and of those persons who have actually made an attempt on the life of the President, reveals that mental illness and/or previous contact with mental health professionals and agencies is prevalent. Of the current case load of subjects whom the Secret Service special agents consider dangerous to their protected persons, nearly 95 percent have had some kind of contact with mental health professionals or agencies. More than 21 percent are currently in a mental institution. An inevitable consequence of this fact is the frequent communication between special agents and mental health professionals as well as patients. Yet, with few exceptions, the Secret Service has established no consistent relationships with mental health professionals to assist in the interpretation of data that come to their attention as part of the background investigation of these subjects. Nor do the special agents receive consistent training about the various mental illnesses that may be particularly relevant to their work, or how to approach such mentally ill individuals and how to interview them.

Nevertheless, the Secret Service is heavily involved in the assessment and referral of persons with mental health problems. In fact, as the conference participants noted, the Service sometimes operates as a kind of emergency mental health resource for disturbed subjects whose behavior is bizarre or otherwise apparently dangerous to protected persons and for whom it is unable to obtain assistance from mental health professionals and agencies.

Many participants in the 1981 Institute of Medicine conference felt that the present relations between the Secret Service and mental health resources have been inadequate. As the conference summary put it: "The Secret Service is not at present a fully informed consumer of mental health services" (Takeuchi, Solomon, Menninger, 1981:49). At the same time, the conference participants expressed a number of serious apprehensions about the legal and ethical problems facing mental health professionals when working with law enforcement agencies. Some of these constraints on cooperation by mental health professionals and agencies are presented and discussed in the

conference proceedings (Takeuchi, Solomon, Menninger, 1981:49-58). This committee is equally concerned about these issues. However, the chapter focuses on identifying ways in which mental health professionals and agencies might cooperate constructively with the Secret Service within ethical and legal constraints and without violating the basic responsibilities of any party.

This committee has been impressed by the extent of de facto interaction of the Secret Service and mental health agencies and professions, and at the same time the failure to develop continuing relations that might increase the Service's capacity to understand and deal with mentally ill subjects. We recognize that the primary task of the protective intelligence operation of the Service is to protect the safety of the President and other protected persons by the identification and immobilization of individuals who threaten to harm those persons and represent a clear danger to them. Yet, a senior agent in the Intelligence Division of the Secret Service also told the committee, "There is definitely a secondary goal, and that is, with those we come in contact who are apparently mentally ill, to seek actively to get them into treatment,...to get them under control, to get them medication, where they will be placated...to reduce or eliminate the threat or the possibility of assassination."

Secret Service Functions That Might be Aided by Mental Health Liaison

A number of functions of the Secret Service could be enhanced by a continuing relation between one or more mental health professionals and each field office. These functions will be outlined after first describing the qualifications of mental health professionals.

Mental Health Professionals

The term mental health professional in the context of this report refers primarily to a psychiatrist or clinical psychologist.

In certain circumstances, other mental health professionals may be effectively utilized. The formal credentials of consultants may not be as important as their clinical experience with dangerous patients or their standards of professional responsibility.

The psychiatrist is a physician (doctor of medicine) who has taken residency training following medical school in the specialty of psychiatry, i.e., the diagnosis and treatment of mental disorders. Practitioners with full residency training in an accredited program and additional years of practice in the field may be certified as a psychiatrist by passing the specialty examinations of the American Board of Psychiatry and Neurology. In addition, psychiatrists with

experience and interest in law and psychiatry may achieve subspecialty certification by passing the examination of the American Board of Forensic Psychiatry.

The psychologist is trained in an academic setting in the study of the mind and human behavior. The subspecialty of psychology that deals with the mentally ill is clinical psychology, and the Ph.D. in this area requires a supervised internship experience of one year. Psychologists are particularly trained in the measurement of personality by standardized tests.

Functions

Assessment Consultation during the evaluation of persons who have a history of mental illness, including assistance with records of previous evaluations and/or treatments of such persons, and assessment of clinical implications of symptoms or behaviors of the persons.

Case Management Consultation regarding mental health aspects of case management of apparently disturbed subjects, including referral to appropriate mental health agencies or professionals for treatment, confinement, or other actions as indicated; assistance in the interpretation of follow-up data when the Service reconsiders the classification of an individual who had previously been considered "dangerous" and subject to Quarterly Investigation.

Inter-institutional Communication Facilitation of the relationship of the Secret Service with mental health professionals and agencies.

Education and Training Familiarizing Secret Service agents with psychiatric situations, training them to understand psychiatric diagnoses and to enhance interviewing skills with emotionally disturbed persons, with special reference to psychological aspects of approaching potentially dangerous individuals; and providing them with knowledge of mental health language.

Stress Management Providing information to Secret Service agents on stress and stress management, including psychological aspects of assessment and case management work performed by agents and the impact of the task structure of the Service and its various components.

Successful mental health consultations often begin with decisions or questions about individual clients or subjects. The skillful consultant uses these occasions as opportunities to expand the consultee's knowledge and skills, so that the latter's abilities are enhanced even in the absence of the consultant. This involves a shift from a client-centered clinical perspective to a consultee-centered

educational view. Finally, as the consultee becomes more familiar with the consultant, and the consultant more knowledgeable about the institutional context of the work, the consultation may expand to include the structural characteristics of the organization that influence the consultee's ability to function.

Effect on Mental Health Resources

Each relation presents the Secret Service with an opportunity to educate the mental health professions about the nature of the Service and its activities as it seeks to carry out its assigned mission. There will be a carryover effect, as individual consultants write papers or give presentations at professional meetings, and educate their professions about the Secret Service.

An Example

One Secret Service field office (Boston) has developed extensive relations with a mental health facility (the McLean/Bridgewater program of Bridgewater State Hospital, the Massachusetts Corrections Department's secure mental health facility), which represents one, but not the only, model for other Secret Service offices throughout the country to consider adapting to their local needs and situations. This interaction illustrates a number of Secret Service consultive and educational needs listed above that could be met through a continuing relationship between mental health professionals and the Secret Service.*

Special agents from the Boston field office have visited Bridgewater State Hospital (the Massachusetts secure mental health facility) to learn about the institution and to make presentations to the mental health staff, educating them about the needs of the Secret Service in carrying out its responsibilities. Similarly, mental health professionals have visited the Secret Service field office to observe aspects of its operation and to talk with agents. The mental health staff has assisted the Secret Service in obtaining records of subjects and arranging for a contact person for the Secret Service at Bridgewater. Occasionally, staff members have completed psychiatric and psychological evaluations for persons in the facility in whom

*The relationship is described by Fein (1984) in a journal issue devoted to issues surrounding presidential assassinations (Menninger, 1984). Another article describes and classifies presidential threateners referred to the Federal Hospital Center for Federal Prisoners in Springfield, Missouri (Logan et al., 1984).

the Service had some interest. In addition, the staff has been available for consultation with special agents regarding persons in the community who come to the attention of the Service; and they have assisted the Secret Service by making referrals to mental health professionals in other parts of the country. Finally, agents have been observed in Quarterly Investigation follow-up interviews of a patient at that facility, with the mental health staff using the occasion as an opportunity to offer instruction in interviewing.

The McLean/Bridgewater experience is not the only model for other field offices to follow. It illustrates the variety of kinds of activities that can develop in a liaison relationship, but each field office will have its own needs. The exact pattern of organizational relations will also depend on the particular array of mental health resources present in each field office district.

Precautions for Agency/Mental Health Liaison

In the 1981 Institute of Medicine conference, several obstacles were noted to the establishment of mutually beneficial relations between the Secret Service and mental health resources. These stemmed from differences in values, orientation, and functions. Nevertheless, psychiatrists, psychologists, and other mental health professionals have had effective consultative relationships with a wide range of law enforcement institutions; and there is no reason to assume they could not do likewise with the Service.

A successful consultation requires that both the Secret Service and the mental health consultant recognize the limits of the relationship and the lack of omniscience of the psychiatrist or psychologist. The Secret Service should recognize that the ideal clinical consultant is an individual whose primary training is in the diagnosis and treatment of the mentally ill, not in protecting the public.

The roles of consultant and consultee must be clearly defined; the mental health professional offers clinical expertise and not judgments about Secret Service decisions or predictions of dangerousness. Consultations may focus on assisting with the evaluation of specific subjects, with a goal to enhance the skills or knowledge base of the agents, or on advising about the overall approaches and activities of the field office with regard to mental health issues.

The determination of dangerousness to a protected person, as indicated by a QI decision, must be made by the Secret Service agent, not the consultant. The consultant should not be expected to supplant the responsibility of the Secret Service to make decisions; rather, the agent should use the knowledge of the consultant to complement the agent's own perspective, while at the same time the consultation experience enhances his skills for future decisions. A clear understanding of the role of mental health professionals, and of the

limitations on them, should minimize the ethical conflicts that are so common when there is ambiguity as to whether they are functioning as expert advisors to a public agency or therapeutic caretakers for sick individuals (Takeuchi, Solomon, Menninger, 1981:49-58).

The mental health professional who is functioning as a consultant to the Secret Service may be asked to advise about individual subjects. It is important to recognize that in these situations, the consultant is not in the role of a physician or caretaker, but rather is acting as an expert advisor to a law enforcement agency. The ethical issues involved when clinical professionals communicate with law enforcement agencies are not fundamentally different when the agency is represented by a consultant who happens to be a member of a mental health profession. There are, of course, times when the expert consultant might be able to formulate the Secret Service's interests in a way that clarifies the role of the communication and assists the treating mental health professional in resolving the ethical dilemma. However, it is important to emphasize that there are many situations in which there will be a fundamental dilemma between the values of the treating professional and the Secret Service that cannot be resolved by the addition of a consultant. One important result of developing these liaisons will be to facilitate the "dialogue among mental health professionals concerning the legal and ethical dilemmas of the relationships between the Secret Service and the mental health community" suggested at the 1981 Institute of Medicine conference (Appendix D).

Regrettably, some mental health professionals are attracted primarily by the glamour of the mission of the Secret Service. Selection of a consultant requires stringent assessment of qualifications, including relevant clinical experience, professional responsibility, standards of practice, and the respect of colleagues.

Recommendations about Relations of the Secret Service with Mental Health Resources

The extent of Secret Service involvement with individuals who manifest symptoms of mental illness makes interaction between the Secret Service and mental health agencies and professionals inevitable. It seems clear that an effective liaison between the Secret Service and mental health consultants familiar with the needs of the Service would enhance the effectiveness of the Secret Service efforts in protection and at the same time benefit the mentally ill persons who come to the attention of the Service because they make threats against protected persons. Such relations would be likely to increase the efficiency of the special agents in their assessment of mentally ill persons, in the evaluation of information about mentally ill persons, and in the referral of mentally ill persons to suitable mental health care.

To sum up, therefore, the committee recommends that selected Secret Service field offices actively develop relations with at least one respected mental health agency, university department, or practitioner. Such relations could provide:

- Case consultation with special agents, both individually and in group conferences, for assistance in the assessment and management of specific cases and for in-service training
- Facilitation of access to mental health practitioners and agencies in the community, interpretation of data, explication of mental health statutes and regulations, and referral for treatment or hospitalization of subjects
- Training of agents in issues of mental health, illness, behavior, motivation, interviewing and assessment, psychopathology, mental health services, mental health law, stress, and stress management
- Consultation to the field office staff about work stress, employee mental health, and other matters in which mental health knowledge might facilitate the functioning of the field office

REFERENCES

- Baughman, U.E. 1962. Secret Service Chief. New York: Harper and Brothers.
- Carmines, E.G., and Zeller, R.A. 1979. Reliability and Validity Assessment. Sage University Paper Series on Quantitative Applications in the Social Sciences, No. 07-017. Beverly Hills: Sage Publications.
- Clarke, J.W. 1982. American Assassins: The Darker Side of Politics. Princeton, NJ: Princeton University Press.
- Cooper, E.F. 1981. U.S. Presidential Assassins and Assailants: Behavioral Aspects. Report No. 81-130 SPR. May 20, 1981. Washington, D.C.: Congressional Research Service.
- Cronbach, L.J. 1971. Test validation. Pp. 443-507 in R.L. Thorndike, ed., Educational Measurement. Washington, D.C.: American Council on Education.
- Fein, R. 1984. Interaction with the U.S. Secret Service: View of a mental health professional. Behavioral Sciences and the Law 2 (Forthcoming, April, 1984).
- Frazier, S. in collaboration with Dietz, P.E.; Ebert, R.S.; Eddy, S.; Fein, R.; James, W.S.; Profit, W.E.; and Wack, R.C. 1981. Problems in assessing and managing problem behavior. Pp. 93-106 in J. Takeuchi, F. Solomon, and W.W. Menninger, Behavioral Science and the Secret Service: Toward the Prevention of Assassination. Washington, D.C.: National Academy Press.
- Keeney, R.L. 1982. Decision analysis: An overview. Operations Research 30 (Sept.-Oct. 1982), 803-838.
- Logan, W.S.; Reuterfors, D.L., Bohn, M.J., Jr.; and Clark, C.L. 1984. Description and classification of presidential threateners. Behavioral Sciences and the Law 2 (Forthcoming, April, 1984).
- Meehl, P.E., and Rosen, A. 1955. Antecedent probability and the efficacy of psychometric signs, patterns, or cutting scores. Psychological Bulletin 52, 194-216.

- Menninger, W.W., ed. 1984. Behavioral Sciences and the Law 2 (Forthcoming, April, 1984). This issue is devoted to issues surrounding presidential assassination.
- Monahan, J. 1981. The Clinical Prediction of Violent Behavior. Rockville, MD: National Institute of Mental Health, U.S. Department of Health and Human Services.
- Shah, Saleem A. 1981. Problems in assessing and managing dangerous behavior: Some comments and reflections. Pp. 121-127 in J. Takeuchi, F. Solomon, and W.W. Menninger, eds., Behavioral Science and the Secret Service: Toward the Prevention of Assassination. Washington, D.C.: National Academy Press.
- Takeuchi, J.; Solomon, F.; and Menninger, W.W., eds. 1981. Behavioral Science and the Secret Service: Toward the Prevention of Assassination. Washington, D.C.: National Academy Press.
- U.S. Congress. 1975. Review of Secret Service Protective Measures. Hearings by House Committee on Appropriations, Subcommittee on Treasury, Postal Service and General Government. Sept. 30 and Oct. 1, 1975. 94th Congress, 1st Session. Washington, D.C.: U.S. Government Printing Office.
- Washington Post. 1979. Woman draws a knife in Sen. Kennedy's office. November 29. page A-3.
- Zimring, F.E. 1981. Secret Service "dangerousness" research. Pp. 183-184 in J. Takeuchi, F. Solomon, and W.W. Menninger, eds., Behavioral Science and the Secret Service: Toward the Prevention of Assassination. Washington, D.C.: National Academy Press.

APPENDIX A

Authority and Responsibilities of the Secret Service

Under Title 18 of the United States Code, Section 3056 (18 USC 3056), the United States Secret Service is authorized to protect the following persons: The President of the United States and members of his immediate family; the President-elect and members of his immediate family, unless the members decline such protection; the Vice President or other officer next in order of succession to the Office of the President and members of his immediate family, unless the members decline such protection; the Vice President-elect and members of his immediate family, unless the members decline such protection; a former President and his wife during his lifetime; the widow of a former President until her death or remarriage; the minor children of a President until they reach age 16, unless such protection is declined; visiting heads of foreign states or foreign governments, and, at the direction of the President, other distinguished foreign visitors to the United States and official representatives of the United States performing special missions abroad; major Presidential and Vice Presidential candidates, unless such protection is declined; the spouse of a major Presidential or Vice Presidential nominee, commencing a maximum of 120 days prior to the general Presidential election.

The number of persons protected by the Secret Service on any given day averages between 25 and 30, but may be as high as 70 during campaign years or other special events, such as the opening of the United Nations General Assembly.

The Secret Service also relies on Section 3056 as its basic legal authority to collect and disseminate intelligence information in connection with its protective duties. The Service is specifically authorized by Section 3056 to detect and arrest a person who violates the so-called "threat statute" (18 USC 871). This statute states in part: "(a) Whoever knowingly and willfully deposits for conveyance in the mail or for a delivery from any post office or by any carrier any letter, paper, writing, print, missive, or document containing any threat to take the life of or to inflict bodily harm upon the President of the United States, the President-elect, the Vice President or other officer next in order of succession to the office of the President of the United States, or the Vice President-elect, or knowingly or willfully otherwise makes any such threat against the President, President-elect, Vice President or other officer next in the order of succession to the office of President, or Vice President-elect, shall be fined not more than \$1,000 or imprisoned not more than five years or both." In 1982 Congress enacted a similar statute covering threats against presidential candidates (18 U.S.C. 879).

The Secret Service is also charged with the responsibility for investigating violations of the laws pertaining to counterfeiting and the forgery or fraudulent negotiation of government checks, bonds, and other financial instruments.

APPENDIX B

Summary of Suggestions from the 1981 Institute of Medicine Conference Regarding Behavioral Research

Suggested Approaches to the Study of Assassination

The conferees made a number of suggestions of ways to study assassination.

- Comparison of Dangerous and Never-Dangerous Cases On the assumption that the Secret Service itself is the best judge of the level of risk posed by subjects to persons it protects, several conferees suggested that a retrospective analysis and comparison of dangerous and never-dangerous subjects in its files would probably be a good starting point for understanding the characteristics of potential assassins.
- Study of Behaviors Similar to Assassination Because there are so few cases of assassination in the United States, several conferees suggested that the Service study its own decision making with respect to dangerousness on a similar, or "proxy," behavior that occurs with some frequency among its case load of subjects. The validity of agent predictions (dangerous or not dangerous) would be tested by examining the extent to which these predictions correctly distinguish subjects who do and who do not subsequently engage in the proxy behavior. This idea was originally proposed by Franklin Zimring in a memorandum to conferees in which he suggested that acts of personal violence toward strangers and suicide could be "proxies" on which to test the validity of agent decision making. Some conferees, however, had reservations about the use of suicide as a proxy, even though an empirical connection between homicide and suicide has often been observed, and clinicians have noted similarities in the psychodynamics underlying both behaviors. Also, it was noted that the incidence of suicide among cases on file with the Secret Service might be too low to yield valid results.
- Study of "Threshold" Behaviors Assassination and attempted assassination are rare, but it might be useful to study instances in which a Secret Service subject or other person has come very close to making an assassination attempt, but was deflected by Secret Service agents or others just as he

or she was on the threshold of so doing. These "threshold" behaviors--immediate behavioral preludes to assassination attempts--could be carefully analyzed to better understand behavioral indicators of imminent danger.

- Detailed Study of Assassins A detailed study of all assassins and attempted assassins of political leaders, whether living or dead, could be undertaken. Such a study would include descriptive and clinical data on the personalities and backgrounds of these persons, as well as the circumstances surrounding their attempted or successful assaults. "Proxy" and "threshold" cases, as described above, could be included.

- Clinical Studies of Attackers of Prominent Persons To increase the number of cases available for scrutiny, several conferees suggested that persons who have attacked or attempted to attack prominent political figures other than, or in addition to, those protected by the Secret Service might be studied. Such targets could include elected leaders, such as senators, congressmen, governors, mayors; appointed officials; and/or prominent activists, such as civil rights leaders. Alternatively, or in addition, persons who have attacked or attempted to assault famous persons or celebrity figures other than political leaders might be studied.

High Priority Research-Related Tasks

The conferees were in near unanimous agreement that three tasks to facilitate future research should be undertaken promptly, to provide the Intelligence Division with a basic capacity and data base of information for testing hypotheses and conducting studies it might wish to undertake in the future.

- Descriptive Analysis of Subject Case Files The conferees felt hampered in their efforts to provide useful advice by the lack of descriptive information about Secret Service subjects as a group. A great deal of information for valuable research is gathered on a case-by-case basis but it is not coded or stored as a data base for statistical purposes. Therefore, most conferees agreed that, as its first and highest research priority, the Intelligence Division should develop a descriptive summary of the characteristics of its dangerous subjects (and also its never-dangerous subjects, if time permitted).

The availability of relevant data about subjects in computerized form is a necessary starting point for empirical research to test a variety of hypotheses. In order to do this, variables of interest must be specified, extracted from the file data on each case (or a sample of cases), processed for computer use, and analyzed. Analysis of such descriptive data, for instance, might yield a better understanding of what factors--at least in the minds of Secret Service special agents--differentiate dangerous from never-dangerous subjects, which would assist the agency in evaluating the validity of agent decisions.

Some conferees, however, were not optimistic that retrospective analyses of file data would be a productive undertaking, because intervention by the Secret Service in the lives of its subjects probably changes the outcomes or behaviors that might have been observed without intervention. This problem of treatment effects makes it very difficult to design a valid study of agent decision making that compares outcomes or subsequent behaviors of subjects classified as dangerous and never dangerous.

- Measurement Improvement For research and evaluation purposes, many felt that assessment and management instruments used by the Service should be developed with many scaled items. Such behavioral scales would enable a subject's behaviors and activities to be rated in terms of their potential danger to protected persons. For instance, the study of threshold cases suggested above would benefit from the development of a scale or scales of undesirable events, or threshold behaviors, such as appearing in proximity to a protected person with a weapon, or plotting the movements of a person on maps from one's home.

- Expanding the Management Information System to Support Operations Research The Intelligence Division uses its present management information system primarily to assist in the identification of threats and threateners and to locate subjects during advance work prior to visits of protected persons to their areas of residence. The system was not designed for research in support of modifying and improving operating procedures. Many conferees felt that the agency could benefit from the development of a management information system programmed for retrieval of such items as the rate at which cases are added to and deleted from the system, the average length of time a subject is consecutively classified as dangerous, the rate at which closed (not presently dangerous) cases are reopened (newly classified as

dangerous) for investigation, the amount of agent time spent on different aspects of assessing and managing subjects, and so forth. Analysis of such data on a periodic basis would aid the agency in discovering which of its operations are too time-consuming or inefficient in terms of benefits yielded, and other matters pertinent to the effective and efficient operation of the Division.

Other Suggested Research Topics

Once a research data base was developed, and data collection instruments revised to document and scale behaviorally relevant information, conferees suggested further research opportunities.

- Prospective Studies Using Revised Data Collection Instruments Although, as noted above, some conferees were skeptical about retrospective analyses of existing file data, there was a broad consensus that valid prospective experimental studies could be designed for use with new cases, once the data collection instruments were revised and computerized.
- Studies of Agent Decision Making Many conferees thought that more attention should be devoted to determining how agents actually reach their decisions. The various agent decision making patterns that emerge should be explicitly described and evaluated, and, if relevant, the better patterns used for training purposes.
- Testing Effectiveness of the System Clinicians and behavioral scientists encouraged the Secret Service to analyze retrospectively any failures and to anticipate and prepare for possible errors through a variety of research and training activities. Hillel Einhorn, for example, suggested two scenario construction studies with training implications as ways for Secret Service employees to critically examine their operations and detect potential flaws or loopholes in their information gathering, subject management, and protective activities against assassination. One way is fault-tree analysis, which is a method of examining how large systems break down. Every conceivable scenario by which a protected person could be assassinated would be run through the Secret Service defensive-protective system to determine whether any routes to assassination are potentially available. The other way would be to simulate an assassination by assuming a rational-actor model of

behavior--that a person will act rationally and logically to pursue his goal, however crazy or ill-advised that goal might seem. The agents' task would be to determine how persons with various kinds of delusions or other mental problems might go about trying to assassinate the President. The various possibilities would be rehearsed in order to detect if the system has any weak spots.

Other suggested studies included a test of the adequacy of the interagency case referral system, by employing fabricated letters or actors to find out whether cases are regularly and consistently referred to the Secret Service (for instance, from the White House mail room or various government agencies) in accordance with guidelines issued.

-- Testing of Experimental Alternative Case Management Methods

Several conferees pointed out opportunities for experiments that could be developed to test the feasibility and usefulness of different assessment or management strategies and procedures. Such experiments might be conducted by giving half the experimental cases one treatment, the other half another treatment, and then later comparing the groups on the basis of pre-designated outcome measures.

This approach is, of course, limited significantly in that there can be no diminution in the present level or intensity of subject monitoring, in view of the unacceptability of the ultimate criterion, an actual assassination attempt.

APPENDIX C

Summary of Suggestions from the 1981 Institute of Medicine Conference Regarding the Training of Agents

Desirable Skills and Substantive Competencies

- Interviewing and Observation Skills Unless they enter the Service with fundamental skills and experience in interviewing both normal and mentally disturbed persons, conferees felt that special agents should be trained in basic interviewing techniques and in special techniques to be used with mentally ill and potentially violent subjects. Similarly, special agents should develop their powers of observation and use them to gain information about subjects and to report accurately on what they observe.
- Ability to Detect Sources of Error in Judgment Special agents should be trained to recognize common sources of error or invalidity in judgment and decision making, and to be on guard against them in their own work.
- Knowledge of Statutory and Case Law Special agents must be thoroughly grounded in federal and state statutes and case law relevant to their work.
- Substantive Knowledge in the Area of Mental Health Conferees agreed that special agents should receive more training in the area of mental health, due to the high proportion of dangerous cases involving mental or emotional disorders.

Conferees also discussed the limitations of a training program in mental health--what it cannot and should not aspire to do. A mental health training program should not, for example, attempt to make psychiatrists out of special agents. Therapeutic and criminal justice goals and roles should be recognized as distinct from each other. The foremost duty of special agents is to function as law enforcement officials and as guardians of the safety of protected persons, and they should not have their decisions inappropriately affected by the views of mental health professionals who have as their foremost duty to treat the mentally disordered.

Conferees substantially agreed that special agents who assess and manage potentially dangerous subjects could benefit from extensive and detailed training in psychopathology and in the use of clinical management techniques and options. The agents need to be exposed to a wide range of mental and emotional disorders and to a versatile repertoire of techniques appropriate for managing dangerous subjects.

Developing the Skills of Special Agents

- Role Play and Use of Videotape Recordings The Secret Service Office of Training uses role play and videotape recordings for initial and follow-up training of special agents assigned to assessing and managing potentially dangerous subjects. Conferees considered these to be valuable instructional aids for teaching and refining interviewing techniques that can develop the special agents' self-confidence in interview settings and improve performance by providing feedback under controlled conditions. However, conferees emphasized that there is no substitute for exposure to and experience with live cases during training. That is, experience with psychiatric patients and others (whether mentally disturbed or not) who are or resemble subjects potentially dangerous to those the Secret Service protects would be a very valuable component of a training program.

- Internship in a Clinical Setting In the opinion of several clinicians, an effective way to expose special agents to patients and at the same time familiarize them with a wide range of clinical disorders and mental health issues would be to establish special training programs for them in mental hospitals or other mental health facilities. A carefully supervised apprenticeship, clerkship, or internship in such a setting might be arranged on a part-time rotating basis, or on a more intensive basis for special agents who were going to be working full-time in assessing and managing potentially dangerous subjects.

- Simulations, Gaming, and Scenario Construction Simulation, gaming, and scenario construction were suggested by some conferees as devices useful for teaching agents how to recognize and deal with less familiar but apparently increasing possibilities of harm to protected persons, such as hostage taking, extortion, and terrorism. Such techniques are especially valuable in helping trainees anticipate and rehearse possible future events, thus contributing to their overall preparedness.

- Special Training Program for Senior Agents A special training program was proposed for senior agents who were already experienced in assessing and managing potentially dangerous subjects. These agents could be subsidized for post-graduate study in mental health topics, conducted, for example, by a teaching hospital in a hospital setting. Agents so trained could then return to the Secret Service to instruct and supervise less experienced or beginning agents in the mental health aspects of their preparation for assessing and managing potentially dangerous subjects.

- Training to Improve Agent Decision Making Conferees suggested that there were probably some agents who, by virtue of extensive experience or innate talent, are notably adept at making appropriate decisions. The decision making processes of these agents could be analyzed and used to model the decision making behaviors of less experienced, less gifted, and novice agents.

- Retraining and Corrective Feedback Conferees agreed that in-service training for agents should continue and be updated periodically, in order to sharpen skills and introduce new techniques and more sophisticated knowledge. In-service training provides an invaluable opportunity for agents to receive feedback on their performance, in order to recognize their own errors and to correct them.

APPENDIX D

Summary of Comments and Suggestions from the 1981 Institute of Medicine Conference Regarding the Relationship Between the Secret Service and Mental Health Agencies and Professions

The conferees discussed current and possible future relationships between the Secret Service and mental health professionals and agencies. Many participants--especially psychiatrists and other clinicians--felt that present relations between the Secret Service and the mental health agencies and professions are inadequate in magnitude and less than optimal in terms of overall quality.

Current Methods of Dealing with Mentally Ill Subjects

The Service is a consumer of mental health services to the extent that it (1) uses its informal ad hoc relationships with various mental health agencies and professionals for consultation about difficult cases, (2) facilitates hospital admissions for subjects it considers highly dangerous to protected persons, (3) monitors the progress of subjects based on information provided from hospital personnel, and (4) arranges follow-up psychiatric care for its non-institutionalized subjects.

Obstacles to Professional Relations

Both Secret Service representatives and conferees--particularly clinicians--felt there were several obstacles to the establishment of mutually beneficial relationships between the Secret Service and mental health agencies and professions, which were rooted in conflicting values and differences in orientation, function, and professional training and experience. Although Secret Service agents and mental health professionals may in many instances be dealing with the same person, or with similar populations (e.g., the mentally ill or emotionally disturbed), their orientation toward such clients or subjects will necessarily differ. Mental health professionals are concerned primarily with treatment, which is usually enhanced by establishing a therapeutic alliance with the patient, by the ethic of confidentiality, and by the privileged nature of most doctor-patient communications. The Secret Service, in contrast, must deal with subjects within the context of social control, law enforcement, and criminal justice, however much the agents may also be interested in promoting the personal welfare of such persons.

Many mental health professionals consider it unethical to violate the confidential relationship they have with their patients in order to oblige Secret Service requests for information. Similarly, Secret Service agents may view mental health professionals as uncooperative regarding patients who are of concern to the agency as potentially dangerous to a protected person.

Secret Service representatives also mentioned difficulties they have encountered in obtaining information from hospital records about subjects who have threatened protected persons or otherwise behaved in ways considered dangerous to them.

Basis for Mutually Beneficial Relationships

Nevertheless, many conferees felt that a framework for mutually productive relations between the Secret Service and mental health agencies and professions could be developed. The following precepts were considered essential to the establishment of successful relations:

- There should be no confusion or blurring of the important distinction between the appropriate role of the Secret Service and that of the mental health professions. Secret Service agents must at all times adhere to their goals (e.g., do what they deem necessary to protect the President from potentially dangerous persons), while mental health professionals must give their full allegiance to the credo of their professions with the traditional medical concern of protecting both the best interests of the patient and the welfare of the community.
- Neither the Secret Service nor mental health agencies and professions can delegate their own responsibilities to the other. The responsibility of the Secret Service for someone it considers dangerous to a protected person continues even when the person in question is referred to the mental health sector for evaluation and treatment or monitoring,* while the responsibility of mental health professionals for treating mentally ill individuals is not altered if they are regarded as dangerous by the Secret Service.
- To develop mutually satisfactory relationships between the Secret Service and mental health agencies and professions, each must learn more about the major roles and functions of the other: what the other does, how it is done, and about each other's competencies and limitations.

*The Secret Service does not presently delegate that responsibility, nor does it anticipate wanting or being able to do so.

- Such relations should be based on the principle of collegiality, with less automatic deference on the part of the Secret Service to the presumed expertise and superior wisdom of mental health professional opinion.

Form of Professional Relationship

Some of the conferees, noting the less than optimal quality of some of the advice and consultation the Secret Service presently receives, and the inadequacies in patient care provided to some of its subjects, thought it would be advantageous for the agency to meet and develop continuing relationships with specific mental health professionals and agencies in the geographic areas where the largest numbers of dangerous subjects are typically found.

However, the conferees reached no conclusion as to whether relations between the Secret Service and mental health professionals and agencies should be kept informal (the way they are at present) or be formalized into more permanent, standing arrangements whereby the Secret Service would contract for specific services from particular mental health agencies and professionals over a longer period of time.

Some Proposals for Establishing Linkages

Many different proposals or models were suggested by conferees as ways in which the Service could enhance its capacity for decision making with respect to its case load of mentally or emotionally disturbed subjects.

- The Secret Service could solicit the advice of skilled mental health professionals when dealing with difficult or ambiguous cases.
- The Secret Service could hire its own mental health professionals as staff members, whose role would be defined by the Service's mission, rather than use the services of outside mental health consultants.
- An informal consulting relationship developed between the Boston field office of the Secret Service and the McLean-Bridgwater Program of Belmont, Massachusetts, might serve as a prototype for the development of similar relationships elsewhere in the country.
- A nationwide network of local mental health resource centers could be developed to provide the Secret Service with consultation and advice in screening incoming cases for relevancy, assessing potentially dangerous subjects, and handling the disposition of cases. However, as mentioned

above, the Service cannot and should not delegate its responsibility for making sure these subjects are never in a position to attack a protected person.

Constraints on Mental Health Provider Capacities

Although the agency could undoubtedly benefit from the advice and assistance of mental health professionals and agencies in assessing and managing dangerous subjects, clinicians cautioned Secret Service representatives not to overestimate the capacity of the mental health system in this regard. It was emphasized that mental health facilities are undergoing major changes in underlying philosophy, staffing patterns, and funding, especially with respect to the chronically mentally ill, who are being sent back into their communities in great numbers. Clinicians told Secret Service representatives to expect that it will be increasingly difficult for the Service to have its subjects either committed to mental hospitals for observation and evaluation, or to gain long-term institutional care for subjects who are chronically mentally ill. Thus, the Service should be prepared to explore and to consider management alternatives other than long- or short-term commitment to mental hospitals.

Legal and Ethical Issues in the Relationships

A number of unresolved and thorny legal and ethical issues in the current and possible future relations between the Secret Service and the mental health agencies and professions were mentioned during the conference.

- Issues of Confidentiality and Privacy To what extent do or should mental health professionals report to the Secret Service any threats against protected persons which they might hear from patients? The legal and ethical issues involved here are complex and will not be readily resolved to the satisfaction of interested parties--principally mental health clinicians, patients/subjects, and the Secret Service. It is a felony to make a threat against the President of the United States, under 18 USC 871.* But the

*Under Title 18, Section 4 of the U.S. Code, a misprision of felony occurs when a person "having knowledge of the actual commission of a felony recognizable by a court of the United States, conceals and does not as soon as possible make known the same to some judge or other person in civil or military authority under the United States."

traditional confidentiality and privileged status of the doctor-patient relationship is also usually established in various state laws. However, the 1976 California Supreme Court decision in Tarasoff v. Regents set up a competing standard which is not accepted in every jurisdiction, the "duty to protect" (also called "duty to warn"), which states,

When a therapist determines, or pursuant to the standards of his profession, should determine, that his patient presents a serious danger of violence to another, he incurs the obligation to use reasonable care to protect the intended victim against such danger.*

How much this and some other court rulings potentially constrain the therapeutic alliance between psychotherapists and patients and appear to conflict with the tradition of confidentiality is a matter of debate. One conferee observed that mental health clinicians are primarily in the business of serving the individual client and not the state, but they are increasingly being held responsible for the dangerous behavior of some of their patients. Another contended that the decision to protect the community by revealing confidences is clearly and obviously ethical, but there is no guidance as to what degree of danger justifies such a decision. There has also been concern among mental health agencies and professions about potential liability for breaking confidentiality with patients in order to protect or warn endangered third parties.

Although most mental health clinicians would probably base their reporting decisions on their own estimates of the patient's imminent dangerousness to a potential victim, Secret Service personnel said they would like to be in a position to evaluate the seriousness of such threats (and the dangerousness of the threatener), and therefore would want to be informed when any such threats occur.

Other questions of confidentiality and privacy include:
(1) How much, if any, information about a patient who is also a Secret Service subject should be shared between mental health professionals and Secret Service personnel, and who should do the sharing? (2) If the Secret Service uses mental health consultants to assist in assessing and monitoring Secret Service subjects, would it be ethical for such

*Tarasoff v. Regents of the University of California, Sup. 131 Cal. Repr., 14, 1976.

consultants (a) to render judgments on subjects they have not personally interviewed, and/or (b) consult about the subject with a therapist who has first-hand knowledge about the subject, in order to advise the Secret Service concerning the subject's likely dangerousness or an appropriate monitoring strategy? That is, could and should a Secret Service mental health consultant render an opinion on a subject without having evaluated the subject?

- Issues of Professional Independence in Judgment There is a possibility that mental health professionals could be co-opted by Secret Service goals. The desire to be helpful to the agency in its task of protecting government leaders should not, for example, unduly influence professional medical judgment about the appropriateness of hospitalizing a subject for evaluation.

Some Suggestions for Study and Clarification

Conferees felt that controversial legal and ethical issues in the relationship between the Secret Service and mental health professionals and agencies should be clarified and guidelines developed for relevant Secret Service policies and procedures.

One conferee suggested that: (1) a dialogue be initiated among mental health professionals concerning the legal and ethical dilemmas in relations between the Secret Service and mental health professionals and agencies; (2) there be consideration of laws or regulations to protect from liability professionals who warn in good faith, analogous to the protection provided for the reporting of child abuse; (3) policies be developed to assure that the Secret Service consider not only the "rights," but also the "interests," of subjects in order to reassure mental health professionals that it is appropriate for them to warn when indicated; (4) mental health professionals be made aware of the fact that a threat against the President is itself a felony even in the absence of any action to implement that threat, and therefore the threshold for warning is different from what it might be for threats against other persons; and (5) a procedure be established to collect and study warnings received from mental health professionals under the threat statute.

