

INFORMATION PAPER

MCHO-CL-H

21 Sep 2007

SUBJECT: MEDCOM Family Advocacy Program Interim Guidance for Handling Cases of Deployed Soldiers

1. **Purpose.** To provide guidance to Army Family Advocacy Program (FAP) personnel regarding handling FAP cases in which the Soldier is deployed.

2. **Facts.**

a. **Soldiers are deploying:** Due to ongoing military operations, our Soldiers are subject to multiple deployments and remaining deployed for extended periods of time. These high temp operations have required the FAP programs to be flexible and innovative in conducting domestic abuse assessments and providing treatment to our Soldiers and families.

b. **The FAP must continue our mission:** Our program must continue to support protective measures and ensure victim, family and community safety. Every effort should be made to provide **safety planning** (pre-, post-, and during-deployment including during mid-tour leave [rest and relaxation-R&R] periods), **assess** alleged abusers and **provide treatment** (when appropriate and available). In certain circumstances, the treatment plan may be best suited for completion, upon the return of the Soldier (i.e., parenting classes, marital counseling).

3. **Innovative Ways to Locate and Make Contact with a Deployed Soldier.**

a. Allied Forces Health Longitudinal Technology Application (AHLTA).

b. Rear Detachment Commander.

c. Family Readiness Group Assistants (FRGAs).

d. Brigade Mental Health Officer (MHO) or Division MHO that is deployed with the Soldier's Unit. The MHO can conduct a courtesy interview. The Division Surgeon should have a list of the MHO officers deployed with the Soldier's Unit and may assist in locating the MHO.

e. Locate the Soldier through AKO white pages.

f. Email the Commander or the Soldier through use of the AKO or secure email. In most instances, deployed Soldiers are available to respond through the secure email address.

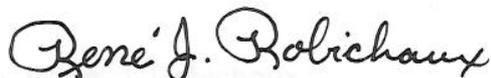
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g. Contact your Provost Marshall's Office or Criminal Investigations Division for assistance in locating the Soldier.

4. Use of Division Mental Health Assets for Safety, Assessment and Treatment during Deployment. Every effort should be made to locate the Brigade and/or the Division MHO to complete safety plans, assessments and treatment. Ongoing coordination and communication with the deployed MHOs is vital to ensuring the safety of both the victim and the alleged abuser. The MHOs can help ensure that protective measures are in place (i.e., military protection orders, weapons removal, escorts, etc.) and alert local FAPs of when a Soldier is returning from deployment. Scanning and emailing required FAP forms to the MHOs is appropriate and important to ensuring fairness in CRC determinations of abuse regarding a deployed Soldier and his family.

5. For further information or clarification, please contact the undersigned at rene.robichaux@us.army.mil /(210)221-7046 or the MEDCOM SWP POC: MAJ Kathleen Foreman at kathleen.foreman1@us.army.mil /(210)221-8625.



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