

## **SCOPE OF PATIENT CARE AND SERVICES FAMILY ADVOCACY PROGRAM**

### **1. General Description of Scope and Mission:**

#### **a. The mission of the Family Advocacy Program:**

Is the identification, evaluation, and treatment of domestic violence IAW AR 608-18. Comprehensive services are offered to all individuals who are eligible for care at Ireland Army Community Hospital.

#### **b. General Scope of Care:**

The Army Family Advocacy Program (FAP) was developed to respond to issues of child abuse/neglect and spouse abuse within the military community. FAP case managers are responsible for receiving abuse reports, conducting intakes, and coordinating with commanders, physicians, police, legal, schools, Army Community Service, The Cabinet for Families and Children, and other agencies involved in providing services for FAP clients. FAP treatment providers offer services to include individual, marital, family, and group counseling.

### **2. Description of general diagnostic groups and age-specific needs of patients serviced by diagnostic category:**

Care is provided to beneficiaries of all ages. Generally, this consists of active duty and family members; however, services are offered to retirees and their eligible family members.

### **3. Description of the scope and complexity of the patients' care needs within each diagnostic category:**

The presence of any form of child abuse or neglect or spouse abuse will require FAP intervention and follow-up and can last anywhere from three months to a year, depending on factors such as severity of abuse, past history, and the patients' motivational level.

### **4. For each diagnostic category, description of the limits of the care provided by this facility and the specific circumstances under which the patients would be transferred to a higher level treatment facility:**

In severe cases of child abuse, transfer to a civilian hospital may be necessary to provide the appropriate level of care. Any FAP patient requiring inpatient psychiatric care will need to be referred to the VA or civilian mental health facility.

### **5. Description of the availability and capability of the staff to support the scope and mission:**

All FAP personnel meet the requirements established in the DOD Family Advocacy Program Standards. All FAP case managers and treatment providers have attended the Family Advocacy Staff Training in San Antonio for child and spouse abuse. Treatment providers have a Masters in Social Work and are all licensed. Both case managers have their Masters Degrees, one in Divinity, and the other in Counseling. The staff is available Monday through Friday from 0800 through 1630 hours. FAP personnel are on-call during the weekend and evening hours to respond to after hours crisis.

### **6. Description of the standards and guidelines for practice which are utilized:**

Standards for practice are based on standards of state and national licensing boards, the National Association of Social Workers, IACH Credentialing Committee, and Army Regulation 608-18.

### **7. Description of the methods that are used to assess and meet the health care needs of the patients:**

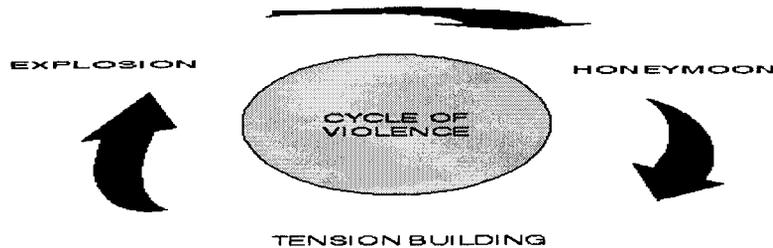
Methods used are psychosocial assessment, family history, record review, case staffing, and collateral information/collaboration with other agencies.

## The Family Advocacy Program

The Army Family Advocacy Program (FAP) was developed to respond to issues associated with domestic violence within the military community. The primary concerns of this program are child abuse and neglect, spouse abuse, and sexual crimes against children.

The Family Advocacy Program focuses on the evaluation and treatment of abuse and potentially abusive family situations. To that end, staff members working in the program are responsible for receiving reports and evaluating the various family dynamics involved in these situations. In coordination with the Case Review Committee (CRC, a multi-disciplinary team), FAP develops a treatment plan for these families and provides treatment and services as needed.

### THE CYCLE OF VIOLENCE



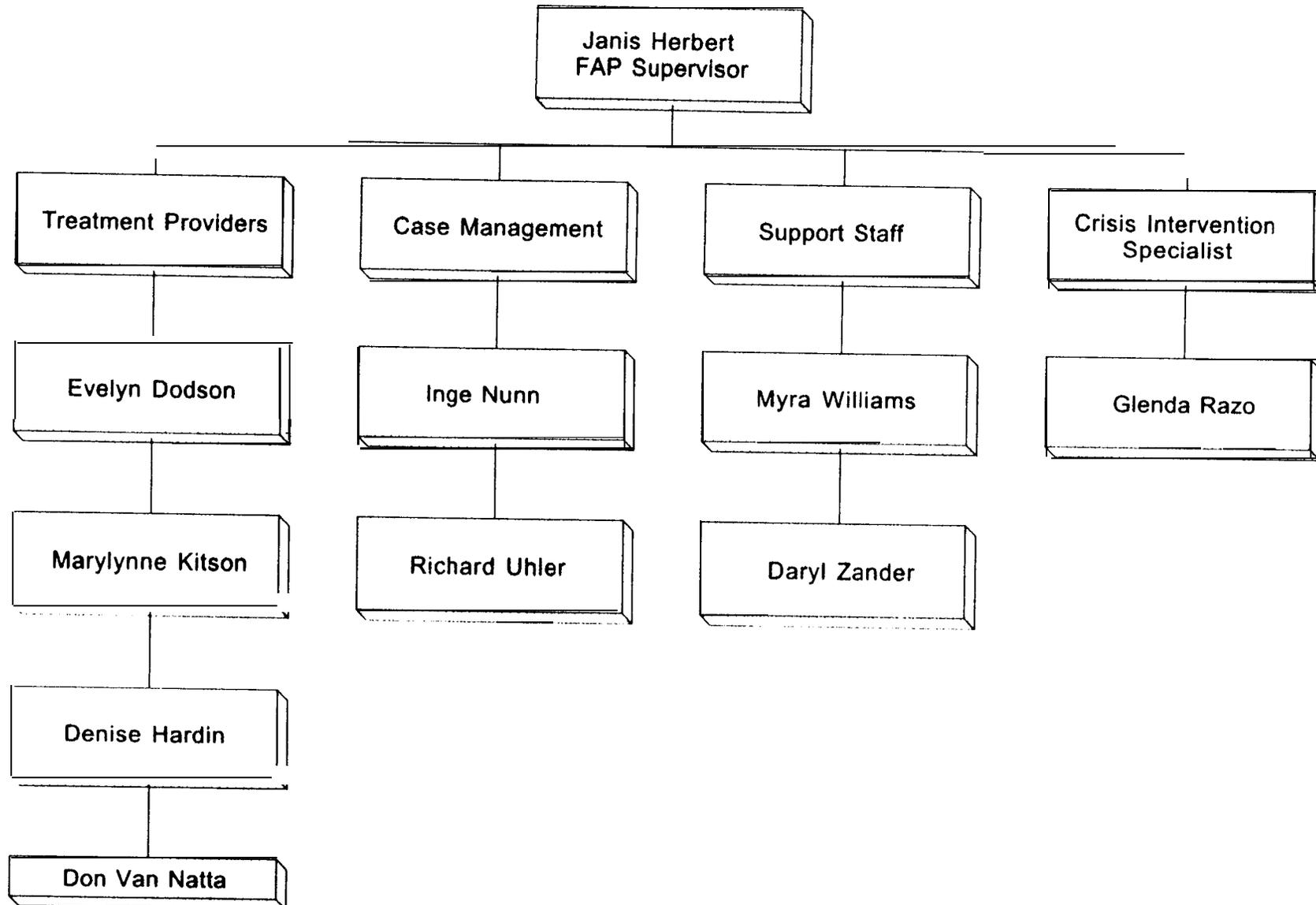
When soldiers and families get involved in incidents, their behaviors often suggest they are trapped in a “cycle of violence”:

1. **TENSION BUILDING:** Stress build-up, everyone walking on eggshells, and put downs which lead to -
2. **EXPLOSION:** Threatening, hitting, pushing, humiliating, which is followed by -
3. **HONEYMOON:** Denial of the problem “It’s over now. It only happened once. It only happened because...”--everything is OK now; promises; crying, reconciliation, giving presents.

**Without intervention of some sort, the cycle starts again and typically ESCALATES in level and severity of violence.**

# FAMILY ADVOCACY PROGRAM

Phone: 624-9334/9523



## DEFINITIONS

### **Child Abuse:**

**Physical:** Maltreatment of a minor which causes minor, moderate or severe physical injuries.

**Sexual:** All sexual activity between an offender, male or female, regardless of age, and a child, when the offender is in a position of power over the child.

**Emotional:** A pattern of intentional berating, disparaging or other abusive behavior towards the victim that may not cause observable injury.

### **Spouse Abuse:**

**Physical:** Use of physical force that causes physical injury to victim. Violence used to intimidate, control or force spouse to do something against his or her will, including forcing spouse to engage in any sexual activity against his or her will.

**Emotional:** Acts that may not cause observable injury but which adversely affect the psychological well-being of the victim.

**Substantiated Case:** A case that has been fully investigated and the preponderance of the available evidence indicates that abuse occurred. In other words, the evidence as a whole shows that it is more probable than not that the abuse occurred.

**Unsubstantiated Case:** A case that has been fully investigated for which the available information is insufficient to substantiate that abuse occurred.

**At-Risk Case:** A situation involving an individual who is vulnerable to spouse or child abuse, but where no abuse has occurred. A formal Family Advocacy Case is not opened, but an at-risk determination is made and treatment recommendations are provided to the Unit Commander.

## The Commander's Role in FAP Intervention and Treatment

The Family Advocacy Program's multi-disciplinary team approach supports a commander's efforts to assist soldiers and families who are at risk or in crisis. Although Commanders and First Sergeants prefer to prevent family crisis through prevention/intervention activities, there are times when it is difficult to reduce the kinds of stress that trigger abusive patterns. Commanders are asked to support the multi-disciplinary team's intervention and treatment efforts by meeting their responsibilities in the following areas:

- \* **Report:** suspicions of child and spouse abuse promptly to the Reporting Point of Contact (RPOC). Provide all relevant information to those investigating the report.
- \* **Inform:** soldiers about the reporting requirement. This requirement states that every soldier, employee and member of the military community is encouraged to report information about known and suspected cases of child and/or spouse abuse that require medical treatment and/or law enforcement assistance, as soon as the information is received.
- \* **Protect:** Initiate safety measures if needed to protect soldiers and/or family members, including disciplinary and administrative actions.
- \* **Support:** the CRC multi-disciplinary team and their recommendations for treatment if a case is substantiated or at-risk.
- \* **Disposition:** Attend and participate in CRC meetings when the soldiers' cases are initially presented by the FAP case manager for the CRC's determination. Cases are presented on the first and third Tuesdays every month starting at 0930 in the Regimental Room at Ireland Army Community Hospital.

## **The Commander's Role in the CRC Process**

**PROVIDE FACTS:** After the FAP case manager has presented the facts related to the allegation of abuse, the Commander/Unit Representative will be asked to provide any first-hand knowledge regarding the facts surrounding the episode of abuse. The CRC will then consider the facts available and determine whether the preponderance of the evidence warrants a finding of substantiation.

**DISCUSS TREATMENT:** The FAP case manager, CRC members and the Commander/Unit Representative will discuss treatment recommendations. All treatment plans are recommendations given to the commander by the CRC. Information presented to CRC on cases is sensitive in nature and must be protected. To insure confidentiality, cases should not be discussed outside the CRC. Commanders are requested to convey only case determinations and treatment recommendations to their soldiers and family members.

**ASSIST:** The soldier and his/her family in overcoming any obstacles to treatment/help. Commanders should also advise their soldiers of the CRC appeal process and assist them in initiating an appeal if they choose to go forward with that process.

## Case Review Committee

The Case Review Committee, (CRC) meets the first and third Tuesday of the month at 0930 and is open to all commanders who have a soldier's case being presented that day. Commander's or their chosen representative are strongly encouraged to attend. Any selected representative should be given full authority to act or make decisions on the commander's behalf, e.g. enrolling soldier into FAP, scheduling appointments for soldier, etc. If there is a fifth Tuesday in a month, that day is used to review administrative issues and any cases being appealed. Cases are reviewed by the CRC on a first come, first serve basis.

The CRC is made up of professionals from various organizations and units within the Ft. Knox community. Voting members of the CRC consist of

- \* FAP Case Managers
- \* Family Advocacy Program Manager
- \* Chaplain
- \* Medical Treatment Facility Physician/Pediatrician
- \* Provost Marshal
- \* CID Representative
- \* ADAPCP Clinical Director
- \* Staff Judge Advocate Representative
- \* DENTAC Representative (as needed)

(Commanders are not voting members of the CRC. Your input concerning any first-hand information specific to the alleged abuse incident is taken into consideration by the committee).

### Functions of the Case Review Committee:

- \* **Assigns** a case manager from the Family Advocacy Program who will coordinate information and services from the initial report to case closure.
- \* **Ensures** that the unit commander is notified within 24 hours after the first credible report surfaces; contact will be made as soon as possible to coordinate services and to advise on the status of the case.
- \* **Initiates** and maintains communication with command (e.g. nature of abuse, subsequent reports, ways to support the interventions, failure to participate in treatment, treatment progress, provides commander with documentation to support recommendations).
- \* **Evaluates** each report to identify potential family problems and coordinates intervention as necessary.
- \* **Meets** bi-monthly to determine case substantiation or unsubstantiation, informs command of findings.
- \* **Coordinates** cases with local Child or Adult Protection Agencies if incident occurred off-post
- \* **Recommends** to commander intervention and treatment services for soldiers and/or family

## **Family Advocacy Program (FAP) Group Descriptions and Times**

All groups take place at the Family Advocacy Program Clinic at Ireland Army Community Hospital, Social Work Services unless otherwise indicated. Referrals may be made via Consultation Forms (SF 5 13) or through request by the unit chain of command. All referrals will be screened for appropriate group placement. If you have any questions regarding any of the programs listed below, please call the Family Advocacy Program at 624-9334 or 624-9523.

### **Child Sexual Offender Rehabilitation Program (SORP):**

This program was established as a multi-disciplinary response to intra-family child sexual abuse. SORP consists of a course of treatment in conjunction with a pre-trial deferral or criminal prosecution or a post-trial deferment of confinement and possible subsequent suspension of an adjudged sentence. The structure of the treatment program includes the goal of providing a forum for individual work initially and gradually increasing contact and support for family work. Each member of the family has specific changes necessary for healthy functioning of the individual as well as the family. Related groups include perpetrator's group, Mom's group, children's therapy group and appropriate individual counseling. Only the offender's defense counsel may refer to the program. Specific criteria must be met in order for an offender to be accepted.

**Facilitators:** Don Van Natta & Steve Bowen

**Day & Time:** Thursdays, 1430-1630

**Location:** Regional Corrections Facility

### **Children's Domestic Violence Group:**

This is a ten session group working with children whose lives have been affected by domestic violence. Group topics include feeling identification and expression, families, types of abuse, protection plans, assertiveness and building support systems. Group participation is encouraged through the use of play therapy techniques, art, games, stories and worksheets. Group size is limited to 5-7 children. Children accepted into the group is based on the current age population. If enough children of other ages are referred, additional groups will be considered.

**Facilitator:** Marylynne Kitson

**Day & Time:** Wednesdays, 1530-1630

### **Criminality/Victimization Group:**

Family Advocacy staff are guest presenters to inmates at Ft. Knox Regional Corrections Facility. Presentations are given every 6 to 8 weeks on the subjects of child abuse, child sexual abuse and spouse abuse. The goal of the group is to provide participants with an understanding of the problems of domestic violence. Group enrollment is closed and restricted to inmates of the facility.

**Facilitators:** Steve Bowen & FAP Personnel

**Day & Time:** Thursdays, 1300-1500

**Location:** Regional Corrections Facility

**Divorce Recovery Workshop:**

A six-week open group for individuals who may have been involved in a domestic violence incident and who plan to divorce. This group would also be recommended for individuals who have been through a devastating divorce or who's parents divorce preceded extreme emotional difficulties.

**Facilitator:** Richard Uhler

**Day & Time:** Mondays, 1500-1600

**Domestic Conflict Containment Program(DCCP):**

The primary goal of this program is to eliminate violence in the home. Classes focus on identifying triggers, self-angering thoughts, negative behavior and containing conflict by using active group participation, homework assignments and practice exercises to accomplish this goal. DCCP is a closed, 10 week group.

**Facilitators:** Denise Hardin and Richard Uhler

**Day & Time:** Wednesdays, 1300-1430

**Family Wellness Prow-am:**

A six-week course for all family members ages 8 and older. Course meets one evening a week for two hours. Families are taught how to set and reinforce rules and boundaries necessary for family health. Topics include how parents, children, husbands and wives relate in healthy families, how problems are resolved in healthy families and how parents pass on their values in healthy families. The course depends heavily upon role playing, demonstrations and video segments.

**Facilitators:** Presented jointly by Chaplains and FAP Personnel

**Day & Time:** Call FAP or Family Life Chapel for schedule

**Multiple Abuse Support Group:**

This is an open-ended support group for soldiers confined at the Regional Corrections Facility. This is an educational and support group which addresses such areas as emotional, physical and chemical abuse, power and control issues, and issues surrounding addictive behaviors.

**Facilitators:** Steve Bowen, Sgt. Peck and Don Van Natta

**Day & Time:** Wednesdays, 0800-1 100

**Location:** Regional Corrections Facility

**Verbal Harmony:**

A six-week closed group designed to eliminate verbal domestic maltreatment and decrease the occurrence of domestic violence by teaching marital, gender and advanced communication skills necessary to live in harmony. Participants will be encouraged to use these skills to recognize and respond to the harshness as well as the subtlety of verbal maltreatment and develop positive verbal interactions

**Facilitators:** Richard Uhler and Denise Hardin

**Day & Time:** Thursdays, 1330-1 500

**Violence Management Program for Men (VMPPM):**

This program is offered for men who have demonstrated difficulty with anger management, communication attitudes regarding sex roles and self-esteem issues. This program is designed to be effective in helping men realize that they can control anger and violence. VMPPM is an open group, 10 weeks long.

**Facilitators:** Don Van Natta and Angie Walker

**Day & Time:** Tuesdays, 1700- 1900

**Violence Management Program for Women (VMPW):**

This educational/therapeutic intervention group for women is designed specifically to teach women skills necessary to stop their violent behaviors. VMPW addresses issues of anger control, cycle of violence, communication styles and stress management. This group is open for women who 1). are court-referred, 2). are offenders in FAP cases of spouse or child abuse, 3). self-referred with a past history of abusive behaviors.

**Facilitators:** Don Van Natta and Inge Nunn

**Day & Time:** Tuesdays, 1330-1500

**Women's Support Group:**

This is an eight week, open group for women who have experienced domestic violence. Topics include domestic violence education, feelings identification, problem solving techniques, and building support systems. Participants are encouraged to share thoughts, feelings and issues with each other. Participants usually have open cases of domestic violence with the Family Advocacy Program, but this is not a prerequisite for participation.

**Facilitator:** Marylynne Kitson and Denise Hardin

**Day & Time:** Tuesdays, 1 000- 1130

**Parenting Programs:**

Various parenting classes are offered through Army Community Services (ACS). Each class is age specific, helping parents learn parenting skills for newborns to teens. Pre-registration is required. Call ACS, 624-629 1. Child care is provided

***What happens after my case has been presented to the CRC?***

- \* If the CRC decides your case is unsubstantiated, our records concerning your incident will be destroyed.
- \* If the case is substantiated, the following **could** happen:
  - \* A command requirement for your active participation in a treatment program
  - \* Command directed treatment may include participation in Domestic Violence Groups, Support Groups, Parenting Classes, Individual/Couples/Family Counseling and/or a referral to other appropriate resources.
- \* The medical records of the victim(s) will be placed in a special category and you will not be able to hand carry these records to your medical appointments. These records will be delivered by medical records personnel.

***What is the purpose of these treatment programs?***

- \* To help identify family problems that lead to violence.
- \* To provide information and education to help those involved in violent episodes to **learn** alternative skills to prevent **future** violence.

***How long will I be involved in treatment?***

- \* The time spent in treatment depends on the following:
  - \* Severity of initial incident.
  - \* Participation and cooperation of those involved.
  - \* Regular attendance at mandated sessions.
  - \* Successful program completion.
- \* Estimated time is about 3 months if you follow the above properly

***How will this affect my military career?***

- \* **Positive:** Cooperation and successful program participation will actually enhance your career by giving you skills to prevent **future** incidents of family violence.
- \* **Negative:** Failure to participate or repeat incidents can result in UCMJ actions, flagging actions or separation from military service.

## **The Family Advocacy Program**

This is an information paper intended to answer the most frequently asked questions about involvement in the Army Family Advocacy Program (FAP).

### ***Why am I here?***

- \* Family Advocacy received a report of alleged family violence in your family
- \* The Army legally requires the Family Advocacy Program (IAW AR 608- 18) to investigate all reported cases of family violence and present findings to the Case Review Committee (CRC).

### ***What is the CRC?***

- \* A group of military and civilian professionals representing their area of expertise who.
  - \* Evaluate reports of spouse/child maltreatment.
  - \* Recommend treatment services to reduce the potential for family violence problems
  - \* Recommend follow-up counseling to prevent future violence.

### ***Who will be notified about my situation?***

- \* Members of the CRC.
- \* Your commander and/or 1 *SG*
- \* Depending on the circumstances of the incident, the following **may** be notified.
  - \* Military referral agencies such as Army Community Services (ACS), Military Police (MP's), or Behavioral Medicine Clinic (BMC).
  - \* Civilian referral agencies such as Cabinet for Families and Children (CFC) or civilian police departments.
  - \* The Army Central Registry (Army-wide computer file of confirmed family violence cases located at Fort Sam Houston, Texas).