

SAFE IS STRONG

TAKING CARE OF ARMY FAMILIES



A COLLABORATION BETWEEN ARMY FAMILY ADVOCACY PROGRAM & GSTS • YEAR 2022, TOPIC 1 • WWW.GSTSONLINE.ORG/SAFE

LINK: WHAT STEPS TO TAKE WHEN PSB-CY IS REPORTED

- 1. Allegation of PSB-CY.** When a potential incident of PSB-CY is reported by someone in an Army organization (i.e., DoDEA, CD/YP) or another source, the Family Advocacy Program (FAP) must evaluate the incident using the Non-Clinical Referral Tool (NCRT [\[LINK\]](#), DD form 3179). This process is a judgment call as to whether the behavior is normal, cautionary, or problematic. There is no incident determination committee for PSB-CY.
- 2. Activation of MDT.** If the incident is problematic, the FAP activates the installation multidisciplinary team (MDT) to recommend treatment, counseling, and appropriate interventions. The MDT operates as a collegial, collaborative relationship. Although the MDT is coordinated by FAP, there is no hierarchy. It is a shared mission activity to respond to the cases; it is a huddle.
- 3. Who is on the MDT?** The core membership will include the FAP Manager, and representatives from the CID, Child Development and Youth Program (CD/YP), and the Department of Defense Education Activity (DoDEA) when DoDEA is the referral source. The membership can be expanded on a case-by-case basis to include the Staff Judge Advocate, the Medical Treatment Facility FAP, CPS, the Child Advocacy Center, and community agencies serving the installation. (See [\[HERE\]](#) for additional information on the MDT.)
- 4. What now when there is PSB-CY?** The MDT reviews referral, addresses safety needs, drafts an initial coordinate course of action and develops strategies for parent engagement.
- 5. Follow-on activities.** There are many routes for assistance for children, youth, and parents. Parents are offered support and services and trauma-focused assessment is conducted by FAP clinicians. Case management follows that includes MDT review of cases until case is closed.

