

MEMORANDUM FOR:

FROM:

SUBJECT: Child and Youth Behavioral Military & Family Life Counseling (CYB-MFLC)

1. This letter is to inform you about the Child and Youth Military & Family Life Counseling (CYB-MFLC) Program services. Due to the unique challenges faced by military families, the Department of Defense is offering this private and confidential non-medical counseling service to Service members, families, children, and staff of Child and Youth Programs (CYP), Department of Defense Education Activity (DoDEA) Schools, Local Education Agencies (LEA), DoDEA CYP summer programs, National Military Family Association Operation Purple Camps, Guard/Reserve Camps, and Operation Military Kids Camps
2. The CYB-MFLC may support staff and work with children and families in the following ways:
  - Observe, participate and engage in activities with children and youth
  - Provide direct interaction with children
  - Model behavioral techniques and provide feedback
  - Suggest courses of age appropriate behavioral interventions to enhance coping and behavioral skills
  - Outreach to parents when they drop off or pick up their children or at family events
  - Available for parents to contact for guidance and support
  - Facilitate psycho-educational groups
  - Conduct training for staff and parents
  - Recommend referrals to military social services and other resources as needed
3. CYB-MFLCs may assist parents, teachers, staff, and children in the following ways:
 

Communication	Self esteem/self confidence
Resolving conflicts	Behavioral management techniques
Helping children deal with their angry feelings	Sibling/parental relationships
Bullying	Deployment and reintegration issues
4. The counselor may also work with children in settings such as field trips and other center, camp, or school sponsored activities.
5. The counselor is available to accommodate appointments and meetings/activities after hours and on weekends with advance notice.
6. At no time will the counselor meet individually with a child without being in line of sight of a CYP, DoDEA, LEA, or camp employee or a parent/guardian.
- 7 The counselor may use only use OSD approved materials for trainings, groups, and any other activities.

Name of installation and/or CYP, school, summer program, camp\_\_\_Shoal River Middle School \_\_\_\_\_

I acknowledge that a CYB-MFLC is available and authorize my child\_\_\_\_\_ to receive CYB-MFLC support.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

I acknowledge that a CYB-MFLC is available and **DO NOT** authorize my child\_\_\_\_\_ to receive CYB-MFLC support.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE