

**INDIANA DEPARTMENT OF CHILD SERVICES  
ADMINISTRATIVE POLICIES AND PROCEDURES**

Policy Number: GA-17

Effective Date: November 1, 2014

Version: 2.0

**POLICY TITLE: CRITICAL INCIDENT RESPONSE**

**OVERVIEW:** The Department of Child Services (DCS) will utilize aspects of Critical Incident Stress Management (CISM) to provide supportive interventions to employees when critical or high stress events occur in the work environment.

**I. DEFINITIONS**

Critical Incident Stress Management (CISM): An intervention protocol developed specifically for dealing with traumatic events. CISM is a formal, highly structured and professionally recognized process for helping those involved in a critical incident to share their experiences, vent emotions, learn about stress reactions and symptoms, and receive referrals for further help, if required. It is not psychotherapy. It is a confidential, voluntary, and educative process, sometimes called “psychological first aid” (<https://www.icisf.org/>).

**II. REFERENCES**

[Critical Incident Protocol](#)

**III. POLICY**

- A. DCS will provide supportive interventions to employees when critical or high stress events occur.
- B. The DCS Critical Incident Response Team (CIRT) is comprised of Family Case Managers (FCMs), FCM Supervisors, Local Office Directors (LODs), Division Managers (DMs), and Regional Managers (RMs) from across the state, as well as, Central Office employees (including Child Support Bureau [CSB] staff) trained in CISM.
- C. Only DCS staff trained in CISM will respond to critical incidents.
- D. Any DCS staff may request a critical incident response by contacting the Clinical Services Specialist for his or her region.
- E. **[REVISED]** The need for a critical incident response should be assessed by the Supervisor and LOD, DM, RM, or Deputy Director for a variety of incidents, including, but not limited to:
  - 1. A fatality of a child involved with the agency, including an open Child in Need of Services (CHINS) or Informal Adjustment (IA) case, or during the course of an open assessment;
  - 2. A child fatality assessment, which is outside of that employee’s typical job duties;
  - 3. Threat of harm or actual harm to an employee, during and/or related to his or her performance of DCS duties;
  - 4. Any case receiving a high degree of media scrutiny aimed at a particular office or employee(s);
  - 5. An unexpected death of a co-worker; and

6. Any other critical incident that results in an increased stress response, as determined to require a critical incident response by the Supervisor and LOD, DM, RM, or Deputy Director.
- F. **[REVISED]** The Supervisor and LOD, DM, RM, or Deputy Director should evaluate the request and, if appropriate, contact the Clinical Services Specialist in the region within **24 hours**.

**Note:** For Central Office staff (including CSB staff), the Deputy Director should contact the Clinical Services Specialist for Region 10.

- G. **[REVISED]** The Clinical Services Specialist will determine if the request is appropriate and, if appropriate, initiate the CISM response by contacting the CIRT to secure responders and schedule a date for the Critical Incident Response.
- H. The Critical Incident Response is a confidential service. As with any confidential service, if issues of safety to the employee, a child, or any other person come to the attention of the responder, the responder has a duty to inform appropriate parties.

#### IV. PROCEDURE

- A. Requesting a Critical Incident Response:
1. **[REVISED]** DCS staff will contact his or her Supervisor, LOD, DM, RM, or Deputy Director for review and approval.
  2. **[REVISED]** The Supervisor and LOD, DM, RM, or Deputy Director will contact the Clinical Services Specialist in the region within 24 hours, if appropriate.

**Note:** For Central Office staff (including CSB staff), the Deputy Director should contact the Clinical Services Specialist for Region 10.

3. **[REVISED]** The Clinical Services Specialist will determine if the request is appropriate by contacting the Supervisor, LOD, DM, RM, or Deputy Director within one (1) business day of the request to evaluate the appropriateness of a CISM response. If the request is appropriate, the Clinical Services Specialist will contact the CIRT to secure responders and schedule a date for the Critical Incident Response.

**Note:** If there is a concern about the appropriateness of an intervention, the concern should be reviewed by the Deputy Director of Field Operations and the Deputy Director of Permanency and Practice Support.

- B. Response of the CIRT:
1. If a CISM response is appropriate, an individual or team of individuals who have been trained and certified in CISM will respond. The need for, and appropriateness of a CISM intervention, is based on how individuals are coping with critical incident, not solely on the incident itself.

2. Following a CISM intervention, one (1) of the responders will follow-up with the LOD, DM, RM, or Deputy Director to determine whether further intervention is needed.

#### **V. FORMS AND OTHER DOCUMENTS**

N/A

Date: 9/16/14

Mary Beth Bonaventura, Director  
Department of Child Services

A signed copy is on file.

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