

# ISTSS BEST PRACTICE PARAMETERS

In addressing the exchange of knowledge about severe stress and trauma, trauma professionals face many challenges regarding how to engage in the work with integrity, sensitivity and honesty. An ISTSS task force was created in 2000 to formulate best practice parameters that would stimulate discussion and exchange of information within the traumatic stress community. These are not intended as policing policies, but rather are a means to begin a dialogue about professional practice in the field.

The ISTSS Board of Directors approved a draft version of the Practice Parameters for dissemination to ISTSS membership for feedback and modification. Thirty members provided feedback and several modifications were made in response to members' comments in the draft below:

## BEST PRACTICE PARAMETERS

### PREAMBLE

ISTSS is an international, multidisciplinary, professional membership organization that promotes advancement and exchange of knowledge about traumatic stress. This knowledge includes understanding about the scope and consequences of traumatic exposure, the prevention of traumatic events, the amelioration of negative consequences, and advocacy activities in the field of traumatic stress. In keeping with this mission, ISTSS has developed best practice parameters to provide guidance and suggestions to trauma professionals regarding their work in this field. These parameters, aspirational in nature, are intended to promote the dignity, welfare, and autonomy of those who receive clinical services or participate in trauma research. The locations, cultural contexts, and conditions in which trauma professionals work vary widely, and these parameters may not apply to all situations. Therefore, departures from these parameters, in and of themselves, should not be construed as unethical, below the standard of practice, or legally liable in court action.

Professionals and paraprofessionals who work with trauma survivors, as teachers, clinicians and scholars:

- Adhere to the standards and guidelines of their professions; they seek consultation and supervision as needed and avoid working in isolation.
- Adhere to relevant professional codes of ethics and to pertinent international, national, and local laws governing their activities. In unique and unusual cases, where the laws might mandate or encourage unethical behavior that could potentially harm, clinicians should seek consultation, try to resolve the situation within the confines of law, try to change the law, and strive to determine the best course of action that maximizes the welfare of client/consumers.
- Engage in the process of informed consent whenever possible in order to ensure that clients are knowledgeable about the procedures and services that they receive, including the expected course of the intervention or research, the risks and benefits, the nature of record keeping, and the obligations and responsibilities of each party.
- Engage in ongoing education to keep expertise current.
- Communicate information truthfully and accurately to clients, students, and the general public.
- Provide services, teach, conduct research, and offer professional opinions with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, and professional experience. If asked for an opinion for public dissemination on a subject outside the boundaries of their competence, trauma professionals make clear

that they do not have specific training in the subject. For example, those without clinical training do not offer opinions on self-help or treatment following a traumatic stressor and those without medical training do not offer opinions on medications.

- Disclose financial interests and potential conflicts of interest in all professional endeavors. If potential conflicts exist, guidance and consultation should be sought regarding ways to mitigate the real or potential conflict of interest.
- Interact professionally with their colleagues including when they are in situations of conflict or disagreement.
- Strive to ensure that any working environment for which they are responsible is consistent with and encourages ethical behavior.
- Strive to protect the dignity of trauma survivors in all contexts.

## **CLINICAL AND ORGANIZATIONAL INTERVENTIONS**

Service providers who work with trauma survivors:

- Refrain from dual relationships with clients/consumers, especially of the sort that would involve exploitation of any sort. In particular, sexual contacts and intimacies between client and trauma professional are especially problematic and are expressly forbidden in perpetuity by many professional organizations. Several forms of trauma specific work (e.g., disaster work, services during combat or civil unrest) may preclude the prevention of contact with clients. In these settings, persons who provide direct client services manage their relationships in such a way as to preclude developing friendships, romantic or business relationships.
- Have the responsibility to practice within the relevant standard of care. In particular, practitioners are advised to strive to stay current with advances in relevant research and practice activities; they modify practice as needed in response to advances in research, policy, and practice.
- Approach all assessments, interventions, techniques, and services that do not have research or observational substantiation with caution. If possible, they initiate evaluation efforts in order to assess the effects of their interventions/services.
- Monitor the progress of interventions or services they provide. If a client appears to be stalemated, not making progress, deteriorating, and/or experiencing dangerous or intolerable risks, the practitioner seeks consultation or supervision to review the intervention/service plan and determine whether it needs to be modified or ended, whether he or she is capable of providing the intervention, and whether the client should be referred to another professional for treatment.
- Conduct interventions with attention to their cultural, political, demographic, and religious contexts. They strive to provide services that match the needs and the specific context of the client.
- Are sensitive to issues of trust, power, and boundaries when working with trauma survivors. Since traumatic life events (especially those involving interpersonal violence and exploitation) often affect the capacity to trust others and make choices, practitioners strive to engage clients in a collaborative process that attends to their empowerment. To whatever extent possible, clinicians encourage clients to have a say in their treatment or in the service they receive.
- Respect the confidentiality of clients in accordance with relevant ethical guidelines and laws. Providers strive to assure that all electronic and paper records are securely maintained. When a violation of confidentiality is dictated by law (e.g., in the case of imminent danger to self or other), the clinician seeks to engage the client's cooperation and participation in the process.
- Recognize that clinical work with trauma survivors requires attention to their own emotional health and actively seek to manage the impact of trauma work on their own lives (vicarious, secondary or indirect

traumatization) through involvement in regular professional and personal renewal efforts and activities. Practitioners who experience personal or professional difficulties that interfere with their ability to function seek support, consultation, supervision, and treatment as needed. Trauma professionals seek to assist colleagues they perceive as having difficulty in their ability to function.

## RESEARCH

ISTSS is dedicated to the discovery and dissemination of knowledge about traumatic stressors and their immediate and long-term consequences. While research is vital for the advancement of the field, the welfare of research participants must take priority over any other considerations

Trauma researchers:

- Seek supervision and consultation when their research involves areas or methodologies that exceed their expertise.
- Submit their investigatory proposals for review and approval by available institutional ethical review boards. If an institutional review board is not available, researchers seek consultation from an independently constituted human subjects protection board or independent knowledgeable researchers who have no real or apparent conflict of interest with the primary investigator and research proposal and who can participate in an independent examination of the proposed study to determine whether its risks outweigh its benefit and to determine the soundness of its methodology.
- Apply research standards in all research projects to ensure that participants are treated humanely and with respect. These standards include striving to:
  - Minimize risk while maximizing benefit to either the participant and/or the field of traumatic stress. To minimize risks to participants, researchers carefully screen participants and have clear rules for stopping the study or for terminating participation in response to study-related adverse events. When necessary, researchers have procedures for reversing any adverse effects and procedures for conducting follow-up assessments or interventions. These procedures are especially needed in symptom provocation or challenge studies.
  - Involve consumers (e.g., trauma survivors, survivor advocates) to review research design and consent procedures whenever possible.
  - Ensure that participants clearly understand the study's purpose and procedures and that they have the option to refuse or discontinue research participation at any point. [Note: In most research that is observational or conducted as part of standard operating procedures of an organization (i.e., quality assurance), such consent is typically not required]. Researchers take particular care in recruitment of potential participants who have limited decision-making capacity or require special protection.
  - Are sensitive to cultural, ethnic, and political issues in the development, conduct, and presentation of research.
  - Devise mechanisms for protecting the confidentiality of information provided by research participants.
  - Avoid use of procedures that involve risk of harm unless anticipated benefits clearly outweigh the risks.
  - Do not coerce research participation.
  - Cease a study when numerous study-related adverse events are identified.
- Fully and accurately report original research findings and methodology.
- Acknowledge due credit and offer authorship based on real and proportional contributions.

- Provide specialized training as needed and responsible supervision to all staff engaged in the conduct of the research.
- Adequately disguise descriptions of individuals or case presentations unless information is in the public domain. Researchers obtain explicit permission from an individual participant to present case details that could identify the participant.
- Do not present forensic or clinical work as research unless informed consent was obtained allowing them to do so or the work is based on information in the public domain.

## **TEACHING AND TRAINING**

Trauma professionals who teach or conduct trainings:

- Strive to ensure that their material is up-to-date and is conveyed truthfully and accurately.
- Do not exploit students or supervisees professionally or personally.
- Make every effort to accurately represent program content.
- Inform students or supervisees about any potential conflicts of interests including financial benefits using particular texts.
- Communicate students or supervisees the potential impact of trauma work (vicarious, secondary or indirect traumatization) and the duty to self-care.
- Prepare the audience, when possible, when case or media examples could trigger audience members' trauma reactions in predictable ways.
- Do not require students to participate in individual or group experiential training exercises that encourage self-disclosure about personal histories without first providing informed consent with a genuine option to decline participation.