

Global Psychotrauma Screen Teen Version (GPS-T)

User guide

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Global Psychotrauma Screen – Teen (11-17 years)

The GPS-T in short

- The Global Psychotrauma Screen – Teen version (GPS-T) is a screening instrument designed for teenagers aged 11-17 years to identify reactions to a severe stressor / potentially traumatic event (17 yes/no questions)
- It also assesses risk or protective factors known to influence the development or course of symptoms (5 yes/no questions).
- It can be used in different settings such as in primary care, after disasters, in clinical or non-clinical practice.
- The app is currently under development that will direct feedback on the scores.
- Scoring positive above the cutoff or on certain domains (e.g. of posttraumatic stress disorder (PTSD)) may require more detailed follow-up assessments, e.g. with structured interviews for specific disorders.

The GPS adult version (Olff et al., 2020) was adapted for teenagers by the “GPS for Child and Teen Project” group within the Global Collaboration on Traumatic Stress (Schnyder et al., 2017). The aim of the “GPS Child and Teen Project” is to advance knowledge and evidence about the impact of adverse life events on adolescent population. The GPS Teen version (GPS-T) was revised and semantically adapted in the United States for adolescents aged 11-17 years (Grace et al., 2021). Upon its validation, GPS-T can be used in clinical and non-clinical settings to screen for acute or long-term consequences of potentially traumatic events.

The GPS-T and its domains

The GPS-T consists of 17 symptom items, and 5 risk/protective factor questions, each answered in a yes/no format, and one functioning item. The English version is attached (Appendix 1). See website (<https://www.global-psychotrauma.net/gps-child-teen>) for other languages.

The symptom domains covered in the GPS are:

- PTSD
- Disturbances in Self-Organization (DSO) as part of Complex PTSD
- Anxiety
- Depression
- Sleep problems
- Self-harm
- Dissociation
- Other physical, emotional, or social problems
- Substance abuse

Risk and protective factors assessed are:

- Other stressful events
- Childhood trauma
- History of mental illness
- Social support
- Psychological resilience

The GPS-T app

The GPS-T will be available in the underlined languages below through the GPS webapp (see <https://www.global-psychotrauma.net/gps-child-teen>). The app will allow to easily fill out the GPS-T and to receive immediate feedback on scores.

The English version has been translated by bilingual trauma experts using the consensus-based translation and cultural adaptation process. Not all languages are available yet, but a pdf translation can be obtained through the website. The GPS-T is currently available in 10 languages (to download PDF go to the website):

1. Arabic
2. Chinese
3. Dutch
4. English
5. German
6. Greek
7. Hungarian
8. Norwegian
9. Russian
10. Slovak

Collect your own GPS data

For researchers and clinicians, there is a possibility to get access to GPS app data collected through your own portal. Please contact us if you are interested.

Scoring instructions

Several scores can be calculated. "GPS symptoms" is the sum score of all symptom items. "GPS Risk & Protective Factors" is the sum score of all the risk and protective factors. Subdomain scores are all mean item scores of the subdomain.

Scoring GPS items 1-21: No=0; Yes=1. GPS Item 22: No=1; Yes=0. (Note that in the GPS app data GPS22 is already recoded)

- **"GPS_Symptoms"**: Sum of items 1-16 + 18 (range 0-17).
- **"GPS_PTSD"** Sum of items 1-5 (range 0-5).
- **"GPS_DSO"** Sum of items 6-7 (range 0-2).
- **"GPS_CPTSD"** Sum of "GPS_PTSD" and "GPS_DSO" (range 0-7).
- **"GPS_Anxiety"** Sum of items 8-9 (range 0-2).
- **"GPS_Depression"** Sum of items 10-11 (range 0-2).
- **"GPS_Insomnia"** Items 12 (range 0-1).
- **"GPS_Self-harm"** Item 13 (range 0-1).
- **"GPS_Dissociation"** Sum of items 14-15 (range 0-2).
- **"GPS_SubstanceAbuse"** Item 18 (range 0-1).
- **"GPS_OtherProblems"** Item 16 (range 0-1).
- **"GPS_RiskProtect"** Sum of items 17 + 19-22r (range 0-5).

Preliminary data on adults suggest that a cutoff 8 or 9 on the total symptoms score is indicative of PTSD (Frewen et al., 2021, Haghi et al., under review), with 8 for maximized sensitivity, 9 for higher specificity. Based on a cutoff of ≥ 3 for PTSD domain, the rate of probable PTSD was 16.9% ($n = 9810$) with the mean 1.0 ($SD = 1.5$, range: 0–5) in China (Cao et al., 2021).

It is advised that scoring positive above the total symptom cutoff or on certain domains is followed up with more detailed assessments, e.g. with structured interviews for specific disorders.

References

Cao, C., Wang, L., Fang, R., Liu, P., Bi, Y., Luo, S., Grace, E., & Olf, M. (2021). **Anxiety, depression, and PTSD symptoms among high school students in China in response to the COVID-19 pandemic and lockdown.** *Journal of Affective Disorders*, 296. 126-129. <https://doi.org/10.1016/j.jad.2021.09.052>

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Appendix 1. GPS Teen English version

Global Psychotrauma Screen for Teens (GPS-T) 11-17 years			
Gender:		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not To Say	
Age (years):		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
Sometimes things happen to people that are unusually frightening and horrible. If such things happened to you, please answer the questions below about the event that now bothers you the most.			
After the event, have you had any of the following <u>in the last month</u>? Please mark "No" if you did not experience it, or mark "Yes" if you experienced it.			
1.	had very scary dreams or upsetting thoughts about the event?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2.	tried hard not to think about the event, or tried to avoid places, situations, people, and anything that reminded you of the event?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3.	been constantly on guard, watchful, or easily startled, even when there was no reason for it?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4.	felt numb or detached from people, activities, or surroundings in a way that makes you feel absent even though you are physically present?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5.	felt guilty for what happened to you and for any problems the event caused?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6.	felt bad about yourself, as if you are not important or you do not matter?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7.	had anger or rage that you could not control?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
8.	felt nervous or anxious?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
9.	could not stop or control your worrying?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
10.	felt down, depressed, or hopeless?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.	had little interest or pleasure in doing things that used to bring you joy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
12.	had problems falling or staying asleep, even though you wanted to sleep?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
13.	tried to hurt yourself on purpose?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
14.	viewed the world and other people around you in a way that seemed strange as if you were in a dream, even though you were awake?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
15.	felt like you are looking down on yourself from above, or like you are seeing your body from outside?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
16.	had any other problems bothered you (for example, aches or pains, bad feelings, problems with school, family, or friends)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
17.	experienced other stressful events (for example, not having enough money or food, moving to another house, incidents at school, with friends, or family members?)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
18.	tried to lessen bad feelings by smoking or vaping, drinking alcohol, using drugs, or taking medication that was not prescribed to you?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
19.	did not have supportive people to take care of you (for example, help you feel better when you are upset, give you rides to school or events, go with you to a doctor or hospital)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
20.	During your early childhood (0-10 years), did you experience any other frightening or horrible events?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
21.	Have you ever been told that you have emotional or behavioral problems or have you ever been treated for such problems (for example, depression, anxiety, ADHD, eating disorder, or any behavioral issues)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

22.	Do you <i>generally</i> consider yourself to be a resilient person (someone who bounces back from difficult situations or who can overcome bad things happening)?										<input type="checkbox"/> No	<input type="checkbox"/> Yes
F.	How would you rate your present functioning (how are you doing now at home, school, and other areas of your life)?											
	Poor	1	2	3	4	5	6	7	8	9	10	Excellent

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