

Global Psychotrauma Screen Child Version (GPS-C)

User guide

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Global Psychotrauma Screen – Child (6-10 years)

The GPS-C in short

- The Global Psychotrauma Screen – Child version (GPS-C) is a screening instrument designed for teens aged 6-10 years to identify reactions to a severe stressor / potentially traumatic event (16 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 provide 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 (Olf et al., 2020) was adapted for children by the “GPS for Child and Teen Project” group within the Global Collaboration on Traumatic Stress. The aim of the “GPS Child and Teen Project” is to advance knowledge and evidence about the impact of adverse life events on child population. The GPS Child version (GPS-C) was revised and semantically adapted in the United States for children aged 6-10 years (Grace et al., 2021). Upon its validation, GPS-C can be used in clinical and non-clinical settings to screen for acute or long-term consequences of potentially traumatic events.

The GPS-C and its domains

The GPS-C consists of 16 symptom items. 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

The GPS-C app

The GPS-C 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-C 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-C is currently available in 11 languages (to download PDF go to the website):

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

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. Subdomain scores are all mean item scores of the subdomain.

Scoring GPS items 1-16: No=0; Yes=1.

"GPS_Symptoms": Sum of items 1-16 (range 0-16).

- **"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_OtherProblems"** Item 16 (range 0-1).

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

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Appendix 1. GPS Child English version

Global Psychotrauma Screen for Children (GPS-C) 6–10 years			_ _ _ _ _ Participant Identification Number
Are you			<input type="checkbox"/> a girl <input type="checkbox"/> a boy <input type="checkbox"/> prefer not to say
How old are you?			_____ years
Sometimes bad things happen to people that are very frightening or horrible. Please answer the questions below if bad things happened to you.			
After the bad thing happened, have anything bothered you in the last month ? Please mark “ No ” if it did not bother you, or mark “ Yes ” if any of the things below bothered you:			
1	Have you thought a lot about it, or did it come back in very scary dreams?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2	Have you tried hard to stop thinking about it, or to get away from people, places, or anything that reminds you of what happened?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3	Have you been constantly looking around as if that bad thing was happening again, watching out for danger even when there was no reason for it?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4	Has it been it hard for you to feel or to do things, or to be with people like before?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5	Have you blamed yourself for what happened to you?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6	Have you felt bad about yourself, as if you are not important?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7	Have you felt so angry that you could not control what you say and do?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
8	Have you been nervous or scared more than before?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
9	Have you worried a lot and could not stop worrying?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
10	Have you been sad or crying a lot, or have you thought that things will never get better for you?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11	Has it been hard for you to enjoy things or to have fun like before when doing things?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

12	Has it been hard for you to fall asleep or to stay asleep without waking up at night?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
13	Have you tried to hurt yourself?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
14	Have you felt like you were in a dream while you were awake, or as if things around you were strange like in a dream?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
15	Have you 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	Have other problems bothered you (for example, feeling sick, having any aches or pains, feeling lonely, or not getting along with your friends and other people)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes