

# The Global Collaboration on Traumatic Stress

Miranda Olf, PhD & Ulrich Schnyder, PhD, MD

The Global Collaboration on Traumatic Stress (GC-TS) is a rapidly growing collaborative of traumatic stress societies from all over the world, with professionals committed to promoting globally significant traumatic stress related activities that are best performed by means of international collaboration. The GC-TS covers a wide range of themes and projects, including research projects and activities relevant for practitioners.

## History

It has been 10 years since the *International Society for Traumatic Stress Studies (ISTSS)* expressed the wish to strengthen global relationships as a part of its Strategic Plan. "Trauma is a global issue" was in fact the opening sentence of an earlier StressPoints article (Schnyder & Olf, 2013), outlining the plans of the Global Initiative project team. Two years later the "Global Initiative" was approved, and as part of this initiative the "*Global Collaboration on Traumatic Stress*" (GC-TS) was created, with Miranda Olf serving as its Chair.

The initial aims of the GC-TS were to "identify objectives, facilitate development, and coordinate activities of global importance" and to develop collaborations, and ultimately structures, that would enable the community of traumatic stress researchers and practitioners to optimally respond to those tasks that are best addressed by means of international collaboration (Schnyder et al., 2017).

While the GC-TS was initiated by ISTSS, it was meant from the start to be based on an equal partnership with traumatic stress societies worldwide (See Olf, 2014; 2015a; Schnyder & Olf, 2013; Schnyder et al., 2017). Since its inception, the GC-TS has grown into an independent body of researchers, clinicians, and others active in the field of traumatic stress, with a steering committee composed of representatives from the major traumatic stress societies globally and currently six Theme Leaders, and with its own website ([www.global-psychotrauma.net](http://www.global-psychotrauma.net)). Today, eleven societies are represented in the GC-TS. Alphabetically these are:

- Asociación Chilena de Estrés Traumático (ACET)
- Australasian Society for Traumatic Stress Studies (ASTSS)
- Canadian Psychological Association Traumatic Stress Section (CPA TSS)
- Deutschsprachige Gesellschaft für Psychotraumatologie (German speaking Society for Psychotraumatology, DeGPT)
- European Society for Traumatic Stress Studies (ESTSS)

- International Society for Traumatic Stress Studies (ISTSS)
- Japanese Society for Traumatic Stress Studies (JSTSS)
- Korean Society for Traumatic Stress Studies (KSTSS)
- Sociedad Argentina de Psicotrauma (SAPsi)
- South African Society for Traumatic Stress Studies (SA-STSS)
- Asian Society for Traumatic Stress Studies (Asian STSS)

## **Trauma around the world**

All traumatic stress societies have in common the aim to improve our understanding of traumatic exposure and its consequences, its prevention, and treatment. Trauma is not limited by national borders. In addition, from a global perspective, exposure to one or more traumatic events is the norm rather than the exception (Schnyder, et al., 2017; Kessler et al., 2017). Importantly, in spite of a lot of overlap and commonalities, traumatic experiences, trauma-related symptoms, as well as treatment approaches differ across geographic regions and cultures.

The first challenge relates to recognizing trauma and PTSD across cultures and societies (e.g. Hall, in press). It starts with raising awareness of the impact of trauma and screening for trauma and PTSD. Under-recognition of mental health problems may be related to stigma but also to the notion that expressions and manifestations of distress may differ across cultures. As yet, neither DSM-5 nor ICD-11 feature specific sections relating to culture in the nosology for each disorder. Around the world, there are large differences in access to adequate mental health care and how well evidence-based treatments have been implemented (e.g. Chen et al., 2017; De Graaf et al., 2020; Kiselev et al., 2020). This does not apply to low and middle income countries only. For instance, there is considerable variation across Europe with regard to the use of evidence-based treatments, depending on cultural and economic diversity (Schafer et al., 2018). Sometimes more complementary and alternative practices or specific culturally informed treatments are being used to alleviate the physical and psychological repercussions of traumatic exposure.

Local differences in approaches to psychotrauma are seen worldwide (Schnyder et al., 2016). For example, in Japan, in addition to the Western approaches, herbal preparations are popular. Saikokeishikankyoto is a widely available herbal preparation used for various ailments. There is emerging evidence for its efficacy as described by Bisson et al. (2020) in a review of non-pharmacological and non-psychological approaches to the treatment of PTSD. Also acupuncture, traditionally key in traditional Chinese medicine, is showing emerging evidence in the treatment of PTSD (Bisson et al., 2020). In other instances, empirically supported interventions such as CBT, CPT, CT, EMDR, or NET (e.g. Lewis et al., 2020) have been implemented without significant cultural adaptations, or by adjusting modes of implementation to accommodate local requirements. For instance, e-health approaches may offer solutions for countries with fewer mental health specialists (e.g. Olf, 2015b).

The Global Collaboration is currently initiating projects with the aim of generating and disseminating more in-depth knowledge about the cultural aspects of trauma and its psychological, physical and social consequences as well as their treatment.

### **Themes and projects of the GC-TS**

At the basis of many current and new GC-TS activities are the potential to examine cross-cultural differences in recognizing trauma and its consequences, and consequently how best to intervene. The GC-TS has organized its activities in thematic clusters of projects:

- Theme 1, "Childhood abuse and neglect" (led by Miranda Olf), focuses on childhood trauma and its long-term consequences, considering cross-cultural differences in trauma-related outcomes. Projects include (1) The development of 'Internet information on Childhood Abuse and Neglect' (iCAN e-pamphlets), (2) The testing of the Computerized Childhood Attachment and Relational Trauma Screen (CARTS), and (3) The development of the Global Psychotrauma Screen (GPS), a multilanguage screening tool for the wide range of potential outcomes of trauma. For a more detailed update, see Olf et al., 2020.
- Theme 2, "Forcibly displaced persons" (led by Marit Sijbrandij) proposes to advance knowledge regarding the conceptualization, measurement and impact of ongoing stressors experienced by individuals from refugee backgrounds. Projects include "Post-Displacement Stressors and mental health of refugees and asylum-seekers" (D-STRESS).
- Theme 3, "Global prevalence of stress and trauma related disorders" (led by Philip Hyland) aims to determine the global prevalence rates of these disorders. The main project is "Global assessment of the ICD-11 stress-related disorders" (G-Stress).
- Theme 4, "Socio-emotional development across cultures" (led by Monique Pfaltz), focuses on emotional, cognitive, behavioral and physiological developmental processes across the lifespan and across different cultures in individuals with and without childhood maltreatment. Its main project is "Cross-cultural emotion recognition in traumatized individuals across the life span" (CROSS-ER).
- Theme 5, "Collaborating to make traumatic stress research data "FAIR"" (led by Nancy Kassam-Adams), is based on the open science FAIR Data Guiding Principles, i.e., to make our data Findable, Accessible, Inter-operable, and Re-usable (FAIR) (Kassam-Adams & Olf, 2020). Its first project is to index accessible traumatic stress data resources - please tell us where we can find traumatic stress data, even if they are not fully "open": here  
[<https://docs.google.com/forms/d/e/1FAIpQLSdKLybGfdrP5R4sffj-ZzkgfUNibKIxhXp1nT6NLwKNWH9NY4A/viewform>]
- Theme 6, "Global crises" (led by Sara Freedman and Tatiana Davidson), is currently focusing on the COVID-19 pandemic. As the COVID-19 outbreak is a global

problem, it also requires a global solution. This theme currently includes nine projects in advanced stages (see <https://www.global-psycho-trauma.net/covid-19-projects>).

## **The future**

The Global Collaboration on Traumatic Stress (GC-TS) is a live demonstration of the benefits (and joys!) of working together around the world on topics of global importance. It shows that the strategic vision of ISTSS in 2010 was visionary in the sense that it was possible to bring together people and traumatic stress societies all sharing the same interests to collaborate on these important themes. The continued strength of the GC-TS may help us to reflect on the future of ISTSS and guide us toward our goal of becoming a truly global society. Is the GC-TS a model that can help ISTSS to consider important issues for the society, including the organizational structure? Whatever its structure, with ISTSS as an important partner of the GC-TS, we trust that together our efforts will help us to improve our understanding of trauma survivors worldwide, and to better prevent and treat the wide range of consequences of traumatic experiences.

At any rate, the GC-TS is continuously growing. There is no limit to the number of themes and projects that can be undertaken under the umbrella of the GC-TS. If you would like to collaborate on one of our current Themes or specific projects, or wish to suggest a new Theme of global relevance, please do not hesitate to get in touch with us or with the Theme leaders of your choice, and the Steering Committee will be happy to review your proposals!

## **References**

- Bisson, J. I., van Gelderen, M., Roberts, N. P., & Lewis, C. (2020). Non-pharmacological and non-psychological approaches to the treatment of PTSD: results of a systematic review and meta-analyses. *Eur J Psychotraumatol*, 11(1), 1795361. doi:10.1080/20008198.2020.1795361
- Chen, J. A., Olin, C. C., Stirman, S. W., & Kaysen, D. (2017). The role of context in the implementation of trauma-focused treatments: effectiveness research and implementation in higher and lower income settings. *Current opinion in psychology*, 14, 61-66.
- de Graaff, A. M., Cuijpers, P., Acarturk, C., Bryant, R., Burchert, S., Fuhr, D. C., . . . Sijbrandij, M. (2020). Effectiveness of a peer-refugee delivered psychological intervention to reduce psychological distress among adult Syrian refugees in the Netherlands: study protocol. *Eur J Psychotraumatol*, 11(1), 1694347. doi:10.1080/20008198.2019.1694347
- Hall, B. J. (in press). Assessment of PTSD in Non-Western Cultures. Eds. Beck, G. & Sloan, D. *The Oxford Handbook of Traumatic Stress Disorders, Second Edition*. Oxford University Press.

Kassam-Adams, N. and Olf, M. (2020). Embracing data sharing, preservation, and re-use in traumatic stress research. *Eur J Psychotraumatol*, <https://doi.org/10.1080/20008198.2020.1739885>

Kessler, R. C., Aguilar-Gaxiola, S., Alonso, J., Benjet, C., Bromet, E. J., Cardoso, G., . . . Survey, W. W. M. H. (2017). Trauma and PTSD in the WHO World Mental Health Surveys. *Eur J Psychotraumatol*, 8(1). <https://doi.org/10.1080/20008198.2017.1353383>

Kiselev, N., Pfaltz, M., Haas, F., Schick, M., Kappen, M., Sijbrandij, M., . . . Morina, N. (2020). Structural and socio-cultural barriers to accessing mental healthcare among Syrian refugees and asylum seekers in Switzerland. *Eur J Psychotraumatol*, 11(1), 1717825. doi:10.1080/20008198.2020.1717825

Lewis, C., Roberts, N., Andrew, M., Starling, E., Bisson, J. (2020). Psychological therapies for post-traumatic stress disorder in adults: systematic review and meta-analysis. *Eur J Psychotraumatol*, 11, 1. Doi....

Olf, M., Bakker, A., Frewen, P., Aakvaag, H., Ajdukovic, D., Brewer, D., . . . Schnyder, U. (2020). Screening for consequences of trauma - an update on the global collaboration on traumatic stress. *Eur J Psychotraumatol*, 11(1), 1752504. doi:10.1080/20008198.2020.1752504

Olf, M. (2014). From iSTSS to ISTSS - Traumatic Stress Around the Globe, *ISTSS StressPoints*, <http://www.istss.org/education-research/traumatic-stresspoints/2014-december/president%E2%80%99s-message-from-istss-to-istss-traumatic.aspx>

Olf, M. (2015a). Je suis Charlie: trauma as a global issue that affects public health. *ISTSS StressPoints* <http://www.istss.org/education-research/traumatic-stresspoints/2015-january/president%E2%80%99s-message-je-suis-charlie.aspx>

Olf, M. (2015b). Mobile mental health: A challenging research agenda. *Eur J Psychotraumatol* , 6(1), 27882. DOI: 10.3402/ejpt.v6.27882

Schnyder, U. & Olf, M. (2013). The Global Initiative, ISTSS StressPoints <http://www.istss.org/education-research/traumatic-stresspoints/2013-march/the-global-initiative.aspx>

Schnyder, U., Bryant, R. A., Ehlers, A., Foa, E.B., Hasam, A., Mwiti, G., Kristensen, C. H., Neuner, F., Oe, M., Yule, W. (2016) Culture-sensitive psychotraumatology. *Eur J Psychotraumatol* 7: 31179 - <http://dx.doi.org/10.3402/ejpt.v7.31179>

Schnyder, U. & Olf, M. (2013). The Global Initiative, ISTSS StressPoints <http://www.istss.org/education-research/traumatic-stresspoints/2013-march/the-global-initiative.aspx>

Schnyder, U., Schafer, I., Aakvaag, H. F., Ajdukovic, D., Bakker, A., Bisson, J. I., ... Olf, M. (2017). The global collaboration on traumatic stress. *Eur J Psychotraumatol*, 8, 1. <https://doi.org/10.1080/20008198.2017.1403257>

Schäfer, I., Hopchet, M., Vandamme, N., Ajdukovic, D., El-Hage, W., Egretieu, L., ... Murphy, D. (2018). Trauma and trauma care in Europe. *Eur J Psychotraumatol*. 9(1):1556553. doi: 10.1080/20008198.2018.1556553.