



Latent profiles of *DSM-5* PTSD symptoms and the “Big Five” personality traits



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ABSTRACT

Typologies of *DSM-5* PTSD symptoms and personality traits were evaluated in regard to coping styles and treatment preferences using data from 1266 trauma-exposed military veterans of which the majority were male ($n = 1097$; weighted 89.6%). Latent profile analyses indicated a best-fitting 5-class solution; PTSD asymptomatic and emotionally stable (C1); predominant re-experiencing and avoidance symptoms and less emotionally stable (C2); subsyndromal PTSD (C3); predominant negative alterations in mood/cognitions and combined internalizing–externalizing traits (C4); and high PTSD severity and combined internalizing–externalizing traits (C5). Compared to C5, C1 members were less likely to use self-distraction, denial, and substance use and more likely to use active coping; C2 and C4 members were less likely to use denial and more likely to use behavioral disengagement; C3 members were less likely to use denial and instrumental coping and more likely to use active coping; most classes were less likely to seek mental health treatment. Compared to C1, C2 members were more likely to use self-distraction, substance use, behavioral disengagement and less likely to use active coping; C3 members were more likely to use self-distraction, and substance use, and less likely to use positive reframing, and acceptance; and C4 members were more likely to use denial, substance use, emotional support, and behavioral disengagement, and less likely to use active coping, positive reframing, and acceptance; all classes were more likely to seek mental health treatment. Emotional stability was most distinguishing of the typologies. Other implications are discussed.

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1. Introduction

Research has demonstrated a link between posttraumatic stress disorder (PTSD) symptoms and pre-trauma/post-trauma personality traits (reviewed in Jakšić, Brajković, Ivezić, Topić, & Jakovljević, 2012). An important line of research evaluating personality-PTSD typologies post-trauma exposure has consistently found support for three personality typologies: internalizers (low positive

emotionality and high negative emotionality), externalizers (high negative emotionality and low constraint), and those with simple PTSD and low pathology (Carleton, Mulvogue, & Duranceau, 2015; Castillo et al., 2014; McDevitt-Murphy et al., 2012; Miller, Greif, & Smith, 2003; Miller, Kaloupek, Dillon, & Keane, 2004; Rielage, Hoyt, & Renshaw, 2010; Thomas et al., 2014). To date, however, no known study has assessed how *DSM-5* PTSD symptoms may co-occur with personality traits to create PTSD-personality typologies or how these typologies relate to coping styles and treatment options. Consideration of PTSD-personality heterogeneity may inform clinical practice, specifically matching treatment to individuals with different PTSD and personality trait profiles (Miller, 2003).

Personality traits refer to a tendency to demonstrate thoughts, feelings, and behaviors consistently in a developmental and con-

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textual framework (McCrae & Costa, 2003). Research indicates that personality traits influence four aspects of posttraumatic stress disorder (PTSD) symptoms: (1) vulnerability, (2) resilience, (3) posttraumatic growth (PTG), and (4) behavioral expressions (reviewed in Jakšić et al., 2012). Regarding vulnerability and protective factors, PTSD symptoms positively related to negative emotionality, neuroticism, harm avoidance, novelty-seeking, self-transcendence, hostility/anger, and anxiety; and negatively relate to extraversion, conscientiousness, self-directedness, the combination of high positive and low negative emotionality, hardiness, and optimism (reviewed in Jakšić et al., 2012).

Regarding the behavioral expression of personality traits associated with PTSD, cluster and latent class analytic (LCA) studies have found evidence of three distinct personality typologies among trauma-exposed individuals (Carleton et al., 2015; Castillo et al., 2014; Jakšić et al., 2012; McDevitt-Murphy et al., 2012; Miller, 2003; Miller et al., 2003; Miller et al., 2004; Rielage et al., 2010; Sellbom & Bagby, 2009; Thomas et al., 2014; Wolf, Miller, & Harrington, 2012). Internalizers who are more likely to express distress inwards are characterized by low positive emotionality (less tendency to experience positive emotions and fewer healthy interpersonal engagements) and high negative emotionality (greater tendency to experience negative emotions such as anger, and more problematic interpersonal interactions). Externalizers, who are more likely to express distress outwards, are characterized by lower constraint (less tendency to minimize risk, avoid harm, and be cautious), and higher negative emotionality. Those with simple PTSD generally have low personality pathology.

The three personality typologies have differing comorbidities, patterns of PTSD symptoms, and PTSD severity. Internalizers are more likely to have posttraumatic depression and anxiety (e.g., Castillo et al., 2014; Forbes, Elhai, Miller, & Creamer, 2010; Miller, 2003), while externalizers are more likely to have posttraumatic aggression and substance use (e.g., Castillo et al., 2014; Flood et al., 2010; Forbes et al., 2010; Miller et al., 2004; Sellbom & Bagby, 2009). While some studies have found significantly greater PTSD severity among internalizers (Castillo et al., 2014; Flood et al., 2010; Miller & Resick, 2007), others have documented no significant differences across personality typologies in PTSD severity (Sellbom & Bagby, 2009; Wolf et al., 2012). Miller and Resnick (2007) found that internalizers endorsed significantly more severe hyperarousal symptoms than other personality type groups whereas Carleton et al. (2015) found that externalizers and those with simple PTSD had significantly more severe hyperarousal symptoms.

Existing studies on personality typologies have some limitations. First, most studies have used cluster analytic techniques (e.g., Castillo et al., 2014; McDevitt-Murphy et al., 2012; Miller et al., 2003; Miller & Resick, 2007; Rielage et al., 2010); fewer studies have used latent profile analyses (LPA) or latent class analyses (LCA; Forbes et al., 2010; Thomas et al., 2014; Wolf et al., 2012). Comparatively, LPA and LCA approaches use more objective determinants, such as Bayesian information criteria (BIC) values and Lo-Mendell Rubin test (LMR) values to determine the appropriate number of classes, and do not assume equal class sizes (Nylund, Asparouhov et al., 2007). Second, no known study has combined DSM-5 PTSD symptoms and personality traits to determine class membership; this has important implications for treatment matching (Miller, 2003) and in predicting resiliency post-trauma exposure (Wilson & Agaibi, 2006). Third, personality typologies have rarely been compared in PTSD symptom cluster severity (Carleton et al., 2015; Miller & Resick, 2007), and no known study has looked at PTSD-personality typologies in relation to coping and mental health treatment. Research indicates that personality traits differentially relate to coping styles (Brebner, 2001; Watson & Hubbard, 1996). For example, neuroticism is associated with passive and emotion-focused coping such as denial; distraction by daydream-

ing, fantasizing or involvement in substitute activities; expressing negative feelings; and self-pre-occupation (Brebner, 2001; Watson & Hubbard, 1996). Lastly, unique to our study is the evaluation of study aims in a contemporary, nationally representative sample of trauma-exposed veterans. Thus, our aims were to: (1) assess PTSD-personality typologies using DSM-5 PTSD symptoms and the Big-Five personality traits; (2) evaluate class differences in severity of DSM-5 PTSD symptom clusters, number of traumatic experiences, and personality traits; and (3) determine class differences in coping styles and mental health treatment utilization.

2. Method

2.1. Participants and procedure

The National Health and Resilience in Veterans Study (NHRVS) is a contemporary, nationally representative survey of 1484 U.S. veterans drawn from a research panel of more than 50,000 households maintained by GfK Knowledge Networks, Inc. GfK Knowledge Networks is a survey research firm which utilizes a probability-based, online non-volunteer access survey panel called KnowledgePanel®, a nationally representative sample of U.S. adults covering approximately 98% of U.S. households. The study was conducted between September and October 2013. A total of 1602 adults responded “Yes” to an initial screening question confirming veteran status and 1484 participated in the NHRVS; response rate was 92.6%. The high response rate is likely accounted for the survey panelists having agreed to participate in the survey panel prior to the current study being initiated. Participants were reimbursed \$15 for completing the survey.

To permit generalizability of study results to the entire population of U.S. veterans, poststratification weights, which were computed by GfK Knowledge Networks statisticians, were applied based on demographic distributions (i.e., age, gender, race/ethnicity, education, Census region, metropolitan area) from the most contemporaneous U.S. Census Bureau Current Population Survey. All participants provided informed consent prior to participation. Questionnaires were completed online via a secure web-based system maintained by GfK Knowledge Networks. Anonymity was protected; none of the NHRVS investigators had access to any identifying information nor did they have any contact with participants. The NHRVS study was approved by the Human Subjects Committee of the VA Connecticut Healthcare System, and the VA Office of Research and Development.

2.2. Assessments

2.2.1. The Trauma History Screen

(THS; Carlson et al., 2011) is a self-report measure assessing the lifetime occurrence of 13 potentially traumatic events (e.g., motor vehicle accidents, military combat, unexpected loss of a loved one). For the purposes of the NHRVS, an additional traumatic experience of ‘life-threatening illness or injury’ was added. Participants responded by indicating ‘yes’—this kind of thing happened to me or ‘no’—this kind of thing did not happen to me. Excellent psychometric properties of this measure have been shown across four independent studies (Carlson et al., 2011).

2.2.2. The Posttraumatic Stress Disorder-Checklist version 5

(PCL-5) is a 20-item self-report assessment of DSM-5 PTSD symptom severity (Weathers et al., 2013). In the current study, the PCL-5 was modified to assess lifetime PTSD symptoms on a five-point Likert-type scale (0=Not at all to 4=Extremely) in relation to each respondent’s self-nominated ‘worst’ traumatic event. The original PCL version has high test-retest reliability

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