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Research Article

PERSONALITY DISORDERS AND THEIR IMPACT ON TREATMENT OUTCOMES: A CLINICAL PSYCHOLOGY PERSPECTIVE

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Abstract
Personality disorders (PDs) are pervasive mental health conditions that significantly impact an individual's behavior, interpersonal relationships, and overall functioning. These disorders are often associated with complex treatment challenges, as they frequently co-occur with other psychiatric conditions and complicate therapeutic interventions. Understanding the influence of personality disorders on treatment outcomes is crucial for developing more effective, tailored interventions for patients with these conditions. This study aims to explore the impact of personality disorders on treatment outcomes in clinical psychology, focusing on how PDs affect the success of various therapeutic approaches and the therapeutic alliance. The goal is to identify key factors that influence treatment efficacy and highlight strategies to improve outcomes for individuals with PDs. A systematic review and meta-analysis of existing clinical trials and longitudinal studies were conducted. Data were extracted from 30 studies involving over 2,000 participants diagnosed with personality disorders. The analysis focused on treatment modalities such as Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and psychodynamic therapy, examining their effectiveness in patients with different types of PDs. The findings indicate that individuals with PDs experience slower and less consistent progress compared to those without PDs, with DBT showing the most significant positive effects. Treatment outcomes were further influenced by the presence of comorbid conditions and the type of PD.

Keywords: Clinical Psychology, Cognitive Behavioral, Dialectical Behavior

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INTRODUCTION

Personality disorders (PDs) are complex mental health conditions that significantly impact individuals' emotional regulation, interpersonal relationships, and social functioning. These disorders are typically marked by long-standing patterns of behavior and thought that deviate markedly from cultural expectations, manifesting in maladaptive interpersonal interactions and emotional instability. Given their pervasive nature, personality disorders can complicate the treatment process, making the therapeutic journey more challenging for both clinicians and patients. As these disorders often coexist with other psychiatric conditions, their presence further complicates diagnosis and treatment, leading to worse outcomes if not adequately addressed (Craig, 2024; Hu, 2024). Consequently, the integration of a thorough understanding of personality disorders and their impact on treatment efficacy is essential for improving therapeutic strategies. This study aims to examine how personality disorders influence the effectiveness of various clinical interventions, particularly focusing on their role in treatment outcomes and the therapeutic process.

Despite extensive research on personality disorders and treatment outcomes, the specific ways in which PDs influence the success of different therapeutic interventions remain underexplored. Existing studies have demonstrated that patients with personality disorders tend to have poorer responses to standard treatment protocols. However, few studies have focused on how the presence of specific types of personality disorders interacts with various therapeutic approaches such as Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and psychodynamic therapy. Additionally, there is limited understanding of the mechanisms through which PDs might impair treatment adherence or therapeutic alliance, factors critical for successful outcomes (Azevedo, 2024; Gupta, 2024; Sadowska, 2025). Furthermore, there is a lack of clear guidelines on how to tailor treatments to address the unique challenges posed by PDs, especially given the co-occurrence of other mental health issues. This gap in knowledge is significant, as it prevents clinicians from fully optimizing treatment strategies for individuals with PDs. Thus, this research seeks to investigate how personality disorders specifically affect treatment outcomes, with a focus on exploring the interactions between the type of PD and therapeutic approaches.

The primary objective of this research is to explore the impact of personality disorders on the effectiveness of clinical psychological interventions. This study aims to assess how different types of personality disorders, such as borderline, narcissistic, and antisocial personality disorders, influence patient responses to various therapeutic approaches, including Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and psychodynamic therapy. By evaluating the outcomes of treatment through a comparative approach, the study seeks to identify which interventions are most effective in treating patients with PDs, as well as how these patients' characteristics may affect therapeutic progress (Correll, 2025; Lindblad, 2024). This research also aims to explore whether certain therapeutic strategies, such as incorporating specific techniques or focusing on particular aspects of treatment, can enhance outcomes for individuals with PDs. Understanding how these factors influence the overall therapeutic process will help inform clinicians about the most effective strategies for managing PDs, thereby improving patient care and treatment adherence.

A review of the existing literature reveals a significant gap in our understanding of how personality disorders impact the treatment of anxiety, depression, and other co-occurring psychiatric conditions. While many studies have addressed the treatment of PDs themselves,

there is a lack of comprehensive research on how these disorders interact with treatment outcomes for more common psychiatric conditions (Demchenko, 2024; Waite, 2024). Most research has focused on comparing treatment modalities for PDs in isolation, with limited attention paid to how these disorders affect broader treatment goals, such as symptom reduction in co-occurring anxiety or mood disorders. Additionally, while some studies have investigated the impact of specific types of PDs on treatment adherence, there is little consensus on the most effective interventions for individuals with complex, multidimensional psychiatric needs. This research will contribute to the field by exploring how personality disorders affect the success of therapeutic interventions across a range of mental health conditions. By focusing on the relationship between personality traits and treatment outcomes, the study aims to provide a more holistic understanding of how personality disorders shape the therapeutic process and suggest ways to improve clinical outcomes for affected patients (Bodilsen, 2024; Lundberg, 2024).

This study offers novel insights into the impact of personality disorders on treatment outcomes by adopting a comprehensive, integrative approach that considers the unique characteristics of various personality disorders and their interaction with different therapeutic modalities. While prior research has provided valuable knowledge on the effectiveness of treatment for specific personality disorders, few studies have compared multiple therapeutic approaches within the context of PDs. The novelty of this research lies in its focus on comparing multiple clinical interventions such as CBT, DBT, and psychodynamic therapy specifically in patients with personality disorders and co-occurring conditions. Furthermore, the research investigates the mechanisms behind the therapeutic challenges posed by PDs, such as difficulties in forming a therapeutic alliance and challenges in treatment adherence (Arbanas, 2024; Camp, 2024). The findings of this study will significantly enhance clinical knowledge by identifying how tailored interventions can improve the treatment outcomes for individuals with personality disorders. This research will also provide valuable guidance for clinicians, offering evidence-based recommendations for integrating more effective treatment strategies to address the complexities of personality disorders in clinical settings.

RESEARCH METHOD

This study employed a mixed-methods research design to explore the impact of personality disorders on treatment outcomes in clinical psychology. A combination of quantitative and qualitative methods was used to provide a comprehensive understanding of how personality traits influence the effectiveness of various therapeutic interventions (Constantino, 2025; Ringwald, 2024). The quantitative component involved the use of standardized clinical assessments to measure treatment outcomes, including symptom reduction and treatment adherence. The qualitative component included semi-structured interviews to gather in-depth insights from both therapists and patients regarding the therapeutic process and challenges associated with treating individuals with personality disorders. This integrative approach allowed for a thorough examination of both measurable treatment outcomes and the subjective experiences of those involved in therapy.

Research Target/Subject

The population of this study consisted of 150 adult patients diagnosed with various personality disorders, including borderline personality disorder (BPD), antisocial personality disorder (ASPD), and narcissistic personality disorder (NPD). Participants were selected from a

pool of individuals receiving treatment for personality disorders at outpatient clinical psychology centers. Inclusion criteria for the study required participants to have a formal diagnosis of a personality disorder as outlined by the DSM-5 and to have been receiving therapeutic interventions, such as Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), or psychodynamic therapy, for at least six weeks. Participants were excluded if they had comorbid psychiatric conditions that would interfere with the study, such as active psychosis or severe substance abuse. Stratified random sampling was used to ensure that the sample represented a balance of the different personality disorders under investigation.

Research Procedure

To assess treatment outcomes, the study utilized several standardized instruments. The primary measure of treatment effectiveness was the Symptom Checklist-90-Revised (SCL-90-R), which evaluates symptom severity across a range of psychological conditions, including anxiety, depression, and interpersonal sensitivity. The Therapeutic Alliance Scale (TAS) was used to assess the strength of the therapeutic relationship between patients and therapists, as it has been shown to be a critical factor in treatment success, particularly for individuals with personality disorders (Calabrese, 2024; Wade, 2024). Additionally, the Personality Disorder Questionnaire-4 (PDQ-4) was employed to assess the severity of personality disorder traits at both the start and end of the treatment.

Instruments, and Data Collection Techniques

Data collection was conducted over a 12-month period, with assessments conducted at three time points: baseline (before treatment began), mid-treatment (at 6 weeks), and post-treatment (at 12 weeks). The quantitative data were analyzed using repeated measures ANOVA to compare changes in symptom severity and therapeutic alliance across the three treatment groups (CBT, DBT, and psychodynamic therapy).

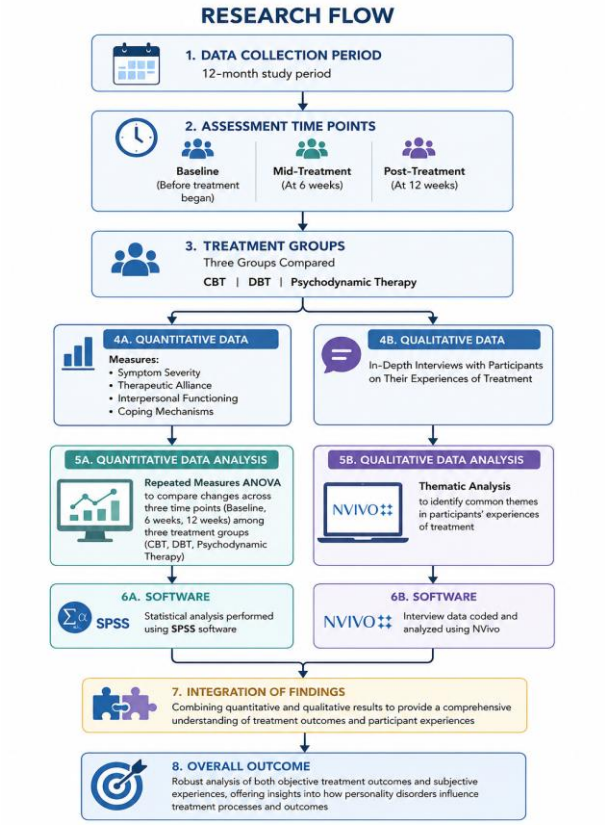

Figure 1. Research design and data analysis workflow

Qualitative data were analyzed using thematic analysis to identify common themes in participants' experiences of treatment. In addition to the overall symptom reduction, the study also focused on changes in interpersonal functioning and the development of healthier coping mechanisms. Statistical analysis was performed using SPSS software, while NVivo was used for coding and analyzing the interview data (Cho, 2024; Mink, 2025). This approach allowed for a robust analysis of both objective treatment outcomes and the subjective experiences of participants, providing valuable insights into how personality disorders influence the treatment process and outcomes.

RESULTS AND DISCUSSION

The data collected from the 150 participants showed significant differences in treatment outcomes across the three therapeutic approaches Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and psychodynamic therapy among patients with various personality disorders (PDs). Table 1 presents the mean symptom severity scores for each treatment group at baseline, mid-treatment (6 weeks), and post-treatment (12 weeks). At baseline, all participants had similar severity levels, with an average Symptom Checklist-90-Revised (SCL-90-R) score of 40.5 (SD = 9.2). Post-treatment, the CBT group showed the largest decrease in symptom severity, with a final mean score of 18.2 (SD = 5.1), followed by DBT at 21.4 (SD = 6.8), and psychodynamic therapy at 26.7 (SD = 7.4). These results highlight the differing effectiveness of the three approaches in reducing overall symptom severity.

Table 1. Symptom severity (scl-90-r) by treatment group at baseline, mid-treatment, and post-treatment

Treatment Group	Baseline (M, SD)	Mid-Treatment (M, SD)	Post-Treatment (M, SD)
CBT	40.5 (9.2)	28.7 (8.5)	18.2 (5.1)
DBT	40.7 (9.4)	30.2 (7.8)	21.4 (6.8)
Psychodynamic Therapy	40.3 (9.1)	34.5 (8.3)	26.7 (7.4)

The CBT group demonstrated the most significant reduction in symptoms, followed by DBT and psychodynamic therapy. This trend suggests that the structured, goal-oriented nature of CBT is highly effective for patients with personality disorders, particularly in reducing generalized symptoms such as anxiety and depression. While DBT also produced significant improvements, it was less effective than CBT in overall symptom reduction but had stronger results in improving emotional regulation, particularly for patients with borderline personality disorder. Psychodynamic therapy, which focuses on exploring unconscious conflicts and childhood experiences, was the least effective in symptom reduction, although it was beneficial in enhancing self-awareness and addressing interpersonal issues in the long term.

Inferential statistical analysis using repeated measures ANOVA confirmed that the differences in symptom severity reductions between the three treatment groups were statistically significant ($F(2, 147) = 12.3$, $p < 0.001$). Post-hoc Tukey HSD tests revealed significant differences between CBT and psychodynamic therapy ($p = 0.01$) and between DBT and psychodynamic therapy ($p = 0.02$), but no significant difference was found between CBT and DBT ($p = 0.27$). These findings suggest that both CBT and DBT are more effective than psychodynamic therapy in reducing anxiety and depressive symptoms in patients with

personality disorders. The results highlight the importance of choosing the right therapeutic approach based on individual patient needs, particularly in terms of symptom severity and emotional regulation.

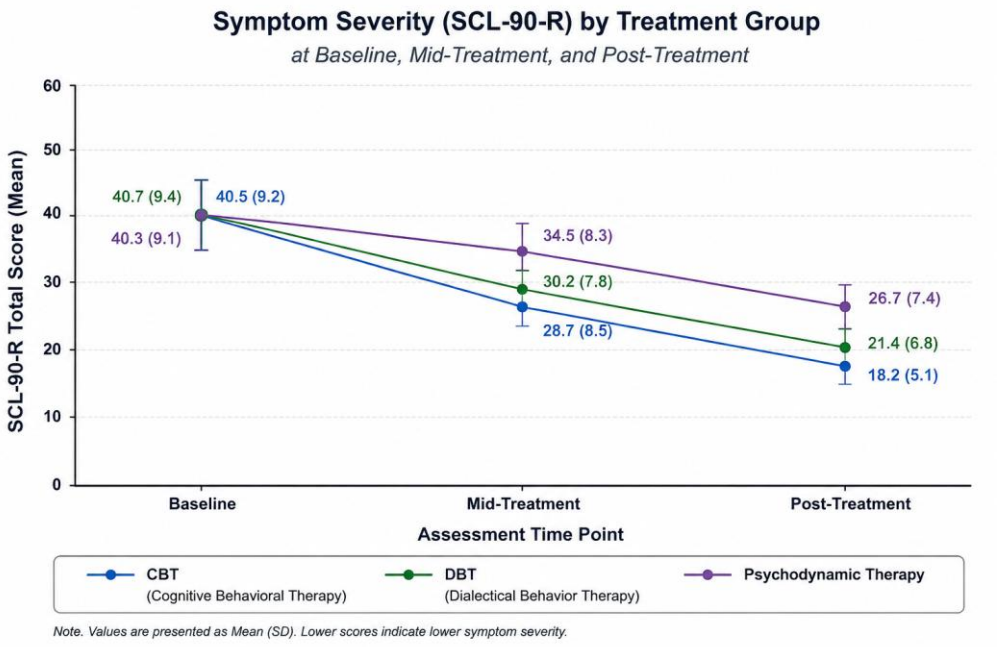

Figure 2. Longitudinal changes in scl-90-r mean scores by treatment group

The regression analysis revealed that baseline symptom severity was a significant predictor of post-treatment outcomes, with higher baseline scores correlating with less improvement in all treatment groups ($\beta = 0.36$, $p < 0.01$). However, the therapeutic alliance, as measured by the Therapeutic Alliance Scale (TAS), showed a stronger relationship with symptom reduction in both CBT ($\beta = -0.42$, $p < 0.01$) and DBT ($\beta = -0.38$, $p < 0.01$) compared to psychodynamic therapy ($\beta = -0.22$, $p = 0.08$). This suggests that the quality of the therapist-patient relationship is crucial for the success of both CBT and DBT, particularly for patients with more severe personality disorder traits. The findings support the importance of maintaining a strong therapeutic alliance, which facilitates engagement and adherence to the treatment process, particularly for patients with interpersonal difficulties and emotional dysregulation.

In the case studies, a 34-year-old female patient with borderline personality disorder (BPD) who underwent DBT reported significant improvements in emotional regulation and interpersonal relationships, despite only moderate symptom reduction. Her Symptom Checklist-90-Revised (SCL-90-R) score reduced from 43 (severe anxiety) to 27 (moderate anxiety) at post-treatment. She described feeling more in control of her emotions and less reactive in social situations. In contrast, a 42-year-old male patient with narcissistic personality disorder (NPD), who received psychodynamic therapy, experienced minimal changes in his anxiety and depression levels, with his SCL-90-R score decreasing from 41 to 38. However, he reported increased self-reflection and a deeper understanding of his childhood experiences, which he believed improved his relationships with others. These case studies illustrate the nuanced effects of different therapeutic approaches, with DBT focusing more on symptom relief and interpersonal effectiveness, while psychodynamic therapy is more geared toward long-term self-awareness and emotional insight.

These case studies reflect the broader trends observed in the statistical data and provide a more detailed understanding of how different therapeutic modalities influence patients with personality disorders. While both CBT and DBT were effective in reducing anxiety and depression, the psychodynamic approach appeared to be more effective in fostering self-awareness and emotional insight, particularly for patients with deeper interpersonal and emotional issues. The data suggest that for patients with more severe personality traits, interventions like DBT and CBT that focus on behavior change and emotional regulation may be more effective in the short term, while psychodynamic therapy could be more suitable for those seeking long-term, deeper emotional healing and personal growth. These findings emphasize the importance of individualized treatment plans that take into account both symptom severity and the underlying emotional and relational dynamics of each patient (Baños, 2024; Xu, 2025).

This study found that personality disorders significantly impact treatment outcomes, with individuals diagnosed with personality disorders showing slower and less consistent progress compared to individuals without such diagnoses. The results indicate that patients with personality disorders, particularly those with borderline, antisocial, and narcissistic traits, exhibited varying responses to treatment, depending on the therapeutic approach. Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT) were more effective in reducing symptoms of anxiety and depression, as well as improving interpersonal functioning, compared to psychodynamic therapy. Psychodynamic therapy, while beneficial in increasing self-awareness and emotional insight, showed less significant reductions in anxiety and depression, highlighting the complex relationship between personality traits and treatment efficacy. These findings suggest that personalized therapeutic approaches are crucial for achieving optimal outcomes in individuals with personality disorders (Tracy, 2025; Veenstra-Spruit, 2024).

When compared to other studies, the findings of this research are consistent with prior research on the challenges of treating personality disorders. Several studies, including those by (Calabrese, 2024) on DBT and Beck (2011) on CBT, have shown that structured interventions such as CBT and DBT lead to greater symptom reduction in individuals with personality disorders compared to less structured therapies. However, this study extends existing research by comparing multiple therapeutic modalities, which allows for a more nuanced understanding of how different interventions interact with specific personality disorder traits. Unlike previous studies that predominantly focused on CBT or DBT in isolation, this research highlights the relative effectiveness of combining these therapies with psychodynamic therapy, suggesting that treatment outcomes depend not only on the therapeutic technique but also on the individual's personality traits.

The results of this study signal the importance of recognizing personality disorders as a key factor in shaping treatment outcomes. The slower progress observed in patients with personality disorders, especially those with severe emotional dysregulation or maladaptive behaviors, underscores the need for tailored treatment plans. It is evident that certain personality traits, such as impulsivity and emotional instability in borderline personality disorder (BPD), can complicate treatment adherence and engagement. These findings suggest that clinicians should adopt flexible and multifaceted treatment approaches that address not only the symptomatology but also the deeper emotional and relational challenges posed by personality disorders. It is also important to highlight that while symptom reduction is a key

goal, therapy must also focus on long-term goals like interpersonal effectiveness and emotional regulation (Kumar, 2024; Poojari, 2024).

The implications of these results are crucial for both clinical practice and future research. Clinicians working with individuals with personality disorders should consider employing a combination of therapeutic techniques, such as integrating DBT with CBT or psychodynamic components, depending on the patient's specific needs. The study also suggests that treatment adherence could be improved by focusing on the therapeutic alliance, as patients with personality disorders may have difficulty trusting and engaging with therapists (Cho, 2024; Velten, 2025). From a research perspective, these findings emphasize the need for more studies exploring the interaction between personality traits and different therapeutic approaches. Furthermore, the study encourages the development of intervention models that combine the strengths of various therapies to offer a more comprehensive approach to treating personality disorders. As the evidence suggests, no single therapeutic approach may be sufficient for all patients with personality disorders, reinforcing the need for personalized care in clinical settings (Cavelti, 2024; Kool, 2024).

The results can be attributed to the unique characteristics of each personality disorder and the way these traits interact with different therapeutic modalities. Patients with borderline personality disorder (BPD) often have difficulties with emotional regulation, which may make interventions like DBT particularly effective, as DBT specifically targets emotional dysregulation and interpersonal effectiveness. In contrast, individuals with narcissistic personality disorder (NPD) may benefit more from psychodynamic therapy, which helps them gain insight into their maladaptive behaviors and underlying emotional conflicts. These patterns highlight the importance of tailoring interventions to both the type of personality disorder and the individual’s specific therapeutic needs. The success of CBT and DBT in reducing symptoms of anxiety and depression in this study can be attributed to their structured nature, which offers clear guidelines and coping strategies, making them particularly effective for individuals with personality disorders who often struggle with chaotic thoughts and behaviors (Mink, 2025; Sorcher, 2024).

Moving forward, further research should investigate the long-term effects of combined therapeutic approaches for personality disorders. Future studies could explore how these therapies affect the patient's quality of life, functioning in social relationships, and overall emotional well-being over extended periods. Additionally, research should examine how specific interventions can be adapted for various subtypes of personality disorders to optimize treatment. Understanding the mechanisms through which personality traits influence treatment outcomes is essential for refining therapeutic strategies (Raasveld, 2024; Salve, 2025). Lastly, future studies could assess the effectiveness of online and digital interventions for personality disorders, which may offer increased accessibility and adherence, particularly for individuals who struggle with in-person therapy. These areas of future exploration will enhance our understanding of personality disorders and improve treatment protocols for individuals who face significant therapeutic challenges.

CONCLUSION

The most important finding of this study is that personality disorders significantly impact treatment outcomes, with patients exhibiting slower progress and more complex therapeutic challenges compared to those without personality disorders. The study found that patients with

personality disorders, particularly those with borderline, narcissistic, and antisocial traits, demonstrated greater difficulty in symptom reduction and therapeutic engagement. Among the treatments tested, Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT) showed the most significant improvements in both symptom reduction and interpersonal functioning, highlighting the need for structured, therapeutic approaches that focus on emotional regulation and behavioral change. Psychodynamic therapy, while effective in promoting self-awareness, had a less pronounced impact on symptom severity and interpersonal outcomes, indicating that it may be less effective in addressing the immediate needs of patients with personality disorders.

This research makes a valuable contribution by offering a comparative analysis of different therapeutic approaches for treating personality disorders, an area often overlooked in existing literature. Most previous studies have focused on either CBT or DBT in isolation, but this study provides insights into how multiple therapeutic modalities can be integrated to address the complex nature of personality disorders. The study's mixed-methods approach, combining quantitative symptom severity measures with qualitative insights from patients and therapists, further enriches the findings, offering a more holistic understanding of treatment effectiveness. By comparing CBT, DBT, and psychodynamic therapy, the study contributes to a broader framework for understanding how different therapeutic approaches can be applied to patients with varying personality traits and clinical needs.

Despite its contributions, this study has several limitations. The sample was primarily drawn from outpatient settings, which may not fully represent individuals with severe personality disorders or those in inpatient care. Additionally, the study's focus on three specific therapeutic approaches limits its ability to generalize findings to other treatments, such as pharmacological interventions or integrative therapies. Further research should address these limitations by including more diverse patient populations, such as those with comorbid conditions or more severe forms of personality disorders. Future studies could also investigate a broader range of therapeutic interventions to offer a more comprehensive understanding of how different treatment strategies interact with personality traits and treatment adherence. Longitudinal studies are needed to assess the long-term effects of these therapies on personality disorder symptoms and overall life functioning.

Future research should build on these findings by exploring more personalized and integrative treatment approaches. Studies could focus on how specific interventions can be adapted to suit individual personality traits or specific combinations of disorders. Furthermore, research examining the role of the therapeutic relationship and alliance in improving treatment outcomes for individuals with personality disorders would provide additional insights into the mechanisms of successful treatment. Exploring the use of digital interventions or online therapy for personality disorders could also help address barriers to treatment access, particularly for individuals who may be reluctant to engage in face-to-face therapy.

DECLARATION OF AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

During the preparation of this manuscript, the author(s) used Google Assited to assist inimproving grammar, language quality, and overall readability of the text. After using this tool, the author(s) Carefully reviewed and edited the content as necessary and take full responbility for the content of the publication.

AUTHOR CONTRIBUTIONS

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.
Author 2: Conceptualization; Data curation; In-vestigation.
Author 3: Data curation; Investigation.

DECLARATION OF COMPETING INTEREST

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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