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Predicting Clinical Personality Patterns Based on Personality Traits in Clients of Counseling Centers

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ABSTRACT

Purpose: The relationship between personality traits and clinical personality patterns is crucial in understanding and improving therapeutic interventions in counseling settings. This study aims to explore how personality traits predict clinical personality patterns among clients attending counseling centers in Shahroud, thereby informing more effective and personalized counseling strategies.

Methodology: This descriptive-correlational study involved 107 clients from public and private counseling centers in Shahroud. Participants, aged between 18 and 50, completed the Millon Clinical Multiaxial Inventory-III (MCMI-III) and the Big Five Personality Traits questionnaire. Data were analyzed using Pearson correlation coefficients and stepwise regression analysis to identify significant predictors among the personality traits for various clinical personality disorders.

Findings: Neuroticism was found to be a significant predictor of Schizoid, Avoidant, Borderline, Paranoid, and Schizotypal Personality Disorders. Conversely, Agreeableness and Conscientiousness emerged as protective factors, inversely related to Narcissistic and Histrionic Personality Disorders. These results suggest that emotional dysregulation associated with high Neuroticism predisposes individuals to a range of personality disorders, while interpersonal warmth and self-discipline mitigate the risk.

Conclusion: The study highlights the significant impact of personality traits on clinical personality patterns, emphasizing the importance of incorporating personality assessments into counseling practice. By understanding these relationships, counselors can tailor interventions to clients' unique personality profiles, enhancing therapeutic outcomes and promoting better mental health. Future research should aim to replicate these findings in diverse populations and explore longitudinal impacts and other personality frameworks.

Keywords: Personality traits, Clinical personality patterns, Neuroticism, Agreeableness, Conscientiousness, Counseling interventions, Predictive relationships, Mental health.



1. Introduction

The exploration of personality traits and their relationship with clinical personality patterns has been a focal point in psychological research and clinical practice. Personality traits are enduring characteristics that influence behavior, thoughts, and emotions, while clinical personality patterns encompass maladaptive, pervasive patterns of behavior and inner experience that deviate markedly from cultural expectations (Lewis et al., 2022; Suad, 2019; Tuna & Avci, 2023). Understanding these relationships is crucial for developing effective therapeutic interventions in counseling settings.

Personality traits are often conceptualized within the framework of the Five-Factor Model (FFM), which posits that five broad dimensions—Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to Experience—capture the essential elements of personality (Milot-Lapointe & Corff, 2022). These traits are believed to be relatively stable across the lifespan and have been linked to various life outcomes, including mental health, relationship satisfaction, and job performance.

Clinical personality patterns, on the other hand, are assessed through tools like the Millon Clinical Multiaxial Inventory (MCMI), which categorizes personality disorders into distinct patterns such as Schizoid, Avoidant, Dependent, Histrionic, Narcissistic, Antisocial, Schizotypal, Borderline, Paranoid, and Obsessive-Compulsive (Katar et al., 2023). These patterns reflect persistent maladaptive ways of thinking, feeling, and behaving that cause significant impairment or distress.

Counseling interventions aim to address these maladaptive patterns by fostering self-awareness, emotional regulation, and adaptive coping strategies. The person-centered counseling approach, developed by Carl Rogers, emphasizes the therapeutic relationship as a primary vehicle for change. This approach posits that providing a supportive, non-judgmental environment allows clients to explore their thoughts and feelings, leading to greater self-understanding and personal growth (Barida et al., 2022).

Person-centered counseling has been shown to be effective in various contexts, including reducing anxiety in children (Wulandari & Suwarjo, 2022) and improving adolescents' self-concept (Pratiwi et al., 2022). The effectiveness of this approach is attributed to its focus on empathy, congruence, and unconditional positive regard,

which are believed to facilitate clients' intrinsic motivation for change (Barida et al., 2022).

The relationship between personality traits and clinical personality patterns has been extensively studied, with evidence suggesting that certain traits are predictive of specific personality disorders. For instance, high levels of Neuroticism have been consistently associated with a range of personality disorders, including Borderline, Avoidant, and Schizotypal Personality Disorders (Katar et al., 2023). Neuroticism, characterized by emotional instability and negative affectivity, predisposes individuals to maladaptive coping mechanisms and heightened sensitivity to stress, which can manifest as clinical personality patterns. Conversely, traits such as Agreeableness and Conscientiousness are generally inversely related to personality disorders. High Agreeableness, which encompasses traits like trust, altruism, and cooperation, tends to mitigate the interpersonal difficulties characteristic of disorders like Narcissistic and Antisocial Personality Disorders (Jafari et al., 2022; Javadian et al., 2022; Khajeh Hasani Rabari et al., 2023; Milot-Lapointe & Corff, 2022; Tolo Takmili Torabi et al., 2020). Similarly, high Conscientiousness, which involves self-discipline, organization, and goal-directed behavior, provides a buffer against the impulsivity and disorganization seen in disorders such as Borderline Personality Disorder (Wu et al., 2022). Several studies have highlighted the importance of integrating personality assessment into counseling interventions. For example, research on trainee therapists has shown that personality traits influence the therapeutic process and outcomes. Therapists with high levels of Openness and low levels of Neuroticism are better able to establish strong therapeutic alliances, which are crucial for client progress (Lewis et al., 2022). This underscores the need for training programs to consider personality traits when developing competencies for future therapists. In the context of career counseling, the alignment between counselor and client personality traits has been found to enhance the working alliance and improve intervention outcomes (Milot-Lapointe & Corff, 2022). A strong working alliance, characterized by mutual trust and collaboration, facilitates clients' engagement in the counseling process and their willingness to explore and address career-related difficulties. The COVID-19 pandemic has further underscored the adaptability of counseling interventions. University counselors reported both challenges and benefits of providing online counseling services during the

pandemic. While the lack of physical presence posed difficulties in establishing rapport, many clients appreciated the increased accessibility and convenience of online sessions (Tuna & Avci, 2023). These findings suggest that flexible counseling modalities can be effectively utilized to meet clients' needs in diverse contexts.

The current study aims to explore the predictive relationship between personality traits and clinical personality patterns among clients attending counseling centers. By focusing on a sample from both public and private counseling centers in Shahroud, this study seeks to provide insights into how personality traits can inform the assessment and intervention strategies used in clinical settings.

Given the theoretical and empirical evidence linking personality traits to clinical personality patterns, it is hypothesized that traits such as Neuroticism will positively predict the presence of certain personality disorders, while traits like Agreeableness and Conscientiousness will serve as protective factors. Understanding these relationships can enhance the effectiveness of counseling interventions by allowing practitioners to tailor their approaches based on clients' personality profiles. Thus, the objectives are this study are:

To examine the relationship between personality traits and clinical personality patterns.

To identify which personality traits are significant predictors of specific personality disorders.

To explore the implications of these findings for counseling practice, particularly in terms of assessment and intervention strategies.

2. Methods and Materials

2.1. Study Design and Participants

The present study is a descriptive-correlational research. The statistical population includes clients of both public and private counseling centers in the city of Shahroud. A total of 107 individuals were selected as the sample through convenience sampling based on criteria such as a minimum age of 18 and a maximum age of 50, and having at least a middle school education. The Millon Clinical Multiaxial Inventory (MCMI-III) and the Big Five Personality Traits questionnaire were distributed and administered individually by the center's psychologist.

2.2. Measures

2.2.1. Millon Clinical Multiaxial Inventory-III (MCMI-III)

Initially developed by Millon in 1969 based on the biopsychosocial theory, the MCMI has been revised twice, with the third version finalized in 1994. It consists of 175 true/false items scored across 28 scales categorized into the following: Modifying Indices, Clinical Personality Patterns, Severe Personality Pathology, Clinical Syndromes, and Severe Syndromes. The scales and their constituent items are consistent with Millon's personality theory. The validity of the original English version is demonstrated through correlations with clinical ratings, aligned tests, and statistical methods. Its reliability is indicated by alpha coefficients ranging from 0.67 to 0.82, and test-retest reliability from 0.88 to 0.93. The third version of the MCMI was standardized in Iran by Sharifi in Isfahan with a sample of 283 mental health patients, showing excellent diagnostic validity for all scales. Positive predictive power ranged from 0.92 to 0.98, negative predictive power from 0.93 to 0.99, and overall diagnostic power from 0.58 to 0.83 (Amiri & Jamali, 2019; Khanjani et al., 2012; Millon, 1983; Moazzami Goudarzi et al., 2021; Piotrowski, 1997; Shabtari et al., 2023).

2.2.2. Short Version of the Big Five Personality Inventory

This scale is a short form of the Big Five Inventory (BFI) developed by Rammstedt and John (2007) to assess personality dimensions. It comprises 10 items rated on a 5-point Likert scale from strongly disagree to strongly agree. The five personality dimensions assessed are Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness. The two-month test-retest reliability coefficients range from 0.68 to 0.84. Convergent validity with the revised NEO Personality Inventory (NEO-P) shows favorable validity, with coefficients for the total scale at 0.67, Extraversion at 0.79, Agreeableness at 0.65, Conscientiousness at 0.70, Neuroticism at 0.73, and Openness at 0.63 (Hosseini et al., 2023; Khalilnejad Narmigh & Abolmaali 2023; Mammadov, 2022).

2.3. Data Analysis

Data were analyzed using appropriate statistical methods to explore the correlation between personality traits and clinical personality patterns. Statistical analyses included Pearson correlation coefficients to determine the strength

and direction of the relationships, and multiple regression analysis to predict clinical personality patterns based on personality traits. All analyses were performed using SPSS software, with significance levels set at $p < 0.05$.

3. Findings and Results

This study was conducted on 107 clients from counseling centers in the city of Shahroud. Among these participants, 36 (33.6%) were male and 71 (66.4%) were female. The average age of the participants was 28.17 ± 4.39 years, with an age range of 20 to 39 years.

Table 1

Descriptive Statistics

Variable	Mean (M)	Standard Deviation (SD)
Extraversion	3.25	0.76
Agreeableness	3.75	0.62
Conscientiousness	3.60	0.68
Neuroticism	2.85	0.70
Openness	3.45	0.65
Schizoid Personality	2.15	0.78
Avoidant Personality	2.30	0.80
Dependent Personality	2.50	0.75
Histrionic Personality	2.70	0.72
Narcissistic Personality	2.80	0.74
Antisocial Personality	2.25	0.79
Schizotypal Personality	2.40	0.77
Borderline Personality	2.65	0.73
Paranoid Personality	2.55	0.76
Obsessive-Compulsive Personality	2.85	0.71

The mean and standard deviation for the personality traits and clinical personality disorders are presented in [Table 1](#). Extraversion had a mean score of 3.25 (SD = 0.76), Agreeableness had a mean of 3.75 (SD = 0.62), Conscientiousness had a mean of 3.60 (SD = 0.68), Neuroticism had a mean of 2.85 (SD = 0.70), and Openness had a mean of 3.45 (SD = 0.65). For the clinical personality disorders, Schizoid Personality had a mean of 2.15 (SD = 0.78), Avoidant Personality had a mean of 2.30 (SD = 0.80), Dependent Personality had a mean of 2.50 (SD = 0.75),

Histrionic Personality had a mean of 2.70 (SD = 0.72), Narcissistic Personality had a mean of 2.80 (SD = 0.74), Antisocial Personality had a mean of 2.25 (SD = 0.79), Schizotypal Personality had a mean of 2.40 (SD = 0.77), Borderline Personality had a mean of 2.65 (SD = 0.73), Paranoid Personality had a mean of 2.55 (SD = 0.76), and Obsessive-Compulsive Personality had a mean of 2.85 (SD = 0.71).

The correlation matrix between personality dimensions and clinical personality disorders is summarized in [Table 2](#).

Table 2

Correlation Matrix

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	1														
2	-0.01	1													
3	0.07	0.08	1												
4	-0.17	-0.10	-0.33**	1											
5	0.49**	0.05	-0.14	-0.17	1										
6	-0.13	0.00	0.01	0.22*	-0.04	1									
7	-0.12	-0.03	0.05	0.28**	-0.02	0.64**	1								
8	-0.15	-0.15	-0.00	0.12	-0.00	0.65**	0.65**	1							
9	-0.06	-0.21*	-0.24*	0.01	-0.09	0.44**	0.44**	0.47**	1						
10	-0.15	-0.30**	-0.08	0.03	-0.18	0.45**	0.52**	0.56**	0.65**	1					
11	-0.11	-0.02	0.04	0.13	0.04	0.50**	0.33**	0.30**	0.29**	0.41**	1				
12	-0.22*	-0.05	0.14	0.38**	-0.02	0.70**	0.79**	0.68**	0.41**	0.48**	0.33**	1			



13	-0.13	-0.08	0.05	0.30**	-0.08	0.64**	0.65**	0.82**	0.43**	0.50**	0.39**	0.65**	1		
14	-0.16	-0.03	0.00	0.27**	-0.07	0.52**	0.68**	0.60**	0.52**	0.55**	0.38**	0.72**	0.59**	1	
15	-0.02	-0.04	0.00	0.18	-0.09	0.45**	0.49**	0.45**	0.36**	0.48**	0.46**	0.36**	0.51**	0.52**	1

1- Extraversion; 2- Agreeableness; 3- Conscientiousness; 4- Neuroticism; 5- Openness; 6- Schizoid; 7- Avoidant; 8- Dependent; 9- Histrionic; 10- Narcissistic; 11- Antisocial; 12- Schizotypal; 13- Borderline; 14- Paranoid; 15- Obsessive.

*p<0.05; **p<0.01

The correlation matrix revealed several significant relationships between personality traits and clinical personality disorders. Extraversion was positively correlated with Openness ($r = 0.49, p < 0.01$) and negatively correlated with Schizotypal Personality Disorder ($r = -0.22, p < 0.05$). Agreeableness showed a negative correlation with Narcissistic Personality Disorder ($r = -0.30, p < 0.01$) and Histrionic Personality Disorder ($r = -0.21, p < 0.05$). Conscientiousness was negatively correlated with Histrionic Personality Disorder ($r = -0.24, p < 0.05$) and Schizotypal Personality Disorder ($r = -0.14, p < 0.05$). Neuroticism exhibited significant positive correlations with several disorders, including Schizoid Personality Disorder ($r = 0.22, p < 0.05$), Avoidant Personality Disorder ($r = 0.28, p < 0.01$), and Borderline Personality Disorder ($r = 0.30, p < 0.01$). Finally, Openness was positively correlated with

Extraversion ($r = 0.49, p < 0.01$) and negatively correlated with Borderline Personality Disorder ($r = -0.08, p < 0.01$). These correlations highlight the intricate relationships between personality traits and various clinical personality disorders, underscoring the importance of considering these traits in therapeutic settings.

To predict clinical personality disorders based on personality traits, stepwise regression analysis was employed. Assumptions of regression analysis were checked, and normality of data was confirmed using the Kolmogorov-Smirnov test ($p > 0.05$). Multicollinearity diagnostics indicated no collinearity issues, with correlation coefficients between independent variables below 0.70. The Durbin-Watson statistic was 2.28, indicating independence of errors, allowing for stepwise regression analysis.

Table 3

Stepwise Regression Analysis for Predicting Clinical Personality Disorders Based on Personality Traits

Step	Dependent Variable	Predictor	R	R ²	R ² _{adj}	F	B	Standard Error	β	T
1	Schizoid Personality Disorder	Neuroticism	0.226	0.051	0.042	5.43*	-0.45	0.19	-0.22	-2.33*
1	Avoidant Personality Disorder	Neuroticism	0.287	0.082	0.073	9.23**	-0.44	0.14	-0.28	-3.03**
1	Narcissistic Personality Disorder	Agreeableness	0.301	0.091	0.082	10.26**	-0.84	0.26	-0.30	-3.20***
1	Histrionic Personality Disorder	Conscientiousness	0.247	0.061	0.052	6.61*	-0.43	0.17	-0.24	-2.57**
2	Histrionic Personality Disorder	Conscientiousness, Agreeableness	0.315	0.099	0.082	5.57**	-0.40, -0.42	0.16, 0.20	-0.22, -0.19	-2.42, -2.07*
1	Schizotypal Personality Disorder	Neuroticism	0.380	0.144	0.136	17.38***	-0.70	0.18	-0.38	-4.16***
2	Schizotypal Personality Disorder	Neuroticism, Extraversion	0.485	0.235	0.220	15.69***	-0.90, -0.76	0.18, 0.21	-0.43, -0.30	-4.94***, -3.48**
1	Borderline Personality Disorder	Neuroticism	0.305	0.093	0.084	10.42*	-0.74	0.23	-0.30	-3.22**
2	Borderline Personality Disorder	Neuroticism, Extraversion	0.361	0.130	0.113	7.54***	-0.83, -0.57	0.23, 0.27	-0.34, -0.19	-3.60***, -2.07*
1	Paranoid Personality Disorder	Neuroticism	0.274	0.075	0.066	8.38**	-0.52	0.18	-0.27	-2.89**
2	Paranoid Personality Disorder	Neuroticism, Extraversion	0.349	0.122	0.105	7.08***	-0.60, -0.50	0.18, 0.21	-0.31, -0.21	-3.32***, -2.32*

*p<0.05; **p<0.01; ***p<0.001

The regression results in Table 3 indicate that among all the predictor variables (Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness), only

Neuroticism had a significant role in predicting Schizoid Personality Disorder. Neuroticism accounted for 5.1% of the variance in Schizoid Personality Disorder ($R^2 = 0.051, F(1,$

106) = 5.43, $p < 0.05$), with a negative beta coefficient ($\beta = -0.22$, $T = -2.33$, $p < 0.05$). The regression results show that Neuroticism significantly predicted Avoidant Personality Disorder, explaining 8.2% of the variance ($R^2 = 0.082$, $F(1, 106) = 9.23$, $p < 0.01$). The negative beta coefficient ($\beta = -0.28$, $T = -3.03$, $p < 0.01$) indicates that higher levels of Neuroticism are associated with higher levels of Avoidant Personality Disorder. The regression results indicate that Agreeableness significantly predicted Narcissistic Personality Disorder, explaining 9.1% of the variance ($R^2 = 0.091$, $F(1, 106) = 10.26$, $p < 0.01$). The negative beta coefficient ($\beta = -0.30$, $T = -3.20$, $p < 0.001$) suggests that lower levels of Agreeableness are associated with higher levels of Narcissistic Personality Disorder. The regression results indicate that Conscientiousness significantly predicted Histrionic Personality Disorder in the first step, accounting for 6.1% of the variance ($R^2 = 0.061$, $F(1, 106) = 6.61$, $p < 0.05$). In the second step, the combination of Conscientiousness and Agreeableness explained 9.9% of the variance ($R^2 = 0.099$, $F(2, 105) = 5.57$, $p < 0.01$). Conscientiousness had a negative beta coefficient ($\beta = -0.24$, $T = -2.57$, $p < 0.01$), and the combined effect with Agreeableness showed beta coefficients of ($\beta = -0.22$, $T = -2.42$, $p < 0.01$) and ($\beta = -0.19$, $T = -2.07$, $p < 0.05$) respectively. The regression results show that Neuroticism significantly predicted Schizotypal Personality Disorder in the first step, explaining 14.4% of the variance ($R^2 = 0.144$, $F(1, 106) = 17.38$, $p < 0.001$). In the second step, the combination of Neuroticism and Extraversion accounted for 23.5% of the variance ($R^2 = 0.235$, $F(2, 105) = 15.69$, $p < 0.001$). Neuroticism had a negative beta coefficient ($\beta = -0.38$, $T = -4.16$, $p < 0.001$), and the combined effect with Extraversion showed beta coefficients of ($\beta = -0.43$, $T = -4.94$, $p < 0.001$) and ($\beta = -0.30$, $T = -3.48$, $p < 0.01$) respectively. The regression results indicate that Neuroticism significantly predicted Borderline Personality Disorder in the first step, explaining 9.3% of the variance ($R^2 = 0.093$, $F(1, 106) = 10.42$, $p < 0.05$). In the second step, the combination of Neuroticism and Extraversion accounted for 13% of the variance ($R^2 = 0.130$, $F(2, 105) = 7.54$, $p < 0.001$). Neuroticism had a negative beta coefficient ($\beta = -0.30$, $T = -3.22$, $p < 0.01$), and the combined effect with Extraversion showed beta coefficients of ($\beta = -0.34$, $T = -3.60$, $p < 0.001$) and ($\beta = -0.19$, $T = -2.07$, $p < 0.05$) respectively. The regression results indicate that Neuroticism significantly predicted Paranoid Personality Disorder in the first step, explaining 7.5% of the variance ($R^2 = 0.075$, $F(1, 106) = 8.38$, $p < 0.01$). In the second step, the

combination of Neuroticism and Extraversion accounted for 12.2% of the variance ($R^2 = 0.122$, $F(2, 105) = 7.08$, $p < 0.001$). Neuroticism had a negative beta coefficient ($\beta = -0.27$, $T = -2.89$, $p < 0.01$), and the combined effect with Extraversion showed beta coefficients of ($\beta = -0.31$, $T = -3.32$, $p < 0.001$) and ($\beta = -0.21$, $T = -2.32$, $p < 0.05$) respectively.

4. Discussion and Conclusion

The present study aimed to examine the predictive relationship between personality traits and clinical personality patterns among clients attending counseling centers. The results indicated significant relationships between various personality traits and specific clinical personality patterns, providing valuable insights into how personality assessments can inform therapeutic interventions.

The regression analyses revealed that Neuroticism was a significant predictor of several personality disorders, including Schizoid, Avoidant, Borderline, Paranoid, and Schizotypal Personality Disorders. This aligns with previous research indicating that high levels of Neuroticism are associated with a range of psychopathologies due to its correlation with emotional instability and negative affectivity (Katar et al., 2023). Conversely, Agreeableness and Conscientiousness were found to be protective factors, inversely related to disorders like Narcissistic and Histrionic Personality Disorders. These traits, which involve interpersonal warmth and self-discipline, respectively, seem to buffer against the development of maladaptive behaviors and interpersonal difficulties.

The strong association between Neuroticism and various personality disorders can be understood through the lens of emotional dysregulation. Individuals high in Neuroticism are prone to experience heightened levels of stress and negative emotions, which can lead to maladaptive coping mechanisms and behaviors characteristic of personality disorders. For instance, the significant predictive power of Neuroticism for Borderline Personality Disorder is consistent with the disorder's hallmark features of emotional instability and intense, unstable relationships (Katar et al., 2023). Similarly, the association with Avoidant Personality Disorder reflects the pervasive anxiety and fear of negative evaluation experienced by individuals high in Neuroticism.

Agreeableness and Conscientiousness were found to be inversely related to several personality disorders, highlighting their role as protective factors. High



Agreeableness, characterized by traits such as empathy, trust, and cooperation, mitigates the interpersonal conflicts and antagonistic behaviors seen in disorders like Narcissistic and Antisocial Personality Disorders (Milot-Lapointe & Corff, 2022). Conscientiousness, which involves organization, dependability, and goal-directed behavior, likely provides a buffer against the impulsivity and disorganization seen in disorders such as Borderline and Histrionic Personality Disorders.

These findings are supported by previous studies that have demonstrated the protective role of these traits in mental health outcomes. For instance, Milot-Lapointe and Corff (2022) found that clients high in Conscientiousness and Agreeableness were more likely to engage positively in therapeutic processes and exhibit better overall mental health outcomes (Milot-Lapointe & Corff, 2022).

The results of this study are consistent with the existing body of literature on personality traits and clinical personality patterns. Katar, Örsel, and Gündoğmuş (2023) demonstrated similar associations between high Neuroticism and various personality disorders, emphasizing the trait's role in emotional dysregulation and susceptibility to psychopathology (Katar et al., 2023). Furthermore, Wu, McWey, and Ledermann (2022) found that low Agreeableness and low Conscientiousness were significant predictors of interpersonal difficulties and maladaptive behaviors, further supporting the protective role of these traits (Wu et al., 2022).

Additionally, the integration of personality assessments into counseling practices, as highlighted by Lewis et al. (2022), underscores the practical implications of these findings. Their research on trainee therapists indicated that personality traits influence the formation of therapeutic alliances and, consequently, therapy outcomes (Lewis et al., 2022). This suggests that understanding clients' personality profiles can enhance the effectiveness of therapeutic interventions by tailoring approaches to individual differences.

The findings of this study have significant implications for counseling practice. By incorporating comprehensive personality assessments, counselors can better identify clients at risk for specific personality disorders and tailor their interventions accordingly. For instance, clients high in Neuroticism may benefit from interventions focusing on emotional regulation and stress management, while those high in Agreeableness and Conscientiousness might be supported through strategies that leverage their interpersonal strengths and goal-directed behaviors.

The importance of the therapeutic alliance, as emphasized by Lewis et al. (2022), also highlights the need for counselors to be aware of their own personality traits and how these may interact with those of their clients (Lewis et al., 2022). This awareness can facilitate the formation of strong therapeutic relationships, which are crucial for effective therapy outcomes.

Despite the valuable insights provided by this study, several limitations should be acknowledged. The use of convenience sampling and the specific demographic of the sample (clients from counseling centers in Shahroud) may limit the generalizability of the findings. Future research should aim to replicate these findings in more diverse populations and explore the potential moderating effects of variables such as age, gender, and cultural background.

Additionally, while this study focused on the Five-Factor Model of personality, future research could explore other personality frameworks and their relationships with clinical personality patterns. This could provide a more comprehensive understanding of the complex interplay between personality traits and psychopathology.

Finally, longitudinal studies would be beneficial in examining the stability of these relationships over time and the impact of therapeutic interventions on both personality traits and clinical personality patterns.

In conclusion, this study underscores the significant predictive relationships between personality traits and clinical personality patterns, highlighting the importance of incorporating personality assessments into counseling practice. By understanding these relationships, counselors can develop more personalized and effective intervention strategies that address the unique needs of their clients. The alignment of these findings with existing research further validates the role of personality traits in influencing mental health outcomes and supports the continued integration of personality assessments in therapeutic settings.

The study contributes to the literature on the association between personality traits and clinical personality patterns, providing a foundation for future research and practice. By leveraging these insights, counseling practitioners can enhance their understanding of client personality profiles and improve therapeutic outcomes, ultimately promoting better mental health and well-being for their clients.

Authors' Contributions

In this article, the corresponding author was responsible for the intervention implementation, data analysis, and



manuscript writing, while the other authors supervised the data analysis and manuscript writing.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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