“Difficult” or “Disordered?”

How Understanding Personality Disorders Can Improve Clinical Interactions

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Learning Objectives

Identify distinguishing features of the most common personality disorders (PDs)

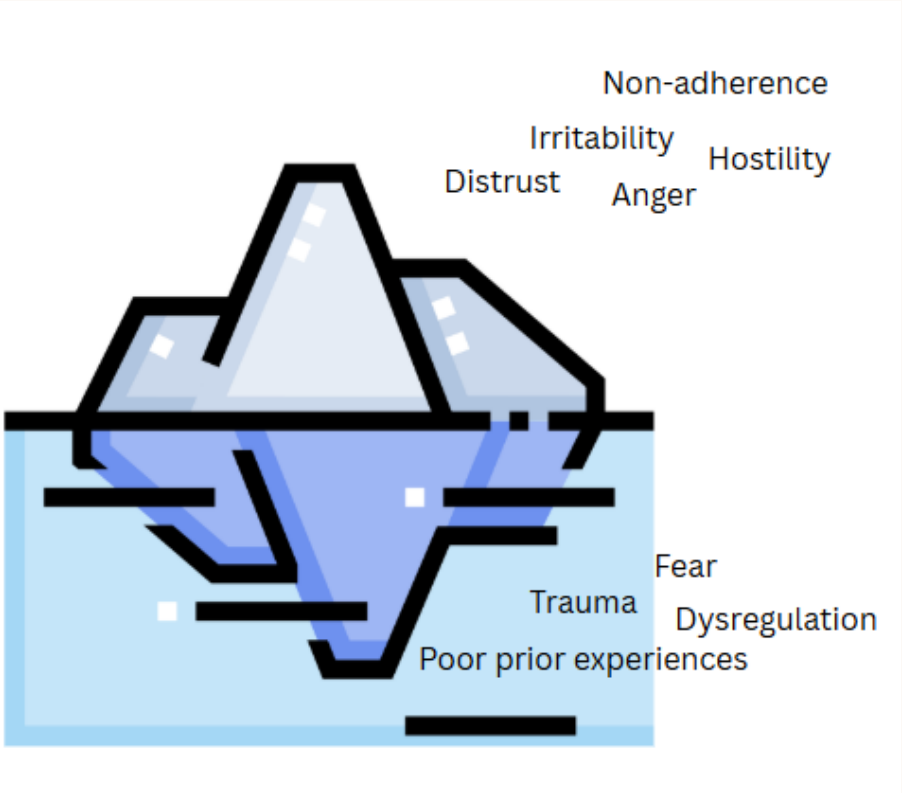
Effectively apply motivational interviewing techniques in challenging clinical scenarios with patients with PDs

Reflect on past challenging patient encounters to identify causes of negative countertransference

Choose appropriate communication strategies to navigate challenging interactions with patients with PDs

Agenda

Personality disorder background	Additional communication strategies
The idea of countertransference	Example role plays
Motivational interviewing fundamentals	Your turn to practice!



Why does this matter?

- Language shapes perception
  - Labeling someone as “difficult” places blame and implies a character flaw
- It obscures the root cause

Change the approach:

- Describe the behavior, not the person
- Challenging interactions often signal unmet needs

Personality Disorders

Background

What are personality disorders?

Enduring patterns of inner experience and behavior, deviating from the norms and expectations of the individual's culture.

They are pervasive and inflexible. Stable over time.

10.5% prevalence of all personality disorders per the DSM-V.

How are they diagnosed?

Onset in adolescence or early adulthood.

Lead to distress or impairment.

Each has diagnostic criteria in the DSM-V that detail a set of behaviors and a minimum number of those behaviors that must be displayed in order to qualify for a diagnosis.

American Psychiatric Association. DSM-V; 2022.

Types of Personality Disorders

Split into 3 groups, called “clusters”

Cluster A: odd or eccentric, have difficulty relating to other people

Cluster B: unpredictable or erratic, have difficulty controlling emotions

Cluster C: anxious or fearful, are markedly inhibited by their worries

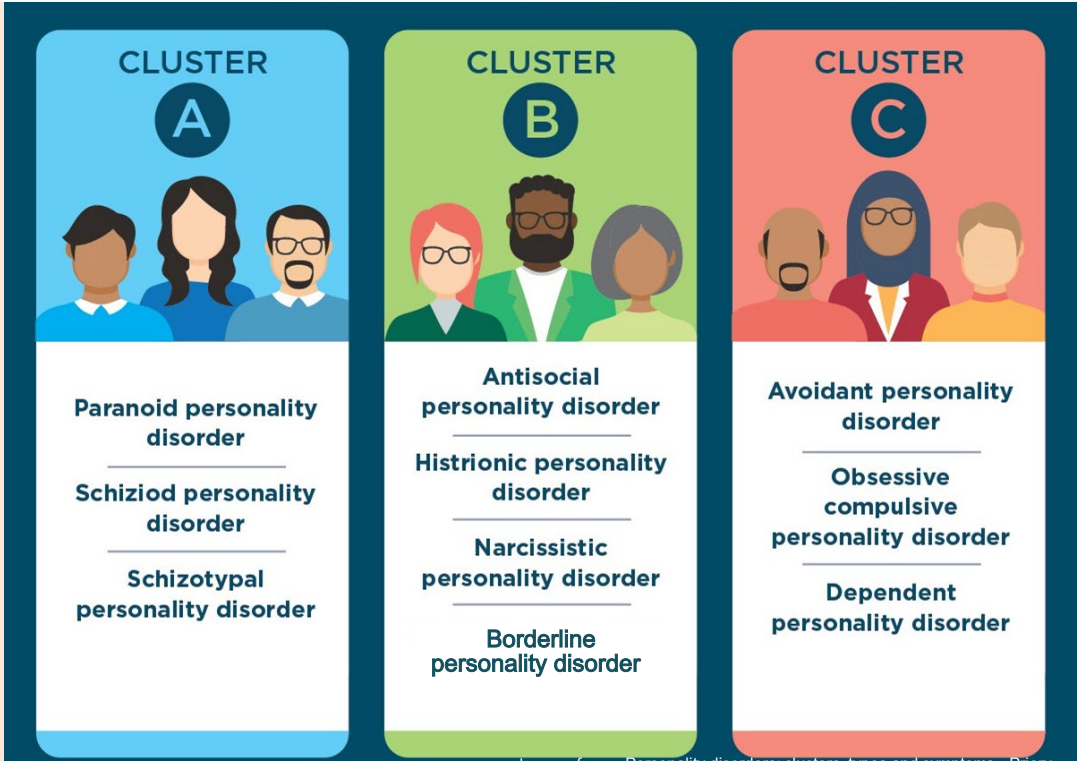


Image from: Personality disorders: clusters, types and symptoms - Priory

Cluster A

Paranoid

Mistrust and suspicion of others to the point of believing their intentions are malevolent

Behaviors: holds grudges, does not trust kindness, litigious, ridgid

How to respond: normalize the situation, describe and explain next steps

Schizoid

Does not desire or enjoy social relationships and has a restricted range of emotion in social interactions

Behaviors: takes pleasure in few activities, lacks close friends, chooses solitary activities

Layman's "antisocial" PD

Schizotypal

Magical thinking with odd or eccentric behavior, constricted affect, and few close relationships

Behaviors: not many close friends, significant social anxiety, suspiciousness, ideas of reference

How to respond: avoid "righting" the magical ideas, narrow questions if needed

American Psychiatric Association. DSM-V; 2022.

Cluster B

Included Disorders

01 Borderline

02 Antisocial

03 Histrionic

04 Narcissistic

Borderline Personality Disorder

Instability of interpersonal relationships, self-image, and affects, with marked impulsivity

Will often think situations/people are all good or all bad, with many unstable or intense relationships → require clear boundaries (that they will likely try to blow past)

Behaviors:

- Taking frantic efforts to avoid abandonment, belief that abandonment implies they're "bad"
- Unstable self-image or sense of self
- Impulsivity in at least two areas: spending, sex, substance use, reckless driving, binge eating
- Recurrent suicidal behavior, gesture, or threats
- Intense mood reactivity including difficulty controlling anger
- Stress-related paranoid ideation
- Splitting

Recurrent job losses, interrupted education, separation or divorce are common

American Psychiatric Association. DSM-V; 2022

Medication Options

Affective Dysregulation

Anticonvulsants - topiramate, lamotrigine, valproic acid

SSRIs

Cognitive-Perceptual Symptoms

Second generation antipsychotics - aripiprazole, olanzapine

Impulsive or Aggressive Behavior

Anticonvulsants - topiramate, lamotrigine, valproic acid

Second generation antipsychotics - aripiprazole, olanzapine

Other

Naltrexone for self-injurious behavior

Clonidine for hyperarousal and anxiety

Antisocial Personality Disorder

Disregard for and violation of the rights of others

Often initially present charming, but once they stop receiving what they are seeking they turn aggressive, intense, and even get loud and angry. Can become less evident of a PD with age.

Behaviors:

- Repetitively performing unlawful acts, lacking remorse
- Repeated lying, deceit, impulsivity, and irresponsibility
- Cannot sustain work, honor financial obligations, or plan ahead
- Arrogant, lack empathy

Different from borderline PD as borderline utilizes manipulation to gain nurturance, whereas antisocial uses manipulation but does not want the emotional connection with others.

American Psychiatric Association. DSM-V; 2022

Histrionic Personality Disorder

Pattern of excessive emotionality and attention seeking.

Behaviors:

- Shows exaggerated expression of emotion, may make up stories for attention
- Believes relationships to be more intimate than they actually are
- Interactions can be inappropriately seductive or provocative
- Has rapidly shifting and shallow expressions of emotions
- Draws attention to self with physical appearance
- Speech lacks detail

Different from narcissistic PD b/c they are willing to appear fragile or dependent for attention, whereas narcissistic PD only wants attention/praise for superiority.

Lower impairment in this PD than most others.

American Psychiatric Association. DSM-V; 2022

Narcissistic Personality Disorder

Pattern of **grandiosity** , need for admiration, and lack of empathy

Behaviors:

- Believes they are special and unique and should only engage with other special or high-status people
- Exaggerated self-importance with expectation to be recognized as superior, with a strong sense of entitlement
- Highly sensitive to criticism or defeat
- Takes advantage of others to achieve their own ends (exploitive)
- Lacks empathy, is arrogant, and is envious of others

Could result in high functioning, successful and social individuals

Narcissistic injury: large swings in depression and self-loathing due to experiencing loss, abandonment, or criticism leading to severe shame.

American Psychiatric Association. DSM-V; 2022

Cluster C

Avoidant

Pervasive social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation

Behaviors: avoids activities that could lead to failure, does not get close to people to avoid rejection, has very low self-esteem

Take care not to enable avoiding behaviors by doing things for the patient they should do themselves

Dependent

Excessive need to be cared for with significant fears of being abandoned

Behaviors: submissive and clingy, trouble initiating projects, making decisions, or expressive disagreement

Obsessive-Compulsive

Preoccupation with orderliness, perfectionism, and control at the expense of flexibility, openness, and efficiency.

Behaviors: focuses on rules, lists, schedules; devoted to work at the expense of leisure, cannot discard worn-out items, difficulty delegating

American Psychiatric Association. DSM-V; 2022.

Question 1

You are a pharmacist in a community pharmacy. You've been dispensing medications for the same patient over the past several months. Despite multiple interactions, the patient remains distant and difficult to engage. They do not respond to small talk or light humor and often watch you closely as you prepare their prescriptions. On one occasion, they asked if you had changed their pills or given them someone else's medication. They appear suspicious and hesitant about your intentions, and you find out they think medicines may possess magical powers.

Which cluster of personality disorders best aligns with this patient's behavior?

A. Cluster A
B. Cluster B
C. Cluster C

Question 2

You are a pharmacist in a primary care clinic. Your patient, Mr. R, arrives 30 minutes late for his medication management appointment. He expresses frustration at having to wait “like everyone else,” and states, “I’m not like your usual patients—I actually understand medicine.”

Throughout the visit, Mr. R frequently name-drops his professional contacts and insists he should be taking a “higher quality” brand of medication. When you explain the formulary restrictions and evidence supporting the current treatment plan, he interrupts and accuses the clinic of not recognizing his “unique physiology.”

Question 2 cont.

Based on the patient's behavior and interaction style, which personality disorder traits are present?

A. Histrionic personality disorder
B. Narcissistic personality disorder
C. Borderline personality disorder
D. Antisocial personality disorder

Countertransference

Countertransference

What is it?

n. The unconscious (but sometimes conscious) reaction to the patient and to the patient's transference.*

*displacement or projection of behaviors or unconscious feelings and/or wishes onto new subjects

AKA: the emotions felt by the clinical professional in response to behaviors and projections of the patient

APA Dictionary of Psychology, updated 2018

Common Reactions

Anxiety and Fear

- When patients raise the stakes, it could lead the clinician to avoid the situation, fear making the "wrong" plan, or pursue overly aggressive treatment.

Anger and Hatred

- Embarrassment or defensiveness could result when challenged by a patient, personal insecurities can be evoked.

Helplessness and Hopelessness

- The feeling of "why bother" when a patient appears to be giving up or putting forth minimal effort.

"Positive" countertransference

- Could lead to deviation from accepted best practice when guided by a particular affinity for a patient.

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Why talk about this?

Identifying emotional responses helps recognize bias, improves compassion, and allows us to build effective relationships.

Recognition that countertransference stems from both patient and clinician factors - need for self-awareness is just as important as clinical communication skills

Personal Experience

Reflect - Discuss - Share

What types of patient behaviors or communication styles tend to frustrate or irritate me the most? Why?

Are there any patient populations or diagnoses that I notice I feel less empathy for? Where might that come from?

Have I ever felt unusually drained, angry, or overly responsible after an encounter with a patient?

When I feel disrespected or challenged by a patient, how do I typically respond — externally and internally?

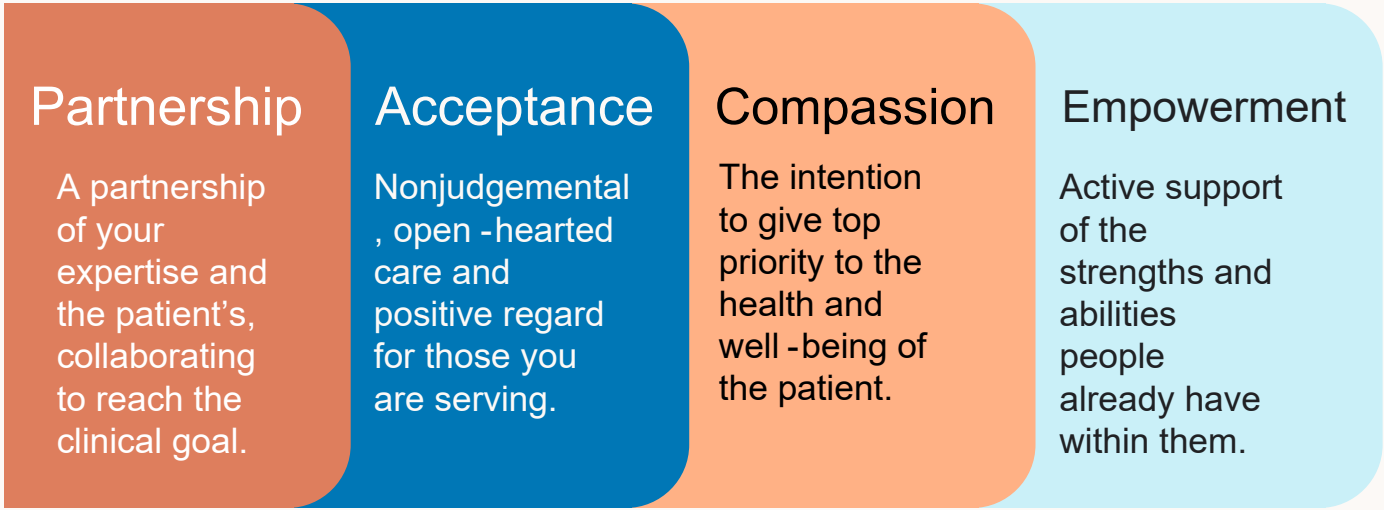
Motivational Interviewing

The Foundation

Motivational Interviewing (MI) Background

MI is a "particular way of talking to people about change and growth to strengthen their own motivation and commitment."

4 Interlocking Elements of the Spirit of MI



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A Note on Unconditional Positive Regard

Non -judgemental acceptance

Creates a space free from labeling, blame, or shame

Belief in the person's potential

Conveying confidence to encourage hope

Respect for autonomy

Respect the right to make their own choices.

Warmth and empathy

Affirmations are delivered authentically and reflections reinforce your

Listening and Reflecting

Keys to building trusting and productive clinical relationships

Effective Listening

Reflective Listening

- Outer behavioral component
- Consists of mirroring back what the patient is saying to you
- Allows you to respond to what they're saying while both having them hear it again AND furthering the conversation
- Key component of MI

Attitude of Curiosity

- Inner component
- Active interest in understanding the individual's experience
- The wonder of what the patient is thinking and feeling

Miller WR, Rollnick S. *Motivational Interviewing: Helping People Change and Grow* . 4th ed. Guilford Publications; 2023.

Reflective Listening

In order to start: Temporarily suspend your opinions, knowledge, and perceptions to focus entirely on understanding the other person's meaning

Avoid: agreeing/disagreeing, telling, suggesting, warning, persuading, advising

Task at hand: reflect back your understanding of what you heard

A way of guessing and checking.

Reflection Example - Smoking Cessation

Pharmacist:
Tell me a little about how smoking fits into your day.
(→ *Open-ended question*)

Patient:
I usually smoke first thing in the morning and a few times during work. It helps me deal with stress.

Pharmacist:
So it sounds like smoking helps you manage stress, especially during busy times.
(→ *Reflective listening*)

Patient:
Yeah… I know it's not good for me, but quitting feels hard.

Pharmacist:
You're aware of the risks, and at the same time, quitting feels overwhelming.
(→ *Reflection and empathy*)

Patient:
It seems really hard. But, I've been coughing a lot lately. And my daughter keeps asking me to stop.

Pharmacist:
Those sound like powerful reasons—your health and your daughter.
(→ *Affirmation + supporting autonomy*)

Developing Reflections - Simple Reflections

Simple Reflection

- Stays close to what the person is saying
- Can focus on just part of what they said
- Could use synonyms for one of their words

Example:

- Speaker : I've been feeling kind of down today.
- Listener: You're feeling low.
- Speaker : I'm dragging, like it takes a lot of effort just to walk around.
- Listener: Almost like you're slowed down.

Developing Reflections - Complex Reflections

Complex Reflection

- Makes a guess about what the person means
- Could be a possible extension of what they said or a guess as to what they might say next

Example:

- Speaker: I've been feeling kind of down today.
- Listener: Like you don't have much energy.
- Speaker: Yes! Like the life is drained out of me.
- Listener: And you're not sure what's going on.
- Speaker: I'm thinking about something Emma said to me last night.

Guidelines to Mirroring

- Turn to the person next to you and say the following two sentences:
  - "You knew you were going to miss your medication dose?"
  - "You knew you were going to miss your medication dose."
    - Leads to defensiveness or backing down from what they said
- Reflection to question ratio
  - At least 2 reflections for every 1 question
  - Aim for closer to 4 reflections for every 1 question
- Length of reflection
  - Reflections typically should NOT be longer than what the person said

Miller WR, Rollnick S. *Motivational Interviewing: Helping People Change and Grow* . 4th ed. Guilford Publications; 2023.

Don’t fall!

Into the “Expert Trap”

What to avoid

- Assuming a stance of authority
- Information dumping
- The "righting reflex"
  - Often a clinician's knee-jerk reaction when they perceive someone doing something unhealthy; telling them what they should do
  - Can be very prescriptive: "You know that drinking is bad and you should stop."
  - May invoke resistance and make patients feel judged and undermined
- Taking on the onus of *convincing* your patients to do something
  - Verses guiding them to the conclusions and steps themselves

Exchanging information:
The elicit -provide -elicit method

This patient-centered method helps us engage without lecturing, overwhelming, or creating resistance

Elicit

Find out what the patient already knows about the topic and get permission to share information.

What have you heard about buprenorphine? Would it be okay if I provide some information?

Provide

Share pertinent, clear, and concise information on the topic if consented.

Buprenorphine can reduce cravings and overdoses in people who use opioids.

Elicit

Check the patient's understanding and/or invite a reaction.

What do you think about a treatment like that? How do you feel about what I shared?

Miller WR, Rollnick S. *Motivational Interviewing: Helping People Change and Grow* . 4th ed. Guilford Publications; 2023.

Question 3

You are meeting with a patient to discuss their diabetes medication regimen prior to discharge from the hospital for diabetic ketoacidosis. As you go through their oral medication and insulin, the following conversation occurs:

Patient : My work has me really busy and traveling a lot, making insulin another item on my to-do list.

Pharmacist: You are balancing many things.

Patient : I am! And sometimes, something's gotta give. Unfortunately, this last time I guess it was my meds. But I did try to eat a lot of salads this last trip.

Pharmacist: _____

Select the best reflection for this scenario.

Patient : My work has me really busy and traveling a lot, making insulin another item on my to-do list.

Pharmacist: You are balancing many things.

Patient : I am! And sometimes, something's gotta give. Unfortunately, this last time I guess it was my meds. But I did try to eat a lot of salads this last trip.

Pharmacist: _____

A) Your meds should be the most important thing even when traveling.

B) I think that was reasonable.

C) You care about your health and it can be hard to manage it all at times.

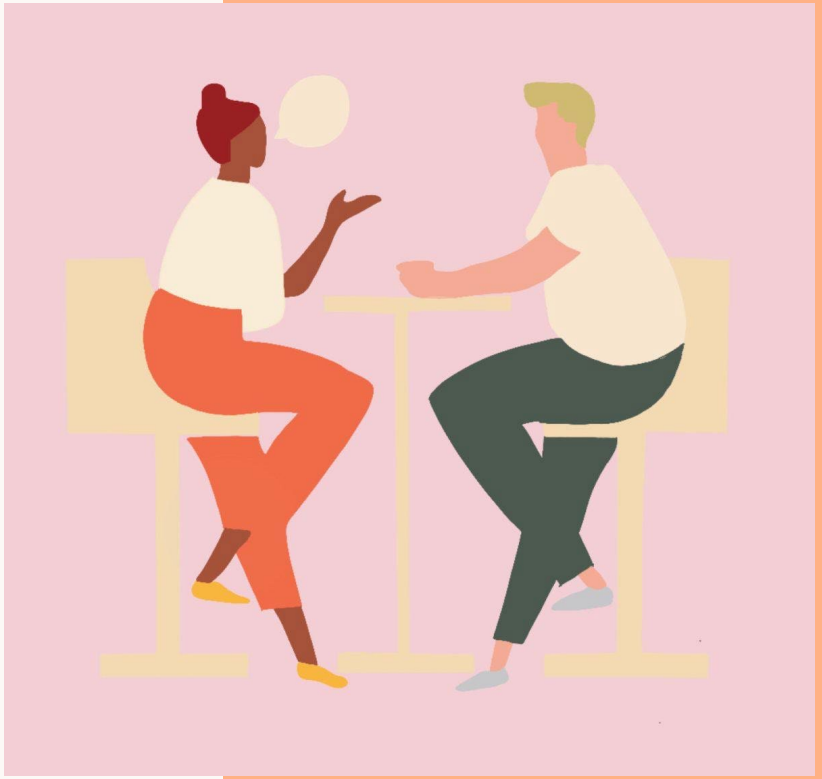
D) Salads were going to balance out forgetting insulin.

Communication Strategies

Strategy #1

Calm the emotion, Validate the person

Reduce emotional intensity and help patients feel heard without reinforcing problematic behavior



Calm the emotion, validate the person

Key Strategies

- Use validating statements: "I see why that would be upsetting"
- Reflect emotions without escalating
- Pair validation with clear next steps

When to Use

- Patient is visibly upset, tearful, or frustrated (e.g. raised voice)
- Patient expresses heightened anxiety, hopelessness, or distress

Linehan MM. *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. New York: Guilford Press; 1993. Bateman A, Fonagy P. *Mentalization-Based Treatment for Borderline Personality Disorder*. Oxford University Press; 2006. Young JE, Klosko JS, Weishaar ME. *Schema Therapy: A Practitioner's Guide*. New York: Guilford Press; 2003.

Strategy #2

Hold the line with care

Set clear, respectful boundaries to protect your time and emotional energy while remaining respectful and professional

Hold the line with care

Key Strategies

- Use concise, confident language to explain a limit
  "That's not something I'm able to change. Here's what I can do today"
- Avoid over-explaining or excessive apologies
- End unproductive conversations politely
  "We've gone over everything we can today"

When to Use

- Patient repeatedly redirects or or makes unfeasible requests
- Conversations become circular or unproductive

Linehan MM. *DBT Skills Training Manual* . 2nd ed. New York: Guilford Press; 2015. Yeomans FE, Clarkin J F, Kernberg OF. *A Primer on Transference -Focused Psychotherapy* . Lanham, MD: Rowman & Littlefield; 2002. Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma -Informed*

Strategy #3

Invite reflection, not reaction

Engage the patient's 'thinking' brain and interrupt rigid, all-or-nothing thinking

Invite reflection, not reaction

Key Strategies

- Ask exploratory questions
  "Can you tell me more about what you're hoping this medication will do for you?"
  "Why do you think the provider made that choice?"
- Clarify intentions on both sides
- Encourage reflection
  "How have you handled this in the past?"

When to Use

- Patients strongly advocating for a specific treatment based on online research
- Patients demonstrating black-and-white thinking
- Emotions are high and the patient feels like no one is trying to understand them

Bateman A, Fonagy P. *Mentalization -Based Treatment for Borderline Personality Disorder*. Oxford University Press; 2006. Beck J S. *Cognitive Behavior Therapy: Basics and Beyond*. 2nd ed. New York: Guilford Press; 2011.

Strategy #4

Redirect towards action

Help the patient move from emotional overwhelm to problem-solving

Redirect towards action

Key Strategies

- Reflect, then offer next step options

  "I can tell this is weighing on you. Here are the options available today"
- Normalize the concern without amplifying urgency
- Break problems into smaller, more manageable parts

When to Use

- Patient expressing concern about worst-case scenarios
- Patients describing a sense of helplessness or inaction

Beck J S. *Cognitive Behavior Therapy: Basics and Beyond* . 2nd ed. New York: Guilford Press; 2011.

Strategy #5

Stay in your role, stay regulated

Help staff stay grounded and not take difficult behavior personally

Stay in your role, stay regulated

Key Strategies

- Recognize projection, transference, or system-rooted frustration
  "This feels personal to the patient, but it isn't about me"
- Stay anchored in your role
  "As your pharmacist, I want to make sure any medication we use is safe and appropriate for you"
- Regulate yourself when emotions rise; use internal mantras or cues

When to Use

- Patients expressing mistrust or frustration about system-level issues
- Situations where you notice yourself feeling emotionally activated or defensive

Yeomans FE, Clarkin JF, Kernberg OF. *A Primer on Transference - Focused Psychotherapy*. Lanham, MD: Rowman & Littlefield; 2002.
Young JE, Klosko JS, Weishaar ME. *Schema Therapy: A Practitioner's Guide*. New York: Guilford Press; 2003.

Strategy #6

Be steady,
Be trustworthy

Reduce mistrust and reinforce fairness over time

Be steady, be trustworthy

Key Strategies

- Use consistent language
  "This is the process we follow for all patients on this medication"
- Follow through, even on small things
  "As we discussed last week, I let Dr. Lee know about your concerns"
- Set clear expectations and timelines
  "You can expect a call from the clinic within the next 48 hours"

When to Use

- Patients questioning the fairness or consistency of care
- Patients frequently testing boundaries or enforcement of rules

Yeomans FE, Clarkin JF, Kernberg OF. *A Primer on Transference - Focused Psychotherapy*. Lanham, MD: Rowman & Littlefield; 2002.
Young JE, Klosko JS, Weishaar ME. *Schema Therapy: A Practitioner's Guide*. New York: Guilford Press; 2003.

Question 4

Which of the following best summarizes the five communication strategies covered in this section?

A. Give patients what they want, avoid conflict, apologize often, match their energy, and follow up quickly
B. Validate emotions, set respectful boundaries, invite reflection, redirect toward action, and stay grounded in your role
C. Focus on policies, avoid emotional engagement, offer alternatives, use scripts, and pass responsibility to others
D. Educate the patient, keep the visit short, maintain authority, use directive tone, and emphasize consequences

Correct Answer

B

Validate emotions, set respectful boundaries, invite reflection, redirect toward action, and stay grounded in your role

Explanation

B is correct because it accurately reflects the five strategies: validating, boundary setting, inviting reflection, redirecting toward action, and staying grounded in your professional role

A is incorrect because it emphasizes avoiding conflict, which can reinforce inappropriate behaviors, and promote unsafe medication practices

C is incorrect because it focuses heavily on policy enforcement and emotional detachment

D is incorrect because it promotes control rather than collaboration. It misses the importance of emotional regulation, trust, and shared problem-solving

Putting it into Practice

Next up: try it out!

Example Roleplay

The scenario

A pharmacist at a primary care clinic is caring for a patient who is seeking tirzepatide for weight loss despite not meeting criteria for use in any of its indications. The patient is a 43 year old female with a PMH anemia and anxiety. Her BMI is 27.

Room for improvement

Scenario A: pay attention for areas the pharmacist could change their approach

Great job communicating!

Scenario B: take notice of communication methods

Roleplay

Roleplay

Instructions

Partner up with someone nearby

3 scenarios, each involving a pharmacist and a patient

Scenarios will be completed 1 at a time

We will display the situation and your objective on the screen

You will have 5 minutes per scenario to each play both roles (pharmacist and patient) so be sure to switch roles and repeat the scenario

Scenario 1 - Community Pharmacy

Situation :

A patient comes to the community pharmacy visibly upset, raising their voice about a delay in their medication. They express frustration and anxiety about running out of their prescription.

Objective :

Use the *Calm the Emotion, Validate the Person* strategy to acknowledge their feelings without escalating the situation. Incorporate simple and complex reflections to build trust with the patient.

Reminder: Validate feelings, mirror emotions calmly, combine validation with clear next steps

Scenario 2 - Ambulatory Pharmacy

Situation :

A patient becomes upset during a chronic pain ambulatory care appointment when discussing tapering opioids, feeling abandoned by the clinician. With a lack of understanding, they insist on working with a different provider in the clinic.

Objective :

Practice setting boundaries with the *Hold the Line with Care* strategy and share pertinent information that could enhance understanding using the *Elicit - Provide - Elicit* strategy.

Reminder: Ask permission > provide information > check understanding/ reaction

Scenario 3 - Hospital Pharmacy

Situation:

You are a pharmacist conducting a medication reconciliation on a newly admitted patient and bring up a discrepancy in their statin fill records. The patient becomes worked-up and says *" I'm telling you, I take this every day. If you don't give it to me, I could have a stroke and die."*

Objective :

Use the *Invite Reflection, Not Reaction* and *Redirect Toward Action* strategies to encourage critical thinking and help the patient focus on problem-solving next steps. Engage the patient with reflections.

Reminder: interrupt rigid, all-or-nothing thinking and help the patient move from emotional overwhelm to problem-solving

Roleplay Debrief

Questions

Which communication technique felt most natural to use? Which felt awkward or challenging?

How did it feel to slow down and listen more, rather than jump in with advice or fixes?

Was there a moment where you weren't sure what to say next? What helped you navigate that?

As the pharmacist: What did you do if you found yourself wanting to take over, fix something quickly, or prove a point? Where do you think that urge came from?

As the patient: How did it feel hearing back some of the techniques?

In Summary

Personality Disorders

Enduring and inflexible patterns of behavior that can lead to emotionally intense clinical interactions. In recognizing these patterns, clinicians can be more informed and compassionate.

Motivational Interviewing

A collaborative and goal oriented communication style that is rooted in a spirit of acceptance, autonomy, empathy, and belief in patient potential.

Countertransference

Emotional response to patients, conscious or unconscious, that can affect clinical decisions if left unchecked.

Additional Techniques

Use targeted strategies to manage challenging interactions. These techniques help de-escalate, promote problem-solving, and preserve provider well-being.

What questions can we answer?

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