Session 8: Narcissism, Psychosis, and Relapse Prevention

Jeff Riggenbach, PhD, LPC

The Narcissistic Personality

Narcissistic Personality Disorder

- Prevalence

  - 1% - 6% - General Population

  - 7% - 9% Clinical Population

  - Gender Distribution: 2-3x More Common in Men

  - Heritibility: Estimated .23

Narcissistic Personality Disorder

Cognitive Profile

- View of Self: "I am More Deserving than Others"
- View of Others: "Most are less deserving"
- View of World: "Is to Be Conquered"

Narcissistic Personality Disorder

Diagnostic Criteria

A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (5) or more of the following:

Narcissistic Personality Disorder

Diagnostic Criteria

1) Grandiose sense of self-importance (exaggerates achievements, talents, etc..)

2) Is preoccupied with fantasies of unlimited success, power, brilliance, or ideal love

Narcissistic Personality Disorder

Diagnostic Criteria

3) Believes that he or she is "special" and unique and can only be understood by other "special" or high status people

4) Requires excessive admiration

Narcissistic Personality Disorder

Diagnostic Criteria

5) Has sense of entitlement (unreasonable expectations of especially favorable treatment

6) Is interpersonally exploitive – takes advantage of others to achieve his or her own ends

Narcissistic Personality Disorder

Diagnostic Criteria

7) Lacks empathy – unable or unwilling to recognize or identify with feelings or needs of others

8) Believes others are envious of him or her

9) Shows arrogant, haughty behaviors/attitudes

Narcissistic Personality Disorder

- Types of Narcissists?

- "Spoiled"
- "Compensated"/"Fragile"
- "Malignant"
- "Functional"

Narcissistic Personality Disorder

Associated Features

- Exaggerate their own achievements
- Intolerant of criticism
- Appearance of humility that masks grandiosity

Narcissistic Personality Disorder

Interview Features

- Presents self in positive light,
- Frequent putting down of others
- Listen for exaggerated accomplishments
- May talk down to you – at you vs to you
- Hypersensitive to criticism
- Many fantasies, few accomplishments

Treatment

Narcissistic Personality Disorder

- View of Treatment – Treatment Rejecting
- Treatability: Moderate-Poor
  - Trait Continuum:
    - Underdeveloped Trait: Empathy
    - Overdeveloped Trait: Confidence
    - Primary Descriptive Trait: "Special"

Narcissistic Personality Disorder

Risk Assessment

- Relatively Low – can become violent/crushed if source of "feed" removed

Narcissistic Personality Disorder

- Successful Contexts:
  - Physicians
  - Politician
  - Radio Talk Show Hosts
  - Professional athletes/models
- Unsuccessful Contexts:
  - Social Services
  - Spouse

NPD : Typical Presenting Problems

1) Forced/Others initiated
2) Problem related to addictive behavior
3) Depression

Narcissistic PD: 4 Common Histories

1) Lonliness and Isolation
2) Insufficient Limits
3) Hx Being Manipulated or Controlled
4) Conditional Approval

Narcissistic PDO: Schema Modes

1) Lonely Child
2) Self-Aggrandizer
3) Detached Self-Soother

Narcissistic PDO: Core Schemas

1) Defectiveness
2) Emotional Deprivation
3) Entitlement

NPD: Other Schemas Associated With Narcissism

- Unrelenting Standards
- Subjugation
- Insufficient Self-Control
- Approval Seeking

Narcissistic PDO: Lonely Child Mode

Schemas: Defectiveness, Emotional Deprivation

Triggers: Loss of status/lack of achievement, etc

Assumptions: "Since I am not CEO, I'm Nothing"
"Since I have flaw, completely defective"

Manifestations: Depression

Goals: Identify Needs, find alternate ways of meeting needs, Emotional Connections… substitute "feeds" in interim

Narcissistic PD: Self-Aggrandizer Mode

Schemas: Entitlement, Unrelenting Standards, Subjugation, Approval-Seeking

Triggers: People, public eye

Assumptions:
"If I overachieve, I am superior"
"If I'm admired, I'm special"
"If I control others, I stay in charge"
"If I'm special in some way, I'm better than others"
"Since I'm special, I deserve privileges"

Manifestations: Bullying, Bragging, aggressive behavior, controlling behavior, lack of empathy

Goals: Limit setting/Identify Underlying Defectiveness, alternative ways to meet needs/Making Emotional Connections

Narcissistic PD: Detached Self Soother Mode

Schemas: Insufficient Self Control, Emotional Deprivation, Defectiveness

Triggers: Alone

Assumptions: "If I _____, I don't have to feel"

Manifestations: Substance abuse, pornography, workaholism, gambling

Goals: Limit Setting, Distress Tolerance, Making Emotional Connections

The Cognitive Model of Psychosis

Jeff Riggenbach, PhD, LPC

The Cognitive Model of Psychosis

Prevalence

- approx 1% of the population

The Cognitive Model of Psychosis

Cognitive Model of Psychosis - Stress/Vulnerability Model

- Biological Risk Factors - Genetic loading, structural, biochemical
- Social Risk Factors - Early childhood abuse, immigration, urban areas, ethnicities
- Psychological Risk Factors - Externalizing, negative or confusing beliefs about self and world, difficulty seeing others perspective
- Environmental Risk Factors - Current stressors

The Cognitive Model of Psychosis

Common Problems with Psychotic Spectrum

- Medication non-compliance
- Ineffective medications
- Poor insight/motivation
- Negative Sx

The Cognitive Model of Psychosis

Common Cognitive Distortions

- Mind Reading - *"Since that woman at McDonalds gave me a funny look while giving me my change, she probably thinks I'm here to hurt her"*
- Personalization - *"Since that man turned his head in my direction when I walked into my apartment, he is probably following me"*
- Magnification - *"He is probably an agent with the CIA and has plans to kill me"*

The Cognitive Model of Psychosis

Assessment - Overview

- Rapport
- Open-ended inquiries
- Build on general initial assessment
- Focus on first episode
- Seek corroboration from family and friends
- Elicit details of symptoms

The Cognitive Model of Psychosis

Assessment - Hallucinations

- Frequency and duration of hallucinations
- Familiar or foreign
- Content
- Context

The Cognitive Model of Psychosis

Assessment - Delusions

- Duration?
- Context
- Degree of conviction?
- Preoccupation with them?/Subjective distress
- Functional Impairment

The Cognitive Model of Psychosis

Assessment - Quantitive Tests

- Beliefs about voices questionnaire - Revised
- Brief psychiatric rating scale (BPRS)
- Calgary depression scale for schizophrenia
- Schizophrenia quality of life scale (SQLS)

The Cognitive Model of Psychosis

Conceptualization - "The 4 Ps"

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The Cognitive Model of Psychosis

The Cognitive Model of Psychosis

Treatment - General

- First line - antipsychotic medications
- Rapport
- Non - confrontational AND non-colluding
- Give them a sense of control
- Flexibility (back off, take breaks, etc)

The Cognitive Model of Psychosis

Treatment - Rapport Building

- Collaborative
- Validation
- Goal-Oriented
- Self-disclosure - commonalities
- Flexibility
- Use Client language

The Cognitive Model of Psychosis

Treatment - Psychoeducation

- Psychoeducation about schizophrenia
- Psychoeducation about their specific sx
- Rationale for why you are doing what you are doing

The Cognitive Model of Psychosis

Treatment - Normalizing

- Non only people with schizophrenia hear things
- 10-15 % population report hearing things
- 50% under sensory deprivation
- 30-40% report weekly paranoid thoughts

The Cognitive Model of Psychosis

Goals (shared with client)

1. Medication compliance
2. decreased frequency/duration of hallucinations
3. decreased degree of conviction of beliefs (loosen, create some doubt)
4. decreased functional impairment
5. Empowerment/Improved life satisfaction

The Cognitive Model of Psychosis

Treatment - New Coping Skills

1. Self-Monitoring - Voices diary

   What did they say?

   When did they say it?

   Where was I when it happened?

   What do I think it meant?

   Discuss finings

The Cognitive Model of Psychosis

Treatment - New Coping Skills

2. Assess Current Coping Skills

- Avoid triggering situations?
- Assuming hidden motives?
- Scanning for danger?

The Cognitive Model of Psychosis

New Coping Skills - Hallucinations

3. Try New Skills

- Humming
- Reading out loud
- Music (headphones)
- Crossword puzzles
- Exercising
- Mindfulness/Prayer

The Cognitive Model of Psychosis

New Coping Skills - Delusions

4. Try New Skills

- Be around people in general
- Specifically be around those suspicious of
- Acting “as if”
- Behavioral experiments to increase flexibility

The Cognitive Model of Psychosis

Increasing Cognitive Flexibility

- Just b/c clients may have a great deal of conviction does not mean unmodifiable
- Appropriate self-disclosure
- Focus on not only modifying “what” people think but “how” they think
  - How might someone else think about this?
  - Are there other options?
  - Other possibilities as to what this could mean?

The Cognitive Model of Psychosis

Relapse Prevention

- What do we need to keep an eye on?
- Have written plan for what to do if they come back

The Cognitive Model of Psychosis

References

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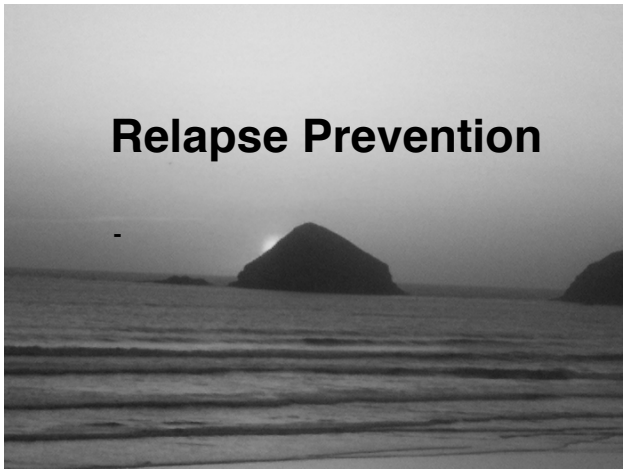
The Cognitive Model of Psychosis

Questions/Comments



Relapse Prevention

Relapse Prevention Strategies

- **Measuring Progress**
- **Road To Recovery**
- **Failing Forward**
- **Episode Management**
- **Final Q & A**

Relapse Prevention

- Relapse - “a recurrence of symptoms after a period of improvement”

Relapse Prevention - Warning Signs

- Appetite Disturbance
- Sleep Disturbance
- Escalation in suicidal or self-injurious thoughts
- Increased “moodiness”/agitation/“Stressed out”
- Social Withdrawl
- Feeling “disconnected”/Paranoid

Relapse Prevention

- Road To Recovery
- Episode Management
- Self-Care
- Restructuring Cognitions Related to Loss
- Booster Sessions

Week 8 Q & A

NPD Treatment Strategies

1. Validation
2. Empathetic Confrontation
3. Limit Setting
4. Utilization of Leverage
5. Behavioral Pattern-Breaking
6. Development of Authentic Relationships