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A clinician's quick guide to evidence-based approaches: Narcissistic personality disorder

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Introduction

Pathological narcissism has a long history dating back 2000 years, that has evolved into contemporary clinical psychology as a trait that may require clinical attention (Grenyer, 2013). Traditionally, Narcissistic personality disorder (NPD) is one of the 10 identified personality disorders in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). An alternative trait-based model of personality disorders in DSM-5 described in Section III includes a more contemporary version of NPD. The former NPD description only describes the grandiose form characterized by a grandiose sense of self-importance, fantasies of success, power etc, a belief in one's specialness, desire for admiration, sense of entitlement, interpersonal exploitativeness, and lack of empathy. The alternative NPD also describes impairments in functioning across identity, self-direction, empathy, and intimacy and while identifying pathological personality traits of grandiosity and attention seeking (both facets of antagonism) as well as more vulnerable narcissism presentations with aspects of negative affectivity such as depressivity and anxiousness (American Psychiatric Association, 2013). (see Pincus, Dowgillo, & Greenberg (2016) for descriptions of 3 cases of NPD using the alternative DSM-5 model). Thus, contemporary views of pathological narcissism recognise both grandiose and vulnerable components.

Existing Treatment Guidelines

No treatment guidelines currently exist for NPD.

Useful overviews for clinicians

Ronningstam, E. & Weinberg, I. (2013). Narcissistic personality disorder: Progress in recognition and treatment. *Focus*, 11, 167-177.

Caligor, E., Levy, K., Yeomans, F. (2015). Narcissistic personality disorder: Diagnostic and clinical challenges. *American Journal of Psychiatry*, 172, 415-422.

Roepke, S. & Vater, A. (2014). Narcissistic personality disorder: An integrative review of recent empirical data and current definitions. *Current Psychiatry Reports*, 16, 445.

Evidence-based treatment manuals

No evidence-based treatment manuals exist.

Assessment

Diagnostic interviews

- *Structured Clinical Interview for DSM-5 Personality Disorders (SCID-5-PD)* (First, Williams, Benjamin & Spitzer, 2016).
- *Structured Clinical Interview for DSM-5 Personality Disorders for the DSM-5 Alternate Model for Personality Disorders (SCID-5-AMPD)* (First, Skodol, Bender & Oldham, 2018).

Self-report measures

- *Personality Inventory for DSM-5 (PID-5)* (Krueger, Derringer, Markon, Watson & Skodol, 2013). A 220-item self-report measure of maladaptive personality traits underlying the DSM-5's alternate model for personality disorders.
- *Pathological Narcissism Inventory* (Pincus et al., 2009). A 52-item self-report measure of both grandiose and vulnerable narcissistic features.
- *Five Factor Narcissism Inventory* (Glover, Miller, Lynam, Crego & Widiger, 2012). A 147-item self-report measure of maladaptive variants of five factor model traits associated with vulnerable & grandiose narcissism.
- The Millon Clinical Multiaxial Inventory-IV (MCMI-IV) (Millon, Millon, & Grossman, 2015) is a 195-item test that can assess narcissism in the context of other personality patterns in individuals undergoing psychological or psychiatric assessment or treatment
- Scale elevations on other more regularly used self-report tests can also assess certain narcissistic traits, including the MMPI-2-RF (Ben-Porath, 2012); The Personality Assessment Inventory (PAI) (Morey, 2007) and Paulhus Deception Scales (PDS) (Paulhus, 1999).

Take home messages about treatment

- Evidence-based treatment for NPD is limited. Most studies of personality disorder or borderline personality disorder have included patients with narcissistic traits, but no study has recruited a NPD-only group. Most treatment recommendations therefore rely on evidence from studies with mixed personality feature participants.
- No randomized control trials have been conducted. A multicentre effectiveness trial of schema therapy versus clarification-oriented psychotherapy or treatment as usual for personality disorders had only 9 NPD clients so no conclusions can be drawn (Bamelis, Evers, Spinhoven & Arntz, 2014).
- Psychodynamic treatment approaches to NPD developed in the 1970s include Kernberg's Transference-focused psychotherapy (Stern, Yeomans, Diamond, & Kernberg, 2013) and Kohut's self-psychology approach (Lieberman, 2013).
- Cognitive-behavioral therapy approaches to treating NPD have been described (Beck, Freeman & associates, 1990; Beck, Freeman, Davis and associates, 2004; Freeman & Fox, 2013; Newman & Ratto, 2004; Sperry & Sperry, 2016).
- A schema therapy protocol for NPD is described by Young, Klosko and Weishaar (2003) and has been more fully developed by Wendy Behary and colleagues (Behary & Davis, 2016; Behary & Dieckmann, 2013).

- A recent constructivist therapy, metacognitive interpersonal therapy, focuses on NPD client's intellectualizing narrative style, difficulties in recognizing inner states and emotional triggers, empathy and seeing other's perspective and maladaptive interpersonal schemas (Di Maggio & Attina, 2012; DiMaggio et al., 2014; Dimaggio, Montano, Popolo, & Salvatore, 2015).
- NPD clients rarely seek help for therapy for their narcissism; they are more likely to present as a result of a narcissistic injury (breakdown in a relationship, failure to gain a promotion) that results in depression, substance abuse etc or due to an ultimatum from a spouse or employer (Ronningstam & Weinberg, 2013).
- Alliance building (Ronningstam, 2012) and transference and countertransference reactions (Gabbard, 2009) are major challenges in therapeutic relationship. There is a need to set limits and boundaries to manage the client's grandiosity and entitlement. Dropout, however, is as high as 40%, especially when any external third party's (e.g., spouse) leverage diminishes (Behary & Dieckmann, 2011).
- Suicidality is a significant risk requiring careful assessment (Ronningstam & Weinberg, 2013; Ronningstam, Weinberg, Goldblatt, Schechter, & Herbstman, 2018).

New and emerging developments

- The assessment and understanding of personality disorder is changing. The International Classification of Diseases (ICD-11) has moved to describing a single disorder - personality disorder - with an understanding of differential traits in the individual described dimensionally (Grenyer, 2017). Personality dysfunction in the ICD-11 is fundamentally thought to be due to two challenges: diffuse self-identity (e.g. problems in identity, understanding the self, and poor goal setting or direction in life) and impaired interpersonal functioning (e.g. difficulties understanding others views, impaired empathy, poor relationship boundaries) (Tyrer et al., 2011). On this basis NPD turns around a fragile sense of self (compensated by aggrandisement) or poor interpersonal functioning (often but not always associated with exploitative behaviours). "Vulnerable" narcissism functions to also bolster poor self-esteem through excessive attention seeking.

An informant version of the Five-Factor Narcissism Inventory found good convergence between self and informant ratings on grandiose features (e.g., extraversion) than vulnerable features (e.g, neuroticism), possibly due to the internal and less observable nature of the latter. Oltmanns, J.R., Crego, C., & Widiger T.G. (2018). Informant assessment: The Informant Five-Factor Narcissism Inventory. *Psychological Assessment*, 30, 31-42. <http://dx.doi.org/10.1037/pas0000487>

Recent brain imaging research (Nenadic et al., 2015; Schulze et al., 2013) comparing small samples of NPD individuals with controls describe grey matter deficits in the middle frontal gyri, middle prefrontal gyrus, and cingulate cortices. Right prefrontal & bilateral medial prefrontal pathology may be linked to emotional regulation difficulties or cognitive deficits in attribution or coping while the anterior insular is linked to empathy.

- A recent systematic review showed a link between narcissism and aggression and violence in both nonclinical and clinical samples Lambe, S. Hamilton-Giachritsis, C., Garner, E. & Walker, J. (2018). The role of narcissism in aggression and violence: A systematic review. *Trauma, Violence, & Abuse*, 19, 209-230. DOI: 10.1177/1524838016650190. Similarly, a meta- analysis support the association of narcissism with aggression in response to provocation, especially in those with high entitlement or vulnerable narcissism features. Rasmussen, K. (2016). Entitled vengeance: A meta-analysis

relating narcissism to provoked aggression. *Aggressive Behavior*, 42, 362-379. DOI: 10.1002/ab.21632

- The negative interpersonal impact of NPD individuals on others has led to a proliferation of self-help books for those involved in romantic (Behary, 2013; Malkin, 2013; McBride, 2015) parent-child (Brown, 2008; McBride, 2008) and work relationships (DuBrin, 2012; Eddy & DiStefano, 2015; Malkin, 2015) with NPD individuals.
- Research on test profile configurations (e.g., MMPI-2-RF) can assist the self-report assessment of NPD (e.g. Anderson et al., 2015; Sellbom & Smith 2017; Sellbom et al., 2014).

Useful websites and online resources

Fact sheet on Narcissistic Personality Disorder

<https://www.projectairstrategy.org/content/groups/public/@web/@project-air/documents/doc/uow243934.pdf>

Mayo Clinic

<https://www.mayoclinic.org/diseases-conditions/narcissistic-personality-disorder/symptoms-causes/syc-20366662>

Professor Ken Levy on Pathological Narcissism:

<https://www.youtube.com/watch?v=ueqbbskMBmI>

Webinar - McLean Hospital, Harvard University (Elsa Ronningstam)

<https://www.youtube.com/watch?v=DpHcNMFcEtA>

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