

This webinar

Is the result of a collaborative partnership between **Project Air Strategy for Personality Disorders** and **Mental Health Professionals' Network**



COLLABORATIVE MENTAL HEALTH CARE AND THE NARCISSISTIC PERSONALITY

PROJECT AIR

Tonight's panel



Dr Monica Moore General Practitioner & Psychotherapist



Mr Tom O'Brien Social Worker & Psychotherapist



Mr Andrew Staniforth Clinical Psychologist



Facilitator: Dr Mary Emeleus General Practitioner & Psychotherapist



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Learning outcomes

Through a facilitated panel discussion about Garry, at the completion of the webinar participants will be able to:

- describe the prevalence, distinguishing features of and prognosis for narcissistic personality disorder including its impact on families and carers
- identify the evidence based approaches which are most effective in supporting people with narcissistic personality disorder
- name how different disciplines, as well as families and carers, contribute to supporting and managing people with narcissistic personality disorder.



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GP perspective

NPD in General Practice - red flags

- 'Everyone else is "less" than me.'
- 'I don't have a problem.'
- Jessie describes 'charming, romantic.'
- Problems in multiple areas substance use, employment, relationship with wife, parenting, family of origin, friends.
- Our gut-feeling feeling devalued, irritated, bored.





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GP perspective

NPD in General Practice

- · Listen gently, be interested in the "person inside."
- · Allow grandiose statements to pass unchallenged.
- Normalise 'being good-enough' early for example receptionists are people too, we all have 'off' days.
- Model good boundaries.





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GP perspective

NPD in General Practice

- Validate good self-care 'It's good that you are here, looking after your health is important.'
- Invite discussion about stress-management referral to psychologist.
- Be curious about alcohol use and gently express concern about effect on health for example '...perhaps using alcohol to self-medicate, other healthier options?'





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GP perspective

First consultation

- Identify priority as GP physical health care may be a way of engaging with patient.
- Offer health check physical examination, blood tests.
- Book longer review appointment.





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GP perspective

Ongoing appointments

- Gently guide focus back to what the patient needs.
- · Offer regular review.
- Keep time boundaries, avoid 'special treatment' (for example bulk-billing, longer appointments)
- High risk of suicide screen regularly





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GP perspective

Helpful tips

- Practice "inner patience". Don't take it personally.
- A sense of humour helps!
- Discuss case with peers/supervisor.
- Acceptance that sometimes patient will only engage with psychologist/psychiatrist after major loss (for example divorce).





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Social Worker perspective

Working with Garry and his world

What do we know? What don't we know?

- Garry
 Motivation, Work, Family, Alcohol

 Personal history
- Jessie
 Motivation, Family, Safety
- Boss
 Plans





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Social Worker perspective

How do we start to think about what's going wrong for Garry and his world?

- · Serious alcohol problems
- Narcissistic functioning: arrogant, contemptuous presentation with limited achievement
- Safety for Garry and his family





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Social Worker perspective

What do we do? Who does what?

- · Which problem needs attention first?
 - · Alcohol, Narcissism, Safety
- Who does what and when?
 - Timing?
 - Specialist role/GP/MH clinician?







Social Worker perspective

How to work with Garry?

- Relationship is the main thing we can influence that works in therapy.
- True for **all MH work**, the evidence is in!
- Garry is a thin skinned narcissist. Be careful not to **humiliate Garry**
- **Keeping working** no matter what happens







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Psychologist perspective

- Dual assessment the clinician and Garry assessing each other
 - From Garry, there is a likelihood of being challenged/criticised or being told we are amazing
- · How we respond to this is important
 - Demonstrate our interest in the clients experience
 - What could the comment indicate about how they do the problem with others?





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Psychologist perspective

- Main tasks in initial assessment are to develop:
 - · working therapeutic relationship
 - shared understanding of the presenting issues
- The personality information will emerge alongside





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Psychologist perspective

- Vignette gives us clues re presentation and impact on family and at work
 - · Need to empathically explore these areas
 - · Show genuine interest and curiosity
- Our assessment needs to be anchored in his goal of returning to work





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Psychologist perspective

- · If treating privately the referral may:
 - Not indicate PD issues
 - Likely to indicate some of the factors we know from the Hx e.g. social conflict, interpersonal struggle, mood, alcohol use, risk
- · Help seeking primarily for NPD is not common





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Psychologist perspective

- · Therapeutic relationship is key
 - To treat NPD they must be retained in treatment!
 - Be careful not to wound
 - Narcissistic character will be revealed to us in person as the relationship emerges
- · Remain steady and consistent in our approach
 - Patient in attuning to inner experience
 - As the relationship builds, we can make gentle observations/ reflections & then notice the reaction as cue for what next





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Help guide tonight's discussion

The following themes were identified from the questions you provided on registration:

- · How to engage with the narcissistic personality
- Managing transference, counter transference, collusion and boundaries
- Narcissism's relationship with ego, age, personality and mental health
- · Parenting and narcissism
- Differences/similarities in characteristics and treatment b/w personality disorders

A pop up will appear on your screen shortly, listing the themes. Choose the one you'd most like the panel to discuss.



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Q&A session



Dr Monica Moore General Practitioner & Psychotherapist



Mr Tom O'Brien Social Worker and Psychotherapist



Mr Andrew Staniforth Clinical Psychologist



Dr Mary Emeleus General Practitioner & Psychotherapist (Facilitator)



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