

NARCISSISTIC PERSONALITY DISORDER

WHAT IS IT?	<ul style="list-style-type: none"> • Life-long maladaptive coping behaviour that affects how they interpret events and make sense of the world • Chronic mental illness: does not change as persons age • Summary: Need for admiration and exaggerated sense of self-importance; self-centredness • “If I can’t raise the pedestal, I will lower the floor”
WHAT ARE THE CHARACTERISTICS?	<ul style="list-style-type: none"> • Grandiose sense of self and superiority • Preoccupied with fantasies of unlimited success, power, money, love, intelligence • Need for admiration • Lack of empathy • Sense of entitlement • Shows haughty, arrogant behaviour • Fragile and poor self-esteem or feelings of inadequacy
WHAT CAUSES PPD?	No known cause although familial factors may play a role; possible interpersonal causes, and genetics.
WHAT DOES IT LOOK LIKE?	<p>Relational difficulties:</p> <ul style="list-style-type: none"> • Withdrawn, socially isolated; Unable to form close relationships; difficulty trusting others • Sensitive to <i>perceived</i> criticism and easily defensive • Resistant to external influencing sources of perceived power (Afraid of losing control) • May fish for compliments; draw attention to gain the needed recognition • Insensitive to needs of others – unable to identify with needs of others • Blame others for their own difficulties • Occasional belligerence/hostile often in response to negative feedback • Exploits others to achieve their needs • Criticism that ↓grandiose self could lead to rage and attempt to pull down the self-worth of others <p>Mental health issues:</p> <ul style="list-style-type: none"> • Anxiety • Depression – (mildly dysphoric)
WHAT TO REMEMBER	The behaviour is the issue. It is a life long pattern or a

	<p>defense mechanism. Don't take it personally. Can't change the person but we can change our approach and reactions.</p>
<p>WHAT ARE SOME CARE STRATEGIES?</p>	<ul style="list-style-type: none"> • Individualize their care plan • Find areas that you can authentically admire • Don't react – their behaviours are present to reestablish hierarchy • Go along with the grandiose thoughts – don't challenge or correct • Validate past achievements • Prevention is key: Keep focus on commendation to prevent the need for setting limits • If appropriate to their level of cognition, use Setting Limits Tool as scripted and agreed upon my leadership • Anticipate disease/aging related decline and resulting impact on self-esteem/self-image • Don't suggest care in terms of what you (staff) need but what they would want • Be aware of countertransference (YOUR reaction to the person's behaviour) • Connect with the person socially FIRST before starting to provide care

Segal, D.L., Coolidge, F.L., Rosowsky, E. (2006). Personality Disorders and Older Adults; diagnosis, Assessment, and Treatment. Hoboken, NJ: John Wiley & sons, Inc.