Treatment Planning & Considerations for Narcissism and Narcissistic Abuse

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Agenda

- Practical Considerations in Private Practice
- Treatment Planning for Narcissistic Abuse
- **Risks and Considerations**
- Explore Countertransference
- Address Compassion Fatigue, Vicarious Trauma and Burnout



Trigger Warning







Taking Care of Business

- Airtight Informed Consent and Practice Policies
 - Will prevent claims of abandonment
 - **Proper Referrals**
- Emergency Contact Lists
 - Secondary for DV concerns \bigcirc
- Counselor must hold boundaries
- Very clear and defined expectations
- Rapport and Trust Building ***Narcissists will not stay in treatment for long***



Treatment Planning

- Complex Trauma and Grief Work
- Psycho-education (Define Abuse)
- Skill Building (Communication, Boundaries, etc)
- Self-Esteem, Self-Worth and Self-Efficacy Building
- Identify Needs, Wants and Values
- Address Belief Systems
- Manage Co-Morbid Disorders
- Build Social Support System



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Safety Planning

- Every time!!!
- Cover varied situations ^O Lizard Brain
- In person office versus online
- Myth: Safest thing to do is to leave

Client Vignette: Construction Worker





Identifying Victims of Narcissistic Abuse

<u>Client will describe themselves as:</u>

- Fixers
- **People-Pleasers**
- Mediators
- Type A
- Perfectionists
- **Family Peace-Keepers**
- May wonder if they are the Narcissist



Identifying Victims of Narcissistic Abuse

<u>Clinician Will Notice:</u>

- Unable to set boundaries
- Apologize a lot
- Unable to say no
- Often passive in communication
- Flat affect when discussing trauma
- May not identify abuse
- Very in tune with the needs and emotions of others



Teaching Skills

Unknown or Repressed Wants, Needs and Values

- Start small with basic needs
- Use structured worksheets
- Be patient
- **Communication and Boundaries**
 - Work to be more direct

Parenting

- Teach kids the above
- Client Vignette: Horse Trainer





Risks and Considerations

- **Clinician Bias**
- **Clinician Flexibility for Non-Linear Progress**
- Safety Risks in Treating Victims
- Pace and Depth of Work
- **Client Denial**
- Client may want to rush through the process
- Lack of Clinical Research



























Countertransference

A clinicians's redirection of feelings towards a patient

- May help with forming a diagnosis Client's with NPD will trigger:
 - Feeling flattered or admired
 - Feelings of inadequacy and low self-worth

Client Vignette-House Wife



Burnout, Vicarious Trauma, Compassion Fatigue

Space between Sessions

Limiting Caseload

Taking Time Off

Creating Community for Consultation

Finding Balance with Intentionality



Resources

- National Domestic Violence Hotline:
- (800)799-7233 or text START to 88788 for help
 - Suicide and Crisis Lifeline-988
- National Suicide Prevention Lifeline- 1(800)273-talk (8255)
 - Stalking Resource Center-victimsofcrime.org
 - <u>Teen Healthy Dating-Loveisrespect.org</u>
 - StopCyberbullying.org
 - www.womenslaw.org



Resources

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Thank You!



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