



**DEFENSE CENTERS  
OF EXCELLENCE**

For Psychological Health  
& Traumatic Brain Injury

# **Child Narcissism: Impact on Development and Implications for Clinical Practice**

**April 30, 2015, 1-2:30 p.m. (ET)**

## **Presenter:**

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## **Moderator:**

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Clinical Psychologist

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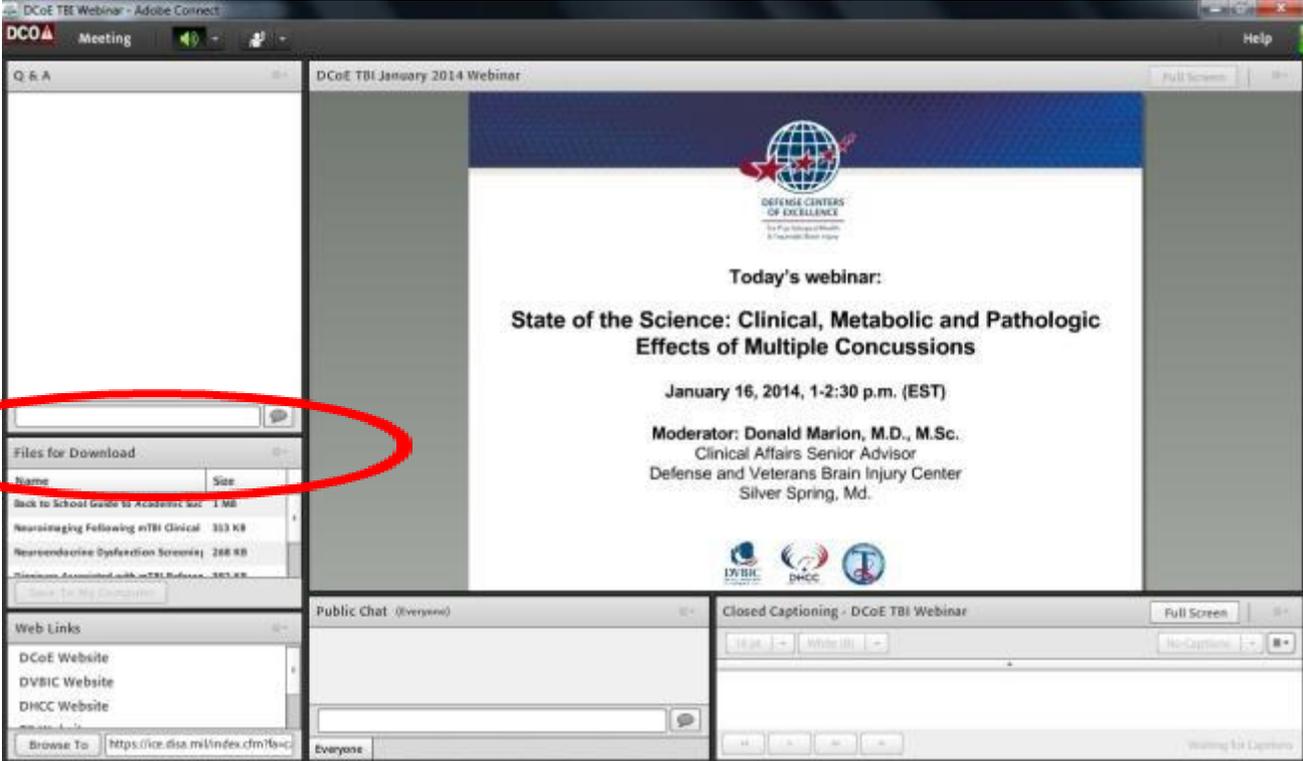


# Webinar Details

- Live closed captioning is available through Federal Relay Conference Captioning (see the “Closed Captioning” pod)
- Webinar audio is **not** provided through Adobe Connect or Defense Connect Online
  - Dial: CONUS **800-369-2075**; International **312-470-7430**
  - Use participant pass code: **9942561**
- Question-and-answer (Q&A) session
  - Submit questions via the Q&A box

# Resources Available for Download

Today's presentation and resources are available for download in the "Files" box on the screen, or visit [dcoe.mil/Training/Monthly\\_Webinars.aspx](http://dcoe.mil/Training/Monthly_Webinars.aspx)



The screenshot displays a webinar interface with several panels. The main content area shows the webinar title: "State of the Science: Clinical, Metabolic and Pathologic Effects of Multiple Concussions" for January 16, 2014, moderated by Donald Marion, M.D., M.Sc. A "Files for Download" panel on the left is circled in red, containing a table of resources:

Name	Size
Back to School Guide for Academics	1 MB
Neuroimaging Following mTBI Clinical	353 KB
Neuroendocrine Dysfunction Screens	266 KB
Diagnosis Associated with mTBI Referral	303 KB

Below the table is a "Web Links" section with links to DCoE, DVBIC, and DHCC websites, and a "Public Chat" area at the bottom.

# Continuing Education Details

- DCoE's awarding of continuing education (CE) credit is limited in scope to health care providers who actively provide psychological health and traumatic brain injury care to active-duty U.S. service members, reservists, National Guardsmen, military veterans and/or their families.
- The authority for training of contractors is at the discretion of the chief contracting official.
  - Currently, only those contractors with scope of work or with commensurate contract language are permitted in this training.

# Continuing Education Accreditation

- This continuing education activity is provided through collaboration between DCoE and Professional Education Services Group (PESG).
- Credit Designations include:
  - 1.5 AMA PRA Category 1 credits
  - 1.5 ACCME Non Physician CME credits
  - 1.5 ANCC nursing contact hours
  - 1.5 APA Division 22 contact hours
  - 1.5 CRCC contact hours
  - 1.5 NASW\* contact hours

\* Social Workers may claim credit and receive a NASW CE certificate **after 10 May 2015**

# Continuing Education Accreditation

## Physicians

This activity has been planned and implemented in accordance with the essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME). Professional Education Services Group is accredited by the ACCME as a provider of continuing medical education for physicians. This activity has been approved for a maximum of 1.5 hours of *AMA PRA Category 1 Credits*™. Physicians should only claim credit to the extent of their participation.

## Physician Assistants

This activity has been planned and implemented in accordance with the essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME). Physician Assistants who attend can earn ACCME Category 1 PRA Credit.

## Nurses

Nurse CE is provided for this program through collaboration between DCOE and Professional Education Services Group (PESG). Professional Education Services Group is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This activity provides a maximum of 1.5 contact hours of nurse CE credit.

## Occupational Therapists

(ACCME Non Physician CME Credit) For the purpose of recertification, The National Board for Certification in Occupational Therapy (NBCOT) accepts certificates of participation for educational activities certified for AMA PRA Category 1 Credit™ from organizations accredited by ACCME. Occupational Therapists may receive a maximum of 1.5 hours for completing this live program.

# Continuing Education Accreditation

## **Physical Therapists**

Physical Therapists will be provided a certificate of participation for educational activities certified for AMA PRA Category 1 Credit™. Physical Therapists may receive a maximum of 1.5 hours for completing this live program.

## **Psychologists**

This Conference is approved for up to 1.5 hours of continuing education. APA Division 22 (Rehabilitation Psychology) is approved by the American Psychological Association to sponsor continuing education for psychologists. APA Division 22 maintains responsibility for this program and its content.

## **Rehabilitative Counselors**

The Commission on Rehabilitation Counselor Certification (CRCC) has pre-approved this activity for 1.5 clock hours of continuing education credit.

## **Social Workers**

Application has been made to the National Association of Social Workers for Social Worker continuing education credit. This activity will provide a maximum of 1.5 contact hours. Social Workers may claim credit and receive a NASW CE certificate after 10 May 2015.

## **Other Professionals**

Other professionals participating in this activity may obtain a General Participation Certificate indicating participation and the number of hours of continuing education credit.

# Continuing Education Details

- If you wish to obtain a CE certificate or a certificate of attendance, please visit <http://dcoe.cds.pesgce.com> after the webinar to complete the online CE evaluation.
- The online CE evaluation will be open through **Thursday, May 14, 2015.**

# Questions and Chat

- Throughout the webinar, you are welcome to submit technical or content-related questions via the Q&A pod located on the screen. **Please do not submit technical or content-related questions via the chat pod.**
- The Q&A pod is monitored during the webinar; questions will be forwarded to presenters for response during the Q&A session.
- Participants may chat with one another during the webinar using the chat pod.
- The chat function will remain open 10 minutes after the conclusion of the webinar.

# Summary and Learning Objectives

Recent research studies indicate narcissism levels among children and adolescents are increasing. This presentation will describe the characteristics of narcissism and their associated features in children and adolescents. The description will include a review of recent studies on the behavioral and social correlates of adolescents such as aggression and antagonistic peer relationships. The session will conclude with a discussion of future research on adolescent narcissism and a spotlight on social media behavior, including suggestions for providing feedback to youth in ways that might limit the development of narcissism or its behavioral consequences.

During this webinar, participants will be able to:

- Identify core clinical dimensions of narcissism and their associations to child/adolescent adjustment
- Describe research that influenced current investigations on youth narcissism
- Discuss recent studies on correlates of youth narcissism and future directions
- Distinguish between different dimensions of narcissism and their associations in youth behavior and social context

# Dr. Christopher T. Barry

- Associate professor, Department of Psychology at The University of Southern Mississippi
- Clinical psychologist, licensed in Mississippi
- Received his Ph.D. in clinical psychology with a concentration in clinical child psychology from University of Alabama, completed a predoctoral internship at the University of Louisville School of Medicine and was a postdoctoral fellow at Scott & White Clinic/Texas A&M School of Medicine in College Station, Texas
- Primary areas of research are in personality risk and protective factors related to child and adolescent behavioral problems
- Published over 30 peer-reviewed articles focused on self-esteem and narcissism in adolescents, and also published research on the evidence-based assessment of child and adolescent psychological difficulties
- Serves as assistant editor for the Journal of Adolescence
- Beginning in August 2015, he will join the faculty in the Department of Psychology at Washington State University in Pullman, Washington

# How Child Narcissism Impacts Development: Implications for Clinical Practice

**Christopher T. Barry, Ph.D.**  
**The University of Southern Mississippi**

**April 30, 2015**

# Disclosures

- The views expressed in this presentation are those of the presenter and do not reflect the official policy of the Department of Defense or the U.S. Government.
- I have no relevant financial relationships to disclose.
- I do not intend to discuss off-label/investigative (unapproved) use of commercial products or devices.

# Learning Objectives

- Identify core clinical dimensions of narcissism and their associations with child/adolescent adjustment
- Describe the research that influenced current investigations on youth narcissism
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- Distinguish between different dimensions of narcissism and their associations in youth behavior and social context

# Polling Question

- Professional disciplines represented by audience members
  - Psychologist
  - Social Worker
  - Nurse
  - Physician
  - Graduate Student
  - Other

# Narcissism

- Self-presentation of a confident, positive self-view
- Persistent process of self-esteem regulation (e.g., ingratiation, externalization of blame, aggression)
- Preoccupation with status relative to, and in the eyes of, others
- Exploitativeness, entitlement, grandiosity, superiority, vanity

(e.g., Morf & Rhodewalt, 2001; Pincus, Ansell, Pimentel, Cain, Wright, & Levy, 2009)

# Background

- **Adult laboratory studies** (e.g., Bushman & Baumeister, 1998)
- **Link between positive illusory bias and aggression** (e.g., Hughes, Cavell, & Grossman, 1997)
- **Theory re: bullying and school shootings**
- **Reconciling low self-esteem as risk factor for child conduct problems** (e.g., Capaldi, 1992; Donnellan et al., 2005)

# Polling Question

- What feature(s) of narcissism is consistent across of its current conceptualizations?
- A) Arrogance
- B) Entitlement and Exploitativeness
- C) Fragile Self-esteem and Superiority
- D) Vanity

# Assessment of Youth Narcissism

- **Narcissistic Personality Inventory for Children** (NPIC; Barry, Frick, & Killian, 2003)
  - 40 items based on adult NPI
  - Adaptive and Maladaptive composites
- **Antisocial Process Screening Device** (APSD; Frick, Bodin, & Barry, 2000)
  - Psychopathy-linked narcissism (7 item subscale)
- **Childhood Narcissism Scale** (Thomaes, Stegge, Bushman, Olthof, & Denissen, 2008)
  - 10 items
- **Pathological Narcissism Inventory** (Pincus et al., 2009)
  - 52 items
  - Grandiose and Vulnerable Narcissism

# Polling Question

- High self-esteem is more of a clear risk factor for child/adolescent behavioral problems than low self-esteem (True or False)

# Theoretical underpinnings

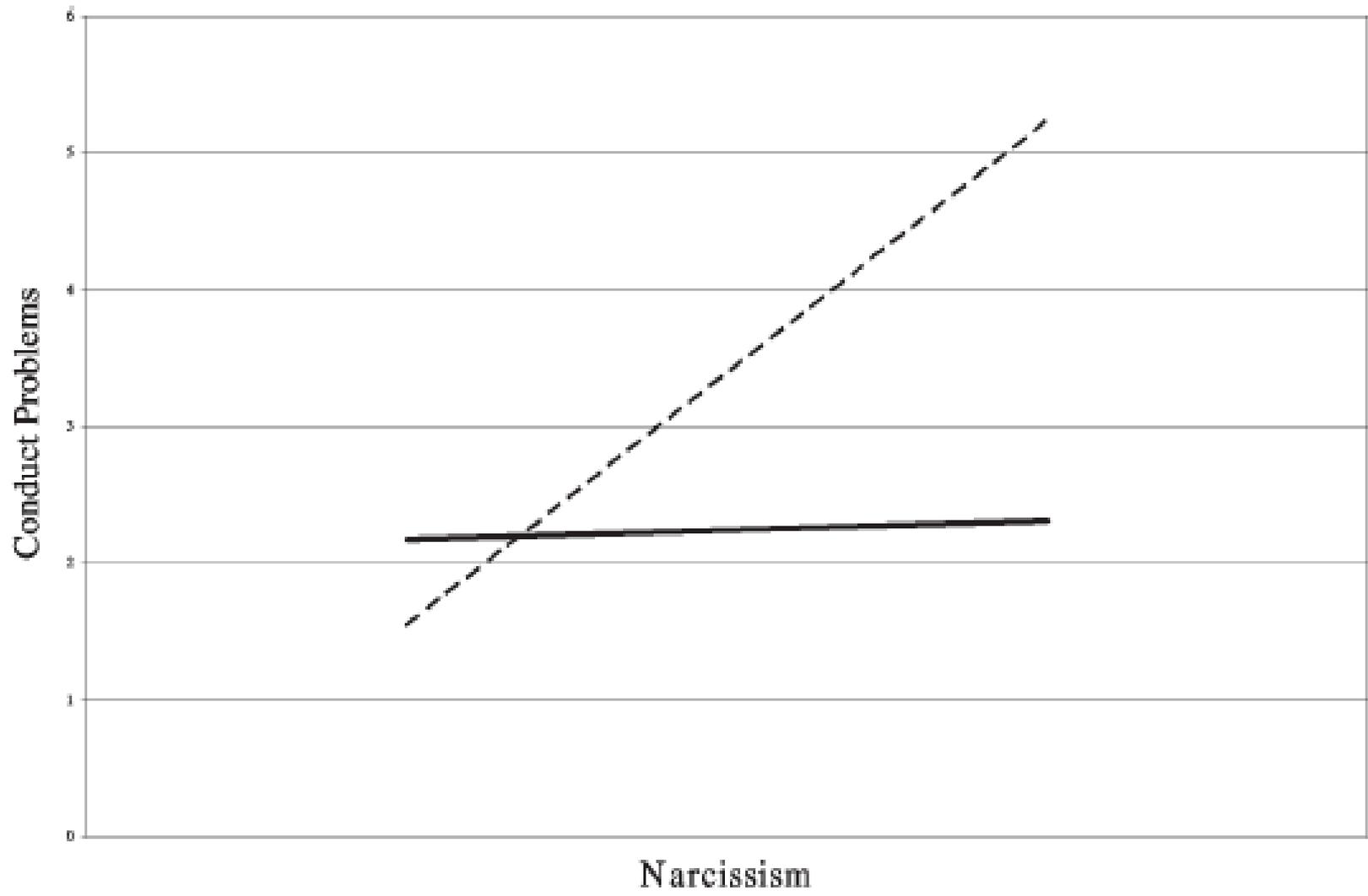
- Narcissism as individual difference variable
  - Overindulgence from environ. or neglect?
  - Potentially fostered by confluence of developmental and cultural factors
- Narcissism as manifestation of high, fragile self-esteem (e.g., Zeigler-Hill, Clark, & Pickard, 2008)

# Narcissism as multidimensional

- Adaptive
  - Authority, Self-sufficiency
- Maladaptive
  - Exploitativeness, Entitlement, Exhibitionism
- Grandiose
  - Exploitativeness, Grandiose Fantasy, Self-sacrificing  
Self-enhancement
- Vulnerable
  - Contingent Self-esteem, Entitlement, Hiding Self,  
Devaluing Others/Need for Others

# Earlier studies

- Barry, Frick, & Killian (2003)
  - Narcissism associated with conduct problems
  - Maladaptive narcissism related to CU traits, conduct problems, and low self-esteem
  - Adaptive positively correlated with self-esteem



----- Low self-esteem      ————— High self-esteem

# Longitudinal prediction of police contacts

(Barry, Frick, Adler, & Grafeman, 2007)

	<u>One-year follow-up</u>	<u>Two-year follow-up</u>	<u>Three-year follow-up</u>
	<u>Beta</u>	<u>Beta</u>	<u>Beta</u>
Conduct Problems (Baseline)	.02	.13	.01
<b>Maladaptive Narcissism</b>	<b>.43**</b>	<b>.31*</b>	<b>.23†</b>
Adaptive Narcissism	-.27*	-.21†	-.01
CU traits	.03	-.03	.09
Hyperactivity/ Impulsivity	-.06	-.04	.00

†  $p < .10$ , \*  $p < .05$ , \*\*  $p < .01$

# Earlier studies

- Washburn, McMahon, King, Reinecke, & Silver (2004)
  - Narcissism (exploitativeness) related to aggression
  - Also related to internalizing symptoms
- Barry, Thompson, Barry, Lochman, Adler & Hill (2007)
  - Narcissism predicted unique variance in both proactive and reactive aggression
- Barry, Grafeman, Adler, & Pickard, 2007
  - Narcissism related to aggression and delinquency

# Expanding the scope of these earlier studies

## Method

- Adolescents in a military-style residential program for youth who have dropped out of school
- Ages 16-18, predominantly male, predominantly Caucasian
- 13 cohorts of approximately 200 participants since 2005
- Mostly self-report

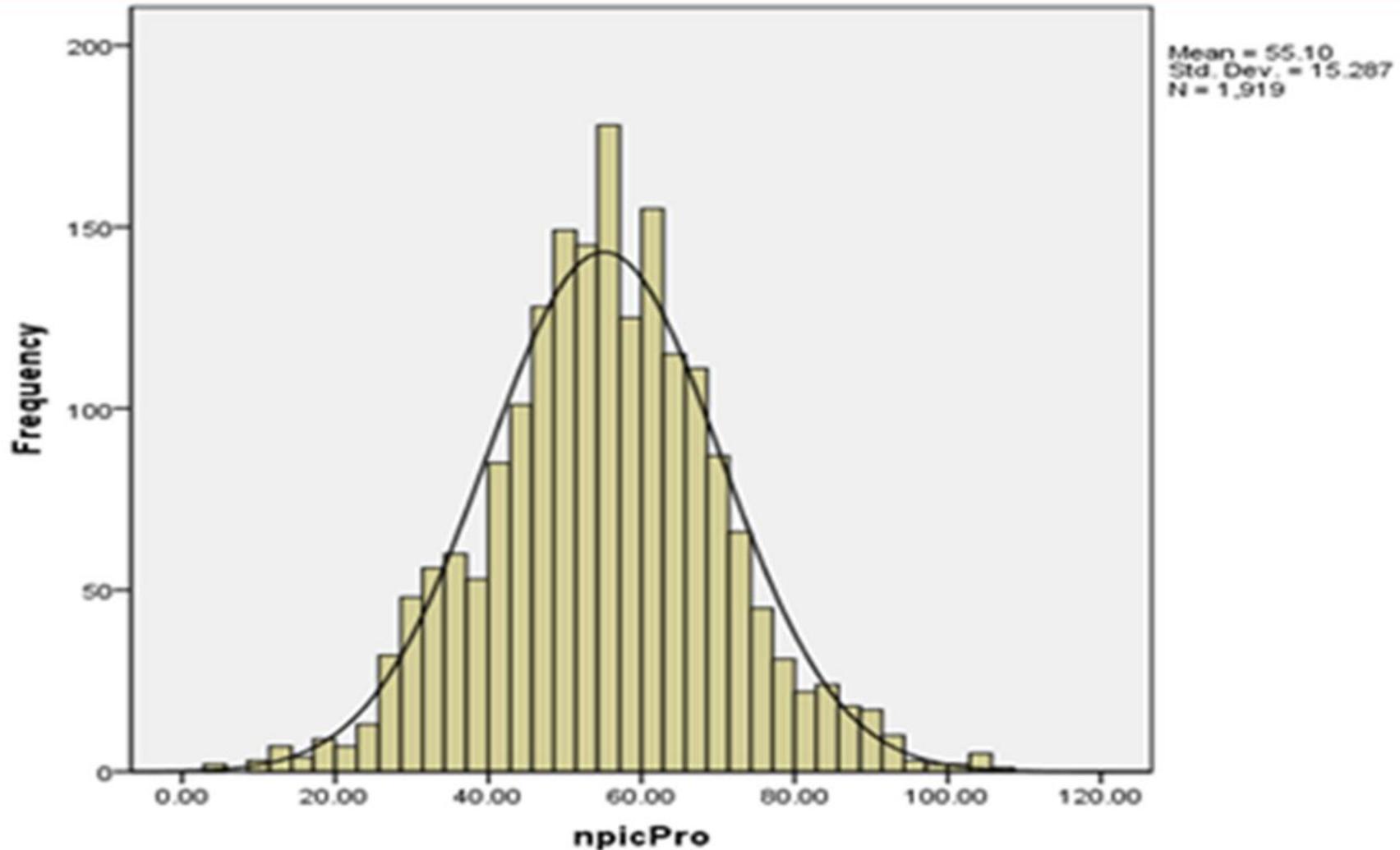
# Polling Question

- The sampling distribution of narcissism in adolescents (ages 16-19) is skewed toward the high end (True or False)

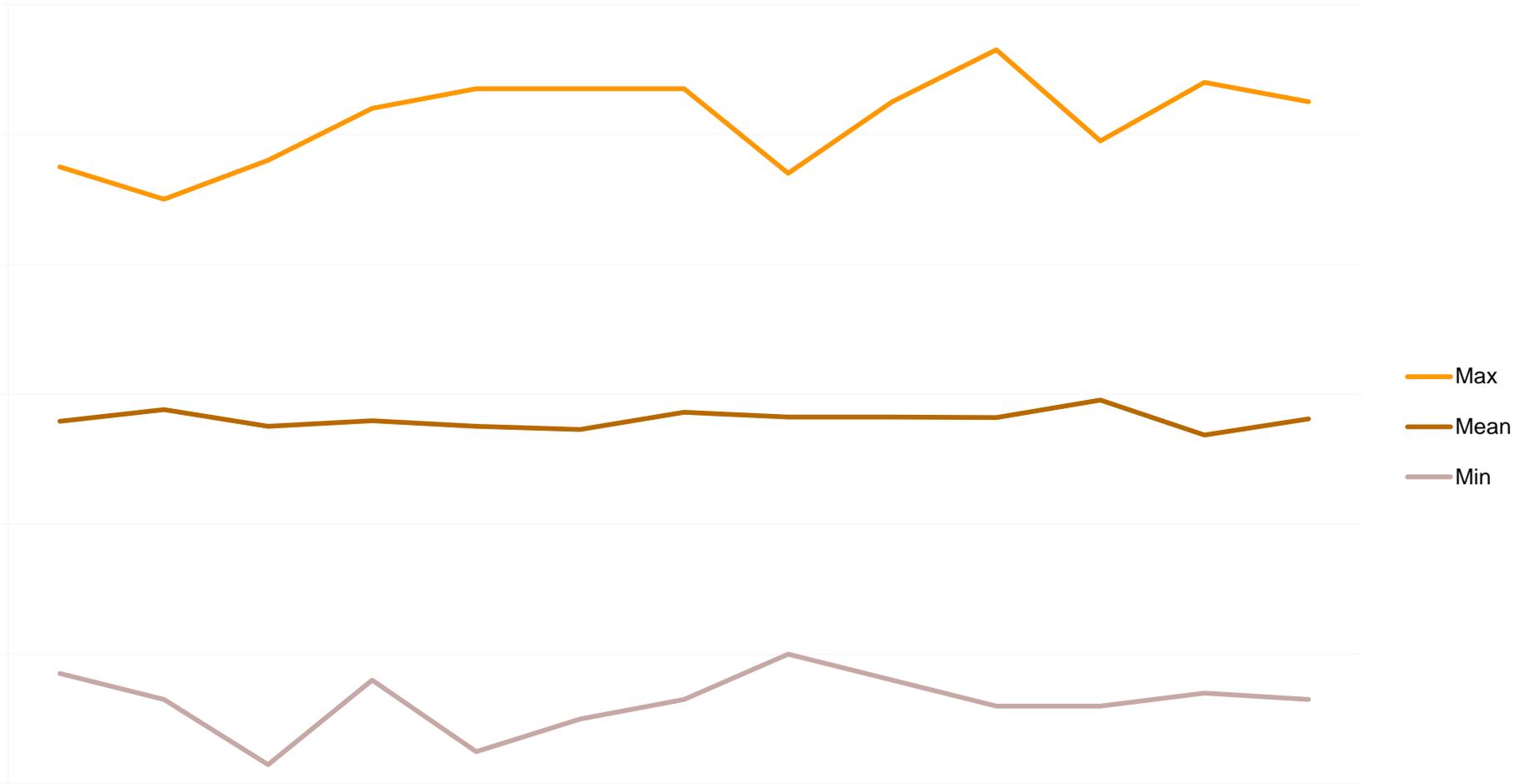
# Polling Question

- Narcissism among adolescents has increased significantly in the last 10 years (True or False)

# ‘Adolescent Narcissism’: a redundant concept? ( $n = 1919$ )



# Narcissism scores (2005-2014) (Barry & Lee-Rowland, under review)



# Correlates of Narcissism (Barry & Wallace, 2010)

	1.	2.	3.	4.	5.	6.	7.
1. Narcissism (NPIC)	–	.85***	.79***	.28**	.29**	.12	.09
2. Adaptive Narcissism (NPIC)		–	.53***	.11	.24**	.03	–.05
3. Maladaptive Narcissism (NPIC)			–	.40***	.15	.19*	.11
4. Narcissism (APSD)				–	.24**	.45***	.22*
5. Narcissism (CNS)					–	.04	.06
6. Delinquency						–	.23*
7. Parent-reported Conduct Problems							–

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\*  $p < .001$

	Social Skills	Self-reliance	Interpersonal Relations	Self-esteem
Narcissism (NPIC)	.06	–.06	.28**	.28**
Adaptive Narcissism (NPIC)	.20*	.03	.26**	.39***
Maladaptive Narcissism (NPIC)	–.04	–.22*	.14	.04
Narcissism (APSD)	–.13	–.11	–.09	–.14
Narcissism (CNS)	–.08	.29**	.07	.34***

Social Skills are from the Social Skills scale of the parent BASC-2; Self-reliance and Interpersonal Relations are from the BASC-2 self-report scales of the same name; Self-esteem was from the RSE.

\* $p < .05$ ; \*\* $p < .01$

# Correlates of Narcissism

(Barry & Kauten, 2014)

	Pathological Narcissism	Non-pathological Narcissism
<b><i>Self-esteem</i></b>	<b><i>-.39***</i></b>	<b><i>.37***</i></b>
Delinquency	.08	.17**
Proactive Aggression	.19**	.29***
Reactive Aggression	.24**	.20**
<b><i>Anxiety</i></b>	<b><i>.53***</i></b>	<b><i>-.23**</i></b>
<b><i>Depression</i></b>	<b><i>.47***</i></b>	<b><i>-.22**</i></b>
<b><i>Social Stress</i></b>	<b><i>.45***</i></b>	<b><i>-.26***</i></b>
Contingent Self-Worth	.45***	.03
Self-reliance	.00	.21**
<b><i>Interpersonal Relationships</i></b>	<b><i>-.25**</i></b>	<b><i>.28***</i></b>
Relations with Parents	-.08	.06

# Narcissism and Behavior in the Residential Milieu

(Herrington, Barry, & Loflin, 2014)

	Disciplinary Citations $\beta$	$R^2$
Model 1- Behavioral predictors		.02
Self-Reported Delinquency	-.03	
Self-Reported Aggression	.03	
Parent-Reported Aggression	-.03	
Parent-Reported Conduct Problems	.16	
Model 2- Personality predictors		.11*
Unemotionality	-.18	
Uncaring	.02	
Callousness	.07	
Adaptive Narcissism	-.19	
Maladaptive Narcissism	.31**	
Model 3- All predictors		.12
Self-Reported Delinquency	-.03	
Self-Reported Aggression	-.05	
Parent-Reported Conduct Problems	.14	
Parent-Reported Aggression	-.08	
Unemotionality	-.17	
Uncaring	.04	
Callousness	.08	
Adaptive	-.19	
Maladaptive	.32*	

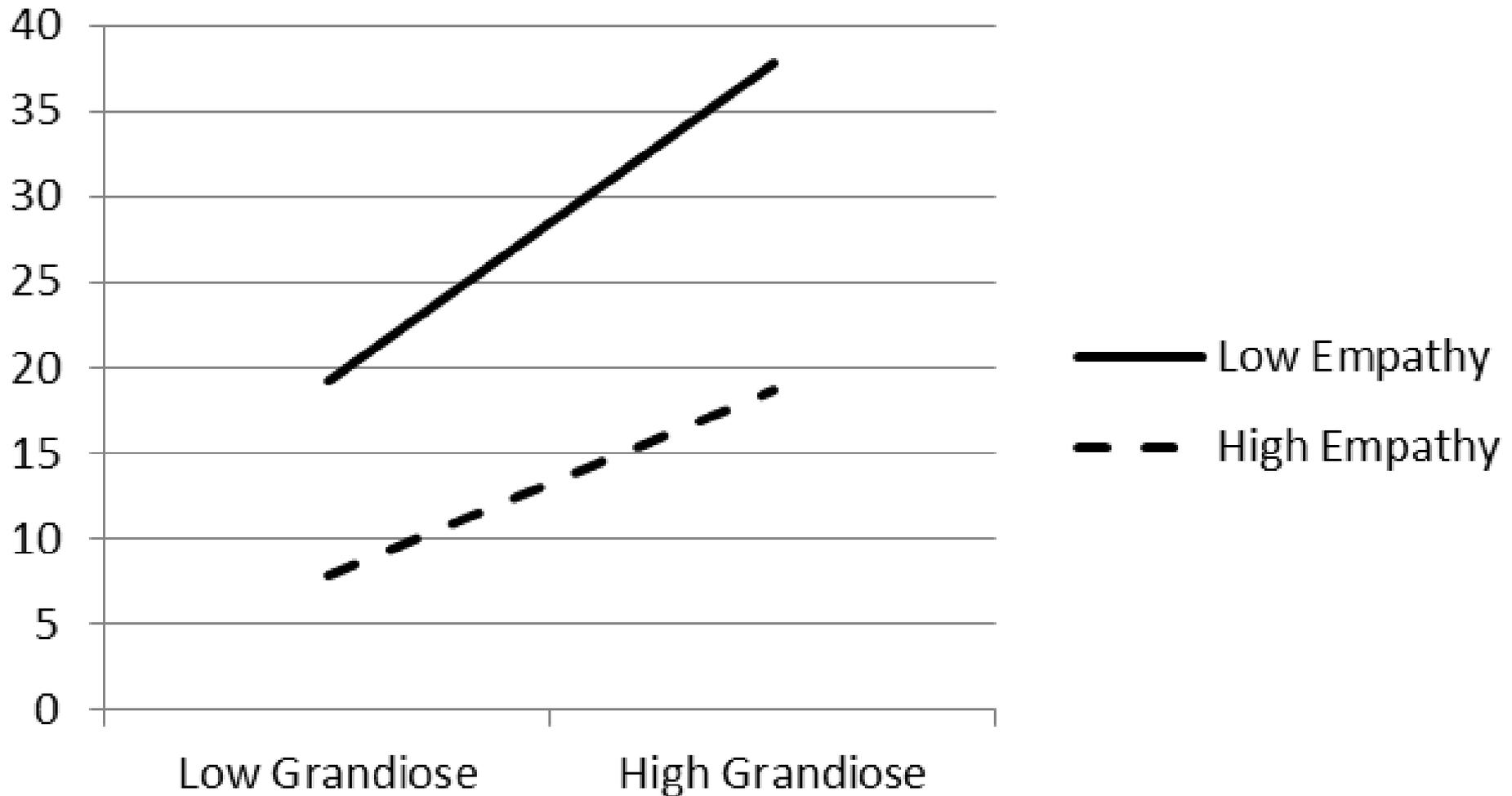
# Narcissism and perceived parenting

(Mechanic & Barry, 2015)

- Grandiose Narcissism:
  - Parental Involvement,  $r = .18^{***}$
  - **Positive Reinforcement**,  $r = .25^{**}$
  - Poor Monitoring/Supervision,  $r = .13^{**}$
  - Inconsistent Discipline,  $r = .17^{**}$
- Vulnerable Narcissism:
  - **Inconsistent Discipline**,  $r = .23^{***}$
  - Poor Monitoring/Supervision,  $r = .15^{**}$
- Narcissism not related to parent-reported parenting practices

# Narcissism + Low Empathy

(Barry, Kauten, & Lui, 2014)



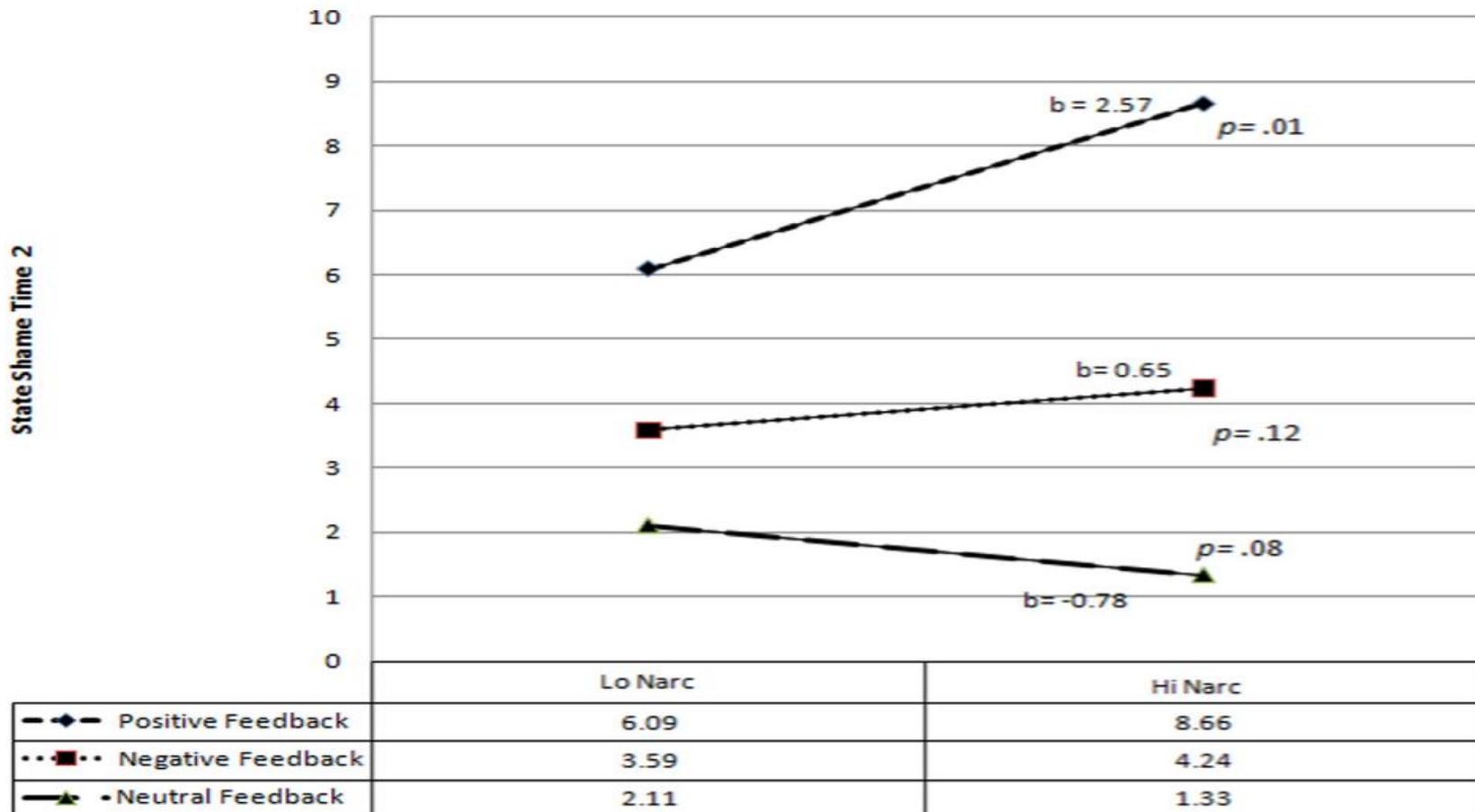
# Narcissism and Peer Processes

# Shame in response to feedback

(Malkin, Barry, & Zeigler-Hill, 2011)

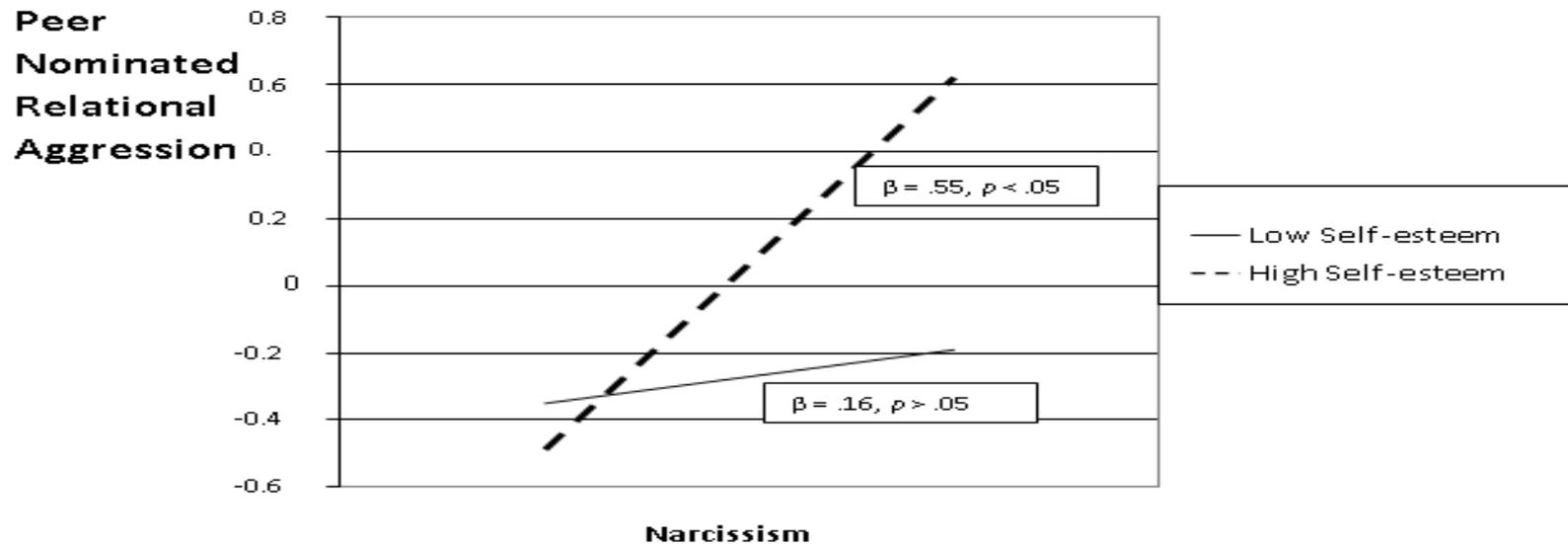
M.L. Malkin et al./Personality and Individual Differences 51 (2011) 623–628

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# Narcissism and Peer-reported relational aggression

(Golmaryami & Barry, 2010)



# Narcissism & Social Relations Model

(Grafeman, Barry, Marcus, & Leachman, 2015)

*Variance Partitioning, Perceiver Correlations, and Target Correlations for Dyadic Variables*

	Perceiver Variance	Target Variance	Relationship/ Error Variance	Total Absolute Variance	Perceiver by NPIC Correlation	Target by NPIC Correlation
<i><u>Narcissistic Traits</u></i>						
Narcissism	.19	.25	.17/.38	5.02	-.27	.52**
Manipulative	.19*	.24*	.57	4.13	-.06	.44**
Attention- Seeking	.20*	.31*	.49	5.52	-.36*	.42**
Leader	.17*	.25*	.58	4.99	-.09	.44**
Controlling of Others	.21*	.21*	.58	5.46	-.36*	.49**
<i><u>Interpersonal Impact</u></i>						
Antagonism	.11	.08	.55/.26	4.79	-.18	.49**
Competitive <sup>a</sup>	.11*	.08*	.82	4.37	-.08	.47*
Enemy <sup>a</sup>	.12*	.05	.83	4.93	.06	--
Hostile <sup>a</sup>	.11*	.11*	.78	5.08	.08	.52**
Rejected	.10*	.06	.85	5.19	-.03	--
Arrogant	.11	.12	.77	4.44	--	--
Leader	.12	.08	.80	3.77	--	--
Likes Self	.25*	.11*	.63	4.06	-.02	.17
Future Delinquency	.20*	.22*	.58	4.68	-.24	.44**

# Narcissism and Prosocial Behavior

(Kauten & Barry, 2014)

- Narcissism may be tied to both aggressive and prosocial resource control strategies
- Parent, self, and peer informants for prosocial behavior
- Narcissism associated with self-reported prosocial and aggressive behavior
- Prosocial behavior uniquely associated with Self-sacrificing Self-Enhancement

# Narcissism and social media

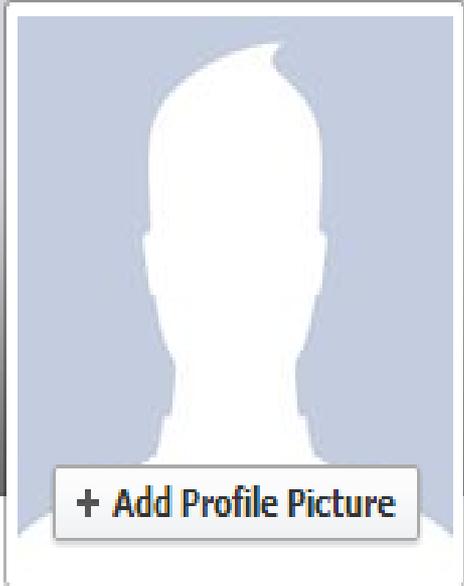
# Polling Question

- Narcissism is perceived negatively on social media independent of gender

# Recent work on narcissism and social media

(Kauten, Lui, Stary, & Barry, under review)

- Perceptions of likeable, friend quality, and successfulness based on hypothetical Facebook status updates
- Narcissistic vs. neutral statements; male and female targets
- Status updates counterbalanced for male and female targets
- 312 undergraduates (62 males, 250 females)



# Nicholas

Update Info

Timeline

About

Photos

Friends

More ▼



Nicholas

13 seconds ago 

It irritates me when people don't notice how good a person I am.

Like · Comment · Share



+ Add Profile Picture

# Jessica

Update Info

Timeline

About

Photos

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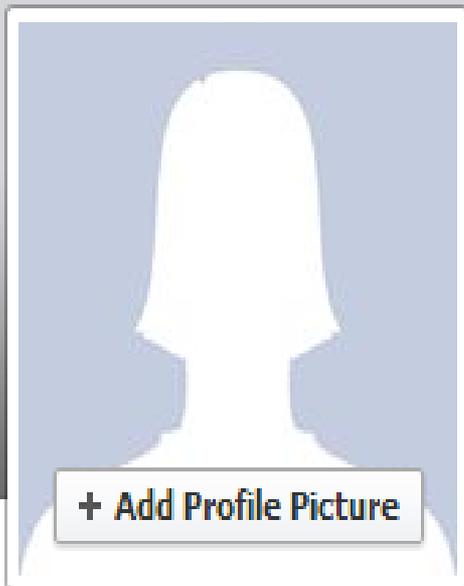


Jessica

14 seconds ago

Finished all my reading and work, now cooking dinner, ahead for the next week

Like · Comment · Share



# Samantha

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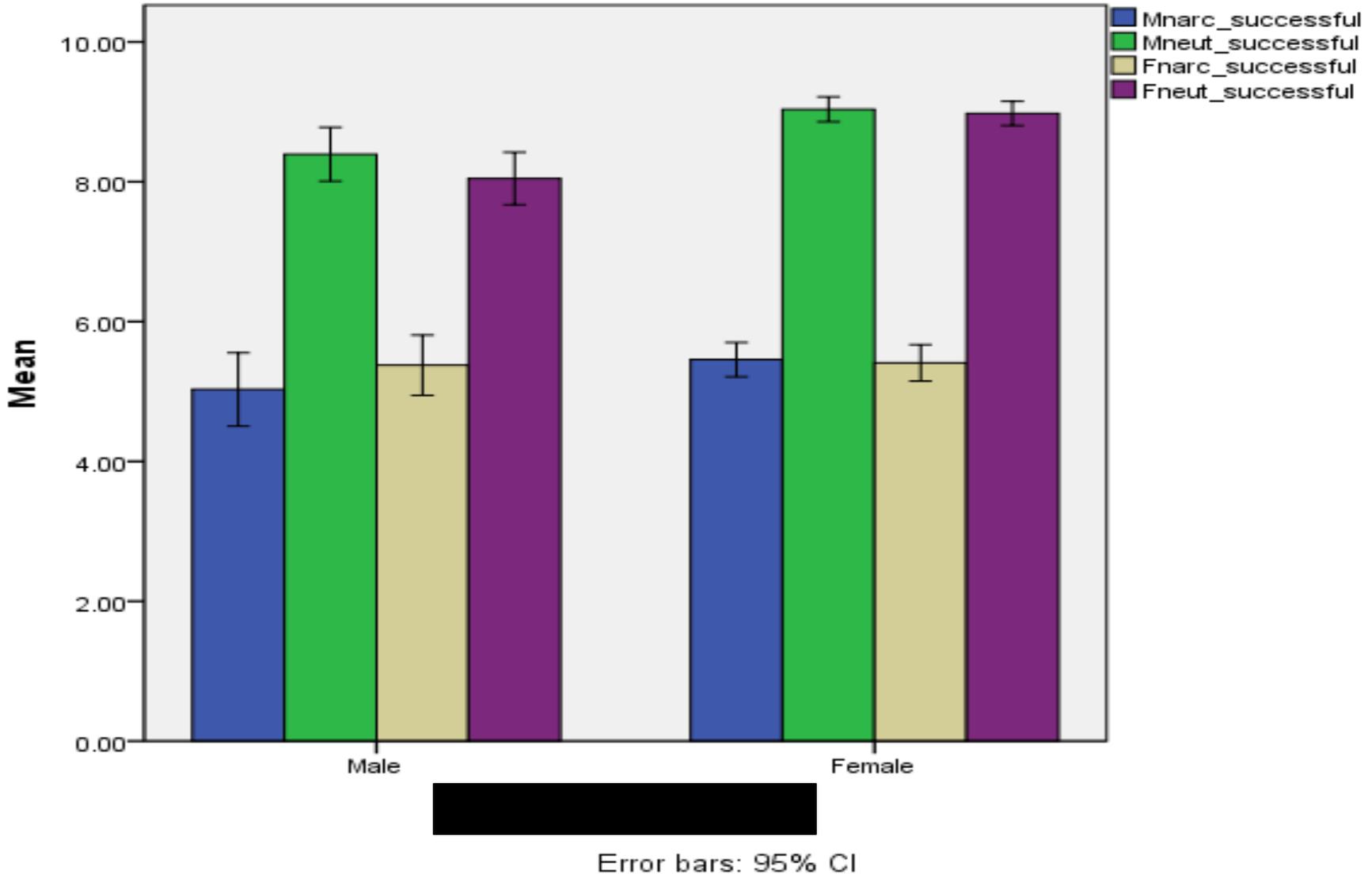
**Samantha**

9 seconds ago

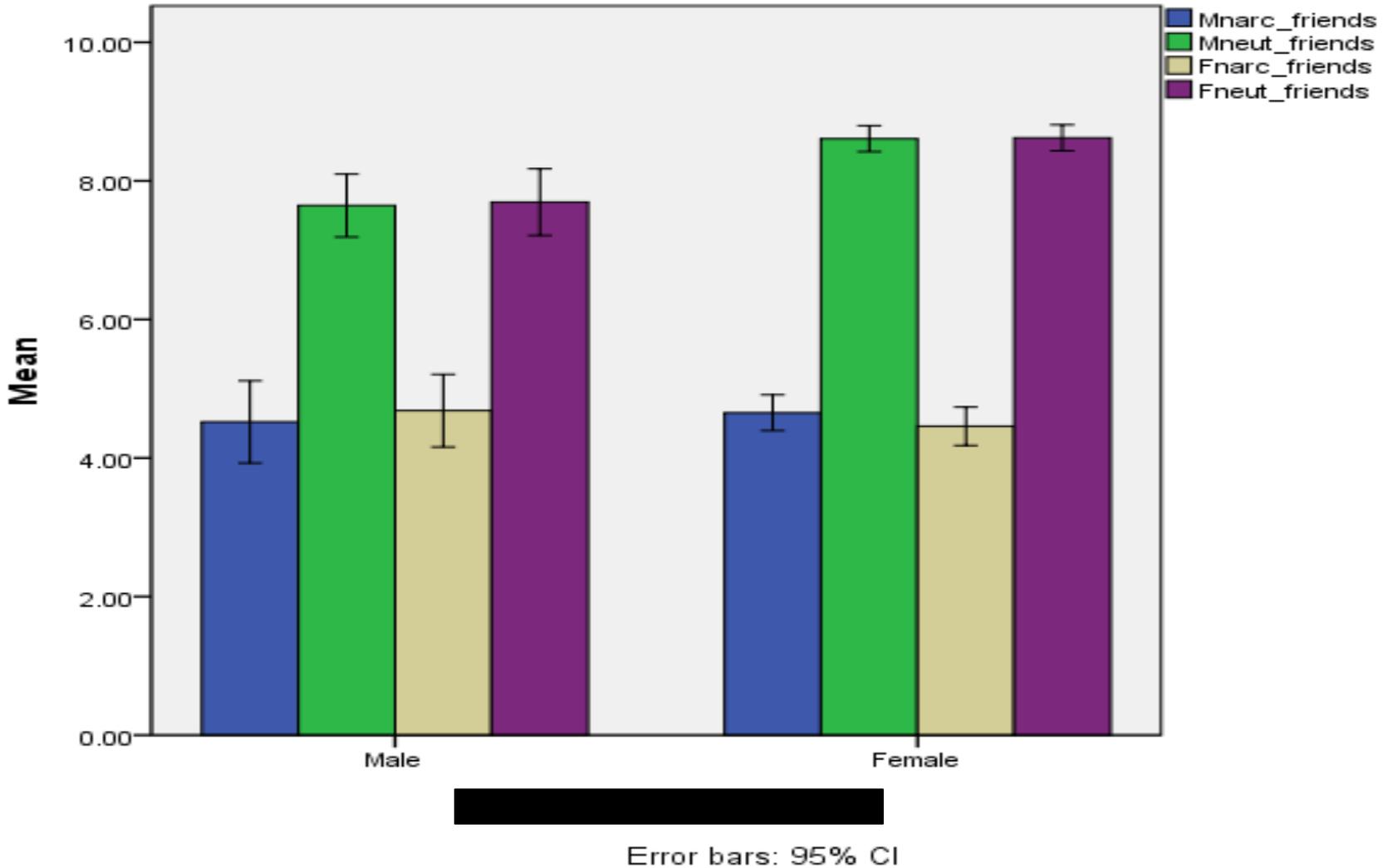
Purging my friends list. Good luck making the cut!

[Like](#) · [Comment](#) · [Share](#)

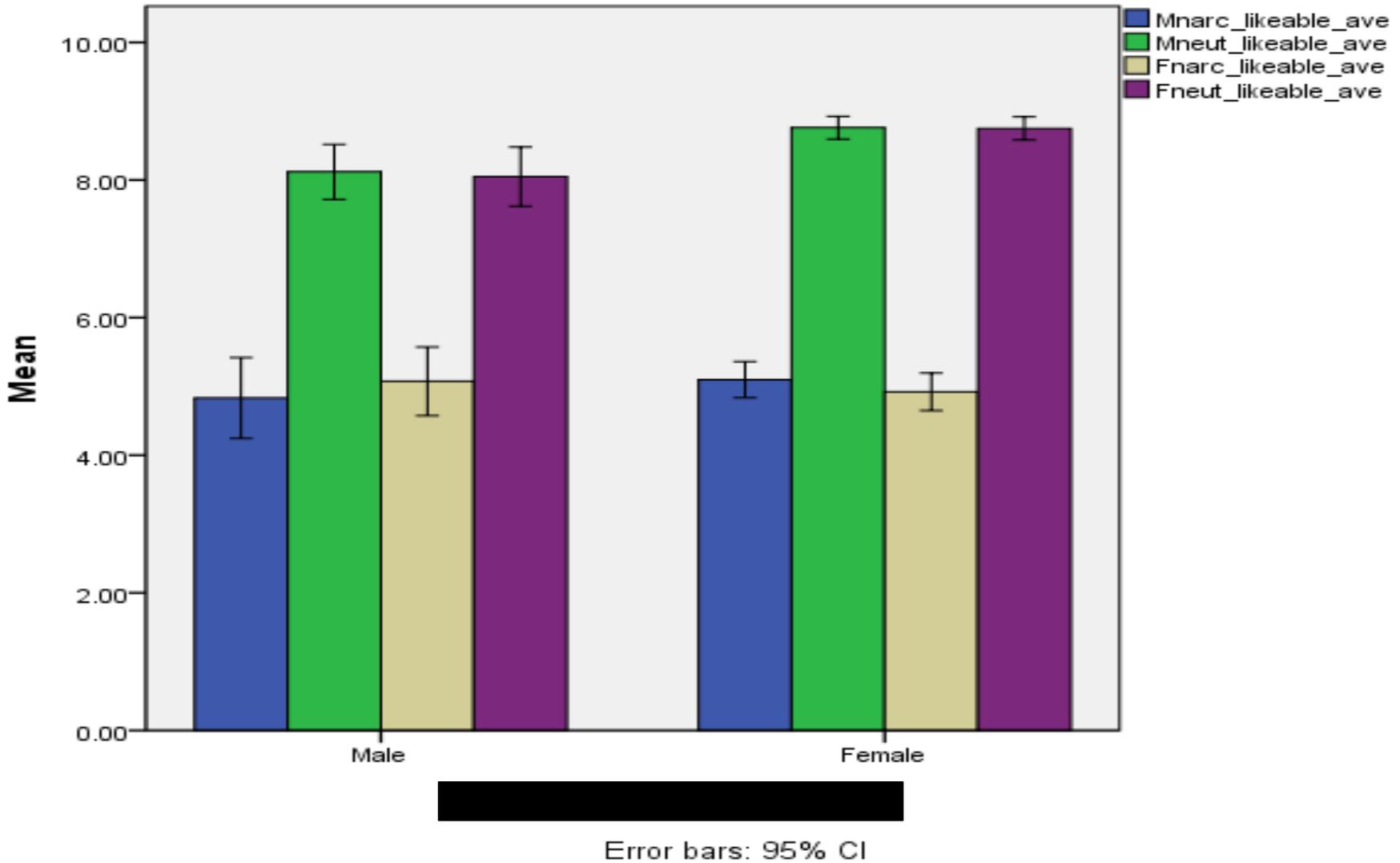
# Perceived Successfulness



# Friend-worthiness



# Likeability



# Perceptions of Facebook Status Updates

- Self-reported narcissism correlated with:
  - Likeability of narcissistic statements
  - Friend-worthiness
- Narcissism x gender interactions
  - High female narcissism, high success ratings of narcissistic status updates
  - Low male narcissism, higher female success
- Partial replication at UBC ( $n = 128$ )

# Polling Questions

- Posts of “selfies” on social media are correlated with narcissism (True or False)
- Which type of “selfie” is negative correlated with narcissism?
  - Physical Appearance
  - Collage
  - Event/activity/accomplishment
  - Affiliation (with friends)
  - None of the above

# The 'Selfie Study'

(Barry, Doucette, Loflin, Rivera-Hudson, & Herrington, under review)

- 103 undergraduates (85 females, 18 males,  $M$  age = 20.8)
- Completed the PNI, NPI, Rosenberg Self-esteem Scale
- Active Instagram account which was coded/observed for 30 days
- Coded posts as selfie/non-selfie, number of total posts to date; selfie/non-selfie, number of posts w/in 30 days; selfie categories

# Selfies: Volume, Proportion, and Frequency

- # of selfies (0-513,  $M = 63.54$ ,  $sd = 86.19$ )
- selfie proportion (0-1.0,  $M = .26$ ,  $sd = .19$ )
- selfies/week (0-17.75,  $M = .94$ ,  $sd = 1.95$ )

# Correlations

	# of selfies	selfie proportion	selfies/week
<b>Non-pathological Narcissism</b>	.16 (.10)	.15 (.21*)	.14 (.13)
<b>Vulnerable Narcissism</b>	.16 (.02)	.01 (-.06)	.10 (.06)
<b>Grandiose Narcissism</b>	.14 (.07)	-.04 (.00)	.07 (.06)
<b>Self-esteem</b>	-.07 (.03)	.05 (.04)	-.13 (-.02)

# Categories: Physical Appearance

- As proportion of selfies:
  - Grandiose Narcissism,  $r = .21^*$
- As proportion of total posts:
  - Vulnerable Narcissism,  $r = .29^{**}$
- Per week:
  - Vulnerable Narcissism,  $r = .22^*$

# Categories: Affiliation

- As proportion of total posts:
  - Grandiose Narcissism,  $r = -.25^*$
  - Physical appearance,  $r = -.21^*$
- As proportion of selfies:
  - Physical appearance,  $r = -.38^{***}$

# Categories: Event/Activity

- As proportion of selfies:
  - Self-esteem,  $r = -.25^*$
- As proportion of total posts:
  - Self-esteem,  $r = -.30^*$

# Categories: Collage

- As proportion of selfies:
  - Non-pathological narcissism,  $r = .24^*$
  - Superiority,  $r = .26^*$
  - Vanity,  $r = .33^{**}$
  
  - Affiliation,  $r = -.37^{***}$

# Summary

- Consistent correlation between narcissism and aggression
- Positive appraisals of relationships with others that may not be shared by others
- This discrepancy may contribute to behavioral and interpersonal problems
- A meaningful individual difference variable, but many effects are small

# Remaining Issues/Future Directions

- How stable? How do we label?
- Do associations b/t narcissism and aggression hold across youth development?
- What are the socialization factors that might diminish narcissism?

# Remaining issues/Future Directions

- What are the interpersonal processes that contribute to youth narcissism and its behavioral impact?
- How does self-perception, including narcissism, manifest in adolescent social media behavior?
- Further development of coping-based **interventions** (e.g., Lochman & Wells, 2002; Thomaes, Bushman, Orobio de Castro, Cohen, & Denissen, 2009)

# Practical Considerations

- Generational vs. cultural vs. individual effects
  - Much of the research is suggestive of problematic self-perception being an individual issue (e.g., Barry, Pickard, & Ansel, 2009)
- Not treating the narcissism. Addressing the behavioral and social fall out.
- Self-appraisals tied to external validation may be a worthy prevention target

# Practical Considerations

- Performance feedback based on effort and personal improvement
  - Not based on outcome or social comparison (Barry, Chaplin, & Grafeman, 2006)
- Feedback based on factors/behaviors under the child's control and not comments on child's character (“you are special” “you are a disappointment”).
- Failure as a learning experience (Barry, Loflin, & Doucette, 2015; Neff, 2003)

# Summary

- Non-pathological and pathological narcissism can be assessed in a reliable and valid manner prior to adulthood
- The definition of narcissism is key in how it relates to behavioral, emotional, and social functioning
  - Consistent relations with aggression
  - Mixed with emotional and social adjustment
- Narcissism does not appear to simply be exhibition of extremely high self-esteem
- More research needed, particularly with younger samples

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