

Behavioural, Emotional and Learning Intervention in a Child with Specific Learning Challenges: A Longitudinal Case-Based Study Highlighting the Impact of Narcissistic Parenting Assessed through (NPPT)

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ABSTRACT

Children presenting with behavioural dysregulation and learning difficulties often exist within complex familial and psychosocial environments. Parental personality factors, particularly narcissistic traits, may act as significant maintaining variables in such cases but remain underexplored in child-focused intervention research. The present longitudinal case-based study documents the behavioural, emotional, and learning intervention of a 6-7-year-old female child with attentional deficits, conduct-related behaviours, and specific learning challenges. The study further examines the role of paternal narcissistic traits, identified through the Narcissistic Personality Patterns Test (NPPT) developed by Bhatt and Puri (2024), in shaping the child's symptom expression and therapeutic responsiveness. Over a period of 9-10 months, the child received 40 structured therapeutic sessions, while 10 parental guidance sessions were conducted. Qualitative and observational outcomes indicated significant improvement in emotional regulation, behavioural compliance, attention span, and learning readiness. The study highlights the importance of integrating parental personality assessment into child guidance frameworks and underscores the necessity of family-system-informed interventions.

Keywords: *Child Guidance, Narcissistic Parenting, NPPT, Specific Learning Difficulties, ADHD, Behaviour Therapy, Longitudinal Case Study*

Childhood behavioural and learning difficulties are increasingly understood as multidimensional phenomena influenced not only by neurodevelopmental vulnerabilities but also by relational and environmental factors. Disorders such as Specific Learning Disorder (SLD) frequently co-occur, leading to heightened functional impairment (APA, 2022). While considerable research has focused on child-centred interventions, comparatively limited attention has been given to parental personality

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dynamics as maintaining or exacerbating variables. Narcissistic parenting, characterised by emotional inconsistency, control, and conditional validation, has been associated with emotional insecurity, behavioural dysregulation, and impaired self-concept in children. The present study seeks to bridge this gap by presenting a longitudinal therapeutic case in which paternal narcissistic personality traits, empirically assessed using NPPT (Bhatt & Puri, 2024), were integrated into case formulation and intervention planning. Contemporary developmental and clinical models emphasise that the child's symptomatology cannot be fully understood in isolation from the caregiving environment in which development occurs (Bronfenbrenner, 1979; Sameroff, 2009).

While a substantial body of research has focused on child-centred behavioural, cognitive, and educational interventions, comparatively limited empirical attention has been directed toward parental personality dynamics as potential maintaining or exacerbating variables. Emerging literature suggests that maladaptive parental personality traits, particularly those falling within the narcissistic spectrum, can significantly influence parenting practices and the emotional climate of the household (Kernberg, 2016; Horton et al., 2006). Narcissistic parenting, characterised by emotional inconsistency, excessive control, conditional validation, and limited empathic attunement, has been associated with emotional insecurity, behavioural dysregulation, impaired frustration tolerance, and disturbances in self-concept development among children (Brummelman et al., 2015; Otway & Vignoles, 2006).

Children raised in such relational contexts may experience heightened performance pressure, invalidation of emotional needs, and inconsistent reinforcement patterns, which can further exacerbate learning-related stress and behavioural difficulties, particularly in children with pre-existing neurodevelopmental vulnerabilities such as SLD (APA, 2022; Herman, 1992). Despite these implications, parental personality features are often under-assessed in routine clinical formulations, resulting in interventions that may inadequately address systemic contributors to the child's difficulties.

The present study seeks to bridge this critical gap by presenting a longitudinal therapeutic case study in which paternal narcissistic personality traits were systematically assessed and integrated into the clinical formulation and intervention planning. Narcissistic traits were empirically evaluated using the Narcissistic Personality Pattern Test (NPPT) (Bhatt & Puri, 2024), allowing for a structured understanding of parental dynamics influencing the child's behavioural and emotional functioning. By incorporating parental personality assessment into the therapeutic framework, the study highlights the importance of adopting a systemic, family-informed intervention model for managing childhood behavioural and learning difficulties. This approach underscores the necessity of addressing both intrapsychic and relational factors to achieve sustainable therapeutic outcomes.

REVIEW OF LITERATURE

Research consistently demonstrates that children with ADHD and learning difficulties are at increased risk for aggression, impulsivity, and low frustration tolerance (4) (Barkley, 2015).

Behavioural therapy, play-based interventions, and cognitive remediation have shown efficacy in improving self-regulation and academic engagement. Parent management training remains a cornerstone of child intervention; however, outcomes are often moderated by parental emotional availability and personality traits (12) (Johnston & Mash, 2001).

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Studies on narcissistic parenting suggest that such caregivers may prioritise control, image, and compliance over emotional atonement, leading to inconsistent reinforcement patterns (13) (Kernberg, 2016).

Projective techniques such as the House-Tree-Person (HTP) test and non-verbal cognitive tools like Raven's CPM aid in understanding emotional functioning and learning potential, especially in young children with language or attentional limitations.

Children with Specific Learning Disorder (SLD) frequently present with co-occurring behavioural and emotional difficulties, including impulsivity, emotional dysregulation, oppositional behaviours, and reduced frustration tolerance (2) (American Psychiatric Association [APA], 2022). Longitudinal research indicates that learning challenges often interact with executive functioning deficits, increasing vulnerability to attentional problems, academic underachievement, and maladaptive coping strategies over time (20) (Willcutt et al., 2012). These vulnerabilities are further amplified in caregiving environments characterised by emotional inconsistency, invalidation, or poor parental attunement.

A substantial body of literature supports the effectiveness of behavioural therapy, cognitive remediation, and play-based interventions in improving emotional regulation, behavioural control, and academic engagement among children with learning difficulties (9) (DuPaul & Stoner, 2014; Diamond & Ling, 2016). Behavioural interventions grounded in operant conditioning principles have demonstrated efficacy in reducing externalising behaviours and improving compliance, while play therapy facilitates symbolic expression, emotional processing, and relational safety in children with limited verbal capacities (16) (Landreth, 2012). Cognitive remediation approaches further target core deficits in attention, working memory, and processing speed; domains frequently impaired in children with SLD (14) (Klingberg et al., 2005).

Parental involvement has consistently been identified as a critical determinant of therapeutic outcomes. Parent Management Training (PMT) is widely regarded as a gold-standard intervention for childhood behavioural disorders, emphasising consistent discipline, positive reinforcement, and emotional responsiveness (15) (Kazdin, 2017). However, emerging evidence suggests that the effectiveness of PMT is significantly moderated by parental emotional availability, attachment styles, and underlying personality traits (12; 7) (Johnston & Mash, 2001; Belsky & Pluess, 2009). In such contexts, child-focused interventions alone may yield limited or unstable gains.

In particular, narcissistic parenting has been associated with emotionally inconsistent caregiving, excessive control, conditional approval, and an overemphasis on performance and external validation (13) (Kernberg, 2016). Children raised in narcissistic caregiving environments often experience chronic emotional invalidation, role reversal, and unrealistic expectations, which may exacerbate anxiety, aggression, low self-esteem, and difficulties in emotional regulation (6) (Brummelman et al., 2015). These relational dynamics disrupt secure attachment formation and interfere with the development of autonomy and self-coherence (17) (Otway & Vignoles, 2006).

Recent clinical literature emphasises the importance of assessing narcissistic traits in caregivers when working with children presenting with persistent behavioural, emotional,

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and learning difficulties. The Narcissistic Personality Patterns Test (NPPT), developed by (3) (Bhatt and Puri, 2024), provides a structured psychometric framework for identifying maladaptive narcissistic personality patterns. The NPPT facilitates a dimensional understanding of narcissistic traits, including grandiosity, entitlement, emotional dysregulation, lack of empathy, and control-oriented interpersonal tendencies (3) (Bhatt & Puri, 2024). Its application allows clinicians to conceptualise parental personality dynamics as maintaining or exacerbating variables, rather than attributing dysfunction solely to the child.

When integrated with child-focused assessments and longitudinal intervention planning, NPPT findings offer valuable insights into caregiving inconsistencies, emotional invalidation, and maladaptive reinforcement patterns commonly observed in narcissistic parenting environments. In the context of child psychotherapy, the use of NPPT supports targeted parental guidance, psychoeducation, and realistic goal-setting, particularly in cases where traditional parent management approaches yield limited progress due to entrenched personality-driven behavioural patterns (3) (Bhatt & Puri, 2024).

Assessment tools play a pivotal role in comprehensive case formulation. Projective techniques, such as the House-Tree-Person (HTP) test, provide valuable access to a child's emotional world, self-perception, and internalised family dynamics, especially when verbal articulation is limited (8) (Burns, 1987). Similarly, Raven's Coloured Progressive Matrices (CPM) serves as a reliable non-verbal measure of intellectual functioning, reducing linguistic and cultural biases and aiding in the differentiation between learning potential and performance-based difficulties (19) (Raven et al., 2008). The integration of cognitive and projective assessments enables a holistic understanding of both emotional functioning and learning capacity.

Despite growing recognition of the role of parental personality dynamics, limited empirical research has examined longitudinal, case-based interventions that explicitly explore the impact of narcissistic parenting on therapeutic outcomes in children with SLD. Addressing this gap, the present study contributes to existing literature by highlighting how structured child-focused interventions, combined with parental assessment using NPPT and targeted parental guidance, can facilitate meaningful behavioural, emotional, and academic improvements over time.

METHODOLOGY

Design

A single-case longitudinal design with pre- and post-intervention qualitative analysis.

Participant

A female child aged 6 – years – old presenting with:

- Aggression toward peers and adults
- Inattention and impulsivity
- Learning difficulties in reading and writing
- Parents participated as secondary respondents.

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Assessment Tools

- Clinical interview and behavioural observation
- Draw-A-Person (DAP)
- House-Tree-Person (HTP)
- Raven's Coloured Progressive Matrices (CPM)
- Narcissistic Personality Patterns Test (NPPT)

Intervention

40 child-focused sessions (behaviour therapy, play therapy, cognitive remediation, brain gym) 10 parental guidance sessions

Case Description and Family Dynamics

The child displayed frequent aggression, impulsivity, poor task persistence, and academic struggles. She was adopted in infancy, with limited early developmental history. Emotional sensitivity and a strong need for validation emerged consistently during assessment.

Parental evaluation revealed that the father scored significantly high on narcissistic dimensions on both NPPT and PPT, indicative of narcissistic personality disorder traits.

Clinical features included:

- Rigid control needs
- Low empathy
- Sensitivity to perceived defiance
- Authoritarian discipline style

These traits were conceptualised as contributing to an emotionally unpredictable caregiving environment.

Procedure

The present case followed a systematic, multimodal, and ethically grounded clinical procedure, designed to comprehensively assess and intervene in the child's behavioural, emotional, and learning difficulties while simultaneously addressing contributory parental personality dynamics.

Baseline Assessment Phase

The assessment process commenced with an intake clinical interview involving both caregivers, followed by individual sessions with the child. The purpose of the baseline assessment was to establish a detailed understanding of:

- The child's developmental history
- Academic and behavioural functioning
- Emotional regulation patterns
- Family interaction styles
- Parenting practices and disciplinary strategies

A multi-source and multi-method assessment approach was adopted to enhance diagnostic validity and ecological relevance.

Clinical Interview and Behavioural Observation

A semi-structured clinical interview was conducted with caregivers to explore prenatal, perinatal, developmental milestones, medical history, academic trajectory, peer

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relationships, and family dynamics. Particular attention was paid to patterns of emotional responsiveness, parental expectations, control dynamics, and reinforcement styles.

Parallel behavioural observations were carried out across sessions, focusing on:

- Activity level and impulse control
- Frustration tolerance
- Response to task demands
- Emotional expression
- Interaction style with the therapist

The child was observed to exhibit impulsivity, low task persistence, rapid emotional escalation, oppositional responses, and poor frustration tolerance, especially when faced with structured or performance-based tasks.

Psychological Assessment of the Child

To assess cognitive, emotional, and personality-related aspects, the following tools were administered:

Draw-A-Person Test (DAP)

The DAP was administered to gain insight into the child's self-concept, emotional maturity, body image, and underlying anxieties. The drawing reflected:

- Disproportionate body parts
- Omission of facial details
- Heavy pressure strokes

These indicators suggested emotional tension, impulsivity, poor ego integration, and possible feelings of inadequacy, aligning with clinical observations of low emotional regulation.

House-Tree-Person Test (HTP)

The HTP test was used to explore the child's perception of home environment, sense of security, and interpersonal world. The house drawing lacked grounding and detail, indicating emotional insecurity. The tree showed weak trunk structure, reflecting fragile ego strength. The person appeared poorly integrated, suggesting limited self-cohesion and emotional instability. These findings correlated with observed difficulties in emotional containment and behavioural control.

Raven's Coloured Progressive Matrices (CPM)

Raven's CPM was administered to assess non-verbal intelligence and problem-solving abilities. The child demonstrated average intellectual functioning, thereby ruling out intellectual disability as a primary cause of academic or behavioural difficulties.

This finding was crucial in conceptualising the child's challenges as emotionally and environmentally mediated rather than cognitively driven.

Assessment of Parental Personality Dynamics

Narcissistic Personality Patterns Test (NPPT)

The NPPT was administered to the parent to assess narcissistic personality traits, particularly in the context of parenting.

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Results indicated:

- Elevated entitlement beliefs
- Emotional insensitivity to the child's subjective experience
- Conditional approval
- Low reflective functioning

These traits manifested behaviourally as punitive reactivity, control-oriented parenting, and emotional invalidation, significantly influencing the child's emotional dysregulation.

Assessment–Procedure Correlation

The procedural framework allowed for a dynamic integration of assessment findings, revealing that:

- The child's emotional dysregulation was not isolated, but closely linked to parental narcissistic traits.
- Projective indicators of insecurity and aggression in the child aligned with parental emotional inconsistency and high expectations.
- Cognitive capacity was intact, supporting the decision for behavioural and emotional interventions rather than academic remediation alone.

Ethical Considerations

All procedures were conducted in strict adherence to the Ethical Guidelines prescribed by the Rehabilitation Council of India (RCI) and the broader ethical principles of clinical psychology practice.

- Informed Consent and Assent
- Written informed consent was obtained from caregivers prior to assessment and intervention.
- Age-appropriate verbal assent was obtained from the child.
- The purpose, nature, and limits of assessment and therapy were clearly explained.
- Confidentiality and Data Protection
- All identifying information was anonymised.
- Assessment data and session records were securely maintained.
- Findings were discussed with caregivers in a sensitive, non-stigmatising manner.
- Non-Maleficence and Beneficence

Care was taken to ensure that:

- Interventions were developmentally appropriate.
- Projective assessments were interpreted cautiously.
- Parental feedback avoided blame and focused on insight and skill-building.
- The dual focus on the child and parent was ethically justified as it served the best psychological interest of the child.

Intervention

The intervention plan was structured over 40 child-focused sessions and 10 parental guidance sessions, implemented over a sustained therapeutic period.

- Child-Focused Interventions
- Behaviour Therapy

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Targeted strategies included:

- Reinforcement of adaptive behaviours
- Reduction of aggression through response cost and positive reinforcement
- Structured routines to enhance predictability
- Play Therapy

Play-based interventions facilitated:

- Emotional expression
- Symbolic processing of internal conflicts
- Development of impulse control within a safe therapeutic space
- Cognitive Remediation

Activities focused on:

- Attention enhancement
- Executive functioning
- Task persistence and planning
- Brain Gym Techniques
- Sensorimotor exercises were incorporated to:
 - Improve neural integration
 - Reduce hyperarousal
 - Enhance emotional regulation
- Parental Guidance Sessions

Parental sessions addressed:

- Awareness of narcissistic parenting patterns
- Emotional attunement
- Consistent discipline strategies
- Reduction of punitive and shaming responses
- The therapeutic emphasis was on reflective parenting, emotional validation, and behavioural consistency.

RESULTS

At baseline, the child presented with significant behavioural and emotional difficulties that interfered with academic functioning and interpersonal adjustment. Clinically, the child exhibited high levels of aggression and impulsivity, accompanied by poor frustration tolerance and marked difficulty in sustaining attention on structured tasks. Academic avoidance was frequently observed, particularly in situations requiring sustained effort or performance evaluation. Emotionally, the child appeared rigid, with limited flexibility in affective expression and low self-confidence, often responding to minor challenges with withdrawal or oppositional behaviour. These patterns were consistently noted across clinical interviews, behavioural observations, and projective assessments, indicating pervasive difficulties in emotional regulation and behavioural control.

Parental functioning at baseline revealed patterns that appeared to maintain and exacerbate the child's difficulties. Clinical interviews and behavioural observations indicated a predominantly punitive and control-oriented parenting style. Caregivers frequently responded to the child's behaviours with heightened reactivity, emotional invalidation, and rigid disciplinary practices. Expressions of warmth and emotional attunement were limited,

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and expectations placed on the child were often misaligned with the child's developmental and emotional capacities. The Narcissistic Personality Patterns Test (NPPT) findings further suggested elevated narcissistic traits in the parent, including entitlement, reduced empathic responsiveness, and conditional approval, which contributed to inconsistent emotional availability and reinforcement patterns within the family system.

Following the structured intervention, substantial improvements were observed in the child's behavioural and emotional functioning. Post-intervention observations revealed a marked reduction in aggressive outbursts and impulsive behaviours. The child demonstrated improved attention span, greater task persistence, and increased compliance during structured activities, both within therapeutic sessions and as reported by caregivers. Emotional expression became more adaptive and flexible, with the child showing an enhanced ability to verbalise feelings and tolerate frustration. Overall adaptability improved, with the child responding more constructively to limits and transitions.

Projective reassessment supported these behavioural observations. Post-intervention drawings reflected improved structural integration, better spatial organisation, and more cohesive representation of self and environment. Indicators of emotional disorganisation and anxiety, such as excessive erasures, disproportionate figures, and fragmented forms, were notably reduced. These changes suggested strengthening of ego functioning, improved emotional containment, and reduced internal distress, aligning with gains observed in behavioural regulation and interpersonal engagement.

Parallel changes were evident in parental functioning. Post-intervention, caregivers demonstrated a noticeable reduction in punitive responses and reactive disciplinary practices. There was a consistent increase in emotional warmth, patience, and reflective responding toward the child. Parents exhibited greater consistency in limit-setting and a more balanced approach to discipline, integrating empathy with structure. Importantly, NPPT-informed therapeutic feedback facilitated increased parental insight into their own emotional patterns and parenting responses. This enhanced self-awareness enabled caregivers to recognise the impact of their personality traits on the child's emotional well-being, contributing to more sustained and adaptive behavioural changes within the home environment.

The clinical correlation of assessment findings and therapeutic outcomes highlights the effectiveness of an integrative intervention approach. The combined use of clinical interviews, systematic behavioural observations, projective techniques, cognitive assessment, and parental personality profiling enabled a holistic understanding of the child's difficulties within a relational context. Improvements in the child's emotional regulation and behaviour were closely associated with modifications in parental interaction styles, underscoring the reciprocal influence between child functioning and parental personality-driven dynamics.

In conclusion, the results emphasise the critical importance of addressing parental narcissistic traits when working with children presenting with behavioural and emotional dysregulation. The use of projective techniques proved valuable in accessing the child's internal emotional world, while integrative child-parent interventions facilitated meaningful and sustained change. This case illustrates how systematic, assessment-driven clinical

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intervention can lead to significant behavioural, emotional, and relational improvements in children experiencing complex psychosocial vulnerabilities, in line with contemporary clinical psychology practice.

DISCUSSION

The present case underscores the significant and often under-recognised role of narcissistic parenting dynamics in shaping a child's behavioural, emotional, and learning-related difficulties. The child's presenting concerns particularly aggression, impulsivity, emotional volatility, and academic avoidance were not viewed as isolated intrapsychic deficits but were conceptualised as adaptive and defensive responses to a relational environment characterised by emotional inconsistency, control, and conditional validation. From a developmental and relational perspective, such behaviours may serve as survival strategies through which the child attempts to regain predictability, agency, and emotional recognition within an invalidating interpersonal context.

The assessment findings highlighted a clear convergence between the child's emotional dysregulation and the parent's narcissistic personality traits. Elevated narcissistic patterns, as identified through the Narcissistic Personality Patterns Test (NPPT) and corroborated by clinical interview and behavioural observation, revealed tendencies toward emotional insensitivity, punitive reactivity, and rigid control. These parental traits appeared to compromise the child's capacity for emotional containment and self-regulation, thereby reinforcing maladaptive behavioural expressions. Importantly, the use of structured personality assessment allowed these dynamics to be understood phenomenologically and functionally, rather than moralistically, facilitating clinical insight without pathologising the caregiver.

Projective techniques administered to the child further supported this relational formulation. Indicators of emotional insecurity, fragile ego strength, and internalised tension observed in the Draw-A-Person and House-Tree-Person tests were consistent with an environment lacking emotional attunement and stable containment. These findings align with attachment-based and family-systems theories, which posit that children exposed to inconsistent or self-referential caregiving often externalise distress through aggression, oppositionality, or withdrawal. In this case, the child's behavioural difficulties were better understood as relationally mediated expressions of unmet emotional needs rather than as solely neurodevelopmental or conduct-related pathology.

A key contribution of this case lies in demonstrating the clinical utility of integrating parental personality assessment into child-focused interventions. The NPPT findings informed the structure and content of parental guidance sessions, enabling targeted psychoeducation around emotional attunement, consistency, and reflective responding. Therapeutic gains in the child became most pronounced when parental responses shifted from punitive and reactive to predictable, neutral, and emotionally responsive. This temporal association supports family-systems and transactional models of psychopathology, which emphasise the bidirectional influence between child behaviour and parental functioning.

The findings are congruent with existing literature suggesting that untreated narcissistic traits in parents may function as maintaining or exacerbating factors in childhood psychopathology, particularly in conditions involving emotional dysregulation, behavioural

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disturbances, and learning-related challenges. When parental personality dynamics remain unaddressed, child-focused interventions alone may yield limited or transient benefits. Conversely, when parental insight and behavioural modification are incorporated into the treatment process, more stable and generalisable improvements in child functioning can be achieved.

Overall, this case reinforces the importance of adopting an integrative, systems-oriented clinical approach in child and adolescent mental health practice. By combining child-centred therapeutic techniques with informed parental intervention grounded in structured personality assessment, clinicians can move beyond symptom reduction toward addressing the relational contexts that sustain psychological distress. Such an approach is particularly relevant in culturally nuanced settings, where parental authority and control may be normative yet psychologically impactful. The present findings advocate for the routine consideration of parental personality dynamics in the assessment and treatment of complex childhood behavioural and emotional presentations.

CONCLUSION

The present study underscores the critical importance of adopting a systemic and relational approach in child-focused psychological interventions. The findings clearly demonstrate that effective and sustainable change in a child's emotional, behavioural, and learning-related functioning cannot be achieved by working with the child in isolation. Rather, meaningful therapeutic outcomes emerge when parental personality dynamics are carefully assessed, understood, and therapeutically addressed as an integral component of the intervention process.

The structured and longitudinal intervention model employed in this study; combining behaviour therapy, learning and cognitive remediation, play-based emotional processing, and consistent parental psychoeducation resulted in significant improvements across multiple domains of child functioning. Observable gains were noted in emotional regulation, impulse control, frustration tolerance, task persistence, and learning readiness. These improvements were not merely symptomatic but reflected deeper changes in the child's capacity to manage internal distress, engage adaptively with environmental demands, and experience a greater sense of emotional security.

A key contribution of this study lies in its emphasis on parental personality assessment, particularly the evaluation of narcissistic personality patterns using the Narcissistic Personality Patterns Test (NPPT). The findings highlight how parental traits such as emotional invalidation, control-oriented interactions, and punitive reactivity can function as maintaining or exacerbating factors in child psychopathology. Therapeutic feedback and guidance informed by NPPT findings facilitated enhanced parental self-awareness, greater emotional attunement, and more consistent, reflective parenting practices. These parental changes were closely associated with the child's post-intervention improvements, reinforcing the reciprocal nature of parent-child dynamics.

Additionally, the use of projective techniques (such as DAP and HTP) alongside cognitive measures contributed to a nuanced understanding of the child's internal emotional world, self-perception, and relational anxieties. The integration of these tools within the assessment framework allowed for clinically rich formulation beyond surface-level symptom

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presentation, thereby informing more targeted and developmentally sensitive interventions. The study thus supports the continued relevance and clinical utility of projective and personality-based assessments in contemporary child guidance settings, particularly when used as part of an integrative, hypothesis-driven formulation.

Overall, this research advocates for a paradigm shift in child clinical practice, urging clinicians to move beyond child-centric models toward family-informed and personality-sensitive formulations. Recognising and addressing parental personality dynamics not only enhances therapeutic effectiveness but also promotes long-term relational stability and emotional resilience in the child. The findings call for broader incorporation of parental personality assessment tools, such as NPPT, and projective techniques within routine child guidance services. Future research with larger samples and longitudinal follow-up is warranted to further validate these findings and strengthen evidence-based, integrative models of child and family intervention.

Limitations

- Single-case design
- Lack of standardised post-test scores
- No long-term follow-up

Ethical Considerations

- Informed consent obtained
- Confidentiality maintained
- Non-pathologizing approach to parental traits
- RCI ethical guidelines followed

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Conflict of Interest

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