

“I Am Not Sick, I Don’t Need Help!”

LEAP[®] to help persons with mental illness accept treatment and services



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Xavier Amador, Ph.D.

Director, The LEAP Institute



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RESEARCH TO PRACTICE



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A non-profit organization founded on Valentines Day 2017 by Xavier Amador, Greg Adams & Maria Amador. Board of Directors includes national leaders in mental health advocacy, policy, education and lived experience.

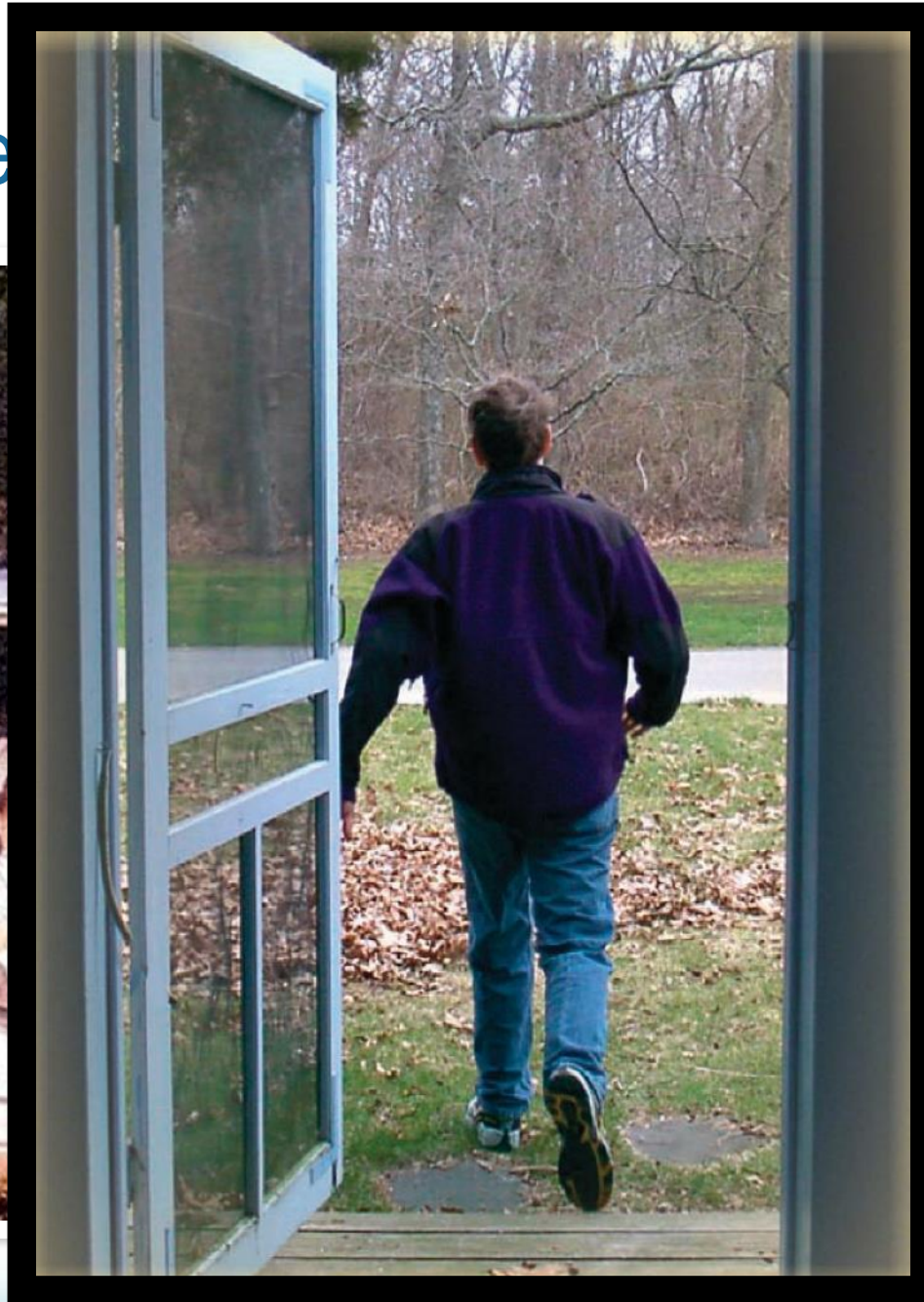
We are dedicated to serving family caregivers of persons with serious mental illness and addiction, professionals, and others involved in the care, recovery, and safety of persons suffering from these conditions.

Mission Educate the public about the unmet needs of persons with serious mental illness and anosognosia.

Top Goal Provide hands-on training, education & support to individuals and organizations to more effectively and immediately help those suffering from these disorders.

- **LEAP® Course (& Upcoming online Training)**
- **Train-the-Trainer Certification**
- **Anosognosia Awareness Campaign**
- **LEAP® Network of Professionals and Family Support**

Poor insight and re



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“Denial” of illness in the news

Poor insight into schizophrenia and bipolar disorder is so common...

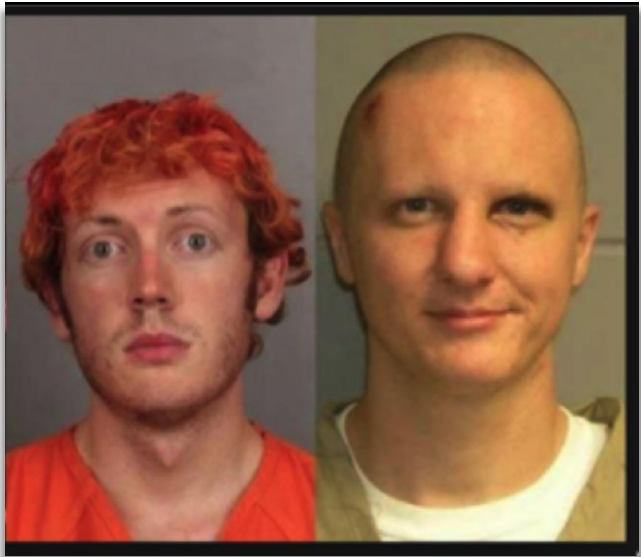


...news stories involving such persons appear nearly every day.

Amador et al. *Schizophr Bull.* 1991; 17:113-132; Amador. *I am not sick, I don't need help! How to help someone with mental illness accept treatment.* New York: Vida Press; 2012



Headlines emphasize “violence” rather than “*barriers to treatment.*”



“Denial” of illness

Denial impairs common-sense judgment about the need for treatment and services. **Yes?**

– But are we dealing with denial?

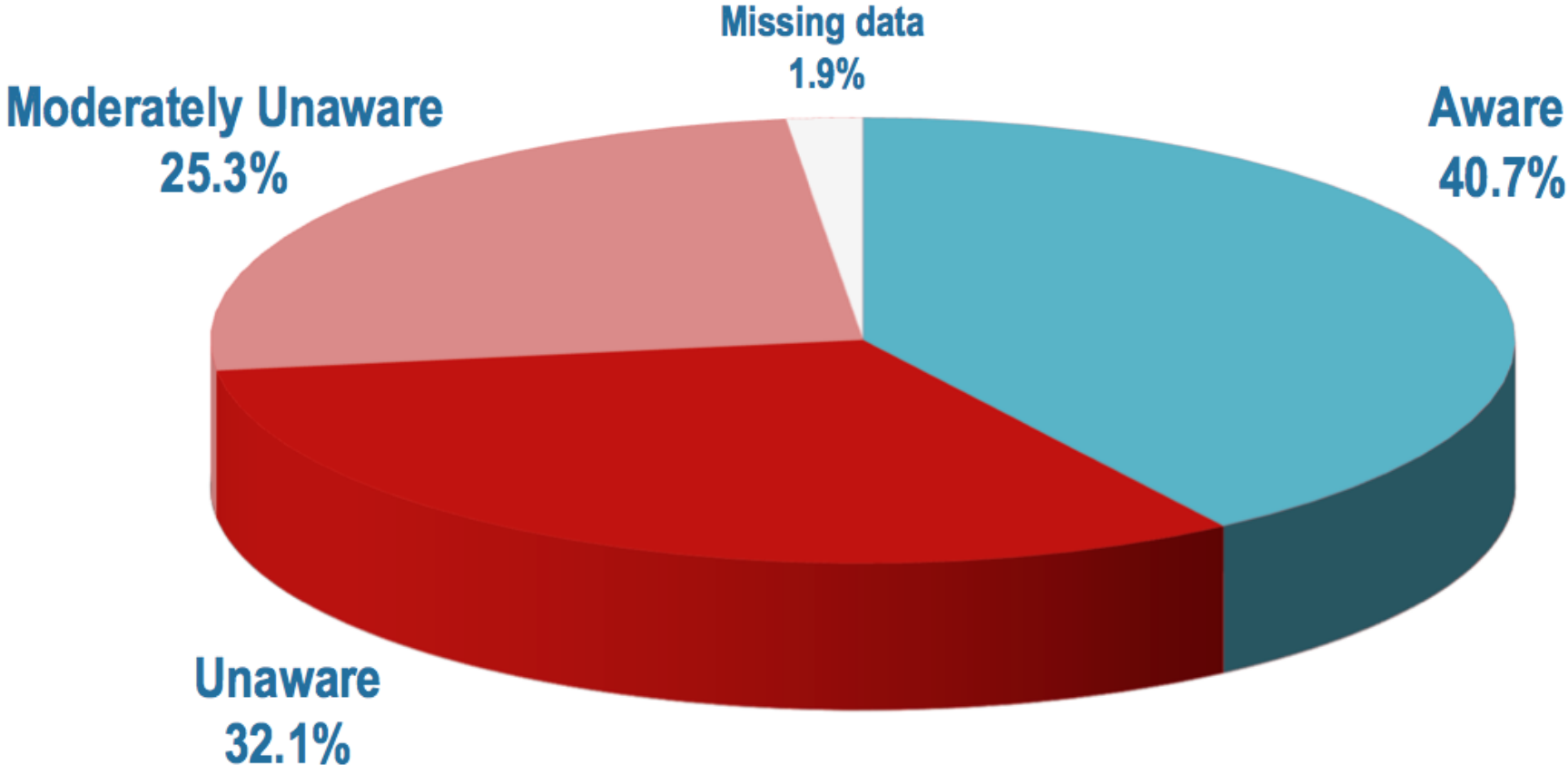
“Anosognosia”

Ann knows egg...
NOSIA

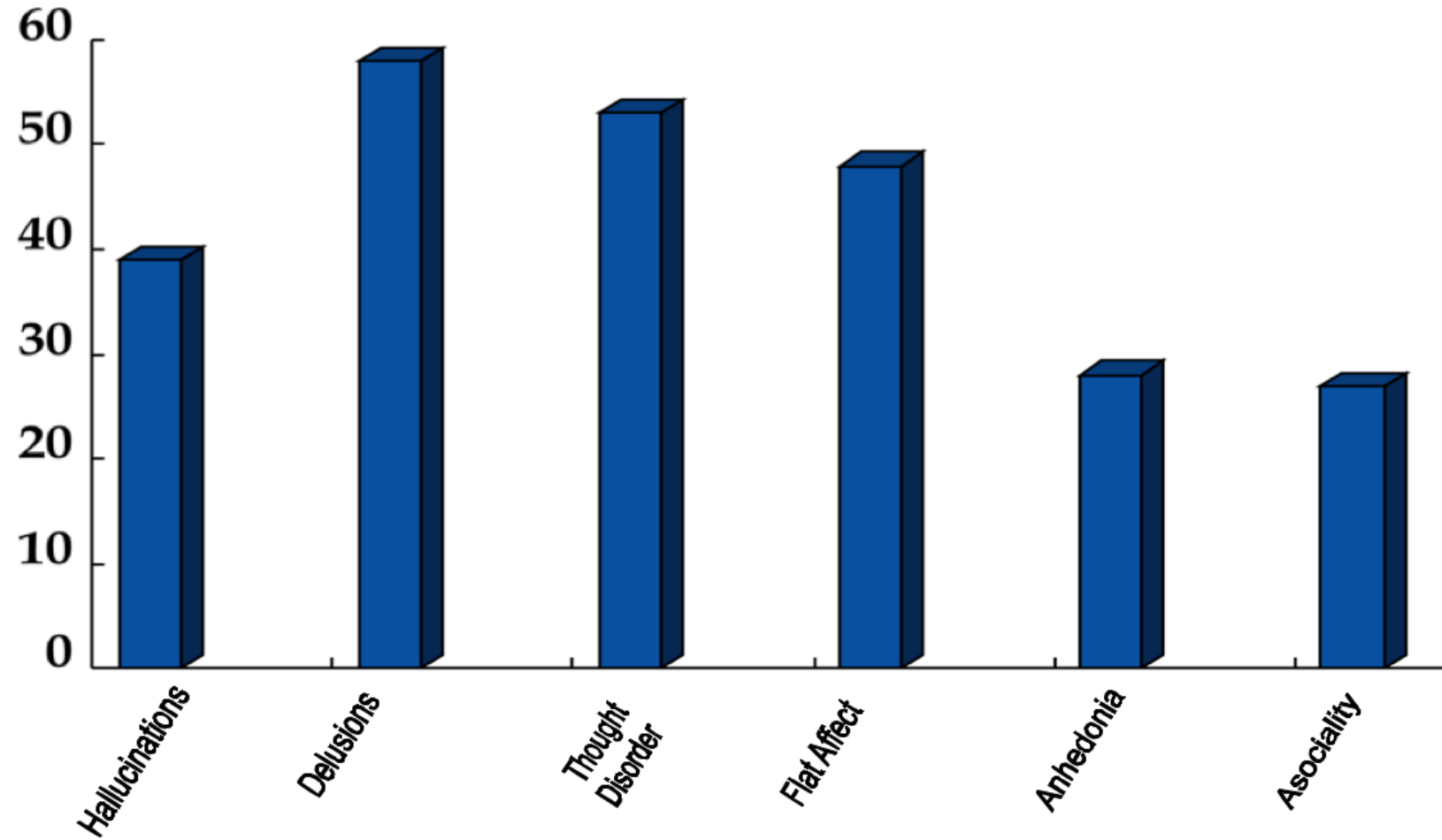


Unawareness of Mental Disorder

DSM-IV field-trial–study patients with schizophrenia (n=221)



Unawareness of the Symptoms of Mental Illness



Amador XF, et al. Arch Gen Psychiatry. 1994;51(10):826-836.



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Other problems with Awareness of Symptoms

50% of patients with Schizophrenia are unaware
of having Tardive Dyskinesia

Rosen, et al. *American Journal of Psychiatry*. 1982.
Tremeau, et al. *Schizophrenia Research*. 1997.
Arango, et al. *Schizophrenia Research*. 1999.
Caracci, et al. *American Journal of Psychiatry*. 1990.



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The problem with oral antipsychotic medications?

People either refuse or stop taking them without telling anyone

- Between 50% and 75% of patients with schizophrenia exhibit full or partial nonadherence to pharmacological treatment (Rummel-Kluge, 2008)
- Within 7 to 10 days of medication initiation (Keith & Kane, 2003)
 - 25% are noncompliant
 - 50% are off medication after 1 year
 - Up to 75% after 2 years
- Approximately 33% reliably take medication prescribed (Oehl, 2000)



Insight and adherence

- Awareness of being ill (insight) is among the top 2 predictors of long-term medication adherence
- What is the other top predictor?
 - **Relationship with someone who:**
 - Listens to you without judgment
 - Respects your point of view
 - Would like to see you try treatment

Insight and adherence

**We never “win” on the strength of our argument,
we win on the strength of our relationship.**



Front Line Treatments?

Our Relationships



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DSM-IV-TR™

Schizophrenia and other psychotic disorders

Drs. Xavier Amador and Michael Flaum, co-chairs

- **DSM:** Diagnostic and Statistical Manual of Mental Disorders
- **Text Revised (TR)** to insure that the description of these disorders was based on science, not one person or one group's opinion.
- The process was a **Peer Review** process resulting in Scientific Consensus.

What did this process reveal?

DSM-IV-TR™

Schizophrenia and other psychotic disorders

Drs. Xavier Amador and Michael Flaum, co-chairs

- **A majority of individuals with schizophrenia have poor insight** regarding the fact that they have a psychotic illness. **Evidence suggests that poor insight is a manifestation of the illness rather than a coping strategy.**
- It may be **comparable to the lack of awareness of neurological deficits seen in stroke, termed anosognosia.**
- This **symptom predisposes the individual to noncompliance with treatment** and has been found to be predictive of higher relapse rates, increased number of involuntary hospital admissions, poorer psychosocial functioning, and a poorer course of illness. **(page 304)**

DSM-5™

Schizophrenia and other psychotic disorders

Dr. William T. Carpenter. Chair (Text submitted by Dr. Xavier Amador)

- **Unawareness of illness is typically a symptom rather than a coping strategy.** It is comparable to the lack of awareness of neurological deficits following brain damage, termed **anosognosia**.
- **This symptom is the most common predictor of nonadherence to treatment.** It has been found to predict higher relapse rates, increased number of involuntary treatments, poorer psychosocial functioning, aggression, and a poorer course of illness. [\(page 101\)](#)



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Diagnostic and Statistical Manual of Mental Disorders. 5th ed.. Washington DC, APA, 2013.

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Anosognosia

Language matters

Do NOT say:

- *Does not accept s/he has an illness*
- *Refuses to acknowledge...*
- *Denies s/he has...*
- *Doesn't admit s/he has...*
- *Won't admit...*
- *Refuses to admit...*



Anosognosia

Language matters

DO say:

- *Cannot comprehend s/he has an illness*
- *Is unaware s/he has...*
- *Unable to see or understand...*
- ***Has anosognosia for mental illness***



Anosognosia for mental illness:

What does it FEEL like?



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When dealing with anosognosia for mental illness...

The *father, mother, police officer, and doctor knows best* approach does not work, because collaboration is a goal, not a given.

Do not expect:

- Gratitude
- Receptiveness
- Adherence

Do expect:

- Frustration, Anger, Hostility, Fear and Suspicion
- Loneliness and demoralization
- Overt and secretive “non-compliance”



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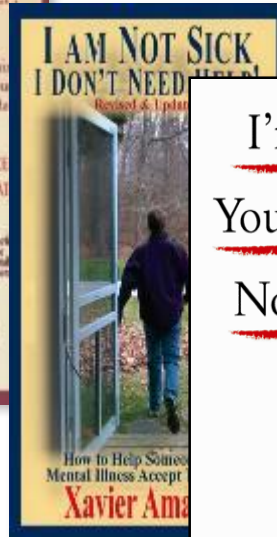
The LEAP approach

- Listen
- Empathize
- Agree
- Partner

- Delay
- Opinion (3 A's)
- Apologize



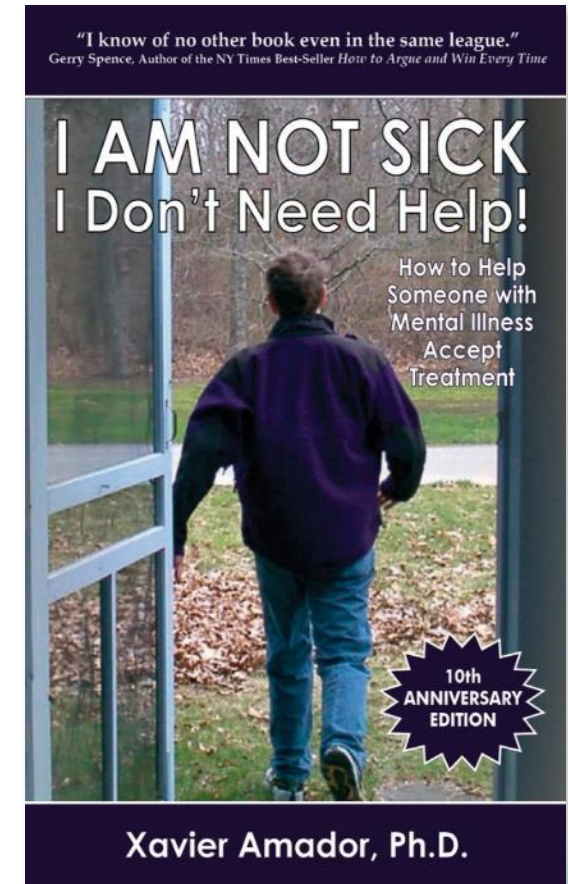
2000



2007



2008



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LEAP

The LEAP approach

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The LEAP[®] Program is focused on developing relationships that result in acceptance of treatment & services

Based on MAIT, Xavier Amador & Aaron T. Beck (1998)
Over the past 19 years LEAP has taught to tens of thousands globally (EU, USA, Asia Pacific)



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Paillot, Celine, M. Double Blind, Randomized, Controlled Study of [LEAP] Designed To Improve Motivation for Change, Insight into Schizophrenia and Adherence to Medication. *Schizophrenia Bulletin*, 2009; 35: 343; Ihm, M, A Fidelity Study of Listen-Empathize-Agree-Partner (LEAP) with Assertive Community Treatment (ACT) Mental Health Clinicians, Columbia University, Dissertation Abstracts International, 2012

The 7 LEAP TOOLS

LEAP: Listen, Empathize, Agree, Partner

- **L**isten – (*reflectively & judgement-free*)
- **E**mpathize – (*strategically*)
- **A**gree – (*where you can*)
- **P**artner – (*common goals*)

- **D**elay – (*giving “painful” opinions*)
- **O**pinions – (*give with humility & respect*)
- **A**pologize – (*for hurtful acts & interactions*)



Thank You!

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www.LFRP.org

Bring LEAP to your affiliate!

Email us: TrainerSupport@LEAPinstitute.org



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