“I Am Not Sick, I Don’t Need Help!”

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

2019 NAMI National Convention

June 20, 2019

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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 relationships
“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.

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


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Unawareness of Mental Disorder

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

- Unaware: 32.1%
- Moderately Unaware: 25.3%
- Aware: 40.7%
- Missing data: 1.9%


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Unawareness of the **Symptoms** of Mental Illness


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Other problems with Awareness of Symptoms

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

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
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?*
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)
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)
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?
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”
The LEAP approach

– Listen
– Empathize
– Agree
– Partner
– Delay
– Opinion (3 A’s)
– Apologize

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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)

The 7 LEAP TOOLS

**LEAP: Listen, Empathize, Agree, Partner**

- **Listen** – *(reflectively & judgement-free)*
- **Empathize** – *(strategically)*
- **Agree** – *(where you can)*
- **Partner** – *(common goals)*

- **Delay** – *(giving “painful” opinions)*
- **Opinions** – *(give with humility & respect)*
- **Apologize** – *(for hurtful acts & interactions)*
Thank You!

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Bring LEAP to your affiliate!
Email us: TrainerSupport@LEAPinstitute.org

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