

“I AM NOT SICK, I Don’t Need Help!”

LEAP® to help people with mental illness accept treatment and services.

LEAP® OVERVIEW

CACJ Annual Training Conference 2024

PRESENTED BY

Jim Fix, Psy.D.

Senior LEAP Faculty Trainer



HENRY AMADOR
Center on Anosognosia

Dr. Jim Fix, Psy.D.

PRESENTER | Clinical Psychologist



- **20+ Years Crisis Intervention, Emergency Departments and Criminal Justice**
- **Psychiatric Evaluation Team (PET) Lead at Sharp Health San Diego, CA**
 - Direct patient care with ER, Medical Floors & Behavioral Health Hospitals
- **Psychiatric Emergency Response Team (PERT) Fmr. Executive Director**
 - Developed & Facilitated Crisis Intervention Training (CIT) for SD County Law Enforcement
- **Sr. LEAP Faculty Member and Trainer** – Dr. Xavier Amador Co-Facilitator
- Family caregiver of relative with serious mental illness.



HENRY AMADOR
Center on Anosognosia



HENRY AMADOR

Center on Anosognosia

Nonprofit 501c3 · Founded 2017, New York · HACenter.org

Help people with serious mental illness
who can't comprehend they are ill — **accept treatment & recover**



Anosognosia

Why people refuse help?



LEAP[®] Program

Create relationships that
lead to treatment.



Families, Community & Professionals

Train the people who
need it most.

Poor insight and re



“Denial” of illness in the news

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

The Charlotte Observer
WEDNESDAY, OCTOBER 18, 2006 • www.charlotte.com

INSIDE
Business | 10
Spirits to cut 465 jobs in Lancaster
Carolina tenters took another hit Tuesday when Springs Club announced it will cut 465 jobs in Lancaster County as it makes more work to South America.

Business | 10
Spinoff projects boost revitalization
Small, innovative projects to cheer in older neighborhoods are a Sertig Big Thing. Business columnist Doug Smith says.

Local & State | 18
Flair, ex-wife battle over football tickets
Disillusioned amateur Rex Flair and his ex-wife, Elizabeth, were in court over

Carolina Living | 11
Providence High grad on 'Top Chef'
Tara Talbot, who grew up in Charlotte, will appear on Bravo's culinary hit 'Top Chef.' The girl who spent working at Dean & DeLuca in Phillips Place.

Blue in the News

Stalker Arrested
1ST DECREASE SINCE APRIL 2003
Home sales slip a sign? Wait and see
Agents unfazed yet, cite slowdown in other cities for 2.7% dip here

By ALLEN SHAWMON
news@theobserver.com
Following slowing sales and falling prices in cities across the country, monthly home sales in the Charlotte area were down in September — the first drop in more than three years.
Likewise, the most often cited measure of home sales, S&P's percent from September a year ago, it's a small drop, but the decline continues sharply with August, when changes in homes, condos and townhouses sold through Carolina Multiple Listing Service were up 17 percent.
National real estate agents say they wait to see whether the September drop is a monthly blip or signals a deeper decline. Either way, they agree that buyers and sellers must adapt to new market demands. Sales of the most expensive homes have been especially hard hit.
Agents say slower sales in other cities have stalled business in Charlotte. Their clients can't

CRUSADERS
extent of Ray's problems became apparent 13 days ended her misery at age 46, knowing before an uncontrollable crisis in a remote Colorado valley on Oct. 3, 1996.
For David it was another blow in a 30-year cycle of tragedy. Ray was the third of four children to the other a short but troubled life. Not all of them were diagnosed, but David believes they all suffered from schizophrenia. Ray's death prompted David into action. In 1999 she joined the nationally known Alliance for the Mentally Ill and now provides care as a volunteer near her Greenville, S.C., home. "When Ray died," she says, "I thought, 'I'm not hiding anymore.'"
Now David, a retired nurse, runs a support group and lectures on the signs to inform laws affecting the mentally ill. Most recently she has tried to get funding for mental health education in schools. "She pushes that it's important for families to know they are not alone. But there is that light," says NAMI's Carolina program director and anti-bullying director Traci Zankley. David's own experience speaks volumes. Related in Chicago she and colleague interviewed George Ray in 1999, although she knew that a history of mental instability, one that eventually manifested itself as rage, paranoia and alcohol abuse. "The last thing I believed in line companies," says one of the men. "But for a time it seemed to be." "We lived in a little high house on a hill," says Traci, who has managed the disorders that plagued his siblings. "My mom and dad were very loving. My brother Bill was a big, handsome kid who enjoyed sports. My sister was popular. My little brother [David] was into

My bright, beautiful, average educated girl" David says Margaret Ray (left) left in 1996, leaving a behind. David says she was arrested several times for harassing Lafferman. "She looked like"

dropped out of morning school and started carpenter Gary Johnson and Scott Mac, now 30, Anna Lisa, 28, an attorney and medical health insurance, jobs, 30, and Pat, 23 (Alex, 30) came from a later relationship. But her marriage ended as she grew more erratic. Ray's family had no inkling of her obsession with Lafferman until it hit the media. Lafferman hospitalized after many of the incidents, she would call him on medication, then stop her pills and refuse. After being taken custody of grandson Alex, David was bed helplessly in her daughter's apartment. "Peggy was so charming," she says, "hard work."

Now she began to prevent others from expressing her anger. "When people ask me how I can do this, I say I don't know," David says. "I just know I have to."

By Michael Jackson, Amy West in present and New Delhi in India

NORTHEAST CHARLOTTE
School's parents return to books
Innovative Highland Renaissance hints just effort by CPCC, church

By PETER SHAWMON
news@theobserver.com
Reine McCandless' daughter was getting ready to graduate from high school. McCandless had always emphasized the importance of school to her six children. But as they gathered for a celebratory weekend, she had a confession.
I got pregnant when I was a junior in high school. I dropped out.
"They were shocked," McCandless, 31, recalled Tuesday.
But when she told them she was attending in a new program at Highland Renaissance Academy, where her two youngest attend elementary school, she was going to try staying for

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



“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***



Diagnostic and Statistical Manual of Mental Disorders. 4th ed (Text Revision). Washington, DC, APA, 2000.

What Was Known In The Scientific Literature?

VOL. 17, NO. 1, 1991

Awareness of Illness in Schizophrenia

113

by Xavier F. Amador, David H. Strauss, Scott A. Yale, and Jack M. Gorman

What did we learn?

Abstract

This article reviews the literature on "poor insight" or unawareness of illness in schizophrenia. A large body of knowledge representing several different perspectives on insight has developed. This work can be divided into three broad categories, suggesting an important role for insight in the phenomenology, pathophysiology, and treatment of schizophrenia. The argument is made here that many of the self-awareness deficits observed in schizophrenia are of diagnostic significance, are neurally based, and are indispensable in guiding treatment decisions. In addition,

This article reviews the literature on unawareness of illness in schizophrenia. We will begin by focusing on the relevance of insight to diagnosis and classification in schizophrenia. Next, we will discuss research on unawareness of deficits; this work coming largely from the neurological literature, bears on issues of etiology and pathophysiology in schizophrenia. Finally, we will review studies that assess insight as a predictor of treatment compliance and outcome. We will argue throughout that many of the self-awareness deficits observed in schizophrenia are of diagnostic significance, are neurally based, and are

Early Research Findings

In 1990 we reviewed the psychiatric literature (Descriptive Validity):

- Carpenter et. al., WHO IPSS (1973)
- Wilson et. al., (1986)
- McEvoy et. al., (1989a, 1989b)

Where else do we see anosognosia?

- McGlynn & Schacter, (1989): *Frontal lobes involved in Anosognosia in Neurological Disorders*

OUR HYPOTHESIS

***Schizophrenia patients with frontal lobe dysfunction
are more likely to be unaware of their illness***

Evidence from Brain Imaging and Post-mortem Studies

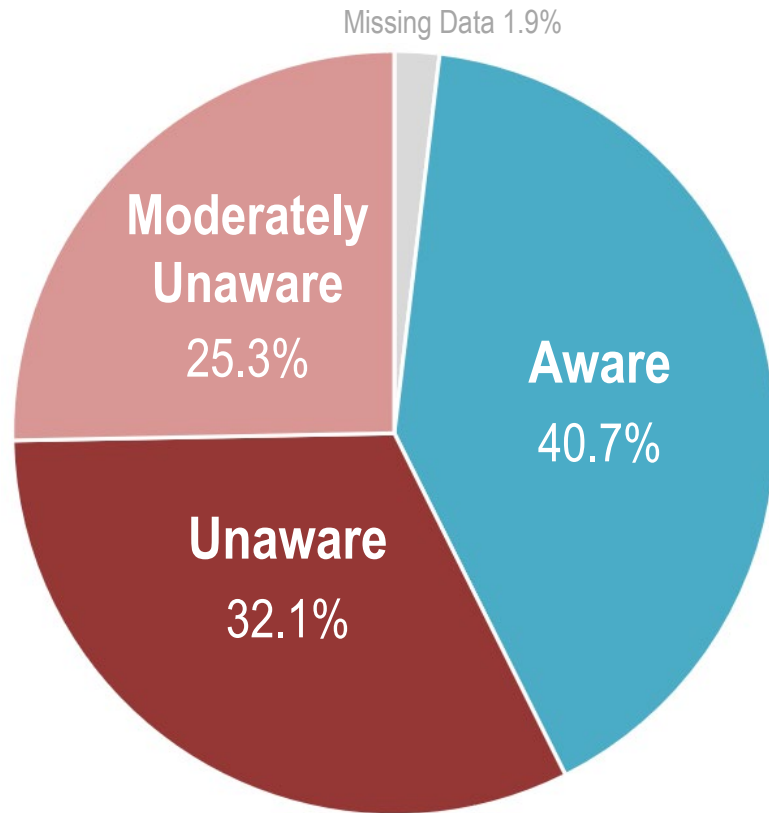
20 Studies compared the brains of schizophrenia patients with and without awareness of illness (1992 – 2017).

- All found significant differences (between aware and unaware subjects) in one or more brain structures.
- A variety of anatomical structures are involved, anterior insula, anterior cingulate cortex, and the medial frontal cortex.
- Three of the above studies included individuals who *had never been treated with medication*: These brain differences did not result from medication.



ANOSOGNOSIA

Unawareness of Mental Illness



DSM-IV field-trial—study patients with schizophrenia (n=221)
Amador XF, et al. Arch Gen Psychiatry. 1994;51(10):826–836.

Unawareness of Symptoms



- **Delusions**
- **Thought Disorder**
- **Hallucinations**
- **Flat Affect**
- **Anhedonia** (lack of pleasure)
- **Asociality** (social isolation)



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)**




Schizophrenia and Other Psychotic Disorders

Published 2022 (Pages 116 & 123)

- **. Unawareness of illness is typically a symptom of schizophrenia itself rather than a coping strategy.** It is comparable to the lack of awareness of neurological deficits following brain damage, termed **anosognosia**
- **[It] includes unawareness of symptoms and may be present through the entire course of schizophrenia.**
- **Anosognosia is also common in Schizoaffective Disorder.**
- **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.

Awareness of Illness and Treatment Adherence

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



What do we know about Anosognosia of Illness and Acceptance of Treatment?

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

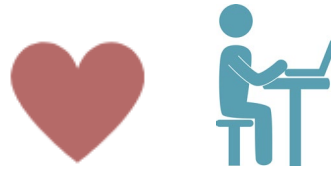


Anosognosia for mental illness:

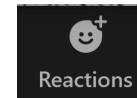
What does it **FEEL** like?



webcam



partner/ married & working



Raise Hand

volunteer



When helping someone with anosognosia for mental illness...

The “*father, mother, police officer, therapist 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, Suspicion
- Loneliness, Depression & Isolation
- Overt and Secretive “Non-Compliance”



The LEAP[®] Approach

Listen

Empathize

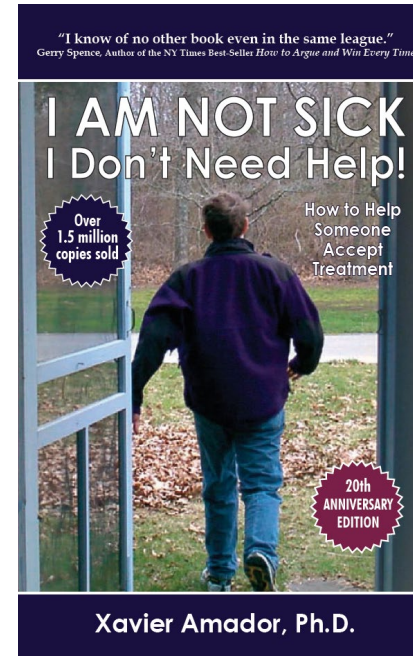
Agree

Partner

Delay

Opinion (3 A's)

Apologize



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

Based on MAIT, Xavier Amador & Aaron T. Beck (1998)
Over the past 20 years LEAP has taught to tens of thousands globally (EU, USA, Asia Pacific)



Overview – 7 LEAP® Tools



Listen	Reflect back without judgement, reactions, or contradictions
Empathize	Express empathy for feelings coming from delusions, anosognosia & desires
Agree	Find areas of agreement—abandon your goal of agreeing the person is sick
Partner	Move forward to achieve common goals that you <u>can</u> partner on
Delay	Delay giving hurtful and contrary opinions—redirect and ask permission
Opinion	With humility, give your opinion in a way that respects the person's perspective
Apologize	For acts & interactions that feel disrespectful, frustrating or disappointing

Learning LEAP is just like learning a new language: PRACTICE MAKES PERFECT

General Guidelines



Step I Absorb what you've heard (Reflectively Listen)

Step II Emotionally connect (Empathize, Apologize, etc.)

Step III Now you can problem solve (Agree & Partner)

Use each of the 7 LEAP Tools as you need them

THANK YOU!



HENRY AMADOR
Center on Anosognosia

Free Resources & Updates

HACenter.org

... & PLEASE COMPLETE ASSESSMENT

