

# **“I AM NOT SICK, I Don’t Need Help!”**

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

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## **LEAP® OVERVIEW**

CACJ Annual Training Conference 2022

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<sup>®</sup> Program

Create relationships that  
lead to treatment.



### Families, Community & Professionals

Train the people who  
need it most.

# Poor insight and re





**...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

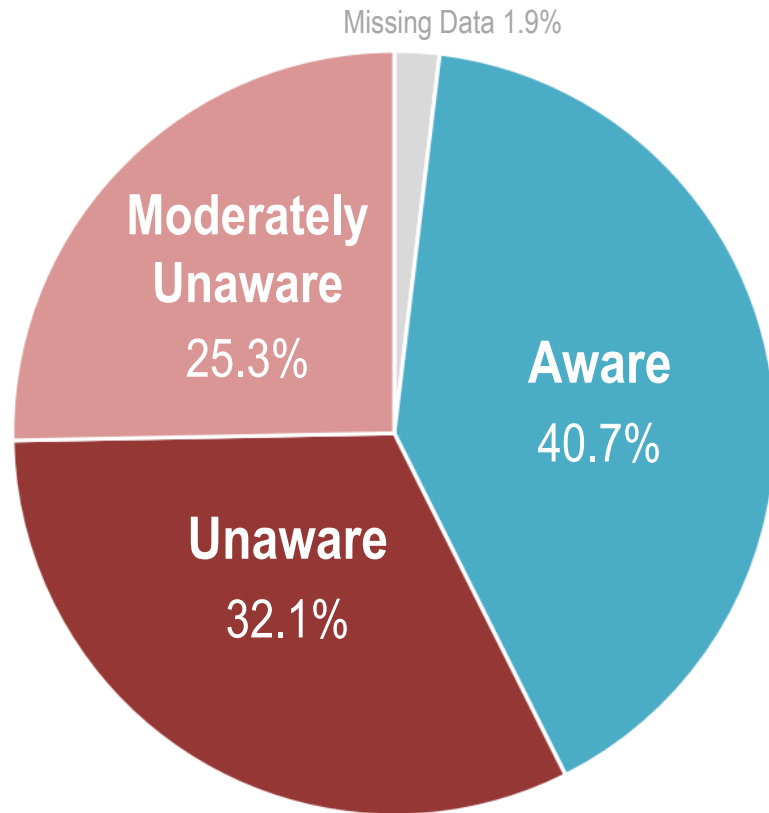
**20 Studies compared the brains of schizophrenia patients with and without awareness of illness (1992 – 2017).**

- 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



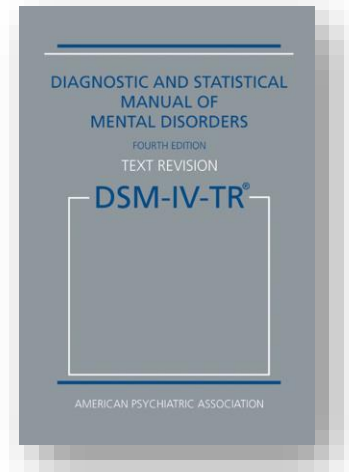
- **Delusions**
- **Thought Disorder**
- **Hallucinations**
- **Flat Affect**
- **Anhedonia** (lack of pleasure)
- **Asociality** (social isolation)



# DSM-IV-TR™

## Schizophrenia and Other Psychotic Disorders

Drs. Xavier Amador and Michael Flaum, Co-Chairs



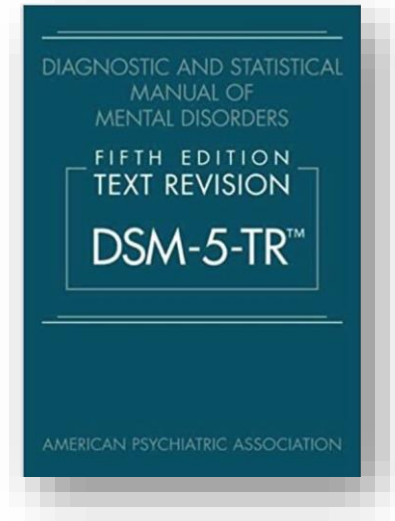
- **A majority of individuals with schizophrenia have poor insight** regarding the fact that they have a psychotic illness. **Evidence suggests that poor insight is a manifestation of the illness rather than a coping strategy.**
- It may be **comparable to the lack of awareness of neurological deficits 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)**



# DSM-5-TR™


## 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:

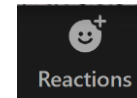
# What does it **FEEL** like?



webcam



partner/ married & working



Reactions



**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<sup>®</sup> Approach

Listen

Empathize

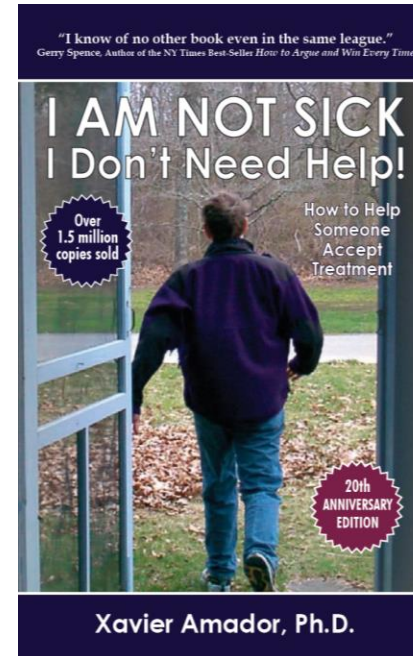
Agree

Partner

Delay

Opinion (3 A's)

Apologize



**LEAP<sup>®</sup> 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

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

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



# General Guidelines

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**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

