SUMMARY

LEAP (Listen - Empathize - Agree - Partner)

What is Anosognosia?



The #1 reason why people with serious mental illness (SMI) do not accept help or treatment is due to a "lack of insight" into being ill, known as anosognosia—a neurological symptom that leaves a person unable to understand that they are ill, consequently becoming non-compliant, treatment resistant, and isolated.

Anosognosia causes refusal of treatment, worsening of symptoms over time, and other devastating outcomes—including involuntary hospitalizations, homelessness, criminalization, and suicide.

It's not denial—it's a disorder.

What is LEAP?

LEAP (Listen - Empathize - Agree - Partner)[®] is an evidence-based communication skillset that helps family and professionals create therapeutic alliances and trusting relationships with people suffering from serious mental illness and anosognosia.

Designed to build and strengthen mutual respect, it helps people who are non-adherent, or partially adherent, to become more cooperative, engaged in treatment and services, and recover.

LEAP was developed by Dr. Xavier Amador, clinical psychologist, forensic expert, author of *I AM NOT SICK, I Don't Need Help!*, and Co-Founder of the **Henry Amador Center on Anosognosia** <u>HACenter.org</u>

TOOL	SKILLSET
(L) Listen®	 Listen reflectively to delusions, anosognosia, and desires without any judgement and instead communicate genuine respect.
(E) Empathize®	 Strategically express empathy without reality-testing and actively normalize the person's experience.
(A) Agree®	 Identify areas of agreement; agree to disagree.
(P) Partner®	 Quickly form partnerships and move forward to achieve common goals (ultimately linked to acceptance of treatment and services).
Delay®	 Respectfully delay giving contrary opinions and redirect conversation.
Opinion—3 As®	 Give recommendations and non-judgmental opinions in a manner that communicates respect and results in trust.
Apologize®	• Apologize for words and actions that harmed the relationship.

The 7 LEAP Communication Tools



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Reflect back without judgement, reactions, or contradictions — and <u>with respect</u>.

TIPS

- Drop your agenda.
- Your Goal:
 - 1. <u>Understand</u> what the person with SMI is saying.
 - 2. <u>Convey</u> that understanding.
- When you are doing it right, you are asking a lot of questions.

SCRIPT

- What you're saying is (reflect what they said)... Did I understand you?
- What I'm hearing you say is (reflect)... Right?

Remember!

- You will <u>not</u> make "IT" worse (e.g. delusions, insight, opinion about meds)
- Beware of **Common Old Habits**:
 - Omitting Important Things
 - \circ Reacting
 - Rushing to Empathy



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Strategically express empathy for feelings coming from delusions, anosognosia, fears and desires.

TIPS

- Connect with the feelings that most people ignore.
- Normalize.
- Do not correct or contradict.

SCRIPT

- I would be scared too, anyone would be.
- You sound angry because (reflect what they said)... Right?
- You sound very frustrated because (reflect).
- It sounds like you hate the meds and you're tired of me telling you to take them. Yes? I'd be angry too.

Remember!

- These are the most important feelings to connect with, because:
 - They leave the person feeling isolated.
 - No one empathizes with them. If so, rarely in a non-judgmental way.
 - They drive family and professionals away.



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DELAY & GIVING YOUR OPINION

By asking permission to delay giving your opinion, you empower the other person.

TIPS

- **DELAY** <u>contradicting and hurtful</u> opinions—honor question and redirect conversation.
- Give your **OPINION**, only if necessary—<u>humbly and respectfully</u>.
- **APOLOGIZE** for acts or interactions that hurt the person—also a good way to open conversations.

Remember!

• Don't use "BUT"

SCRIPT

DELAY

- *I promise to answer your question*. If it's alright with you, I would like to hear more about why (you hate the medicine). Would that be OK?
- I would like to keep listening to your views on this, because I am learning a lot I didn't know. Can I tell you later what I think?
- Your opinion about this is more important than mine. Can you tell me more, and I will tell you my opinion after?



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GIVING YOU OPINION—Using The 3 A's

You asked, so I'll tell you (state your opinion).
 Followed by statement using the 3 A's:

APOLOGIZE

- I'm sorry.
- I want to apologize because my views might feel hurtful or disappointing.

ACKNOWLEDGE FALLIBILITY

- I could be wrong. I don't know everything. I don't need to be right.
- All I know is that I would like you to (take the medicine). Maybe I am crazy for wanting this.

AGREE

- I hope that we can agree to disagree.
- I respect your opinion and I hope you can respect mine.
- I hope we don't argue about this because there's so much we agree on and I'd rather focus on that if it's OK with you.
- I just want to have a good relationship with you.