

I am Not Sick, I Don't Need Help!

Help people with mental illness accept treatment and services.

**Arkansas Behavioral Health Integration
Network**

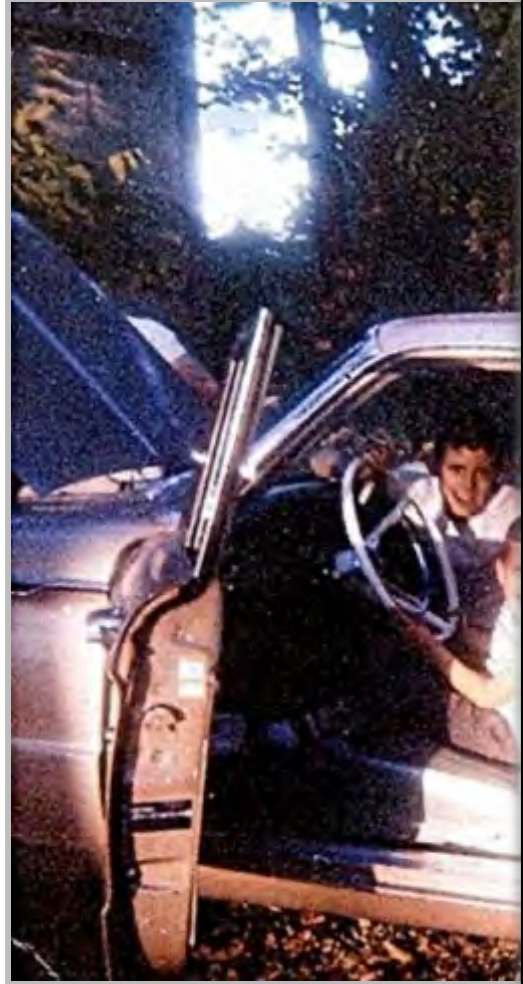
December 8th 2022

Presenter

Xavier Amador, Ph.D.



Poor insight and rel





Stories of "Crimes" Rather than Stories of Recovery



“Denial” of illness in the news

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



...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?

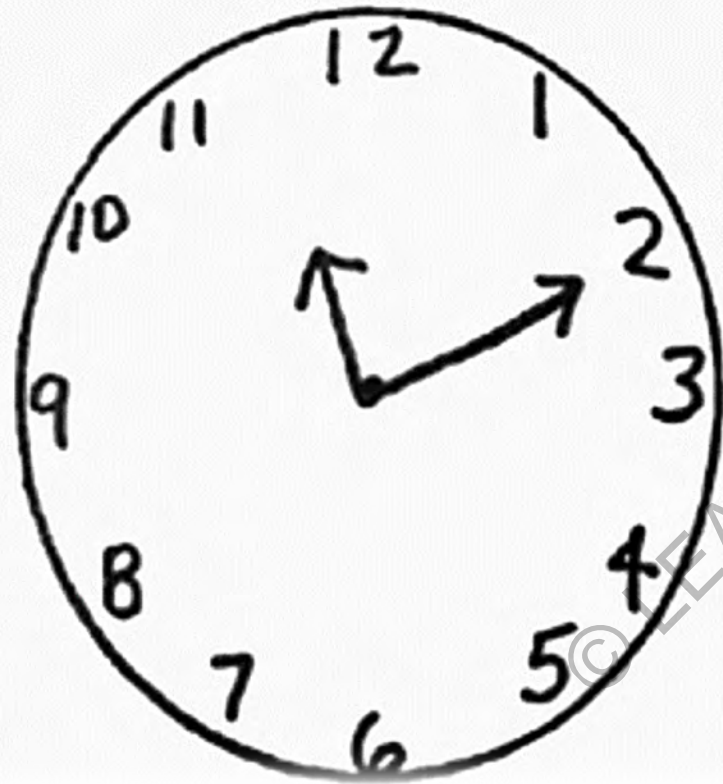
– But are we dealing with denial?



“Anosognosia”

Ann knows egg...
NOSIA

Frontal Lobes & Anosognosia in Neurological Disorders



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Amador XF, Barr WB, Economou A, Mallin E, Marcinko L, Yale S. "Awareness deficits in neurological disorders and schizophrenia." *Schizophrenia Research*, 24(1-2): 96-97, 1997.





**Your Brain is
Making Up Stories!**

WHY?

To “fill in” gaps in memory
or perceptions.





Research on Anosognosia in Schizophrenia and Bipolar Disorder

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Early Studies Testing our Hypothesis

Executive (Frontal) Dysfunction and Poor Insight

- Young et al. *Schizophrenia Research*, 1993
- Lysaker et al. *Psychiatry*, 1994
- Kasapis et al. *Schizophrenia Research*, 1996
- McEvoy et al. *Schizophrenia Bulletin*, 1996
- Voruganti et al. *Canadian Journal of Psychiatry*, 1997
- Lysaker et al. *Acta Psychiatr Scand*, 1998
- Young et al. *Journal of Nervous and Mental Disease*, 1998
- Bell et al. Chapter in: *Insight & Psychosis*, Amador & David, Eds., 1998
- Morgan et al. *Schizophrenia Research*, 1999a & 1999b
- Smith et al. *Journal of Nervous and Mental Disease*, 1999
- Smith et al. *Schizophrenia Bulletin*, 2000
- Laroi et al. *Psychiatry Research*, 2000
- Bucklet et al. *Comprehensive Psychiatry*, 2001
- Lysaker et al. *Schizophrenia Research*, 2003
- Drake et al. *Schizophrenia Research*, 2003
- Morgan and David (review) in *Insight and Psychosis, 2nd Edition* (Oxford University Press, 2004)



Evidence from Brain Imaging and Post-mortem Studies

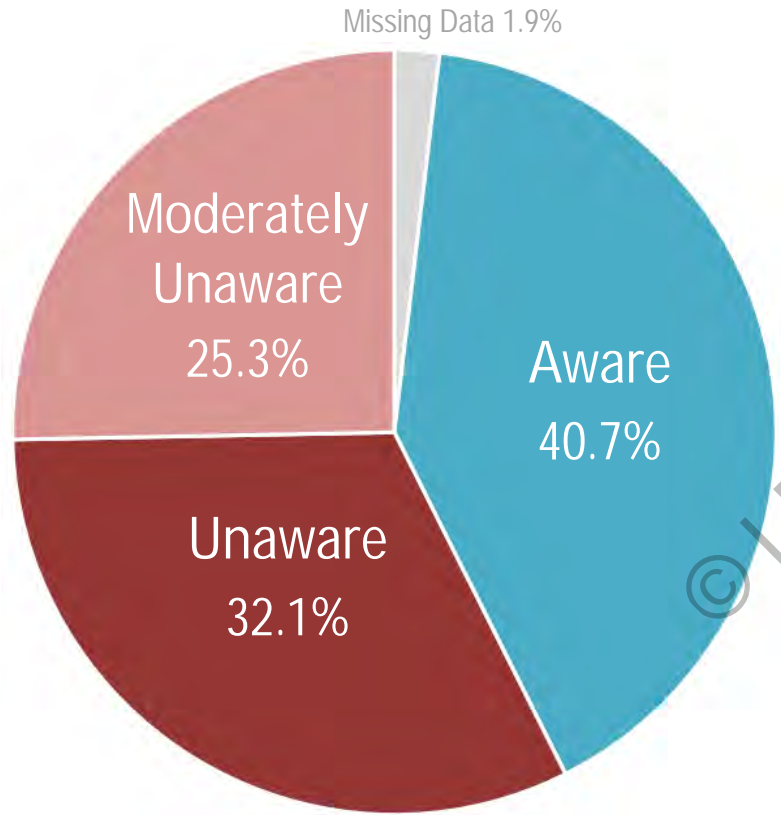
20 Studies compared the brains of schizophrenia patients with and without awareness of illness (1992 – 2017).

- 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)



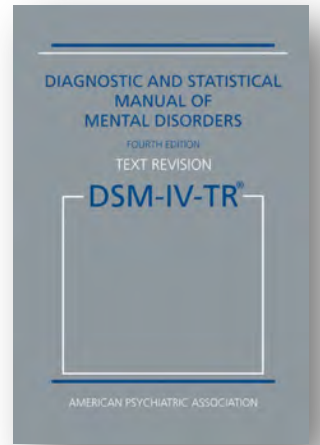
Knowledge of Self is Stranded Time



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.



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

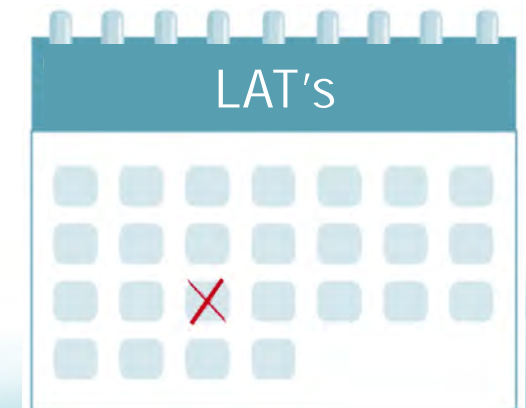


What Treatment to Offer?

Long-Acting Treatments (LAT's) are indicated:
50% on orals stopped medication compared to only
17% on long-acting injections

Keith & Kane. J Clin Psychiatry 2003;64:1308–1315

- “Smoke detector”
- Reduces tension
- Can use your relationship and LEAP to discuss his/her reluctance to keep an appointment



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?

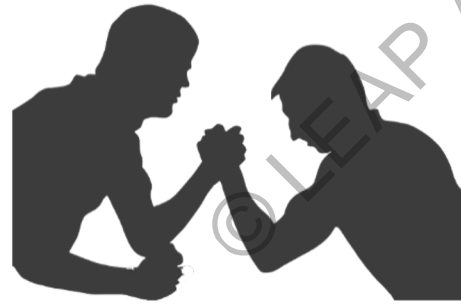
– Relationship/Alliance with someone who:

- 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 Review



ANOSOGNOSIA (“poor insight”) into having a SMI is a *neurocognitive symptom* of these disorders. **It is NOT denial.**

- Stable over time—does not improve with treatment.
- Top predictor of treatment refusal and drop-outs.
- Predictive of higher number of hospitalizations and poorer psychosocial functioning—along with other negative outcomes.
- Common barrier to creating a working alliance.



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:

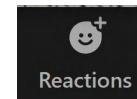
What does it FEEL like?



webcam



partner/ married & working



Reactions



Raise Hand

volunteer



When dealing with anosognosia for mental illness...

The “*therapist, mental health worker, nurse, social worker,*” 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

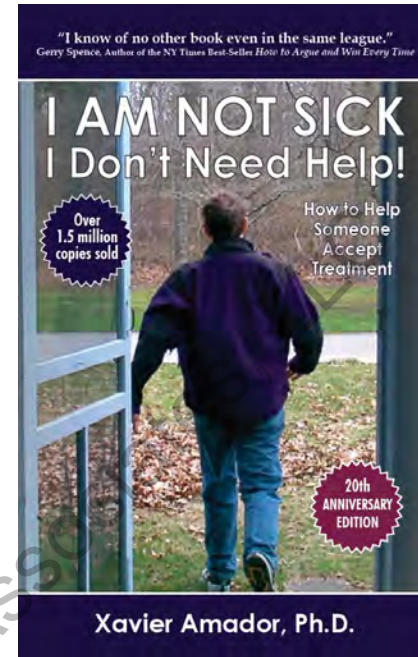
Agree

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)



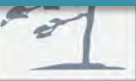
General Guidelines

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)

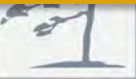
Use each of the 7 LEAP Tools as you need them



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 truth
Apologize	For acts & interactions that feel disrespectful, frustrating or disappointing

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



THANK YOU!



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Free Resources & Updates

LEAPinstitute.org

Hacenter.org



HENRY AMADOR
Center on Anosognosia