

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

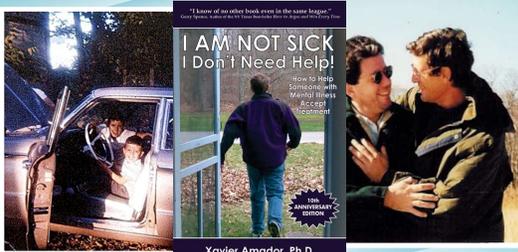
LEAP® to help persons with mental illness accept treatment and services

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Poor insight and relationships



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"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.

Amador et al. Schizophrenia Bull 1991; 17:113-132. Amador. I am not sick, I don't need help! How to help someone with mental illness accept treatment. New York: Wiley Press, 2012.

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Violence, rather than Failures to Treat, in the Headlines



The Unabomber – Ted Kaczynski

- More "denial" of mental illness in the headlines



Amador XV, Reinsel P
Defending the Unabomber:
anosognosia and schizophrenia
Psychiatric Quarterly, 2000, 71(4), 363-370.



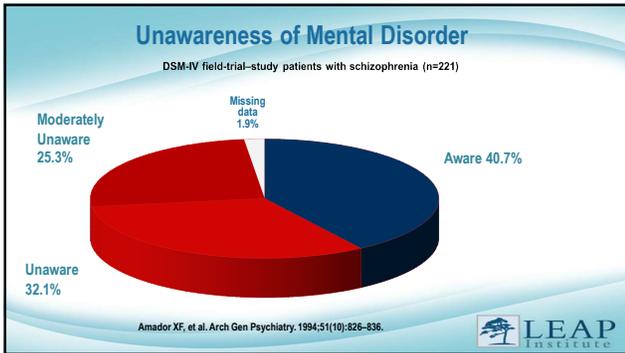
"Denial" of illness

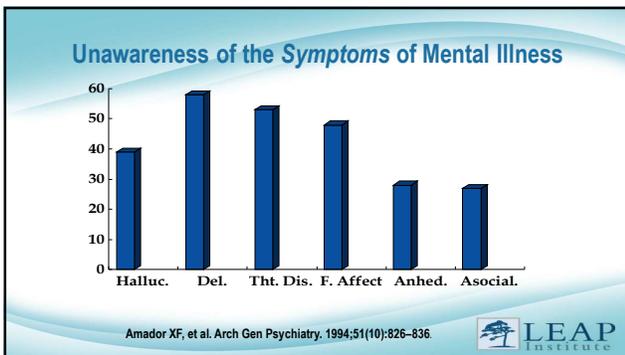
- Denial impairs common-sense judgment about the need for treatment and services. **Yes?**
 - But are we dealing with denial?

"Anosognosia"

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









The problem with oral antipsychotic medications ?

- 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)

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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
 - Believes you would benefit from treatment

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Insight and adherence

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

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Front Line Treatments?

- Our Relationships

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DSM-5
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.



- **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:

- *Refuses to acknowledge he's mentally ill.*
- *Denies he's mentally ill.*
- *Doesn't admit he's mentally ill.*
- *Won't admit...*
- *Refuses to admit...*



Anosognosia

Language matters

Do say:

- *Cannot comprehend he's mentally ill.*
- *Is unaware he's mentally ill.*
- *Unable to see or understand he's...*
- ***Has anosognosia for his mental illness.***



Anosognosia for mental illness:

What does it feels like?



When dealing with anosognosia for mental illness...

- The "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, Fear and Suspicion
- Loneliness and demoralization
- Overt and secretive "non-compliance"

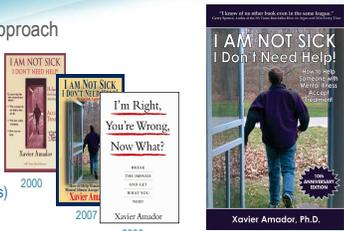


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LEAP

The LEAP approach

- Listen
- Empathize
- Agree
- Partner
- Delay
- Opinion (3 A's)
- Apologize



Over the past 10 years LEAP has taught to tens of thousands globally (EU, USA, Asia Pacific)
Based on MATI, Amador & Beck.



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Listen
LEAP: Listen, Empathize, Agree, Partner

- Reflectively to:
 - Delusions
 - Anosognosia
 - Desires

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Listen
LEAP: Listen, Empathize, Agree, Partner

- Why do we resist reflecting back many important things our relatives/patients tell us?
 - We fear we will make "it" worse (ie, delusions, insight, attitudes about medication, etc)
 - We do not want to be asked to do something we cannot
 - We worry about injuring the therapeutic alliance/relationship
 - We fear we have to be dishonest

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How to delay giving your opinion
LEAP: Listen, Empathize, Agree, Partner

- "I promise to answer your question. If it's alright with you, I would like to first hear more about _____. Okay?"
- "I will tell you what I think. 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?"
- "I will tell you. But, I believe *your* opinion is more important than *mine* and I would like to learn more before I tell you my opinion. Would that be okay?"

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When you finally give your opinion, use the 3 As

LEAP: Listen, Empathize, Agree, Partner

- Apologize** • "I want to apologize, because my views might feel hurtful or disappointing"
- Acknowledge fallibility** • "Also, I could be wrong. I don't know everything"
- Agree** • "I hope that we can just agree to disagree. I respect your point of view and I hope you can respect mine"

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Apologize

LEAP: Listen, Empathize, Agree, Partner

- Apologize for:
 - Not sharing the same belief about...
 - Disappointing
 - Annoying the person with "too much" reflective listening
 - Not doing what was asked of you
 - An involuntary treatment
 - **What else might we want to apologize for?**

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Empathize

LEAP: Listen, Empathize, Agree, Partner

- Strategically express empathy for:
 - Delusional beliefs
 - Desire to prove "I'm not sick!"
 - Wish to avoid treatment
- Normalize the experience

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Agree

LEAP: Listen, Empathize, Agree, Partner

- Discuss only perceived problems and goals
- Review advantages and disadvantages of your suggestion(s)
- Reflect back and highlight the *perceived* costs and benefits

AGREE TO DISAGREE

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Partner

LEAP: Listen, Empathize, Agree, Partner

Move forward on goals you both agree can be worked on together

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The 7 LEAP TOOLS

LEAP: Listen, Empathize, Agree, Partner

- Listen
- Empathize
- Agree
- Partner

- Delay
- Opinion (3 A's)
- Apologize

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