



# "I Am Not Sick, I Don't Need Help!"

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

## LEAP® Overview

Saddleback Church  
Hope for Mental Health Community  
Feb 24, 2019

Jim Fix, Psy.D.  
Senior LEAP Faculty


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## LEAP

FOUNDATION FOR  
RESEARCH TO PRACTICE

A non-profit organization founded on Valentines Day 2017 by Xavier Amador, Greg Adams & Maria Amador. Board of Directors includes national leaders in mental health advocacy, policy, education and lived experience.

We are dedicated to serving family caregivers of persons with serious mental illness and addiction, professionals, and others involved in the care, recovery, and safety of persons suffering from these conditions.

**Mission** Educate the public about the unmet needs of persons with serious mental illness and anosognosia.

**Top Goal** Provide hands-on training, education & support to individuals and organizations to more effectively and immediately help those suffering from these disorders.

- LEAP® Course (& Upcoming online Training)
- Train-the-Trainer Certification
- Anosognosia Awareness Campaign
- LEAP® Network of Professionals and Family Support

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## Poor insight and re

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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: Vista Press, 2010.

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## "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.

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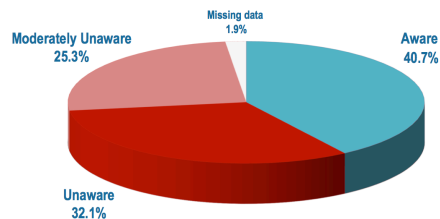
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## Unawareness of Mental Disorder

DSM-IV field-trial—study patients with schizophrenia (n=221)



Amador XF, et al. Arch Gen Psychiatry. 1994;51(10):820-828.

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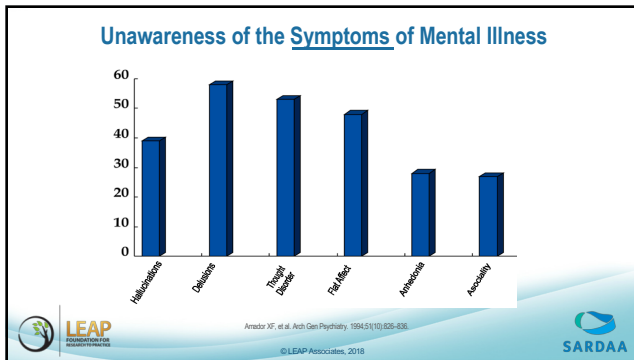
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### Insight and adherence

- 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
    - Would like to see you try 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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Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> ed. (Text Revision), Washington DC, APA, 2000.

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### 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)

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Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> ed., Washington DC, APA, 2013.

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### DSM-5™

#### Schizophrenia and other psychotic disorders

Dr. William T. Carpenter, Chair (Text submitted by Dr. Xavier Amador)

- 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)

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## When dealing with anosognosia for mental illness...

The father, mother, police officer, 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 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



The LEAP® Program is focused on developing relationships  
that result in acceptance of treatment & services

Based on MAIT, Xavier Amador & Aaron T. Beck (1998)  
Over the past 19 years LEAP has taught to tens of thousands globally (EU, USA, Asia Pacific)



Picket, Celine, M. Double Blind, Randomized, Controlled Study of LEAP Designed To Improve Motivation for Change  
Inpatient with Schizophrenia and Antipsychotic Medication. *Schizophrenia Bulletin* 2015; 35: 342. *Ann. N.Y. Acad. Sci.*  
Study of Listen-Empathize-Agree-Partner (LEAP) with Assertive Community Treatment (ACT) Mental Health Clinicians.  
Columbia University Dissertation Abstracts International, 2012



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## Listen

LEAP: Listen, Empathize, Agree, Partner

Reflectively to:

Delusions

Anosognosia

Desires



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## Empathize

LEAP: Listen, Empathize, Agree, Partner

- Strategically express empathy for feelings stemming from:
  - Delusional beliefs
  - Anosognosia
  - Desire
- Normalize the experience



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## Agree

LEAP: Listen, Empathize, Agree, Partner

- Discuss only perceived problems and goals
- Review disadvantages and advantages 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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# Thank You!



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## Free Training Resources

[www.LEAPinstitute.org](http://www.LEAPinstitute.org)

## Bring LEAP to Another City

Know an organization that can host a training?

Email us! [TrainerSupport@LEAPinstitute.org](mailto:TrainerSupport@LEAPinstitute.org)

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