

“I am Not Sick, I Don’t Need Help!”

***Using LEAP to engage persons with mental illness
and substance abuse into treatment.***

39th Summer institute on Substance Abuse & Mental Health

Newark, Delaware

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Poor Insight and relationships



Xavier Amador, Ph.D.



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“Denial” of Illness in the News

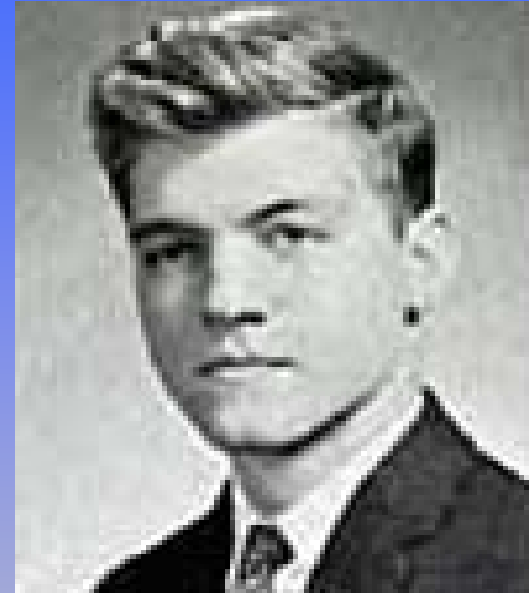
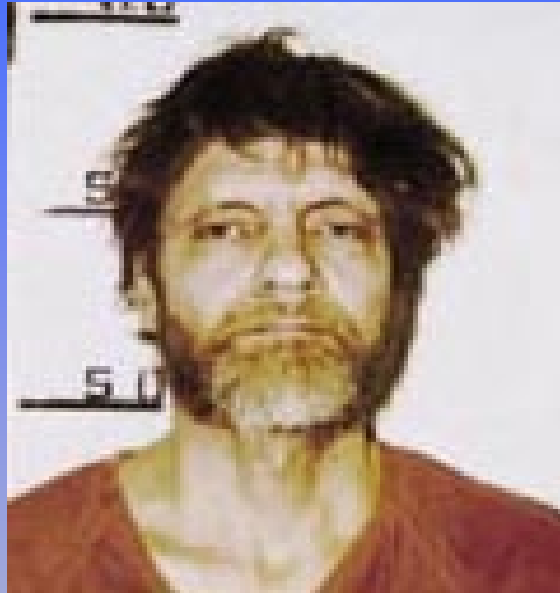
Poor insight
into
schizophrenia
and bipolar
disorder is so
common...



... news
stories
involving
such persons
appear nearly
everyday.



The Unabomber: Ted Kaczynski



More “denial” in the headlines

“Denial” of Illness

*Impairs common-sense judgment about the
need for treatment...*

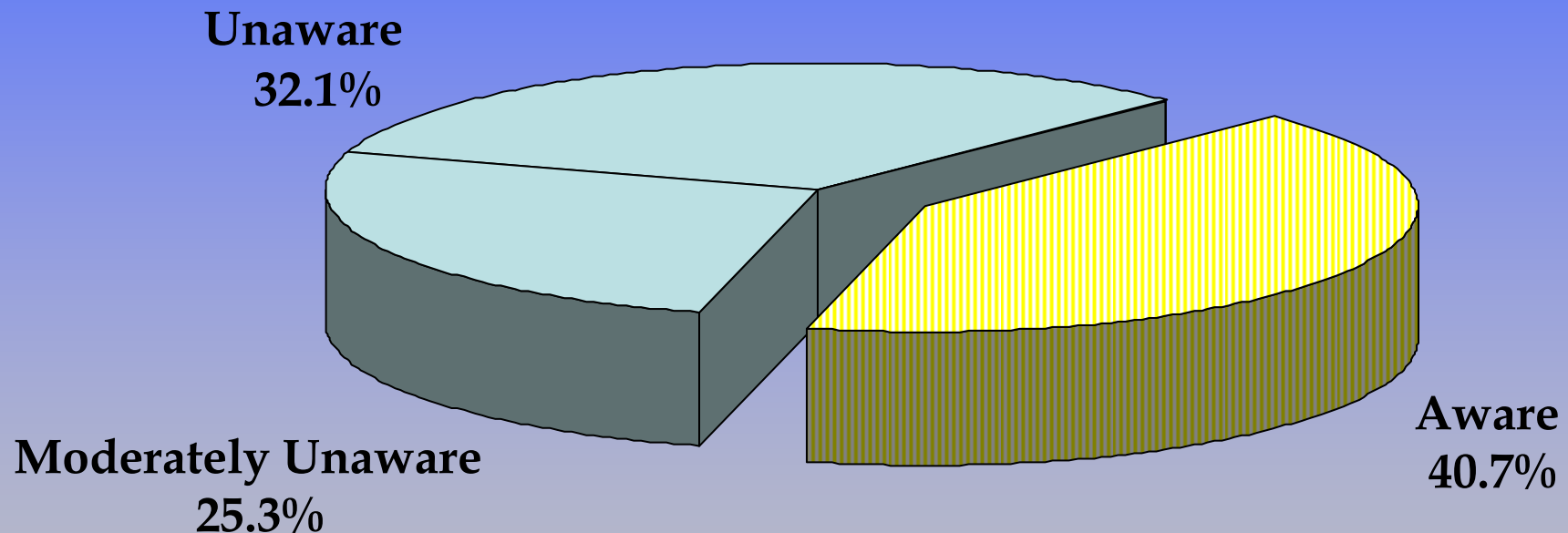
But are we dealing with denial?

“Anosognosia”



Unawareness of Mental Disorder

Xavier Amador, Nancy C. Andreasen, Scott Yale & Jack Gorman,
Archives of General Psychiatry, 51(10):826-836, 1994



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DSM IV Field Trial Study
N = 221 patients with schizophrenia

Other problems with “Insight”

50% of Patients with Schizophrenia are Unaware of having Tardive Dyskinesia (TD)

- Rosen et. al., 1982, American Journal of Psychiatry
- Tremblay et al., 1997 Schizophrenia Research
- Arango; et. al., 1999, Schizophrenia Research
- Caracci et. al., 1990, American Journal of Psychiatry



The Problem with Antipsychotic Medications

From 50% to 75% exhibit full or partial non-adherence (Rummel-Kluge, 2008).

Within 7-10 days of medication initiation (Keith & Kane, 2003):

- **25% stop taking medication**
- **50% are off medicine after one year, and**
- **75% after two years.**

Only about 33% reliably take medication as prescribed (Oehl, 2000).



Insight and Adherence

Awareness of being ill (insight) is among the top two 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.



What Causes Poor Insight?

Psychological defense ?

“Culture” and/or Education ?

Neuropsychological deficits ?



DSM-IV-TR™

Schizophrenia & other psychotic disorders

Xavier Amador & Michael Flaum, Co-Chairs

Associated Features and Disorders

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 itself 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, American Psychiatric Association, 2000



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Anosognosia is similar

- Very severe lack of awareness.
- The belief persists despite conflicting evidence.
- Confabulations are common.



When dealing with anosognosia, or poor insight:

The “doctor knows best” approach does not work, because collaboration is a goal not a given.

DO NOT expect:

- Gratitude
- Receptiveness
- Compliance

DO expect:

- Frustration and anger
- Suspiciousness
- Overt and secretive “non-compliance”



Motivational Interviewing

Studied extensively in patients with substance abuse disorders

Interventions to Improve Medication Adherence in Schizophrenia

Zygmunt A, Olfson M, Boyer CA, & Mechanic D, review in: *American Journal of Psychiatry*, 2002. (reviewed studies from 1980 through 2000)

“Although interventions and family therapy programs relying on psychoeducation were common in clinical practice, *they were typically ineffective...*”

“***Motivational techniques*** were common features of *successful programs.*”*

*Please see LEAPInstitute.org click “Research” for additional evidence.



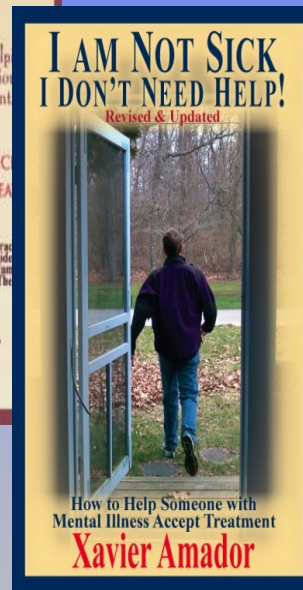
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LEAP

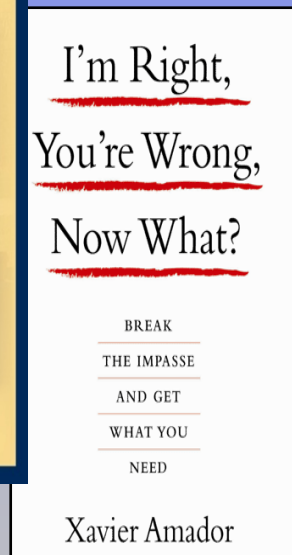
- The LEAP approach
 - Listen
 - Empathize
 - Agree
 - Partner



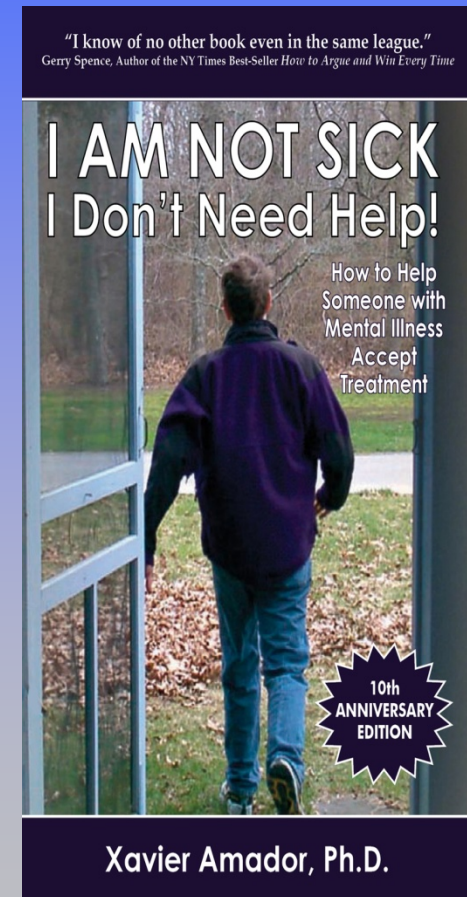
2000



2007



2008



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- Based on MAIT, Amador & Beck

Double blind, randomized, controlled study of the LEAP Communication Program

Céline Paillot, Ph.D. Ray Goetz, Ph.D. Xavier Amador, Ph.D.
University Paris X, France, New York State Psychiatric Institute,
Columbia University Teachers College

In Press Schizophrenia Bulletin

**Presentation at International Congress on Schizophrenia Research,
San Diego California, April 2009**



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Conclusions of LEAP Study

Compared to the control psychotherapy, LEAP:

- maintained compliance to injectable antipsychotics.
- improved motivation to take medication.
- increased insight in specific areas.
- improved attitudes toward treatment.



Listen

Reflectively to:

Delusions

Anosognosia

Desires



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Listen-Emphatize-Agree-Partner

Listen

Why do we resist reflecting back many important things our patients tell us?

- ***We fear we will make “it” worse (i.e., 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.***
- ***We fear we have to be dishonest***



LEAP – Listen

Why do we resist reflecting back many important things our patients tell us?

- We fear we will make “it” worse (i.e. delusions, insight, attitudes about medication, etc)
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- We worry about injuring the therapeutic alliance



How to delay giving your opinion:

- “I promise I will 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?”



When you finally give your opinion use the 3 A's

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.”



Empathize

Strategically express empathy for:

- delusional beliefs
- desire to prove “not sick!”
- wish to avoid treatment

Normalize the experience



Agree

- Discuss only *perceived* problems/symptoms
- Review advantages and disadvantages of treatment & services
- Reflect back and highlight both the *perceived* benefits and costs.



AGREE TO DISAGREE

Listen-Emphathize-Agree-Partner

Partner

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



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Listen-**E**mpathize-**A**gree-**P**artner

LEAP Situations

Role-plays

➤ In this scenario...



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Listen-**E**mpathize-**A**gree-**P**artner

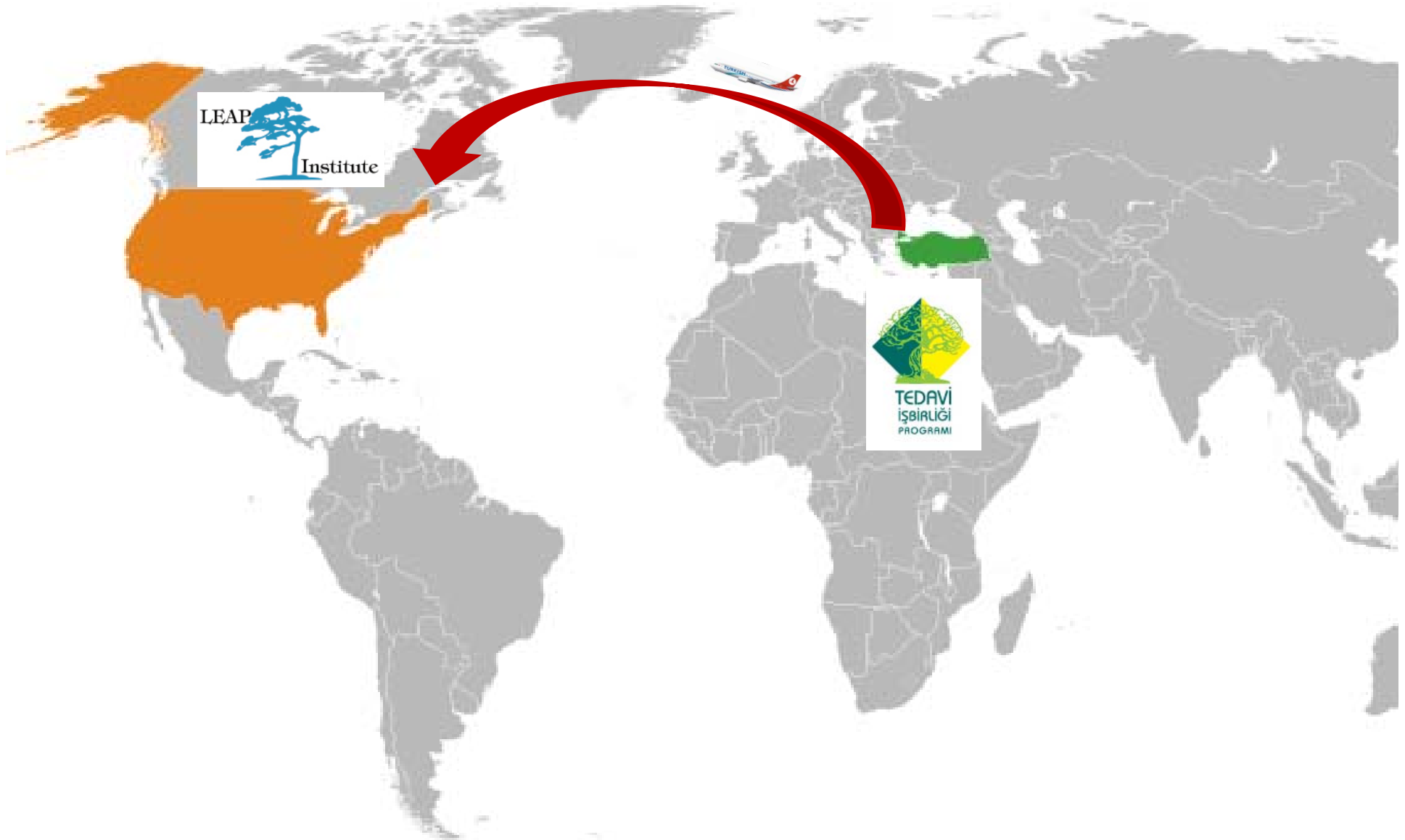
Directions for 2010

- LEAP Institute goals
 - Regional trainings and “train the trainers”
- Amador et al. Am J Psychiatry¹
 - Proposal for anosognosia subtype
- Schizophrenia Bulletin Special Edition²
 - Review of efficacy of adherence therapies
 - Updated review of brain imaging studies
 - Updated review of frontal lobe findings
 - DSM V: anosognosia subtype will be proposed



THEURAPEUTIC ALLIANCE PROGRAMME 2010

TRAIN THE TRAINERS MEETING



THERAPEUTIC ALLIANCE PROGRAMME (ADHES)

Regional LEAP Trainings (April- June 2010)



20 psychiatrist trainings

over
350
physicians

over 200
nurses



1 psychiatric nurse training

Regional LEAP Trainings



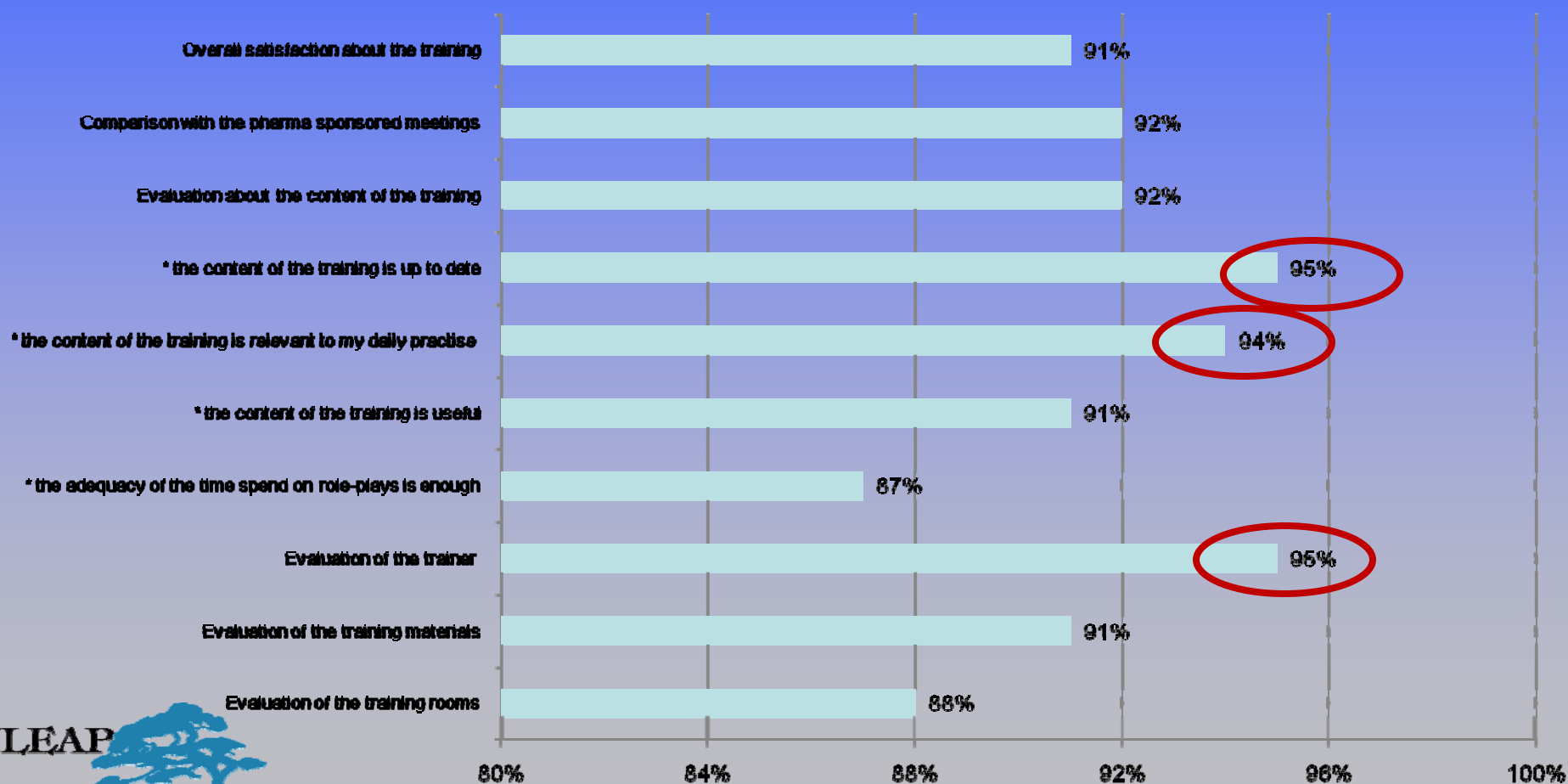
Regional LEAP Trainings



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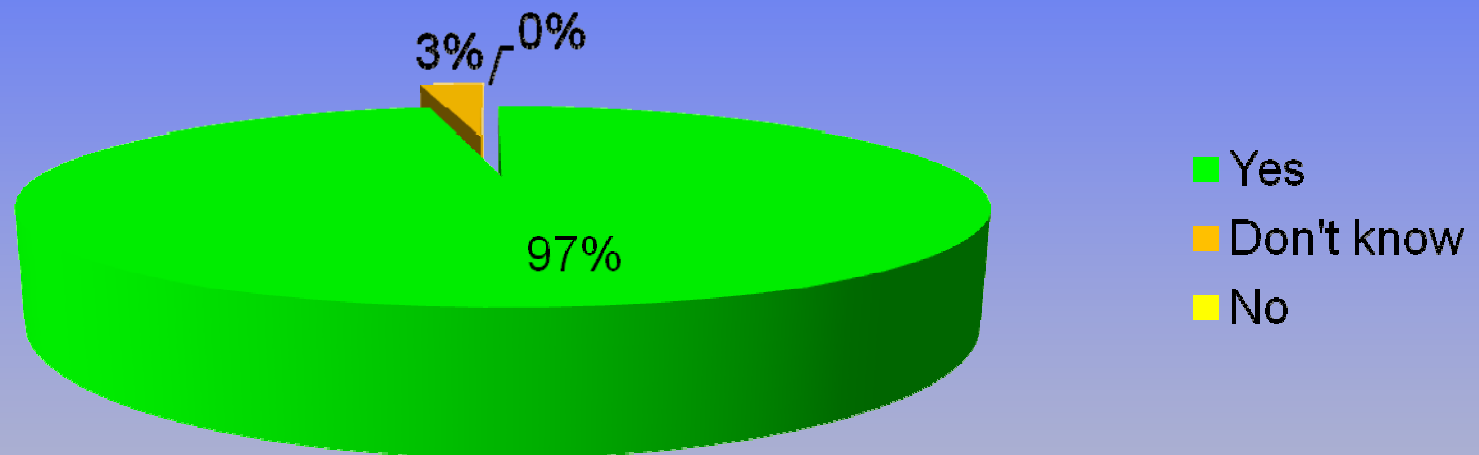
THERAPEUTIC ALLIANCE PROGRAMME- *first results*

Comprehensive surveys are completed by participants after each training. (n= 224)



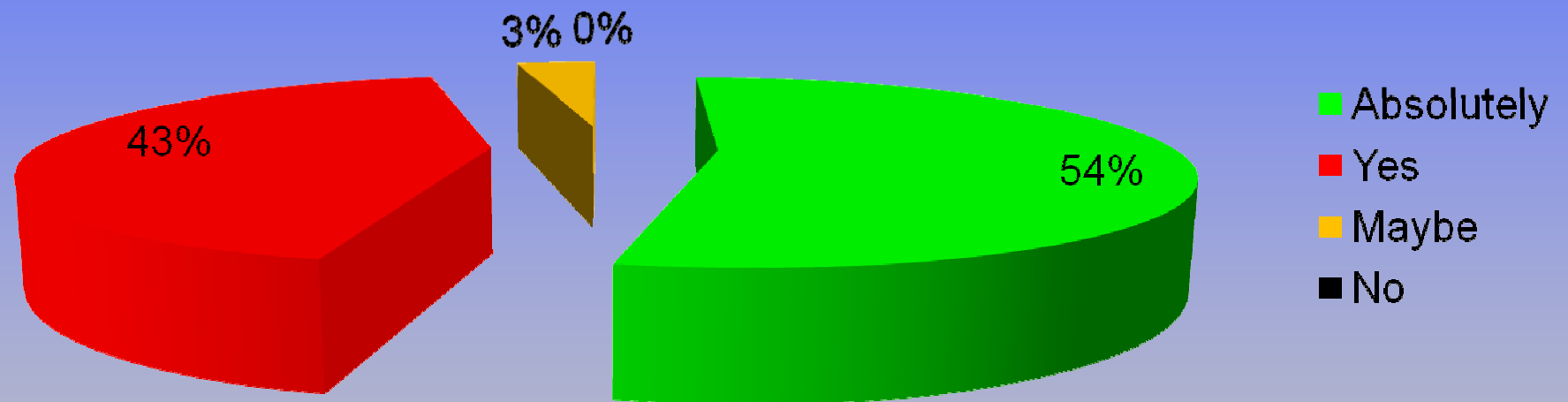
THERAPEUTIC ALLIANCE PROGRAMME- *first results*

Would you recommend "LEAP Training" to your colleagues? (n=226)



THERAPEUTIC ALLIANCE PROGRAMME- *first results*

Would you like to attend to similar trainings provided by Janssen Cilag Therapeutic Alliance Programme?



Conclusions

- Poor insight in patients with schizophrenia is common¹
 - >50% of patients with schizophrenia are moderately unaware or unaware of mental disorder²
- Awareness of being ill (insight) is one of the top predictors of long-term medication adherence¹
- Treatment of patients with poor insight:
 - LAIs^{3,4}
 - Motivational interviewing and related approaches, such as LEAP⁵



- 1. Amador et al. Schizophr Bull 1991;17:113–132; 2. Amador et al. Arch Gen Psychiatry 1994;51:826–836;
3. Keith & Kane. J Clin Psychiatry 2003;64:1308–1315; 4. Zygmunt et al. Am J Psychiatry 2002;159:1653–1664;
5. Paillot et al. Schizophr Bull 2009;35(suppl 1):343