

# ***“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**

**July 26, 2010**

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**Adjunct Professor**

**Columbia University**

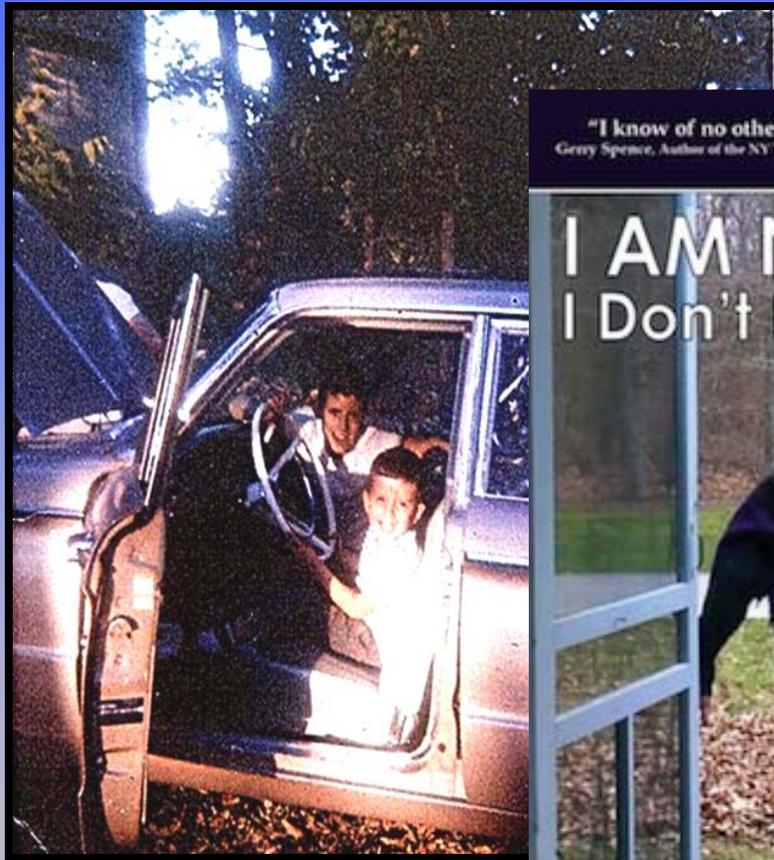
**Teachers College**



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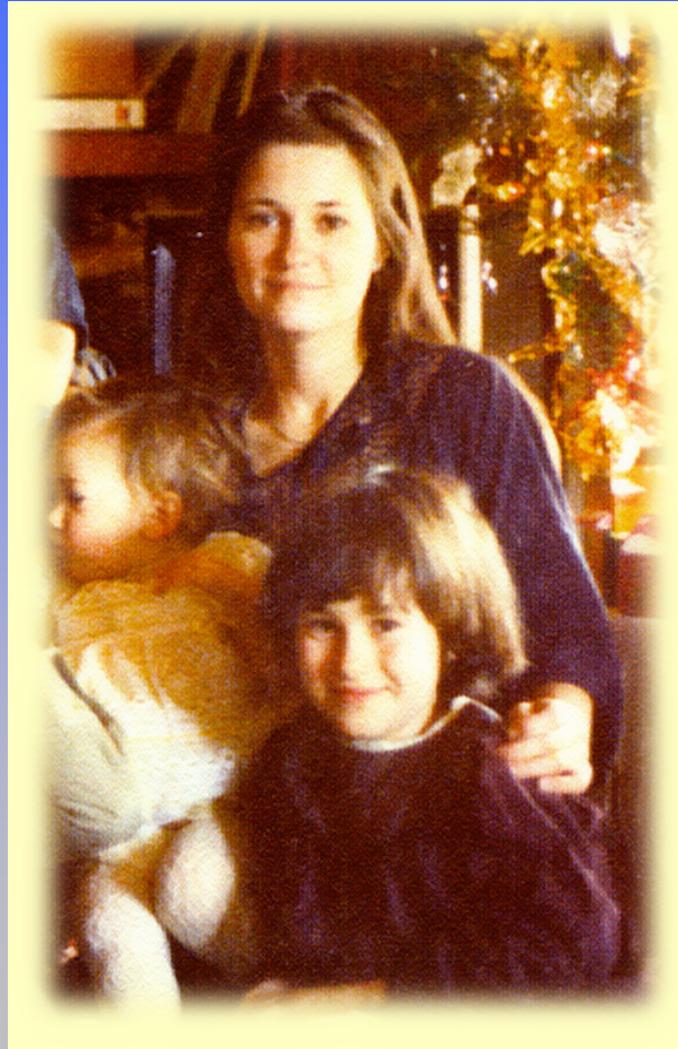
# Poor Insight and relationships



Xavier Amador, Ph.D.

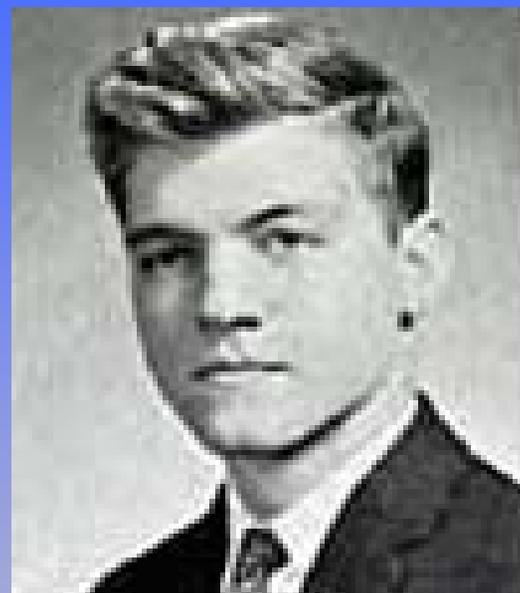
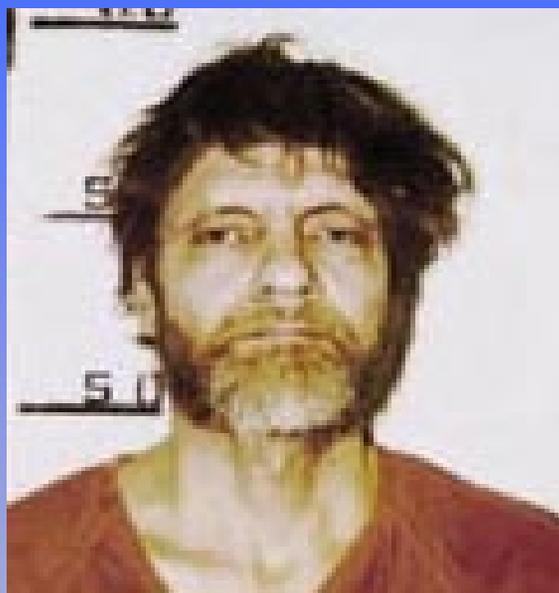
# “Denial” of Illness in the News

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...*

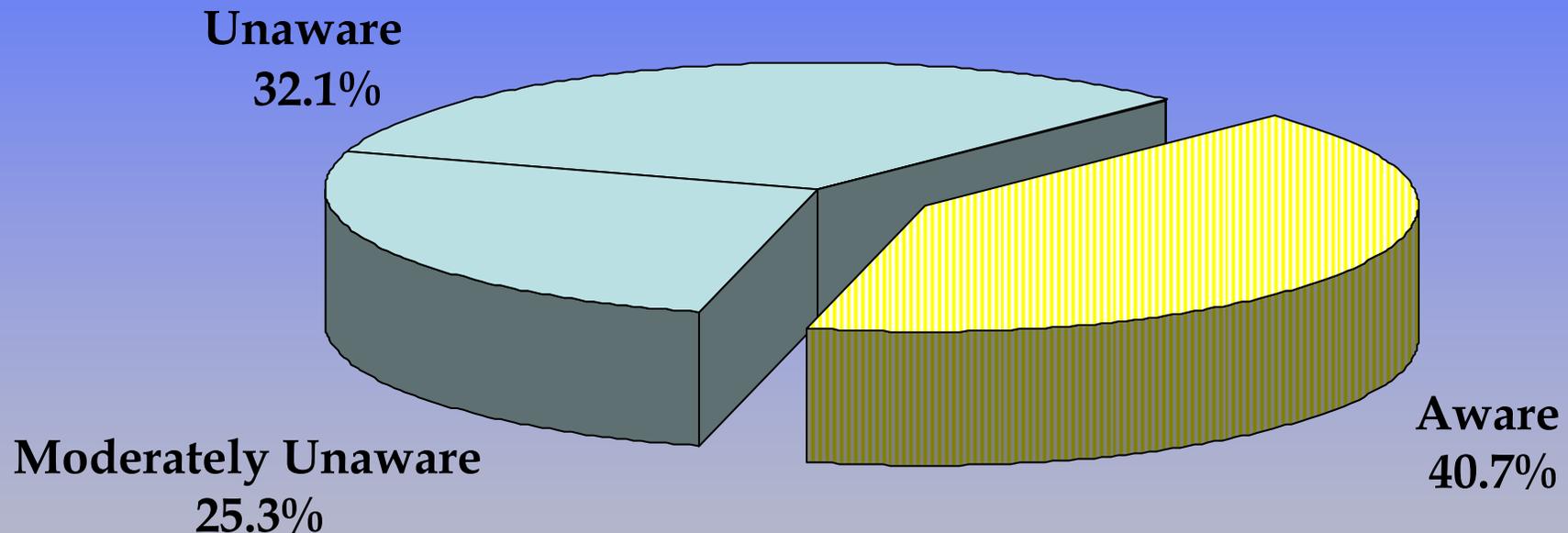
*But are we dealing with denial?*

# **“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
- Tremeau 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



# 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...*”

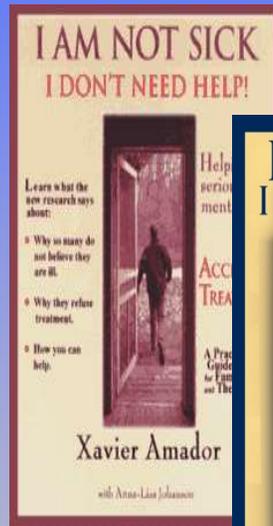
“***Motivational techniques*** were common features of *successful programs.*”\*

\*Please see [LEAPInstitute.org](http://LEAPInstitute.org) click “Research” for additional evidence.



# LEAP

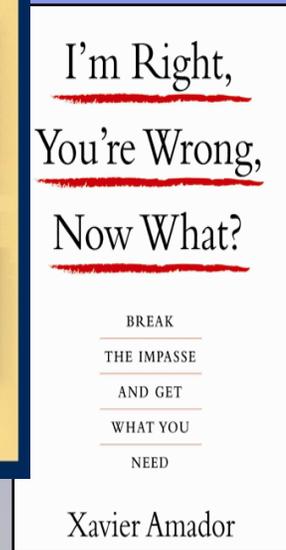
- The LEAP approach
  - Listen
  - Empathize
  - Agree
  - Partner



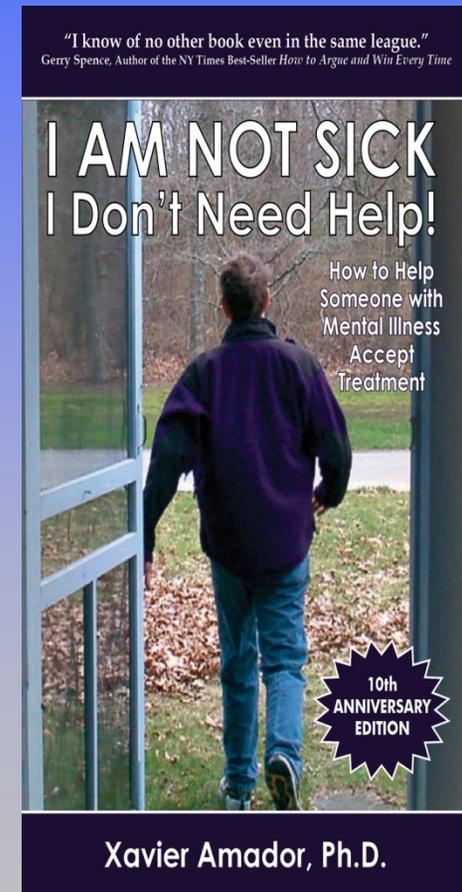
2000



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**



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

# 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**



# 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)
- We do not want to be asked to do something we cannot
- 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-Emphatize-Agree-Partner

# Partner

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



# LEAP Situations

## Role-plays

➤ In this scenario...



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Listen-Emphathize-Agree-Partner

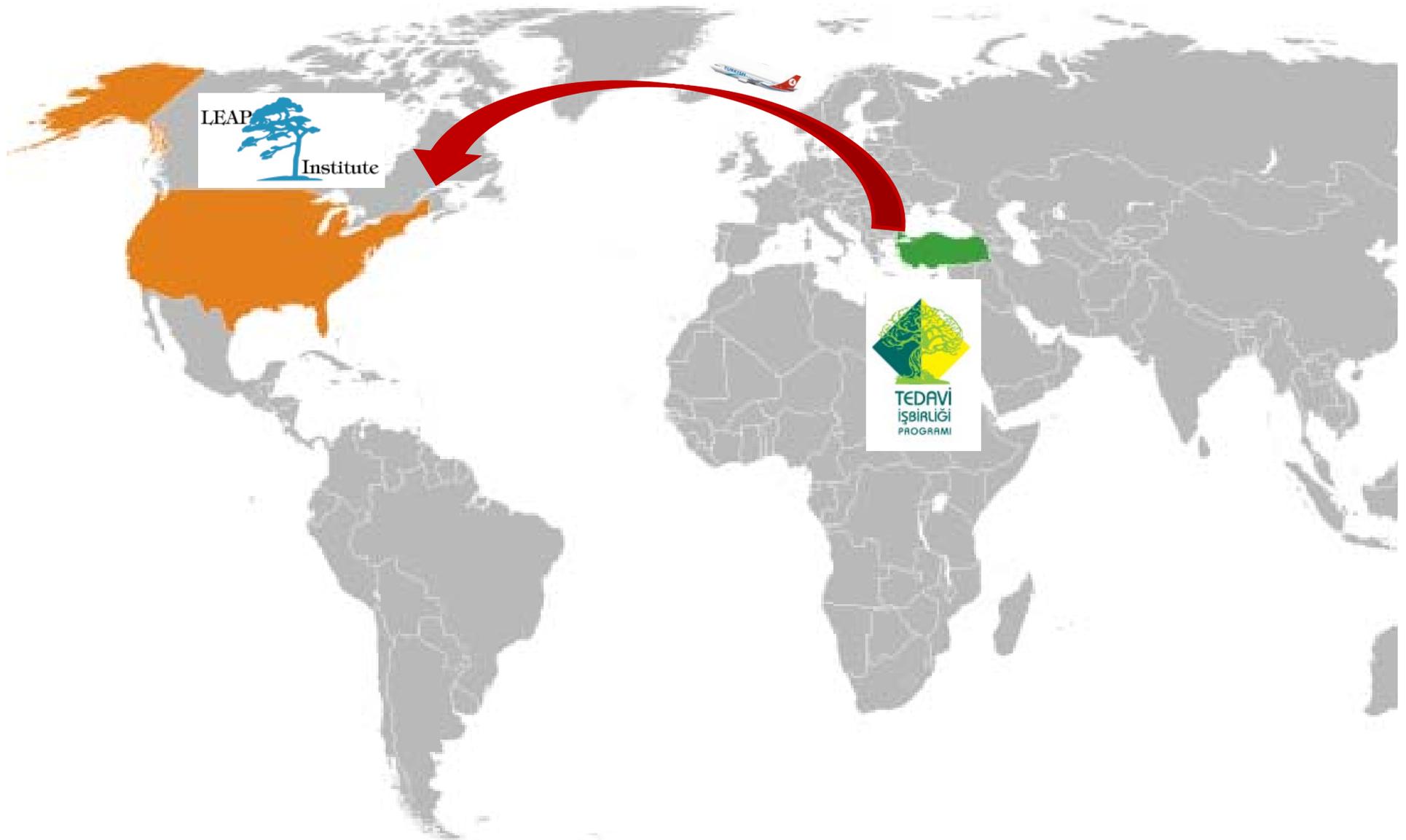
# Directions for 2010

- LEAP Institute goals
  - Regional trainings and “train the trainers”
- Amador et al. Am J Psychiatry<sup>1</sup>
  - Proposal for anosognosia subtype
- Schizophrenia Bulletin Special Edition<sup>2</sup>
  - 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

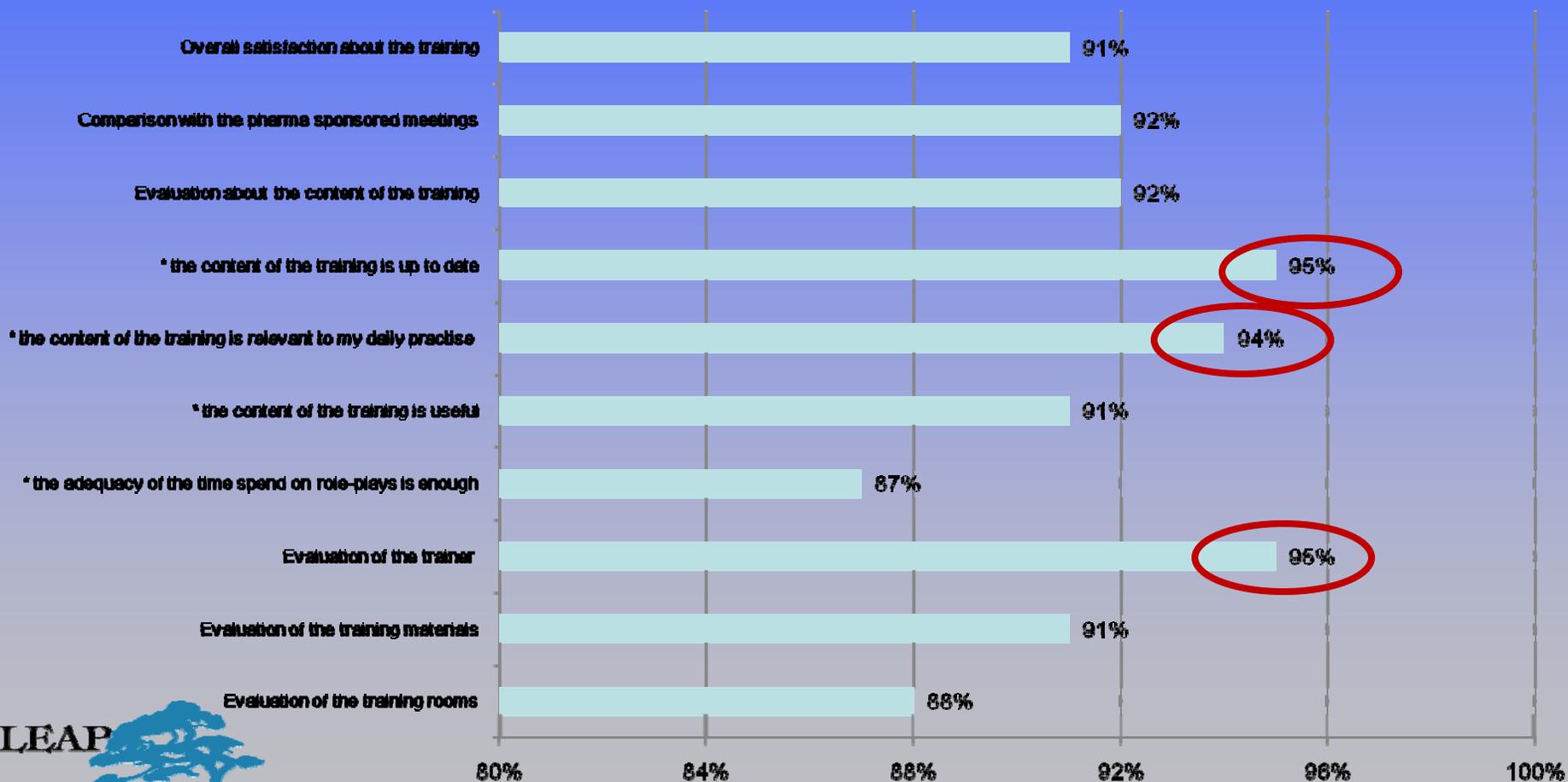


# Regional LEAP Trainings



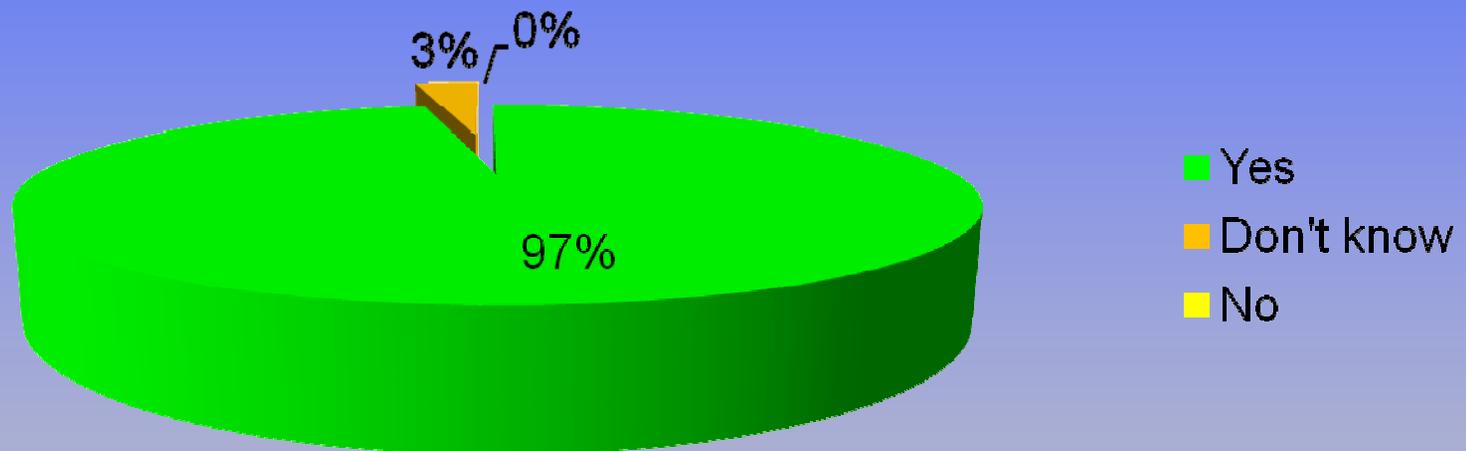
# THERAPEUTIC ALLIANCE PROGRAMME- *first results*

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



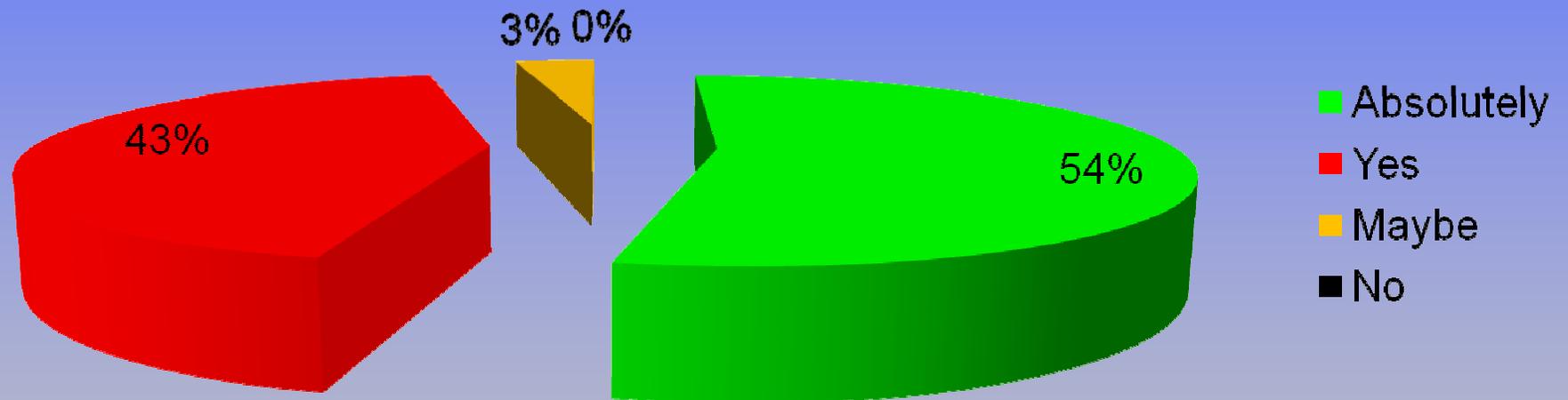
# THERAPEUTIC ALLIANCE PROGRAMME- *first results*

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 common<sup>1</sup>
  - >50% of patients with schizophrenia are moderately unaware or unaware of mental disorder<sup>2</sup>
- Awareness of being ill (insight) is one of the top predictors of long-term medication adherence<sup>1</sup>
- Treatment of patients with poor insight:
  - LAIs<sup>3,4</sup>
  - Motivational interviewing and related approaches, such as LEAP<sup>5</sup>



- 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