“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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Poor Insight and relationships
“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

- Unaware: 32.1%
- Moderately Unaware: 25.3%
- Aware: 40.7%

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?
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.
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**

“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.*
LEAP

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

- Based on MAIT, Amador & Beck

www.LEAPInstitute.org
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
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

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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-Empathize-Agree-Partner

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Partner

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

Role-plays

- In this scenario…
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

1 psychiatric nurse training

over 200 nurses

over 350 physicians
Regional LEAP Trainings
Regional LEAP Trainings
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 similar trainings provided by Janssen Cilag Therapeutic Alliance Programme?

- Absolutely: 54%
- Yes: 43%
- Maybe: 3%
- No: 0%
Conclusions

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

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5. Paillot et al. Schizophr Bull 2009;35(suppl 1):343