



Anosognosia: Unawareness of Mental Illness

A training based on the book:
I am Not Sick, I Don't Need Help!
by Xavier Amador (2007)

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A Common Problem

- Approximately half of individuals with serious mental illness (SMI) do not take their medications as prescribed, most often due to lack of insight



Common Assumptions

- Why don't clients follow treatment recommendations?
 - Stubbornness
 - Defensiveness
 - Immaturity



The Root of the Problem

- Literature linking poor insight in schizophrenia and other psychotic illnesses to functional and structural brain (i.e. frontal lobes) abnormalities
- Refusal to accept treatment usually results from a brain dysfunction beyond the client's control
- Anosognosia: neurological syndrome – unawareness of deficits, symptoms, or signs of illness



Anosognosia vs. Denial

- How do I know if it is anosognosia or denial?
 1. The lack of insight is severe and persistent.
 2. The beliefs, e.g. “I am not sick.” are fixed and do not change even after the person is confronted with overwhelming contrary evidence.
 3. Illogical explanations, confabulations, that attempt to explain away the evidence of illness are common.



Keep in mind...

- The problem is brain dysfunction, not the person.
- Easier to teach skills to compensate than to change personality traits.



The Wrong Approach

- Traditional approach:
 - Diagnosis and treatment are decided and client is informed of both
 - If client refuses, and fits legal involuntary admission criteria, the doctors take charge
 - In some cases, order to treat is made
 - Educate client about illness and need for treatment
- Rests on the assumption that the client feels he/she has a problem and wants help




Scenario

- Imagine I told you that...
 - You do not live where you live.
 - I hand you a restraining order to stay away from what you think is your home address.
 - You see that your family has signed off on the court order.
 - You go home and are arrested by the police.
 - The people there do not want to press charges so you are taken to the ER.
- Would you be receptive to taking psychiatric medication for your delusional beliefs?
- If you did comply at the hospital, would you continue to follow recommendations when discharged?



The Right Approach

- Stop arguing and start listening to the client's point of view
- Find a common goal
 - Examples: to relieve stress caused by conspiracy against them; to help them sleep better



Motivational Enhancement Therapy

- First developed for substance abuse
- Goal: to get people in denial/ ambivalence to accept treatment
- Very effective and research supports use for mental illness
- Review by Zygmunt (2002) showed that motivational techniques more effective than the more common psychoeducational techniques for medication adherence in people with schizophrenia



Medication Adherence and Insight Therapy (MAIT)

- By Aaron T. Beck and author, based on Zygmont's research
- Form of MET developed for inpatients with SMI
- Therapists learn communication skills and strategies
 - Therefore, anyone can use this approach



Listen-Empathize-Agree-Partner (LEAP) Method

- Taught to family members and health providers
- Ultimate goal: convince someone with SMI to accept treatment
- Effective/useful for range of problems



Learning to LEAP

1. Repair any damage already done to the relationship by “Doctor Knows Best” approach
2. Help client find his/her own reasons to accept treatment
3. Put your goal of convincing them they are sick high on the shelf for now



LISTEN

- Not just listening, *reflective* listening
 - When done right, ask a lot of questions like a journalist
 - Drop your agenda
 - Listen but don't react
 - Reflect back your understanding of what you heard in your own words
 - Goal: increase the client's openness to talking with you and eventually, to hearing what you have to say



Guidelines for Reflective Listening

1. Make it Safe
2. Know Your Fears
3. Stop Pushing Your Agenda
4. Let it Be
5. Respect What You've Heard
6. Find Workable Problems
7. Write the Headlines



1. Make it Safe

- If you disagreed in the past, apologize for not listening
 - “I am sorry for not listening to you. I understand why you don’t want to talk about this anymore.”
- Normalize
 - “If I were in your shoes, I’d feel the same way.”
- Tell them you will stop giving advice
 - “I want to understand your views on this. I won’t give my opinion unless you ask for it.”
- Follow through



2. Know Your Fears

- Don't be afraid to reflect what was said – delusional or otherwise
- You won't talk someone out of a delusion and probably not into one
- You will gain nothing by disagreeing with someone who rigidly holds irrational beliefs



3. Stop Pushing Your Agenda

- Your only stated agenda at this point is your desire to listen and learn
- If the client knows you won't try to push something on them, they will be more open to discuss "hot" topics



4. Let it Be

- If the discussion turns into an argument or if they become accusatory – just let it be. Don't fan the flames.
- If the client has a thought disorder or disorganized speech, focus on the feelings behind the words and reflect back the emotion instead of trying to impose order.



5. Respect What You've Heard

- Communicating your understanding without reacting
 - conveys respect for the other person's point of view
 - deflates anger



6. Find Workable Problems

- Everyone in denial, or with anosognosia, knows he/she has at least one problem
 - Often it's you and others who tell him/her they need help!
 - But he/she will have other problems you can uncover as well
- Understanding how he/she sees themselves and their beliefs about what's not working in their life is key to building a relationship



7. Write the Headlines

- As mentioned in Step 1, important to ask questions without voicing opinions
- But also like a journalist, find a theme and figure out what the headlines are
- Headlines: problems the client believes he/she has (not those you say) and the things that motivate him/her to change – write down in front of client
- Ultimately, you will link the problem (as he/she defines it) to the help you believe he/she needs by utilizing what is motivating



Role Play



Critique

- Did the clinician:
 - Make it Safe?
 - Know Their Fears?
 - Stop Pushing Their Agenda?
 - Let it Be?
 - Respect What They Heard?
 - Find Workable Problems?
 - Remember the Headlines?



EMPATHIZE

- Learning to listen often naturally leads to empathy
- Your empathy can lead to the client's increased interest in your opinion



Conveying empathy

- What should you be empathizing with?
 - Just about any feeling the client is willing to reveal
 - But especially with:
 - Frustrations e.g., pressure from others to take medications; goals that haven't been met
 - Discomfort e.g., attributable to medications – weight gain, grogginess
 - Desires e.g., to work, get married, stay out of the hospital



How to handle the “Do you agree with me?” question

- Delay or avoid answering as long as you can!
 - To preserve and build on your good relationship
 - Makes the client responsible for having to hear your opinion if they repeatedly request it



How can you delay giving your opinion?

- A client asks you, “Do you think I am mentally ill and need to take medications?”
 - What would you say to delay answering this question?
 - How would you feel if this was said to you?



Trick to delaying a response

- Honor the question by promising to answer it.
- Examples:
 - “I promise I will answer your question, but, if it’s okay with you, I want to wait and listen to you some more first, okay?”
 - “I will tell you, but I would rather keep listening to your views on this because I am learning a lot about you I didn’t know. Can I tell you later what I think?”
 - “You know, your opinion is the most important opinion in this room, not mine. So I would like to learn more before I tell you what I think, if that’s alright with you.”



The Three A's

- Now is your chance to give your opinion
- Never give your opinion without first using:
 - Apologize
 - “Before I tell you what I think about this, I want to apologize because it might feel hurtful or disappointing.”
 - Acknowledge fallibility
 - “Also, I could be wrong. I don’t think I am, but I might be.”
 - Agree to disagree
 - “And, I hope that we can just agree to disagree on this. I respect your point of view and I will not try and talk you out of it. I hope you can respect mine. I think _____.”



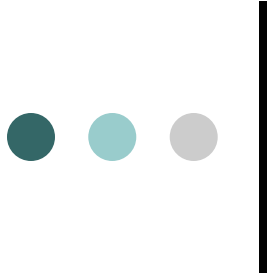
What if the client becomes defensive?

- Just apologize for disagreeing
- “I wish I felt differently so we didn’t have to argue about this.”
- Rarely occurs if use LEAP



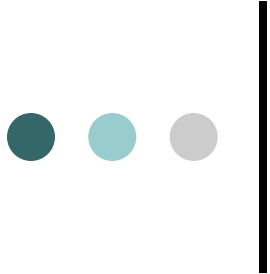
Agree

- Listen → Empathize → Agree.....
- When you share the same goals, you can work together instead of being at odds.
- Next: Learn to recognize and use a window of opportunity to find common ground.



Recognize and using window of opportunity

- Six things you may want to do if you see a window of opportunity to find common ground:
 1. Normalize the experience
 - “I’d feel the same if I were in your shoes.”
 - “I would be mad and upset if I were locked up in a hospital and don’t have a job.”
 2. Discuss only perceived problems and symptoms client mentioned.
 - Use their words and examples to discuss the problems and symptoms they perceive they have.
 - “So you can’t sleep at night because you’re constantly on guard and afraid that people are going to come and hurt you.”



Recognize and using window of opportunity

3. Review *perceived* advantages and disadvantages of treatment raised by the client. Ask if they want to hear your opinion.
 - “I think there may be another benefit to taking medication that’s not on our list. Want to hear what it is?”
4. Correct misconceptions
 - E.g. antipsychotic medications are not addictive; SPMI is not caused by one’s upbringing
5. Reflect back and highlight the perceived benefits
 - “So if I have it right, you’re saying that when you stay on the meds, you sleep better and you fight less with your family.”
6. Agree to disagree



Remember

Always to ask questions when you want to make a point.

Try to agree on goals that are obviously reachable, but don't limit yourself to those.



Partner

- Listen + Empathize + Agree + Partner
- Both you and your client make an explicit decision to work together and become teammates striving for the same goal.
- Forming partnership to identify a shared plan of action to achieve shared goals.



You may ask.....

“ This all sounds great but it must take a lot of time! Who has time to do this?”

- In fact, data supports that it takes no more time to use LEAP than what we have probably been doing all along.
- Think of all the time you've wasted arguing or attempting to coerce the clients you've been trying to help into accepting treatment!