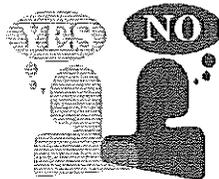


## Anosognosia

Lack of insight in psychosis



What is "anosognosia" and how do you pronounce it?

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- ❖ Impaired awareness of illness
- ❖ Linguistic origins
- ❖ Used by neurologists



### RECOGNITION AS A SYMPTOM OF MENTAL ILLNESS

"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, DSM-IV (American Psychiatric Association Press, 2000)

### How big a problem is it?

- ❖ At least *half* of all patients diagnosed with Schizophrenia exhibit Anosognosia with resulting non-adherence to medication.
- ❖ Increases the likelihood of aggressive and violent behaviors
- ❖ Other consequences of non-adherence to medication

**Anosognosia**  
↓  
**Non-adherence**  
↓

<http://www.cedarsinai.com/2011/05/11/anosognosia-often-seen-in-people-with-lack-of-insight/>

**Poor Insight / defensiveness**      **VS.**      **anosognosia**

<ul style="list-style-type: none"> <li>❖ Improves with medication</li> <li>❖ Struggles with evidence</li> <li>❖ Exhibits other defensiveness</li> <li>❖ Paranoia or Axis II traits</li> </ul>	<ul style="list-style-type: none"> <li>❖ Severe and persistent</li> <li>❖ Lasts for months or years</li> <li>❖ Fixed and firm</li> <li>❖ Illogical explanations to explain away evidence</li> </ul>
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### Using L.E.A.P.

- ❖ **L.E.A.P.** stands for Listen, Empathize, Agree, Partner
- ❖ **L.E.A.P.** is based on three therapy models:
  - o Rogers' Client Centered Therapy
  - o Beck's Cognitive Therapy
  - o Miller & Rollnick's Motivational Enhancement Therapy (or M.I.)

### LISTEN!

<p><b>LISTEN</b> reflectively to:</p> <ul style="list-style-type: none"> <li>❖ Delusions</li> <li>❖ Anosognosia</li> <li>❖ Desires</li> </ul>	<p><b>AVOID</b> these mistakes:</p> <ul style="list-style-type: none"> <li>❖ Omitting</li> <li>❖ Contradicting</li> <li>❖ Reacting</li> </ul>
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**DON'T BE AFRAID TO APOLOGIZE!**

## EMPATHIZE (*Strategically*)

Express empathy for:

- ❖ Delusional beliefs (what emotions are behind it?)
- ❖ Desire to not be sick (stigma, taking pills isn't fun)
- ❖ Treatment avoidance (responsibilities of appointments, etc.)

## AGREE

- ❖ Finding goals you can share is the key to establishing a partnership.
- ❖ Discuss perceived problems/symptoms (Feeling tired from lack of sleep not reason for insomnia)
- ❖ Normalize the experience whenever possible (I'd feel the same way if I were stuck in a hospital)
- ❖ Remember to always ask questions when you want to make a point.

## PARTNER

- ❖ Understand and communicating the patient's perspective is the key to transforming an adversarial relationship into an alliance.
- ❖ Take a collaborative stance
- ❖ Guide rather than press, use hypothetical language when resistance very strong
- ❖ Try to agree on goal that are obviously reachable but don't limit yourself to those

## REVIEWING Recovery principles



- ❖ **Recovery promotes participation:**  
*the patient is involved, not just receiving care*
- ❖ **Recovery promotes access:**  
*remove barriers*
- ❖ **Recovery promotes engagement:**  
*patient is primary, not the diagnosis*
- ❖ **Recovery promotes continuity and flexibility:**  
*journey is not one place, not always linear*

## 10 CORE COMPONENTS OF RECOVERY

- ❖ Self Direction
- ❖ Person-Centered
- ❖ Empowerment
- ❖ Holistic
- ❖ Non-Linear
- ❖ Strengths-Based
- ❖ Peer Support
- ❖ Respect
- ❖ Responsibility
- ❖ Hope

## RELATIONSHIPS

- ❖ Making common goals more achievable
- ❖ Making expectations more realistic
- ❖ Using Recovery principles at home

