



LEAP
FOUNDATION FOR
RESEARCH TO PRACTICE

PROGRAM DESCRIPTION

LEAP[®] Course
& Train-the-Trainer Course

LEAP Foundation for Research to Practice, Inc. (LFRP)

501(c)(3) Nonprofit Organization
888-801-LEAP (5327) • www.LFRP.org

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Overview

The science is clear and unequivocal, **the number one reason that people with severe mental illness (SMI) do not accept help or treatment is due to a “lack of insight” into being ill, otherwise known as *anosognosia***—*a neurological symptom that leaves a person unable to understand that s/he is ill, consequently becoming non-compliant, treatment resistant, and isolated*. Anosognosia causes refusal of, or inconsistent, treatment, worsening of symptoms over time, deterioration in long-term prognosis and other devastating outcomes: i.e., repeated cycle of involuntary hospitalizations followed by noncompliance then relapse, criminalization, poorer psycho-social functioning, increased aggression, homelessness, and suicide (DSM IV-TR, American Psychiatric Association Press, 2000; DSM-V, American Psychiatric Association Press, 2013).

Despite the nearly three decades of anosognosia research and evidence, there continues to be a gap of education available to help professionals and family caregivers to address this pervasive symptom and the obstacles it creates. To worsen the problem, the “usual psycho-education approach” continues to drive people suffering from these neurological illnesses away from family and professional help. However, a new hands-on approach has been pioneered by Dr. Xavier Amador, internationally renowned clinical psychologist, published clinical researcher, forensic expert, best-selling author of *I AM NOT SICK, I Don’t Need Help* and family caregiver of relatives with schizophrenia and bipolar disorders.

LEAP (Listen - Empathize - Agree - Partner)[®] is a set of evidence-based practices that create therapeutic alliances and trusting relationships with people suffering from severe mental illness. Designed to build and strengthen mutual respect, it helps people who are non-adherent, or partially adherent, **to become more cooperative and engaged in treatment and services**, including medication, psychotherapy, psychosocial programs, club houses, peer-support, and supervised housing.

The mission of *The LEAP Foundation for Research to Practice (LFRP)*, a non-profit organization, is to transform the healthcare, educational and government systems by providing evidence-based education, training and ongoing support to individuals and organizations involved in the care and safety of people suffering from severe mental illness, including:

- **Mental Healthcare Professionals**
- **Criminal Justice Professionals**
- **Peer Support Specialists**
- **Family Caregivers**

Overview (continued)

The LEAP Program educates about much more than the LEAP® communication technique.

THIS PROGRAM EMPHASIZES SCIENCE-BASED EDUCATION ABOUT:

- **Anosognosia**
- **Signs and symptoms of SMI and what they predict**
- **Suicide prevalence and prevention**
- **Risk of violence in SMI**
- **The problem of noncompliance with treatment(s)**
- **The use of long-acting injectable antipsychotic medications**
- **Criminalization of persons with mental illness**
- **Research on the therapeutic alliance in SMI**
- **Resources for families, healthcare and criminal justice professionals**
- **Research on how to help someone with SMI accept treatment and services**

To date, tens of thousands of individuals worldwide have attended facilitator-led courses and been trained on the LEAP® approach in a one-day **LEAP® Course** or certified as LEAP® Trainers in a two-day **Train-the-Trainer Course**, to teach within their organizations and communities.

Once trainees learn the truth about what causes “denial” they ***stop trying to convince the person of something that is impossible for them to see and focus on using communication tools to develop a collaborative relationship that leads to treatment and recovery.***

Scope of the Problem

Poor and partial-adherence to treatment¹ presents staggering obstacles to recovery. It is associated with a poorer course of illness, increased involuntary hospitalizations, suicide, poorer subsequent response to treatment, estrangement and discord with caregivers and providers, criminal behavior, and failure to reach optimal levels of recovery. In light of the tremendous advances made in the treatment of schizophrenia and bipolar disorder, the tragedy of both untreated, and inadequately treated, mental illness is compounded. The urgency to implement strategies that optimize adherence and recovery has never been greater.

Non-adherence rates in schizophrenia and bipolar disorder continue to hover around 50% while partial adherence rates are even higher (75%). Considering that millions of people either flat out refuse to participate in treatment, or if they do, practice only partial-adherence, the “real-world” effectiveness of both the older, and more promising newer treatments, is abysmal.

The symptom of lack of awareness of illness (a.k.a. “anosognosia” see DSM IV-TR and DSM-V, APA Press, 2000, page 304, and APA Press, 2013, page 101) is very common and among the top predictors of poor adherence to treatment. After all, who would want to take medication for an illness they did not believe they had? Research shows that poor insight is among the top predictors of poor adherence, far more predictive than the person’s experience of side effects. Although recent innovations in drugs used to treat these disorders have addressed many of the limitations of traditional antipsychotic medications (e.g., severity of side effects, aspects of cognitive dysfunction), they still do not deal with the problem of poor adherence to treatment.

Improving Insight and Adherence

Unfortunately, medications do not appear to improve the level of insight, on the other hand, LEAP[®] has been found to predict improved adherence, more positive attitudes about treatment and satisfaction with treatment (Paillot, et. al., 2009). More recently, studies testing the efficacy of such interventions using psychiatric nurses and family members in patients with schizophrenia suggest that extensive professional background is not needed to be effective. For example, training caregivers in the LEAP[®] approach is especially effective as there are many more opportunities for interaction than is afforded providers. Furthermore, maladaptive communication patterns in the family are usually improved reducing expressed emotion, discord, and estrangement. This, in turn, is associated with reduced risk for relapse.

Summary

Because of poor insight into the illness and poor adherence to treatment many persons with schizophrenia and bipolar disorder exist at the margins of society and are unable, or oftentimes unwilling, to utilize available drug therapies and services. A set of communication and problem-solving skills that can be used by mental health providers, care-givers and other stakeholders can be readily learned by participating in the LEAP[®] training program.

¹ From this point forward “poor adherence” refers to both complete noncompliance as well as partial compliance, unless otherwise stated.

COURSE DESCRIPTION

The **LEAP[®] Course** is a one-day facilitator-led training workshop designed to provide participants the (A) critical research and (B) skillset required to create a therapeutic alliance and build a collaborative relationship with persons who have severe mental illness, that lead to the acceptance of treatment and services.

COURSE FOUNDATION

The success of the LEAP[®] approach rests on three pillars:

1. **Person-Centered Focus:** Developing a new relationship with the person that focuses exclusively on problems that the “patient” perceives.
2. **Treatment Team:** Breaking down the barriers that keep the healthcare provider, family caregivers, other stakeholders (law enforcement, judges, probation, attorneys), and consumer from functioning as an effective team.
3. **Common Goals:** Finding common ground between team members and the consumer, that can be shaped into goals that will be worked on together.

Research on Poor Insight and Engagement in Treatment

Participants will be introduced to the empirical research on the prevalence, etiology and treatment of both poor insight and poor adherence. Although largely didactic, the workshop is interactive in that participants are repeatedly queried to assess and highlight misconceptions they hold about the causes and treatment of poor insight and poor adherence.

SKILLSET AND TOOL OVERVIEW

Participants will learn the following skillset and evidence-based “**7 LEAP[®] Tools of Communication**”.

TOOL	SKILLSET
(L) Listen[®]	<ul style="list-style-type: none">• Listen reflectively to delusions, anosognosia, and desires without any judgement and instead communicate genuine respect.
(E) Empathize[®]	<ul style="list-style-type: none">• Strategically express empathy without reality-testing and actively normalize the person’s experience.
(A) Agree[®]	<ul style="list-style-type: none">• Identify areas of agreement; agree to disagree.
(P) Partner[®]	<ul style="list-style-type: none">• Quickly form partnerships and move forward to achieve common goals (ultimately linked to acceptance of treatment and services).
Delay[®]	<ul style="list-style-type: none">• Respectfully delay giving contrary opinions and redirect conversation.
Opinion—3 As[®]	<ul style="list-style-type: none">• Give recommendations and non-judgmental opinions in a manner that communicates respect and results in trust.
Apologize[®]	<ul style="list-style-type: none">• Apologize for words and actions that harmed the relationship.

LEARNING OBJECTIVES

Participants will learn to:

- Distinguish between anosognosia vs “denial” of mental illness (i.e. schizophrenia, bipolar disorders)—a debilitating symptom prevalent in 50% of individuals with these disorders.
- Utilize evidence-based approaches, set aside psychoeducation and logical arguments, and instead focus entirely on developing a relationship with the mentally ill person so s/he feels respected, not judged and trusts the other person’s opinion that treatment would be beneficial to reaching personal goals.
- Name the most effective forms of frontline treatments and pharmacotherapy on improving insight for person with anosognosia.
- Preserve and build on relationship/ alliance when disrupted by disagreements, paranoia, involuntary treatment, etc.
- Reduce anger, paranoia, and quickly gain cooperation and compliance.
- Collaborate with the mentally ill person to work towards common goals.
- Identify the “Top Two Predictors” of treatment adherence.

COURSE INCLUDES

- Participant Course Manual
- The 7 LEAP[®] Tools Card
- Didactic and Experiential Roleplays
- Certificate of Completion

TARGET AUDIENCE

- **Mental Healthcare Professionals**
 - Prescribers, Psychologists, Social Workers, Counselors, Family Services Staff, Therapists, Nurses, Nurse Aids, Psychiatric Technicians, Clerical Staff, Peer Support Specialists, Crisis Response Workers, School-based Psychologists, and Caseworkers.
- **Criminal Justice Professionals**
 - Police/ Corrections/ Probation Officers, Crisis Intervention Team Members, Attorneys, and Judges.
- **Family Caregivers**
 - And others involved in the care and safety of people suffering from severe mental illness.

CEU ACCREDITATION

The LEAP[®] Course has been certified as eligible for CEs, CMEs and other professional continuing education credits by a wide range of national and international credentialing bodies.



**In 2018, the LEAP[®] Program was included in the Family Toolkit by
Substance Abuse and Mental Health Services Association (SAMHSA)**

SCHEDULE	CORE COMPETENCIES
9:30am-9:45am	<ul style="list-style-type: none"> • Course Overview
9:45am-12:00pm	<ul style="list-style-type: none"> • “I AM NOT SICK, I Don’t Need Help” History and Relevance • Poor Insight Into Mental Illness Research Criminalization of People with Severe Mental Illness (SMI) Untreated SMI and Violence Relationships and SMI Anosognosia Research Lack on Insight and Other Symptoms Efficacy of Frontline Medications Insight and Treatment Adherence DSM IV and DSM V References of Psychotic Disorders Importance of Language with Anosognosia • Roleplay 1: Anosognosia Roleplay How Does Anosognosia Feel Like? “Real Life” Best Practices
12:00pm-1:00pm	Lunch
1:00pm-2:30pm	<ul style="list-style-type: none"> • Tool: Listen—How to listen reflectively to delusions, anosognosia, and desires with respect and without opinion or judgement. • Roleplay 2: Reflective Listening “Common Old Habits” that derail LEAP reflective listening. • Tool: Delay—How to respectfully delay giving contrary opinions and redirect conversation. • Tool: Opinion (3 As: Apologize - Acknowledge Fallibility - Agree) —How to give recommendations and opinions in a manner that communicates respect and increases trust. • Tool: Apologize—How to apologize for words and actions that harmed the relationship.
2:30pm-2:45pm	Break
2:45pm-4:30pm	<ul style="list-style-type: none"> • Tool: Empathize—How to strategically express empathy without reality-testing and normalize the experience. • Tool: Agree—How to identify areas of agreement; agree to disagree. • Tool: Partner—How to quickly form partnerships and move forward to achieve common goals.
4:30pm-5:00pm	<ul style="list-style-type: none"> • Overview of LEAP Resources Professionals & Family Network

COURSE DESCRIPTION

This interactive one-day facilitator-led workshop is designed to certify individuals to teach the **LEAP® Course** [see course outline] within their communities and organizations—providing families and professionals the knowledge and skillset to create collaborative relationships with persons who have severe mental illness, so they engage in treatment and services.

Pre-requisite: The LEAP® Course (one-day)

LEARNING OBJECTIVES

Participants will learn to:

- Teach the LEAP® Course, including the evidence-based “**7 LEAP® Tools of Communication**”.
- Present the course following its fidelity to the core program.
- Properly utilize the LEAP Course® Trainer Slides and Notes.
- Facilitate essential roleplays designed to (A) increase empathy for individuals with severe mental illness, and (B) improve communication skillset.
- Debrief roleplays, identify best practices and reinforce learned skillsets.
- Field difficult and derailing questions and clinical scenarios.

COURSE SKILLS APPLICATION

- **Roleplay Practice**—Participants will apply their course skills through practicing, observing and interacting in didactics and experiential real-life roleplay simulations, designed to build first-person experience of individuals suffering from severe mental illness.
- **Feedback**—Instructor immediately debriefs roleplays, provides feedback and identifies best practices with participants.

CERTIFICATION PROCESS



COURSE INCLUDES

- Trainer Manual
- Study Resources & Online Tools
- *Learn to LEAP®* Training Video (4 Hour) provided on USB drive
- Didactic and Experiential Roleplays
- Certificate of Completion
- Trainer Certification Action Plan

Trainer-the-Trainer (TTT) Course | TIMELINE

SCHEDULE	CORE COMPETENCIES
9:00am-9:40am	<ul style="list-style-type: none"> • Train-the-Trainer Course Overview and Learning Goals
9:40am-10:45am	<ul style="list-style-type: none"> • Origins of LEAP and Research History, Theoretical Foundations and Research • Major DOs and DON'Ts Course Guidelines Best Practices Common Pitfalls • Teaching LEAP (Part 1) Research - Poor Insight into Mental Illness Research Instructions of LEAP Trainer Slides and Timeline Review of Trainer Notes
10:45am-11:00am	Break
11:00am-12:00pm	<ul style="list-style-type: none"> • Teaching LEAP (Part 2) Skillset - 7 LEAP® Tools of Communication Instructions of LEAP Trainer Slides and Timeline Review of Trainer Notes • How to Use LEAP to Teach LEAP
12:00pm-1:00pm	Lunch
1:00pm-2:30pm	<ul style="list-style-type: none"> • How to Conduct Anosognosia Roleplays Three Roles, Setting the Scene, Crossroads • How to Debrief Anosognosia Roleplay and Reinforce Learning • Practice Anosognosia Roleplays • Debrief and Best Practices • Practice Fielding Difficult Questions and Clinical Scenarios
2:30pm-2:45pm	Break
2:45pm-4:30pm	<ul style="list-style-type: none"> • How to Conduct LEAP Reflective Listening (LRL) Roleplays • How to Identify and Teach “Common Old Habits” • Practice LRL Roleplays • Debrief and Best Practices
4:30pm-5:00pm	<ul style="list-style-type: none"> • Next Steps—Practice Trainings, Participant Evaluations • Certifications Guidelines and Support • Train-the-Trainer Resources & National Network

Citations

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8. Lasser, R.A., et al. A New Psychosocial Tool [LEAP] for Gaining Patient Understanding and Acceptance of Long-acting Injectable Antipsychotic Therapy, *Psychiatry (Edgemont)* 2009;6(4)
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15. Paillot, C. et al., *Double Blind, Randomized, Controlled Study of [LEAP] A Psychotherapy Designed To Improve Motivation for Change, Insight into Schizophrenia and Adherence to Medication.* *Schizophrenia Bulletin*, 35 (suppl 1): 343, 2009.
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