

An Overview¹ of Xavier Amador's L.E.A.P. Approach²

1) Shift Your Focus

- 1) If you have been trying to convince your loved one to admit to a diagnosis or accept that they have a mental illness (schizophrenia, bipolar disorder, schizoaffective disorder, etc.) or a problem like alcoholism, anorexia or ADHD, stop. Although you undoubtedly mean well, there is very little chance that it will work. In fact, on the contrary, it will in all likelihood only succeed in pushing you further apart.
- 2) The more you confront your loved one head-on, the more likely they are to become defensive and deny they have a problem or an illness; the more defensive or resistant they become, the more frustrated and angry you will probably get; the more frustrated and angry you get, the more frustrated and angry they will get. And so on and so on.
- 3) Paradoxically, it is when you stop pushing someone to change that they often find reasons to change all on their own. If you stop pushing your loved one to admit they are wrong, they can stop defending their position. When you give them what looks like permission to have their own opinion, they will feel valued and when they feel valued they will become more open to seeing your point of view and to questioning their own position.
- 4) If your loved one has a serious mental illness (i.e. schizophrenia, bipolar disorder, schizoaffective disorder, etc.), there is another important reason to stop pushing them to admit they have an illness. One of the main reasons many people with serious mental illnesses do not develop more insight into their illness is because part of their illness is a neurocognitive condition called "anosognosia" which blinds them from realizing they are ill. In all likelihood, your loved one is not "denying" they have an illness or being "stubborn" or "proud" or "immature." Rather, their lack of insight is probably a neurological deficit that is part and parcel of the illness itself.
- 5) Instead of trying to convince your loved one to admit that they have a problem or accept their diagnosis or acknowledge that they have a mental illness, take a more practical and productive approach and shift your focus to helping them get the help they need (e.g. medication, psychotherapy, day programs, occupational therapy, etc.). Your loved one does not have to accept that they are ill or have a problem in order to get the help they need. So rather than trying to get them to gain insight into their

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² This summary is based on Xavier Amador's books *I Am Not Sick, I Don't Need Help!*: *How to Help Someone with Mental Illness Accept Treatment* (Vida Press, 2010) and *I'm Right, You're Wrong, Now What?: Break the Impasse and Get What You Need* (Hyperion, 2008).

condition, help them find reasons to accept treatment despite their lack of insight. In other words, take your eye off the ball (i.e. their diagnosis or their problem) and look at the game (i.e. the way a trusting and positive relationship with them will help you both reach the common goal of getting treatment).

- 6) When it comes to encouraging your loved one to seek treatment, nothing will give you more influence than a trusting and respectful relationship with them. It is not the strength of your arguments that will persuade them to get help, but the strength of your relationship.
- 7) To evaluate whether your interactions with your loved one are strengthening your relationship or weakening it, assess the effectiveness of your interactions by constantly asking yourself, “Did what I just say (or do) build a bridge between us or did it put another stone in the wall between us?”
- 8) If your relationship with your loved one has grown distant, you might need to start by apologizing to them by saying something like this: “I’m sorry I haven’t been a very good listener lately. I understand if you don’t want to talk about _____ [e.g. mental illness, alcoholism, anorexia, etc.] anymore and I promise I’ll never bring up the issue again. I promise I won’t do anything but listen and try to understand where you’re coming from.”
- 9) The best way to create or restore a loving relationship (i.e. one that is characterized by trust and respect) is to begin by listening reflectively to your loved one. If you want your loved one to listen to you, you must begin by listening to them first.

Listen

- 10) Reflective listening involves paraphrasing what your loved one is saying and repeating it back to them in your own words. Your only goals when listening reflectively should be to understand what your loved one is saying and to convey that understanding back to them. When you are listening well, you are asking a lot of questions and letting your loved-one be in control of the conversation. In a nutshell, you sound like a journalist conducting an interview.
- 11) To listen reflectively, it is crucial that you drop your own agenda (e.g. to get them to admit they have an illness or some other problem). Paradoxically, as mentioned above, it is only when you stop pushing your loved one to change that they will find their own reasons to change. Although it may seem counter-intuitive, the more fully you can surrender your desire to control your loved one, the more effective you will be in helping them get the help they need.
- 12) To get a clear sense of your loved one’s views on seeking treatment, consider asking them some questions about the following subjects, and then reflecting their answers back to them: What is their belief about having a problem or a diagnosis or a mental illness? What are their experiences with medication and their attitudes toward it?

What do they think they can and cannot do? What are their hopes and expectations for the future? Understanding your loved one's views on these questions will give you some sense of the common goals you will eventually be able to agree upon and partner with them to work toward.

- 13) There are a few common errors that you will probably make when you are first learning to listen reflectively:
- i. Omitting information: You may omit information that makes you uncomfortable or that you think will require you to do something you cannot or do not want to do. If there is something you've missed, don't hesitate to ask, "Was there more?" or "Did I get all of that?" or "Did I miss anything?"
 - ii. Reacting: You may be tempted to get defensive or add our own comments or contradict what your loved one is telling you, rather than simply reflecting their experiences back to them. Try to resist this temptation because it will only create more distance between you rather than bring you closer together. If you have reacted, you can always apologize and ask, "Can I try that again?"
 - iii. Rushing to Empathy: You may skip the reflective listening and jump right to imagining how our loved-one must be feeling, which may leave them feeling unheard.
- 14) To really listen to your loved one, you may also have to overcome a few mistaken beliefs.
- i. "It'll just make things worse": You may fear that listening reflectively to your loved one will make things worse by reinforcing their denial, legitimizing their delusions, strengthening their resistance to taking medication. It won't. On the contrary, it will disarm them, lower their defenses, and strengthen your relationship.
 - ii. "It's dishonest": You may fear that reflecting back to them their irrational or self-destructive beliefs is dishonest and you may worry that if you don't constantly remind your loved one that you disagree with them, they will think you've changed your mind. It won't. Reflecting back and empathizing with your loved one does not mean that you are agreeing with them; it just shows them that you genuinely want to understand what they think and feel.
 - iii. "It'll Put Me in a Bind": You may be concerned that listening reflectively to your loved one will prompt them to ask you to do or say something you cannot or do not want to do. It may well do this, but as we will see below, there are some helpful ways to handle such requests.
- 15) Although it may seem counter-intuitive, it is especially important to listen reflectively to your loved one's anxious, angry or irrational beliefs and their complaints and

insults about you or your ideas. Since these are the things that have probably been creating distance between you, they are the things that are particularly important to listen reflectively to in order to improve your relationships. It is also very important to listen to your loved one's desires and aspirations.

Empathy

- 16) Reflective listening usually leads naturally to empathy (i.e. feeling what the other person is feeling). After you have reflected back to your loved one what you have heard them say, empathize with any feeling they are willing to reveal (regardless of whether they seem rational or irrational). This is a crucial step in the process of creating a strong, trusting relationship.
- 17) Again, for the reasons explained above, although it may seem counter-intuitive it is particularly important to empathize with your loved-one's delusional beliefs, their desire to prove they are not sick, their wish to avoid treatment, the frustration they may feel about being pressured to take medication or being involuntarily admitted to the hospital, their misgivings about the side-effects of medication, their experience of being stigmatized, their disappointment about personal goals that have not been met, their discomfort from the side-effects of medication (such as gaining weight or feeling groggy, slowed down, less creative, etc.) and their aspirations (to work, get married, have children, return to school, stay out of the hospital, etc.)
- 18) Normalize their feelings (of fear, resentment, frustration, discomfort, etc.) by saying things like, "I would feel the same way if I was in your shoes."
- 19) When your loved one feels listened to and empathized with, they will probably ask you for your opinion (e.g. "Do you think I'm mentally ill?" "Do you think I'm an alcoholic?" "Do you think I need counseling?" "Do you think the voices are real?").
- 20) While you should honor your loved-one's question and promise to answer it (e.g. "I'll tell you if you want..." or "I promise I'll tell you..."), it is best to delay giving your opinion right away. There are a few reasons for this: 1) It shifts the control to the person asking for your opinion, and at the same time gives them the responsibility for the answer they have requested; 2) It will preserve the alliance you have been building with your loved one by prolonging their experience of having you respect their opinion; 3) It may create anticipation and make your loved one more receptive to your opinion when you finally give it; 4) Or it will delay the hurt your answer might cause them.
- 21) Before you finally give your opinion, cushion the blow by apologizing first ("I want to apologize because I know this might hurt you..."), acknowledging your own fallibility ("...and I could be wrong about this because I certainly don't have all the answers"...), and agree to disagree "...but I hope we can agree to disagree on this. I respect your point of view and I won't try to talk you out of it. I hope you can respect mine." Then give your opinion.

22) If after listening reflectively to your loved one and empathizing with them, they do not ask you for your opinion, you can ask them if they would like to hear what you think. But remember to ask questions when you want to make a point (“Do you want to know I think? Can I give you my two cents on this one?”). By couching your opinion in the form of a question, you emphasize that you want to collaborate rather than pontificate. It also gives your loved one a sense of control over the conversation and lowers their defenses.

Agree

23) Having listened closely to your loved-one’s attitudes and feelings about treatment, and having conveyed your empathy, you will undoubtedly have turned up areas where the two of you agree (e.g. staying out of the hospital, the goal of getting a job, the view that medication will keep them out of the hospital, the idea of seeking counseling, etc.)

24) When you are agreeing with your loved one, stick to discussing only those problems or symptoms your loved one mentions themselves. In other words, stick to *their perceptions* of their problems or symptoms and then use their words when discussing them (e.g. if they say, “I can’t sleep at night because I’m constantly on guard” use their words rather than terms like “insomnia” or “paranoia” or “delusions”).

25) Make a list of all the advantages and disadvantages of seeking treatment that your loved one comes up with. Regardless of whether the advantages seem rational or irrational to you, record them one-by-one on a piece of paper.

26) Be sure to record any disadvantages of seeking treatment because this will increase your credibility while at the same time flagging potential obstacles to arriving at a treatment agreement.

27) Gently correct any misconceptions or mistaken beliefs your loved one has (e.g. antipsychotic medications are not addictive; serious mental illness is not caused by one’s upbringing, etc.). Then ask your loved one if they still want to put them on the list.

28) Reflect back and highlight the *perceived* benefits of treatment your loved-one has come up with (e.g. “So if I have that right, you’re saying that when you stay on the medication you sleep better at night and you fight less with your family?”)

29) Try to agree on goals that are reachable, but don’t limit yourself to those if you don’t have to. Even if you personally think your loved one’s goals are unrealistic, your willingness to talk about the goals they hold dear will give them hope and pride.

30) When you come up against an area of disagreement, agree to disagree. This will convey respect for your loved one’s opinion and increase their willingness to consider

the possibility that they are wrong. This openness is key to your loved one's reconsidering his position about staying in treatment.

Partner

31) Now that you share the same goals, rather than being at odds with one another, you can partner up and continue to work together on the treatment goals you both agree on.