



Assisted outpatient treatment and anosognosia

Presented by:

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Anosognosia

Anosognosia is an impairment in the ability to recognize one's illness.

When individuals living with a serious mental illness experience anosognosia, it directly compromises the treatment they're experiencing by **interrupting** it and makes it **unlikely** that they're going to **adhere** to any of their treatment from day to day, and ultimately every time they stop their treatment, **things can get worse**.



Anosognosia

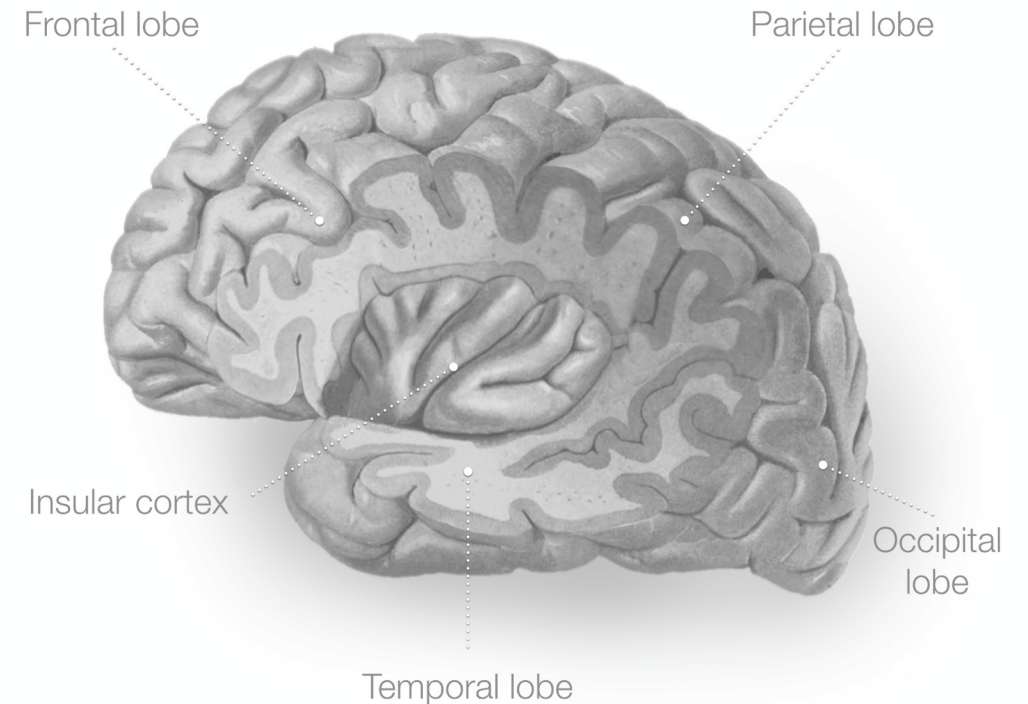
Anosognosia is an impairment in the ability to recognize one's illness.

- Can be very common among individuals with SMI:
 - ~ **50-98%** of individuals living with **schizophrenia**.
 - ~ **40%** of individuals living with bipolar disorder.
- Can result in resistance to treatment.
- Inconsistent treatment can cause SMI to become worse.



Anosognosia

Anosognosia: impairment in the ability to recognize one's illness. Suspected to be caused by neurological damage to one or more of the following regions of the brain:

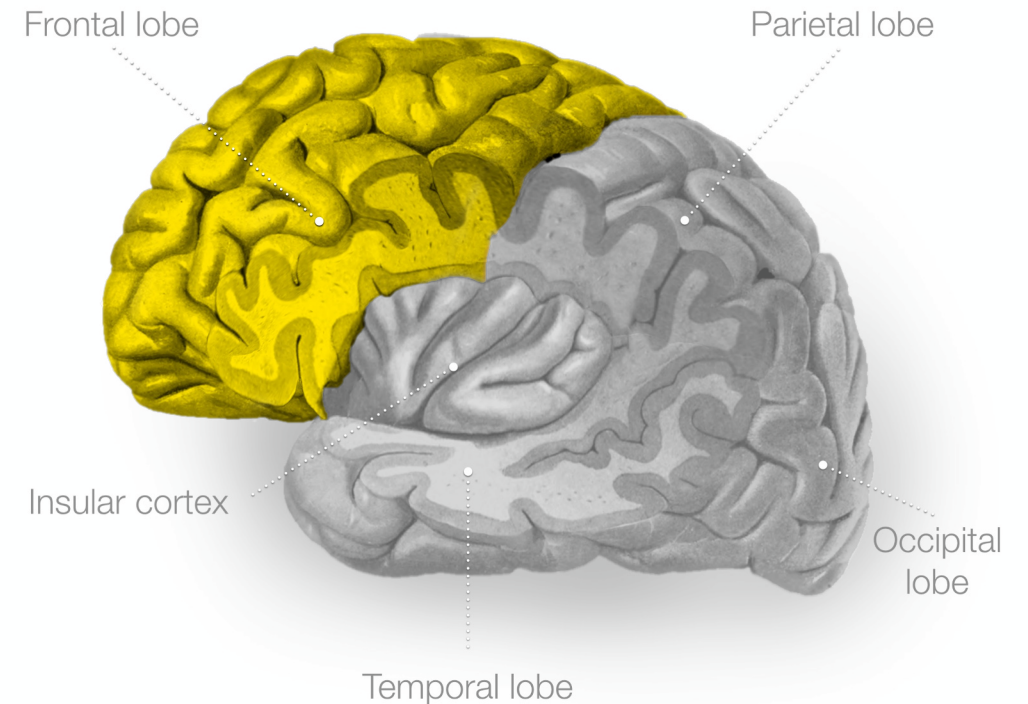


Anosognosia

Anosognosia: impairment in the ability to recognize one's illness. Suspected to be caused by neurological damage to one or more of the following regions of the brain:

Frontal lobe – Body movements, thinking, feeling, imagining, decision-making.

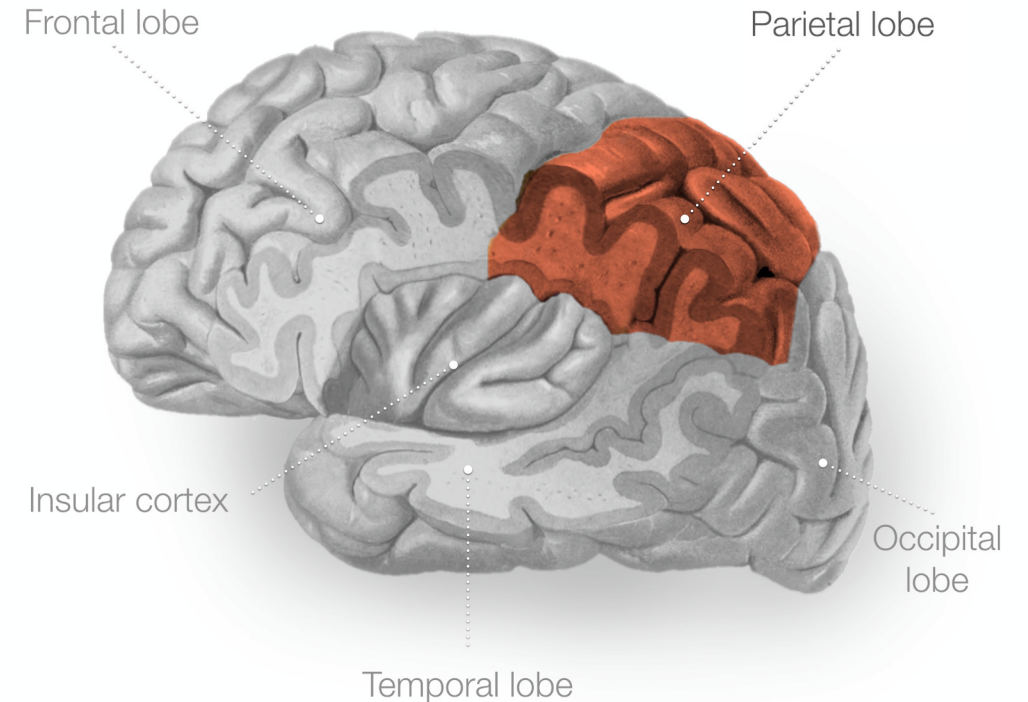
- **Prefrontal cortex** – responsible for making good judgment, planning, making decisions, regulating emotions, and impulse control.



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- **Parietal lobe** – where our brain takes in the information from our five senses and pulls it together to help interpret what's going on around us. It's especially important in processing the touch stimuli, such as pressure, pain, and the sensations of hot and cold.

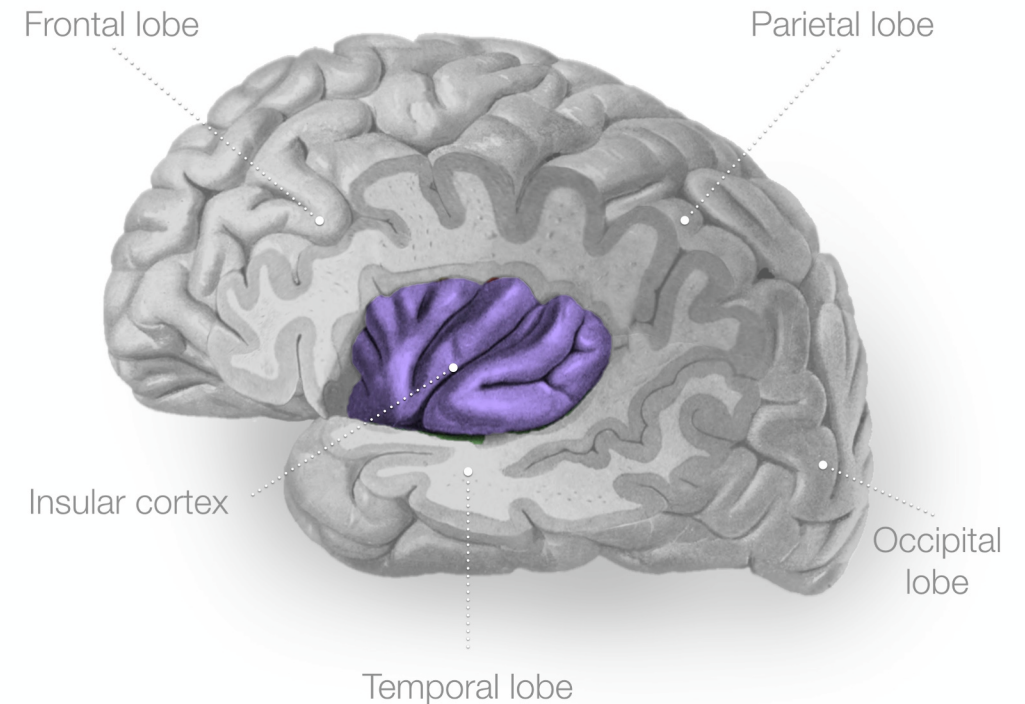


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Insula – responsible for very high-level functions, including:

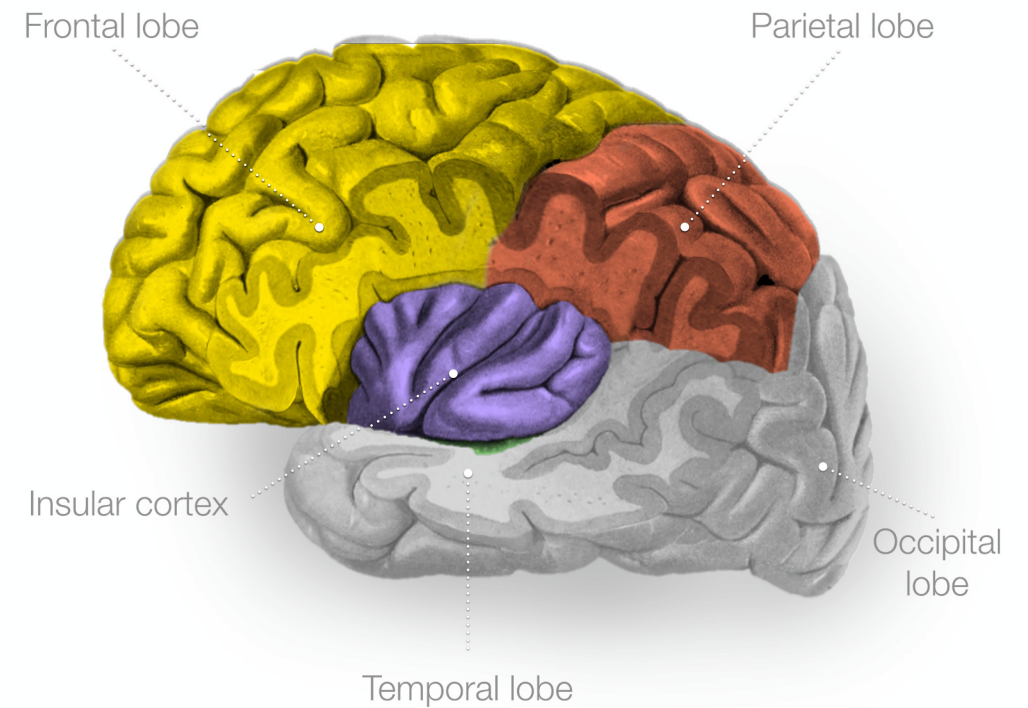
- Emotional reaction.
- Evaluating the intensity of pain.
- Risky decision making.
- Formation of social emotions.
- Awareness of self, or interoception.



Anosognosia

Anosognosia: impairment in the ability to recognize one's illness. Suspected to be caused by neurological damage to one or more of the following regions of the brain:

- **Frontal lobe**
- **Prefrontal cortex.**
- **Parietal lobe.**
- **Insula.**



The purpose of AOT orders

AOT addresses the problem of treatment non-adherence from two directions:



Individual

Compelling an individual via court order to receive mental health treatment.



The mental health system

Committing the mental health system to provide treatment.

Services available via AOT

- Case management.
- Medication (often via long-acting injectable [LAI] formulations).
- Lab tests to determine medication adherence/ efficacy.
- Outpatient therapy (individual and/or group).
- Day or partial-day programs.
- Educational or vocational training.
- Supervised living (e.g., group homes).
- Assertive Community Treatment (ACT, FACT teams).
- SUD testing and/or treatment.
- Other services at the court's discretion that can prevent relapse or deterioration of the individual's mental health.

This training is presented as a part of the
Assisted Outpatient Treatment Toolkit
to learn more visit:

<http://behaviorhealthjustice.wayne.edu/aot>