Dealing With Anosognosia in Dementia and Severe Mental Illness

W. Edward Brown, MSW, LCSW

Elder & Dependent Adult Abuse Symposium

June 25, 2026

Presentation Goals

- Be able to define anosognosia
- Understand the relationship between anosognosia and severe mental illness
- Learn skills to deal with people with anosognosia
- Be aware of resources available in the community

About the Presenter

- Working with people with severe mental illness since 2009
- Received MSW from Loyola University Chicago in 2012
- Been with Riverside County since 2015, with RUHS Behavioral Health since 2019
- Trained in LEAP method in 2019
- Three relatives with dementia

What is Anosognosia

- Pronounced: A No Sog No Zi Ah.
  - Or Dictionary style: A-nō-säg-nō-zh (ē-)ə
- Neurological problem causing lack of awareness of an illness
  - Not denial
- Leading cause of people not seeking or following through with treatment

Causes of Anosognosia

Brain Injury

- Stroke
- Seizure
- Toxins
- Traumatic brain injury
- Aneurisms
- And more

Disease

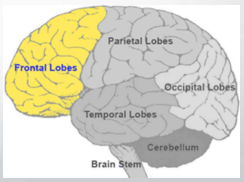
- Schizophrenia
- Alzheimer's disease
- Dementia
- Bipolar disorder
- Huntington's disease
- And others

Prognosis

- At present there is no remedy if it is the result of a disease

Causes of Anosognosia

- Malfunction traced to the frontal lobe
- Frontal Lobe controls:
  - Voluntary movements
  - Expressive language
  - Executive functioning
  - Planning and organizing



Accessed from https://www.health.qld.gov.au/abios/asp/bifrontal

Life With Anosognosia

- "A Concept of Self Stranded in Time"
- Illustration – You can't work

Life With Anosognosia

- What do you see?
- Confabulation – filling in the blanks to make the world make sense
  - "You changed it on me!"

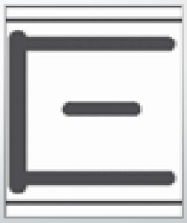


Image from https://leapinstitute.org/anosognosia-the-root-of-the-problem/

Life With Anosognosia

It's not denial if:

- Lack of insight is severe and lasts for several months or longer
- The beliefs do not change even when presented with evidence
- Confabulations are common to explain away discrepancies

LEAP Associates (2015)

Prevalence of Anosognosia

- 10% of people with mild dementia
- Up to 80% in people with severe dementia cases
- 40-50% of people with bipolar disorder
- 50-60% of people with schizophrenia

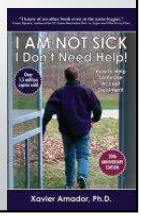
Tondelli, et al (2012), Treatment Advocacy Center (2015)

How to Deal with Anosognosia

- Do NOT argue
- Motivational Interviewing for clinicians
  - Person-centered collaboration in overcoming ambivalence
- LEAP for everyone
- Radical Acceptance

LEAP

- #1 indicator of positive outcome in therapy– the therapeutic relationship
- Developed by Dr. Xavier Amador
  - Listen
  - Empathize
  - Agree
  - Partner



LEAP

- Listen – more than just hearing
- Reflective Listening – repeating back what you heard them say
- Demonstrates you hear what they are saying
- Helps you gain an understanding of their world
- It does not mean agreement

LEAP

- Empathize – demonstrating you understand the feeling, thought or experience another is going through
- When you put it into words you validate them
- Validation is saying "I see you. I hear you."
- Empathy and Validation are NOT agreement.

LEAP

- Agree – find areas of common understanding, common facts
- When a disagreement cannot be resolved, agree to disagree

LEAP

- Partner on shared goals
- Demonstrates your commitment to the person and the relationship

More Communication Tips

- Use supportive language where possible
- Have a relaxed tone of voice
- Maintain a calm composure
- Consistent, simple, and clear information to avoid confusion

Radical Acceptance

- Accepting things as they are
- Letting go of expectations of how things "should be"
- Not a fatalistic or defeatist stance
- Allows for integration of new information in order to proceed forward
- Failure to practice radical acceptance leads to suffering – pain over and over again

Additionally

- Self-Care for yourself to prevent getting overwhelmed
- Develop a support network for yourself
- Respite Care

Riverside County Resources

- RUHS Behavioral Health – CARES Line 800-499-3008
- Family Advocate Program – 800-330-4522
- NAMI Western Riverside County – 951-369-2721
- Office on Aging – 877-932-4100

Riverside University HEALTH SYSTEM

NAMI National Alliance on Mental Illness

RIVERSIDE COUNTY OFFICE ON AGING


Questions?