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Engaging the 5 Capacities of Improvisation Coping With Trauma and Loss

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1

Agenda

- Cancer as an Acute and Chronic Illness
- Improvisation Capacities Cluster
- Improvisation Application
- Cancer and the Four Phases
- Phase III: Creating Meaning from Suffering

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2

Paradigm Shift in Medicine

- 20th century: focus on acute illness;
21st century: focus on chronic illness
- Chronic vs. acute care
- Necessity of chronic care models
- Chronic comprehensive case management
vs. clinical treatment

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3

Chronic vs. Acute Illness

- Chronic illness can be difficult to define,
measure and treat
- Medicine has not adapted to a CI model of
care- Pts. often fare poorly in acute care
- Patient needs vary over the duration and
phase of the illness
- Patients suffer from social stigma, economic
losses, and lack of knowledge and
understanding about their conditions
- Everyone becomes frustrated with the
unpredictability and chronicity of symptoms

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Increased Prevalence of Chronic Illness Worldwide

- Advances in public health
- Advances in medical care
- Aging population

4 Groups of Chronically Ill

- Acute illness survivors with managed symptoms (**cancer**, cardiovascular disease)
- Traditional chronic (MS, FM, CFS, asthma, lupus)
- “Persistent acute” (HIV/AIDS, stroke)
- Natural consequences of aging in an aging population

We gave Terri Dome a future. That is what we do.



Terri Dome

Terri Dome, a successful international marketing executive for a major movie studio in California, had it all, until her heart was ravaged by the effects of treatments she had received years before for a childhood cancer. She came to the Texas Heart Institute for help.

We used the latest advancement in treatment and technology—many of which were developed here—and our doctors' vast knowledge and experience. In February 2009, Terri had a heart transplant.

"When I first came, I was very nervous, very scared and very angry. I was in full-blown denial," says Terri. "The moment I met my doctors I knew I would be alright. From that time on, I was in good hands."

Terri is now making the most of her new life, reaching out to counsel other women with heart disease.

She, like countless others, we have helped, in living the future she did not have. No wonder U.S. News & World Report has ranked us among the top 10 Heart Centers for 20 consecutive years.



For information about keeping your heart healthy, call 1-800-292-2221 or submit a question online to Ask a Texas Heart Institute Doctor at texasheart.org

Terri Dome, a successful international business executive for a major movie studio in California, had it all, until her heart was ravaged by the effects of treatments she had received years before for a childhood cancer...

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Improvisation, Creation and Innovation

Innovation & Creation

- Improvisation Creation Innovation
- Change is:
 - Inevitable
 - Good
 - Bad
- Improvisation, creation & innovation help us respond to change.

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9

Creation

- A powerful stance against helplessness.
- Requires active reflection and creative action.
- Must be authentic.

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Authenticity

- In the process of creation, it's absolutely necessary to maintain insight about your limitations and your abilities.
- This is often painful.
- It's necessary to consistently strive for authenticity, and thus freedom, in the creative process.
- “The price of freedom is eternal vigilance.”
—Thomas Jefferson

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The 5 Capacities

- Allow people with acute and chronic illnesses to establish acceptance and meaning in their changed circumstances.
- Your discipline, personality or circumstances may mean other capacities are required.
- Discover and define them.

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12

1. Tolerate Ambiguity

- Ambiguity is unavoidable.
- Learn how to survive the “not knowing.”
- Take the time to be uncomfortable to get to where you need to be.
- Learn how to do the “emotional heavy lifting.” This leads to wisdom.
- Wisdom: Appreciating the value of the unknown. The realization that something good can come of this.

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2. Become Curious

- Change is an opportunity.
- Curiosity leads to innovation and change.
- Our culture squelches children’s curiosity, wonder and risk-taking.
- Culture’s toleration of curiosity is influenced by gender, race and social class.
- It has positive (childlike wonder), negative (nosy, “killed the cat”) and ambiguous (questioning authority) connotations.

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14

3. Take Risks

- Take the risk of getting started (every day).
- Conscious v. unconscious (impulsive) risk taking.
- Calculated risk taking:
 - Informed by knowledge of limits and abilities.
 - Isn’t impulsive.
 - Minimizes shame, embarrassment, fear of failure.
 - Has an “exit strategy” if things don’t go as planned.

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4. Take Action

- Improvisation requires that you make a choice.
 - Statement/choice action - reaction react to the reaction
- Choosing in the moment: do you pick up the paintbrush? What color will you use?
- Did you get the light bulb? Do you need to?

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16

5. Innovate

- You've been curious, taken risks, made choices, taken action, innovated.
- The result – an idea, a paragraph, a picture, a tune – whether small or large, is a victory.
- Ask for outside help. Get training, instruction or assistance.
- Accommodate your limits and abilities.

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Application

Using the 5 Capacities to Respond to Change

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“You never want a serious crisis to go to waste. And what I mean by that is an opportunity to do things you think you could not do before.”

-- Rahm Emmanuel

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Respond To Your Crisis

- Define your crisis.
- How can the 5 capacities of improvisation be applied to the crisis/trauma of illness?
- Which of the capacities are your strengths?
- Which are your weaknesses?

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Apply The 5 Capacities

- What is your creative medium?
 - Music
 - Visual art
 - Writing
 - Drama
 - Etc.
- What kind of help do you need?

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21

Persistence & Fortitude

- Willingness to fail, developing self-reliance.
- Importance of community:
 - When you don't feel you can persevere, you can borrow from strength of others.
 - Faith
- Allow yourself extra time or help to do the more difficult things.
- “Fall down 7 times, get up 8.”

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Cancer and the Fennell Four Phase Model

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Philosophy of the Phase Method

- A Systemic Approach
- False Dichotomies
- The Phenomenon of Chronicity
- Traumatization and Chronicity
- The Integration Assumption
- Palliation
- Clinician as Active Equal Participant

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Socio-Cultural/Quality of Life Factors

- Cultural Intolerance of Suffering
- Cultural Intolerance of Ambiguity
- Cultural Intolerance of Chronic vs. Acute Syndromes
- Pre-existing Cultural Climate Toward Chronic Syndromes
- Media
- Initial Syndrome Illegitimacy and Subsequent Enculturation

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Trauma Types

- Disease/Syndrome Trauma
- Iatrogenic Trauma
- Cultural Trauma
- Vicarious Trauma

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- Pre-Morbid / Co-Morbid Trauma

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Traditional Disability vs. Chronic Conditions

- Chronic conditions on a continuum
- Static vs. dynamic disability/illness
 - Fixed disability
 - Relapse and remission
 - Waxing and waning
- Legal definitions of disability/chronic illness
- Social or colloquial definitions
 - Disability
 - Illness
 - Disease/condition/syndrome

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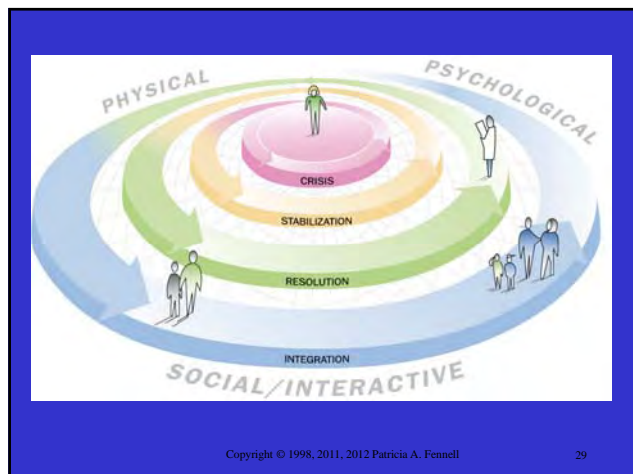
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The Four Phases of Chronic Change

The Smith Family's Story:
Survivors of Cancer

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28



Phase I – Trauma / Crisis

- **Physical/Behavioral Domain**
 - Coping stage
 - Onset stage
 - Acute / emergency stage
- **Psychological Domain**
 - Loss of psychological control / ego loss
 - Intrusive shame, self-hatred, despair
 - Shock, disorientation, dissociation
 - Fear of others, isolation, mood swings
- **Social/Interactive Domain**
 - Others experience shock, disbelief, revulsion
 - Vicarious traumatization
 - Family / organizational maturation
 - Suspicion / support continuum

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Phase II – Stabilization / Normalization Failure

- **Physical/Behavioral Domain**
 - Plateau
 - Stabilization
- **Psychological Domain**
 - Increased caution/secondary wounding
 - Social withdrawals, social searching
 - Service confusion / searching
 - Boundary confusion
- **Social/Interactive Domain**
 - Interactive conflict / cooperation
 - Vicarious secondary wounding
 - Vicarious traumatic manifestation
 - Normalization failure

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Phase III – Resolution

- **Physical/Behavioral Domain**
 - Emergency stage diminishment / improvement
 - Continued plateau / stabilization
 - Relapse
- **Psychological Domain**
 - Grief reaction / compassion response
 - Identification of pre-crisis – “self”
 - Role/identity experimentation
 - Returning locus of control
 - Awareness of societal effects
 - Spiritual development
- **Social/Interactive Domain**
 - Breaking silence / engulfment in stigma
 - Confrontation
 - Role experimentation – social, vocational
 - Integration / separation / loss of supporters

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Phase IV – Integration

- **Physical/Behavioral Domain**
 - Recovery stage
 - Continued plateau / improvement / relapse
- **Psychological Domain**
 - Role / identity integration
 - New personal best
 - Continued spiritual / emotional development
- **Social/Interactive Domain**
 - New / reintegrated supporters
 - Alternative vocation / activities

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Phase 3 Resolution: Creating Meaning From Suffering

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Phase 3: Resolution

- Goal: to develop meaning about suffering.
- Recognize deeply that your old life will not return.
- Begin to find meaning in your experience, establish an authentic new self and develop a supportive, meaningful philosophy.
- Artistic expression and community offer pathways toward establishing meaning in the chronic illness experience.

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Transformation Steps

- By coming to terms with your own feelings, you can develop meaningful responses to your illness experience.
 - Allowance of suffering
 - Meet suffering with compassion
 - Meet suffering with respect
 - Integrate suffering

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Phase 3 Transformation Step: Meeting The Suffering With Respect

- Regarded with appreciation
- Heroic captivity
- Antithetical interpretation
- Engaging the creative process
- Standing with self

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Identifying Your Project

- What is your discipline of choice?
- Technology to support your effort
- Resources

Participate in supportive community:

– Join our Creativity Group

– Learn more at:

AlbanyHealthManagement.com

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“Good”

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39

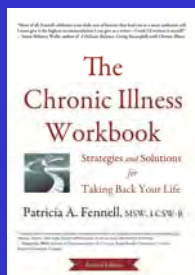
Participate in the Research

Go to:

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40



The Chronic Illness Workbook

Using her extensive experience with chronic illness patients, Patricia Fennell has created an original, comprehensive, research-validated approach that brings clarity and order to what feels like an unmanageable and isolating experience.

For more information or to order, visit:
www.AlbanyHealthManagement.com
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Available for \$24.95
 from
 Albany Health Management
 Publishing
 ISBN: 13 978-0-9796407-1-1
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41

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For further information on the following please contact AHMA at---

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- certification in the FFPT™ approach
- instrumentation/ CHAI, Pcat, Fennell Phase Inventory™
- research projects
- books and related articles
- clinical services
- consulting
- education and training

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42

Working the Third Phase Tasks: Time In The Tunnel

- Maintain insight and reframe issue
- Deep grief for lost self
- Existential dilemma
- Dark night of the soul
- Defining the pre-crisis self
- Analysis of actual losses - external
- Internal changes
- Faith
- Committing to time in the tunnel

Working the Third Phase Tasks: Phoenix From The Ashes

- Importance of countertransference
- Baseline authenticity
- Antithetical experimentation
- Creative process
- Supportive materials
- Clinician as storyteller
- The noble-disabled danger

Working the Third Phase Tasks: Meaning Development

- New vision of societal attitudes
- Exploring different traditions
- Meaning development
- Faith and humor

Persistence & Fortitude

- Willingness to fail, developing self-reliance.
- Importance of community:
 - When you don't feel you can persevere, you can borrow from strength of others.
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