

Accommodating Students With Chronic Illness: A Growing Concern For Educators

Presented by:

Patricia Fennell, MSW, LCSW-R;
Albany Health Management Associates, Inc.

Paula Leitz, PhD; Pacific Lutheran University

Ann Fantauzzi, B.S.Ed., MS Ed;
Albany Health Management Associates, Inc.

Agenda

- Chronic illness and education
- Importance of accommodating students
- The Fennell Four-Phase Model of chronic illness
- Merging FFPM and differentiated instruction

Culturally Competent Teachers

Core values:

- Competence
- Care
- Leadership
- Difference
 - Gender, ethnicity, culture, race, health
- Service

Chronic Illness & Education

Chronic illness is rising among the student population due to factors such as:

- better medical care
- infant mortality declines
- increased prevalence of conditions like diabetes, asthma, autoimmune diseases, depression, autism

Chronic Illness

- Intermittent, waxing and waning symptoms
- “Invisible” illness – students don’t look sick
- Sudden emergencies
- Bed or housebound; general frailty
- Less time available due to illness symptoms and management of illness (doctor’s appointments, social service management, medications, etc.)

Accommodating Students With Chronic Illness

- Legal mandates (IDEA, Section 504, ADA)
- Maintain student's participation in learning
- Avoid disparities among the traditionally disabled, chronically disabled, and non-disabled
- Prepare students for workforce

The Fennell Four Phase Treatment (FFPT™) Approach

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

Condition/Syndrome Trauma

- Chronic Condition/Event Trauma
- Iatrogenic Trauma
- Cultural Trauma
- Vicarious Trauma



- Pre-Morbid / Co-Morbid Trauma

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

Chronic Care in Context and Culture

- Delivery Systems
- Levels of Discourse
- Socio-Cultural Factors
- Domain Assumptions
- Traumagenic Effects

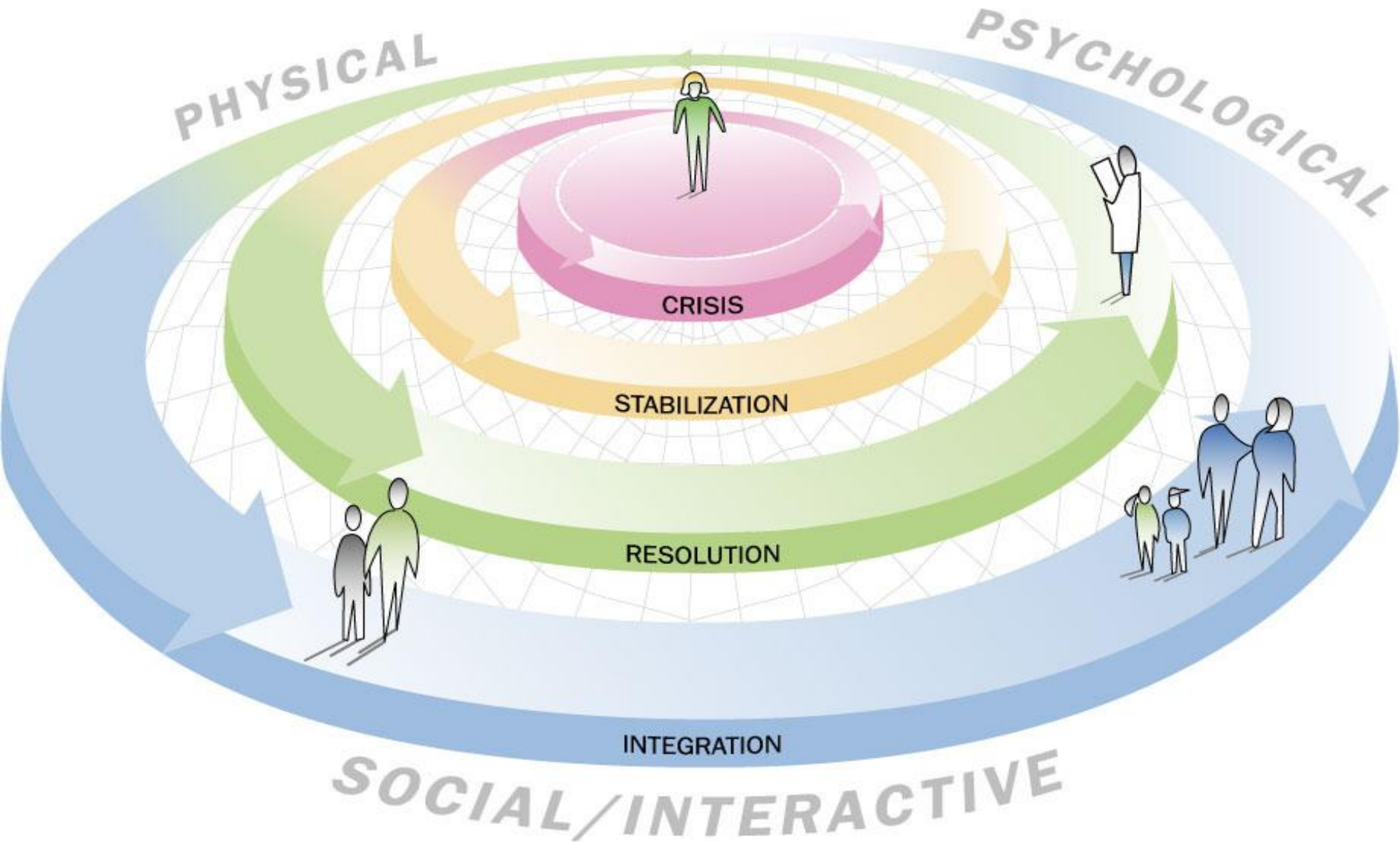
Socio-Cultural Factors

1. Cultural Intolerance of Suffering
2. Cultural Intolerance of Ambiguity
3. Cultural Intolerance of Chronic vs. Acute Syndromes
4. Pre-Existing Cultural Climate Toward Chronic Syndromes
5. Media
6. Initial Syndrome Illegitimacy and Subsequent Enculturation

The Four Phases of Chronic Change:

The Smith Family's Story

The Four Phases



Phase I – Trauma / Crisis

- **Physical /Behavioral**

- Coping Stage
- Onset Stage
- Acute / Emergency Stage

- **Psychological**

- Loss of Psychological Control/ Ego Loss
- Intrusive Shame, Self Hatred, Despair
- Shock, Disorientation, Dissociation
- Fear of Others, Isolation, Mood Swings

- **Social/Interactive**

- Others Experience Shock, Disbelief, Revulsion
- Vicarious Traumatization
- Family/Organizational Maturation
- Suspicion/Support Continuum

Phase II –Stabilization / Normalization Failure

- **Physical / Behavioral**
 - Plateau
 - Stabilization
- **Psychological**
 - Increased Caution / Secondary Wounding
 - Social Withdrawals, Social Searching
 - Service Confusion/Searching
 - Boundary Confusion
- **Social/Interactive**
 - Interactive Conflict/Cooperation
 - Vicarious Secondary Wounding
 - Vicarious Traumatic Manifestation
 - Normalization Failure

Phase III – Resolution

- **Physical/Behavioral**
 - Emergency Stage/Diminishment/Improvement
 - Continued Plateau/Stabilization
 - Relapse
- **Psychological**
 - Grief Reaction/Compassion Response
 - Identification of Pre-crisis – “Self”
 - Role/Identity Experimentation
 - Returning Locus of Control
 - Awareness of Societal Effects
 - Spiritual Development
- **Social/Interactive**
 - Breaking Silence/Engulfment in Stigma
 - Confrontation
 - Role Experimentation – Social, Vocational
 - Integration / Separation / Loss of Supporters

Phase IV – Integration

- Physical/Behavioral
 - Recovery Stage
 - Continued Plateau/Improvement/Relapse
- Psychological
 - Role/Identity Integration
 - New Personal Best
 - Continued Spiritual/Emotional Development
- Social/Interactive
 - New/Reintegrated Supporters
 - Alternative Vocation/Activities

*Socio-Cultural Factors
Chronic Syndromes
and
Traumagenic Effects*

Factor: Intolerance of Suffering

DYNAMICS

EFFECTS

- Social/Clinical Controversy
 - Pressure for Non-disclosure
 - Negative Reinforcement for “Genuine Reporting”
 - Attitude Conveyed of Characterological Inferiority
 - Iatrogenic Health Care Experiences
- Avoidance of Intimacy
 - “Passing”
 - Addiction
 - Social Abandonment/Rejection
 - Social Contract Violation

Factor: Intolerance of Ambiguity

DYNAMICS

- Contagion/ Contamination
Powerless Fear Transferred
- Unknown
Etiology/Prognosis
- “Just” World or Deserved
Punishment Notion
- Survivor as Burden

EFFECTS

- Generalized Guilt
- Grief
- Depression

Factor: Intolerance of Chronic vs. Acute Syndromes

DYNAMICS

- Pressure for “Cure”/
Normalization
- Inadequate Treatment
Models
- Competence Frustration
Conveyed
- Punishment of Healthy Self
Care
- Reward of Unhealthy Self
Care

EFFECTS

- Normalization Failure
- Identify Confusion
- Increased Salience of
Abuse Issues
- Avoidance of Intimacy
- “Passing”
- Social Withdrawal /
Suicide

Factor: Cultural Climate

DYNAMICS

- Pre-sentiment of Suspicion Conveyed
- Negative Personality Characteristics Assigned
- Survivor perceived as Damaged/Social Example

EFFECTS

- Social Shame
- Diminished Self-worth
- Cultural “Pariah”

Factor: Media

DYNAMICS

- Scapegoating
- Public Ridicule/Support
- Public Judgment
- Public Assignment of Role and Worth

EFFECTS

- Loss of Privacy
- Increased Fear/Anxiety
- Increased Isolation
- Increased Grief
- Decreased Sense of Worth

Factor: Syndrome Enculturation

DYNAMICS

EFFECTS

- Inadequate Language/
Models/ Metaphors
 - Impact of Discourse
 - Disease Maturity -
Societal Acceptance
- Increased/Decreased
Powerlessness
 - Increased/Decreased
Sense of Efficacy
 - Increased/Decreased
Sense of General
Safety, Trust and
Stigmatization

Blending FFPT and Differentiated Instruction

Differentiated Instruction & FFPT

Differentiated Instruction

- Accommodates individual student needs, differences
- Meets students “where they are”
- Life- and interest-relevant curricula and assignments
- Individualized approach to instruction

FFPT

- Considers the student’s medical, social, familial and psychological situation
- Individualized approach to care

Blending DI & FFPT

- By using FFPM to take into consideration the medical, social, familial and psychological situation the student is facing, educators can use differentiated instruction to develop curriculum and assignments that are relevant to the student's life, interests and abilities.

Blending DI & FFPT

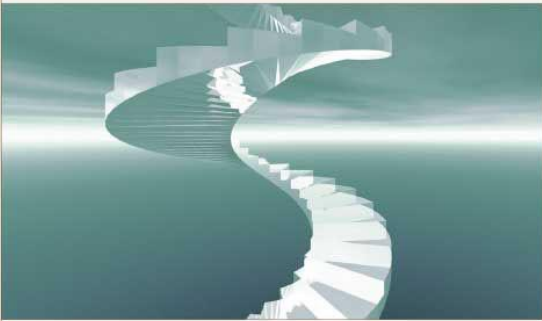
- Combining these approaches offers students a greater opportunity to maintain their education while coping with the relapsing/remitting nature of chronic illness.

For Information:

For further information on the following, please contact AHMA
communications@albanyhealthmanagement.com
www.albanyhealthmanagement.com

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

The Chronic Illness Workbook



STRATEGIES *and* SOLUTIONS
for TAKING BACK YOUR LIFE

Patricia A. Fennell, MSW, LCSW-R

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.

Available for \$20.00
from
Albany Health
Management Publishing
© 2007

For more information or to order, visit:

www.albanyhealthmanagement.com

or contact:

communications@albanyhealthmanagement.com

©1998, 2010 Albany Health
Management Associates, Inc.