Accommodating Students With Chronic Illness: A Concern For Teacher Training

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Agenda

• Chronic illness and education
• Importance of accommodating students
• The Fennell Four-Phase Model of chronic illness
• Aligning FFPM and classroom practice


Culturally Competent Teachers

Core Values:
• Competence
• Care
• Leadership
• Difference
  – gender, ethnicity, culture, race, health
• Service


Chronic Illness is Increasing

• Childhood rates of chronic health problems doubled in just 12 years, to 1 in 4 children in 2006, up from 1 in 8 in 1994.
• Rates of chronic illness are higher among boys and Hispanic and black children.
• Older children are more likely than younger children to have a chronic health condition.

Chronic Illness is Increasing

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, obesity

Chronic Illness & Education

• Students with chronic conditions (or who are caring for family members with chronic conditions) are at higher risk for school absenteeism and drop-out.
• Dropouts are more likely to suffer from illness or disability.

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 - equal access
• Reduce dropping out and poverty
• 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
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
- Social/Clinical Controversy
- Pressure for Non-disclosure
- Negative Reinforcement for “Genuine Reporting”
- Attitude Conveyed of Characterological Inferiority
- Iatrogenic Health Care Experiences

EFFECTS
- 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**
- Inadequate Language/Models/Metaphors
- Impact of Discourse
- Disease Maturity - Societal Acceptance

**EFFECTS**
- Increased/Decreased Powerlessness
- Increased/Decreased Sense of Efficacy
- Increased/Decreased Sense of General Safety, Trust and Stigmatization

Aligning FFPT and Classroom Instruction
Alignment of Practice with FFPT Through Differentiation/Accommodation

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

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

Classroom Practices Aligned to Phase 1

Classroom Strategies
• Provide assignment sheets
• Provide weekly overviews
• Allow for connections between concepts, identify similarities/differences

Phase 1:
• Contain the crisis; manage urgency
• Assessment – psych/med evaluation
• Analyze ADLs and restructure
• Relationship building
• Personal narratives

Classroom Practices Aligned to Phase 2

Classroom Strategies
• Use a modified group memory strategy (S)
• Monitor study time (S)
• Offer steps in process (T)
• Provide color coded handouts (T)
• Vary use of color (T)
• Provide thinking maps (T)

Phase 2:
• Stabilize symptoms – med/psych
• Review/modify all activity groups–value clarification
• Counseling – grief, coping
• Illness etiquette – family/case management
• Use logs for symptoms and activities
• Classroom modification

S=Student, T=Teacher
Classroom Practices Aligned to Phase 3

Classroom Strategies
- Generate/test own hypotheses (S)
- Review/monitor for consistency (T)
- Use time for written reflection & learning (S)
- Write study/test questions (S)
- Provide thinking maps (S)
- Use modified group memory (S)

Phase 3
- Personalize/find meaning
- Establish self-regulation and priorities

S=Student; T=Teacher

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

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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 or contact: communications@albanyhealthmanagement.com

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