

ALBANY HEALTH MANAGEMENT ASSOCIATES, INC.
582 New Loudon Road, Latham, NY 12110
Patricia A. Fennell, MSW, LCSW - R, President
(518) 482-0422 Fax (518) 783-4793
E-Mail: communications@albanyhealthmanagement.com
website: www.albanyhealthmanagement.com

Accommodating Students With Chronic, Life Changing or Life Threatening Illness

Presented by:

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

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

Paula Leitz, PhD;
Pacific Lutheran University

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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

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Chronic Illness Overview

Module

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Chronic Illness Overview

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Patricia Fennell



Patricia is a researcher and clinician specializing in chronic illness, trauma, forensics and hospice care. Her organization, Albany Health Management Associates, treats and examines global health care concerns through clinical care, consulting, and professional education

utilizing the Fennell Four Phase Treatment (FFPT™) approach.

She is frequently invited to lecture and consult with government, academic, business and patient organizations in areas including chronic illness, innovation and trauma. Her publications include *Managing Chronic Illness: The Four Phase Treatment Approach* and *The Chronic Illness Workbook*.

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

Increased Prevalence of Chronic Illness Worldwide

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

Chronic vs. Acute Illness

- Chronic illness can be difficult to define, measure and treat
- Medicine has not adapted to a CI model of care -- patients 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

Living with Chronic Illness

- Intermittent, waxing and waning symptoms
- “Invisible” illness – people 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.)

Chronic Illness is Increasing

- Childhood rates of chronic health problems more than doubled in the U.S. in 12 years, from 12.8% in 1994 to 26.6% in 2006.
- Older children are more likely than younger children to have a chronic health conditions.
- Poverty and hunger are major risk factors for chronic illness in children and adolescents worldwide. Obesity, tobacco, and alcohol are other important risk factors.

Chronic Illness In Developing Countries

- A UNICEF study in 1999 found:
 - “The proportion of disabled children in developing countries is generally higher than in developed countries.”
 - “With half the world’s population under 15 years old, the number of adolescents and youth with disabilities can be expected to rise markedly over the next decade.”

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

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

Trauma Types

- Disease/Syndrome Trauma
 - Iatrogenic Trauma
 - Cultural Trauma
 - Vicarious Trauma
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- Pre-Morbid / Co-Morbid Trauma

Chronic Illness is Increasing Among Students

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

Culturally Competent Teachers

- Core Values:
 - Difference
 - gender, ethnicity, culture, race, **HEALTH**
 - Care
 - Leadership
 - Service
 - Competence

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.
- Education is one of the strongest predictors of health: the more schooling people have the better their health is likely to be

Accommodating Students With Chronic Illness

- 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 Model of Chronic Illness

Module

Fennell Four-Phase Model of Chronic Illness

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

Trauma Types

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- Pre-Morbid / Co-Morbid Trauma

Chronic Care in Context and Culture

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

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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The Four-Phase Model

Phase 1 (Crisis)	Traumatic effects of a new illness
Phase 2 (Stabilization)	Order from chaos, eventual stabilization of some symptoms
Phase 3 (Resolution)	Patient works toward developing meaning and accepting the ambiguity and chronicity of chronic illness
Phase 4 (Integration)	Patient integrates pre- and post- illness "self" concepts

The Four Phases of Chronic Change

A Family's Story of Chronic Illness



Phase 1 – 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

Phase 2 –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

Phase 3 – 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

Phase 4 – 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



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.

Alignment of Practice with FFPT Through Differentiation/Accommodation

- 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
- Introduce 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
- Monitor study time
- Offer steps in process
- Provide color coded handouts
- Vary use of color
- Provide thinking maps

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

Classroom Practices Aligned to Phase 3

Classroom Strategies

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

Phase 3

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

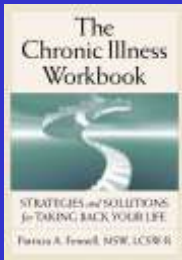
Participate in the Research

- Online participation
- Clinical experts
- Patients

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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.

New Edition Coming Soon!

For more information or to order, visit:
www.AlbanyHealthManagement.com
or contact:
communications@AlbanyHealthManagement.com

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For More Information:

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

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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