MHASC Coalition Meeting
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Introduction to the Fennell Four-Phase Model for Long-Term Trauma Treatment

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Why It’s Important

David Kaczynski & Patricia Fennell
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

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

- Pre-Morbid / Co-Morbid Trauma
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 Traumatic and Imposed Change
“Everyone’s Story”
The Phases From All Perspectives

• Crime victim
• Family
• Offender/prisoner
• Law enforcement
• Treatment/management professionals
• War/terrorism
“Everyone’s Story” (Part II)

• Gender
• Race/Ethnicity
• Family
  – Traditional/non-traditional
  – Partner/spouse
  – Parent/child
• Religion
• Community
  – Workplace
  – School
  – Neighborhood
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
Overview of Training Program

• Introduction
• Philosophy of the Phase Method
• Trauma
• Chronic Care in Context and Culture
• The Four Phases of Traumatic and Imposed Change
• Socio-Cultural Influences and Traumagenic Dynamics
• Objective Phase Placement
• Countertransference and Clinical Stance
• David Kaczynski: Case Application
• Assessment and Treatment for Long-Term Trauma
• David Kaczynski: Community Response
• Treating Long Term Trauma using FFPT within Four Phase Case Management (FPCM): Matching Intervention to Phase
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