

New York University School of Social Work

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Living Fully In Trauma's Aftermath
The Fennell Four-Phase Approach

Presentation by

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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 Powerlessness / 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

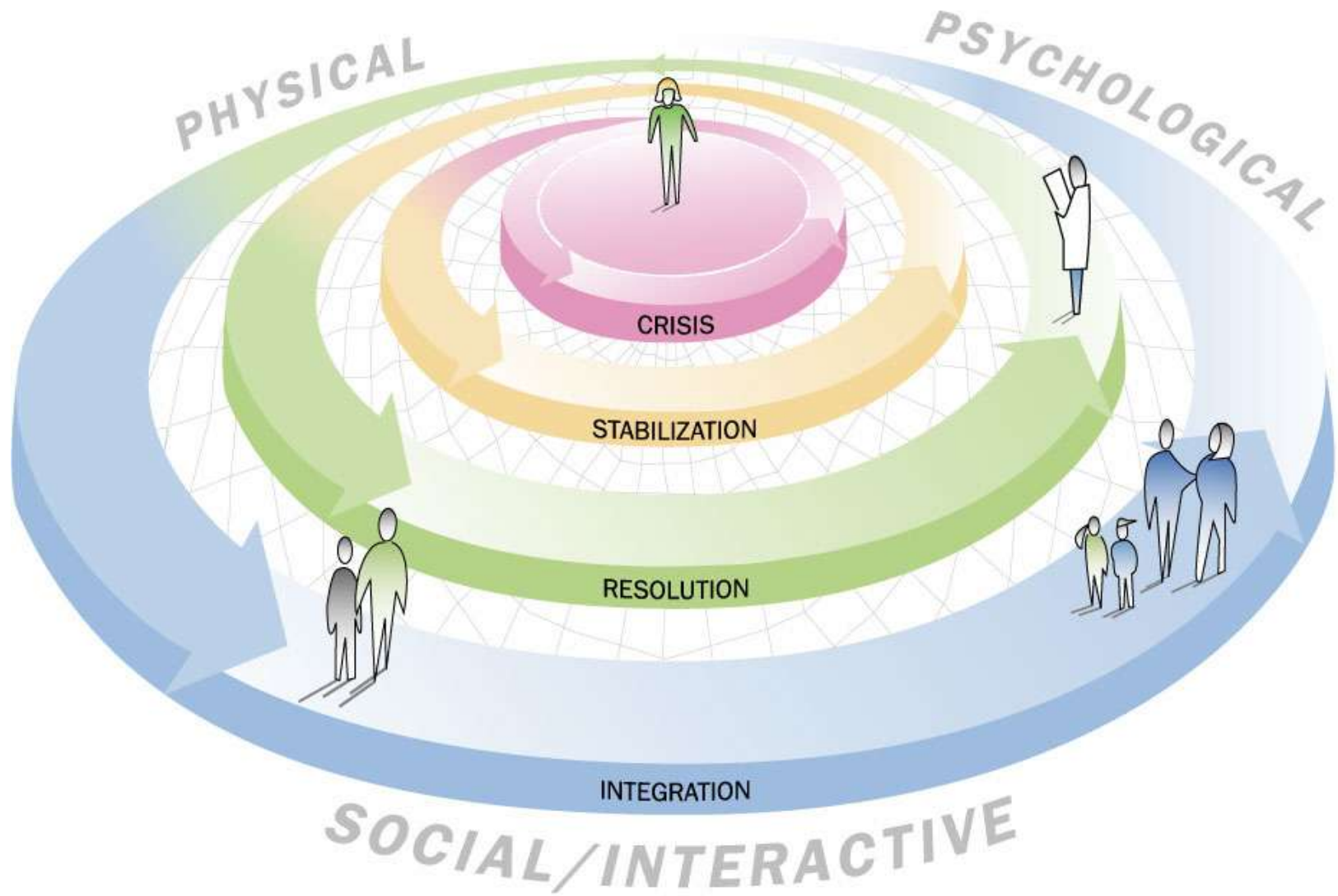
DYNAMICS

- 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

From: Fennell, PA. Phase-Based Interventions. Chapter 22 in Jason, L.A.; Fennell, P.A.; Taylor, R. (editors), *Handbook of Chronic Fatigue Syndrome and Fatiguing Illnesses*. John Wiley and Sons Inc., New York, NY: 2003



The Fennell Four-Phase Model

The **Fennell Four-Phase Model (FFPM)** is a framework for explaining how people who are experiencing chronic illness or trauma can adapt to the changes in their lives. It outlines four phases that people commonly pass through as they learn to incorporate their altered physical abilities or psychological outlook into their personality and lifestyle.

It was developed by Patricia Fennell, MSW, LCSW-R, in 1992; first published in 1993 in *The CFIDS Chronicle*; subjected to validation research several times in the 1990s and 2000s; and fully presented in Fennell's 2003 book, *Managing Chronic Illness: The Four Phase Approach*.

The Fennell Four Phases are: **Crisis**, **Stabilization**, **Resolution**, and **Integration**. Within each phase, FFPM addresses three domains: the physical/behavioral, the psychological, and the social/interactive.

- In **Phase 1 Crisis**, the individual moves from onset of the condition to an emergency period when he or she knows that something is seriously wrong. Onset may be specifically detectable, such as a serious and disabling automobile accident, or may happen gradually, as in the case of multiple sclerosis, where a period of symptoms precedes diagnosis. The task of the individual, caregivers, and clinicians during this phase is to cope with and contain urgency and trauma.
- In **Phase 2 Stabilization**, the individual discovers that he or she fails, sometimes repeatedly, to return to normal, regardless of interventions or behavior. The task in this phase is to initiate stabilization and life restructuring.
- In **Phase 3 Resolution**, the individual recognizes deeply that his or her old life will never return. Early in this phase, many experience significant grief and loss. The task of this phase is to begin establishing an authentic new self and start developing a supportive, meaningful philosophy.
- In **Phase 4 Integration**, the individual defines a new self in which illness may be an important factor, but it is not the only or even the primary one in his or her life. Integration of the illness into a meaningful life is the goal the individual seeks.

The experience of chronic illness or trauma does not remain the same over time. The physical, emotional, and social needs of an individual in the early stages of the chronic experience can be considerably different from the needs of an individual who has been ill for several years.

Additionally, unlike other phase- or stage-based models, such as the Kübler-Ross theory of death and dying, FFPM does not assume that individuals move through the FFPM phases in a linear fashion. Rather, physical or emotional setbacks can precipitate a temporary move back to a previous phase.

The Fennell Four-Phase Treatment for Chronic Illness

By Patricia A. Fennell, MSW, LCSW-R

The Challenge of Chronic Illness

Managing chronic illness is one of the greatest challenges facing our health care system today. There were 129 million people with chronic conditions in 2005; this number is expected to grow 32 percent to 171 million in 2030, according to Partnership for Solutions, a research cooperative led by Johns Hopkins University.¹ The costs of chronic illness to the U.S. are huge, accounting for at least 78 percent of all health care spending, or well over a trillion dollars per year.²

Patients with chronic conditions often fare poorly in the current primary care delivery environment, which is structured for acute, episodic care. Care is often delivered with little coordination across multiple settings, providers and treatments.³ Several variations of managed care have emerged in the past decade in an effort to improve care, reduce unnecessary service utilization and control spiraling costs. But the fragmented nature of services in the managed care market has not achieved the initial promise of truly coordinated care. Furthermore, managed care programs seldom address the complexity inherent in chronic conditions that may result in more frequent, rather than fewer, doctors' visits and hospitalizations. Chronic illnesses tend to affect several different body systems at the same time. In addition, the impact of the illness on the patient's physical, emotional and social condition persists over time and significantly affects patient reporting, compliance and coping with the illness. The physical, psychological and social needs of a patient in the early phases of the chronic illness experience can be considerably different from the needs of the patient who has been ill for several years.

The Fennell Four-Phase Treatment (FFPT)[™] Model

The Fennell Four-Phase Treatment (FFPT) is a flexible clinical approach, empirical paradigm, and assessment tool

designed to enhance current managed care approaches by helping the health care team determine what may be expected over time and the best ways to intervene to improve the patient's quality of life at any given point. Research supports the concept that individuals coping with chronic illness progress through four distinct phases as they learn to deal with their illness.^{4, 5, 6, 7, 8, 9} The FFPT provides a framework for understanding this critical process. Patients may respond differently to various treatment modalities depending upon which Phase of Illness they are in. Research has suggested that matching best medical practice to phase of illness can help both physicians and allied health professionals treat patients more effectively, increase compliancy and save time and resources.^{10, 11, 12, 13}

Within each Phase, the FFPT addresses three domains: the physical/behavioral, the psychological, and the social/interactive. In **Phase 1, Crisis**, the individual moves from onset of illness, which may be specifically detectable or may happen gradually, to an emergency period when the patient knows that something is seriously wrong. The task of the individual, caregivers, and clinicians during this Phase is to cope with and contain urgency and trauma.

In **Phase 2, Stabilization**, the individual discovers that he or she fails, sometimes repeatedly, to return to normal regardless of interventions or behavior. The task in this Phase is to initiate stabilization and life restructuring.

In **Phase 3, Resolution**, the individual recognizes deeply that his or her old life will never return. Early in this Phase, many experience significant grief and loss. The task of this Phase is to begin establishing an authentic new self and start developing a supportive, meaningful philosophy.

In **Phase 4, Integration**, the individual defines a new self in which illness may be an important factor, but it is not the only or even the primary one in his or her life. Integration of the illness into a meaningful life is the goal the individual seeks. For a graphic example of matching medical intervention to phase of illness for a specific chronic illness, see the chart on the following page.¹⁴

Another promising approach is the Chronic Care Model (CCM), which provides a holistic framework and methodology for transforming a health care system so that patients receives coordinated care from a trained interdisciplinary health care team and planned follow up.¹⁵ What the CCM does not appear to consider in its approach to team-based treatment is the need to match medical interventions with the patient's Phase of Illness. This is important given the ebbs and flows of symptoms, and the cycles of relapse and remission that characterize many chronic conditions.

Case Management

As described previously, case management can be extremely complex in chronic illnesses because of the large number of medical professionals and treatments that can be involved. The FFPT can be used successfully as a chronic illness case management tool. The goals in case management run parallel to the clinical goals.

In **Phase 1**, the case management goal is to establish a case management focus. This includes restructuring the activities of daily living, engaging in family case management, assisting patients in navigating the health care system, intervening in the workplace if necessary, and acting as the patients' advocate.

In **Phase 2**, the case management goals are patient data collection and activity restructuring. With the help of the case manager, patients assess and restructure their activity levels and develop new parameters and norms. The case management continues to help with family case

management, negotiation of the health care system, intervention with the employer, and patient advocacy.

In **Phase 3**, the case management goal is helping patients develop self-management skills. Patients learn to monitor their activities, coordinate their medical care, become their own health care advocates, and in general assume advocacy for themselves in the world at large. In **Phase 4**, the case management goal is to deepen patients' self-management skills.

A holistic approach such as this captures essential elements of experience that can determine whether interventions will be successful. It particularly points to the necessity of solving problems -- familial, social, economic, and philosophical, among others -- that are rarely part of the conventional medical treatment model. Because teamwork is essential, among a broad assortment of professionals, all committed to involving the patient whenever possible in the process, a case management approach seems best suited accomplish this in a successful, ethical manner.

Summary

The Fennell Four-Phase Treatment (FFPT)[™] channels the efforts of the health care team to match best medical practices to the patient's phase of illness. By identifying different functional capacities and symptoms at different phases, the FFPT[™] helps the physician, nurse case manager, and other members of the health care team select the most appropriate and effective interventions and avoid choosing treatments that, although useful at another time, may be counterproductive at the patient's current Phase of Illness. By intervening with treatments suited to the patient's particular Phase -- a time when they are more likely to be compliant -- health care providers can help patients break out of a pattern of repeated crises that usually require more extensive resources in response. The goal of this approach is not pursuing the ever-elusive cure, but integration of the

MATCHING BEST PRACTICES WITH PHASES OF ILLNESS				
	Phase 1 Crisis	Phase 2 Stabilization	Phase 3 Resolution	Phase 4 Integration
Definition	Individual moves from illness onset (sudden or gradual) to emergency period when the patient knows something is seriously wrong	Patient begins to understand symptom complex and develops new norms and behaviors	Patient recognizes that old life will not return and wrestles with existential questions	Patient defines a new self in which illness may be an important factor, but is not primary in his/her life
Task	Contain the crisis; manage urgency and possible trauma	Facilitate stabilization of symptoms through medical treatment and life restructuring	Continue ongoing management of medical plan and help patient develop meaning in suffering	Assist patient in integrating the illness into a meaningful life
Medical Assessment & Intervention	Complete a comprehensive medical history; conduct physical exam; do lab tests as indicated; confirm diagnosis; develop a working list of problems and treatment plan	Schedule frequent patient visits to systematically address major symptoms (sleep, mood/cognitive, pain, fatigue, etc.); review lab tests and do routine ongoing screening; manage all comorbid and secondary conditions; monitor medications and simplify when possible; coordinate rehabilitation efforts (physical therapy, occupational therapy)	Monitor and manage symptoms, modifying treatment plan as needed; simplify and/or reduce medications as appropriate; continue routine health screenings; continue regimen to improve physical fitness within the confines of chronic illness limitations	Continue monitoring of patient functioning; continue focus on guarding against deconditioning utilizing physical conditioning regimen; emphasize lowest effective doses or nondrug interventions; help patient balance trying new treatments with “just living”
Phase Assessment & Intervention	Conduct psychosocial interview and other relevant evaluations (may include neurological/ psychological tests, sleep studies, etc.); establish multidisciplinary team; build relationship with patients; analyze activity threshold and restructure activity levels as needed	Initiate values clarification and development of new norms; review and modify activity levels; assist patient in coping with challenges like grief and “illness etiquette”; patient/family case management; workplace intervention and/or modification, or exploration of disability options	Facilitate patient’s exploration of existential questions and developing meaning; encourage patient to become own care coordinator and advocate; consider job modifications or workplace separation	Continue meaning development and integration of pre- and post-crisis self; review workplace modifications and/or alternative vocations and activities; maintain dialogue among members of multidisciplinary treatment team

illness into the patient's life. For patients and their families, the FFPT™ helps them to organize a narrative of their

experience, essential for patient education and self-management.

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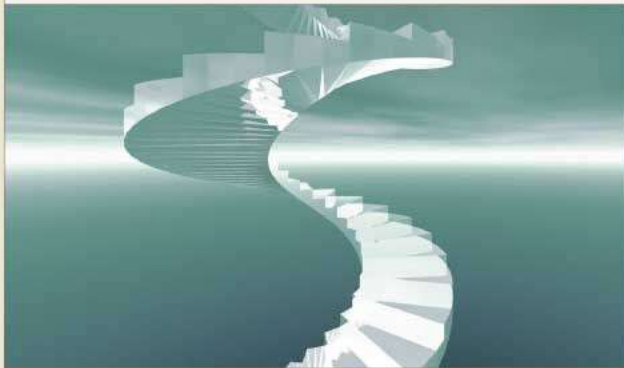
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Patricia Fennell, MSW, LCSW-R, is the CEO of [Albany Health Management Associates, Inc.](http://www.albanyhealthmanagement.com), an organization that provides counseling and case management in the areas of chronic syndromes, trauma, forensics and hospice care, as well as consulting and education for employers, professional training for clinicians, and collaborative research for the international scientific community. Ms. Fennell is an innovator in the chronic illness and mental health fields, and she created the internationally recognized [Fennell Four-Phase Treatment \(FFPT\)™](http://www.albanyhealthmanagement.com) approach for understanding and treating chronic medical and mental health conditions. The model has been translated into several languages and is used by clinicians, researchers, and patients worldwide.

The Chronic Illness Workbook



STRATEGIES *and* SOLUTIONS
for TAKING BACK YOUR LIFE

Patricia A. Fennell, MSW, LCSW-R

The Chronic Illness Workbook brings clarity and order to what feels like an unmanageable and isolating experience. It shows both those who are ill and those who care for them how to live a full and meaningful life despite undeniable difficulties. Using her extensive experience with chronic illness patients, Patricia Fennell has created an original, comprehensive, research-validated approach that considers not only the physical aspects of chronic illness, but the psychological, social, and economic aspects as well.

Albany Health Management Publishing
\$20.00
256 pages
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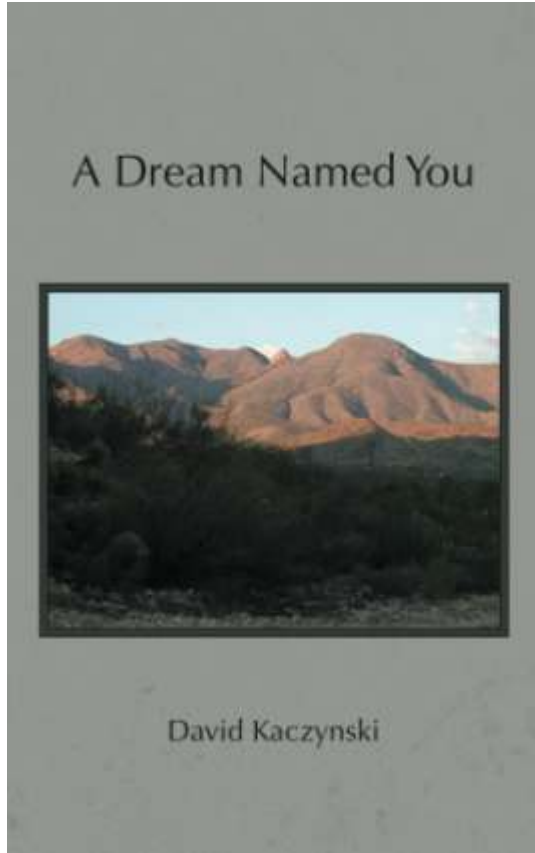
"The Chronic Illness Workbook is a valuable contribution that will be welcomed by the many sufferers of chronic diseases. It is of the greatest importance that patients learn to cope with the problems that cannot be remedied. Patricia Fennell's book provides an original and incisive approach to coping with chronic illness."

Noel R. Rose, M.D., Ph.D., Director of the Autoimmune Disease Research Center at the Johns Hopkins University School of Hygiene and Public Health

For ordering information, or for more information about Patricia Fennell and Albany Health Management, visit:

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A Dream Named You

a book of poetry by
David Kaczynski

Poets aim to discover a world that is less determined, more open and alive. *A Dream Named You* is an attempt to trace a spiritual journey across such a landscape from loss to affirmation. The 36 poems reflect various themes: the desert landscape in West Texas where David lived during the 1980's; his memories of his troubled brother, Ted; his love for Linda Patrik, whom he met in the 7th grade; and his understanding of art as a transformative process. The collection is dedicated to Linda, his best friend and muse.

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"At the time I began writing poetry, in summer of 1996, I felt like a divided soul.

On the one hand, I was given a public image as the Unabomber's good and responsible brother. On the other, I endured a personal crisis as I watched my family and my world come apart.

The process of writing poetry is my attempt to reclaim and reintegrate (and also to question) my sense of who I was and am, to connect in some way the inward-facing and outward-facing aspects that presumably are needed to make a "whole" person.

In most public discourse, blocks of meaning are presented and accepted with little questioning. But in a poem, everything is up for grabs. Poets do not aim to fill space but rather to discover it -- to uncover a world that is less determined, more open and alive.

The poems in this book are an attempt to trace a spiritual journey across such a landscape from loss to affirmation."

-- David Kaczynski



Patricia A. Fennell

Expert in Chronic Illness, Trauma and Recovery

Biography

Patricia A. Fennell, MSW, LCSW-R, is a researcher and clinician specializing in chronic illnesses, trauma, forensics, and hospice care. She is President and CEO of Albany Health Management Associates, Inc., a clinical and research practice which treats and examines health concerns through clinical care, consulting, and professional education utilizing the Fennell Four Phase Treatment (FFPT™) approach.

Ms. Fennell developed the Fennell Four-Phase Model in the late 1980s upon recognizing the similarities and differences between the hospice patients she was treating, using Kübler-Ross' five stages of death and dying, and the chronic illness patients she was seeing. Fennell outlined, and subsequently validated through research, four phases that people facing chronic illnesses and physical or emotional traumas frequently experience: Crisis, Stabilization, Integration, and Resolution. The Fennell Four-Phase Model, the Fennell Four-Phase Treatment approach, and the Fennell Phase Inventory have all been published in peer-reviewed journals.

Ms. Fennell is regularly invited to lecture throughout the United States, Canada, and Europe and to consult with organizations including the Centers for Disease Control and Prevention, Secretary of Health and Human Services, Fortune 150 organizations, and patient/survivor advocacy groups on chronic illness and criminal justice.

She presents frequently with David Kaczynski, brother of the Unabomber, Ted Kaczynski, on issues related to the criminal justice system, particularly the critical need to address trauma that results from crime and punishment.

Ms. Fennell has worked for the Commission of Quality of Care doing investigations and training Boards of Visitors and helped start the St. Anne's sexual abuse program, where she worked with perpetrators of violence. She has used the Four Phase Model as a trauma training platform for staff at Office of Mental Health facilities, forensic clinicians working with women convicted of capital crimes, and line law enforcement officers. She also offered certification in the Four Phase Model for the American Association of Association of Community Justice Professionals/The Advocate Program.

She has served on numerous boards of directors, including the International Association for Chronic Fatigue Syndrome/ME, FibroAware, and the National Fibromyalgia Association. She has also been a spokesperson for the CDC's national awareness campaign on chronic fatigue syndrome.

Ms. Fennell has authored numerous scientific and lay press publications, including the books *The Chronic Illness Workbook*, *Managing Chronic Illness Using the Four-Phase Treatment Approach*, and *The Handbook of Chronic Fatigue Syndrome*. She is frequently sought by the media as an expert on chronic illness and trauma.

For more information, please visit www.albanyhealthmanagement.com



David Kaczynski

Expert in the Death Penalty, Violence, and Healing

Biography

David Kaczynski is executive director of New Yorkers for Alternatives to the Death Penalty (NYADP) and the brother of Theodore Kaczynski – the so-called Unabomber – who was arrested in 1996 after David and his wife Linda Patrik approached the FBI with their suspicions that Theodore might be involved in a series of bombings that caused three deaths and numerous injuries over 17 years.

Despite his diagnosis of paranoid schizophrenia, Theodore was charged capitally and only avoided the death penalty after his family waged a two-year campaign to convince the U.S. Justice Department that Theodore's delusions had precipitated his violent behavior. Under pressure from the media and advocacy groups including the National Alliance for the Mentally Ill, the Justice Department offered a plea bargain that spared Theodore's life, but it never publicly acknowledged that Theodore's mental illness was a mitigating factor.

In 1998, David and Linda received a one million dollar reward from the Justice Department for their role in the Unabom investigation, which they subsequently dedicated – minus attorney's fees and taxes – to the victims and their families. With help from the Community Foundation for the Capital Region, they set up the Unabom Survivors Fund, which distributed \$680,000 to victims of the assaults.

In 2010, David published *A Dream Named You*, a book of poetry influenced by his experiences following his brother's incarceration. About the book, David said:

At the time I began writing poetry, in the summer of 1996, I felt like a divided soul. On one hand, I was given a public image as the Unabomber's good and responsible brother. On the other, I endured a personal crisis as I watched my family and my world come apart. My innate sense of self was disrupted by traumatizing circumstances and by having a new, imposed identity. In my public persona, I felt vulnerable but transparent; in my private space, I felt safe but invisible... *A Dream Named You* is my attempt to trace a spiritual journey across such a landscape from loss to affirmation.

Prior to joining NYADP, David was assistant director of the Equinox shelter for runaway and homeless youth in Albany, where he counseled and advocated for troubled, neglected and abused youth in the Capital District. As director of NYADP and as a board member of the National Coalition to Abolish the Death Penalty, he is currently focused on a campaign to ban the death penalty for people with serious mental illnesses.

Through his life and his work, David has sought solutions to human problems through understanding and compassion as opposed to violence and coercion. His story touches on the things we must learn and the balances we must achieve to keep our sense of humanity alive through adversity and crisis.

David speaks frequently on the subjects of violence and healing with Gary Wright, who was seriously injured by one of Theodore Kaczynski's bombs in 1987.

For more information, visit DavidKaczynski.com

Fennell Four Phase Model Certification Program

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Anyone involved in a crime is at high risk for long-term and often traumatizing mental and physical health effects that can be difficult to overcome. While the causes of these effects for victims and their families are apparent, as a result of harm being done to them, it is important to also recognize and treat the effects of trauma and incarceration on offenders and their children, partners, and families. Without appropriate interventions, rehabilitation and recovery are very difficult to attain, and further harm can occur.

The Fennell Four-Phase Model is a highly practical, internationally utilized, and empirically validated model that recognizes the influences of cultural, psychosocial, and physical factors in both assessment and treatment of trauma resulting from crime, chronic syndromes, and other adverse experiences. It is a multi-phased approach that provides a narrative framework and cognitive map for understanding the long-term adaptations that occur in post-traumatic stress disorder (PTSD).

The Fennell Four-Phase Treatment (FFPT™) Certification Program: Tier 1 will offer individuals who work with trauma survivors a step-by-step approach grounded in clinical practice to help them solve problems and create positive change.

The Fennell Four-Phase Treatment (FFPT™) Certification Program: Tier 2 will build upon Tier 1 concepts, advancing the skills of professionals in assessment and treatment. Tier 2 focus will include special emphasis on functional areas, case-specific matching intervention to Phase, issues with addiction, and utilization of chronic care case management. In addition, training will incorporate a problem-solving clinic with opportunities for review, discussion, and troubleshooting of participants' complex cases.

Specific populations discussed include: crime victims (including victims of domestic violence), incarcerated populations, victims of terrorism and war, treatment providers, and individuals with chronic illnesses and syndromes.

This training program offers certification in the Fennell Four-Phase Model. The presenters are also available to speak to groups and organizations not seeking certification.