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Transition to Adulthood Using the Fennell Four-Phase Treatment Model

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Agenda

- *Philosophy of the Phase Method*
- *Chronic Care in Context and Culture*
- *The Four Phases of Traumatic and Imposed Change*
- *Socio-Cultural Influences and Traumagenic Dynamics*
- *Fennell Four-Phase Treatment™ Within Four-Phase Case Management*

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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

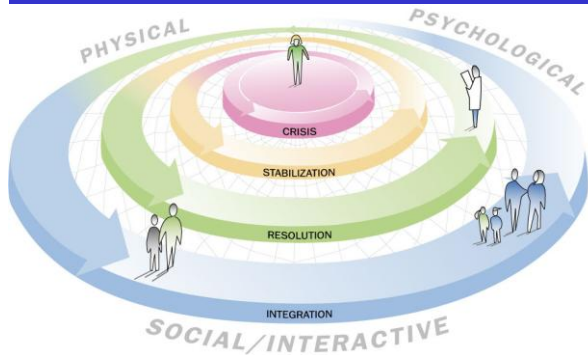
Socio-Cultural Factors

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



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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

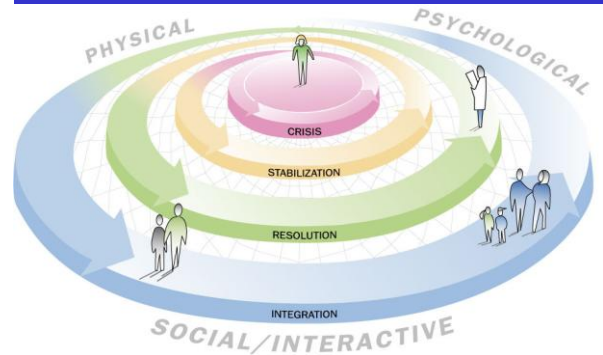
Phase III – Resolution

- **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

The Four Phases



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Socio-Cultural Factors Chronic Syndromes and Traumagenic Effects

Factor: Intolerance of Suffering DYNAMICS EFFECTS

- | | |
|---|--|
| <ul style="list-style-type: none">• Social/Clinical Controversy• Pressure for Non- disclosure• Negative Reinforcement for “Genuine Reporting”• Attitude Conveyed of Characterological Inferiority• Iatrogenic Health Care Experiences | <ul style="list-style-type: none">• Avoidance of Intimacy• “Passing”• Addiction• Social Abandonment/Rejection• Social Contract Violation |
|---|--|

Factor: Intolerance of Ambiguity
DYNAMICS EFFECTS

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

Factor: Intolerance of Chronic vs Acute Syndromes
DYNAMICS EFFECTS

- Pressure for “Cure”/
Normalization
- Inadequate Treatment
Models
- Competence Frustration
Conveyed
- Punishment of Healthy Self
Care
- Reward of Unhealthy Self
Care
- Normalization Failure
- Identify Confusion
- Increased Salience of
Abuse Issues
- Avoidance of Intimacy
- “Passing”
- Social Withdrawal /
Suicide

Factor: Cultural Climate
DYNAMICS EFFECTS

- Pre-sentiment of
Suspicion Conveyed
- Negative Personality
Characteristics Assigned
- Survivor perceived as
Damaged/Social
Example
- Social Shame
- Diminished Self-worth
- Cultural “Pariah”

Factor: Media
DYNAMICS EFFECTS

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

Helping Families of Adolescents with ASDs Using FFPT™

Matching Intervention to Phase

Unique Characteristics of FFPT™

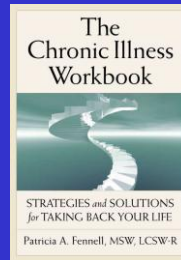
- Integrates the physical/medical, psychological, sociological, legal and financial aspects of chronic conditions.
- Helps clinicians to develop better, targeted management strategies that move patients toward healing.
- Pursues this integration through the chronic phased experience.

The Four Phases: Treatment Goals

- Treatment Phase I: Reduction of Trauma Symptomatology
- Treatment Phase II: Stabilization and Restructuring
- Treatment Phase III: Meaning Development
- Treatment Phase IV: Integration

Treatment Summary

I	II	III	IV
Build	Collect Data	Classify	Integrate
Assess	Differentiate	Maintain	
Teach	Insight Dev.	Refine	
Oversee	Nursing	Goals	
Support			



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
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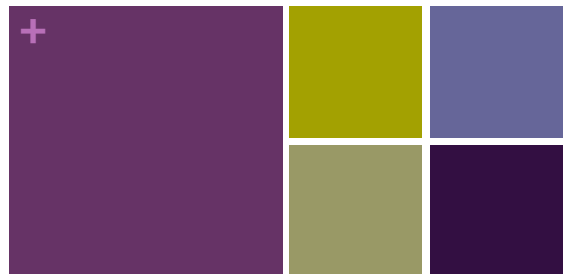
For more information or to order, visit:
www.albanyhealthmanagement.com
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For Information:

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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Making the Transition

Fred Coulter, PhD
Defiance College

+ Welcome to Holland

- A narrative written by Emily Kingsley using the metaphor of planning a trip to Rome and arriving in Holland is like having a child with a disability.
- She begins with the shock of “landing” in the “wrong” country.
- She goes on to describe how she has come appreciate Holland and its own unique beauty apart from Rome.

+ Welcome to Holland

- A follow-up story was written by Cathy Anthony about how she has been living in Holland for just over ten years.
- She has learned the language (lingo – IDEA, IEP, ETR, etc.).
- She has gotten support from others who unexpectedly found themselves in Holland.
- She is frustrated at times, but all in all, she is quite happy.

+ Applying FFPM to Welcome to Holland

- After ten years or so, families have moved through the Four Phases to Phase IV. They integrated the diagnosis of autism into their lives.
- Then, at 16 according to the IEP, they need to start looking at transition to adulthood.
- They may need to move through the Four Phases again, this time at a less disruptive level, but still have to come to grips acquiring independent living skills and job skills.

+ Welcome to

- Case study written by Fred Coulter
- At some point the child grows up to be an adolescent and needs to be thinking about moving away from Holland.
- This is the hard work of acquiring the skills to transition to adulthood:
 - Communication skills
 - Social skills
 - Independent living skills
 - Self-advocacy skills
 - Learning when and how to self-disclose

+ Welcome to Defiance

- One program of the Hench Autism Studies Program at Defiance College is a partnership with the Defiance City School system for them to administer a classroom for adolescents and young adults on transition to adulthood.
- The classroom or "unit" has five adolescent males who are making the transition to adulthood.
- What better place for these adolescents than a small college campus that is attempting to help neurotypical adolescents make that same transition?

+ Welcome to Defiance

- Eric and Deb Hench, parents of a young adult with autism, wanted to help other families and people with autism find the services they needed.
- The classroom is located in Defiance Hall at Defiance College.
- The students are from Defiance and surrounding counties.
- The classroom was created with special conditions according to the needs of the students.

(The following slides are from a presentation by students in the Introduction to Autism class.)



The Unit is decorated with the students own artwork.



+ Special Lighting



- The incandescent lightening was installed with dimmers so the brightness can be controlled. The lights do not flicker or buzz, so they are not a distraction.

+ Heating and Cooling System



- The heating and cooling systems in the classroom can be controlled by the teacher and are separate from those of the college building.

+ Current Students

- Five adolescents from the Defiance area ages 15-20.
- All receive IEP and special education services.
- Most traditional schooling and credits are taken care of prior to entrance of the classroom.
- All students are high-functioning autism or Asperger syndrome as their primary diagnosis.

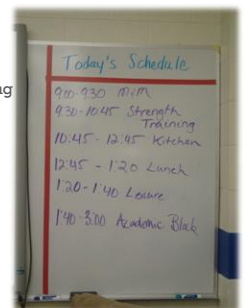


+ Goals of the Classroom

- To serve as a transition environment to learn life skills to ultimately allow students to be independent with group living, assisted living, or within their own apartment.
- To experience everyday life skills through a hidden curriculum where academic skills are incorporated into learned life skills.

+ Sample of Daily Activities

- 9:00-9:30 Meeting of the Minds
- 9:30-10:45 SMART Center Strength Training
- 10:45-1:20 Kitchen and Lunch
- 1:20-1:40 Leisure
- 1:40-3:00 Academic Block (e.g., Unit and Grocery Shopping)



+ Examples of Hidden Curriculum

- Building furniture in the classroom
- Jacket Java, coffee cart
- Filling out applications
- Laundry & kitchen work



+ What's Next?

- Plan is to have students work at jobs on campus supported by college students.
- Most students have a "social graduation" in their local school district.
- Some students return to traditional school settings.
- By age 21, special education services end and some find local jobs and begin assisted or independent living.

+ Applying FFPM to the Unit

- Students and their families can work through the Four Phases in a supportive environment.
- Helping students and families who have previously passed through the Phases during childhood and adolescence must now learn to integrate the necessary changes of transitioning to adulthood into their lives.
- These families will pass through Phases I and II more smoothly and now the emphasis will be on Phase III, developing meaning around the need for transition and planning for the future.
- This makes for a more successful transition, not one that is abrupt or jolting.

+ For Further Information

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