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

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

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

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
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.

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For further information on the following, please contact AHMA communications@albanyhealthmanagement.com www.albanyhealthmanagement.com

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- clinical services
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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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