Illness Induced Trauma: Types and Effects on Employability and Workplace Accommodations

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

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

Agenda

- Philosophy of the Phase Method
- Trauma Types
- Traditional Disability vs. Chronic Conditions
- Chronic Care in Context and Culture
- Socio-Cultural Factors and Traumagenic Dynamics
- The Four Phases of Traumatic and Imposed Change
- Fennell Four-Phase Treatment™ Within Four-Phase Case Management
Traditional Disability vs. Chronic Conditions

• Chronic conditions on a continuum
• Static vs. dynamic disability/illness
  – Fixed disability
  – Relapse and remission
  – Waxing and waning

Traditional Disability vs. Chronic Conditions

• 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 and Trauma:

Beth’s Story

Phase I – Trauma / Crisis

- **Physical / Behavioural**
  - 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 / Behavioural**
  - 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

Fennell Four-Phase Treatment™ Within Four-Phase Case Management

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

Unique Characteristics of Four Phase Case Management

- Utilizes a focused priority approach
- Facilitates treatment/management within a chronic framework
- Incorporates all stakeholders/participants

The Four Phases:
Case Management Goals

- FPCM Phase I: Establish case management focus
- FPCM Phase II: Data collection/activity restructuring
- FPCM Phase III: Self-management skill development
- FPCM Phase IV: Ongoing self-management

Treatment Summary

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Slides & Handouts Available Online

www.PatriciaFennell.com/DePaul09

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 © 2007

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

Thank You

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