Academic Success For Students With Chronic Illnesses: A Four Phase Approach

Presented by:

Patricia Fennell, MSW, LCSW-R;
Albany Health Management Associates, Inc.

Ann Fantauzzi, B.S.Ed., MS Ed;
Albany Health Management Associates, Inc.

Agenda

• Chronic illness and education
• Importance of accommodating students
• The Fennell Four-Phase Model of chronic illness
• Aligning FFPM and classroom practice
Culturally Competent Teachers

Core Values:

• Competence
• Care
• Leadership
• Difference
  – gender, ethnicity, culture, race, health
• Service

Chronic Illness is Increasing

• Childhood rates of chronic health problems doubled in just 12 years, to 1 in 4 children in 2006, up from 1 in 8 in 1994.

• Rates of chronic illness are higher among boys and Hispanic and black children.

• Older children are more likely than younger children to have a chronic health condition.
Chronic Illness is Increasing

Chronic illness is rising among the student population due to factors such as:

• Better medical care
• Infant mortality declines
• Increased prevalence of conditions like diabetes, asthma, autoimmune diseases, depression, autism, obesity
Chronic Illness & Education

• Students with chronic conditions (or who are caring for family members with chronic conditions) are at higher risk for school absenteeism and drop-out.

• Dropouts are more likely to suffer from illness or disability.

• ED is one of the strongest predictors of health: the more schooling people have the better their health is likely to be
Chronic Illness

• Intermittent, waxing and waning symptoms
• “Invisible” illness – students don’t look sick
• Sudden emergencies
• Bed or housebound; general frailty
• Less time available due to illness symptoms and management of illness (doctor’s appointments, social service management, medications, etc.)
Accommodating Students With Chronic Illness

- Legal mandates (IDEA, Section 504, ADA)
- Maintain student’s participation in learning
- Avoid disparities among the traditionally disabled, chronically disabled, and non-disabled - equal access
- Reduce dropping out and poverty
- Prepare students for workforce

The Fennell Four Phase Treatment (FFPT™) Approach
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

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 Characterlogical 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”

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<tr>
<th>DYNAMICS</th>
<th>EFFECTS</th>
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<tbody>
<tr>
<td>Scapegoating</td>
<td>Loss of Privacy</td>
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<tr>
<td>Public Ridicule/Support</td>
<td>Increased Fear/Anxiety</td>
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<td>Public Judgment</td>
<td>Increased Isolation</td>
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<td>Public Assignment of Role and</td>
<td>Increased Grief</td>
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<td>Worth</td>
<td>Decreased Sense of Worth</td>
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<td>Inadequate Language/Models/Metaphors</td>
<td>Increased/Decreased Powerlessness</td>
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<td>Impact of Discourse</td>
<td>Increased/Decreased Sense of Efficacy</td>
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<td>Disease Maturity -Societal Acceptance</td>
<td>Increased/Decreased Sense of General Safety, Trust and Stigmatization</td>
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Aligning FFPT and Classroom Instruction
Alignment of Practice with FFPT Through Differentiation/Accommodation

• By using FFPM as a framework for considering the medical, social, familial and psychological situation the student is facing, educators can use differentiated instruction and accommodations to develop curriculum and assignments that are relevant to the student's life, interests and abilities.
Combining these approaches offers students a greater opportunity to continue their education while coping with the relapsing/remitting nature of chronic illness.
Classroom Practices Aligned to Phase 1

Classroom Strategies
• Provide assignment sheets
• Provide weekly overviews
• Allow for connections between concepts, identify similarities/differences

Phase 1:
• Contain the crisis; manage urgency
• Assessment – psych/med evaluation
• Analyze ADLs and restructure
• Relationship building
• Personal narratives

Classroom Practices Aligned to Phase 2

Classroom Strategies
• Use a modified group memory strategy (S)
• Monitor study time (S)
• Offer steps in process (T)
• Provide color coded handouts (T)
• Vary use of color (T)
• Provide thinking maps (T)

S=Student; T=Teacher

Phase 2
• Stabilize symptoms – med/psych
• Review/modify all activity groups–value clarification
• Counseling – grief, coping
• Illness etiquette – family/case management
• Use logs for symptoms and activities
• Classroom modification

Classroom Practices Aligned to Phase 3

Classroom Strategies

- Generate/test own hypotheses (S)
- Review/monitor for consistency (T)
- Use time for written reflection & learning (S)
- Write study/test questions (S)
- Provide thinking maps (S)
- Use modified group memory (S)

Phase 3

- Personalize/find meaning
- Establish self-regulation and priorities

S=Student; T=Teacher
For Information:

For further information, please contact AHMA at communications@albanyhealthmanagement.com
www.albanyhealthmanagement.com

• certification in the FFPT™ approach
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• school based programs
• research projects
• books and related articles
• clinical services
• consulting
• education and training

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An original, comprehensive, research-validated approach that brings clarity and order to what feels like an unmanageable and isolating experience.

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