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Integrating Fennell's Four Phase Treatment Model (FFPT™) within Restorative Justice Practices to Address Trauma's Aftermath

**New York State Coalition for Children's Mental Health Services
December 4, 2013**

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Mapping Our Time Together

Introductions

Common Themes in Restorative Practices and
Fennell's Phase Model

Roots and Philosophy of Restorative Practices

Imposed Change and Disconnection

Fennell's Four Phase Treatment (FFPT™) Model

Restorative Tools and Blending the Models

Common Themes – Roots, Imposed Change and Timing



<http://www.jadedthea.com/images/Mangroves.jpg>

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Roots of Restorative Practices

- “An ancient idea whose time has come”
- Found in cultures all over the world
- Structured practices – New Zealand and Australia

International Institute for Restorative Practices (IIRP)

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Roots of Restorative Practices

“... to create spaces in which people can experience one another through heart and spirit and can access their own capacity for wisdom and healing through their relationships with others.”

Kay Pranis

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Restorative Practices Defined

A social science studying how to build social capital (a network of relationships and connections) and achieve social discipline through participatory learning and decision-making.

<http://www.iirp.edu/what-is-restorative-practices.php>

Philosophy of Restorative Practices

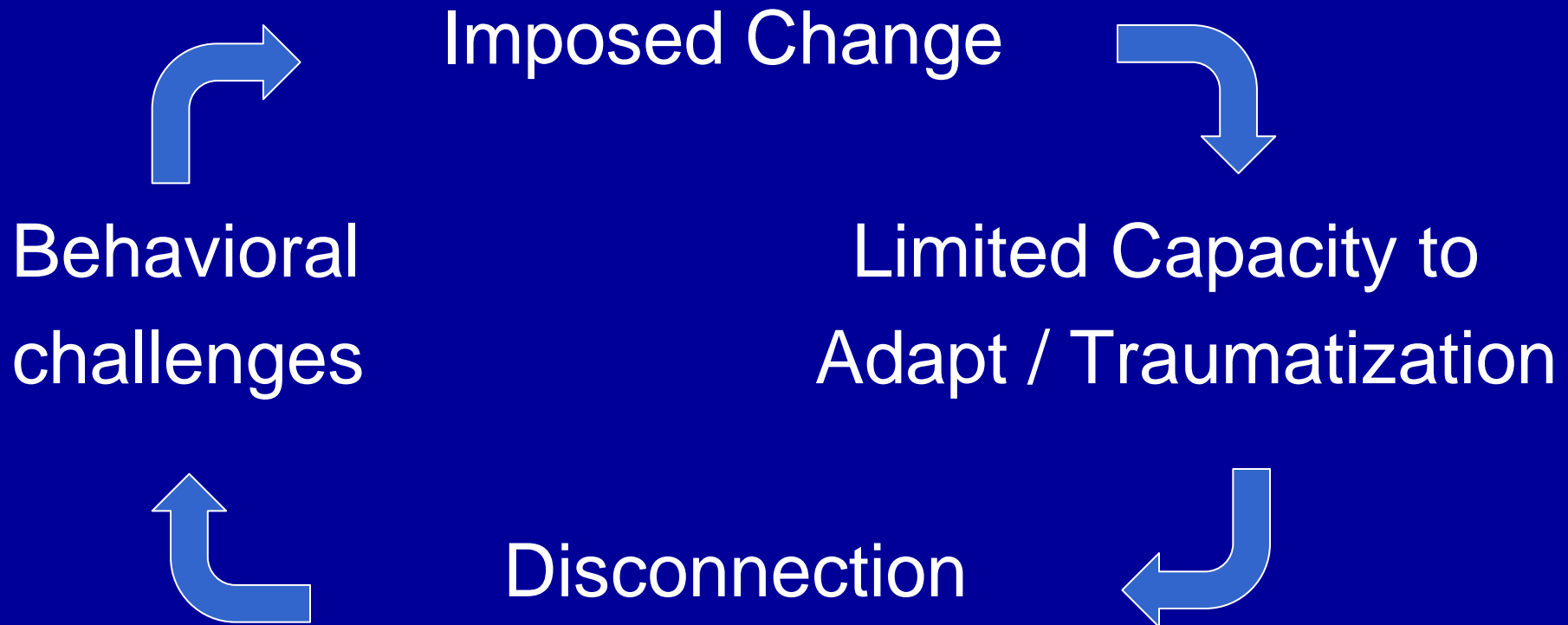
People are:

- happier
 - more cooperative
 - more productive
 - more likely to make positive changes
- When ... doing things *With* them, rather than *To* them or *For* them.

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Common Concerns in Restorative Practices and the Phase Model



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Imposed Change

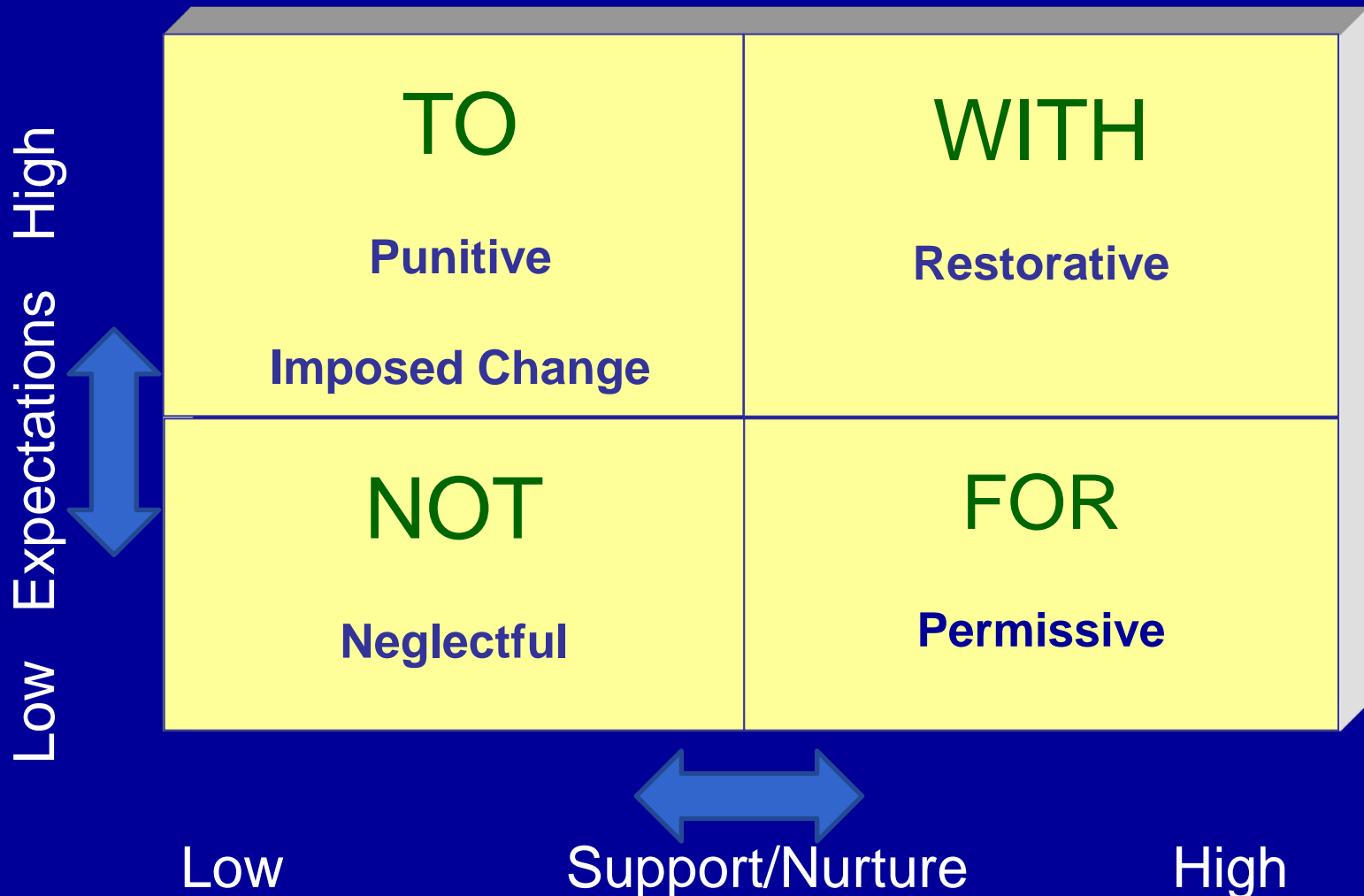
- Removal from the home or school
- Familial trauma
- Natural Disasters
- Bullying

Disconnection: Roots of Harm

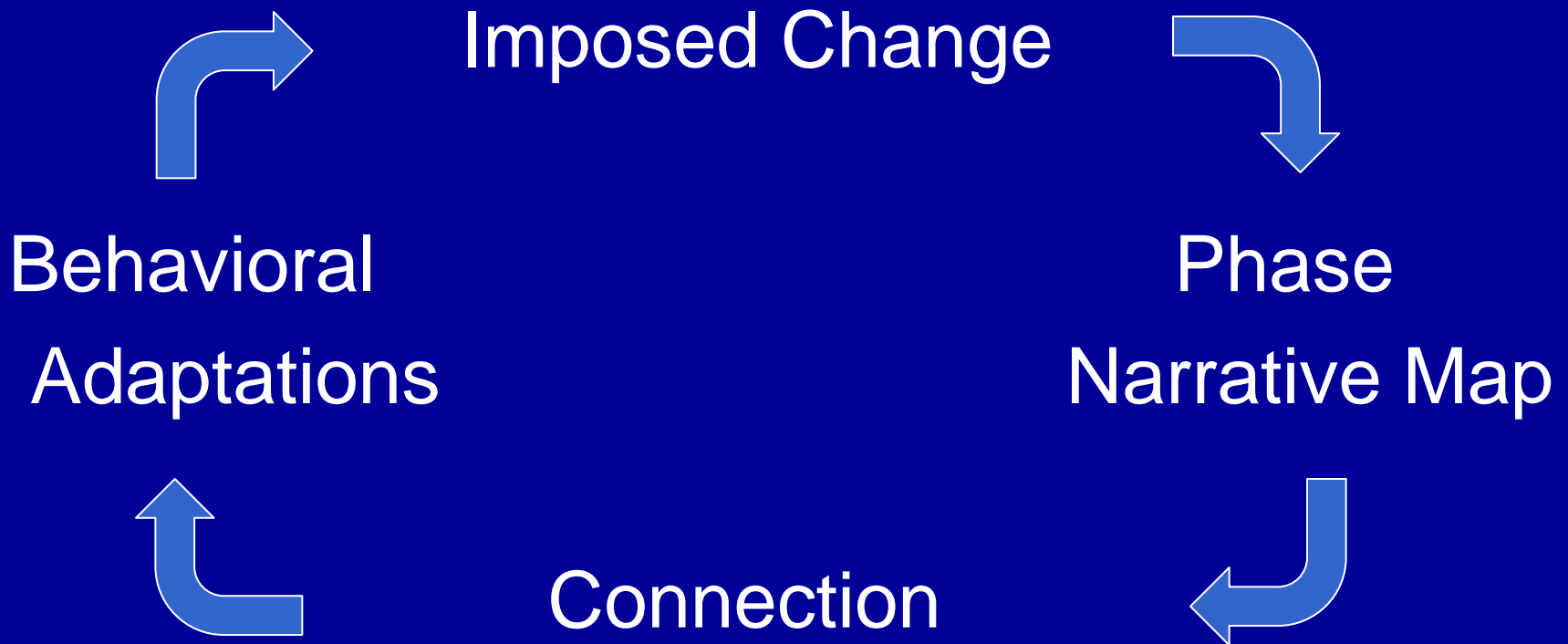
“When members of the Navajo Nation try to explain why people harm others, they say that a person who does harm to another ‘acts as if he has no relatives.’

Kaplan and Johnson, 1964, Yazzie, 1998 in Sullivan and Tifft's Handbook of Restorative Justice, 2006)

Social Discipline Window



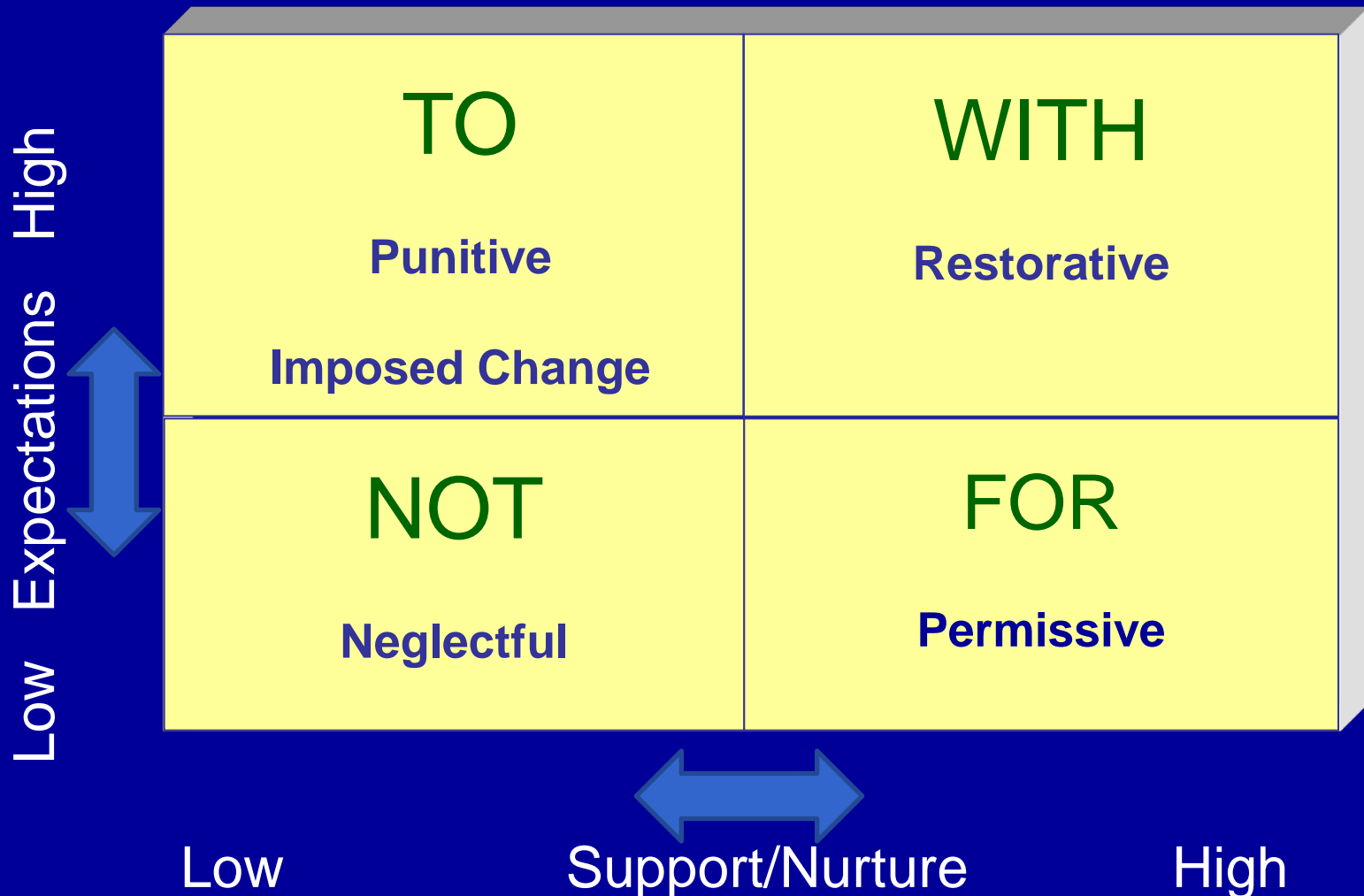
Common Concerns in Restorative Practices and the Phase Model



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Social Discipline Window



Centrality of Relationship - Connection

- Shalom: Living in “all rightness” with others. (Zehr) or “Completeness” (Zaas)
- Hozho: Navaho
- Ubuntu: many Africans use this Bantu word
- Whakapapa: Maori

H. Zehr, 2002

Phase Method - Philosophy

- A Systemic Approach
- False Dichotomies
- The Phenomenon of Chronicity
- Traumatization and Chronicity
- The Integration Assumption
- Palliation
- Clinician as Active Equal Participant

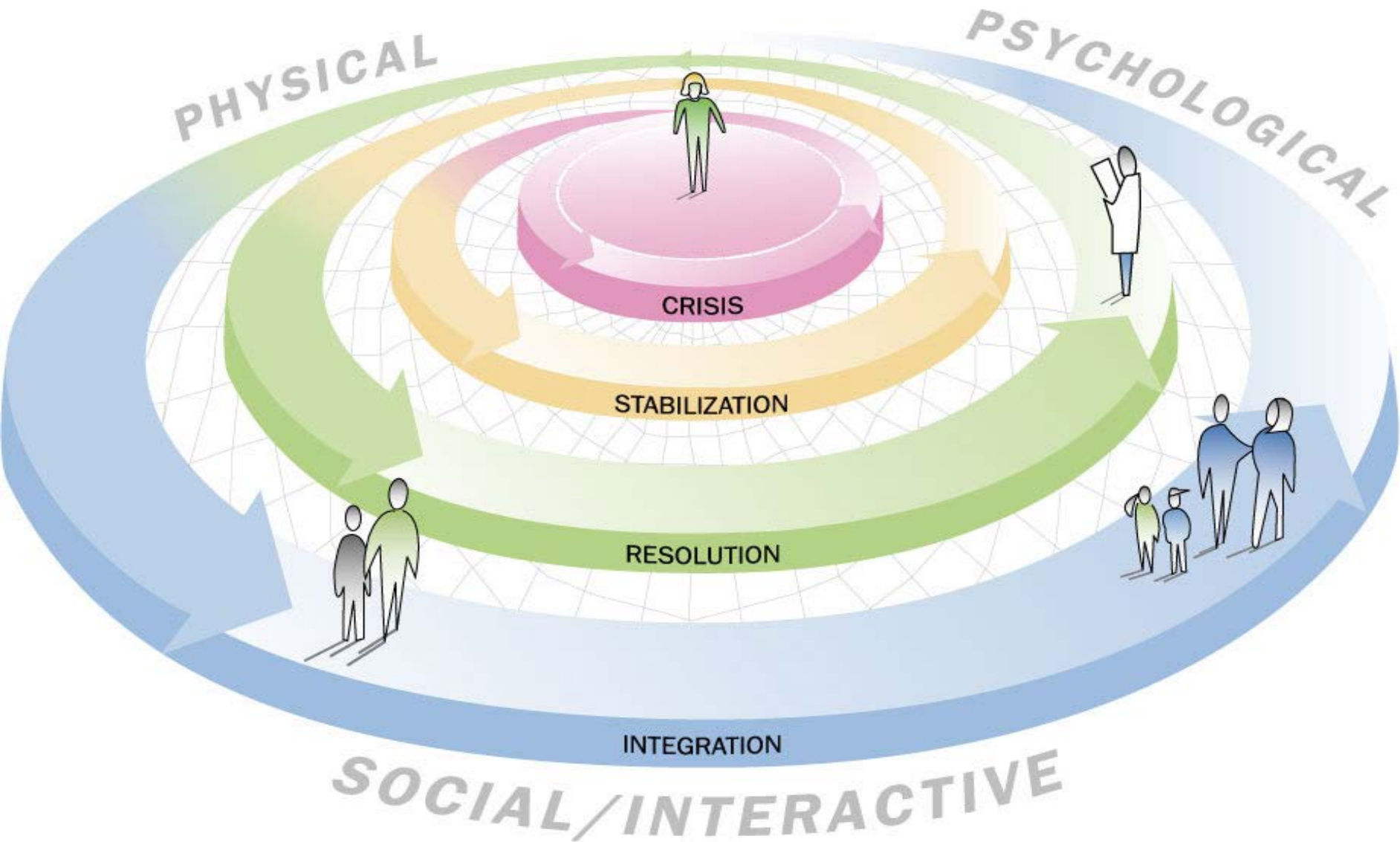
Trauma Types

- Chronic Condition/Event Trauma
- Iatrogenic Trauma
- Cultural Trauma
- Vicarious Trauma
- Pre-Morbid / Co-Morbid Trauma

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



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

Objective Phase Placement

- Phase Placement I
 - Diagnostic/Treatment Urgency
 - Treatment / Cure Locus Outside Self
 - Increased Self Pathologizing
 - Increased Intrusion or Denial
 - Decreased Tolerance of Ambiguity

- Phase Placement II
 - Locus of Control Returning to Self
 - Seeks Alternative Sources of Treatment/Support/Identification
 - Decreased Tolerance of Chronicity
 - Decreased Self Pathologizing
 - Decreased Intrusion or Denial

- Phase Placement III
 - Increased Awareness of Societal Effects
 - Increased Internalization of Locus of Control
 - Increased Tolerance of Ambiguity / Chronicity
 - Expression of Self Compassion
 - Patient Constructs Chronic Illness Experience

- Phase Placement IV
 - Recovery/Stabilization/Integration
 - Integration of Pre/Post Crisis Self
 - Reconstructed Definition of Self
 - Reconstructed Cultural Role and Relationships

Purposeful Utilization of the Self: Countertransference and Intervention

- Countertransference as a universal experience
- Definitions
- Vicarious traumatization
- Countertransference as an intervention necessity
- Common countertransference reactions to the psyche-soma/chronic patient

Phase I

Countertransference - Clinical Stance

- Revulsion
- Fear
- Anger
- Disbelief
- Triggered Trauma
- Rejection/Over-identification
- Self Examination
- Equal Exchange
- Compassion/Affirmation
- Modeling Toleration of Affect and Ambiguity
- Normalization

Phase II

Countertransference - Clinical Stance

- Conflict
- Normalization
Failure
- Relationship
Rupture
- Vicarious
Traumatization
- Coaching/Structuring
- Modeling Toleration
of Chronicity
- Modeling
Containment

Phase III

Countertransference - Clinical Stance

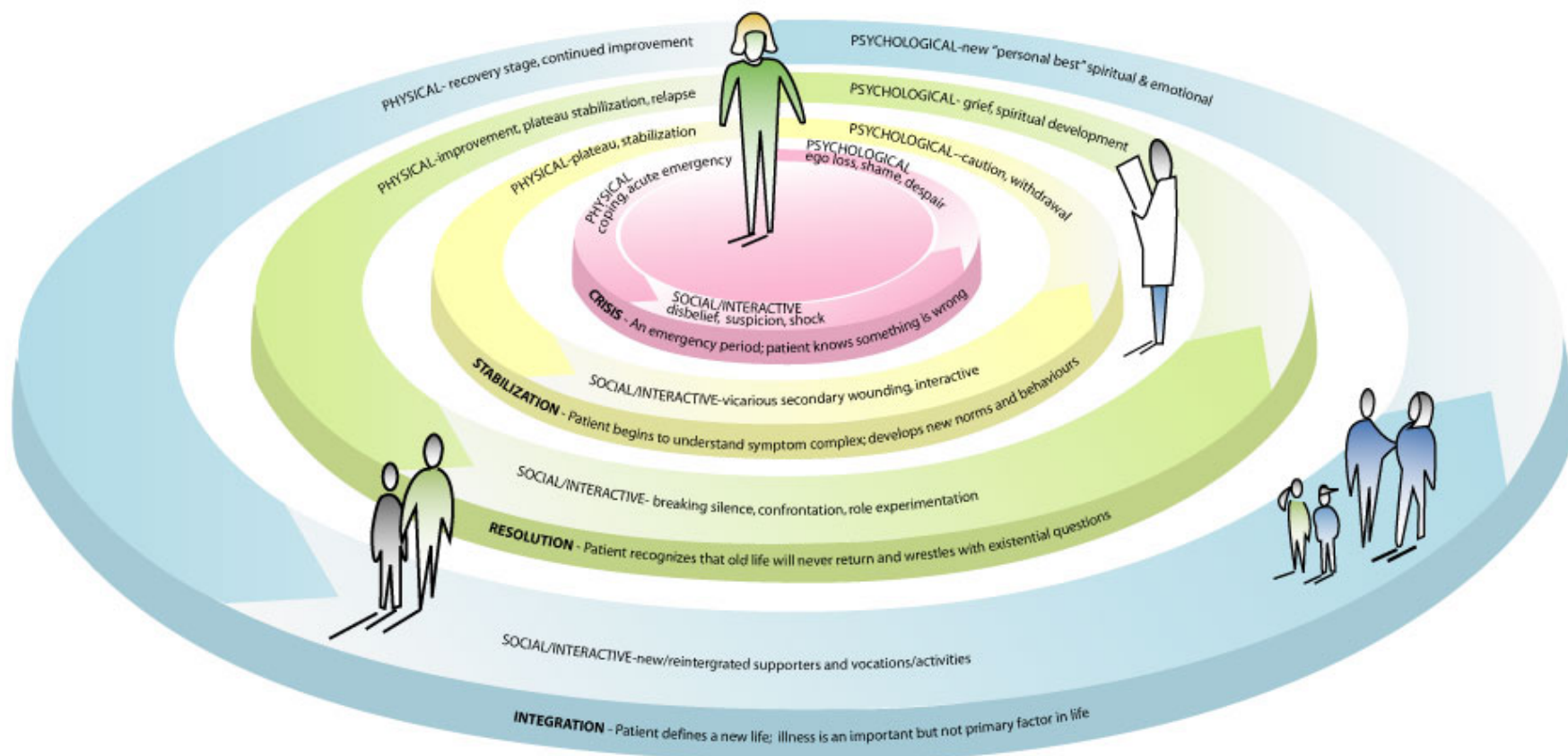
- Inadequacy
- Terror
- Depression
- Withdrawal
- Rejection
- Resolution
- Parallel Process
- Witnessing

Phase IV

Countertransference - Clinical Stance

- Attachment
- Grief
- Loss
- Pride
- Integration of Parallel Process
- Release

The Four Phases



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Restorative Tools



<http://circle-space.org//2010/05/25/creating-rules-or-creating-values-the-difference-in-a-restorative-classroom>

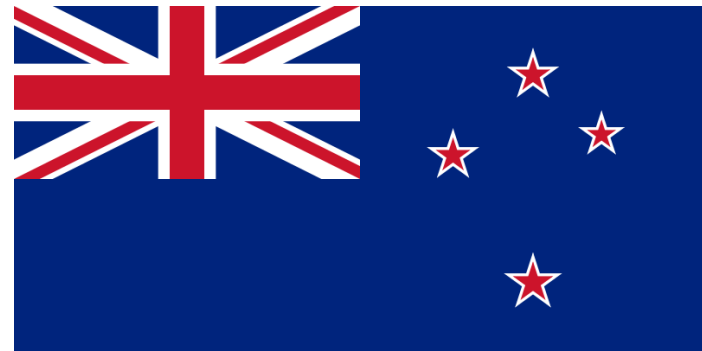
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Restorative Tools - Family Group Conferencing

Repairing the Harm



Calling all Stakeholders



<http://en.wikipedia.org/wiki/>

Restorative Tools – Addressing Challenging Behaviors

Restorative Questions I To respond to challenging behavior.

- What happened?
- What were you thinking of at the time?
- What have you thought about since?
- Who has been affected by what you have done?
In what way?
- What do you think you need to do to make things right?

SaferSanerSchools™ an IIRP program www.iirp.org

International Institute for Restorative Practices (IIRP)

Restorative practices / Phase approach

- Circles/Family group conference
- Restorative questions
- Phase narrative
- Objective phase placement /
countertransference



WHO
YOU
GONNA
CALL?

<http://www.keepcalm-o-matic.co.uk/p/who-you-gonna-call-ghostbusters-2/>

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Thank You!

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- certification in the FFPT™ approach
- research projects / national – international
- Instrumentation –
 - the Fennell Phase Inventory™
 - CHAI™
 - PCAT™
- books and related articles
- clinical services
- consulting
- education and training