

The Longitudinal Intervention Model: Phone interventions to help trauma and loss survivors

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Abstract

Israeli society has been coping for years with multiple-victim incidents, outcomes of terror and wars. Likewise, in recent years western countries have also started to realize that their populations are and will continue to be affected by terror and its mental health effects.

The present study explored the practice of phone interventions and trauma/loss treatment by focusing on the use of helplines to provide mental-health services. It investigated an Israeli helpline (NATAL's helpline) which provides treatment to survivors of trauma and loss, and operates on the basis of a unique model of intervention – the LIM (Longitudinal Intervention Model).

The field of tele-medicine offers different and diverse services, and there is a disagreement among scholars regarding the definition, philosophy and practice of these services. Moreover, the NATAL helpline and the LIM provide a service which contains elements that are more typical to therapy than to crisis intervention, and also include principles which are considered unacceptable to tele-medicine.

The present study examined the helpline impact through identifying the characteristics of the population which is affected by the helpline. It also explored the therapeutic process, by focusing on the characteristics and the effect of the intervention and the model it is based upon. Further, it evaluated the therapeutic outcome.

Quantitative and qualitative methods were used to gather information of the helpline's calls, callers and clients (years 1998-2014). Data included case files, in-depth interviews, focus groups and personal records (letters). The research questions were examined from two perspectives - the perspective of the helpline clients, and the perspective of the helpers/the helpline specialists

The results indicate that following trauma/loss, there are many people in Israel in need of mental health and emotional support, and that helplines can provide services to large populations – during crises and during the aftermath.

The treatments available for trauma and loss span a variety of psychological approaches. The results support past findings which showed that therapeutic elements such as creating a safe place, providing understanding/empathy/containment (non-judgmental), encouraging emotional expression, and offering new perspectives/insights – are the significant components which contribute to successful treatment.

The present study showed that interventions done by the telephone specialists, according to the LIM, result in significant therapeutic impact: there was a general decline in functioning problems, an improvement in the severity of symptoms of the clients, and a reported improvement in clients' well-being and better social/familial relationships.

This study showed that it is the synergy between the medium (phone) and the model (LIM) which is responsible for the positive outcomes that were found during this research. Specifically, the element of constant reaching-out to clients, however uncommon to therapy and helplines, was found to be a crucial component which is viewed by clients as very helpful.

The presented therapeutic outcomes indicate that the LIM may be an additional or alternative mode of mental health service for trauma/loss survivors, which can help promoting their recovery or well-being. It also points to the necessity of the mental health profession to search for and develop non-stigmatic approaches and service-deliveries in order to enable more people to receive help.

The full dissertation can be found on:

https://pure.uvt.nl/portal/files/18498514/Haimov_The_Longitudinal_10_10_2017.pdf