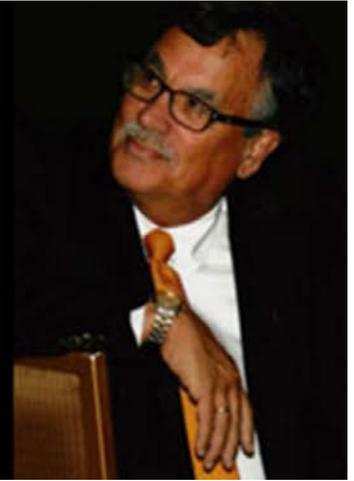


MY VIEW



Founder Wayne Fortin



EMBRACING A NEW WAY OF CARING

For 35 years, TIP volunteers have responded to calls from emergency responders to provide emotional first aid. Our approach has been personal. We have provided assistance “in person” to those we could see and touch. “Being There” has been at the core of what we do. We never thought of providing TIP services any other way.

Until now.

Because of the coronavirus crisis and the necessity for social distancing, we are suddenly unable to “be there” with our clients in person. We like many businesses and organizations have had to begin providing our services virtually. We call this service Tele TIP. We are now providing emotional first aid to our clients by phone as well as using our websites to provide them resources.

We are in the very early stages of this change. I for one have found the transition difficult, and I know that many of you have also. It seems like the heart has been taken out of what we do. Trying to provide emotional first aid to our clients without seeing them and their entire situation almost seems impossible. I have had a very hard time seeing “telephone intervention” as anything but a second-class service.

However, I am beginning to make a change away from the “negative” attitude about telephone intervention. I believe this change in attitude is crucial for my own mental health, but most importantly for the good of our organization. While I look forward to the day we will be back to assisting our clients in person, I am now focused on the value we provide our clients and the emergency system by providing telephone interventions. Essentially, I am trying to put into practice the proverbial phrase: “When life gives you lemons, make lemonade.”

One of the things that has helped me adjust my attitude has been remembering my own experience. In the early days of my mental health career, I spent most of my time on the phone dealing with family members of the mentally ill. They regularly called the mental health center in crisis: “*How do I help my mentally ill family member when they don’t want help.*” I didn’t have answers. All I could do was listen and offer referrals to support groups. I usually felt helpless during and after these calls.... “*I didn’t help that family member at all.*”

My *“I didn’t help at all”* attitude gradually changed as I encountered the family members I spoke with on the phone at the support groups I had referred them to. They told me 2 things over and over again. 1. *“This support group helps me so much. Thanks for referring me to it.”* 2. *“When I talked to you on the phone, I felt at least someone understood my impossible situation.”* In short, I gradually realized that a brief simple phone conversation can have a HUGE impact on those who are in crisis.

Of course, we don’t need my experience to establish the helpfulness of phone interventions. For years there have been hotlines and text lines operating all over the world. Those who use these services and those who staff them report that their services are invaluable. We are now a “hotline” for people who may have just experienced the worst time in their lives “on top of” possibly being socially isolated and anxious because of the coronavirus crisis.

Our early TIP experience with Tele TIP is also confirming the value of helping clients by phone. Most of the feedback we are receiving from TIP volunteers is that while Tipping by phone is very different, it’s doable and it’s a valuable service.

I know that transitioning from in person response to telephone response is not easy. It requires educating responders about Tele TIP; convincing them it’s a valuable service; learning ways of contacting clients who are traumatized and may be wary of a phone call from a stranger; learning how to be effective on the phone; and encouraging our volunteers when they understandably become frustrated when trying to contact traumatized clients by phone. These are formidable challenges which our affiliates are encountering as I write this.

I believe we can only meet these challenges if we have a strong belief that we CAN remotely touch traumatized persons lives in meaningful ways. We need to believe that we still provide a valuable service to traumatized survivors, to our hospitals and to our emergency agencies. If we have this belief, we will figure out how to make Tele TIP work, how to support our TIP volunteers, and how to enthusiastically communicate to our hospital and agency partners that TIP is a much needed and valuable service.