

Podcast Interview with Domestic Violence Intervention Services, Tulsa, OK
(12/9/2016)

FB: I am here with Tracey Lyall who is the executive director of Domestic Violence Intervention Services in Tulsa, Oklahoma. Welcome.

T. Lyall: Thank you.

FB: How old is your program, and how long have you been with it?

T. Lyall: Our transitional housing program, I believe, started probably around the early 90s. We started, originally, with eight units of transitional housing in the downtown area, here, in Tulsa. We've not been in that location for quite some time, but originally that's where we were with eight housing units.

FB: You told me you just moved to a new location.

T. Lyall: We did. In about the last year and a half, we've been relocated into brand new, 20-unit, apartment facilities. All clustered together, we have a total of three buildings that house the apartments, and then a building that houses the staff, support services for the program.

FB: Do you own those units or are you leasing them?

T. Lyall: We own those units.

FB: Congratulations. How would you say that the use of clustered units allows you to serve survivors that you might not be able to serve with the scattered site program? What does use of a clustered program allow you to do that you might not be able to do with scattered site housing?

T. Lyall: I think the primary reason we like the clustered housing model is because of the safety issues that our families have because of the domestic violence. Our facilities are gated. We have security cameras, lighted parking. Next door we actually have staff available if there was an emergency, so on a 24/7 basis we have access to support staff for our residents. It's an added measure of safety, allowing our families to overcome their fears, and be free from the violence. We don't often have that benefit out in a scattered site model in being able to be watchful and make sure that their abusive partner is not coming around, or still making threats and causing more fear and trauma for the family. We really like the clustered model for domestic violence victims in particular.

FB: What happens when you have a survivor in your program who feels ready for a more independent setting, might not be financially ready to sustain that, or might still want to participate in some of the services, but might not necessarily want to be part of a communal, or community, setting?

T. Lyall: If it's a family that really the safety issues, maybe, are not as significant, or their abusive partner no longer has access to them, or is in a different state, or could be incarcerated, or in jail, and a family would like to be in the community in a scattered site model, we've been allowed to provide transitional housing and support those families with rent for a limited period of time in scattered site housing. They can still receive the support that we offer, case management, counseling, financial assistance, help with the self-sufficiency goals that they might have, schooling and employment, those sort of things. We've been able to add that to our program. Most of our program tends to be in the clustered model, but we can assist families who are in scattered site as well.

FB: I think you mentioned in a previous conversation that as participants in your program move toward their second year, you encourage them to take on a mentorship role with folks who are entering the program. I was wondering if you could talk a little bit about how that kind of mentoring process works, how it benefits new arrivals, and how it, maybe, even benefits some of the more experienced participants.

T. Lyall: Sure. The mentoring, really for new arrivals, I think the benefit to them is just to have someone who is a little bit further in their recovery from the trauma and violence that they've experienced, to sort of show them the ropes in the new facility, introduce them to other residents, let them know how things work in the community. It's just a great way to introduce somebody new into the community and help increase their comfort level. For the person who's been there that's doing the mentoring, we always talk about "giving back." We talk about this a lot with our, even just general volunteers here at DVIS, that giving back for somebody who's been a survivor of domestic violence that's often a stage in the healing process for them. So, for survivors who are now mentoring other families who might be coming into transitional housing, it's that next step of healing and giving back to their community, and helping someone else who was, maybe, where they've been six months earlier, or a year earlier. It's just worked well for us to have our residents become involved in that way with each other.

FB: Is that something that residents are comfortable with? Are there residents taking on that kind of role Are there any boundary kinds of issues that you have to deal with?

T. Lyall: It becomes quite a close knit community, being in the clustered housing. Certainly, sometimes we do have to be careful with boundaries. You're living together so to speak, and that becomes your immediate community day to day, so we have to help sometimes define boundaries a little bit. That's, again, part of what our staff do, and counselors, and case managers, just see and recognize those things fairly quickly, and can help them work through some of those boundary difficulties. Particularly, a lot of times it's around wanting to help each other, wanting to do more for your neighbor. There's some great benefit and goodness in that, but then it also can distract residents from focusing on what they need to work on, and allowing everyone to develop their own support system and network, even outside the community. We want to encourage that.

It's a delicate balance sometimes, but we do have to help watch boundaries. We're always looking for, where do we want to be, or where do you want to be in the next year? Quite likely, after you finish our program, we want you to have support outside of our immediate transitional housing program. So what does that look like in helping them develop relationships that are outside of that community?

FB: Speaking of balance, one of things that I understand that DVIS does is that you have some clinical staff as well as case management and advocacy staff. It can be a little controversial -- concerns about pathologizing domestic violence versus seeing it as a power and control issue. I'm wondering how you have balanced the supports that are clinical with the supports that are more advocacy oriented?

T. Lyall: I guess I'd say first, the pathologizing of domestic violence, inherently directs blame towards victims of domestic violence; that somehow they've caused it. Of course, that's not our framework at all.

In terms of clinical services, we're looking at helping them deal with the effects of the domestic violence that they've experienced clinically. We know, for instance, the domestic violence victims are commonly are experiencing symptoms of post traumatic stress disorder, depression, anxiety, difficulty sleeping, could be difficulty regulating their emotions. From a clinical perspective, we start by asking the survivor of domestic violence what they'd like our help with. Our clinical services are, we refer to them as empowerment based services. They're strictly voluntary for survivors of domestic violence. We offer a full-time counselor for the adults in our transitional housing, and a full-time counselor for the children. All of those services are at their discretion and voluntary. They're not required as part of our transitional housing program.

FB: Do people tend to utilize them? Is it something that only a few people utilize?

T. Lyall: The majority do on and off. Particularly the adults, on and off, seek out the support of the counselor there. You mentioned the Seeking Safety model. We're still using Seeking Safety as our ... That's more of a group model. We offer group counseling services for the residents of transitional housing. If they choose to come to group, or choose to come and see our counselor, they make an appointment or they show up at group. The adults tend to like those opportunities. It would be similar for the counseling that's available to their children. We make it available. We do a lot of education to talk with them about the impact that domestic violence has on children, and the counselor's there to help them deal with that.

FB: You mentioned Seeking Safety. Seeking Safety often is, I think, focused on a combination and trauma and substance dependence. Do you use it in conjunction with both of those issues?

T. Lyall: Yes.

FB: It's not just around the trauma, but you also address substance dependence?

T. Lyall: We do, yes. Both the trauma and the substance abuse. We talk a lot about financial independence and emotional independence. Those are two aspects of, particularly, that group model, that for families who are involved in domestic violence, that those are pretty key to be able to be financially independent and emotionally independent. We consider those to be some critical areas for their success, and that model helps us address both of those as well.

FB: Are the clinicians on your staff involved in supervision as well? Do they play a role in, for example, supporting staff who might be at risk of secondary traumatic stress?

T. Lyall: In terms of the supervision, we don't have any supervisors that are supervising for specifically that reason. One of the areas that, as an agency, that we've been really looking at lately, actually a book that all of our leadership team is reading now, and we've had a retreat for our residential staff, we did that in September of this year around the topic of Trauma Stewardship. It's a book that's written by Laura van Dernoot Lipsky, and really talks about secondary traumatic stress and how we handle that, and how we experience that in this kind of work.

She talks a lot about being present with our clients through their trauma, and listening to how the trauma's impacted them, and often hearing and seeing difficult things, and maybe even having challenging outcomes sometimes in the families that we're working with. Just like we're present with our clients, as staff, we need to be present with each other, so making ourselves available when a peer or coworker needs to talk about a difficult case, a difficult session, really just being present for those things that a lot of times just having someone that you can tell and verbalize what you just heard and went through is important. We really are promoting that book and that culture within DVIS to support one another.

I think some of that is just really recognizing as an agency that the work does impact us. We have have to take care of ourselves. Wven mindfulness and slowing your work day down. There's some great things in her book that talk about just trying to be mindful during the day and grounding yourself when you've had a day that's been rapid -- client after client, and in our case just hearing different kinds of trauma all day long. I think they say children's counselors are most at risk because of the type of trauma and working with children, it tends to impact children's counselors at a higher rate than adult counselors.

We're really just trying to be mindful of that at DVIS, and start holding each other accountable. We talk about peer accountability. In your work areas you know people pretty well. You know each other pretty well, and when you recognize that someone is ... a look on their face, or their mannerisms or behavior is different and you know something's wrong, to act on that and to ask, and give that other person permission to share what's going on. We're trying to implement that. We don't have anyone in particular that's in charge of that. We're really trying to make it part of our culture with each other mostly on the front lines, but even we are doing it, like I said, even the leadership team is trying to promote that with each other as well.

FB: I talked to a number of other programs that also were impressed with the approach that book and the Trauma Stewardship approach takes, and were very happy with that. I wish you a lot of luck, and it sounds like a really good decision for you.

T. Lyall: Thank you. I think it's going to be very helpful to us.

FB: I wanted to ask a couple of questions about the way you work with families with children. You mentioned that you do have counseling for the children. You mentioned that you work with the parents about the impact that exposure to trauma and abuse can have on the children. There has, in the past, been a little bit of tension about whether staff are the advocates for the parent or they're the advocates to the child, and how to avoid pitting one against the other. I'm wondering how you have navigated that challenge.

T. Lyall: We tend to treat the parent. They initiate, oftentimes, the treatment for their children. Again, it's a service we offer that's voluntary that they can take advantage of. We often start with what behaviors or things the parent is wanting to work on with that child, or what behaviors they're seeing in that child that they would like addressed.

If you had a teenager who wanted to define their treatment goals, we would have the teenager talk about what they want to accomplish in counseling, and have the parent talk about it and try to come to some agreement about what that looks like. I don't think we have a lot of challenges in terms of child and parent and those being competing approaches. We try to focus on the parent, particularly for the younger kids, to have them tell us what they'd like to work on. Now, oftentimes, if the parent wants to work on things and is maybe not acknowledging things that the clinician might see, certainly we would try to bring those to the parent's attention and say, these are some things we're seeing in behaviors of the child, or in interaction between parent and child, and try to give some voice to what those are, and see if the parent's willing to take a look at those.

We have, actually, two case managers that work in our transitional housing. They often are the ones that help with school enrollment, transportation if that is a challenge, and ISPs. If there's issues that come up that, particularly, the children's counselor would see, they would also get involved with talking with the school and helping the parent with those kinds of issues. We're fortunate that the school that our children feed into in Tulsa -- they know us, and we have a good relationship with them. We find the school is really willing to work with our kids to help them through some of those challenges and we feel pretty fortunate about that.

FB: Is the school able to work with preschool age children around assessment, or do you have other resources that you're able to call on?

T. Lyall: We have about four different Educare programs in Tulsa. It's infants to, I believe, four or five years of age. It's an early childhood model that involves a lot of developmental support, social workers, and family support, for the kids that attend Educare. We can refer, obviously, our parents to have their kids enroll in an area Educare program. There's also Early Head Start programs. A lot of the younger kids, those issues would be addressed in Early Head Start and Educare programs.

FB: That sounds like a nice continuum.

T. Lyall: Yes.

FB: I guess you were telling me that your program was one of some of them transitional housing programs that were not refunded in the most recent HUD competition. How are you handling that? What's that going to mean for you, do you think?

T. Lyall: Well, of course we were a little shocked by that this year. Our funding from HUD will be ending the end of 2016. That's particularly the HUD transitional funding through the Continuum of Care, so for DVIS that's about \$149,000 a year. That's caused us to have to just do some local fundraising, working with Tulsa, and talking with foundations, and trying to make up the difference that we've lost in the HUD funding. At this point, we're staying fully staffed at our current capacity, and anticipate being able to do that, at this point, at least half of 2017, but we're still fundraising.

That really was HUD's movement to focus most on permanent housing rather than transitional housing. I still feel like transitional housing is an important program, particularly for survivors of domestic violence and sexual assault, because of the safety issues that I mentioned earlier.

We're managing. We're going to continue to raise money, and talk to people about funding this program. It's really the program that has, we feel like, a lot of success because we have a lot face to face time with the families who are in our program. It's up to two years, and that, in our experience, gives families the time they needs to heal from what they've experienced, and gain the support that we offer, and look at things that are going to help them become self-sufficient, and more emotionally and financially independent, as I mentioned before. We've really have had some great success from families increasing their income while they're in our

transitional housing program, from the time they come in to the time they exit. And having increased their income, we have had great success in them maintaining their housing once they move out of our transitional housing program in the community, and just remaining in that permanent housing. It's an important step, we feel like. We're going to keep the program operational as long as we can.

FB: I wish you a lot of luck. It sounds like just the fact that you have your own building and have been able to support the variety of staff that you have, that you have been successful in being able to raise some private resources as well as your OVW and HUD grants.

T. Lyall: Yes. We are fortunate. The new building that we are in is, obviously, a result of a capital campaign. We're really fortunate, in Tulsa, to have a very generous community, and philanthropic community that cares about domestic violence and sexual assault here, and have supported building new facilities, and they've also supported our programs. We're hopeful they'll continue to do that.

FB: Again, I wish you a lot of luck. Thank you so much, again, Tracey, for taking the time for this interview.

T. Lyall: All right. Thank you, Fred.