

## **Agency Orientation Staff Interview YouTube Links**

- Advocacy – Jolie Moran: <https://youtu.be/uh7LZJkO0FQ>
- Alternatives – Desiree Williams-Harrell: <https://youtu.be/TmOgdG6Oq-w>
- Clinical – Tyler Sliker: <https://youtu.be/3iG9zMuOh54>
- Crisis Line, Web Chat & On-Call Advocate – Wyatt Mack: <https://youtu.be/ORI0X9cRux8>
- Development – Cindy Britz: <https://youtu.be/hMPNH3g0WVs>
- Prevention Education – George Kilpatrick: <https://youtu.be/iTaZKV3rNWI>
- Shelter – Brittany Sanderson: [https://youtu.be/E80k\\_dvM2kE](https://youtu.be/E80k_dvM2kE)

Loren:

So this is Loren and I am here today with Jolie Moran. So Jolie, could you just introduce yourself and tell us a little bit about what you do at Vera House?

Jolie Moran:

Absolutely. My name is Jolie Moran and my pronouns are she and her and I am our director of advocacy at Vera House. As part of my role I oversee both our advocacy program, our elder abuse services, as well as our legal project. Additionally, I am the co-chair of our advocacy work group which focuses on looking at legislative policy issues and community issues in regards to domestic violence, sexual violence, elder abuse, and other forms of abuse.

Loren:

Awesome. Thank you. So can you talk about, so obviously there's a lot that the advocacy program does and a lot that falls under the advocacy program but can you talk about the overall goal and function of your department within the agency?

Jolie Moran:

Absolutely. So our advocacy program is what I would like to look at as being the companion program to our shelter program. So, obviously not everybody can be sheltered at Vera House based off of the amount of bed space that we have as well as not every victim or survivor wants to come into a shelter. So, our advocacy program works with individuals who are actively living in our community who are experiencing abuse and violence and are connecting with them individually and looking at safety planning and providing emotional support, helping them navigate through challenging systems. Also looking at educating them on the dynamics of abuse and violence, looking to connect them to referrals in our community and ultimately also trying to meet folks where they're at. So one of the things that we often do, we'll meet people actually physically within the community if it's safe for us to do so, so that we are able to provide that service right to them.

Loren:

So really getting out in the community and connecting with people where they're at?

Jolie Moran:

Yes.

Loren:

Great. Although you do see, people do come to the James Street office, clients do come to the James Street offices at times and meet with people there sometimes?

Jolie Moran:

Yes. They also do that as well but we like to be able to provide both options knowing that for some people they may not be able to make it to the James Street offices and it might be better for them to meet us out somewhere in the community for that engagement.

Loren:

Okay, great. So can you talk about, and maybe this is a loaded question in the advocacy department, but what does a typical look like in the advocacy department?

Jolie Moran:

A typical day in the advocacy department because we really are the emergency room of Vera House it really depends on the day. I think that that is one of the things that oftentimes gets me up in the morning to continue to do this work is the unpredictability that each day I walk in and my staff walks in and we might have an expectation of what our day looks like but based off of the crisis that individuals are experiencing it really depends day by day what it is that we're going to be facing, what the challenges of the day are going to be.

Jolie Moran:

On a typical day, our staff is answering our 24 hour crisis and support line during the day. We are also assisting individuals and filing for orders of protection through family court. We also help to provide the service of our online web chat. And so, we are responding to that both during the day, in the evenings and even sometimes on the weekends. We are also responsible for the 24 hour response to our local area hospitals for victims of sexual assault as well as provide that resource as well to law enforcement in our community. Our advocates are also as I mentioned navigating systems so we have advocates who are stationed in our local domestic violence court, our integrated domestic violence court. We have an advocate who's stationed full-time at Child Protective Services, one who is stationed full-time at the Onondaga County District Attorney's office.

Jolie Moran:

Our advocates are following folks through the criminal justice system, through the family court system, working with our system partners to hopefully help them achieving their goals in whatever it is that that might be. Additionally, we are able to meet folks, like I said, within the community so sometimes it could be that we are at schools. It could be that we are at nursing homes. We are providing a healthy relationship education a few times a week and really just doing that all around support whether it be in-person and, or over the phone to people in our community who are in need of us.

Loren:

And so, I'm glad that you talked about the piece about people being out stationed. So, it sounds like there are some advocates that maybe are in the office more but maybe needing with people in the community more or at the office but then there are some people, some advocates who spend most of their time at outstation locations in the community, correct?

Jolie Moran:

Correct, yes.

Loren:

Okay, great. And then also, so knowing that you work with people on an individual basis but can you also talk a little bit about some of the group work that happens under your program?

Jolie Moran:

So we currently provide two domestic violence education classes, one that meets during the day as well as one that meets in the evening. And we partner really closely with Child Protective Services. They often times are a referral source to our groups. Although many of the individuals who are not connected to Child Protective who perhaps are calling our support line, who are connecting to advocates within the community, who are in need of some support, in need of some education, often utilize this place as a place to do just that. And I think that they find not only support from our staff but as well as support from one another. Additionally, on our elder abuse programming side we have our Evergreen Group for individuals who are experiencing abuse who are aged 50 and over. And this group really focuses on not only providing that education but really focusing in on the isolation specifically that is often identified within that age population.

Loren:

Yeah that's a real risk factor for elder abuse right, the isolation?

Jolie Moran:

Correct.

Loren:

Yeah. All right. And then also you mentioned the legal project piece. Could you just speak a little bit more about what that is?

Jolie Moran:

We have a legal project here at Vera House that provides a direct representation for individuals who are in need of trauma informed legal representation who have experienced domestic and sexual violence. We provide counsel to these individuals as well as comprehensive direct service representation and really focus oftentimes on cases specific to the family court system as well as divorces in Supreme Court. We are partnered very closely with both Hiscock Legal Aid Society as well as Legal Services of Central New York to provide some of these contracting services. Our partnership with Hiscock Legal Aid we actually have a person who dedicates their time to representing victims of domestic violence in article 10 proceedings which means that they have a case that's being adjudicated through family court and perhaps have been identified as someone who might be at risk of losing their children because of the child protective case.

Jolie Moran:

And I think that one of the great things about this resource within the community is this funding has allowed for us to fill a gap in services that previously needed to be filled knowing that there are some areas where free legal representation for victims of violence can be limited. There are agencies like specifically Hiscock Legal Aid where sometimes our cases will get conflicted out and or somebody may make just enough money over the income guidelines that they are not eligible for the services. So this really allows for us to be able to provide some of the direct service or some of that direct representation to folks who may not qualify elsewhere.

Loren:

Okay. So this is I know a pretty broad question but can you talk a little bit about who your department serves?

Jolie Moran:

Our department serves the breadth of the Onondaga County community who is experiencing abuse and violence. It could be that we are serving children, it could be that we are serving older adults, it could be that we are serving men, women, people who identify on the gender spectrum. So we are really serving all individuals in our community who have been impacted by domestic and sexual violence and other abuse and other forms of abuse. We have two staff people who are what are called advocacy case managers who are focusing on serving individuals who are experiencing human trafficking, people who are identified as having immigration issues co-occurring with their abuse and violence. And so, we really focus on trying to serve as many people as possible who have been affected by these issues.

Loren:

And then obviously knowing that your program staffs the 24 hour crisis and support line that serves a very broad scope of people in the community, again not just people that are directly impacted but also I know we get lots of calls on the support line from professionals in the community who are looking for guidance or support, friends and family members, that kind of thing.

Jolie Moran:

Correct. So it's not just primary victims, definitely secondary victims, as well as you mentioned community service providers. Within my role a lot of the times I might be actually doing presentations out in the community to local service professionals. I have had the opportunity at various points to be able to go in and do training with local law enforcement. And that is definitely one of the things that I always try to highlight as a resource for folks in the community, not just people experiencing violence, that our support line is available for anybody. And that if they need to case consult with us, get some guidance, if they have somebody that is directly with them that might benefit from some services that that crisis and support line is just as much available to victims and survivors as it is to the community as a whole looking for information and resources about individuals who have been impacted by abuse.

Loren:

Great. Okay. So the next question we have is what are some of the biggest challenges that your department faces?

Jolie Moran:

I think some of the biggest challenges is the unpredictability of the work. As I highlighted before, it's one of the things that gets me excited about coming into work every day but it is definitely sometimes challenging in the aspect of the unknowingness of it. I think about even yesterday picking up a support line call that it's something that I've been doing for years but you pick it up and you have no idea what it is that it's going to be.

Loren:

What's going to be on the other end right? Surprise.

Jolie Moran:

So I think that that's one of the biggest issues. I would have to say the second biggest issue or challenge I guess you'd say would be helping victims and survivors navigate through systems that sometimes are not necessarily victim or survivor friendly and being able to support them in that way and having to

oftentimes have really challenging conversations with our community partners to best advocate for and to help our clients reach their goals.

Loren:

Great. So, moving on to think about collaboration and coordination within the organization would you please share a little bit about a couple, whether it's individuals or departments in Vera House that the advocacy team works most closely with and why is that?

Jolie Moran:

So we actually have the benefit of working very closely with a number of the different programs within Vera House. We work very closely with our shelter program as both a referral source to them as well as oftentimes they are referring to us when folks are being ready to get discharged from a shelter.

Loren:

So like people coming out of shelter, then getting connected to an advocate and someone working with an advocate potentially getting to the place where they need shelter?

Jolie Moran:

Correct.

Loren:

Got it.

Jolie Moran:

We also work very closely with our clinical team and that oftentimes many of our victims and survivors of sexual violence have also been connected to one of our therapists here and, or their children could perhaps be connected to services as well. So our clinical team serves kids who have experienced or witnessed domestic violence and so sometimes they are the children of the adults that we might be working with.

Loren:

So somebody could potentially also just as an individual themselves be working with an advocate and working with a therapist at the same time?

Jolie Moran:

Correct. We also partner really closely with our education team. Currently one of the education staff members is helping to co-facilitate two general domestic violence education classes with one of our advocates. And so I think that this has been a tremendous way for those two programs to come together and to be able to provide services to victims and survivors in our community.

Loren:

Okay, great. And then so the next question, if you could just talk about and I would imagine you probably see a few challenging cases in the advocacy department but if you could maybe just walk us

through one in particular, so a challenging case that you've experienced and if you could share what the resolution was of that case.

Jolie Moran:

So one that sticks out for me is a case that was taken or brought to the attention of our advocate who is stationed down at the district attorney's office but initially she was brought in to provide some support to two individuals who had experienced an assault and an assault by a stranger. And so, typically this would not have been necessarily a case that would have naturally been referred to us but based off of our partnership with the DA's office and based off of with what was going on there for the day our advocate was ready and willing to jump in to be able to provide some support to these two individuals as they were testifying in front of the grand jury that day.

Jolie Moran:

And so, in having a conversation specifically with these two individuals it was identified that they were in a relationship and had both been actually, they were both they were homeless as well. And so, in the assessment of the situation it was identified that actually the woman in the relationship was also experiencing domestic violence at the hands of this other individual. And I'm not sure necessarily had our advocate not been asked to take this case on as a challenge would we have gotten to the place of knowing that this person was experiencing intimate partner violence. And so, our advocate was ready and willing to step in. Based off of the disclosure immediately after the person testified was able to connect them to our shelter and she'd be able to provide them a different and safe place to stay.

Jolie Moran:

Because we were able to move so quickly into helping this individual seek safety one of the things that ended up coming out in the further assessment of the situation was that this person had had children actually in Puerto Rico and that her goal was ultimately to return back to Puerto Rico to be reunited with her family. And so, our advocate who has had extensive experience navigating folks specifically through on the Section Eight process was actually able to port the Section Eight application to Puerto Rico and to be able to allow for her to return back to her family which ultimately ended in a really great resolution. We got this person to their goal but obviously along the way we were met with some pretty significant challenges and some new things that maybe we had not ever experienced before.

Loren:

Okay, great. Thank you. Well, that is all the questions that I have. Is there anything else that you'd like to add that you feel like we missed or?

Jolie Moran:

I think the only other thing that I would add that I did forget to talk a little bit about the fact that we could not do the work that we do without the help and support and volunteers. And I think that we are tremendously as a team, as a department grateful for their support. So our volunteers, our direct service volunteers, come in daily to help us answer our crisis and support line during the day working oftentimes in tandem with one of our staff advocates. They have been helpful in assisting to staff a calendar during the day to help people fill out and file for orders of protection through family court. They are often called and are called first.

Jolie Moran:

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So our model has historically been that we have a volunteer and then a staff member on for that 24 hour hospital response and that the volunteer is the one that's responding first. They're often getting woken up in the middle of the night to be able to provide that support to folks. And they've been tremendously helpful in us being able to launch and be successful in our new web chat which is reaching folks in our community that we thought that we might not have previously reached before.

Loren:

Okay, great. Well, I just want to thank you for your time Jolie and thank you and the advocacy team for all of the incredible work that you do to support the mission of Vera House.

Jolie Moran:

Thank you Lauren.

Loren:

All right. Bye.

Jolie Moran:

Bye.

Loren:

Hi, this is Loren and I am here with Dez. Dez, could you just introduce yourself, your name, your title, what you do at Vera House? Then we'll go from there.

Desiree Williams:

Okay. My name is Desiree Williams. I am the Alternatives program coordinator here at Vera House. My program primarily works with men and women who are considered perpetrators of violence. They are referred to my program by parole, probation or the court system, or children protective services. I get a few self-referrals but not very many.

Loren:

You said a few self-referrals?

Desiree Williams:

Yes.

Loren:

Okay. Just, I should have asked in the beginning, sorry, what pronouns do you use, Dez?

Desiree Williams:

Her.

Loren:

All right.

Desiree Williams:

And hers.

Loren:

First question is, can you talk about the overall goal or function of your department within Vera House?

Desiree Williams:

Well, my program overall goal in Vera House is to ... Let me start by saying my program is the only program in Vera House that works with perpetrators of violence. We [inaudible 00:01:13] to work with the victims of abuse. I feel my program is very important because we want to help the victims. We want to make sure families stay together. We want to educate the whole family. It has been my experience, and I'm sure I'm not the only one, where a lot of times the victims want their partners, the male partners, whoever the perpetrator is, can be male or female.

Desiree Williams:

They want them to get help. They don't necessarily want to leave them, divorce them. I feel is good for the perpetrator to get the education in case they can reunite with their family unit. We want them to all have the same information so that they can be able to grow as a family.

Loren:

Great. Yeah. It sounds like the work of Alternatives is somewhat different in that there is this goal of working with people who've hurt or harmed in relationships, but that there is also this piece about ... When I hear you talking, I hear that there's also this piece of being supportive and healing though, to the people who have committed harm.

Desiree Williams:

Well, a lot of the times the perpetrators of violence have often times been victims of violence as well. They're also dealing with a lot of trauma in their lives. Sometimes people look at them and they label them as bad people, bad men or bad women, and they don't deserve another opportunity. Me, personally, I believe that every man deserves the opportunity to be a father. Oftentimes, men suck in relationships, partner relationships, spousal relationships, but they can still be a good father until they learn how to get back into a healthy relationship again.

Desiree Williams:

That's where our program comes in at. Our program comes in and we talk a lot about trauma, the things that you grew up with, what you want to pass on to your children. What do you want your children to gain from what you learning in the program? How can you pass it to your kids to prevent them from taking the same road that you took? Talk about-

Loren:

Even though there's ... I hear there's this intervention, I hear that there's also this prevention connection of, what do the people that you serve in your program then pass on to their kids and their families?

Desiree Williams:

Yes. Yes.

Loren:

Great. This is probably a funny question to you, but can you tell us what a typical day in your program might look like?

Desiree Williams:

Oh my goodness.

Loren:

How that goes.

Desiree Williams:

A typical day in my program. Of course, there's the paperwork. There's the 50 phone messages that I have to return from guys calling either wanting to get started in the program through orientation or calling me to tell me why they can't make class. I have a rule in my program. They cannot miss more than one session out of a 15-week program. If they do miss, they have to call me so that we can work out why they're missing, if we can intervene or if I can help them change something. Oftentimes, it is their job won't let them off. They don't have salary jobs.

Desiree Williams:

They have jobs where it's by the hour and sometimes they can be let go. When they're on parole and they just got a job after being in jail for so many years, I don't like for these men to lose their jobs. That's their livelihood. I do my best to work out anything that I can so that they can be successful in our program so that they can complete successfully. A lot of these guys never completed anything successfully before. When you got parole in your life, you got drug rehab, you got counseling, you got court, you got a parole officer, I don't want to be another entity that making them jump through a hoop in order to complete my program.

Desiree Williams:

I put myself out there and I tell them, "Whatever you need, let me know. I'll try and work it out with you because my goal is for you to be successful, not to kick you out." Because once you kick a guy out of the program, they can be violated by a probation and parole, which means back to jail they go. I want our program to stand for something different. I want to believe in them. I want to give them chances and options so that they can be successful. Once I show them that my program, Vera House, this Alternatives and Step program is here to be a support to them, not another hope to jump through, I get a better communicating relationship with the guys.

Desiree Williams:

They know they can trust me. They know if they need anything I do my best to provide that or refer them out to make sure that their need is met. I'm glad that I have the opportunity to be a little less stringent with them so that they can be successful, but it takes a lot of flexibility.

Loren:

Sorry, what was the last thing you said?

Desiree Williams:

It takes a lot of flexibility to make it happen.

Loren:

No. Then, to me, there's really ... As an organization, we talk about having a trauma-informed person-centered approach. That also applies to the work that we do through Alternatives. That if we're not creating programming that's accessible, that people can access, like you said, and not have just another hoop that they have to jump through and create barriers for people, that really aligns with the overall work and goals of the organization. Of course, that shouldn't be any different in Alternatives and Steps, right?

Desiree Williams:

Right. Steps is the same. It's for the year. I will say during a month I may service 175 men in program and maybe 25 women in program. I have approximately a little over 200 people in program total with the majority being men. We always talk about the disparity in the number and why that is. It is because we have more women that will call the police on men. Man is less likely to report the abuse, but I have the biggest numbers I've had in a while.

Loren:

Wow. That actually jumps to the next question that I was going to ask about, who does your department serve? One of the things that we're really trying to do in the agency orientation is challenge some of the misperceptions that people have about the work that Vera House does. I think people oftentimes make assumptions about that people who commit harm in relationships are male-identified people. Obviously, you talked about the Steps program is for female-identified people.

Loren:

Can you talk a little bit more about the diversity of people that you serve? Obviously, male-identified people in Alternatives, female-identified people in Steps, but can you talk a little bit more about who your program serves?

Desiree Williams:

The majority of my program, as I said before, are men, but I get men from every culture. I got black, I have white. I have gotten Indian culture, Somalian culture, Italian culture. I had one guy here from Italy, Hispanic, Mexican. Oftentimes, I get people who cannot speak the language and we have to get them an interpreter for services. We have to run that a little bit differently, of course, but I get a lot of different diverse backgrounds and I have to learn culturally. A lot of these cultures, I have to learn how they deal with abuse, how they deal with relationships in order for me to present my program to them.

Desiree Williams:

I have to know what they think about abuse. There was one particular culture, I want to say it was Nairobi. The guy was saying, "In my culture, when I go to work, if I come home, if the woman has not done what she needed to do, she gets beat. Her job is to stay home, take care of the kids, have dinner ready. It doesn't matter if she got one kid or if she got five kids." We know raising kids is a lot of work at home. I don't care what culture you are. We had to talk to him about changing his perception.

Desiree Williams:

I had him for approximately 15 weeks with an interpreter, and it was very important for him to get the education, but it was great seeing the light bulb going off and let him know how culturally he has to change, because being in the U.S. what is allowed and what's not allowed. It's definitely very interesting when you deal with other cultures because you have to know what you're talking about. You have to understand their culture. You got to do some homework before you can actually meet with the individual.

Loren:

I also heard you talking earlier about the different referral sources, but so you also serve people ... you'd mentioned people that are on parole, people being referred by Child Protective Services. Oftentimes, it sounds like people are in some ways being compelled to come to Alternatives or Steps, but that also people can come voluntarily. Can you talk a little bit more about that?

Desiree Williams:

When they hit the court system on parole, or even probation, there's something in their history where they have acted violently, disobeyed the order of protection or anything like that. I like to say my numbers and my information is that when guys are on parole or probation and they end up getting their

probation or whatever terminated, and they end up getting violated, going back to jail, I like to say it's a 95% chance that it is because of a bad relationship on why they got violated.

Desiree Williams:

That relationship could be a friend relationship, a partner relationship, family relationships, mother, father, bad relationship with your siblings. A lot has to do with relationships. When they are mandated to come to my program and they say, "Oh, I don't want to be in this program. I don't need this. I haven't had a girlfriend in five years." I'm quick to tell them, "You've been in jail five years. That doesn't mean when you get out we can't help you be successful or gain the right type of relationship so that you're not going back to jail because of a bad relationship."

Desiree Williams:

Once I explain the spiel to them and I tell them that we just want to support them, they have a better understanding. They're more open to the program and it just takes the negativity away from the program. You're not here because you're an abuser. You're here because they want you to be more successful in relationships. They understand that. It just sounds better to them than being called a violent person, rather than pursuing happiness and a [crosstalk 00:13:37] relationship, they eat that up. They like that more.

Desiree Williams:

When people come in on a self-referral, I've had men and women come to me and say, "My relationship is going south. I really love my family. I want to learn how to be a better partner to my wife. We argue and sometimes I just want to get away." We talk about things. They are accountable for their actions. They're actually being more responsible to get help. We just work it. We welcome them in the program and we let them know you're going to have people in this program from all walks of life and everyone has an opinion.

Desiree Williams:

The building that we hold classes, it's confidential. It doesn't have a name on it. It's held in a central location downtown so that everybody can equally get to this place. When I get guys in from the program, I've had a state trooper in the program. I've had a doctor in the program. I've had a lawyer in the program. Everybody feel like they either make too much money, they don't deserve to be there, or they're better than the next person. Until we get to class one, two or three and then all that shit goes out the window. Nobody is better than anybody.

Desiree Williams:

Domestic violence touch everybody lives. It doesn't matter how much money you make. It doesn't matter where you live. It doesn't matter what your status is in society. We all have to get help with relationships sometimes because we're not perfect and we're all going to make mistakes. Everybody needs somebody to [inaudible 00:15:20] them before they make an important decision in their lives. I love being able to say that to guys in order to get their buy-in in the program. When I'm in front of a bunch of guys, I'm a woman and I'm running the program and they'll say, "Oh, Dez, you must be great in a relationship."

Desiree Williams:

I actually accept some responsibility and I'm accountable for my actions. I'm okay to say, "I am not perfect. My partner don't always like me. I don't always listen." I had to learn to listen more. I had to learn to be better at listening to my partner as well. I'm not perfect in these things and sometimes I need a reminder that I need to shut up sometimes. It doesn't matter who you are. We all have to learn, every day, to remind ourselves to do something different so that we can make our home life a lot better. I'm not excluded from that.

Loren:

Yep. No. I think that's great because the being real about that we all struggle at times with power and control tactics in our relationships. We've all done things a couple of times. It's not a we're higher than thou kind of approach that like, "We're perfect and we never do anything."

Desiree Williams:

Yeah. I'd try and be higher than thou, but I think I'll be kicked out of my own house.

Loren:

Right. The next piece here ... And I would imagine that the people that you serve face some significant challenges, but what would you say that your department, what are some of the biggest challenges that your department faces?

Desiree Williams:

You mean as far as ... Can you be a little bit more clear?

Loren:

Well, so I mean, overall, is there something that you would say like, "This makes the work even harder than it already is." Or ... And maybe it's something particularly for your program or maybe particularly for the people that you serve.

Desiree Williams:

I would say one of my biggest challenges is when ... I'm really trying to think this one through, because I hit my challenges head on. I've been taught by my supervisors to always go towards the conflict. My biggest challenges is when people have to come to the program and it's a paid program and they come and they say, "Oh, I don't have any money." I go through everything I can to make them available to do this program. I work with them. I go to the lowest possible fee that I can go to and if I need to cut that in half, I've cut that in half.

Desiree Williams:

Then I have to answer to upper management about, why is this fee so low? Because this is what this person can afford. When they get a job they'll tell me they working and then I can put it at the minimum. I feel like if we do not get men in the program and we know they have problems ... I do this work because I believe in my community. I believe in the people that we serve. I believe that men need a second chance, even some women. They need a second chance at being productive in society. If we close our backs on them, if we turn and just say, "Nope, you ain't got the money. You can't come."

Desiree Williams:

That family can be broken up because of us. That woman can lose her life because of us. By any means necessary, I'm make it happen so that I get the man in. If I say I love my community, I love ... I was ... Let me stop. I was born and raised on the Southwest side of Syracuse. I was born in the housing project which is called Brook City Pioneer Homes. I was raised on South Ave, Midland Ave all my life. A lot of times when men come into this program, I understand what they're talking about. I lived that life. I was there where they were when they talk about the hood.

Desiree Williams:

I've been there. My family is still there. I can't say I care about men and I care about my community if I turn my backs on them. I want to do good work in my community. I care about my community. I want to make sure these guys have the education and ability to foster healthy communications, healthy relationships so that my community can be better. It can't be better if these things don't happen. I am one fragment of that pie.

Desiree Williams:

If I can help somebody visit with their kids more, foster healthier relationship, have better work communication at their job so they don't get fired, I'm here for all that. [crosstalk 00:20:11].

Loren:

That reality that the skills that people learn in Alternatives really are translatable to so many aspects of their life. You talk about if they're better able to communicate at their job, then they're probably then more likely to keep their jobs. That those skills can be used in so many ways in people's lives.

Desiree Williams:

When they come into the program, they talk a lot about the lingo, the slang. I'm about that life, I'm from there so I got your lingo and your slang, but we have a thing which we call code-switching. If you want better, you got to be able to relate to all people. You got to be able to talk to your boss and your supervisor like you're not in the hood because they may not be from where you're from and they're not understanding. You have to be able to talk to people in a manner where you can get all your needs met.

Desiree Williams:

You can keep your job. You can have a disagreeable conversation without cursing someone out. You're not going to get your need met by cursing someone out. You have to be able to have those difficult conversations and say the words you need to say and get your point across. I love being able to help them to up their communication level, have those difficult conversations. We talk about that a lot in program as well, and I love being able to do that.

Loren:

I heard you talk about this financial barrier for people coming to your program. That that's a challenge. Am I right to assume that that's then connected to the reality that funding for programs like Alternatives and Steps, I would imagine, is pretty difficult to come by. That oftentimes it seems like funding much more is directed towards victim services, survivor services, that type of intervention, whereas programs like Alternatives and Steps I'm guessing that the funding is few and far between.

Desiree Williams:

Well, you hit it right on the head Lauren. All the money that I know of, I don't know a lot with the funding in all of Vera House, but victim services get taken care of. Very lovely. Perpetrator work. Nobody give a damn about perpetrators of violence, because they feel like they're convicts. They went to jail. They are the throwaway generation of the work we're trying to do. These guys are not thought about, nobody care about them. They went to jail. One thing we have to always keep in our mind that these men are fathers to the families that we service.

Desiree Williams:

These kids are going to want to know who their fathers are. I worked with at-risk youth for approximately 10 years before I came to Vera House and when kids get a certain age, they want to go see their other parent, they want to know what they're about. I feel it's our jobs to get these fathers ready so they can be the men they need to be, so when their kids come looking for them, they will be ready to be a father. They will be ready to have those difficult conversations.

Desiree Williams:

It's very important we don't throw these men away, but to educate them and get them ready because these kids are going to find these parent, one way or the other.

Loren:

Yeah. The next question ... so we're just trying to help people get a picture of how all the different departments in Vera House work together or connect with one another. Could you talk about one or two, if it's individuals or departments, that your program works closely with and how that looks?

Desiree Williams:

You mean what other department we work closely with?

Loren:

Yes. Departments or individuals.

Desiree Williams:

Wow. Lauren, this may come as a shock to you, but-

Loren:

Tell it, Dez, like it is.

Desiree Williams:

I don't feel Alternatives work closely with any other department. Now I am beginning to do a lot more with the educational team as far as George, Eli and Salat. We want to incorporate them to-

Loren:

Just to clarify for people that are listening, so George, Eli, Salat, so they do men's outreach work, so from a prevention standpoint.

Desiree Williams:

Right.

Loren:

You're talking about more collaboration with those that do men's outreach.

Desiree Williams:

Right. We are going to try to collaborate on some things so we can be on the same page because there's a lot of talk like my program work with men that have been charged with domestic violence incidences. George and their program work with educating men who have not been caught doing domestic violence yet. I feel like the message should be the same across the board. We are going to work really hard this year with trying to integrate both of those programs.

Desiree Williams:

Before we started doing that, which we just started working on that this year, and we're still trying to get it together, I don't feel Alternatives and Steps works very closely with any other program because it is so different. It's not like men can come here and get advocacy services if they were the perpetrator of violence. No, we can't do it. If they are a perpetrator of violence, they can't come here for the mental health services because their victim may be here for mental health services. Yeah. I don't feel we work very closely with any other program in Vera House.

Loren:

It sounds like there are some bridges being built and looking at ways that the prevention and the intervention work can come together and align more.

Desiree Williams:

Yes.

Loren:

Awesome. Then this last one, and again, I'm guessing you could have a handful of situations to choose from, but we're wondering if you could just share with us what you see as a really challenging case or situation that you've dealt with and how that ended up being resolved.

Desiree Williams:

Let me give you not really a challenge. Can I give you a happy challenge?

Loren:

You can give it to me however you want to give it to me Dez.

Desiree Williams:

Okay. I didn't mention this, but I'm going to mention it now. I also have groups that runs out of Jamesville Correctional Facility. I have groups in the Justice Center and I do the men and women in both facilities.

Loren:

Okay. Both. You have the community groups that happen, you said downtown, and then also, okay, at the ... you said Justice Center and Jamesville.

Desiree Williams:

Correct. We also do Hillbrook, which is the at-risk youth, the juvenile jail.

Loren:

Got it.

Desiree Williams:

We do that as well. I didn't mention that earlier. I should have, but I didn't. One of my groups I went in, it was around Christmas time and I always go in, How everybody doing?" Whatever. It was the men's group. A guy says to me, he said, "Dez, I'm in a fucking jail. How do you think I'm doing?" I said, "Whoa." I said, "Okay. I know we're in jail, but I meant as far as emotionally, how's things going for you?" This guy, I was in a group on the pod in the Justice Center. It was about 50 guys. He says, "I'm really messed up in here."

Desiree Williams:

He said, "My family was depending on me for Christmas and I'm here." He was a little distraught. I said, "Well, I will certainly make some time for you afterwards and so you and I can talk." I went on with the group. It was fine, but he was definitely disturbed during the whole group. Wasn't really into it. He seemed agitated, whatever. At the end of the group, I pulled him aside and talked to him. I'm like, "What is going on?" He's like, "I got picked up on an old warrant. I didn't even know it existed. My kid was depending on me for Christmas and I'm here. I can't do nothing."

Desiree Williams:

He was crying. He was distraught. I said, "Maybe I can help you." I said, "Is there an order of protection?" "No, there is no order of protection." His daughter was like five years old. He usually talked to her on the phone. He couldn't talk to her on the phone because the ex-girlfriend phone card ran out so he had no way of talking to her. He was very close to his daughter and he did nothing but sing the daughter's mother's praises because they broke up and she had a new baby and had a new guy in her life but he was a very good father to his daughter.

Desiree Williams:

He says, "I didn't want to let her down, but now I let her down again. Even though she's got a new boyfriend, I wanted to do something nice for her for taking very good care of my daughter and now I can't even do that." He said, "This is my time to be out of jail and I messed up again." I asked him to give me her name and phone number. I said, "I'm going to do Christmas for your family." I said, "Vera House, we get gifts sometimes and I'm going to personally help you out." He gave me all the information and he was in tears. He said, "Dez, you're going to do that for me?"

Desiree Williams:

I said, "Of course I would do that for you. Vera House is not only about helping women. We help men that's in a crunch as well. You're honest with me. You're telling me what's going on. I want to be able to be a support to you." He gave me all the information. I came to Vera House, spoke with my supervisor,

and I was able to do Christmas for his daughter, for the daughter's mother and the newborn baby that she had with the second guy. I connected with her. I pulled up with her. I pulled up to her place, told her I was coming.

Desiree Williams:

I had to get my son to help me get the gifts out the car because I got her so much stuff for just them. All she did was cry. She said, "I can't believe he made this happen from jail." I gave her my spiel. I told her we wanted to be a support and he was really concerned about leaving her hanging. Then to top it off, I gave her a \$25 calling card that she was able to apply to her phone so that her daughter was able to talk to her father for Christmas. All she did was cry, say, "Thank you." It was great, right? It was a done deal.

Desiree Williams:

Went on about my business, and done. When I went back to the jail, he was already sent up upstate for ... He had to do a year and a half for a violation for whatever the warrant was for. I don't even remember. I'm walking downtown two years later and I was downtown for a meeting at CPS. Somebody's calling me, "Dez, Dez." I'm like, "I don't know who this person is calling me, but I work with a lot of people." I just threw my hand up and kept walking. This person kept calling my name and running towards me. Then when he caught up to me, he's hugging me.

Desiree Williams:

I'm like, "Whoa, hold up, dude. I don't even know you." He was like, "Dez, you don't remember me?" I'm like, "Uh, no." This guy was very clean cut. He looked good, very well dressed. When you meet people in jail, they're very scraggly looking because they can't get a haircut and all this stuff, so I didn't recognize the guy. He was hugging me. He said, "I will never forget you and what you did for my family." I'm still trying to put it together. He said, "Dez, I'm the one you did Christmas for my kid. I talked to my baby on Christmas because you gave her a calling card."

Desiree Williams:

I totally forgot all that stuff because it's been almost two years now. All he did was cry and tell me how much he appreciated me for looking out for his family. That was the reason why I do the work. That was very emotional for him. I hate to say, I didn't even remember the guy's name right off. He said, "Oh, that doesn't matter, Dez. The only thing that matters is that you were there for my family and I'll never forget it." That was why I do the work, Lauren.

Loren:

Thank you. One other thing that I want to ask, because I think this is something that probably comes up for a lot of people when it comes to thinking about Alternatives and Steps. Can you just talk a little bit about I guess I think about the possibility for real change and lasting change for the people that go through your program? Because I think a lot of times there's this idea of what difference is that going to make? Somebody goes and sits through 15 classes or whatever, how is that going to change anything?

Loren:

Could you just talk a little bit about how you see that and the opportunity for change and the possibility for change of the people that you work with?

Desiree Williams:

I think when people come in to the program, they don't know how the program is going to affect their lives either, because people think, "I don't need this. I know all this." I always say in our program, you get a lot of information that you heard before, but you never applied it to your life. It reminds me my grandmother used to say, "Oh, put it on a shelf until you need it and then you apply it to your life." It's a great slogan, but we don't always know how to do that, because in order to change your life, you have to practice doing some of the things in order for change to happen.

Desiree Williams:

When people come into the program, once they get the information, at the end of the 15 weeks, they take a survey on what they learned. This is my biggest measuring tool. Guys write down things like, "I never thought this program would help me." One guy started the program out with not having any visitation, custody for his kids, anything. He went to court, filed paperwork and by the time the 15-week session was over, he had full custody of his daughter who was in foster care.

Desiree Williams:

He said, "This program taught me how to be a dad. This program taught me how to communicate with my child." To this day, he still is the sole parent raising his daughter on his own, and he's doing very well.

Loren:

That piece about that oftentimes it sounds like people come in quite resistant, quite-

Desiree Williams:

Very much.

Loren:

... not happy. Not happy to see you, Dez, surprisingly.

Desiree Williams:

When I tell you I got to win them over, I mean that. Literally, I have to win them over. Then as they apply things to their lives and things slowly begin shift in their world, they come to class and they talk about how things were so bad, but things is beginning to look up now. I just tell them, "Keep coming to class, keep doing the things that you can do to make your world better." By the 15-week period, their lives have changed so much. Those that are willing to do the work. I'm not going to say someone come there and they sit there and they still are having issues with following the program.

Desiree Williams:

There are some that don't want to follow the program and they just sit there just to get through the 15 weeks. What happens is sometimes when they sit there, something in their lives happen and they end up coming back to the program again, because they didn't apply anything to their lives.

Loren:

How many times can people come back? Can they just keep coming back?

Desiree Williams:

They can come back as many times as the judge send them back.

Loren:

Okay.

Desiree Williams:

There isn't a limit on how many times they can come back, but sometimes people don't complete because they get violated, they go to jail, they move away. They get on probation and then they realize, "Oh, I got to come back and finish. The judge is not going to let me move on unless I complete this program." There's a lot of different reasons on why they may have to come back, or they re-offend and they end up having to come back.

Loren:

Okay. Then if maybe something doesn't sink in the first time, then there can be an opportunity for that the second time around, right?

Desiree Williams:

Correct.

Loren:

Great.

Desiree Williams:

Correct.

Loren:

Well, I want to thank you so much, Dez, for your time and for the work that you do at Vera House. It's incredibly important. Your passion for the work is so incredibly clear. I just really want to appreciate that. Is there anything else you want to add that you feel like we didn't cover or?

Desiree Williams:

No. Thank you for noticing my passion. I really love the job that I do. I look up into this and I don't want the higher-ups to know that I would actually probably be doing this work for free if I wasn't-

Loren:

Well, I promise I will not tell anyone, Dez.

Desiree Williams:

Yeah. Don't share that [crosstalk 00:38:00] cut my pay or something. I'd do that [inaudible 00:38:04] the pay but I'm passionate about it because I believe in my community. I believe that change has to happen at some point, and I'm glad to be a part of that.

Loren:

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Great. Well, we're lucky to have you.

Desiree Williams:

Thank you my dear.

Loren:

Alrighty. Thank you.

Desiree Williams:

You're welcome.

Tyler Sliker:

Okay.

Loren:

All right. So this is Loren and I'm here with Tyler Sliker, who is a member of our clinical team. And so I'm just going to run through some questions with Tyler. And get a little better sense of what the clinical team does here at Vera House. So Tyler, could you just start out by introducing yourself, sharing a little bit about who you are and what you do?

Tyler Sliker:

Sure. So my name is Tyler, I'm the Clinical Program Coordinator at Vera House. So I co-lead the therapy program. And I also see some clients. So I do lots of administrative things. If you ever have any questions about like, "what's going on with the case," or, "Hey, how does this process work? What occurred? What are crisis appointments? What's the intake process like?" I'm usually the go-to for that.

Loren:

Awesome. Good to know. You may regret saying that, right?

Tyler Sliker:

Yeah. You'll cross that bridge when we get there. I guess.

Loren:

Right. So the first question is, can you just share a little bit about what the clinical program does in the organization? So kind of the overall goal and function within Vera House

Tyler Sliker:

Sure. I would say on a large level, our overall goal is to help survivors heal from their trauma. So whether it's domestic for kids or adolescents, if it's witnessing domestic violence or for folks of all ages. Any type of sexual violence or sexual abuse, helping them heal from those experiences, that's our overall goal and function. And the way that we do that is we use a very trauma-informed approach, client centered, lots of different models, evidence-based models, as well as a blending of some evidence-based models. And we provide individual therapy, family therapy, group therapy, and when it's safe to do so, or it clinically is appropriate or relevant, we'll do couples therapy. So what that typically looks like would be like one or more of the folks in the relationship are survivors of sexual violence. And then that trauma history is showing up in the context of their romantic or intimate relationship. So they're coming to couples therapy because of one or all of members of the relationship have that trauma history, and it's impacting their relationship. But I'd say most of our work is in individual family or group.

Loren:

Got it. Okay. And how big is the clinical department at this point? How many people?

Tyler Sliker:

Yeah, that's a good question. Where are we? I think we have the time.

Loren:

Get the calendar on your fingers.

Tyler Sliker:

I do. Yes. I think we're at 10 or currently nine, but we've got a vacant position. So usually we're at 10 staff. Usually I didn't give him one week. We have at least like four clinical interns, we've had up to six interns. But collectively about 15 therapists.

Loren:

Okay. Awesome. So can you... And I know this is kind of a hard question. And also knowing that the clinical program operates in different locations in the community. So could you share a little bit about, we're saying like a typical day in your department. But I know that might look different in different locations. So if you could just kind of share, like what's the daily work of the clinical program.

Tyler Sliker:

Yeah. So I'll speak a little bit to where we're at, like the different places that we do therapy. And then how the day might look a little bit different depending on where you're stationed, or where you're located most of the time. So most of our therapists are stationed right at our main office, or at the McMahon Ryan Child Advocacy Center. We do in non pandemic times, we have therapists stationed at a few of the Syracuse City Schools. We have a therapist that spends a little bit of time at the Q center. So we've got a little bit of schools slash community-based work as well again during non pandemic times. But so a typical day, for one of our therapists at the administrative office, is going to look like mostly seeing clients. So our clinicians are usually behind closed doors and that actually applies for our McMahon Ryan therapists as well.

Tyler Sliker:

It could be providing the sessions directly to clients making phone calls to other providers. So whether it's a department of child and family services, case workers, attorneys for children, relatives of the kids, teachers, or educators for our adult clients that sometimes other providers. So some of our adult clients get psychiatric care from like a primary care physician or a psychiatrist. So we're often coordinating with those providers. So it's usually making phone calls with those collateral folks, seeing the clients directly, our clinicians also answer crisis calls periodically. So I would say that's the primary daily experience or typical day at Syracuse. And then for McMahon Ryan therapists, I'd say the biggest thing that's different is instead of making phone calls, they can walk throughout the building and McMahon Ryan to talk to those collateral contacts.

Tyler Sliker:

So at the McMahon Ryan Center, our therapists are part of a multidisciplinary team there. So there's medical providers, that provide exams to children that have been abused. There's advocates employed through McMahon Ryan there's law enforcement, child protective investigators there. So all those people are under one roof in McMahon Ryan. So those therapists are often wandering the building versus making phone calls with those collateral contacts. So, and then, yeah, in groups too, sometimes groups are part of that typical day experience. But-

Loren:

But so then it McMahon Ryan, then they're often working with those other partners under that roof.

Tyler Sliker:

Exactly. Every so often there's other partners, but most of the McMahon Ryan therapists, their collateral partners and the people they need to collaborate on with their case regarding their cases are under that roof.

Loren:

Got it.

Tyler Sliker:

Yeah.

Loren:

And then you were also saying about therapists out in the communities that at the Syracuse City School Districts what's that.

Tyler Sliker:

Yeah. So that's a little bit in flux right now. So that's been both because of the pandemic and the funding source that allowed us to do that is coming to a close we've applied some for some new funding, to continue some version of community-based work. So our community-based work is a little bit in the flux. But when we were the Syracuse city, we were at Fowler or PSLA at Fowler Brighton Academy, Clary Middle School, Grant Middle School, a little bit of time at Corcoran High School. Same population that we'd see in the office. We were seeing at the school, at least in terms of victimization.

Tyler Sliker:

So children and teens and adolescents that have experienced dating violence, sexual violence, domestic violence, sex trafficking, or stalking. Any youth that shared experiencing any of those things, would have the opportunity to get connected with one of our bear Haas therapists at school. For any kids that can't get to our office, or it doesn't feel safe to get to our office or their parents aren't able to get them consistently to and from appointments. The school-based service are very much needed therapy services, more accessible to the youth. So it's definitely, you're thinking about some strategic plan and where we see ourselves going and exciting new things that we're doing. The community-based or school-based work definitely is our new landscape for services.

Loren:

Great. That's awesome.

Tyler Sliker:

Yeah.

Loren:

So, in terms of who your department serves, can you just talk a little bit about who the clinical program serves? And also just one thing that I know might come up and I know like when I've answered the

hotline and stuff people often ask it, about fee for service, if there is any fee related to that. So could you speak to those two things?

Tyler Sliker:

Yeah, definitely. So our therapy services are available to anybody that's experienced any type of sexual abuse or sexual violence. So that could be childhood abuse when they were little and now they're 60. It could be they're six years old and they just disclosed about abuse. It could be a sexual assault as a teen or adults of any age. Any type of trauma of a sexual nature for the individual they define it as sexual violence or sexual abuse. So sometimes that includes sexual harassment. Depending on all these terms, kind of get defined differently, but any type of sexual violation really for somebody of any age is our primary target audience. We also serve kids. So, and we consider anybody at the age 20 and under that has witnessed domestic violence or experienced domestic violence.

Tyler Sliker:

They would also be eligible for our services. Teen dating violence, also any teen has reporting teen dating violence would be eligible. We also serve in some cases, homicide survivors. So family members that have lost a family to gun violence, or community violence. So homicide survivors, we have some ability to serve folks in that group. I think sex trafficking too. So any anybody of any age that's either at risk or already identified as a victim of sex trafficking, we are trained and that's a population that we are equipped to serve. I think that's everybody.

Loren:

And also as with all of your house services, people of all gender identities, typically, oftentimes when people think of services around sexual assault, they think of female identified people.

Tyler Sliker:

Yeah. Thanks Lauren, for bringing that up because it's definitely, we serve folks of all genders. Any gender for the individual services, for family services, we are also group services for people of any gender. So we have a women's survivor, group a men survivor group and an LGBTQ plus survivor group. So if you don't identify in the binary, that often feels like a more comfortable space if you're looking for that group space for healing. Yeah. Thank you, Lauren. For that one thing I also forgot to mention you asked me about, expense like fee for service. Our therapy services are completely free of charge. So thankfully if your grants and donations, we're able to offer services without having to bill insurance. Nobody has to pay an out-of-pocket expense. Yeah.

Loren:

So that should never then be a barrier for people.

Tyler Sliker:

Correct.

Loren:

Great.

Tyler Sliker:

Yes.

Loren:

So then the next thing, could you just share something that you see in your department as kind of new, exciting either that you've begun or kind of building, and working to launch the new and different?

Tyler Sliker:

Yeah. So I think the most new and exciting thing that we're doing is the community-based work. I would say is probably the most new and exciting. We have been doing it for a couple of years through the one grant that we had for that school-based work with some community-based work. We applied for new grants. So we'll see even if we don't get it though, it's still an initiative that we're sticking to. We know that our office based do not serve lots of folks. So folks that are lower income, or their stigma associated to coming in for therapy. So getting out in the community and meeting people where they're whether it's at school, at a community center, like the Q center, in their homes, wherever folks need to be. So what that exactly looks like it's still growing and evolving, but it definitely is. It's kind of the next frontier so to speak for our clinical program. We'll still offer office-based services, but we know in the ways that we grow, it's going to be able to meet people where they're at.

Loren:

And that really aligns with the organization's strategic work around trying to reach people that are underserved.

Tyler Sliker:

Correct.

Loren:

Yeah. And the barriers and trying to eliminate the barriers that people face to getting clinical services.

Tyler Sliker:

Exactly. And I think part of that also includes us to have a broad understanding of what clinical services are. So like if you go to an OMH office in the health regulated mental health clinic. You're going to get one flavor for what therapy can look like. Because we are not regulated by OMH or a waste of some of those like larger state regulating bodies where rape crisis center. We have a lot of flexibility and ability to extent what therapy can look like, and therefore it makes it more digestible. And can really be shaped based on what a client is needing from their therapy services, not what the provider narrowly defines as like what therapy is.

Loren:

Okay. All right. Well, so then the last piece we're asking each program to just share with us a case or a situation that you found to be particularly challenging. And then how that was resolved. And so that may kind of include a success story, but then if you also wanted to include a success story, that's great as well. So yeah, you can share something like that.

Tyler Sliker:

Sure. So this was an interesting question for me to kind of chew on. So I'm going to answer it just from my experience as a clinician. I know every therapist on our team would have a different story to share both on the challenging side and on the success side. So I'm just going to speak like my Tyler's therapeutic experiences at Vera House. There's one case that usually comes to mind when somebody asks like, "what's like the hardest case or you didn't ask the hardest, but like a really challenging case or situation." So when I first started as a full-time therapist on the team, before I stepped in a leadership role, I got assigned to work with at the time was a five-year-old boy. He had recently been placed into foster care. He had witnessed domestic violence and witnessed one of his parents engaging in sex work.

Tyler Sliker:

So that was part of the reason for placement. And so I started working with the age of five. I continued to work for him with him for four years. So he was nine by the time treatment ended. So he had worked with me for almost half of his life at that point. And during those four years, he'd experienced nine different foster placements, whether with relatives or non-relative placements. Initially, when I started working with him, he was placed with him and all of his siblings, but slowly over the years, his siblings got separated and that naturally was hard for him. During his experiences in all those various placements, he can experience additional traumas, witnessing more domestic violence, experiencing sexual abuse. So the trauma is just compiled for him. His caseworkers changed consistently. So I think by the time the case ended, he was on his fourth caseworker.

Tyler Sliker:

So more or less for those four years, I was the only adult in his life that was consistent. So that was really challenging for me, I want to support our clients and we do right. We often are a safe space for our clients. There's a heavy load in being the only consistent in a client's life. But then on top of that, trying to talk to this young person about being safe and what safety is, and what it feels like when he continued to not feel safe. So when somebody asked me what it was a really challenging case, that's what comes to mind. So he got dealt. And I don't want it all say that this is the common experience for kids in foster care. It most certainly is not. So this was definitely this poor kid.

Tyler Sliker:

He got **delts** pretty much at every point in the system that where something could have gone wrong. That's what happened for this young person. So that's what made the case particularly challenging, but then so swinging to how it resolved. He did a lot of fantastic work in therapy, and being particularly around his experiences around sexual abuse and body autonomy. He very consistently and clearly was in and with a good frame of mind. By the end of treatment was able to identify safe people in his life. And what made them safe, not just like, "Oh, my teacher's a safe person because teachers are typically safe." Like this gate experienced folks that aren't safe. So he was able to identify, not only have those safe people, he ended up getting adopted. That was actually one of the reasons we ended treatment.

Tyler Sliker:

That was one of the good results of this case. So he was able he got adopted. So we had a permanent family. With somebody that he felt safe with, and the other kids and adults in the home he felt safe with. And was able to speak in depth about what about those people made him feel safe. He did a little bit of processing about all the things he experienced in foster care and prior to foster care. By no means, I suspect he may need therapy again down the line if he wants. But I would say that was the most challenging case I worked with. And the resilience in that kid and his ability to heal, and still connect,

despite so many people letting him down, he was still able to stay connected with me. He was able to build a bond and attachment to his now adoptive parents. So a really hard case and the best resolve that you can imagine it's like that.

Loren:

Yeah. No one to think about all those multiple forms of trauma, I know I've heard you talk a lot about the complex trauma. And so to think about, all those things that he experienced. But then to be able to share that a success story as well. It's really awesome.

Tyler Sliker:

Yeah.

Loren:

Great.

Tyler Sliker:

Yeah.

Loren:

And like in a case like that he engaged in individual therapeutic work? Did he do any of the group therapeutic work that we offer?

Tyler Sliker:

Yeah. So for this young person, we stuck with individual, not the group wasn't appropriate for him. It's just every time during the four years that he was with us, whenever a group came up that was of inappropriate age group. There was something going on, either with the placement he was in, or the transportation for the groups of the logistics of the group were a struggle for him sometimes. Also he did really good work individually. I didn't feel that the group work was like essential to his being able to meet his treatment goals. What we did though instead was all of the different placements that he was in, I often very regularly involved the caregiver. So whether it was a relative foster parent or a non-relative foster parent, wherever he was at. The person that was doing his day-to-day care until something unsafe happened. I would involve that caregiver in treatment as appropriate to help.

Tyler Sliker:

Right. Because the goal for kids when that complex Shaun was going on, one of the goals is to make sure that they're still able to develop meaningful bonds and attachments to adults. So I kept that as a goal for him. And he was really receptive to working with folks again, until something unsafe happened. And then he would let me know. I would help advocate if he didn't tell the caseworker right away, like when something happened, he was able to use his voice, like, "Hey, I saw something that was scary." And then thankfully by telling the folks that he was able to identify as safe. And sharing what he saw, whether it was domestic violence or sexual abuse happening in whatever placement he was in that moment. The adults were able to intervene and move things around for him so that he could stay safe. As well as any other kids in the home where he was at.

Tyler Sliker:

I also included sibling visits and sibling treatment as part of his treatment. I'd mentioned he had lots of siblings at the initial placement, and then throughout. I would coordinate with the therapist that were working with his siblings to make sure that the siblings had time together, not only to see each other, but also therapeutically talk about their family story. And make sense of different experiences. They also collectively were going through all of these things. So we prioritize the sibling treatment as well, and his work.

Loren:

Yeah. So, and I think that that case speaks to the work that the clinical team members do to really come up with the delivery of service. So whether that's individual or group therapy or both to meet the best meets the needs of the people that you're serving.

Tyler Sliker:

Yes.

Loren:

And then also it speaks to that oftentimes it sounds like when you're working with an individual, you're also working with other people that person's connected with, typically in their family, I would guess. Right.

Tyler Sliker:

Yeah. And that's definitely the case for the kids like this. Yeah. With this, I mean, it's sometimes the case with the adults too, like depending on what's going on in adult's life. But I would say within kids, which kids make up about 50% of the clients that we serve in our program. So kids are a very significant portion of who we serve in our program. So each like this case, for example, right? So with this young person, I was regularly in touch with his primary caregiver, his caseworker, his school, social worker, his teacher at times, his siblings, caregivers. So like, there's lots of people that are all doing our best to stay in touch and coordinate to make sure that these kids... And I guess for me, I was most concerned about this individual client, but the whole family, right they're moving along. And even though they hit pretty much every road bump you can hit and the child welfare system that we can still maneuver and make changes and prioritize the kids' safety and healing in their process.

Loren:

Yeah. And that, it sounds to me like being therapists, you're also finding yourself in a role where you have to do advocacy work a good bit.

Tyler Sliker:

Ooh definitely.

Loren:

With the different systems and yeah. So, well, this has been very informative, Tyler. I really appreciate your time.

Tyler Sliker:

Of course.

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Loren:

So yeah. And so I think it's great that people know that they can reach out to you. And I just want to thank you and appreciate you for the work that you and your team do.

Tyler Sliker:

Absolutely. Thank you, Lauren.

Loren:

All right. Thanks.

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Loren:

Hi, this is Loren again, and I'm here with Wyatt Mack. So Wyatt, could you just quick introduce yourself and tell us who you are and what you do at the agency?

Wyatt Mack:

Hi everybody. My name is Wyatt Mack and I am a victim advocate here in our advocacy department.

Loren:

Okay. And how long have you been here with Vera House, Wyatt?

Wyatt Mack:

With my intern time, I have been here almost a year now, which is crazy to think about.

Loren:

Happy anniversary then.

Wyatt Mack:

Thank you.

Loren:

So, Wyatt and I are going to delve a little bit more deeply. So we've been doing these interviews that are, you know, kind of bigger picture program interviews, but what we wanted to get to here is a bit more detail about some specific services offered through the advocacy program. And so we're going to cover three particular services in this interview. So we're going to talk about the 24 hour crisis and support line, we're going to talk about the web chat service, and then also what we refer to as the on-call advocate, or sometimes it's onsite advocate. There's different names that get used, but basically, an advocate that is available at the James Street office during weekday business hours. So we'll cover those three services.

Loren:

So Wyatt, I figure let's start out talking about the 24 hour crisis and support line. So if you could just start out by sharing how somebody even accesses the 24 hour crisis and support line. So, you know, who do they call and kind of, when does that operate?

Speaker 3:

I have a call on park 1, please. A call on park 1.

Loren:

Oh, and there's the hotline ringing now in the background.

Wyatt Mack:

Yes, my apologies for that.

Loren:

That's okay. Do you want to hit mute on that other phone?

Wyatt Mack:

Yes.

Loren:

It was funny, on our interview with Jolie, she talked about how the advocacy program is the emergency room of Vera House. And throughout our interview, there were sirens in the background. I was like, well, that's appropriate.

Wyatt Mack:

So as Lauren had mentioned, the crisis and support line is a 24/7 service for individuals. All they have to do is just make the call to our hotline. And during normal business hours, Monday through Friday, the calls are answered here by either volunteers or advocates. And then on weekends and holidays, the calls are then taken over at our shelter by our shelter staff.

Loren:

Okay, so 24 hours a day, seven days a week. That includes any holiday. So Labor Day, Christmas, New Year's Day, whatever the case may be, there is always somebody there to answer that number.

Wyatt Mack:

Exactly. We always want to make sure that there's somebody there so that these people are able to get connected to services and get the support that they're needing.

Loren:

And I guess we should probably mention that the number is actually, it's (315) 468-3260. So that's the number that rings in, like you said, during business hours at James Street and then other times at the shelter. So people can access that anytime by calling that phone number. So you said a little bit anybody can call that number. So can you talk a little bit about who can reach out to that service? Because I think sometimes there's a misconception in our community that somebody would have to be in a, you know, in a horrible crisis situation in order to call that hotline number or that 24 hour support line number. So can you talk a little bit about who can reach out in terms of the different types of people that reach out, but also what might be going on for them that they're reaching out?

Wyatt Mack:

Yeah, of course. So we have many different individuals that reach out to our support line. I know it's been historically knowing that we specifically work with women, but this is not the case. We actually work with men, women, everybody, gender nonconforming. We are a pretty well-rounded agency and are able to assist with many different individuals. And most of these individuals who are experiencing domestic violence, it doesn't have to always be on the severe end. Individuals can be not in harm's way or anything like that, but just sometimes just need some emotional support. And then in other cases, sometimes individuals just need some safety planning. So it's really open for all individuals. You don't necessarily have to be in "crisis" to call the line.

Loren:

Okay. And so this piece about who can reach out. So I hear you saying, you know, what we think of as kind of, you know, primary victims, if you will, people that are themselves being directly impacted by, you know, some form of violence or abuse or elder abuse, but then we also get a lot of calls on the 24 hour support line from folks that aren't directly themselves impacted. So can you talk a little bit more about that?

Wyatt Mack:

Sure. So are you talking in regards to some secondary individuals that are experiencing it, like children?

Loren:

Yes. Yeah. Or family members, friends, other community members.

Wyatt Mack:

So in regards to family members, like children or other individuals that are in the home that are experiencing this, it's also okay for them to be giving us a call.

Speaker 3:

I have a call on park one and park two, please.

Wyatt Mack:

Sorry, there's two phones in this office.

Loren:

And the hotline is ringing off the hook, apparently.

Wyatt Mack:

Yes. So really anybody who is experiencing any form of domestic, sexual, like Lauren said as well, elder abuse and things along those lines, and they're all more than welcome to be giving us a call so that we can give them the support and hopefully get them connected with the resources that they need.

Loren:

Yeah. And I know definitely, as somebody who answers our 24 hour crisis and support line, that also, we get a good number of calls from friends and family members, people that are concerned about someone, but then also we get a significant number of calls from other service providers in the community. So people that might be, you know, looking to make a referral to us, looking to get someone that they're serving connected. So really anyone. And when we say anyone, we mean, you know, anyone in the community who needs information, wants to get somebody or hopes to get somebody connected or make a referral. Anyone can call that phone number. Because I think, yeah, there is sometimes that misconception that you have to be directly affected in order to reach out to us. So when somebody calls the 24 hour crisis and support line, what can they expect? What would the process of that look like? You know, what can they expect from the person answering the hotline?

Wyatt Mack:

So one thing that you can expect from individuals answering our crisis line is a form of trauma informed care. As well as on top of that, the individuals provide a core component, which is emotional support, as well as it's accompanied by sometimes safety planning, which is very important for some of our clients to be successful and to be safe in some of these situations.

Loren:

Emotional support, safety planning. And then the other piece too, is that I often use the term that the 24 hour crisis and support line is like the gateway to all of our services. So can you talk a little bit about if somebody is looking, you know, if they are interested in perhaps coming into shelter or getting connected with an advocate or a therapist through the clinical program, so what they might get from calling the 24 hour support line in that regard?

Wyatt Mack:

Going a little bit further into what Lauren is explaining is advocacy, as well as the crisis call takers, are, like she said, the gateway to getting referrals to these different services, whether that be clinical due to sexual assault or whether that be advocacy because they need help with different systems and stuff that they are dealing with. And sometimes we also partner with other outside agencies to be able to get individuals connected with, it could be some mental health counseling and things like that.

Loren:

Yeah. So that's actually a good point, Wyatt, thank you, that not only is it the gateway to all of the Vera House services, but then also people that answer the support line have lots of resources in terms of making referrals to other community agencies and other systems that might be helpful and supportive to people that are reaching out. So, yeah, that's another thing. So basically what I heard you saying, so emotional support, safety planning, connection to other services in the agency, and then outside referrals to other services in the community. So that those would be kind of the four general areas of what people can help out with on the 24 hour crisis and support line. So then I think maybe if we move on and talk a little bit about the web chat service next, so kind of just the same sort of questions. How does somebody access the web chat service? When does that service operate? You know, kind of the little basics, I guess, if you will, about that.

Wyatt Mack:

Yeah. So our web chat is easily accessible by going to verahouse.org. There's a little button that you click, click to chat, and you're instantly populated into the web chat, and you're able to be connected with either a volunteer and advocate or an intern. And the hours of operation for that I believe is 8:30 AM to 11:00 PM. And we typically, I believe people do around six hour shifts.

Loren:

Yeah. And so then 8:30 AM to 11 PM and that's seven days a week, correct?

Wyatt Mack:

Yeah.

Loren:

So not just Monday through Friday, but seven days a week, 8:30 AM to 11:00 PM. And also, just so people have a sense of this, because I'm somebody who also takes shifts on our web chat service, that people can access that through a computer, through a tablet. I've also had people web chatting just on their phones, so that it is accessible. As long as somebody can get to the verahouse.org website on their device, then they can use that to do the web chat.

Wyatt Mack:

Exactly.

Loren:

So that they don't necessarily have to be on an actual computer to do that. So then, again, I think it's maybe similar to the 24 hour crisis and support line, but in terms of who can reach out to that service, could you speak to that again a little bit?

Wyatt Mack:

Yeah. So again, kind of like we discussed for the crisis and support line, it could be secondary victims and then it could also be the primary victim. But other than that, it could also be, again, it could be individuals out in the community who are also looking to get their clients possibly connected because they think that they might be a good fit for our program. So I want to say that the web chat is, it's kind of very similar to our crisis support line. It's just, it's typing rather than speaking to a person on the phone.

Loren:

Yeah. Yeah. So similar. And so then in terms of what can people expect, so could they then expect the same kind of stuff that they would get on the hotline in terms of the emotional support, the safety planning? The one difference though, then might be in terms of the referral piece. So maybe could you talk a little bit about that? That the referrals would maybe go more through the 24 hour crisis and support line, correct?

Wyatt Mack:

Yeah. So I mean, there are some instances where you're going to have to ask the individual if you're on a web chat, sometimes we have to ask, is it possible for you to give us a call, especially if they're looking for shelter. That's not something we can really do over web chat. Maybe it's something that we can work on in the future. But as of right now, that's something that we really need to call and actually speak with the client physically about. So I think in regards to services though, getting referrals, I still think we're able to put in an advocacy referral for somebody via web chat.

Loren:

But the shelter piece would maybe be one spot where really, it would be better to call the 24 hour crisis and support line.

Wyatt Mack:

Exactly. And at that time, you would just provide the phone number and ask if they are in a safe space, if they could give us a call. And again, if they're not able to call, are they able to walk into our front doors to be able to receive our services that way?

Loren:

Right. Which actually then, that's the perfect segue into talking about, so there's what we call an on-call advocate. So can you talk a little bit about, you know, what the on-call advocate is? Like you said, how does someone access and when they can access an on-call advocate. And kind of, in what circumstances would that be the best option?

Wyatt Mack:

Yeah, of course. So we typically have an advocate on site at least one Monday through Friday from 8:30 to 5:00, our normal business hours. And in some cases, we might have two people on. And sometimes you can go to an advocate onsite if you have, I don't want to say it as a last resort, but kind of a last resort. That you're reaching out to them if you're ... So when people walk into our front door, we call them a person in need of assistance. So if we have a walk-in, that's something an advocate on site would be taking and working with the client to see what services we can get them connected to.

Loren:

Sorry, sorry. I had myself muted. There's thunder in the background here, so I was trying to mute that out. So the reality that sometimes people may not be able to make a phone call or have access to web chat. I think about a time I was staffing a table at an event downtown and someone came up to the table and that person wanted to get connected to our services, but was homeless and did not have access to a phone or a computer. And so that was a situation where then I was able to tell them during, you know, 8:30 to 5:00, Monday through Friday, there is the option of accessing an advocate onsite at our 723 James Street location. And so I think that, you know, that's an important piece for people to be aware of that if there are those, you know, major barriers for someone to access the other services, then the on-call advocate is a possibility.

Loren:

So thinking about those three services, so the 24 hour crisis and support line, web chat, and the on-call advocate, I want to get into a little bit more about, when would it make sense for me to refer someone to one service versus the other? So I think about what you shared. So if somebody is looking for shelter, for emergency shelter, knowing that that process, that getting somebody into shelter process, may not be able to happen on web chat, that it sounds like referring them to the 24 hour crisis and support line would really make the most sense, correct?

Wyatt Mack:

Yes, exactly. Just because of just the process that needs to be done with the questions and stuff that we need to ask for shelter, it's unfortunately what we have to do at this point.

Loren:

Right. And so then also I think about, and if somebody was potentially looking for shelter, but they maybe couldn't call the crisis and support line, then that would be a time when they could look at accessing the on-call advocate, if they weren't able to do either of those things, or, you know, they know that they're looking for shelter, but they can't call the hotline.

Wyatt Mack:

Exactly. At that point, if they're not able to call the hotline, if it's safe for them to come into our location as a person in need of assistance, that would be our next safest and best option.

Loren:

Okay. I'm trying to think if there's anything else that we should tease out in terms of when it makes sense to refer to one service versus another. Like, I think about with web chat, you know, definitely during, you know, we're living in a pandemic here right now. And so I think there are a lot more circumstances now where people are in their homes and really don't feel like they can safely make a phone call. So that's a situation where I think, oh, the web chat service really then does make sense. I actually took a chat from someone who was at home, the partner was home, they absolutely could not safely pick up the phone and have an in-person conversation, but they could discreetly use the web chat service. And fortunately, were able to do that. So I think, you know, there's some of these circumstances where really, one service makes more sense over the other.

Loren:

The other piece too, just to touch on, because I think you talked about that, on both web chat and the 24 hour crisis and support line, people can reach out for emotional support, and that for people to keep in mind the reality that somebody doesn't necessarily always need a referral to another service, or is necessarily always looking for a referral to another service. So that really, the 24 hour crisis and support line or the web chat service, may be the only service that somebody accesses, that if they're really just looking for that, you know, place to touch base and get some emotional support and maybe play out some of what's going on for them, do a bit of a check-in, do some safety planning. They may really not need anything more than accessing one of those two services. Am I correct in my thinking around that?

Wyatt Mack:

No, I would totally agree with you 100% that sometimes clients ... I mean, I have a few that call on the crisis line when I'm on the crisis line, and the only thing they want to do is they just want to talk. They just want somebody to listen to them and to just provide some emotional support and maybe even provide a little bit of a safety plan for them. And that's all they need. That's sufficient enough for them that they don't feel like they need anything more. It's not multilayered or anything like that. But they do know that if circumstances change, that they can indeed get an advocate something further or something more.

Loren:

Yep. Great. The other thing too, that we didn't mention that we should is that we do have language interpretation services available. So that shouldn't be a barrier to someone reaching out to our 24 hour crisis and support line, that we have a service that can then do interpretation right there on the spot on the 24 hour crisis and support line. So that's something for people to keep in mind that shouldn't create a barrier.

Wyatt Mack:

Exactly. I totally agree with that as well.

Loren:

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Okay. Trying to think if there's anything else we feel like we didn't cover or do you think we got it all here, Wyatt?

Wyatt Mack:

I think we've covered it pretty good.

Loren:

I think so too. Well, I just want to thank you and appreciate you for taking the time to do this and for explaining all of this. And definitely, I hope, you know, this can be a resource to people so that they can get people connected in a way that is helpful and accessible to people and makes it so that we, as an organization, can really be available to people when and where they need us and that they can access us for whatever their particular needs might be. Well, so then with that, I just want to say, thank you, Wyatt.

Wyatt Mack:

Thank you, Loren. I appreciate it. I hope you have a good rest of your day.

Loren:

Thanks, you too.

Wyatt Mack:

All right. Bye-bye.

Loren:

Bye.

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Loren:

All right. So this is Loren and I am here with Cindy Britz. So Cindy, could you introduce yourself and just share your title and what you do here at the organization?

Cindy Britz:

Sure. My name is Cindy Britz and I'm the development director at Vera House and I have been with the agency for about five years.

Loren:

All Right. And you were recruited by who? Oh, that would be me. Wonderful me. [inaudible 00:00:29]

Cindy Britz:

Is this where I should thank you?

Loren:

Yes, exactly. I can take that later in the form of a gift card or something like that.

Loren:

So we'll just run through some questions so that we can give everyone a better sense of the work that the development team does. So the first question we have is, can you give us a sense of what the overall goal and function of the development department is within Vera House?

Cindy Britz:

Sure. The development team is actually pretty diverse in the work that we do because it includes volunteers, the fundraising aspects, and also the marketing and communication function of the agency. I see our overall goal and function being communication and community engagement, to invite people who like to volunteer and be involved with us or to make a contribution, to invite them to be a part of Vera House.

Loren:

Okay, great. It sounds like there's a lot that goes on in the development department. Can you describe for us more about what each of the facets of the development department does?

Cindy Britz:

Sure. One of the main pieces of our department is raising funds to support the work that the agency does. We do that through events. We do direct mail pieces and elicit donations in a variety of ways. We use our Board and Foundation to help with that. We also do all of our marketing and communications out of this department. We have a director of marketing and communication who is responsible for all of our social media accounts, any kind of media interviews, really anything that would be-

Loren:

Website, right? That also falls under that.

Cindy Britz:

... communications, outward facing and internal sometimes as well. And then we also hold the volunteer management function in our department. That is the recruiting, training, and deploying of any volunteers that would like to be involved with Vera House, and we really rely as an agency on volunteers to help us do the actual day-to-day client service work that we do.

Loren:

Okay, and can you just say a little bit more about the different things that volunteers do within the organization because I think sometimes people think just the direct service client service piece, but it's much more than that.

Cindy Britz:

Sure. Yeah. Obviously, a big piece of it is the direct service. Our volunteers help us answer our crisis and support line. They help us serve people through our web chat service. They help us respond to sexual assault victims at the local hospitals. But volunteers also help us cover our front desk. They help us in our family court in helping people get orders of protection. Our volunteers help us put on our events. We have volunteers who are on our Board of Directors and serve on a variety of event committees and really make all of those things able to happen in the agency.

Loren:

Okay, great. So then, when we're talking about the direct service programs, I think oftentimes it's kind of easy for people to think about who that program serves, but so in thinking about the development department with a question like that, who would you say that the development department serves?

Cindy Britz:

I think primarily our department serves the agency as a whole because we are responsible for sharing what all the other departments are doing. We serve them by getting people and funds to support the work that they're doing. But I also see that we serve our donors. We serve the volunteers that are coming into the office. We serve the Board, the Foundation, other people who are a part of our community.

Loren:

Okay. You keep mentioning the Board and Foundation, so obviously as a nonprofit, we have a Board of Directors. Can you just talk a little bit about what the Foundation is to give people a sense of that?

Cindy Britz:

Sure. The Vera House Foundation was established to help primarily raise funds for the long-term financial stability of the agency. They have an approximately \$4 million endowment fund that supports the agency's services as well as it's being invested for long-term stability. An example would be if we had government contract cuts, they could help us fill the gap for that. A couple of things they've did recently was help us start our workplace sexual harassment training program. Otherwise that would have been something that we would probably had to wait a couple of years to be able to have the funding to be able to do that. So their role is to fundraise to raise money to support the agency services.

Loren:

And to overall maintain that stability, but then it also sounds like support strategic initiatives so that we don't have to constantly be relying on grant funding or government grants, that sort of thing.

Cindy Britz:

Exactly.

Loren:

Okay, cool. Thank you. So would you next talk a little bit about what you see as some of the bigger challenges that the development department faces?

Cindy Britz:

Sure. I see, I guess collectively, one of the biggest challenges being for us to stay relevant and in the minds the broader community, because there are a lot of very worthy organizations to support in our community. So how do we engage people so they want to continue to hear what we're doing, be involved in what we're doing, want to volunteer for us, want to see our programs and our services as being something that they want to contribute and be a part of? And I think that's a constant challenge probably for all nonprofits because we rely on community support to do the work that we do.

Loren:

So that kind of maintaining interest and engagement for people.

Cindy Britz:

Yes.

Loren:

Okay. All right. So the next thing is, if you could talk a little bit about one or two and either it could be individuals or departments in Vera House that you, you meaning the development department, work most closely with.

Cindy Britz:

Sure. Because the department is diverse in being its volunteer, fundraising as well as direct marketing and communications, I see it is we work with a number of places closely. So the volunteer program, I would say, probably works most closely with the advocacy department and team because that's where a majority of our volunteers are placed because they're providing direct services. Me, personally, for the fundraising pieces, I'm working most closely with finance because we need to make sure that funds are being allocated how the donor wants. We want to make sure that how we're keeping track of what we think the money that we're bringing in is matching what finance with the financial records are saying.

Cindy Britz:

And I think for our director of marketing communications, I think that for her, the situation changes. The department that she's working most closely with depends on what the current need is in the agency. So for example, when we have an elder abuse conference, then they're working most closely with that team to market and communicate about that program. And the same would be for if there's another education program or a need in the clinical team, it would be shifting based on the agency need.

Loren:

Okay. So really basing those marketing and communication efforts around what the various needs of the programs in the agency are.

Cindy Britz:

Correct.

Loren:

And so then lastly, if we can, we'll end on a positive note. Not that all of this hasn't been positive, right? But if you could just share with us from the development team, what you see as... We like to talk about success stories or mission stories here at Vera House a lot. So what would you share as a success story that the development teams had?

Cindy Britz:

I think one of the biggest successes and changes that have happened in the development department is that we shifted to having a fully focused director of marketing and communications. Prior to having that position, our special events and communications were all handled by one position. And to be able to put on two big events every year plus maintain all of the social media accounts and maintain our communications and marketing, it really diluted what we could do from a communication standpoint.

Cindy Britz:

And so thanks actually to some funding from the Vera House Foundation, we were able to hire a special event coordinator and shift all of the marketing and communications into one position and that has significantly impacted, I think, how our communications into the community have been able to be more proactive. We've been able to be more mission focused in sharing things about our cause. And as a result, we've seen an increase in engagement from the community on our social media and in website. We were able to redo our website. We've seen an increase, almost doubling the number of our monthly donors that we have. We've seen an increase in sponsorship support. So really the communications and marketing that we're putting out have really significantly impacted the fundraising success of our department.

Loren:

Hmm. That's great. Yeah. And to think that from doing something that to me, and I'll say it, it sounds simple, but something like that, but then to see that significant of an increase in donations that you can tie that to that. That's really cool.

Cindy Britz:

Yeah.

Loren:

All right. Well, I just want to thank you so much, of course, for the work that you do in the development team and also for just taking the time out today. So thank you very much.

Cindy Britz:

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Sure. Happy to do it.

Loren:

Thanks.

Rachel:

Hello, this is Rachel, the volunteer coordinator of Vera House and I'm here with George Kilpatrick. And George, can you introduce yourself?

George Kirkpatrick:

Hi, I'm George Kirkpatrick. I'm the men's outreach coordinator and the project coordinator for the Vera House office of violence against women, engaging men and youth and consolidated youth program. And that program consists of us monitoring and supporting youth in our community through a number of different ways. That includes mentoring of youth through the 100 Black Men and the Building Men program and partnership with Syracuse City school district. And also providing therapeutic services through those schools in partnership with our clinical department. We provide intervention services through them. And we also have a partnership with the Q center to provide outreach and support to queer and trans youth. So that's the overall scope of the program, just to give you an idea of different ways that we engage. The program is intended to support children that are exposed to the four crimes which is dating violence, sexual violence, domestic violence and stalking. And including within the sexual violence is also sex trafficking.

George Kirkpatrick:

So any child that's exposed to any of those crimes are eligible for therapeutic services through our program. And that program involve therapists that are stationed in BYB Syracuse City schools where the student is able to access our services right there in that building. And what's great about that is that it enables us to reach a population that we would not normally reach through with our services. So a typical day involve us not only preparing presentations with groups in the community, engaging men through our 12-men model, which is an effort to get men to be accountable to one another in an effort to end gender based violence. It might mean presenting to a community based organization. It might mean working with youth who are in detention at the Hillbrook Detention Center. It might mean [inaudible 00:02:26] who are on probation through a program and partnership with an organization called Think For Change.

George Kirkpatrick:

And it might involve us developing new curriculum and new strategies with our partners to make sure that we're meeting the needs of our community. It might also involve overseeing and supporting what we call our ministry clubs, which are clubs that are in the five city schools. I'll name those schools in just a moment. But these are clubs that teach young men from middle school, high school how they can have a more healthy version of masculinity. And so those schools that include Clary Middle School, Brighton Academy, formerly Davenport School, Brooking High School, PSLA Fowler High School and Grant Middle School. So those are the ways that we interact with our partners. We have a very close working relationship with our clinical department. And many of our educators are also part of other teams. One of the things that we're developing is our multi disciplinary team which is an effort to take our engaging men's work and incorporate that as a part of a community-wide strategy in violence in our community.

George Kirkpatrick:

That so we've inserted ourselves into that strategy but we're also engaging a team from various different walks of life that might include law enforcement [inaudible 00:03:52] community. Those who

are engaged on the front lines of working with trauma in the community to help our community have a more comprehensive strategy.

George Kirkpatrick:

So we're also involved in creating a multi disciplinary team. So that's kind of our function. And like a typical day, it might be responding to request for presentation. It might be soliciting new opportunities to engage men in our community, whether it's in our big community, whether it's on the campus or whether it's on a community based organization or whether it's in a corporate organization. Our [inaudible 00:04:30] is the 12-men model. And that's a program that was created [inaudible 00:04:37] 10 years ago or 11 years ago. It was the [inaudible 00:04:41] white ribbon campaign. And it essentially asked men to gather men that they are in most contact with or their peer groups or the people they hang out with the most, the people they spend the most time with, and go through a five session conversation where we unpack and challenge existing notions of what it means to be a man.

George Kirkpatrick:

So that might mean looking at gender roles. It might mean looking at ways in which gender violence is often embedded in the ways that we think and in our conversations. And we try to unpack some of that. And at the end of our sessions, hope and help men number one, see their role in ending gender based violence but also see their role in bringing other men into the conversation. And so a lot of our work on a daily basis is refining that. It's getting more men to be involved and preparing for the training that it takes to have those conversations. And it also might mean, so you have those that's adult men in the youth. From the youth perspective, it might mean supporting facilitators that we train as well to run our administrating Hill Brook high school clubs within those schools.

Rachel:

Yeah. George, it sounds like it's really interesting to hear you talk about the ways that your program is so multifaceted and also connected so much to our clinical program. And I do know that's a really important and valuable part of what you all are doing every day. Can you share with me a scenario or a case situation that's been especially challenging? It could be related to the men's outreach work that I know you are really spending all of your time in or that you really focus in on and kind of, if there was able to be success in that process.

George Kirkpatrick:

I think it's hard to say what's challenging. I think it's hard to pick out one situation but I remember one time we were at a, we do high school presentations as well and this was a mixed gender group, people from all different gender identities. And I remember we had a young man who really thought that we had a political agenda and really was pushing back against our notion of gender-based equality and thought that we had an agenda. And I guess this was a young man who just was about... We were in a suburban high school and I can name the high school. I'll tell you it was skinny athletes high school, for example. And this young man was just really pushing back. And what we were able to do for example is really stand our ground.

George Kirkpatrick:

And when you're solid about the work that you're doing, we were able to say, look, if there's any agenda that we have is to make certain that we create a world free of violence and abuse, that we promote gender-based equity. And that we end violence against those who are most susceptible to being violated

within there. And then of course, we know that from the statistics that is female identified. So I think that what we were able to do in that situation was keep our calm, keep our poise and know that we were able to... And because we were able to do that, you had the other students in the class responding favorably to that student. It doesn't mean that we can't be challenged. We love being challenged. We love the opportunity to educate but at the same time we also feel that we have to be clear about what we stand for.

George Kirkpatrick:

And I think a success story would involve a student we were able to find support for through our clinical based services. I mean, one of the things that we wanted to do is connect the boys that we see and the experiences that they have so that they can know that these services are available to them. So we had one particular situation where one of our therapist was able to connect with a young man in the program. And his mother sent a note to us just to tell us how much he's changed as a result of the therapeutic intervention. But not only that, he was also a young man that was in our Men Of Strength club. So it was sort of a complete circle because we don't often have boys directly referred through our clinical based program. We provide the service to the entire building but the boys that we actually have the most interaction with, we hadn't been seeing those referrals.

George Kirkpatrick:

So that was a nice story for us to see that happen. The other thing I would say, another success story that we had, I had an individual call me up and said, "George, I want to be a better man." And so we had him go through the 12-men model and he not only went through the 12-men model, he actually brought another group and went through the 12-men model twice. And I can happily tell you that this young man did eventually find his life partner and now he is happily married. But before he did that, he called us up to say, I want it to be a better man.

Rachel:

Wow. That's an awesome, I feel like each time I hear stories of the folks that you connect with and especially the youth, I think it's really amazing to see the kind of ripple effect that comes with the work that you're doing. And just bouncing off of your point about the example where there was someone kind of feeling like there was an agenda. It sounds like the way I look at that is usually that you're doing a lot of planting seed. That this is a topic that the work you do, I think can feel like it's either political or it's based on one specific thing. But really all of it is based on, we want to make sure that people feel safe and healthy in their relationships. And so your team is going out and talking about that with larger groups and helping us break down, understanding that we have that may prevent that from happening.

Rachel:

So yeah, it's really important. I think the last question I have and I appreciate all that you've shared, is what are any new initiatives that your department has brought into the work or that you're working on starting? I know that there's probably a few different pieces if you want to highlight one. I think the piece I'm aware of especially with the pandemic is moving more virtually with a lot of the services that you're doing.

George Kirkpatrick:

Well. I mean, it's two things we did, we took our 12-men model and our queer life healthy relationships so LGBTQ plus youth, we took both of those programs online. And our most clever, in fact, we took all of

our programs and made them virtual. And so that was challenging but it was also exciting because we could buy us. And what I want to say is that we put ourselves in it so that we could see exactly how some of the work that we do doesn't translate as well online. So it means we're going to have to go back and totally revamp how we do things. But one thing we did was put everything on the line. So now it's available virtually. We've been contacted by outside agencies to allow others other than our Vera House team to facilitate our 12-men model.

George Kirkpatrick:

And so we created a facilitator's manual and we trained our first outside facilitator to do that albeit virtually. And we also have a contract with, I can tell you, Yulika College to train their team as part of their efforts to engage their staff on the campus so that they can then lead the 12-men model initiative. And so our goal is to create a model where this can be exported nationally and as part of our efforts to find other ways to not only train people and get people into the work, but also create different revenue opportunities for the agency. One of the really exciting things you should know is that our queer life curriculum was developed in-house and Vera House should stand proud with their chest out. This curriculum that we have is one of the only curriculums of its nature in the country.

George Kirkpatrick:

And how do I know this? Because we were searching for a curriculum and there wasn't one. And what I mean by that, a curriculum that wasn't an add-on curriculum but a curriculum that was queer centered in its approach. And so we had shared our curriculum with a meeting. We had a meeting in California and the people around the table were most excited about what Vera House, little old Vera House in Syracuse, New York was able to create and have a methodology behind it so that we can provide an opportunity to engage queer and trans youth in healthy relationships. And so we've just gone online with a virtual, our first virtual queer life this season. And I think it's going pretty well. We don't have the attendance that we would like for that quite frankly but we're forging ahead because the only way we can make the changes and to make the tweaks is to see it in action.

George Kirkpatrick:

So now that we're seeing it in action, we have like three or four sessions left. Now when we evaluate, we'll go back and we'll be able to make that even better. And so you say, "Well damn." Not damn, I just cussed. Excuse me. You might say, "Well, you are engaging them but you also engaging youth and that includes Korean transes." Yeah, because we know that in order for us to have healthy relationships with ending gender-based violence, we also have to have a space to discuss and deal with the issue of homophobia and how that shows up. So the fact that we have a separate initiative that's just dedicated to queer and trans youth really helps them to have that space. But also, I should also say that not only do we have that space but we've also over the years have had a culturally specific space for African-American men and youth to have their space to be able to have these conversations as well.

George Kirkpatrick:

But our space is not only that, it's also corporate. It's also community-based, it's also business. It's every one and anyone who is interested in bringing a positive note to the community but also that is willing to engage in work that requires all of us to do it. Here's the one thing I'll tell you in terms of our work. We're really excited that we're able to expand our work. We're working with our offender program and that's the best way I could describe it to see what synergies we can give to those men who have gone through court mandated programs and bring them into the prevention side to use their voice as some

who have been court mandated to get support to somehow work together with that team to be a part of that work.

George Kirkpatrick:

And so I really am excited about what's going ahead. We're doing a total revamp of our curriculum. We're in the process of looking at that to better meet the needs of our community. We're really listening intently to what our clients, our customers, our participants have to say. And we're really grateful to be able to take the time and space to do that.

Rachel:

Yeah. It's awesome to hear all that you have been doing especially recently and all that you continue to do every day. Thank you so much, George for letting us know a little bit more about your program and the work that you are involved with.

George Kirkpatrick:

And thank you. And last thing I'll just say is that, Vera House, you presented all over the country the work that we're doing here at Vera House. We have a video called, I forgot the name of the video. But the video that we did is really successful, To Be A Man. Thank you. To Be A Man is the name of that video. And that video went viral. I don't want to say it went viral but what it did is, it's been used as a training vehicle with our cohorts all across this country and it was created right here. And so, we proud of the work we're doing, engaging men and youth, but also in [inaudible 00:18:01] work and prevention of education. We're really proud of the work we do. Thank you so much for being part of this conversation.

Rachel:

Yes, thank you.

Rachel:

All right. Good morning, Brittany. This is Rachel Ahart. I am the volunteer coordinator for Vera House. My pronouns are she, her, and hers. And I'm here with Brittany Pryor who is our associate director at Shelter. Brittany, I know I just introduced your name, but what pronouns you go by?

Brittany:

My pronouns are she, her and hers.

Rachel:

Okay. Thank you. It's lovely to see you this morning.

Brittany:

You too.

Rachel:

So, we're looking to talk about what is the overall goal or function of your department within the agency?

Brittany:

So, overall, Shelter is a lot like what it sounds. So it's a building. For us, it looks like a giant apartment building and we house victims of domestic, sexual violence and other types of violence at times, depending on the situation and what our goal is, is when they don't have a safe place to live, we bring them in on short-term basis and help them get to a place where they can then live on their own in a safe and sealed environment.

Rachel:

And I know you've talked about short-term. How long is the short term? Or how long can the short-term process be?

Brittany:

That varies between clients. So, for some clients, they have a Section 8 already set up. So for them, it's us connecting Section 8, stopping the lease for [inaudible 00:01:27], and then getting them into a new apartment, and then Section 8 just transfers it right over. And there's different things put in place that protects DV and SA victims. So that process could be much easier.

Brittany:

During COVID it's been much harder, right? That there's not as many houses, landlords don't really want to always rent, but then they do. Housing in general is always very difficult. So it really depends on the situation. We have had people come in that didn't have their green card or any citizenship in United States, and were technically considered illegal. That is very complex, and that went way beyond where we would normally hold somebody.

Brittany:

We couldn't move this person anyways, because there wasn't any opportunity of housing and it took us a while to find a place to get this person. So really, at average about 60 days pending the case, and we're just patient and helping work the system and getting everybody to where they need to be as quickly as possible, but also as [\[inaudible 00:02:31\]](#) informed as possible.

Rachel:

Yeah, so it sounds like part of the services obviously, is really having a safe space for someone to stay, and then connecting them into another safe spot. And in addition to pieces connecting them to different public assistance, connecting them to job options, connecting them to the different systems issues-

Brittany:

Oh, absolutely, healthcare, help with rent, help with food, help with transportation, all those different things. One of the ways that I think about it is I just think of my everyday life. What do I need every day to be able to get up in the morning, be functional and go to my job, come home and do what I need to do? That's exactly what our clients need. And then they also have this horrific, traumatic event right in front of them that most of them have been dealing with for a very long time, if not all of their lives.

Brittany:

So, just think about what I need, and then to not elevate it is really, I think some of that trauma in foreign focus of okay, if we think about their every day is just like, they want to hear what would they need and how do we give them that? I call it my normalcy. How do I bring normalcy back into these survivors and victim's lives? Because that's hard to do when you're living in one bedroom and sharing a bathroom with an entire floor. So it can be challenging.

Rachel:

Yeah. So I know that there is no typical day from what I understand of shelter, but can you talk to, what can be the common tasks or things that happen in the shelter in a day?

Brittany:

So the shelter is made up of a variety of individuals. So we have case managers, we have maintenance and housekeeping, we have the director and associate director, and then we also have automated supervisors. We all kind of have our own little role that all interlock together. So during the day, the case managers are constantly meeting with clients, taking on new appointments, going to courts with them, finding housing, anything that you would think of, the case managers are dealing with those clients on day-to-day. Including sometimes crisis management in the moment, we'll get people that'll come to us in complete tears and upset because they were just served with joint custody paperwork with their abuser.

Brittany:

So how do they keep safe and how do they keep the kids safe when their abuser now wants joint custody? So it can be anything like that. It could be internal conflicts to residents. Syracuse is not as big as people think it is. And our County is not as big as people think it is. So the way we have them having two people that have come from certain parts of town who know each other, or you just don't know each other. That could cause some internal conflicts at times.

Brittany:

We're human and that happens. So it could be anything of those natures. It could be doing intakes and bringing new people in, it could be cleaning, cooking, meeting with staff to develop programming. Really the days are different pending on the house, pending on the need. Overall though, all the days should be focused around what do our clients need today? What can we do today, realistically? What can't we do and how do we get that done maybe tomorrow or the next week?

Brittany:

So I think for the most part, it's just being there and being present and being a sounding board for them, so that they always know that they're not alone, while we smother in our care.

Rachel:

Yeah. I mean, there's so much that that goes on. I know obviously it's a living space, as well as all the services that you talked about. There's a question here on, who do you feel like you serve? And I think that that's a really broad question, but I think if you want to speak to patterns or any that that you see.

Brittany:

Yeah. I think a lot of people have this stigma that we only serve women. And I still, when I'm hiring staff and I ask them, "What is the house do? And they say, "That you protect women from domestic violence." I'm like, "So yeah, that's one part of it." We serve everybody. And that sounds kind of funny. People go like, "You don't serve everybody." We really do.

Brittany:

One of the things that we do see ECS, is significant amount of women in our shelter that's our highest population in terms of gender. We have had transgender, gender non-conforming males. So we do have a wide variety of people come in. We've got people coming in that have absolutely no money to, I can remember a story. When I first started about this woman years ago, who came in with no clothes, nothing with her, just a suitcase.

Brittany:

And they were like what's this... Briefcase [inaudible 00:07:24]. And it had all these fancy jewelry and gems and money. And she was like, "I took all of my expensive stuff and I spent it. And we're like... And I remember that story. And I was like, whoa, so this doesn't happen to just one type. So that's why when we say we serve all. We do see a live of generational.

Brittany:

We have recently had a woman stay with us, who as a child stayed with us with her mother. And the more we got to know her and then realized that not only did we have her mother, we had her grandmother. And when she came in, as she was going through what she was going through, found out the grandmother was going through another abusive relationship. And now we have the grandmother again, while she was still there.

Brittany:

So there's always different unique patterns. One thing that we do know is, different things increase violence, pandemics increase violence, poverty increases violence. Not that those are the reasons why,

those are excuses why. We also can't ignore the fact that that does mean more violence is going to happen. And that we know that we're going to get more and more people in our shelters.

Brittany:

We have been at max capacity for a while now. So we are just opening ready for anybody that comes in. Because one of the things that we also have to do is check in with them and say, "What do you mean for maybe your spiritual guidance?" So people are very religious and they need to get connected to their spirit again. And whatever that higher power is for them, other people need to get back to whatever self-care they do or some people don't know anything at all.

Brittany:

So one of the things that we have to think about is knowing that we need to be very diverse in how we serve people, to be able to recognize what they need for themselves and individualized. So that's one of the reasons why we very wildly say we serve everybody because there isn't two of the same person.

Rachel:

Yeah. Thank you. It's always interesting to hear the spectrum of folks who end up connected with our shelter system. And even I've seen that with folks who are interested in volunteering, who've been connected or know someone who's been a resident with us.

Brittany:

Yeah.

Rachel:

So what are any new and exciting initiatives or updates that you have about the shelter program that either is in the work or is in process right now?

Brittany:

We are amazingly really now actually having an opportunity to dive in, to start talking about if we wanted a new shelter, what would it look like, sound like, feel like from the minute you walk into that door. And we get to be as creative as possible right now, because right now, so like there's a brainstorming, what do we want type thing. And eventually we will be able to work with a team of people. Let's call that the public committee, that's the new pair agency.

Brittany:

They help us be realistic on what we can actually do. Whether it's build a new shelter, redo a building, redo our building. We know that we want to expand in the sense of being able to truly provide free services to those that come in with us. So right now we are thinking about how many beds do we want to be able to serve? Do we want to increase our numbers? Are the number that we can serve, what we can handle right now? What we want these benefits? What groups do we want? What the clients want?

Brittany:

And we were going to start having service for lessons to complete what they like, what they don't like, what they wish was there and focus groups and talking to them. What is this like for you? What can we do to make it better? What does something like, Ooh, don't do that. And what does the research say?

And right now we're at the very beginning of that, which I call the fun stage, because we get to really not have any limits.

Brittany:

And then once we decide what's actually realistic and not what the big dream is, then we can start looking at, okay so what funders out there want. Can we apply for grants? Is there something out there in terms of any of our funding sources that have additional funding to expand? So this new process is definitely not going to happen overnight. It'll probably take roughly two to three years before we really have that, oh my God, look at it. This is where we're going.

Brittany:

It's just amazing to think that we are at a place in our community and in our agency, that the building that we basically started in and which I don't think a lot of people know that. That shelter was the basically original hub. That was the main office that was the shelter that was everything. Everything was in that one building. So now we've made these moves for main office. And now we're to a point where like, wow, we've expanded so much over 45 ish years, that now shelter gets to expand and shelters can be different and bigger and better than it's ever been. So for me, that to me feels like the exciting new adventure for the shelter and for new house.

Rachel:

Awesome. I look forward to hearing how that goes throughout the process.

Brittany:

Yeah. We're just holding on tight. We're buckling off and holding on tight.

Rachel:

Yes. And then the last question I have for you is, if you could share an especially challenging case or situation you've experienced and then how it was resolved. And then if you wanted to share a success story, I'm sure you have plenty of those. So, if you want to share a little on each.

Brittany:

Yeah. So when I think of challenging for me, the biggest challenge at shelter is that we are not only up against our client's trauma and helping them get to that trauma and helping them get safe. We are also up against the system sometimes. And as much as yes, the system is amazing in ways, it can also be very difficult to work through at times. And for some victims, they can feel revictimized by the system. And why don't they understand? And I did the best I could.

Brittany:

Working with one individual who turned their abuser in and turned in some illegal weapons that the abuser had, was then questioned while it was in the house for almost 48 hours. So why don't you just immediately call us if you were there? And one of the things that I learned very quickly when I talked with this client was, Oh, you safety plan, but you didn't know you were safety planning.

Brittany:

You knew that you couldn't do anything in the moment because your abuser was present and your kids were present. So if you call my phone right now to see now, turn that gun on you and your kids. And explaining that, sit to the system of look at this client, did it just so. Man, I don't think I want to report this. This client had to think about this complex matter to safely do that and to safely get her kids out of those situations.

Brittany:

So when I think of someone like that and I'm like, Oh yeah, the system is trying and just like anything else in the world, so needs some work. So that for me is the biggest challenge that we face at shelters. The system.

Rachel:

Okay. And it sounds like there can be a few different systems that can be challenging.

Brittany:

Yes.

Rachel:

And so [[crosstalk 00:15:05](#)].

Brittany:

There can be law enforcement at times, there can be...

Rachel:

Legal system?

Brittany:

Legal system. Right? How do we even want protection? And does this judge see it the same way that this judge sees it? And can we get them have family court and criminal court. So can we get them combined into one judge instead of having two judges? And there are so many things that I think myself as an average citizen, would never know and would take for granted. And then you start working in it. And you're like, Holy cow, this is complex, it is layered, it is difficult.

Brittany:

And here we have these victims that are already feeling all the things that they're feeling. And I don't think that I could ever name one of those feelings because I'm not feeling it. And I now have to go through these systems and lots of times it's perceived as well, they can just do that on their own. And now knowing a lot of these ins and outs, you can't. It is so difficult.

Brittany:

And one of the lucky parts of our veteran houses, we've been around long enough, we know enough, we have amazing people in our agency that are very knowledgeable, have seen different things before and can tell us where to go. And then also have some great community ties that help us navigate to those dead ends and those walls-

Speaker 3:

[inaudible 00:16:20] call in part one. Call in part one.

Brittany:

... on their own would not have them. So if you go to their house right there every body.

Rachel:

I think he ended up [inaudible 00:16:38].

Brittany:

No matter what you're doing, you will always have crisis and crisis calls come in. No matter what you're doing. You could be in the middle of court and look at your phone that you have to work with your clients. And there you go, you got another crisis. So it doesn't matter what you're doing or where you are, clients come first.

Rachel:

And then ... Thank you for that. That definitely makes sense. And then any success story that you've been able to...

Brittany:

One amazing here at shelter is our bell. It's our success bell. And when we get a client through whatever they've gone through, and one of the things is this is just the first layer. So getting them into shelter and get them out. That's just the first layer of working through [inaudible 00:17:20]. They still have a long way to go working through that trauma. The day that there is a move-out day, is so exciting for them. Most of them have been working so hard since they've been there.

Brittany:

They want new, they want new furniture, they want new paint colors, they're ready for that new, and they're ready to own their own apartment and be in there. It's like, this is my home and not just a place to live. So the day comes and we're at shelter and everybody's getting anxious and excited and literally after everything's packed up in the vans to take them to the new place, everything settled, they come back in and all the staff comes up front and the client gets to ring this bell.

Brittany:

And it's just about like a desk bell, but they ring it and everybody claps and cheers and makes such a big deal out of something that someone else would be like, yeah, they're just moving into a new apartment. And they wouldn't quite understand it. For them, they've made it, they've made it through and this is theirs and that it's so exciting. Some of us cry depending on the type of relationship we've had with clients and we get excited, the client might cry, but that's just... That moment, it makes whatever we have to do to get them in, so worth it.

Rachel:

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Yeah. That makes a lot of sense. And that sounds like an awesome way to honor the process that they've been through already, and moving to the next step. Well, thank you so much for taking the time to sit and chat with me, Brittany. And I'm sure you and I will talk soon.

Brittany:

Absolutely. Thank you.