

Sabbatical Leave Request and Recommendation Form
BOT/AAUP Contract Article 13.7
BOT/ SUOAF-AFSCME Contract Article 24.8

Please Forward To Department Chair or Administrative Officer by September 16, 2014

Name: Elaine Wilson Date: September 9, 2014

Department: Dean's Office, SEPS AAUP: SUOAF-AFSCME: X

Preferred Time of AAUP Sabbatical: Fall 2015: Spring 2016 AY 2015-2016
(please check one)

Start and End Date of SUOAF-AFSCME Sabbatical: July 1, 2015 – January 1, 2016

Candidate Must Have Completed At Least Six Years Of Full-Time Service Since Initial Appointment Or Any Previous CCSU Sabbatical. (Candidates may apply in their sixth year of service; however only tenured members may take a sabbatical leave.)

Please Indicate Semester and Year of Appointment: Spring 2008

Semester and Year of Last Sabbatical: N/A

 Check here if your sabbatical leave is dependent on your receipt of a Fulbright or other fellowship. If, yes, please be sure to include information and explanation of the fellowship in the narrative below including the anticipated date of notification of award.

ABSTRACT

This sabbatical leave has two purposes. First, the time will be used to complete degree requirements for the mental health counseling track of CCSU's M.S. program, Professional & Rehabilitation Counseling. Second, I will conduct independent research on the concept of resilience, to deepen my professional understanding of this topic and develop an article for publication.

As associate dean, I deal with students and faculty on a daily basis and am often the first-responder to those who are upset. As my studies have advanced, I have grown as a listener and problem solver; I now understand that there are many ways to manage problems, and that creative, out-of-the-box thinking often trumps the "business as usual" approach.

Completion of the internship and program will contribute to my continued growth as an administrator in higher education and will also allow me to support new initiatives in social/emotional learning sponsored by my school.

Wilson, E., SUOAF Sabbatical Proposal
August 12, 2014

Plan of Study

In preparing the application, please be specific and detailed, while keeping in mind that not all members of the Sabbatic Leave Committee will share your exact background.

I. Title of Project: Internship/Capstone Project, M.S. Professional Counseling and independent research on the concepts of resilience and recovery.

II. Statement of purpose and objectives

Purpose: The internship/capstone project will be conducted in partial fulfillment of the degree requirements for the mental health counseling track of CCSU's M.S. program, Professional & Rehabilitation Counseling. This work will take place during my internship year, 2015-2016.

At the same time, I will be conducting independent research on the concepts of resilience and recovery in individuals who have experienced some form of trauma, with the goal of deepening my personal and professional understanding of resilience and improving my efficacy as a counselor.

Objectives:

Objective #1 is to complete the required hours for the internship (600 hours over two semesters, including 240 hours of direct service). Half, or potentially more than half, of the 600 hours will be completed during the sabbatical semester.

Objective #2 is to undertake work on the capstone project, which will include a comprehensive case presentation and supervision videotape. The finished project will be submitted in Spring 2016, the semester following the sabbatical. The capstone will focus on one client I have worked with during the internship and will include a written case conceptualization. In addition to a supervision videotape, other components of the capstone project include a written case conceptualization, an oral presentation, and a self-reflection paper.

Objective #3 is to conduct independent research on the concepts of resilience and recovery. I will review the current counseling psychology literature, with the aim of identifying a set of common factors contributing to social and emotional resilience in adults/young adults who have experienced some form of trauma or adversity. In this review I will address the following questions, among others:

- What are the characteristics, personal attitudes, and attributes of those who have been able to move successfully beyond their trauma? How important is an individual's sense of purpose to the recovery process?

- In way ways can a close network of friends and family bolster resilience and recovery? What part does the broader community play in healing?

After identifying a common set of factors and conditions found to support social and emotional resilience after adversity, I will research various schools of mental health counseling, with the goal of identifying a theoretical framework and a diverse set of evidence-based counseling approaches shown to be effective in nurturing resilience in adults/young adults who have experienced significant trauma or adversity. Ultimately, this independent research will serve as the foundation of an article to be submitted to a peer-reviewed journal.

III. Description of your existing knowledge and/or work to date related to the project (include citations to the literature as appropriate).

Work to Date: Internship and Capstone Project

I matriculated part-time in the Professional Counseling program in fall 2010 and have been steadily completing the program requirements as a part-time graduate student. Of the 60-credit program, I have now completed 36 credits. In the 2014-15 academic year and summer session, I will complete an additional 15 credits, for a total of 51 credits completed at the start of the sabbatical semester. Current GPA is 4.0.

Work to Date: Independent Research on Resilience.

The following summary presents an overview of my existing knowledge on the concepts of resilience and recovery.

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress—such as family and relationship problems, serious health problems or workplace or financial stressors. It means “bouncing back” from difficult experiences...Being resilient does not mean that a person doesn’t experience difficulty or distress. Emotional pain and sadness are common in people who have suffered major adversity or trauma in their lives. In fact, the road to resilience is likely to involve considerable emotional distress...

Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts, and actions that can be learned and developed in anyone.

American Psychological Association (APA)

There is some disagreement in the current literature regarding the APA’s definition of resilience. If resilience is “not a trait that people either have or do not have,” why is it that some people have an easier time bouncing back after an adverse event?

Inner Markers for Resilience

Southwick and Charney (2013, p. 38) define resilience as the ability to “face fears, experience positive emotions, search for adaptive ways to reframe stressful events, and benefit from relationships,” a definition not dissimilar from that offered by the APA. Personal characteristics these authors associate with resilience include an ability to willingly interact with new people and new ways of doing things, a friendly personality,

and self-acceptance. The APA has also identified internal markers for resilience that include a positive self-image and strong self-control. Mancini and Bonano (2009) who studied people's response to loss of a loved one found that resilience was linked to "self-enhancing biases, repressive coping, a priori beliefs, identity continuity and complexity, dismissive attachment, positive emotions, and comfort from positive memories (p. 1805)." It is interesting to note that several of these characteristics such as repressive coping and self-enhancing biases might be considered maladaptive in other circumstances. However, research has shown that they can play a positive role in recovery from loss.

Common markers for resilience across many of the recent research studies include:

- self-acceptance and positive self-image;
- an ability to seek and accept support from others; and
- skill in cognitive re-framing, that is, in learning to view difficult situations from a different perspective.

It has also been suggested that coping character traits, and thus, one's tendency to be resilient, may be—at least in part—inherited characteristics that are further shaped by early childhood experiences and the neural circuitry that develops in response to these experiences.

Researchers have traced resilience, the capacity to overcome adversity, to a network of brain regions and chemicals. Beginning early in life, an individual's genes and the interaction of those genes with the environment shape brain circuits that underlie the psychological strengths and behaviors of resilient people...

Southwick and Charney (2013, p. 38)

Further complicating our understanding of resilience is the idea that a person's resilience can only be assessed after the occurrence of an adverse event. Mancini and Bonano (2009, p. 807) suggest that resilience thus cannot be defined "in the abstract, or applied to individuals in the absence of an extremely aversive experience." These authors outline a continuum of possible responses following a loss, ranging from *chronic dysfunction* (an extended period during which an individual has difficulty coping with the activities of daily living) to *recovery* (a gradual period of adjustment and adaptation following an adverse event) to *resilience* (a return to normal functioning within a relatively short period of time). They note that the distinction between resilience and recovery, which takes longer, is "subtle and has only recently been firmly established."

The Role of the Environment and Social Support

There is general agreement in the current literature that a complete understanding of resilience means more than simply identifying the inner attributes of a person successfully coping with adversity. Increasingly, researchers are exploring the significance of environmental factors such as a supportive social network. A strong safety net of personal support has been linked with improved mental health outcomes in patients with post-traumatic stress disorder, as well as others who have faced significant adversity, e.g., loss of a loved one; serious health crisis, etc. (Davis et al. 2009; Southwick and Charney, 2013).

Indeed, the American Psychological Association identifies social support as the “primary factor in resilience, [noting that] relationships...create love and trust, provide role models, and offer encouragement.” Similarly, Fava and Tomba (2009) report that research on resilient children in difficult environments suggests external factors, such as a loving and supportive family, play an important role in helping children deal with adversity.

However, it is also important to understand that there may be differences in the comfort level one feels in seeking out and accepting social support and that such differences may be tied to one’s cultural origins. Cultures which value “rugged individualism” may differ markedly from more collective, group-oriented cultures. Further, it should be stressed that it is not only family and friends who can provide support for individuals challenged by adversity. Southwick and Charney (2013) point to the importance of one’s social and economic environment, including the safety of one’s neighborhood; the caring involvement of the school system in the case of children; and the quality of first-responder services should a mental health crisis arise.

Strategies and Psychotherapeutic Approaches to Bolster Resilience

The American Psychological Association acknowledges that the “road to resilience” is different for everyone. The APA has identified strategies for increasing resilience that include:

- Realizing that change is inevitable; your control lies in how you respond to change.
- Identifying personal goals and putting plans in action that will help you meet these goals.
- Taking a long term view of your present circumstances and trying to maintain a sense of optimism for the future.
- Engaging in self-care through exercise, preferred activities, or activities such as meditation or journaling.

Southwick and Charney (2013) propose a similar set of strategies.

- Reinterpreting negative events.
- Enhancing positive emotions.
- Becoming physically fit.
- Accepting challenges.
- Maintaining a close social network.
- Imitating resilient role models (p. 34).

Implementing such strategies may be easier said than done, however, and thus, psychotherapeutic approaches have been introduced to help individuals develop and sustain resilience. One such approach is well-being therapy (WBT), which was conceived of as a therapeutic technique to support positive mental health. While psychotherapy has traditionally focused on identifying and treating symptoms of emotional dysfunction, well-being therapy:

emphasizes enhancement of positive emotional health rather than the regulation of psychological distress by having clients keep daily diaries of

positive moments, identify and put aside thoughts and feelings that prematurely interrupt their sense of well-being, and pursue optimal experiences. (Zautra, 2009, p. 1940).

Ryff (1989) proposed a conceptual framework for psychological well-being, which laid the foundation for the development of well-being therapy. The framework, presented here in a modified form, identifies six aspects of well-being with descriptors for an impaired level of well-being and an optimal level of well-being (Fava and Tomba, 2009).

Conceptual Framework for Psychological Well-Being

| <i>Dimension</i> | <i>Impaired Level</i> | <i>Optimal Level</i> |
|--------------------------------|--|---|
| Environmental Mastery | Subject has or feels difficulties in managing everyday affairs; feels unable to change or improve surround context; is unaware of surrounding opportunities; lacks sense of control over external world. | Subject has a sense of mastery and competence in managing the environment; controls external activities; makes effective use of surrounding opportunities; able to create or choose contexts suitable to personal needs and values. |
| Personal Growth | Subject has sense of personal stagnation; lacks sense of improvement/expansion over time; feels bored and uninterested with life; feels unable to develop new attitudes or behaviors. | Subject has a feeling of continued development; sees self as growing and expanding; is open to new experiences; has sense of realizing own potential; sees improvement in self and behavior over time. |
| Purpose in Life | Subject lacks a sense of meaning in life; has few goals or aims; lacks sense of direction; does not see purpose in past life; has no outlooks or beliefs that give life meaning. | Subject has goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose; has aims and objectives for living; |
| Autonomy | Subject is overconcerned with expectations/ evaluations of others; relies on judgment of others to make important decisions; conforms to social pressures to think/act in certain ways. | Subject is self-determining and independent; able to resist social pressures; regulates behavior from within; evaluates self by personal standards. |
| Self Acceptance | Subject feels dissatisfied with self; is disappointed with what has occurred in past life; is trouble about certain personal qualities; wishes to be different than what he or she is. | Subject has a positive attitude toward the self; accepts his or her good and bad qualities; feels positive about past life. |
| Positive Relations with Others | Subject has few close, trusting relationships with others; finds it difficult to be open and is isolated and frustrated in interpersonal relationships; not willing to make compromises to sustain important ties with others. | Subject has warm and trusting relationships with others; is concerned about the welfare of others; capable of strong empathy, affection, and intimacy; understands give and take of human relationships. |

WBT is a pragmatic, individualized approach that encourages clients to self-monitor thoughts and feeling and engage in cognitive reframing. It may be used as an intervention along with traditional psychotherapy or psychopharmacology. However, it is inappropriate

for use in acute depression or other acute affective disorders, when clients may be overwhelmed by negative emotions (Ruini and Fava, 2012).

Well-being therapy is only one of many strength-based approaches to support individuals recovering from trauma. As I conduct my independent research, I will investigate other approaches, including acceptance and commitment therapy and dialectical behavior therapy.

IV. Description of proposed sabbatical activities and/or methodology (include as much detail as possible).

Activity #1. Requirements of the Internship Year.

Interns are expected to meet the following expectations during the two-semester internship experience:

- a. Provide individual and group counseling, to clients in an agency setting.
- b. Demonstrate knowledge of the social and psychological implications of physical and psychiatric disability and the rehabilitation and recovery process.
- c. Demonstrate knowledge of multicultural counseling issues, including possible effects of culture, race stereotyping, family, socio-economic status, gender and sexual identity, language, and values on client development and progress.
- d. Demonstrate knowledge of methods and techniques for prevention and early intervention in order to affect the client's maximum success in the community.
- e. Demonstrate knowledge and skill in the consultation process, effectively consulting with counselors, physicians, social workers, administrators, family members, community groups, and agencies as appropriate.
- f. Demonstrate knowledge of the ethical standards and practices of the Professional Counseling profession, and skill in applying these ethical standards to specific counseling situations.

Other requirements for the internship year include submission of:

- a professional development/self-care plan;
- a log documenting internship hours and hours of supervision;
- clinical notes;
- a supervision agenda;
- mid-term and final site supervisor evaluations.

Activity #2. Capstone Project:

As previously noted, the capstone project includes a supervision videotape and an oral presentation on one client. The client's bio/psycho/social case concept and treatment plan will include the following elements, as stipulated by internship syllabus, Dr. C. King:

I. Client Background

- A. Demographics: Age, Gender, Relationship status, Race/Ethnicity, Religious/spiritual affiliation, if relevant.
- B. Reason for referral (include diagnosis)
- C. Current occupational and educational status

II. Disability, if relevant

- A. Impairment(s): Nature of structural and/or functional loss; prognosis.
- B. Activities and participation: Restrictions or limits on normal activity; assistance needed; contextual factors, including adjustment problems, discrimination.
- C. Capacity and performance: Description of things the client can do vs. things the client actually does.
- D. Strengths: What are client's strengths including knowledge, skills, support systems, beliefs, etc.

III. Presenting issue(s)

- A. Purpose of counseling
- B. Past and present results of counseling

IV. History

- A. Relevant medical history
- B. Relevant psychosocial history
- C. Additional details on educational and occupational history, and on residential history, if relevant.

V. Goals of counseling for this person

VI. Treatment Plans

VII. Summary

VIII. Self-reflection: How is it to work with this client? What are the joys and, difficulties? Any counter transference issues?

Activity #3. Expand literature review on social/emotional resilience and on strength-based counseling approaches that support resilience. Identify and compare dominant views; identify and compare strength-based approaches for counseling. The long term goal will be to use this research as the foundation of an article to be submitted for publication in a peer-reviewed journal.

V. Statement of potential value of your project to the university, to your professional growth, and to your particular field of study or discipline.

1. Completion of the Internship and Capstone Project

As associate dean, I deal directly with faculty, staff, and students on a daily basis, and am often the first-responder to people who are frustrated or upset for any number of reasons. As I have advanced through the counseling program, I have found that the courses I've taken have helped me to grow professionally in many ways. Certainly, my listening skills have greatly improved, and beyond this, I find that I am now better able to balance empathy with an objective understanding of the problem at hand. This new way of looking at any given situation allows me to see more clearly to the heart of a matter, understanding both the human concerns as well as the administrative pressures involved. I have come to recognize that there are many ways to solve a problem, and that creative, out-of-the-box thinking often trumps the "business as usual" approach.

Completion of the internship and of the program itself will contribute to my continued growth both as an administrator in higher education. I am extremely grateful to have had the opportunity to matriculate in this program and I look forward to using my skills in my current work and as a professional counselor at some point in the future.

2. Independent Research

Connecticut's Public Act 13-133, *An Act Concerning Teacher Education Programs*, stipulates that teacher education programs include a new focus on social and emotional learning in school-aged children. In response, SEPS has established the multi-disciplinary *Task Force for the Development of Social-Emotional Learning Curriculum for Teacher Education* and its work is now well underway. To extend this effort, SEPS has also proposed the establishment of the *SEPS Center of Excellence on Social and Emotional Learning*. This is a cutting edge initiative which will position SEPS as an innovative leader in teacher preparation.

It is my hope that the resilience-focused research I do during my sabbatical will contribute to and support the foundation and future development of this Center.

VI. Statement of expected outcomes of your project. (Describe the outcomes and relationship, if any, of any previous sabbatical projects to the current one.)

The expected outcomes of the project include:

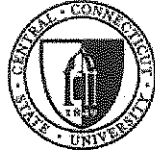
- Completion of internship and capstone project.
- Graduation in December 2016, M.S. Counseling.
- Continued growth as an administrator in higher education.
- Continued research on resilience and recovery, contributing to the *SEPS Center of Excellence on Social and Emotional Learning* and laying a foundation for an article for publication.

References

- American Psychological Association. Psychology Help Center. The road to resilience. Retrieved from <http://www.apa.org/helpcenter/road-resilience.aspx>
- Davis, M.C., Luecken, L.J., & Lemery-Chalfant, K. (2009). Resilience in common life: Introduction to the special issue. *Journal of Personality, 77*(6), 1637-1644.
- Fava, G.A. & Tomba, E. (2009). Increasing psychological well-being and resilience by psychotherapeutic methods. *Journal of Personality, 77*(6), 1903 – 1934.
- Mancini, A. D., & Bonanno, G. A. (2009). Predictors and parameters of resilience to loss: Toward an individual differences model. *Journal of Personality, 77*(6), 1805-1832.
- Ruini, C., & Fava, G. A. (2012). Role of well-being therapy in achieving a balanced and individualized path to optimal functioning. *Clinical Psychology & Psychotherapy, 19*(4), 291-304.
- Ryff, C. D. (1989b). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*, 1069–1081.
- Ryff, C. D., & Singer, B. (1998). The contours of positive human health. *Psychological Inquiry, 9*(1), 1-28.
- Southwick, S. M., & Charney, D. S. (2013). Ready for anything. *Scientific American Mind, 24*(3), 32-41.
- Zautra, A. J. (2009). Resilience: One part recovery, two parts sustainability. *Journal of Personality, 77*(6), 1935-1943.

SCHOOL OF EDUCATION
& PROFESSIONAL STUDIES

CCSU



Central Connecticut State University

September 8, 2014

Dear Sabbatical Leave Committee,

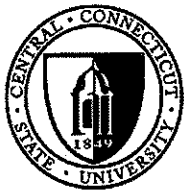
I am writing this letter to you to indicate unconditional support for Dr. Elaine Wilson's sabbatical leave request. I have read through the entire Sabbatical Leave Request and Recommendation Form. The proposed sabbatical leave is well researched and concisely articulated. Specifically, the outcomes associated with the proposed leave have direct, positive implications for expanding Dr. Wilson's professional skill-set, as related to her role as Associate Dean. Finally, after meeting with Dr. Wilson, I have concluded that her absence from the SEPS dean's office during the sabbatical leave can be reasonably accounted for via proactive planning. As such, her absence will not cause unworkable stress on the ability of the SEPS dean's office to carry out its mission.

Sincerely,

A handwritten signature in cursive script that reads "Michael Alfano".

Michael P. Alfano, Ph.D.

Dean



Central Connecticut State University

September 15, 2014

To Sabbatical Leave Committee:

It is a pleasure to write a letter in support of Dr. Elaine Wilson's request for a sabbatical. I have had the opportunity to work with Dr. Wilson, as the Associate Dean of SEPS and as a student in the Professional Counseling and Rehabilitation. As the Associate Dean, Dr. Wilson is the consummate professional. She supports and works well with students, staff, and faculty.

As a student in our program, Elaine produces exemplary work. She is a full participant in the program, and her contributions to the classroom are outstanding, given that she is the Associate Dean of SEPS. Moreover, Dr. Wilson is an intellectual and deep thinker about clinical issues and social justice issues.

Her sabbatical proposal focuses on resiliency and recovery are critical topics for all counselors. In addition, these are important topics for working with undergraduate students in SEPS programs. She will be working on both topics during her internship. Additionally, Dr. Wilson's research will inform her work with SEPS, and informal work with the Teacher Education Program with its enhanced focus on social and emotional learning for children and youth in K-12 public education.

Granting this sabbatical is a worthy investment in Dr. Elaine Wilson's growth as a counselor and as SEPS Associate Dean.

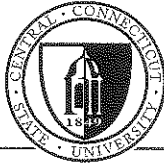
Judith H. Rosenberg, Ph.D.

Professor, Department of Counselor Education and Family Therapy

Central Connecticut State University

New Britain, CT 06050

Rosenbergj@ccsu.edu



September 11, 2014

Sabbatical Leave Committee,

This letter is in support of the sabbatical leave request submitted by Dr. Elaine Wilson, Associate Dean, School of Education and Professional Studies. Dr. Wilson is completing a Master's Degree in Professional and Rehabilitation Counseling which requires a 600 hour internship and a capstone project. Her academic work in this area has been outstanding and she will be a great addition to the mental health field. In order to meet this internship requirement Dr. Wilson will need to take a leave from her job to fulfill the needed hours. In addition, she will require time to conduct research in her area of interest, resiliency and recovery and submit a manuscript for publication. I very much support this endeavor and encourage the committee to grant Dr. Wilson's request. I am available if additional information is needed.

Sincerely,

Connie Tait

Connie Tait, Ph.D.

Chair/Professor

Department of Counseling & Family Therapy

taitc@ccsu.edu

860-832-2401

ELAINE LEWIS WILSON, E.D.D.

11 Simpson Road • Wellesley, Massachusetts 02482 • (781) 856-4760 • elainewils@gmail.com

SUMMARY OF QUALIFICATIONS

Skilled university administrator with extensive hands-on experience in program development, budget management, and faculty relations. Accomplished leader proficient in strategic planning, program development, and collaborative team-building. Effective communicator with proven ability in staff mentoring and history of success in grants development.

Selected accomplishments include:

Leadership in Innovative Program/Grants Development and Project Management

- Founding director, English as a Second Language Program; Massachusetts Bay Community College.
- Founding director, Academic Achievement Center, Massachusetts Bay Community College.
- Leader of faculty grants development teams. Author of two winning proposals to Fund for Improvement of Postsecondary Education, Massachusetts Bay Community College and Bunker Hill Community College.
- Project Coordinator. National Institutes of Health Research Infrastructure Planning Grant, Tufts University School of Dental Medicine.

Management of Internal and External Relations

- Tactful negotiator skilled in building institutional alliances, Tufts University School of Dental Medicine. Worked with faculty researchers and Institutional Review Board to resolve compliance issues.
- External spokesperson to community partners and funding officers at federal, state, and local levels, Massachusetts Bay Community College and Bunker Hill Community College.
- Liaison to Council of Chairs for oversight of faculty, student, and administrative affairs; Central CT State University.

Oversight of Accreditation, Strategic Planning, and Assessment Activities

- NCATE (National Council for Accreditation of Teacher Accreditation) Coordinator, Central CT State University.
- Co-chair, Strategic Planning Committee, Central CT State University.
- Consultant to Northeastern University cooperative education program faculty directors in implementation of strategic plan. Worked with faculty to identify metrics and targets for program evaluation.

EDUCATION

CENTRAL CONNECTICUT STATE UNIVERSITY, New Britain, CT

In progress. Master of Science in Professional Counseling.

UNIVERSITY OF MASSACHUSETTS – BOSTON

Doctor of Education, Higher Education Administration

Dissertation: An Examination of the Process of Multicultural Curriculum Reform in Higher Education and Faculty Development Models That Support Reform Efforts

BOSTON UNIVERSITY, Boston, MA

Master of Education, Teaching English as a Second Language

SMITH COLLEGE, Northampton, MA

Bachelor of Arts, Hispanic Studies (Junior Year, Dartmouth College, Hanover, NH)

UNIVERSIDAD INTERNACIONAL MENENDEZ-PELAYO, Santander, Spain

Spanish Language Certificate Program

PROFESSIONAL HISTORYCENTRAL CONNECTICUT STATE UNIVERSITY, New Britain, CT

2008-present

Associate Dean, School of Education and Professional Studies

- Oversee administrative affairs in Dean's Office. Manage adjunct faculty budget (\$1.1 million).
- Act as first responder to administrative concerns brought forward by faculty, staff, and students.
- Serve as liaison to Council of Chairs for faculty/staff administrative affairs, including teaching load, class scheduling, and enrollment management.
- Review student academic standing; make final decisions on dismissal; counsel students on academic probation.
- Review Dean's Office communications and coordinate catalog updates.
- Take leadership role in school-wide projects, including accreditation and strategic planning.

NORTHEASTERN UNIVERSITY, Boston, MA

2005-2007

Senior Director for Strategy and Research, Division of Cooperative Education

- Reporting to the Division Vice President, oversaw strategic plan implementation. Worked with faculty to establish benchmarks for program review.
- Led division assessment activities, evaluating program outcomes and refining assessment tools in collaboration with faculty committees.
- Analyzed student/employer survey results. Identified areas for research.
- Established monthly Research Forum in collaboration with faculty committees.
- Supervised Co-op Information Services staff.

TUFTS UNIVERSITY SCHOOL OF DENTAL MEDICINE, Boston, MA

2003-2005

Director, Dental Research Affairs

- Reporting to the Associate Dean for Research, oversaw centralization of dental school research activities. Reviewed grant proposals; participated in faculty hiring and orientation; organized colloquia for research team.
- Served as dental school liaison to Institutional Review Board. Developed policy manual for sponsored research activities, trained support staff, and assisted in resolution of IRB compliance issues.
- Served as project coordinator for National Institutes of Health planning grant. In collaboration with faculty, documented current status of research infrastructure and assisted in development of Infrastructure Plan.

BUNKER HILL COMMUNITY COLLEGE, Boston, MA

2002-2003

Director of Grants Development

- Reporting to College President, directed Grants Office that generated \$3,000,000 in funding annually.
- Served as external liaison to community partners and federal, state, and local program funding officers.
- Led grants development teams of faculty and senior staff.
- Wrote winning grant proposals and developed proposal budgets.

MASSACHUSETTS BAY COMMUNITY COLLEGE, Wellesley, MA

1987-2001

Director of Learning Programs and Skills Development (1999-2001)

- Established Academic Achievement Center and led college-wide academic support services. Managed budget of \$800,000 and supervised 30 full- and part-time professional staff.
- Served as grant writer for learning programs and managed federal grants for non-traditional students.

Professor and Coordinator, English as a Second Language Program (1993-1999)

- Oriented and mentored adjunct faculty; scheduled courses/faculty workloads; advised incoming ESL students.
- Represented ESL program in interdisciplinary initiatives, program marketing, and community outreach.

Assistant/Associate Professor and Coordinator, English as a Second Language (1987-1992)

- Established ESL Program and developed prototype Freshman Year experience for ESL students. Implemented placement systems.

AWARDS AND RECOGNITION

- Administrative Faculty Merit Awards with merit-based salary adjustment in recognition of contributions to successful re-accreditation of teacher preparation professional programs, 2010, 2013, and 2014
- Elected to Chi Sigma Iota, International Honor Society of Professional Counseling, 2013
- NISOD (National Institute of Staff and Organizational Development), Excellence in Teaching Award, 1993
- Elected to Phi Theta Kappa: Honor Society, MBCC Chapter: Honorary Faculty Membership, Mass Bay Community College, 1993
- Summer Learning Assistance Grant, Mass Bay Community College: Restructuring the ESL Curriculum, 1992
- Scholar-in-Residence Grant, Mass Bay Community College: Learning Needs of ESL L.P.N. students, 1989

MEMBERSHIPS

- Member, American Mental Health Counselors Association, 2013 to present
- Member, CCSU Forum for Contemplative Practices, 2011 to present
- Member, American Association of Colleges for Teacher Education, 2008 to present
- Member, Cooperative Education and Internship Association, 2006
- Member, National Association of Colleges and Employers, 2006
- Member, American Association of Higher Education, 1997-2005
- Member, Teachers of English to Speakers of Other Languages (TESOL), 1987-1999

PUBLICATIONS AND PRESENTATIONS

- *An Examination of the Process of Multicultural Curriculum Reform in Higher Education and Faculty Development Models That Support Reform Efforts.* Dissertation, Doctor of Education. University of Massachusetts at Boston. June 2000.
- *Journal for Higher Education Management*, Winter/Spring 1996. "Governance: the Student Perspective."
- Conference on Assessment, 1995, Massachusetts Bay Community College. Presentation: "Videotaping as a Medium for Self-Assessment in the ESL Curriculum."
- TESOL Convention, 1993, Atlanta, Georgia. Presentations: 1) "Integration of Core Competencies in Community College ESL Programs." 2) "External Assessment of Writing in Community College ESL Programs."
- Freshman Year Experience Conference, 1991, Kansas City, Missouri; Group Presentation: "Critical Literacy Across the Disciplines."
- *Educational Forum*, Fall 1990. "Charting a Course in the ESL Classroom."

LEAD AUTHOR OF WINNING GRANT PROPOSALS

- FIPSE Pathway Technology Campus, 2003, Bunker Hill Community College, Boston, MA
- Improving Teacher Quality, *No Child Left Behind Act*, 2003, Bunker Hill Community College, Boston, MA
- FIPSE Learning Communities Planning Grant, 2000, Massachusetts Bay Community College, Wellesley, MA

VOLUNTEER ACTIVITIES

- Secretary, U.S.-based Board of Directors, Faith Mulira Health Care Center, Inc., Masooli, Uganda, 2011-2013; Board Member, 2011 to present.
- Steering Committee Member, Capital Campaign, Avon Free Public Library, Avon, CT, 2010-2012
- Volunteer Guide, New England Wildflower Society, Garden in the Woods, Framingham, MA, 2003-2008

Department Sabbatical Leave Committee Appraisal:

Recommend: Yes No

Departmental Sabbatical Leave Committee Signatures:

Reviewed By Dean or Administrative Officer Michael Alfano

Reviewed By Provost _____