

# How University-Community Partnerships Transformed a School of Social Work Extension Site into a Center for Career-Long Learning

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**Abstract:** This article presents the author's experience developing partnerships and programs through use of basic macro and micro social work skills taught in foundation practice curriculum. Emphasis is on collaboration, creating a shared vision and goal, and attending to the parallel process.

**Keywords:** veterans; military social work; university-community partnership; continuing education

The repeating question during the series of interviews for the Clinical Assistant Professor position was, "How will you bring new knowledge to our Center?" The Center was the school's extension site located 90 miles from its suburban main campus, and serving a rural community. The only explicit criteria for the position were, "extensive practical experience in their field, and assignments that may include a clinical and supervisory role of students" (AAUP Collective Bargaining Agreement, 2009-2014, p. 16). There was no clear road map for answering this question, and I must admit, I was initially stumped.

How might the clinical faculty in a school of social work bring forth new knowledge if not via scholarly research, as is the case for tenured faculty? What did this interview question mean, and how would I answer it? After reflecting on the question, I finally responded, "I will seek to create partnerships and programs with community agencies." I sighed with relief, having answered the question, however as I scanned the reactions of the interviewers it seemed as though they were looking for more. I paused and then continued by summarizing programs I had created through community partnerships as a hospital social worker ten years back. I emphasized that the programs were based on collaboration with neighboring hospitals, and a multitude of health care providers, i.e., physicians, nurses, psychologists and other allied health care workers. I spoke of filling gaps in service but also of offering educational components for the lay community and the professionals who serve them. This part of the interview process was easy, for I was speaking about being a clinical social worker, eager and able to work collaboratively with individuals, groups,

organizations and communities, assessing needs, and intervening to address them. To my interviewers, I announced, "I will draw on this skill to bring new knowledge to the Center in my clinical faculty position." To myself I wondered how. It appeared that the interviewers were pleased with my answer though, because I was hired.

Three years have now passed, and the rural extension site where I work has been transformed into a university center for career-long learning, with regular continuing education conferences, two post-graduate certificate programs and more anticipated for the future. By reflecting back at the processes that facilitated this transformation, I hope to provide useful information on university-community agency partnerships that may help other schools of social work create, expand, or improve their centers for career-long learning, and also provide information that may be applicable to research and field partnerships. First though, as is the case in all good social work practice, it is important to consider the social and political contexts of the time.

In Fall 2010, as I began my clinical faculty position, the political climate in this final year of President Obama's first administration was fraught with disappointment from liberals who had hoped for expanded social welfare and anger from conservatives who sought further reductions in social welfare. Polarization was severe and about the only thing agreed upon was that US involvement in the wars in Iraq and Afghanistan had gone on for too long and needed to end. The two parties however, had not yet agreed on when or how. In the meantime, by the beginning of that same year, more

than 2 million military members had served one or more combat deployments, and more than 1 million of these Veterans had already left the military. In addition, these two wars resulted in unprecedented deployments of National Guard and other reserve component personnel (CSWE, 2010). Just about every community in the country was now affected as they saw their young men and women deploy, leaving families behind, and later returning home, only to face the often excruciating challenges of reintegration.

As I began the semester of teaching and advising, articles on the wars, Veteran deployments, military families, returning Veterans, Veteran suicides, PTSD, and Veteran homelessness were appearing daily in the news. I felt a burning desire to know more about Veterans and military populations and was relieved to learn that I was assigned as advisor and faculty field liaison for the students placed at our local Veterans Administration (VA) hospital. I would be making VA field visits, meeting VA field instructors and reviewing VA-based process recordings.

My first VA field visit in October 2010, was also my first time in a VA hospital. While I had spent the first part of my social work career as a hospital social worker, there was something fundamentally different about being in a VA hospital that was even a bit daunting. I was knowledgeable of social work in health care, and, though I had rarely thought about it, both my father and father-in-law were war Veterans. Yet admittedly, I was a novice in this setting. As I listened to my student and her field instructor, I began to understand that for the war Veteran, military culture is often the primary cultural identity, superseding all else, and thus requiring culture-specific engagement, assessment and intervention skills. I was fascinated by the innovative work being done at the micro, mezzo, and macro levels. I was eager to learn more, and hungry to build cultural competence in military populations into my practice curriculum.

Suddenly my personal and professional lives collided as I shamefully admitted to the twosome beside me that for the past fifty plus years my life, I had dismissed my father's seemingly curious hyper-orderly behaviors and attitudes as simply "obsessive compulsive disorder (OCD)", never even minimally

appreciating that they may better be explained by his years as a naval officer in WWII. This collision of the personal and professional created the "aha" moment when the little bell rang inside my head and I knew for sure that the first of my partnerships and programs, those which I claimed during my interviews would bring new knowledge to the Center, would be oriented toward Veterans. Fortunately, the field instructor in my presence was likewise enthusiastic to teach military cultural competence, and to attract competent social workers to the VA. Indeed, we saw that we could be a team, so we ended the meeting holding each other's business cards, and in effect, holding the seeds for a partnership and future program.

Kirst-Ashman & Hull (2012) outline the steps needed to successfully create programs within organizations and communities. The steps, including educating, persuading, confronting, budgeting, negotiating, mediating, influencing, and collaborating are framed within the generalist intervention model, i.e. engagement, assessment, planning, intervention, evaluation, termination and follow-up. These are the processes we teach our social work students in their foundation year, and are the very same procedures that were used to create our "Veterans collaborative", which ultimately paved the way for our Center's transformation.

However, I am convinced that the most important variable in the transformative process that has taken place at our Center, or specifically, that which created the rich soil in which the seeds for our Veterans partnership were planted and grew, is about real relationships, beginning within our school of social work and larger university, and extending to our agency partners (O'Neill, 2002).

The first step in cultivating the idea for our Veterans collaborative partnership, gaining buy-in from my Center Director, Dean, Associate Dean, and those to whom they report, was achieved by seeking to understand each of their individual university and school of social work objectives. The steps of educating, persuading, confronting, budgeting, negotiating, mediating, and influencing would only be appropriate to utilize if the proposed partnership and program made sense to them. Use of empathy and tuning in (to self as well as other), and

willingness to modify ideas (Shulman, 2012) facilitated the initial buy-in process.

With hopeful elation, I approached my Center Director with my idea for a Veterans collaborative partnership. “Well”, she responded, “it’s a good idea, but if you’re looking to create a program, it’s not going to be easy. We don’t really have much space and we don’t have a budget.” She further indicated the extensive demands on her time. I heard her hesitancy as concern about engaging in something that may never come to fruition. “I can do it!” I said, emphasizing the grunt work. “I will take care of all of the organizing. I just need your support and your knowledge of the community to help us gather a core group of people for the collaborative.” This brought her onboard.

Reflecting back, I am for the first time able to appreciate that my fervent organizing skills were either inherited or learned from my father. It has given me pleasure to realize the large part he played in this process. Next step was to gain support from the “mother ship,” i.e., the Associate Dean and Dean. By presenting them with a plethora of news articles on Veterans, and on emerging military practice tracks in a few schools of social work I provided the evidence needed for creating a Veteran’s collaborative, which led to a “thumbs up.” While I had the green light to go forward, I realized I would need to be in the driver’s seat. If this was a big charge, which it was, I didn’t think about it at the time. Rather, I suspect I heard my father’s famous words, “quitters never win and winners never quit.” This was the motto he lived by, and one I later learned is common in the military.

In Spring, 2011, my Center Director and I convened a brainstorming session. At the table were: the field instructor from the VA and one of his colleagues, three of our adjunct faculty who were VA or vet center social workers, a senior faculty colleague whose research includes Veterans, a colleague from a neighboring college who researches Veterans, and representatives from the two professional social work organizations from our Center’s local community.

Together, in a genuinely cooperative style, the idea for a full day collaborative Fall, 2011 Conference on Social Work Practice With Veterans Through The

Lifespan was conceived. While I gladly take credit for organizing the collaborative and overseeing the meetings, in my view, shared leadership emerged based on the expertise of the collaborative partners. The two faculty with research expertise provided important background knowledge. Those from the VA and vet centers took charge in the planning of the conference presentations. Those representing professional organizations shared their experiences in event planning.

As I can best recall, I think there were times when each of us educated, persuaded, confronted, budgeted, negotiated, mediated, and influenced, always respectfully, and sometimes humorously. After months of planning, at last it was the very night before the conference, and a few of us who lived far from the Center stayed at a local hotel. I remember arriving there late, after teaching my evening 8:00 – 10:00 PM class, and finding my faculty colleague, with whom I was sharing a room, sitting in a chair blowing up balloons, which apparently someone in the collaborative decided would be helpful for the signage at the site of the event, and which I admit, I found funny. I was exhausted, anxious and excited, and, the next thing I remember is awakening the next morning at 6:00 AM to a room full of red, white and blue balloons and a lot of laughter. Apparently, my colleague did not have as full and as restful a night’s sleep as I did, and thankfully, she didn’t hold it against me.

The goal and initiative of the conference was to provide basic knowledge on military social work practice and Veteran resources to the local social work community, and also gauge social work interest in a more in-depth and thorough military curriculum. The full day conference was planned, executed to a sell-out crowd, and evaluated. One month after the conference, the Veterans collaborative met, reviewed the evaluations and debriefed the conference and the processes that led to it, and completed the steps of the generalist intervention model from engagement through evaluation. However, it was not time for termination, for re-energized as we were by the fervent evaluations, we were even more fully committed to an ongoing initiative, and thus onward we marched toward planning a Fall 2012 conference on Clinical Social Work Practice With Military Families. With equal success in 2012, and attendee

evaluations seeking an even more in-depth military curriculum, the collaborative faced the reality of advancing to the next step, a post-graduate certificate program in military social work.

However, when my Center Director outwardly acknowledged that a post-graduate certificate program, housed within our school of social work would potentially bring an end to the now well-established Veterans collaborative, the group took pause. I don't think there was a single person there who wasn't in favor of moving forward for the "greater good." Yet the imagined loss of a collective that had worked so well together for nearly two years was troublesome. There ensued a period of struggle, which required some modification of ideas, but landed us in a place of resolution.

Our post-graduate certificate program launched in Fall 2013 and included a collaborative conference in Spring 2014 entitled *Healing the Military and Veteran Community through Advancing Traditional and Innovative Mental Health Treatment*; a requirement for the post-graduate students who contributed to its design, and open to the larger social work community. While the planning of the post-graduate certificate program has brought forth new members to the collaborative, those from the original group returned to help plan the spring conference. We have grown in number, and we are a proud group. As I reflect back, I believe that our Veterans programs came to fruition because the assessment and planning always maintained a keen awareness of the different, though intersecting goals and objectives of the members of the collaborative.

Concerns arose, sometimes about budgeting, other times about promotion, which challenged members to self-reflect with the intention of gaining a deeper understanding of each of our own objectives and goals, as well as those of the organization we represent, and those of each colleague. This tuning in to self and other is the most basic of social work skills that we teach to our foundation students.

As well the more advanced use of self requires tuning in to transferences and countertransferences, and that which is evoked in each of us personally. There was a lot of that for me and in the end, gaining cultural competence in military social work

practice has had great meaning for me, both professionally and personally.

Most recently, I had a Veteran in my classroom whose need to be logged on to the internet may have been something I previously would not have tolerated in the classroom. However, through working with my collaborative partners, and attending the conferences I organized, I came to understand that the stimulation of the internet can provide a sense of calm for a Veteran who suffers symptoms of post-traumatic stress. This young man was a good student, did not distract the others, and functioned best with more chaos than my classroom offered. On a personal level, when my father died in March 2013 we gave him military honors. My father would never have asked for this, but I know he would have appreciated it. And, as was typical in the orderly style in which he always lived, I found his World War II discharge papers, required by the funeral home, filed in his desk drawer under "N" for Navy.

While we are now moving forward, using the same basic model to address a gap in knowledge of LGBTQ practice (especially important in the aftermath of the recent overturning of the Defense of Marriage Act, DOMA), we are reminded that the building of partnerships is always dependent on the building of relationships which, to be successful (clinically or in collaborative partnerships) depend on advanced use of self, empathy, warmth and genuineness, along with tuning in and listening with a third ear. By utilizing these social work skills and the macro practice processes outlined above, our Center has also launched a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) post-graduate certificate program and hopes to create more continuing education conferences and post-graduate programs consistent with the social and political climate, and that meet the needs of our community of social workers.

In my experience, the model that essentially facilitated the transformation of a school of social work extension site into a university center for career-long learning is essentially the same practice model taught to social work students in the foundation year. Thus, not only can we empirically test the program development model we are teaching, but we also have opportunities to model

skills for students who wish to serve as graduate assistants, volunteers, and simply observers, enhancing classroom teaching via the parallel process. But, as I come to the end of my reflections, I add a disclaimer. What I have put forth is only my interpretation of a process, and within the hermeneutic tradition, it is entirely possible that others, including my collaborative partners, may view the process in a fundamentally different light.

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