

JAY C. TAYLOR
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EDUCATION

Master of Social Work, May 2013

The Ohio State University, Columbus, Ohio

Relevant Trainings: Solution-Focused Brief Therapy Modalities; Motivational Interviewing Techniques; Anxiety Disorders Clinic; Suicide and Crisis Prevention Trainings; Internet Infidelity with Couples; Chemical Dependency Counselor Assistant; Cultural Humility trainings; TARGET (Trauma-informed group therapy modality), BASICS (Brief Alcohol Screening and Intervention for College Students)

Bachelor of Arts in Food and Nutrition, Wellness Concentration, May 2007

Bluffton University, Bluffton, Ohio

PROFESSIONAL LICENSURE

Licensed Clinical Social Worker, State of Connecticut, *License #9957*

PROFESSIONAL EXPERIENCE

Social Worker / Treatment Coordinator/ Admission Clinician

Silver Hill Hospital, New Cannan, Connecticut

July 2014- Present

The role of social worker and treatment coordinator is extremely diverse in this non-profit psychiatric and addictions hospital setting. My role as a social worker was split into two separate categories of work responsibilities. They included facilitation of therapeutic groups and treatment coordination for both inpatient and transitional living programs. I facilitated large family group sessions in multiple units, including the drug and alcohol detoxification unit, the adolescent psychiatric unit, and the acute psychiatric adult unit. I also conducted a number of topic specific groups grounded in both CBT and DBT models. When working in a single unit I would join the multidisciplinary treatment team of psychiatrists, nurses, and technicians to provide comprehensive care. My responsibilities included intake treatment planning, family meetings, aftercare planning, discharge planning, and care coordination with outside providers.

In the admissions department I was in charge of admission operations on day-to-day basis for individual admissions to each unit in the hospital. Clinical crisis management, multidisciplinary team coordination, and delegation of admission tasks were primary functions of this role. In addition to being in charge of running the daily admissions process I was also tasked with clinical intake, case review, and screenings for hospital admissions. I also took on the responsibility of patient advocate by working directly with insurance utilization review teams to provide covered care to patients.

I was often given the same role and responsibilities of the director of admissions during that individual's absence. When in that role I was tasked with managing upwards of twelve staff, coordinating medical care for all new admissions, managing inpatient and residential bed availability, and overseeing intakes and discharges to all levels of care.

- ◆ *Within the first three months of employment I was asked to join the pain and addiction program on a permanent basis after receiving excellent scores on my performance evaluation.*

Adjunct Instructor

Fairfield University Department of Marriage and Family Therapy, Fairfield, Connecticut

January 2014 - Present

I have independently developed, and currently instruct, a 15-week graduate-level course titled Narrative and Solution-Focused Therapies. The purpose of this course is for direct professional application of postmodern theories in therapeutic settings with families, couples, and individuals. The course includes instruction on theoretical foundations,

assessment, conceptualization and interventions used in narrative and solution-focused therapies. I independently created the course syllabus, which was approved by the dean and department chair. Instruction of this seminar includes readings, lectures, video, role-play, group interaction, and clinical writing development. Many of the students are taking my course as an elective for their Marriage and Family Therapy program, although a few students are from Counselor Education.

▲ *Invited by department chair to create a unique elective course that was approved by the curriculum committee to be a standing elective course, taught by me.*

Gender Equality Trainer / Activist

A Call To Men, New York, New York

February 2016- Present

As a trainer with A Call To Men I am tasked with engaging groups of men and boys to challenge our cultures patriarchal system of masculinity in a way that creates space for men and boys to examine manhood in new ways. The purpose behind these educational and transformative presentations are to create a world when men and boys are loving and respectful and women and girls are valued and safe. I work to promote a healthy and respectful manhood and shift attitudes and behaviors that devalue women, girls and other marginalized groups. Community organization, advocacy, and prevention are all part of the work. I have been able to present in front of diverse community organizations, professional groups, and schools in multiples states across the U.S. Intersectionality plays a primary role in the approach I take when engaging men and boys. In doing so I am able to tackle how race, class, ability, and orientation all play a role in the liberation of ALL women and girls.

▲ *Was invited to interview for the position by the CEO after meeting him at an A Call To Men event without having any prior knowledge of the opening within the organization for new trainers.*

University Counselor / Therapist

Sacred Heart University, Fairfield, Connecticut

August 2014 – December 2015

Sacred Heart University hired me as primary therapist to provide mental health treatment to undergraduate and graduate students on an individual basis. My role as a counselor was predominantly focused on the provision of talk therapy to students who presented with a wide range of mental health issues. I approached students through a strengths-based lens using brief therapy models to promote change in an expedient, effective, and efficient manner. I received weekly supervision by an LCSW who is also an expert in Alcohol and other drug intervention approaches.

Students had a limit of 12 sessions but those with severe issues had the ability to continue working with me on a long term basis. When client issues were deemed inappropriate for care in a university setting it was my responsibility to determine and develop a proper referral plan. In addition to individual therapy, I also ran homesick groups for students who were adjusting to college life and periodically I would work with families when the situation deemed appropriate. Further responsibly included, but were not limited to, the development of an external website dedicated to therapeutic artistic submissions from students, and assisting team members in campus wide activities run by the counseling center.

Clinician / IOP Clinician

Connecticut Renaissance YES Program, Bridgeport, Connecticut

October 2013 – November 2015

As a clinician in the YES (Youth Empowered for Success) program it was my responsibility to provide mental health and substance abuse therapy to adolescents involved in the juvenile justice system. I approach my clinical and outreach work from a strengths-based perspective, integrating evidence-based models of motivational interviewing and cognitive behavioral therapy as primary treatment modalities. I conducted initial assessments, screenings, diagnosis, intake, and treatment planning. In addition, I consistently maintained working relationships with existing external funders through data sharing.

In the IOP (Intensive Outpatient) department I facilitate adult substance abuse groups for clients referred through the probate system. My duties include providing treatment planning, drug screens, probation reports, and discharge procedures. My approach to running substance abuse groups with adults is based on a combination of CBT, psycho-education, solution-focused, and strengths based models. I approach each group through a culturally responsive trauma informed lens.

▲ *Received exemplary appraisal ratings at each quarterly review.*

Master of Social Work II Intern

Hilltop Partners in Integrated Care, Columbus, Ohio

June 2012 – May 2013

My work at Hilltop Partners entailed providing pro-bono psychotherapy and care management through strengths-based individual, family, and couples modalities in an integrated care model at a neighborhood health center. I worked alongside medical providers to build specialized trainings in integrated care and case management for underserved populations. My team of seven developed and implemented mobile technology approaches to documentation and live supervision in order to streamline and add efficiency to our clinical services.

My team and I created community needs assessments and environmental scans to identify neighborhood resources and develop protocols for care. I built community partnerships with local businesses and non-profit organizations.

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PROFESSIONAL REFERENCES

Rona Preli, Ph.D, LMFT, MSW

Associate Dean, Fairfield University, Department Chair of Marriage and Family Therapy

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E-mail: rpreli@fairfield.edu

- Direct university adjunct supervisor

Tracy Masella, LCSW

Transitional Living Program Lead Adolescent Social Worker, Silver Hill Hospital

(203) 246-8877 (cell)

(203) 801-3421

E-mail: tmasella@silverhillhospital.org

- Clinical Social Work supervisor

Ted Bunch

Chief Operating Officer and Co-Founder of A Call To Men

(917) 922-5668 (cell)

E-mail: ted@acalltomen.org

- Lead supervisor and mentor for training and development

Kathleen Seto, MS

Interim Program Supervisor, Connecticut Renaissance

(203) 260-5880 (cell)

(203) 368-9755 ext. 2903

E-mail: kathleens@ctrenaissance.com

- Interim clinical and program supervisor at Connecticut Renaissance

ACADEMIC REFERENCES

Susan Saltzburg, Ph.D, LISW-S

Associate Professor, College of Social Work, The Ohio State University

(614) 323-1759 (cell)

(614) 247 7679 (office)

E-mail: saltzburg.1@osu.edu

- Clinical and academic mentor; co-author on manuscript awaiting publication.