TEACHING STATEMENT

My philosophy of teaching is based on the scientist-practitioner model, and has been influenced by my experience as a clinician, scientist, and supervisor. Being a scientist has helped me to become a better clinician, and being a clinician has helped me to become a better scientist. The concept of the scientist-practitioner, to me, is a clinician who thinks critically about their patients and selects treatments and assessments that have been rigorously tested and demonstrated effectiveness. The scientist-practitioner not only recognizes that when certain treatments are delivered with high fidelity, they work better than others, but also has a reasonable understanding about why and how these treatments work. More generally, I seek to demonstrate to students at all levels the importance of critical thinking and empiricism.

One of the first required readings for trainees and students under my supervision is a brief essay by the biologist Martin Schwartz entitled, “The importance of stupidity in scientific research.” In this one-page essay, Schwartz discusses how critical it is for scientists to be comfortable with admitting, “I don’t know,” as this is the foundation upon which science is based and is what ultimately drives hypotheses. For graduate students, Scott Lilienfield’s book *Science and Pseudoscience in Clinical Psychology* is an especially useful resource because it typically spurs considerable discussion about controversial topics and issues within the field of psychology. In many cases, trainees are surprised that some of their assumptions regarding clinical issues are at best only marginally supported by scientific evidence, and at worst completely wrong. I have used this book in both of the two graduate-level courses I have taught thus far, *Introduction to Clinical Science* and *Psychological Assessment Practicum*, and intend to assign readings for an undergraduate class I will be teaching in the fall, *Survey of Clinical Psychology*. Lilienfield’s work is also useful because it explicitly includes “warning signs” or indicators of pseudoscience, which helps students to be alert to potentially faulty findings or claims in clinical psychology and to be more cautious about engaging in pseudoscientific thinking themselves.

As my program focused on military mental health issues expands, I have discussed with several faculty members the possibility of developing new courses specific to military mental health. The intention is to offer a new course that could be taken by both graduate students and advanced undergraduate students, and would include content relevant to multiple areas of psychology. For example, this course will review clinical conditions such as posttraumatic stress, suicide, and traumatic brain injury), gender-related issues (e.g., women in combat, military sexual trauma), and sociopolitical issues (e.g., Don’t Ask Don’t Tell). As an extension to these plans, I have also recently been in conversations with faculty members from the College of Humanities to explore the possibility of establishing a new, interdisciplinary academic Minor in Veterans Studies, which we hope to structure similar to the Gender Studies program. Although only in the very early stages of formulation, we hope that the designation of such a minor will provide better learning opportunities for students across campus, especially those interested in public service. The addition of military- and veteran-focused curricula should serve to strengthen collaborations across departments, especially those within the College of Social and Behavioral Sciences, which houses the largest proportion of military personnel and veterans enrolled at the University of Utah.