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Statement of Teaching Philosophy

When a course ends, I want students to be able to do four things: apply evidence to a real case, read research critically, see a person in context, and work the way the field works. Content matters, but these habits are what graduates carry into a clinic or a health system.

Cases sit at the center of my courses. In Abnormal Psychology at Arizona State University, students did not stop at diagnostic criteria. They read case histories and applied what they knew about diagnosis and treatment to specific cases. I use de-identified examples from my own clinical practice and pair each with the research behind it, so students can see where clinical judgment rests on data and where it does not.

Most of my class time goes to discussion. Several of my in-person syllabi make it mandatory and set the ground rules: ideas and questions are not judged, feedback is constructive, and students answer one another with respect. I find that plain rules help students who are new to college speak up, and many of my students at Estrella Mountain Community College were the first in their families to attend. In Psychology and Culture they examined how culture shapes behavior, including their own, which is where seeing a person in context begins.

I check learning often and in small steps. In Personality Theory and Research I spread testing across eight short exams and a final paper. Frequent testing shows students, and shows me, what has not landed while there is still time to fix it. I apply the same check to my own teaching: I evaluated the brief psychosomatic-medicine curriculum I designed for physicians and residents with a mixed-methods study and a three-month follow-up, and published the first results.

Outside the clinic, the case is often a program or a population. I directed utilization management and integrated care across four clinics and led work on HEDIS behavioral-health measures, and my research evaluates such programs with target trial emulation and cost analysis. I would bring the same materials to class: a quality measure that is falling short, or a published evaluation whose design students must judge. In a course I have designed but not yet taught, on behavioral addictions and digital health, students audit an AI-generated answer against primary sources, because verification is now part of reading research critically.

My last university course ended in 2021, but I have not stopped teaching. Arizona State invited me to lecture four times between 2019 and 2025 in PSY 598, Brain Damage and Recovery of Function. My other audiences have been in academic medicine. From 2024 to 2025 I co-led faculty-development sessions on research methods, manuscript preparation and IRB navigation at Florida International University's Herbert Wertheim College of Medicine. In April 2025 I gave an invited lecture on AI in academic writing for the Pathology Education and Trainee Mentoring Division of the University of Miami Miller School of Medicine.

Since 2021 I have also directed clinical programs and supervised new clinicians, and that work changed what I would teach. As a supervisor I spent much of my time on risk assessment, measurement-based care and clear documentation. These skills can be taught earlier, and they will have a larger place in the courses I teach next. They are part of what I mean by working the way the field works.