

Teaching Statement: Feea R. Leifker

My teaching experience to date has had two primary trajectories: 1) in person and online instruction of undergraduate and graduate courses and 2) the clinical supervision of psychology trainees. These experiences have been incredibly valuable in helping me discover a passion for teaching and for facilitating the growth and knowledge base of the students I teach.

My overarching teaching goal is to help students think critically about the topics I cover and science more broadly. To do this, I make sure my teaching includes high quality empirical research. I also present sources from different viewpoints and initiate discussion of the strengths and weaknesses of these viewpoints to model elements of critical thinking. Overall, I believe learning is most impactful when I incorporate student feedback in lesson planning, instruction style, and in-class and out-of-class activities. In such a way, I continually work to improve my courses in response to feedback in order to facilitate learning. I also work to incorporate multiple methods when teaching to engage students and make learning enjoyable, such as watching a video that illustrates a certain form of psychotherapy or simulating research methods they read about in their textbook or in seminal journal articles. I have also used simulated data to help answer lighthearted research questions and found that this takes some of the pressure off of learning a skill that can be overwhelming. I find that by creating a collaborative and engaging atmosphere, students are less intimidated by complex topics and more motivated, which, in turn, facilitates greater learning.

My teaching at the University of Utah has built upon undergraduate online teaching experiences I had while a graduate student at Pennsylvania State University. Thus far, I have had the opportunity to teach undergraduate courses online (Statistics in Psychology [PSY 3000], Research Methods [PSY 3010], and Science and Practice of Clinical Psychology [PSY 3320]). These teaching opportunities afforded me the opportunity to pull from existing versions of the classes and incorporate empirical research regarding teaching methods and statistics courses (particularly in an online setting) to develop course content. Several students reported feeling more confident in their writing ability after taking my research methods class, and it is highly rewarding to know I'm enhancing my students' self-efficacy around research and writing. I was also the first person at the University of Utah to teach an advanced statistics course cross listed as graduate and undergraduate honors (Introduction to Quantitative Methods [PSY 5499/6499]). It was valuable to teach such a unique course and hear that the skills students were learning were being directly applied to honors and Masters theses. I look forward to teaching classes related to clinical psychology, such as teaching Abnormal Psychology (PSY 2300) next semester, where I can facilitate undergraduate learning about psychopathology and inspire future psychologists.

In addition to primarily undergraduate teaching, for the last two years I took over the two-semester graduate practicum on Cognitive Behavioral Therapy (PSY 6960/6961), in which 2nd year clinical psychology graduate students begin conducting intakes and seeing their first therapy cases. I had previously helped supervise students in the course for several years along with preceding instructors (Drs. Rozek and Bryan), and have been able to build and expand on their prior iterations of the class. It is exciting to be teaching a class in which I'm helping students learn to do therapy, one of the main motivations they had coming to graduate school for clinical psychology. As a supervisor in this course, my supervision practices follow evidence-based models of supervision and are highly collaborative. I emphasize case conceptualization and believe that if a trainee conceptually understands the patient (i.e., how symptoms interact, what they may be thinking, why they may be engaging in certain behaviors) they can use this understanding to guide intervention delivery. Regular monitoring of symptoms also allows for

clinicians to identify when patients may not be improving as expected, and fosters the opportunity to reconceptualize the patient's current symptoms, change the treatment approach, and/or check in with the patient on their perspective of treatment progress. I believe this approach prepares students to exercise developmentally appropriate abilities for intervention selection and for success on future practicums in the community. I look forward to continuing to teach and supervise clinicians who practice effective, evidence-based treatments and deliver high quality care to those in need.

Finally, in addition to formal teaching, I have had the opportunity to formally and informally mentor graduate and undergraduate students. My goal when training students is both to train good scientists and also to incite in my mentees the same passion and excitement I have for research and clinical work. One metric with which I can gauge the success of both of these aims is that a number of students I have mentored have gone on to clinical psychology graduate programs, other psychology graduate programs, and medical school.