Facilitation of Intervention Strategies of Utah State University's Human Learning Clinic: Incorporation of Visual Learning Techniques

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UTAH STATE UNIVERSITY’S HUMAN LEARNING CLINIC:
INCORPORATION OF VISUAL LEARNING TECHNIQUES

by

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Facilitation of Intervention Strategies of
Utah State University’s Human Learning Clinic:
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Facilitation of Intervention 2

Abstract

During Winter and Spring Quarters 1995, I had the opportunity to become a tutor for Utah State University’s Human Learning Clinic under the direction of Dr. Lani VanDusen. I chose to become involved in this endeavor to fulfill an Honors Independent Study requirement for my “senior honor’s experience.” In doing so, I spent Winter Quarter preparing for the actual tutoring by familiarizing myself with the various intervention strategies adhered to by the clinic and becoming comfortable with the administration of the activities involved in each method. Prior to the beginning of Spring Quarter, I was assigned my own personal client: a fourteen-year-old male with behavioral and learning difficulties. I held ten weekly sessions with my client, each approximately ninety minutes long. The techniques used in these sessions were very personalized, and I presented various intervention activities which I tailored to the needs of my client. I generally adhered to the pre-planned activity outline established by the clinic, but because my client was a very visual learner, I presented each activity in a visual-oriented manner by supplementing the outlined intervention strategies with visual aids, handouts, and interactive hands-on activities. The incorporation of visual learning techniques became the main focus of my project. Specific examples of these strategies will be described in detail throughout the course of this paper.
Overview of the Human Learning Clinic

The Human Learning Clinic (HLC) at Utah State University is a branch of the psychology community clinic. The purpose of the clinic is to provide intervention for at-risk students ranging in ages from 6 - 18 years. “At-risk students” are defined as those who are “having difficulty in succeeding academically in the public school, the ‘C’ or ‘D’ student who might be sent to a school counselor or school psychologist for inappropriate attention strategies, low motivation, or special tutoring” (VanDusen, 1993). The main belief of the clinic is that at-risk children merely lack the underlying cognitive abilities and motivation to succeed. Therefore, to ensure that adequate individualized learning programs are designed for each client, students entering the program are required to undergo extensive diagnostic testing. The gamut of tests includes: intelligence test, school achievement tests, ability tests, tests of learning style, and other psychologically appropriate assessments.

Upon completion of the initial testing phase, each client’s strengths and weaknesses are identified, and a program is created to build upon strengths and lessen the impact of weaknesses. Thus, the clinic provides alternative strategies in thinking, problem solving and studying as well as assisting clients in recognizing their own personal learning styles and potential for success.

Strategies that appear to be benefitting the client will be discussed during regular meetings with the student’s school teachers so that the teacher can reinforce these strategies in the classroom. The teacher, as well, may have the opportunity to provide test scores, curricula, etc., to correlate what is being taught in the clinic and what is expected of the student in the classroom. In addition, parents will be called in every few weeks during the program to discuss their child’s progression and how this might be facilitated by implementing specific strategies in the home.
My Role as a Tutor

Once the program has been tailored to the needs of the individual student, they will begin the process of “learning how to learn”. The tutor becomes solely responsible for providing the skills training needed by their client. Thus, the tutor will meet with the client once a week for 90 minute sessions. These sessions will involve one-on-one direct instruction in teaching/learning approaches and strategies that the student can use in paying attention, thinking critically, studying, problem solving, and relating to their teachers, peers, and families. The tutor, or “intervention specialist”, must be trained to incorporate computer programs, role playing activities, paper and pencil activities, and demonstrate many other techniques that instruct the client how to utilize these learning strategies. Being aware, and providing adequate feedback and praise as the client attempts to use the newly learned methods, is also a vital responsibility of the clinic tutor.

In addition to the weekly intervention sessions, a supplemental session will be held biweekly during the last 30 minutes of the client’s regular clinic meeting time. During this session, the client will meet with the program counselor, a trained professional psychologist, to discuss improving self-esteem and coping strategies for dealing with school-related issues. It is the responsibility of each clinic tutor to report specific student needs to the counselor to assist in structuring the counseling activities. After each counseling session, the program counselor will place notes taken during the session in the client file for the intervention specialist to peruse and use during the weekly one-on-one sessions.

To summarize the responsibilities and expectations of a Human Learning Clinic Tutor, a succinct, comprehensive list of regulations has been created. Taken from the Human Learning
Clinic Tutor Guide (VanDusen, 1993), the guidelines are as follows:

1. Complete all employment or course credit forms.
2. Time commitment of 3-6 hours per week depending on the number of clients the tutor is working with.
3. Attendance and participation at weekly tutor meetings.
4. Design, with the assistance of the Director, an appropriate learning strategy intervention plan in accordance with testing results.
5. Review and practice with the specific treatment strategies provided at weekly meetings.
6. Be prompt/prepared for individual intervention sessions.
7. Maintain detailed weekly intervention logs that record activities, student attitudes, successes and failures in the sessions.
8. Be prepared to discuss individual case session at the weekly meetings.
9. Assist in developing progress reports on the clients for parent and teacher meetings.
10. Assist in final testing and final report preparation.

Thus, as an intervention specialist in the HLC, much is required. Because tutors are evaluated according to their proficiency in meeting the outlined requirements, constant preparation of intervention activities/client intervention logs as well as a personal analysis of their competencies as a tutor are expected.
Brief Description of my Client and his Needs

The client that I was assigned to work with was a fourteen-year-old male in the ninth grade. (I will refer to him in this paper as "Dave"). Diagnostic test results identified that his main academic problem involved verbal activities. Specific examples of this include understanding/reasoning, vocabulary, and spelling tasks. These areas of learning were Dave’s most evident weaknesses, and they therefore became the primary focus of the academic portion of the intervention.

Besides academic difficulties, Dave exhibited some severe behavioral problems. The most prominent maladaptive behavior in his personality was his inability to control his anger and frustration. Dave was a very impulsive adolescent and would often allow his negative emotions to overpower him. He frequently became angry at his teachers while at school, and rather than pushing his anger aside, he would “blow up”, and would often leave the classroom, or even more common, leave the middle school campus. Gradually, this behavior had earned him a reputation among his teachers at school, and because he had acquired a habit of sluffing school, Dave also earned a relationship with a probation officer and all the responsibilities of being “on probation” (e.g., court hearings, community service, etc.).

Although Dave had some very unattractive behavioral problems, he was a unique individual with many strengths. One example was Dave’s ability to work well with his hands on assembly-type projects. Often, he would assist his stepfather in the rebuilding of vehicle motors and other similar projects. These remarkable “hands-on” capabilities were a result of Dave’s strong capacity for visual learning. Unfortunately, however, educators rarely incorporate significant amounts of visual learning techniques into their teaching, and children who are more
visually, rather than auditorily oriented, tend to struggle in the classroom.

After studying Dave's test results and the program director's intervention reports and after interacting with him in our first tutoring session, I noticed specific attitudes which seemed to dominate his thinking and in turn, effect his behavior. Because he had verbal academic difficulties, he struggled to understand/comprehend what was occurring in each of his classes. Being prone to a visual learning style that is not as frequently utilized in the classroom, Dave would become frustrated and might act out or refuse to pay attention. This lack of desire to become involved while in the classroom would be noticed by his teachers, who in turn, may reprimand him. More often than not, Dave would react inappropriately to this criticism and would further himself from the learning environment both mentally and physically. As a result, his aversion to school/learning would intensify. This nasty cycle of events would continue to occur and recur. Eventually, Dave developed very negative attitudes about school, his teachers, and learning in general. He was attending school only in an attempt to ease his probation sentence, not to gain an education.

Once I began to identify specific areas of struggle occurring in Dave's life, I began to develop a better sense of how to direct the intervention process. I discussed possible intervention techniques with the program director, and together we concluded that it would be wise to begin teaching strategies on power thinking/attitude change. We believed that we could not attempt to assist Dave in developing strategies to assist him with verbal tasks until we had first developed techniques that would help to reduce his anger and impulsivity. This anger reduction, we felt, could only be accomplished by focusing on the production of an attitude change.

Thus, the course of my intervention with Dave began with an attempt to teach power
thinking strategies. Once I felt that these strategies and their importance were understood, I shifted the focus of intervention to stress/anxiety reduction activities. Finally, after concentrating so specifically on these behavior modification techniques, I centered our last few sessions around developing verbal skills. In an attempt to make our tutoring sessions more interesting than lessons in school, I realized that I would need to incorporate visual learning/teaching techniques into each of these focus areas. Therefore, as I was preparing the planned intervention for each session, I would search for and create methods of tutoring that would keep Dave’s attention and hopefully kindle a desire to learn the strategies I presented.

Intervention

Power Thinking/Attitude Change

To begin my intervention with Dave, I chose to utilize the clinic’s “Power Thinking” intervention plan. This plan involved a detailed outline of specific activities to follow to teach the client the various methods of developing “power thinking” and bringing about attitude change. The key objectives of the power thinking intervention activities were to teach the clients to identify and describe how their attitudes influence their behaviors and to recognize specific situations in which they would benefit from applying the process of power thinking. I felt that by helping Dave to realize that perhaps his negative attitudes were the root of his struggles, we could begin to develop alternative methods of handling difficult situations that would create more desirable long term effects.

After reading through the prescribed activities, I chose a few to employ directly as they were written, I chose to omit some that I felt were inappropriate for my client, and I chose to alter some others slightly to make them more applicable and interesting. By preparing each activity
visually rather than auditorily, I created a plan of power thinking intervention specific to the
needs and learning style of my client.

I began this session by introducing the word “attitudes”, discussing with Dave its
meaning, and asking him to identify attitudes that help and attitudes that hurt. I gave him a
personal example from my life about poor attitudes I once had about being honest with my
mother. I continued to explain that this was an attitude that hurt me as my lies would
consistently get me into trouble. I then explained what occurred when I transformed my attitude
of dishonesty into an attitude of honesty, and how this was an attitude that helped as I was able to
develop a trusting relationship with my mother.

Following my example, I asked Dave to identify attitudes in his life that hurt and helped.
He readily identified his poor attitude towards school, and how this “got him into trouble”.
Together we discussed the effects of how a change in his attitude could influence his life and his
behavior at school. At this point, I introduced the “Power Thinking Model” as described in the
intervention plan. Rather than simply telling him what each step was, I actually made a visual
representation of each of the four levels of the power thinking process: “attitude”, “affirmation”,
“every time/every day”, and “emotion”. I represented power thinking by drawing a large arm
and wrote the words “Power Thinking” in the huge bicep. I thought that association of “power”
may help Dave to remember the steps of attitude change and that he has the power to use them.

Furthermore, I described each of these processes by using the example of Karl Malone’s
power thinking as he plays basketball. First of all, I described that Karl Malone has the
“attitude” that he wants to win, and he shows this attitude by playing hard during each game.
Next, I explained that an “affirmation” is a positive statement about oneself, and that Karl
Malone probably says to himself before each game, “When I play tonight, I know that I can get most of the baskets in.” Third, I stated the importance of continuing these affirmations “every day” or “every time” you are in a situation that you need to use them. I represented this by drawing attention to the mumbled words that Karl Malone says to himself before taking a foul shot—this is his “every time affirmation”. Finally, I introduced the concept of “emotion” by asking Dave to identify what emotions Karl Malone must be feeling after he slam dunks. I furthered this by asking him to envision certain successful situations he has encountered (e.g., skiing down the slopes swiftly without falling, stopping a friend from stealing), and then to describe the emotions he felt after he completed these activities.

To bring the focus of power thinking back to Dave’s attitudes towards school and learning, I prompted him to visualize an attitude as something you bring to class, like a book or notebook. At that point, I pulled a book from my backpack that I had temporarily titled “Attitude”. I felt that by actually showing him what I wanted to visualize, he might better understand the message that I was trying to get across. To further this image, I asked him to imagine that the door to a classroom is a boundary, and that once you cross that boundary, you must be prepared to learn. In each activity, I attempted to allow Dave the opportunity to visualize the steps of attitude change and how he could apply these in a classroom setting.

As a final strategy in this intervention, I introduced the ideas of “visualizing” and “self talk”. I used the example of an Olympic athlete, as prescribed in the clinic intervention plan, to help Dave recognize the importance of believing in yourself and seeing yourself succeed. Thus, I explained that athletes must see themselves as Olympic athletes and actually visualize themselves running across the finish line before the other runners, diving the perfect dive, or
skating a flawless routine. In order to succeed, I explained, we must move from saying to ourselves "I wish I was..." to "I will be..." and finally to "I am..." before we can actually expect to change an aspect of our lives. I proposed that when Olympic hopefuls say to themselves that they are Olympic athletes, they become Olympic athletes. Together, Dave and I used the three levels of self-talk to identify the area in his life that he wanted to change. I drew a representation of the process of visualization as a cloud, and of positive self-talk as a plus sign, and listed the three levels of self-talk with blanks following each one. Dave completed these affirmations by writing "I wish I liked school more", "I will like school more", and finally "I do like school more".

Each of these intervention activities seemed to be helpful to Dave. If nothing else, merely helping him to recognize that there were indeed some aspects of his attitudes/behavior that needed to be changed, would allow him to begin processing some strategies of power thinking that would hopefully bring about change.

Stress/Anxiety Reduction

After concentrating the first two sessions of the program on power thinking and attitude change, I decided to begin teaching various stress and anxiety reduction intervention strategies. I believed that because Dave now recognized that he had the power to change unpleasant events in his life, it would be wise to identify particular areas that created stress and anxiety so that he could begin to apply his power thinking strategies in a meaningful fashion. Again, employing a visual means of teaching, I targeted the activities toward Dave's learning style in such a way that he could actually see what I was describing.

I began this next area of intervention by introducing the hypothetical concept of a "stress
I explained that the circle is a symbol of harmony, balance, and peace and that stress/anxiety can make you feel out of balance, or at war with the world around you. I then asked Dave to visualize his life as a wheel, with spokes dividing it into different sections according to the importance of each area. To ensure that Dave understood the idea of the “stress wheel”, I showed him various examples of specific stress wheels that I had created beforehand. These wheels included one in which an individual was experiencing family problems, one in which an individual was experiencing difficulties at school, and one in which an individual experienced routine stress/anxiety in all areas of life. In the first example, the “family” portion dominated three fourths of the wheel, in the second example, the “school” portion took over half of the wheel with “family”, “friends”, “job”, and “music/TV” crammed into the remainder, and in the third example of routine distress, all areas of life besides family, friends, and school were omitted leaving each of these three sections unusually large.

Once Dave clearly understood the significance of the “stress wheel” as it symbolized the emphasis a person places on each aspect of life, I asked him to create his own stress wheel, giving appropriate room for each area according to its importance in his life. To ease the awkwardness of this request, I offered to draw a stress wheel that represented my life. I felt that it was important for Dave to see me be honest with myself in the identifications of my priorities, so I drew a wheel that accurately illustrated each area of my life. I labeled sections such as “school/ homework”, “boyfriend”, “family”, “friends”, “fun”, “church”, “sleep”, “eating”, and “miscellaneous”.

Once Dave understood my request and felt comfortable in carrying it out, he created a stress wheel to symbolize significant areas of stress in his life. His wheel included sections for
“school”, “family”, “probation”, “the justice system”, “eating”, and “friends”. The largest sections on Dave’s wheel were dedicated to school, family, probation, and the justice system, with very small segments devoted to time spent eating and time spent with friends.

After he had completed his stress wheel, we discussed the significance of the size of each segment and I asked him if he noticed any areas that seemed too large or too small. He identified the obvious areas illustrated in his wheel, and expressed his desire to make his wheel more balanced. Dave and I then discussed specific things that he could do to decrease the large areas and increase the small areas.

I felt that by creating a visual representation of situations/areas that may actually be creating stress in Dave’s life, he could learn to regulate the amount of stress he encountered on a daily basis, and possibly become alert to circumstances that triggered anxiety and caused him to behave inappropriately. However, to apply this hypothetical “stress-indicator” in a more hands-on fashion, I thought that it would be beneficial to ask Dave to respond to specific scenarios and identify potential stress that could result from decisions made in each situation. By using actual issues that are encountered by today’s adolescents, I believed that I could possibly assist Dave in recognizing healthy reactions to difficult, yet common situations that would hopefully allow him to see alternative options to his present behavioral reactions.

In preparing for this session, I had identified a number of behaviors/situations that could create anxiety if poor decisions were made, and I wrote each one on a small slip of paper. Issues included such behaviors as stealing, smoking, sluffing school, running away, hurting others, rebelling against home rules, etc. To make this activity more intriguing for Dave, I put these slips into a small container and allowed him to draw one slip at a time to respond to.
As Dave began to react to these issues, I believe that he was somewhat shocked that I had included actual behaviors that he regularly exhibited. Nonetheless, he was able to clearly identify behaviors in each situation that could facilitate harmful effects of stress. For example, when Dave drew the word “smoking”, an activity in which he regularly engaged, he looked at me with a puzzled look on his face, and then responded that if a person smokes, they will likely have health problems that could create unnecessary anxiety in their life.

My goal in employing this activity was to force Dave to confront situations/dilemmas that he experienced quite frequently, and have him create healthy responses that may reduce some of the stress he was encountering in many aspects of his life. I realize that although he may have been capable of identifying positive reactions to each situation, he may not necessarily utilize these responses when the actual situation arises. I do believe, however, that the first step to bringing about change is to recognize that change needs to occur, and this is the message that I wanted to get across in using these stress/anxiety intervention activities.

**Verbal Skills**

After focusing so intensively on behavioral issues, I felt that it was necessary to dedicate the last few sessions of the program to addressing Dave’s academic needs. Therefore, by utilizing the clinic’s resources, I was able to comprise a plan for verbal skills intervention that included a number of verbal/language tasks that would assist my client in his areas of struggle. Among these were: semantic mapping, categorization, and comprehension. Once again, I prepared each activity in a visually oriented manner to ensure that Dave would understand the skills that I was teaching.
To begin the verbal intervention strategies, I introduced the idea of “semantic mapping”. Basically, this is a method of organizing one’s thoughts by actually mapping out words on paper. The goal of this activity was to teach Dave to remember the details in a reading passage, and to organize them in a meaningful fashion. Therefore, I read a passage about transportation vehicles once aloud to Dave asking him to pay special attention to detail. I read the passage a second time, and this time instructed him to “map out” the words as I read them. I explained that in semantic mapping, the main topic of the passage is placed in the center of the paper with a circle around it, and each word that describes or is included in that topic is placed in a circle somewhere around the main focus, and connected to the center word with a line. Furthermore, I explained that any word that is included in or describes a word connected to the center word/s, is drawn around the “outer” word it depicts with just a line connecting the two.

Although this appears to be somewhat of a confusing activity at first, once I showed Dave an example from a clinic activity form, he clearly understood what he was to do and successfully mapped the passage I read to him about motor vehicles. I noticed that Dave seemed to derive pleasure and a sense of success from this exercise, so I therefore allowed him to create another semantic map. To give him an idea about a possible topic, I constructed a map of my own using my pet rabbit, “Poops”, as the center topic, and included such words as “home”, “care”, “favorites”, “food”, and “tricks” to describe the main focus, and used adequate examples to further describe the subtopics. Consequently, when Dave began to draw his personal semantic map, he chose to map out his pet dog using similar subtopics and descriptors.

I believe that this activity helped Dave to use the process of analysis to break a passage down into meaningful parts and to create his own passage by first “mapping out” his ideas on
paper. By using such a visual mode of organization, he accurately perceived what he was to do, and the reading and understanding of a potentially difficult passage became an approachable, rather than an avoidable endeavor.

The second verbal intervention skill I chose to employ was that of categorization. The goal of this activity was to teach Dave to create a descriptive category label and be able to distinguish a category label from members of its own category. Using a list that I obtained from clinic resources, I introduced groups of related words, and asked Dave to create a “label” that would categorize these words. To make this activity visually appealing, I brought in actual objects that belonged to specific categories, and for categories, I wrote the words belong to each group on a slip of paper and put each group of related words into a separate bag. For example, I brought in a pen, a pencil, a paper clip, and tape, and instructed Dave to generate a word that would describe these objects. With the word groups that I placed in bags, however, I actually included the category label among the other words to teach him to distinguish a topic from the words that describe it. One example of this distinction exercise included the words “library”, “playing”, “cards”, “charge”, and “birthday” with the correct category label being “cards”.

Dave seemed to enjoy this activity, and although he occasionally struggled to distinguish a few category labels, he did relatively well in identifying and creating topics for each group. I believe that actually seeing/touching the objects that he was to categorize, assisted him a great deal in creating the correct label. In fact, each time I presented the actual objects in a group, he responded with an accurate category label more quickly than when he selected the paper slips and read the individual words.

To teach Dave to develop good comprehension skills, I employed yet another interactive
visual measure. Once again using the technique of writing words on slips of paper, I wrote paragraphs of two to three sentences describing historical events, and placed them in a small container. I then placed, face up on the table, small pictures I had cut from a clinic worksheet that were associated with the paragraphs. The goal of this activity was to teach Dave to understand/comprehend what he read well enough to be able to select the appropriate picture that depicted the historical event.

Dave began this process of selecting a passage, reading it, and then choosing a picture that corresponded with what he had read. Although he stumbled on a few words in his reading, I believe that out of ten examples, he correctly identified the historical picture in all but one, maybe two, instances. Again, Dave appeared to benefit from having a visual representation of what he had read. I understood this need he possessed for visual learning, and I therefore desired to discover a way in which he could read and comprehend an actual written passage using some sort of visual method.

Because the development of adequate comprehension skills is so important to succeeding in school, I began selecting various reading passages from the clinic resources. Passages that I chose were those in which a variety of pictures were utilized in conjunction with the paragraphs or words in the passage. One such example included a reading comprehension sheet entitled “School Days” that was actually more of a cartoon than a passage. Although it was a cartoon, it incorporated questions about the reading that were relevant to the comprehension of the passage.

I requested that Dave read this passage aloud and then answer the questions according to what he had read. The questions, although fairly simple, required that conclusions be drawn from the reading in order to answer them correctly. Dave seemed to enjoy this short story, and,
consequently, answered each question correctly. In comparing his level of reading comprehension in this passage to passages he read in which there was an absence of illustrations, I found that Dave had achieved a greater understanding from this much more visual approach. This was unfortunate, however, in that most school texts are written with little emphasis placed on illustrations. I immediately recognized the importance of teaching Dave to visualize mental pictures as he read, and although my intervention with him was nearly complete, I was able to make recommendations to the clinic program director who in turn, could discuss these suggestions with Dave’s teachers.

Overall Success of Intervention

Because there was no method available to measure the specific outcomes of the intervention, I felt that the only way to adequately measure the “success” of my involvement in the program, was to examine the overall strengths and weakness of the strategies I used, as revealed by my client. My focus in this paper was to describe a sample of the various techniques I incorporated, and to explain the modifications I made to existing intervention activities in an attempt to create more visually oriented activities. Although I identified the particular struggles that my client had during the various intervention periods, I did not mention the actual activities that failed to reach my client.

During the intervention sessions, I attempted a number of times to persuade Dave into a habit of writing his thoughts in a personal journal on a weekly basis. On some occasions, I would assign him topic headings such as “describe five good things that happened this week”, or “the person I admire most is...”. On other occasions, I would simply encourage Dave to write his frustrations or to write about the events of the day just once during the week. If I assigned this
activity while we were actually in the tutoring session, he would complete his journal entry with no problem. Once he took the journal home, however, he would neglect to write in it or to even bring it with him to the next tutoring session. Any kind of “homework” activity I assigned was met with the same results of noncompliance.

I believe that this failure to complete outside activities was influenced by a specific weakness of the Human Learning Clinic itself: the fact the client-tutor meetings occur only once a week. Were the intervention sessions conducted twice, or even three times per week, I believe that more consistent outcomes would result. Often while tutoring, I felt that Dave was making significant progress with the strategies we discussed. When he left each session, however, and went back into the “real world”, it sometimes seemed as though he had crossed a boundary that made him forget significant strategies that had the potential to help him in his life. If tutoring sessions occurred on a regular basis, I feel that clients would be more inclined to regard clinic activities as a higher priority.

Although there were significant weaknesses in my intervention sessions with Dave, I feel that the greatest success I had with my client was allowing him the opportunity to look at his life and identify areas that he wanted to change. I believe that by creating visual intervention activities, I helped Dave actually put himself into certain situations and realize that there were alternative solutions to the harmful, anxiety-inducing decisions that he had been making.

Similarly, in the area of academics, I believe that I had successfully introduced Dave to some visual learning strategies for acquiring better verbal skills that were actually fun and that he felt that he could succeed at. If nothing else, I feel that I was able to offer my client a “ray of hope” by presenting novel ideas that relayed the message that events in life do not necessarily remain stagnant, but that change is possible, and that we have the power to make it happen.
Personal Growth

My personal experience as a Human Learning Clinic tutor at Utah State University was very positive. I feel that in being responsible for my own client, and personally developing a plan of intervention in which I could employ my own techniques, I was able to recognize my own potential and to discover my strengths and weaknesses as a tutor/counselor. I enjoyed working with other tutors, the program director, and Dr. Lani VanDusen, and I felt that in sharing my experiences/frustrations with them, I became aware of specific intervention activities that I was conducting successfully, and also those which required some work on my part. In tutoring my client, I realized that I have a knack for working with adolescents, and have made it my personal and academic ambition to become a school counselor either at the middle school or high school level sometime in the future. I feel that my work with program was one of the major factors that assisted me in discovering a specific application of my interests in psychology.

Conclusion

During the ten intervention sessions that I held with my client, I made it my personal goal to tailor each activity to fit his specific needs and unique learning style. Therefore, after discovering that my client benefitted from visual styles of learning, I did everything within my power to prepare activities that targeted a visual mode of learning. This became the focus of my intervention, and I feel that it resulted in a relatively successful outcome. Although there were weaknesses in particular intervention strategies I employed as well as drawbacks to the limited realm of the Human Learning Clinic itself, I feel that by adhering to a visual teaching style, I was able to successfully bring about a desire for change, both behaviorally and academically, within my client.
References