

# TCU WAFU D4-MAP

## Workshop Assessment Follow-Up on Mapping Training

### *Item Scoring Guide and Scales*

**Scoring Instructions.** Items shown below from this assessment are *re-grouped by scales*, and response categories are 1=Strongly Disagree to 5=Strongly Agree. Scores for *each scale* are calculated as follows (and no more than half of the items for any scale can be missing).

1. Find and reverse the scoring for reflected items (i.e., those designated with ®) by –
  - a. subtracting the response value (1 to 5) for this item from “6”,  
(e.g., if the response is “2”, the *revised* score is “4” [i.e., 6-2=4]),
2. Sum the response values of all non-missing items for each scale,
3. Divide the sum of item responses by the number of items included (yielding an average),
4. Multiply this average by 10 (in order to *rescale* the score so it ranges from 10 to 50) (e.g., an average response of “2.6” for a scale therefore becomes a score of “26”).

#### **Mapping Use**

1. You have used mapping strategies from the training.
2. You will continue using mapping even if you move to another job.
3. You are committed to integrating mapping into your clinical style.
4. You are comfortable using mapping with clients.
5. You have used mapping extensively since the training workshop.
6. You have put your own personal touch or style on how you use mapping.

#### **Communication Mapping**

7. You have talked with colleagues about the ways you have used mapping.
8. Your colleagues have seemed interested in what you have been doing with mapping.
9. You feel confident explaining how you are using mapping to colleagues.
10. You will continue talking with colleagues and other staff about the uses of mapping.
11. Colleagues you have told about mapping are using it themselves.

#### **Impact on my Counseling**

12. Mapping has been well-received by most of your clients.
13. Mapping has improved your individual counseling sessions with clients.
14. Mapping has improved your group counseling sessions with clients.
15. Mapping has improved your communication with clients.
16. Mapping has improved focus and clarity in your counseling sessions.
17. Mapping has helped improve your clients’ decision making and planning.

#### **Mapping Training**

18. Since the workshop, you have trained others in mapping.
19. The materials provided at the workshop made it easy for you to train others in mapping.
20. You have gotten a positive response to the mapping training you have provided.
21. You plan to conduct mapping training in the future.

#### **Barriers to Training**

**You have not conducted any mapping training because –**

22. it is not your job to provide training.
23. your agency does not have the time or resources needed to offer training.
24. you don’t have enough time to provide mapping training.
25. you do not feel properly trained to train others.
26. the training materials seem cumbersome and difficult to use.

## Sources:

1. Bartholomew, N. G., Joe, G. W., Rowan-Szal, G. A., & Simpson, D. D. (2007). Counselor assessments of training and adoption barriers. *Journal of Substance Abuse Treatment, 33*(2), 193-199.
2. Dansereau, D. F. (2005). Node-link mapping principles for visualizing knowledge and information. In S. O. Tergan & T. Keller (Eds.), *Knowledge and information visualization: Searching for synergies. Lecture Notes in Computer Science 3426*, 61-81. Heidelberg: Springer-Verlag.
3. Dansereau, D. F., & Simpson, D. D. (2009). A picture is worth a thousand words: The case for graphic representations. *Professional Psychology: Research & Practice, 40*(1), 104-110.
4. Dansereau, D. F., Dees, S. M., & Simpson, D. D. (1994). Cognitive modularity: Implications for counseling and the representation of personal issues. *Journal of Counseling Psychology, 41*(4), 513-523.
5. Dansereau, D. F., Joe, G. W., & Simpson, D. D. (1993). Node-link mapping: A visual representation strategy for enhancing drug abuse counseling. *Journal of Counseling Psychology, 40*(4), 385-395.
6. Greener, J. M., Joe, G. W., Simpson, D. D., Rowan-Szal, G. A., & Lehman, W. E. K. (2007). Influence of organizational functioning on client engagement in treatment. *Journal of Substance Abuse Treatment, 33*(2), 139-147.
7. Lehman, W. E. K., Greener, J. M., & Simpson, D. D. (2002). Assessing organizational readiness for change. *Journal of Substance Abuse Treatment, 22*(4), 197-209.
8. Rowan-Szal, G. A., Greener, J. M., Joe, G. W., & Simpson, D. D. (2007). Assessing program needs and planning change. *Journal of Substance Abuse Treatment, 33*(2), 121-129.
9. Simpson, D. D. (2002). A conceptual framework for transferring research to practice. *Journal of Substance Abuse Treatment, 22*(4), 171-182.
10. Simpson, D. D. (2009). Organizational readiness for stage-based dynamics of innovation implementation. *Research on Social Work Practice, 19*(5), 541-551.
11. Simpson, D. D., & Dansereau, D. F. (2007). Assessing organizational functioning as a step toward innovation. *Science & Practice Perspectives, April*, 20-28.
12. Simpson, D. D., & Flynn, P. M. (2007). Moving innovations into treatment: A stage-based approach to program change. *Journal of Substance Abuse Treatment, 33*(2), 111-120.

TCU Core Forms may be used for personal, educational, research, and/or information purposes. Permission is hereby granted to reproduce and distribute copies of the form for nonprofit educational and nonprofit library purposes, provided that copies are distributed at or below costs and that credit for author, source, and copyright are included on each copy. No material may be copied, downloaded, stored in a retrieval system, or redistributed for any commercial purpose without the express written permission of Texas Christian University. For more information please contact:

Institute of Behavioral Research  
Texas Christian University  
TCU Box 298740, Fort Worth, TX 76129  
(817) 257-7226 [FAX (817) 257-7290]  
Email: [ibr@tcu.edu](mailto:ibr@tcu.edu); Web site: [www.ibr.tcu.edu](http://www.ibr.tcu.edu)