**Evidence-Based Practice Attitude Scale (EBPAS)© 36**

The EBPAS assesses attitudes toward adoption of an evidence-supported intervention (ESI) and evidence-based practice (EBP) in social service settings.

Items are presented on a 5-point Likert scale from 0 “Not at All” to 4 “To a Very Great Extent”.

**Adapted with Permission**

**Source:** Rye, M., Torres, E. M., Friborg, O., Skre, I., & Aarons, G. A. (under review). The Evidence-based Practice Attitude Scale-36 (EPBAS-36): A brief and pragmatic measure of attitudes to evidence-based practice validated in Norwegian and U.S. samples. *Implementation Science*.

**Evidence-Based Practice Attitude Scale**

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THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average **.17** hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

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The following questions ask about your feelings about using new types of interventions.

**Intervention** refers to any specific practice, service, policy, strategy, program, practice model, or combination thereof.

**Evidence-Supported Intervention (ESI)** refers to any specific intervention that the best available evidence shows, based on rigorous evaluation, has the potential to improve outcomes for children and families.

**Evidence-Based Practice (EBP)** refers to the integration of the best available evidence with clinical, practitioner and cultural expertise in the context of child and family characteristics, culture, and preferences.

**Manualized Intervention** refers to any intervention that has specific guidelines and/or components that are outlined in a manual and/or that are to be followed in a structured/ predetermined way.

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**0 1 2 3 4**

**Not at all Slight extent Moderate extent Great extent Very great extent**

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*For questions 1-6: Select the number indicating the extent to which you agree with each item using the above numerical scale:*

1. I like to use new types of interventions to help my clients ……………................................... 0 1 2 3 4

1. I am willing to try new types of interventions even if I have to follow a treatment manual..... 0 1 2 3 4

1. I am willing to use new and different types of interventions developed by researchers........... 0 1 2 3 4

1. Evidence-supported interventions are not clinically useful ...................................................... 0 1 2 3 4

1. Clinical experience is more important than using manualized interventions............................. 0 1 2 3 4

1. I would not use a manualized intervention ............................………........................................ 0 1 2 3 4

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**0 1 2 3 4**

**Not at all Slight extent Moderate extent Great extent Very great extent**

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*For questions 7-12: If you received training in an intervention that was new to you, how likely would you be to adopt it if:*

1. it “made sense” to you? ............................................................................................................ 0 1 2 3 4

1. it was required by your supervisor? .......................................................................................... 0 1 2 3 4
2. it was required by your agency? ................................................................................................ 0 1 2 3 4
3. it was required by your state? .................................................................................................... 0 1 2 3 4

1. it was being used by colleagues who were happy with it? ........................................................ 0 1 2 3 4

1. you felt you had enough training to use it correctly? ................................................................ 0 1 2 3 4

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**0 1 2 3 4**

**Not at all Slight extent Moderate extent Great extent Very great extent**

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For questions 13-15: If you received training in an intervention that was new to you, how likely would you be to adopt it if:*

1. you knew it was right for your clients ....................................................................................... 0 1 2 3 4
2. you had a say in how you would use the intervention................................................................ 0 1 2 3 4

15. it fit with your clinical approach ................................................................................................ 0 1 2 3 4

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**0 1 2 3 4**

**Not at all Slight extent Moderate extent Great extent Very great extent**

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*For questions 16-36: Select the number indicating the extent to which you agree with each item:*

1. Evidence-based practice is not useful for clients with multiple problems ................................ 0 1 2 3 4

1. Evidence-based practice is not individualized treatment .......................................................... 0 1 2 3 4

1. Evidence-based practice is too narrowly focused ..................................................................... 0 1 2 3 4

1. I prefer to work on my own without oversight... ....................................................................... 0 1 2 3 4

1. I do not want anyone looking over my shoulder while I provide services ................................ 0 1 2 3 4

1. My work does not need to be monitored. .................................................................................. 0 1 2 3 4

1. Achieving a positive outcome in child welfare is more of an art than a science ...................... 0 1 2 3 4

1. Direct practice is both an art and a science ............................................................................... 0 1 2 3 4

1. My overall competence as a practitioner is more important than a particular approach .......... 0 1 2 3 4

1. I don’t have time to learn anything new .................................................................................... 0 1 2 3 4
2. I can’t meet my other obligations .............................................................................................. 0 1 2 3 4
3. I don’t know how to fit evidence-based practice into my administrative work ........................ 0 1 2 3 4

1. Learning an evidence-supported intervention will help me keep my job ................................. 0 1 2 3 4

1. Learning an evidence-supported intervention will help me get a new job ............................... 0 1 2 3 4

1. Learning an evidence-supported intervention will make it easier to find work ....................... 0 1 2 3 4

1. I would learn an evidence-supported intervention if continuing education credits were

provided..................................................................................................................................... 0 1 2 3 4

1. I would learn an evidence-supported intervention if training were provided ........................... 0 1 2 3 4
2. I would learn an evidence-supported intervention if ongoing support was provided ............... 0 1 2 3 4
3. I enjoy getting feedback on my job performance ...................................................................... 0 1 2 3 4

1. Getting feedback helps me to be a better practitioner/case manager ........................................ 0 1 2 3 4

1. Getting supervision helps me to be a better practitioner/case manager .................................... 0 1 2 3 4