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

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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

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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **0** | **1** | **2** | **3** | **4** |
| **Not at all** | **Slight extent** | **Moderate extent** | **Great extent** | **Very great extent** |

*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
2. I am willing to try new types of interventions even if I have to follow a treatment manual 0 1 2 3 4
3. I am willing to use new and different types of interventions developed by researchers 0 1 2 3 4
4. Evidence-supported interventions are not clinically useful 0 1 2 3 4
5. Clinical experience is more important than using manualized interventions 0 1 2 3 4

6. 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** |

*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
2. it was required by your supervisor? 0 1 2 3 4
3. it was required by your agency? 0 1 2 3 4
4. it was required by your state? 0 1 2 3 4
5. it was being used by colleagues who were happy with it? 0 1 2 3 4
6. 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
3. it fit with your clinical approach 0 1 2 3 4

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **0** | **1** | **2** | **3** | **4** |
| **Not at all** | **Slight extent** | **Moderate extent** | **Great extent** | **Very great extent** |

*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
2. Evidence-based practice is not individualized treatment 0 1 2 3 4
3. Evidence-based practice is too narrowly focused 0 1 2 3 4
4. I prefer to work on my own without oversight. 0 1 2 3 4
5. I do not want anyone looking over my shoulder while I provide services 0 1 2 3 4
6. My work does not need to be monitored 0 1 2 3 4
7. Achieving a positive outcome in child welfare is more of an art than a science 0 1 2 3 4
8. Direct practice is both an art and a science 0 1 2 3 4
9. My overall competence as a practitioner is more important than a particular approach 0 1 2 3 4
10. I don’t have time to learn anything new 0 1 2 3 4
11. I can’t meet my other obligations 0 1 2 3 4
12. I don’t know how to fit evidence-based practice into my administrative work 0 1 2 3 4
13. Learning an evidence-supported intervention will help me keep my job 0 1 2 3 4
14. Learning an evidence-supported intervention will help me get a new job 0 1 2 3 4
15. Learning an evidence-supported intervention will make it easier to find work 0 1 2 3 4
16. I would learn an evidence-supported intervention if continuing education credits were provided 0 1 2 3 4
17. I would learn an evidence-supported intervention if training were provided 0 1 2 3 4
18. I would learn an evidence-supported intervention if ongoing support was provided 0 1 2 3 4
19. I enjoy getting feedback on my job performance 0 1 2 3 4
20. Getting feedback helps me to be a better practitioner/case manager 0 1 2 3 4
21. Getting supervision helps me to be a better practitioner/case manager 0 1 2 3 4