

## **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

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

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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.

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

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<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Not at all</b>	<b>Slight extent</b>	<b>Moderate extent</b>	<b>Great extent</b>	<b>Very great extent</b>

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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:*

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

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

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

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

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

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

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<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Not at all</b>	<b>Slight extent</b>	<b>Moderate extent</b>	<b>Great extent</b>	<b>Very great extent</b>

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*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:*

13. you knew it was right for your clients ..... 0 1 2 3 4

14. 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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<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Not at all</b>	<b>Slight extent</b>	<b>Moderate extent</b>	<b>Great extent</b>	<b>Very great extent</b>

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

16. Evidence-based practice is not useful for clients with multiple problems ..... 0 1 2 3 4
17. Evidence-based practice is not individualized treatment ..... 0 1 2 3 4
18. Evidence-based practice is too narrowly focused ..... 0 1 2 3 4
19. I prefer to work on my own without oversight... ..... 0 1 2 3 4
20. I do not want anyone looking over my shoulder while I provide services ..... 0 1 2 3 4
21. My work does not need to be monitored. .... 0 1 2 3 4
22. Achieving a positive outcome in child welfare is more of an art than a science ..... 0 1 2 3 4
23. Direct practice is both an art and a science ..... 0 1 2 3 4
24. My overall competence as a practitioner is more important than a particular approach ..... 0 1 2 3 4
25. I don't have time to learn anything new ..... 0 1 2 3 4
26. I can't meet my other obligations ..... 0 1 2 3 4
27. I don't know how to fit evidence-based practice into my administrative work ..... 0 1 2 3 4
28. Learning an evidence-supported intervention will help me keep my job ..... 0 1 2 3 4
29. Learning an evidence-supported intervention will help me get a new job ..... 0 1 2 3 4
30. Learning an evidence-supported intervention will make it easier to find work ..... 0 1 2 3 4
31. I would learn an evidence-supported intervention if continuing education credits were provided..... 0 1 2 3 4
32. I would learn an evidence-supported intervention if training were provided ..... 0 1 2 3 4
33. I would learn an evidence-supported intervention if ongoing support was provided ..... 0 1 2 3 4
34. I enjoy getting feedback on my job performance ..... 0 1 2 3 4
35. Getting feedback helps me to be a better practitioner/case manager ..... 0 1 2 3 4
36. Getting supervision helps me to be a better practitioner/case manager ..... 0 1 2 3 4