

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., Friberg, 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 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:

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

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:

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

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:

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