

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

OMB # 0970-0401

Expiration Date: 05/31/2021

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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.

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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 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