## **Evidence-Based Practice Attitude Scale**

EBPAS<sup>©</sup> Gregory A. Aarons, Ph.D. Reference:

Aarons, G. A. (2004). Mental health provider attitudes toward adoption of evidence-based practice: The Evidence-Based Practice Attitude Scale. *Mental Health Services Research*, *6*(2), 61-74.

The following questions ask about your feelings about using new types of therapy, interventions, or treatments. Manualized therapy 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.

Fill in the circle indicating the extent to which you agree with each item using the following scale:

0	1	2	3		4	1		
Not at All	To a Slight Extent	To a Moderate Extent	To a Great Extent	To a Ve	ry (	<del>3rea</del>	t Ex	tent
				0	1	2	3	4
1. I like to use	new types of therapy/in	terventions to help my clien	nts		0	0	0	0
2. I am willing to try new types of therapy/interventions even if I have to follow a treatment manual					_	_	_	
a treatment	IIIaiiuai				0	0	O	$\circ$
3. I know bette	er than academic researc	thers how to care for my cli	ents		0	0	0	0
_		nt types of therapy/intervent	_					
by researche	ers				0	0	0	0
5. Research ba	ased treatments/intervent	tions are not clinically usef	ul	0	0	0	0	0
6. Clinical exp	perience is more importa	nt than using manualized th	nerapy/treatment		0	0	0	0
7. I would not	use manualized therapy	/interventions		0	0	0	0	0
		ion even if it were very diff			0	0	0	0
For questions 9-15: If you received training in a therapy or intervention that was new to you, how likely would you be to adopt it if:								
9. it was intui	tively appealing?			0	0	0	0	0
10. it "made se	ense" to you?				0	0	0	0
		?				0	0	0
12. it was requ	nired by your agency?			0	0	0	0	0
13. it was requ	nired by your state?				0	0	0	0
14. it was bein	g used by colleagues wh	no were happy with it?			0	0	0	0
15. you felt yo	ou had enough training to	o use it correctly?			0	0	0	0