



Child & Adolescent Services Research Center



RESEARCH BRIEF

Mental Health Provider Attitudes Toward Adoption of Evidence-Based Practice: The Evidence-Based Practice Attitude Scale (EBPAS)

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Mental health service providers are on the front line of delivering services to youths and families. However, treatments and interventions being used in usual care are often not evidence-based practices (EBPs) with evidence of efficacy or effectiveness. Attitudes can affect how likely it is that providers will try new interventions. Therefore, a better understanding of mental health provider attitudes is needed in order to understand how to most effectively disseminate and implement EBPs in community based settings.

This study describes the development of the **Evidence-Based Practice Attitude Scale (EBPAS)**, a brief, easy to use 15-item scale to assess mental health service provider attitudes toward the adoption of EBP. A review of the literature suggests four potentially important domains of provider attitudes toward adoption of EBP: the intuitive **appeal** of the innovation, provider attitudes toward organizational **requirements** to provide certain services, provider **openness** to innovation, and perceived **divergence** of research-based innovation from usual practice. These domains are likely to be important in understanding how providers respond to attempts to implement EBP, but no measures are available to assess these constructs. This study developed such a scale.

It is likely that provider attitudes toward EBP are associated with both individual differences, such as professional experience and training, and contextual factors, such as organizational structure and organizational support for EBP. Using the EBPAS, provider attitudes were examined in relation to provider and organizational characteristics.

Participants were 322 clinical and case management service providers and 51 program managers from 51 public sector programs providing mental health services to children and adolescents and their families in San Diego County, California. Eighty percent of respondents were full-time employees. Primary disciplines included marriage and family therapy, social work, psychology, and psychiatry; interns composed less than 25% of the respondents. Participant programs were publicly funded child/adolescent mental health programs providing outpatient treatment, day treatment, case management, wraparound services, and/or inpatient treatment.

The primary finding of this study is that attitudes toward adoption of EBPs can be identified and assessed among mental health service providers using the EBPAS. Factor analyses of the EBPAS supported four subscales, or domains, of attitudes toward adoption of EBPs, in keeping with hypothesized dimensions: willingness to adopt EBPs given their intuitive **appeal**, willingness to adopt new practices given **requirements** to do so, general **openness** toward new or innovative practices, and perceived **divergence** of usual practice with academically developed or research-based practices. The EBPAS demonstrated generally good reliability.

There were two findings in regard to provider individual differences. First and most consistent was that interns, compared to more experienced professionals, endorsed more positive attitudes toward adoption of EBPs. Second, providers with higher educational attainment endorsed more positive attitudes. No significant differences were found in attitudes toward adoption of EBPs across primary discipline (i.e., marriage and family therapy, social work, psychology, and psychiatry).

Organizational context was also related to provider attitudes toward EBP in three ways. First, providers working in programs with more bureaucracy and levels of management endorsed more negative attitudes toward adoption of EBP. Second, attitudes toward adopting EBP varied by type of program. Third, providers working in programs with written policies indicating the use of specific interventions for specific mental health problems endorsed more positive attitudes toward adopting EBP.

A few recommendations can be made based on the results of this study. First, it appears that professional internships are a particularly opportune time to introduce and support the idea of EBP. Second, supporting the educational attainment of providers may also help to support more positive attitudes toward adopting EBP. Third, it may be important to consider how organizational structure affects attitudes and how EBP can best be integrated across different service modalities. Finally, organizational support of EBP may be more clearly communicated to staff through formalized policies that are part of the organizational culture.

A complete account of this study can be found in *Mental Health Services Research*, Vol. 6 (2004), pp. 61-74. For more information or a copy of the scale, please contact Dr. Aarons at gaarons@casrc.org or (858) 966-7703 ext 3550.

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