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Adaptation of the Evidence-Based Practices Attitude Scale in Spanish child welfare professionals

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Abstract

Background: Implementation of evidence-based practices (EBPs) into real-world settings represents an organizational change that may be limited or facilitated by provider attitudes towards the adoption of new interventions and practices. The objective of the present study was to analyze psychometric properties of the Evidence Based Practices Attitude Scale (EBPAS) Spanish version in Child Welfare professionals. **Method:** The EBPAS 50-item version was administered to a sample of professionals (N = 240) providing services to children/adolescents and their families in Child Welfare Services from three Spanish regions. **Results:** Most of the dimensions measured by the EBPAS (50 items) were confirmed in the Spanish version administrated to Child Welfare professionals. Internal consistency reliabilities were fair to excellent. Provider attitudes varied by professional discipline and organizational context. **Conclusions:** The EBPAS Spanish version is an adequate instrument to be used as a measure of attitudes toward implementation of evidence-based practices.

Keywords: Evidence-based practice; Child Welfare; Attitudes; Implementation; Dissemination.

Resumen

Adaptación de la escala de actitudes hacia la práctica basada en la evidencia en profesionales de protección infantil. **Antecedentes:** la implantación de programas basados en la evidencia (PBEs) representa un cambio organizacional que puede ser limitado o facilitado por las actitudes de los profesionales hacia la adopción de nuevas prácticas. El objetivo del presente estudio es analizar las propiedades psicométricas de la versión en español de la Escala de Actitudes para la Práctica Basada en la Evidencia (EBPAS) en profesionales de la Protección Infantil. **Método:** se administró la versión traducida del EBPAS-50 a una muestra de 240 profesionales de los servicios de Protección Infantil en tres regiones españolas. **Resultados:** la mayoría de las dimensiones medidas por el EBPAS (50 ítems) fueron confirmadas en la versión española aplicada a profesionales de la Protección Infantil. Los índices de consistencia interna fueron adecuados. Las puntuaciones en las actitudes variaron en base a algunas variables personales y contextuales. **Conclusiones:** la versión española del EBPAS puede ser un instrumento adecuado para ser utilizado en España como medida de actitudes hacia la implantación de prácticas basadas en la evidencia.

Palabras clave: práctica basada en la evidencia; protección infantil; actitudes; implementación.

Child Welfare agencies are responsible for ensuring optimal, stable placements for maltreated children, for delivering services to modify parenting skills of abusive and neglectful parents in order to enable them to keep their children safely at home, preventing future maltreatment as well as promoting child wellbeing. There are numerous efficient interventions that can change family environments, improve parenting skills and decrease children's difficult behaviors that are appropriate for the families attended by Child Welfare (Chadwick Center for Children and Families, 2004). However, research has documented that evidence-based practices (EBPs) are frequently perceived by child welfare professionals as impractical or difficult to apply in real world settings (Hurlburt & Knapp, 2003) and, as Horwitz, Landsverk, Hurlburt, and Aarons (2009) suggest in a recent report: "most parenting training delivered to families involved with child welfare is diffuse, not empirically supported, and less structured and intensive than evidence-based programs" (p. 1).

For the past 20 years, a large number of these programs have been implemented in Spain's Child Welfare Services area, involving a considerable economic effort by the Public Administrations. However, a major problem in the development of this kind of programs in Spain is the absence of reliable and valid information about their efficacy and the resultant benefits to their users and to society in general (De Paúl, 2012). The strong empirical evidence supporting that early life is highly vulnerable to the negative effects of adverse experiences (Arruabarrena & De Paúl, 2012) requires and supports the need of Spanish Child Welfare Services for a perspective shift in programs for children and families, trying to reduce late intervention programs, which are more expensive and less effective, and increasing the amount of early preventive programs, which have shown enough information and findings about their efficacy.

Like in other countries, it could be considered that in Spain, the

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difficulties to implement EBPs in child welfare services could be based on (a) lack of time and resources and insufficient training of practitioners, (b) lack of access to peer-reviewed research journals, and (c) inadequate infrastructure and systems to support translation of EBPs (Glasgow, Lichtenstein, & Marcus, 2003; Schoenwald & Hoagwood, 2001). However, there is a very basic and relevant barrier to even taking into account the possibility of implementing EBPs in Child Welfare, which is related to the level of comfort when exploring and considering the adoption of new programs or new strategies to work with families and children, and this "comfort level" can be strongly related to provider attitudes toward adopting EBPs (Aarons, 2004; Aarons & Sawitzky, 2006).

The Evidence-Based Practice Attitude Scale (EBPAS; Aarons, 2004; Aarons et al., 2010; Aarons, McDonald, Sheehan, & Walrath-Greene, 2007) was developed to assess mental health provider attitudes toward adoption of innovation and EBPs in mental health and social service settings, and has been used to investigate how workers' attitudes are related to a set of individual differences (Aarons, 2004; Aarons & Sawitzky, 2006; Aarons, et al., 2010; Patterson et al., 2012). As described in Aarons (2004), content validity of the EBPAS was based on initial development of a pool of items generated from literature review, consultation with mental health service providers, and consultation with mental health services researchers with experience in evidence-based protocols.

The EBPAS (Aarons, 2004) is a 15-item self report questionnaire that is answered on a Likert-style format, conceptualized as consisting of four lower-order factors/subscales and a higher-order factor/total scale (i.e., total scale score), the latter representing respondents' global attitude toward adoption of EBPs. The four scales are labeled as "Requirements scale" (3 items), "Appeal scale" (4 items), "Openness scale" (4 items), "Divergence scale" (4 items). A higher score indicates "more" of the scale name, except for Divergence. In addition, a total (mean) score was computed for the 15 items in the measure. Findings of several studies suggest moderate to good internal consistency reliability for the total score (Cronbach's α = .77 - .79) and subscale scores (α range= .78 - .93), excluding divergence with somewhat lower reliability (α = .59 - .66) (Aarons, 2004; Aarons et al., 2007). Construct validity of EBPAS is supported by two scale development studies that have found acceptable model-data fit for previous confirmatory factor analysis models (Aarons et al., 2007). In terms of construct and convergent validity, studies have found significant associations between EBPAS scores and mental health clinic structure and policies (Aarons, 2004), organizational culture and climate (Aarons & Sawitzky, 2006), and leadership (Aarons, 2006).

A study was conducted to test the psychometric properties of the EBPAS with a nationwide sample (n = 1089 mental health service providers) from 26 states in the USA (Aarons et al., 2010). Confirmatory factor analysis and reliability coefficients for the sub-scales (ranging from .91- .67), supported the second-order factor model. Findings of this study representing public sector social service agencies throughout the United States could serve as a reference point for exploring the factor structure and scale norms when the EBPAS is used in other cultures and languages.

More recently, a study was conducted to further explore and identify additional dimensions of attitudes towards EBPs (Aarons, Cafri, Lugo, & Sawitsky, 2012). Results of this study supported the presence of several new EBP attitude domains, which did not duplicate those identified in the previous measure of provider attitudes toward adopting EBP (Aarons, 2004) and supported the development of an expanded 50 item EBPAS or ''EBPAS-50.'' The new 35 items added to the old 15-items EBPAS version can be organized in several dimensions: Factors can best be labeled as: (a) 'Limitations' of EBPs and their inability to address client's needs, (b) 'Fit' of the EBP with the values and needs of the client and clinician, (c) negative perceptions of 'Monitoring' or oversight by supervisors, (d) perception of skills and downplaying of the role of science in therapy (Balance'), (e) time and administrative 'Burden' associated with learning EBPs, (f) perceived likelihood of increased 'Job Security' or professional marketability provided by learning an EBP, (g) perceived 'Organizational Support' associated with learning an EBP, and (h) positive perceptions of receiving 'Feedback' related to providing mental health services. Internal consistencies for these dimensions were high, ranging from .77 to .92.

The main objective of the present study was to know attitudes toward EBPs in professionals from Child Welfare Services in Spain using the EBPAS. In order to achieve this objective, we conducted a study to adapt the original version of the EBPAS to Spanish and explore whether the Spanish EBPAS (15 items) is organized in the same dimensions as the original version. Moreover, the objective of the present study was to adapt the new EBPAS-50 to Spanish and to explore the dimensions and other psychometric issues of the recently developed new 35 items.

Method

Participants

Two hundred and forty Child Welfare professionals from three regions of Spain (Basque Country, Andalucía and Asturias) participated in the study, completing the Spanish version of the EBPAS-50. Most participants were female (77.5%). The discipline in which the participants had earned the highest degree was 35.8% social work, 27.9% psychology, and 28.8% social education. Among the respondents, 76.2% worked for public agencies, and 23.8% for private-not-for-profit agencies. Participants mean age was 41.29 (SD = 7.64; Range: 23-63) years.

Instrument

The Spanish version of the EBPAS (extended version of 50 items) was used in this research.

A five- point response format (0 = *not at all*, 1 = *to a slight extent*, 2 = *to a moderate extent*, 3 = *to a great extent*, and 4 = *to a very great extent*) is used for each item. Scale scores were computed as the mean of items comprising the scale.

Procedure

A translation and back translation from English to Spanish of the EBPAS were conducted to make the Spanish version by four English-Spanish bilingual psychologists. The number of categories (5 level-Likert scale) and the item direction were maintained in the Spanish version.

Respondents in each Spanish region completed the EBPAS individually through an on-line application after receiving assurances of confidentiality. Respondents received a personal email message asking to complete the 50 items of the Spanish

translation of the EBPAS within a timeframe of two weeks. Once the 50 items were answered, the on-line application sent the questionnaire to a database which the research group had automatic access to.

Data analysis

Exploratory factor analyses (EFAs) using principal axis factoring and promax oblique rotation (Fabrigar, Wegener, MacCallum, & Strahan, 1999; Nunnally & Bernstein, 1994) and confirmatory factor analysis (CFA) were conducted to test dimensions of the EBPAS. Multivariate analyses of variance (with follow-up one-way ANOVAs for each dependent variable) were used to assess relations between individual subscales and provider characteristics (i.e., gender, primary discipline) and organizational characteristics (i.e., public or private agencies).

Results

EBPAS-15 items study

EFA suggested a four-factor solution in accordance with examination of the scree plot, simple structure criteria, and item-total correlations. Cronbach's alphas ranged from .94 to .60 with an overall scale alpha of .78. The EFA model with the fifteen items of the EBPAS accounted for 64.54% of the variance in the data. Table 1 shows overall means, standard deviations, internal consistency reliabilities, and item loadings for each of the scales. The factors represented four subscales of attitudes toward adoption of EBPs consistent with the dimensions of the original version. However, Item 15 had a load higher than .30, both in the "Appeal" and the "Openness" dimensions. CFA was conducted specifying the factor structure of the original version of the EBPAS with item number 15 assigned to the "Appeal" dimension. As in the EFA, factor intercorrelations were allowed. Moreover, internal consistency reliabilities of both "Appeal" and "Openness" dimensions with or without the Item 15 were compared. CFA was conducted using Mplus (Muthen & Muthen, 1998-2007), confirming the original factor structure, and the model showed (Dunn, Everitt, & Pickles, 1993) good fit, $\chi 2(84) = 194.33$, CFI = .93, TLI = .91, RMSEA = .07, SRMR = .06, further supporting the EBPAS factor structure. Reliability coefficients for the sub-scales supported the factor model.

It was considered more appropriate to maintain the original version factorial structure in order to enable making comparison with other studies conducted in other countries and with other samples with the original version of the EBPAS-15. Factor intercorrelations obtained from the CFA suggested that the Appeal had a strong positive correlation with Openness (r = .59, p<.01) and with Requirements (r = .55, p<.01), the Openness scale was moderately correlated with Requirements (r = .18, p<.05) and negatively correlated with Divergence (r = -.21, p<.05). Divergence had no significant correlation with Appeal and Requirements.

As expected, the MANOVA showed a significant main effect for public/private agency, Wilk's λ = .936, $F(4, 215) = 3.65$, p<.01. Follow-up one-way ANOVAs were conducted for each EBPAS scale. For the Requirements Scale dimension, a significant difference between public/private conditions, $F(1, 220) = 14.57$, p<.001, was found. Participants in the private condition reported higher scores (M = 3.71, SD = .90) on Requirements dimension than participants from the public sector (M = 3.16, SD = .91), indicating a more positive attitude toward adopting EBPs if required to do so. However, contrary to expectations, neither the main effect for gender (Wilk's λ = .97, $F(4, 210) = 1.60$, p = .10) and professional discipline (Wilk's λ = .97, $F(8, 432) = .95$, p = .48) were found.

Correlational analysis showed a significant relation between the professional's age and Openness scale scores (r = -.141, p = .04) and the EBP total score (r = -.34, p<.001), suggesting that younger professionals are more open and have a general positive attitude toward EBPs. It was observed that professionals from private agencies (M = 39.02, SD = 7.6) were significantly younger, $t(228) = 2.67$, p<.01, than professionals from public agencies (M = 42.1, SD = 7.4).

EBPAS-50 items study

Results of the EFA conducted with the 35 new items added to the original EBPAS showed that the eight-factor solution obtained with the original version cannot be applied to the Spanish version. The EFA suggested that items loading on factors 'Limitations', 'Monitoring', 'Balance' and 'Job Security', are were exactly the same for the original version and for the Spanish version. However, only six items from the original version composing the dimension labeled as 'Fit' could be included in the same dimension of the Spanish version. Moreover, contrary to expectations, several items which in the original version composed the three dimensions labeled as "Burden", 'Organizational Support' and "Feedback" cannot be organized in the same dimensions. In order to confirm the EFA results, a CFA was conducted using only the 24 items that were clearly organized in the previously cited five dimensions (excluding item number 25 from Fit dimension). Findings from the CFA and factor loadings supported the proposed five-factor structure and the model demonstrated good fit, $\chi^2(84) = 194.33$, CFI = .93, TLI = .91, RMSEA = .07, SRMR = .06.

A new EFA analysis was conducted with these 24 items. Table 1 displays the factor means, eigenvalues and internal consistency reliabilities. Generally, internal consistencies were high, ranging from .77 to .92, and factor correlations were small to moderate, ranging from .01 to .56 in absolute value.

The five subscales ("Limitations", "Fit", "Job Security", "Monitoring" and "Balance") correlated in the expected directions with the original four EBPAS subscales. The Limitations scale correlated negatively (r = -.20, p<.01) with the EBPAS Openness scale, and positively (r = .62, p<.001) with the Divergence scale. The Fit scale correlated positively with all of the EBPAS scales: Requirements (r = .20, p<.01), Appeal (r = .44, p<.01), Divergence (r = .15, p<.05) and Openness (r = .27, p<.01). The Job Security scale only correlated positively (r = .25, p<.01) with the Requirements scale. The Monitoring scale correlated positively (r = .33, p<.01) with the Divergence scale, and the Balance scale was positively correlated with the Divergence (r = .42, p<.01) and Appeal (r = .15, p<.05) scales.

Significant main effects for professional discipline, Wilk's λ = .859, $F(10, 280) = 2.20$, p = .02; and for public/private agency, Wilk's λ = .874, F (5, 149) = 4.30, p<.001, were found. Follow-up one-way ANOVAs were conducted for each scale. For the Job Security Scale dimension, a significant difference between professional disciplines was found, $F(2, 144) = 4.11$, p = .02, showing that psychologists presented higher scores (M = 2.16, SD = 1.0) in this dimension (Job Security) than social educators

Table 1
Spanish and American means, Eigenvalues, Chronbach's Alpha, and Exploratory Factor Analysis Loadings

Subscales and items	Spanish mean(SD)	American mean(SD)	EV	α / EFA load
1. Openness	3.83(.72)	2.49(.75)	4.50	**.82**
(2) …incluso si tengo que seguir un manual de tratamiento […even if I have to follow a treatment manual]				*.85*
(4) …desarrollados por investigadores/as [developed by researchers]				*.80*
(1) Me gusta utilizar nuevos tipos de intervenciones/terapias para ayudar a mis clientes [I like to use new types of therapy/interventions to help my clients]				*.77*
(8) …incluso si fueran muy diferentes de lo que estoy acostumbrado a hacer [even if it were very different from what I am used to doing]				*.76*
2. Requirements	3.32(.94)	2.47(.88)	2.41	**.94**
(11) …fuera requerido por su supervisor? […it was required by your supervisor?]				*.95*
(13) …fuera requerido por las autoridades de su comunidad autónoma? […it was required by your state?]				*.93*
(12) …fuera requerido por la entidad para la que trabaja? […it was required by your agency?]				*.92*
3. Divergence	1.64(.53)	1.34(.67)	1.70	**.60**
(7) Yo no utilizaría intervenciones/terapias "guiadas por manual" [I would not use manualized therapy/interventions] (R)				*.76*
(6) La experiencia clínica es más importante que el utilizar intervenciones/terapias "guiadas por manual" [Clinical experience is more important than using manualized therapy/ treatment] (R)				*.75*
(5) Las intervenciones/tratamientos basados en la investigación no son útiles en la práctica clínica [Research based treatments/interventions are not clinically useful] (R)				*.71*
(3) Yo sé cómo cuidar de mis clientes mejor que los investigadores [I know better than academic researchers how to care for my clients] (R)				*.48*
4. Appeal	3.79(.65)	2.90(.67)	1.09	**.70**
(9) …fuera atractiva a primera vista? […it was intuitively appealing?]				*.84*
(10) …"tuviera sentido" para Vd.? […it "made sense" to you?]				*.83*
(14) …estuviese siendo utilizada por colegas que estuvieran contentos con su aplicación? […it was being used by colleagues who were happy with it?]				*.72*
(15) …Vd. sintiera que tiene la formación suficiente como para llevarla a cabo correctamente? […you felt you had enough training to use it correctly?]				*.39*
EBPAS total (15 items)	3.86(.45)	2.30(.45)		**.78**
5. Limitations	1.76(.64)	1.28(.91)	4.77	**.85**
(17) Los PBE no son útiles para clientes con múltiples problemas [EBP is not useful for clients with multiple problems]				*.66*
(20) Los PBE no son tratamientos individualizados [EBP is not individualized treatment]				*.60*
(21) Los PBE son demasiado simplistas [EBP is too simplistic]				*.76*
(25) Los PBE no son útiles para familias con problemática múltiple [EBP is not useful for families with multiple problems]				*.73*
(29) Los PBE hacen que desarrollar una alianza terapéutica fuerte sea más difícil [EBP makes it harder to develop a strong working alliance]				*.68*
(34) Los PBE limitan la verdadera conexión con los clientes [EBP detracts from truly connecting with your clients]				*.72*
(39) Los PBE son excesivamente específicos [EBP is too narrowly focused]				*.60*
6. Fit	3.18(.79)	2.90(.75)	3.56	**.81**
(18) …supiera más sobre lo que les va a gustar a mis clientes […I knew more about how your clients liked it]				*.70*
(19) …encajara con mi perspectiva clínica […it fit with my clinical approach]				*.66*
(23) … encajara con mi filosofía de tratamiento […it fit with my treatment philosophy]				*.70*
(24) …pudiera opinar sobre cuál de ellos utilizar […I had a say in which evidence-based practice was used]				*.78*
(28) …mis clientes así lo quisieran […my clients wanted it]				*.63*
(32) …pudiera opinar sobre cómo usarlo […I had a say in how I would use the evidence-based practice]				*.65*
7. Job Security	1.89(.99)	1.78(1.11)	2.36	**.89**
(22) …me haría más fácil encontrar trabajo […will make it easier to find work]				*.82*
(26) …me ayudaría a mantener mi puesto de trabajo […will help me keep my job]				*.85*
(27) …me ayudaría a conseguir un nuevo puesto de trabajo […will help me get a new job]				*.88*
8. Monitoring	1.29(.48)	1.35(1.06)	1.56	**.60**
(16) Mi trabajo no necesita ser supervisado [My work does not need to be monitored]				*.49*
(33) No necesito que me supervisen [I do not need to be monitored]				*.80*
(36) Prefiero trabajar solo/a, sin supervisión [I prefer to work on my own without oversight]				*.42*
(38) No quiero a nadie vigilándome mientras llevo a cabo una intervención [I do not want anyone looking over my shoulder while I provide services]				*.57*
9. Balance	2.46(.74)	1.59(1.01)	1.33	**.62**
(30) Mi competencia como terapeuta es más importante que un enfoque determinado [My competence as a therapist is more important than a particular approach]				*.58*
(31) La terapia es tanto un arte como una ciencia [Therapy is both an art and a science]				*.65*
(35) Un resultado positivo en terapia es "un arte" más que "una ciencia" [A positive outcome in therapy is an art more than a science]				*.56*
(37) Estoy satisfecho con mis habilidades como terapeuta o responsable de casos [I am satisfied with my skills as a therapist/case manager]				*.69*

Note: Items 2, 4 and 8 start with "Estoy dispuesto/a a probar nuevas intervenciones/terapias… [I am willing to try new types of therapy/interventions…]". Items from 9-15 start with: "Si recibiera formación en una terapia o intervención nueva para Vd., ¿con qué probabilidad la adoptaría si… [If you received training in a therapy or intervention that was new to you, how likely would you be to adopt it if…]". For items in "Limitations" subscale: PBE = Programas Basados en la Evidencia. Items of the "Fit" subscale start with "Empezaría a utilizar un programa basado en la evidencia si… [I would adopt an EBP if…]". Items from the "Job Security" subscale start with "Formarme en un programa basado en la evidencia… [Learning an EBP…]"

(M = 1.61, SD = .76). Moreover, follow-up one-way ANOVAs showed significant differences between public/private conditions for "Balance", $F(1, 153) = 6.35$, $p<.01$, and for "Job Security" dimensions, $F(1, 153) = 7.97$, $p<.01$. Participants in the private condition reported higher scores on Balance dimension ($M = 2.68$, $SD = .78$) and Job Security dimension ($M = 2.22$, $SD = 1.09$) than participants from the public sector ($M = 2.42$, $SD = .70$, ($M = 1.76$, $SD = .89$, respectively), indicating a more positive attitude toward adopting EBPs. However, a main effect for gender, Wilk's $\lambda = .99$, $F(5, 148) = .38$, $p = .86$, was not found. Correlational analysis showed no significant relations between the professional's age and scores on the previous five scales.

Discussion

Findings of the present study show that the 15-item original EBPAS, translated and adapted to Spanish and administrated to child welfare professionals, works appropriately. EFA showed a factorial structure very similar to the instrument's original version. CFA and internal consistency coefficients showed it was appropriate to keep the four-factor model proposed by Aarons (2004). As in the original version, it could be considered that, in the Spanish version of the EBPAS-15, Appeal (four items) is the extent to which the provider would adopt a new practice if it is intuitively appealing, makes sense, could be used correctly, or is being used by colleagues who are happy with it. Requirement (three items) is the extent to which the provider would adopt a new practice if it is required by an agency, supervisor, or state. Openness (four items) is the extent to which the provider is generally open to trying new interventions and would be willing to try or use new types of therapy. Divergence (four items) is the extent to which the provider perceives research-based interventions as not clinically useful and less important than clinical experience.

Analyses performed with the 35 items added to the original 15 items EBPAS to further explore and identify additional dimensions of attitudes towards EBPs (Aarons, Cafri, Lugo, & Sawitsky, 2012) suggest that, in the adapted and Spanish translated version administrated to child welfare professionals, five out of the eight dimensions observed in the version administrated to USA mental health providers can be identified. These five dimensions describe (1) 'Limitations' of EBPs and their inability to address client's needs, (2) negative perceptions of 'Monitoring' or oversight by supervisors, (3) the perception ('Balance') of skills and downplays the role of science in therapy, (4) the perceived likelihood of increased 'Job Security' or professional marketability provided by learning an EBP and (5) 'Fit' of the EBP with the values and needs of the client and professional (excluding item number 25 from this dimension). It was not possible to identify three dimensions observed in the original American version: "Burden" (related to the time and administrative 'burden' associated with learning EBPs), "Organizational Support" (associated with learning an EBP) and "Feedback" (addressing positive perceptions of receiving 'feedback' related to providing mental health services).

As in the American original version of the EBPAS-50, the new five dimensions (24 selected items) obtained from the pull of 35 items added to the original 15 items version did not duplicate its four factors (Aarons, 2004), as demonstrated by the small to moderate convergence of the new factors with the previously identified EBP attitude factors.

Findings of the present study support previous findings obtained with professionals from mental health (Aarons, 2005; Aarons et al., 2007; Aarons & Sawitzky, 2006) and suggest that organizational context (private/public agencies) and personal characteristics (age of professionals) could play a role in the implementation of EBPs in real world settings. Participants in the private condition indicated (1) a more positive attitude toward adopting EBPs if required to do so, (2) a positive perception of skills and downplay of the role of science in therapy, and (3) a more positive attitude toward EBPs because of its ability to help their professional marketability than participants from the public sector. Moreover, younger professionals from Child Welfare Services were more open and have a general positive attitude toward EBPs. It would be relevant to confirm with samples from other regions of Spain and from other areas of intervention (mental health) whether private organizations (compared to public) tend to garner more positive attitudes toward adopting EBP.

One of the most interesting results of the present study, which needs confirmation from further investigations carried out in different cultural contexts, is the one shown in Table 1. Mean scores obtained by child welfare Spanish professionals are higher in almost every dimension than those obtained with the sample of USA mental health providers, which indicate the display of more favorable and positive attitudes toward EBPs in the Child Welfare professionals in the Spanish regions where this study was carried out. These differences are more evident in some of the evaluated dimensions (Appeal, Openness and Balance), suggesting that Child Welfare professionals in Spain would be (a) more willing to adopt a new practice if it is intuitively appealing, makes sense, could be used correctly, or is being used by colleagues who are happy with it, (b) more open to trying new interventions and new types of therapy, and (c) more aware of the relevant role science plays in interventions. From a general perspective, findings of the present study suggest that Spanish professionals from Child Welfare Services have a general positive attitude toward EBPs.

In conclusion, awaiting for new studies conducted with different samples from Child Welfare Services and from other professional areas (mental health, for example), the Spanish version of EBPAS would be composed of nine factors, four of which are identical to the original American version of 15 items (Aarons, 2004; Aarons et al., 2007) and the remaining five identical (except for the removal of Item 25) to five out of the eight factors of the expanded EBPAS version (Aarons et al., 2012). Table 1 shows the 39 items that can currently compose the adaptation of the Spanish version of the EBPAS for its administration to professionals from Child Welfare Services. Items marked with an (R) are the items which should be reversed scored (1= 5; 2= 4; 4= 2; 5= 1).

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