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Norwegian Social Work and Child Welfare Students' Attitudes Towards Research-Supported Treatments

Abstract

Purpose: Evidence-based practice (EBP) has increasingly become a part of social work education, but there is a lack of knowledge about students' attitudes towards it. This study evaluated Norwegian social work students' attitudes towards research-supported treatments (RSTs). **Method:** Attitudes were measured with the Evidence-Based Practice Attitude Scale-36 (EBPAS-36), a validated measure including 12 subscales. **Results:** The findings suggest that master's students are more positive towards RSTs compared to bachelor's students. Having less educational training in EBP was associated with more skepticism towards the concept, suggesting that educational training in EBP contributes to facilitating a positive attitude towards RSTs. **Discussion:** These findings indicate a need to emphasize EBP in social work education. To enable EBP engagement in practice, we argue that emphasis should be put on teaching students to critically appraise research.

Keywords: evidence-based practice, research-supported treatments, social work, social work education, EBPAS

Norwegian Social Work and Child Welfare Students' Attitudes Towards Research-Supported Treatments

The concept of evidence-based practice (EBP) has been widely debated in social work since its introduction in the 1990s. Derived from evidence-based medicine, EBP is commonly defined as "the integration of best research evidence with clinical expertise and patient values" (Sackett et al., 2000). Following the original definition, the concept has transcended health care and established itself in a variety of professional practices. From a critical appraisal perspective, the application of EBP entails that the social worker should: (a) convert the need for information into an answerable question, (b) track down the best clinical evidence to answer that question, (c) critically appraise that evidence in terms of its validity, clinical significance, and usefulness, (d) integrate this critical appraisal of research evidence with their own clinical expertise and the patient's values and circumstances, and (e) evaluate their own effectiveness and efficiency in undertaking the four previous steps, and strive for self-improvement (Thyer, 2004, p. 168).

In discussions of EBP, much attention has been given to what is considered to be the best available evidence. On top of the hierarchy are systematic reviews of randomized trials that summarize existing research. Second come meta-analyses, which are statistical methods for calculating effect sizes across primary studies with comparable populations and interventions. In third place are single randomized controlled trials, where an intervention group is compared with a control group not exposed to the intervention. The latter method is often considered the "gold standard" for evaluating interventions (Kirk & Reid, 2002). Other kinds of research methods include seeking the opinions of highly experienced practitioners (Thyer & Pignotti, 2011), which are arguably among the more common sources of knowledge in social work practice (Iversen & Heggen, 2016; Authors, 2020). In the EBP model, the social worker must critically appraise the relevant evidence in terms of its validity,

clinical significance, and usefulness. However, if there are no available systematic reviews, meta-analyses or single randomized controlled trials, the social worker should continue down the hierarchy of evidence until the best clinical evidence is found to inform their decision in practice (Thyer & Pignotti, 2011).

EBP has been subject to criticism and concern. Common concerns are that EBP does not value clinical expertise; that it ignores patients' values and preferences; that it is a cookbook approach, a cost-cutting tool, or an ivory-tower concept; that it is limited to clinical research; and that it leads to therapeutic nihilism (Straus & McAlister, 2000). The social worker's ability to efficiently appraise evidence is arguably of great importance and a question of concern in EBP. In response to this, scholars have advocated for the uptake of the common factor approach. Here, the social worker focuses on the common factors across interventions that have proved to be effective, such as therapeutic alliance and the hopes and expectations of the clients, rather than identifying the most effective interventions. This approach is advocated for not only because of its demonstrated effectiveness in psychotherapy, but also as a measure to relieve the social worker from having to identify and choose between a variety of overlapping interventions (Barth et al., 2012; Bergmark & Lundström, 2011).

Previous research has demonstrated the importance of teaching EBP in social work education in order to increase favorable EBP attitudes and facilitate research into social work practices (Parrish & Rubin, 2011; Spensberger et al., 2020; Tennille et al., 2016). Moreover, the Council of Social Work Education emphasizes that "teaching social work students how to access, analyze, interpret, and appropriately employ evidence is critical to effective social work practice" (Council of Social Work Education, n.d.). It is generally accepted that both educators and field instructors play an important role in establishing social work practice with an emphasis on EBP. In Norway, the uptake of EBP practices among social work

professionals has been emphasized by governing authorities. The Ministry of Children and Family Affairs (2016) urges the implementation and use of evidence-based services in the Norwegian social sector, particularly the use of specific research methods, such as longitudinal research on register data. However, Gambrill (2019) argues that even though scholars are increasingly writing about the use of EBP, social work is still not based on empirical research in terms of the quality of research and the practices that clients receive. She also states that social work educators are not teaching empirical research sufficiently thoroughly in terms of the helping process and common factors. Thus, it is becoming increasingly important to understand how EBP is perceived and taught in social work education, in order to learn how to best facilitate the uptake of research into practice.

Previous Research on Social Workers' Attitudes Towards EBP

Previous research demonstrates that most social workers are positive towards EBP, although a minority report that they are critical or skeptical towards the concept (Bergmark & Lundström, 2011; Heiwe et al., 2013; Iovu, 2015; Iovu et al., 2015; James et al., 2019; van Der Zwet et al., 2016; Wilson & Douglas, 2007). Similar results have been found among social work students (Iovu, 2015; Parrish & Rubin, 2012). Although a majority of social workers demonstrate positive attitudes towards EBP, unfamiliarity and confusion surrounding the concept still persist (Avby et al., 2014; Bergmark & Lundström, 2011; Ekeland et al., 2019; Grady et al., 2018; James et al., 2019; Wilson & Douglas, 2007). Similar results have been found among Norwegian social workers. For instance, Ekeland et al. (2019) found that few of their 2060 practicing social workers had precise knowledge about the concept, and that continuing education was a predictor of such knowledge. A qualitative study by Authors (2019) found that Norwegian social workers in social services and child welfare services generally held a positive attitude towards EBP but had limited knowledge of the concept.

One of the reasons for the confusion might be a lack of clarity about what the concept consists of and confusion regarding its terminology (Gray et al., 2014; van der Zwet et al., 2019). Another reason might be that social workers tend to rely on practice-based knowledge, the expertise of colleagues, and previous experiences (Avby et al., 2017; Iversen & Heggen, 2016; McDermott et al., 2017), and less on research literature (Bergmark & Lundström, 2011; Chagnon et al., 2010; James et al., 2019). Some barriers have been identified to predict EBP attitudes and behavior. A systematic review by Gray et al. (2012) identified several factors as barriers towards EBP, including inadequate skills and knowledge among the practitioners; agency culture, such as blame culture, that prevents social workers from working outside the accepted guidelines; an insufficient research environment; practitioner attitudes; and inadequate supervision. Barriers identified in a systematic review by Scurlock-Evans and Upton (2015) generally consisted of organizational culture, a perceived lack of fit between research findings and specific practice contexts, and time restrictions.

Evidence-Based Practice in Educational Settings

Several factors have been associated with a positive attitude towards EBP. Knowledge about the concept, accumulated for instance through a master's degree, continuing education, or workshops, has been shown to increase favorable attitudes (Aarons et al., 2006; Bellamy et al., 2006; Ekeland et al., 2019; Mullen & Streiner, 2004; Scurlock-Evans & Upton, 2015). Learning about EBP seems to be an important factor in attitude and behavioral change. Parrish and Rubin (2011) employed a one-group pretest-posttest study with 69 social workers to examine EBP attitudes and behavior. The study revealed that social workers increased their knowledge, attitudes, and self-efficacy about the EBP process, altered their negative attitudes towards EBP, and increased their self-efficacy and EBP behavior. Oh et al. (2020) examined attitudes toward RSTs and EBP among social work masters' students enrolled in an advanced research methods course in the U.S., and found that positive attitudes

were predicted by higher scores on the feasibility of implementing EBP in the students' field placements. Moreover, knowledge of and exposure to EBP were positively associated with the EBP process.

In terms of teaching about EBP, Spensberger et al. (2020) conducted a systematic review including 27 studies, mostly of uncontrolled designs. The authors concluded that there is no conclusive evidence on the most effective way of teaching EBP, but advocated for the importance of teaching social work students to critically appraise research and suggested that educators should consider using research from areas other than social work. Although the evidence is inconclusive, several studies have suggested the benefits of teaching EBP. For instance, Peterson et al. (2011) examined a program for social work students which tested their familiarity with EBP concepts and aimed to improve their ability to search for and use interventions. The students were enrolled in a capstone course comprising a 480-hour field internship. Findings from the study revealed that as a result of the field internship, the students perceived an enhanced familiarity with EBP, believed they had a greater ability to find and search for research literature, and felt more prepared to use the best practices in social work interventions.

The Evidence-Based Practice Attitude Scale

The Evidence-Based Practice Attitude Scale (EBPAS) was developed to assess mental health providers' attitudes towards RSTs. The original EBPAS-15 included 15 items that assessed four dimensions of attitudes: the intuitive appeal of EBP, the likelihood of adopting EBP given the requirements to do so, openness to new practices, and perceived divergence between RSTs and current practices (Aarons, 2004). To explore further domains of attitudes toward EBP, Aarons et al. (2010) developed EBPAS-50, which combined the original 15 items with 35 new items to assess a total of 12 subscales. Rye et al. (2017) addressed the need for a briefer instrument containing the 12 original subscales in order to

improve user acceptability, which resulted in the development of EBPAS-36, consisting of 36 items relating to 12 subscales. While the 12-factor structure of EBPAS-36 has been confirmed in U.S and Norwegian samples, second-order factor structures have proven promising in assessing underlying constructs of attitudes, as opposed to the 12-factor structure (Rye et al., 2019).

Using a second-order factor analysis, early research by Szota et al. (2020) supported a four-factor solution assessing attitudes towards RSTs. The first factor, *positive alignment with EBP*, comprised the subscales openness, appeal, fit, and feedback; the second factor, *reservations towards EBP*, comprised the subscales divergence, limitations, and balance; the third factor, *institutional endorsement*, comprised the subscales job security and organizational support; and the fourth factor, *constraints by the institution*, comprised the subscales requirements, monitoring, and burden. Similarly, Rye et al. (2019) found support for three factors: *professional concerns*, comprising the subscales limitations, divergence, balance, and monitoring; *work conditions and requirements*, comprising the subscales burden, organizational support, job security, appeal, and requirements; and *fit and feedback*, comprising the subscales fit and feedback.

Purpose of the Present Study

This study aimed to explore social work and child welfare students' attitudes towards RSTs. The uptake of EBP is increasing in social work, and an important aspect of this practice is the use of RSTs, which social work education arguably plays an important role in teaching. Thus, understanding how social work students assess and understand RSTs can contribute to facilitating the uptake of EBP in practice.

Method

Data Collection Procedure

The study participants comprised 114 students currently enrolled in a bachelor's or master's program in social work or child welfare[1]. This study was approved by the Norwegian Center for Research Data (reference: 806073). The data were collected from a Norwegian university in 2020, using a survey tool developed by the university to collect sensitive data with a high degree of security and privacy. The authors sent out an online survey to 1027 students through a student register at the university found through a common e-mail list. The survey was also advertised on an online student platform related to the study program.

The first page of the survey included information regarding study participation and anonymity. The students received seven reminders to participate in the study. We were later made aware that one of the study programs consisted of mainly English-speaking students. Since the survey was sent out in Norwegian, these students were omitted from the follow-up requests and the total response rate of the survey. Eleven e-mail addresses returned an automated response stating that they were invalid, and so were excluded from the overall response rate. There was a valid response from 114 of the students, comprising an 11.1% response rate. One reason for the low response rate might be that that the e-mail was sent through a common e-mailing registry, which made it impossible to follow up nonresponses individually. Another reason might be the effect that COVID-19 has had on students' participation. The response rate is further discussed in the limitations section below.

As seen in Table 1, the majority (84.2%) of the participants were female. This is similar to the proportion among Norwegian social workers (Fellesorganisasjonen, 2019).

[1] There are two educational programs leading to a career as a social worker in Norway: a bachelor's degree in social work, or one in child welfare. Those who were enrolled in a master of social science program in this sample could chose to specialize in social work or child welfare.

Regarding previous education, 45% of the participant already held a bachelor's degree prior to their current studies, and 39% reported high school as their highest educational background. In terms of age, 43% of the participants were 26–35 years old, 9.6% were 36–45 years old, and 7.0% were 46 years or older. There was an almost equal distribution between the study programs, but the largest group of students were bachelor students of social work (35.1%).

INSERT TABLE 1 HERE

Measures

Social work students' attitudes towards EBP were assessed using the EBPAS-36 (Aarons, 2004). This scale has been validated in a Norwegian context, demonstrating satisfactory psychometric properties in terms of reliability, construct validity, cross-cultural validity, and pragmatics (Egeland et al., 2016). Demographic variables included age (open-ended), gender, current study program (bachelor of social work, bachelor of child welfare, or master of social work), and highest completed educational degree. One question was included to determine the students' previous training in EBP: "Overall, how would you describe the amount of your prior education in evidence-based practice as a student?". This question included a five-point Likert scale with response alternatives of 1 (*none*), 2 (*very little*), 3 (*some*), 4 (*quite a bit*), and 5 (*a lot*).

Measuring Attitudes

The EBPAS-36 scale comprises 12 subscales, each consisting of three items. Each subscale indicates the feasibility of using RSTs: (a) the likelihood of adopting RSTs given *requirements* to do so, (b) the intuitive *appeal* of adopting RSTs, (c) *openness* to new practices, (d) the perceived *divergence* of the provider's usual practice from research-based or academically developed interventions, (e) *limitations* of RSTs and their inability to address client needs, (f) the *fit* of RSTs with the values and needs of the client and practitioner, (g)

negative perceptions of *monitoring*, (h) *balance* between perceptions of practitioner skills and science, (i) the time and administrative *burden* of learning an RST, (j) *job security* related to using/learning an RST, (k) perceived *organizational support* for adoption, and (l) positive perceptions of receiving *feedback* (Egeland et al., 2016). The items are responded to on a 5-point Likert scale with a response alternatives of 1 (*not at all*), 2 (*to a slight extent*), 3 (*to a moderate extent*), 4 (*to a great extent*), and 5 (*to a very great extent*). Fifteen items from five subscales (divergence, limitations, monitoring, balance, and burden) are negatively framed and reverse coded to reduce response bias. A higher total score indicates greater positive attitudes towards RSTs.

Analytic Plan

Version 27.0 of the SPSS software package was used to analyze the data. After data inspection, descriptive statistics in terms of percentages, mean scores, and standard deviations were calculated for presentation of participant characteristics. Principal component analysis (PCA) was used to test the 12-factor structure of EBPAS-36 and to determine meaningful and simplified patterns in the data. Correlation analyses were used to study the associations between the background variables used in the study, and linear regression was used to determine the associations between the background variables and the two dependent variables. Prior to running the regression, the data were tested for multicollinearity. The variable for being a bachelor's student in child welfare had a variance inflation factor above 5, and was therefore not used as an independent variable. Hence, the regression analyses assessed the relationship between bachelor's and master's students regardless of specialization.

Results

Attitudes Towards Adopting Research-Supported Treatments

The overall reliability of EBPAS-36 was 0.54, which is considered low compared to the 0.86 score reported by Rye et al. (2017). The mean total EBPAS-36 score was 3.86 (*SD* = 0.23). Results from the PCA suggested a two-factor solution for the EBPAS-36, indicating that the original 12-factor solution cannot be applied to this sample. The first dimension included items relating to the subscales feedback, fit, appeal, organizational support, requirements, openness, and job security, while the second included items relating to the subscales burden, divergence, monitoring, limitations, and balance. Although each dimension aligned with subscales of the EBPAS-36, the dimensions encompassed broad theoretical themes. Due to difficulty interpreting the two subscales as individual theoretical dimensions, and after comparing the dimensions in other studies using EBPAS-36 (Rye et al., 2019, Szota et al., 2020), subscales not directly relating to RST attitudes were omitted from each dimension, namely the items relating to the subscales feedback, organizational support, job security, requirements, monitoring, and burden.

INSERT TABLE 2 HERE

A second PCA analysis was conducted with the remaining 18 items. Prior to the analyses, tests for suitability of data were conducted using the Kaiser–Meyer–Olkin (KMO) measure of sampling adequacy and Bartlett's test of sphericity. The KMO value was 0.933, and Bartlett's test of sphericity showed a significance level of $p < 0.00$. None of the items had communalities below 0.3, and in accordance with Field (2013, p. 686), none of the items were suppressed. As shown in Table 2, the results from the PCA suggested a two-factor solution. The first factor had an eigenvalue explaining 14.7% of the variance, and the second explained 1.38%. The first factor, which was labeled *positive attitudes towards RSTs*, included items related to the subscales appeal, openness and fit. The second factor included

items relating to the subscales divergence, limitations and balance, and was labeled *skepticism towards RSTs*. Cronbach's alpha was measured to assess the internal consistency of the scale; values of 0.96 in factor 1 and 0.97 in factor two suggested a high internal consistency (Nunnally, 1987), but might also suggest that the items are highly correlated.

Correlation Analysis Among Key Study Variables

Table 3 presents the means, standard deviations, and correlations for the six background variables in the analyses and the two variables measuring positive attitudes and skepticism towards RSTs. The analyses revealed that gender (f) was negatively correlated with being a bachelor of social work student (r = -0.3, $p < 0.01$) and positively correlated with being a bachelor of child welfare (r = 0.2, $p < 0.05$) or master of social work student (r = 0.2, $p < 0.01$).

Studying for a bachelor's degree in social work (r = 0.3, $p < 0.01$) or child welfare (r = 0.2, $p < 0.01$) was positively correlated with little educational EBP training, whereas being a master's student was negatively correlated with little educational EBP training (r = -0.6, $p < 0.01$), indicating that being a master's student was associated with more educational training in EBP. Furthermore, studying for a bachelor's degree in child welfare student or a master's degree was positively correlated with positive attitudes towards RSTs (r = 0.2, $p < 0.01$, r = 0.5, $p < 0.01$, respectively), whereas studying for a bachelor's degree in social work was negatively correlated with positive attitudes towards RSTs (r = -0.8, $p < 0.01$). Similarly, being a social work student was positively correlated with skepticism towards RSTs, and being a master's student was negatively correlated (r = -0.7, $p < 0.01$).

INSERT TABLE 3 HERE

Predictors of Attitudes Towards Research-Supported Treatments

As shown in Table 5, we included the two dependent variables in the regression analyses in order to assess the students' attitudes towards RSTs. The results demonstrate that

the students enrolled in a master's program had positive attitudes towards RSTs and were negatively associated with skepticism towards RSTs. These results indicate that studying at a master's level is overall associated with more positive attitudes and less skepticism towards the adoption of RSTs, compared to studying at a bachelor's level.

Little educational training in EBP was negatively associated with openness towards RSTs, and positively associated with skepticism towards the concept, indicating that those with little educational training in EBP were more skeptical towards RSTs than those with more training. Finally, being female was positively associated with openness towards RSTs and negatively associated with skepticism towards the concept. However, due to the low number of male participants, it is difficult to determine the validity of this finding.

INSERT TABLE 4 HERE

Discussion

This study aimed to explore Norwegian social work and child welfare students' attitudes towards RSTs. While practitioners' attitudes toward EBP have been given some attention in Norway, students' roles are less explored. The main findings in this study were that students with more educational training in EBP demonstrated overall more positive attitudes towards the uptake of RSTs compared to those with less training, and that students enrolled in a master's program were associated with more positive attitudes towards RSTs compared to bachelor students. These results are mainly explained through regression analyses, which revealed that being a master's student was positively associated with positive attitudes towards RSTs and negatively associated with skepticism towards RSTs.

One explanation for these findings is that master's students have more educational training in EBP. This was demonstrated in the correlation analyses, which revealed that being a bachelor's student in social work or child welfare was positively correlated with little educational EBP training, whereas being a master's student was negatively correlated with

little EBP educational training. Regression analyses were aligned with these results, indicating that little educational training was negatively associated with positive attitudes to RSTs and positively associated with skepticism towards them, suggesting that those with little educational training are less open to RSTs.

These findings highlight the importance of increasing EBP training in social work schools to facilitate the adoption of EBP in practice settings. Previous research has shown the importance of teaching EBP. For instance, Parrish and Rubin (2011) demonstrated that a one-group pretest-posttest design with a 3-month follow-up among 69 social workers increased the social workers' knowledge, attitudes, and self-efficacy about the EBP process, altered their negative attitudes towards EBP, and increased their self-efficacy and EBP behavior. However, exposure to EBP is not limited to classroom teaching. Field placements and fieldwork instructors play a significant role in facilitating EBP attitudes, and fieldwork instructors who are taught about EBP are more likely to learn and practice the concept (Tennille et al., 2016). Hence, while it is important that social work students are taught about EBP in classroom settings, it is also necessary for field instructors to receive sufficient training in teaching social work students to apply EBP in field practice.

We suggest that to implement EBP successfully in practice, students must be taught not only about the EBP concept, but also how to critically appraise research in terms of its validity, clinical significance, and usefulness. Studies of social workers' knowledge utilization have demonstrated that the most commonly used sources of knowledge are practice-based knowledge, colleagues, and previous experiences (Avby et al., 2017; Iversen & Heggen, 2016; McDermott et al., 2017). A Norwegian study (Authors, 2020) demonstrated that social workers rely more frequently on their colleagues than on research literature when making decisions in practice. Although research suggests that there is no conclusive evidence on the most effective way of teaching EBP (Spensberger et al., 2020), studies have

demonstrated that teaching students to search for and use interventions increases both their familiarity with EBP and their ability to allocate evidence (Peterson et al., 2011). Based on previous literature and the results from the current study, we argue that if practitioners are to rely on research findings to inform their practice, they must first have an understanding of methodological design, and in particular a basic knowledge of statistical concepts. Emphasizing scientific thinking and knowledge of statistics in social work education could better prepare students to utilize RSTs and to critically appraise research in practice. However, more studies are needed to establish the best way to teach social work students about the EBP process. More broadly, research using controlled designs would be beneficial in identifying factors that facilitate the teaching of EBP.

Limitations

There are several limitations to this study. First, the sample size and response rate (11.1%) were both low, which makes it difficult to generalize the findings. One of the reasons for the low response rate might be that the participation letter was distributed through a common e-mail list, and so it was not possible to follow up individuals directly. Another reason might be the impact of COVID-19 on students and universities in Norway during the period of data collection. There is also a chance that those who participated in the survey were more prone to have preexisting knowledge on the topic, thus making some results biased.

Results from the PCA demonstrated a two-factor solution of the EBPAS-36, while other studies have found support for three-factor and four-factor solutions using second-order factor analysis (Rye et al., 2019; Szota et al., 2020). One reason for this might be the low sample size. It might also suggest that students had difficulties interpreting the questions. Hence, the survey might not be appropriate for new students who have not yet had, for example, training in RSTs or fieldwork experience. Results from the regression analyses

revealed that each outcome was associated with a high adjusted R^2, indicating that the model might be biased and overfitted due to low sample size. In terms of representativeness, the gender distribution among the participants was aligned with that among practicing social workers in Norway (Fellesorganisasjonen, 2020) Finally, to our knowledge, there have been no previous studies on Norwegian social work students' attitudes towards EBP; and although the generalizability is limited, this study provides new insight into a field that has seldom been explored in Norway.

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Authors' own. (2019).

Authors' own. (2020).

Table 1

Participant Characteristics (N = 114)

	Frequency	Percent
Age		
20–25	45	39.5
26–35	50	43.9
36–45	11	9.6
46–55	8	7.0
Gender		
Female	96	84.2
Male	16	14.0
Other	0	0.0
Study program		
Bachelor of social work	40	35.1
Bachelor of child welfare	39	34.2
Master of social science	33	28.9
Other	2	1.8
Highest education		
High school	45	39.5
Bachelor's degree	52	45.6
Continuing education	12	10.5
Master's degree	5	4.4

Table 2

Results from Principal Component Analysis and Descriptive Statistics

Items	Factor loading		*M*	*SD*	**α**
	1	2			
Factor 1: Positive attitudes towards RSTs					0.96
How likely would you be to adopt an RST if it made sense to you?	0.91	0.34	4.28	0.91	
How likely would you be to adopt an RST if it was being used by colleagues who were happy with it?	0.93	0.11	4.00	0.88	
How likely would you be to adopt an RST if you felt you had enough training to use it correctly?	0.91	0.30	4.35	0.79	
I like to use new types of interventions to help my clients	0.96	0.05	3.43	1.12	
I am willing to try new types of interventions even if I have to follow a treatment manual	0.96	0.04	3.43	1.09	
I am willing to use new and different types of interventions developed by researchers	0.94	0.15	3.76	1.12	
How likely would you be to adopt an RST if you knew it was right for your clients?	0.79	0.49	4.62	0.70	

How likely would you be to adopt an RST if you had a say in how you would use the evidence-based practice?	0.90	0.29	4.39	0.77	
How likely would you be to adopt an RST if it fit with your clinical approach?	0.91	0.29	4.34	0.81	
Factor 2: Skepticism towards RSTs					0.97
Evidence-based practice is not useful for clients with multiple problems	-0.89	0.37	4.04	0.98	
Evidence-based practice is not individualized treatment	-0.94	0.20	3.36	1.09	
Evidence-based practice is too narrowly focused	-0.93	0.17	3.45	0.96	
A positive outcome in therapy is an art more than a science	-0.88	0.37	4.07	0.91	
Therapy is both an art and a science	-0.94	0.02	2.42	1.24	
My overall competence as a social worker is more important than a particular approach	-0.93	0.08	2.83	1.04	
Research based treatments/interventions are not clinically useful	-0.76	0.51	4.34	0.93	

Clinical experience is more important than using manualized treatments	-0.82	0.16	3.10	0.98
I would not use manualized intervention	-0.87	0.25	4.13	0.89
Eigenvalue	14.7	1.38		
Total variance	82.1	7.7		

Table 3

Correlations Among Key Study Variables (N = 113)

Variables	M	SD	1	2	3	4	5	6	7	8
1. Gender (female)	0.8	0.3	1							
2. Age (young)	0.8	0.3	-.06	1						
3. Bachelor of child welfare	0.3	0.4	.21*	-.07	1					
4. Bachelor of social work	0.3	0.4	-.38**	.03	-.53**	1				
5. Master of social work	0.2	0.4	.27**	.02	-.46**	-.46**	1			
6. Little EBP education	0.7	0.5	.01	-.11	.23**	.38**	-.69**	1		
7. Positive attitudes towards RSTs	36	8.8	.57**	.03	.21*	-.81**	.58**	-.52	1	
8. Skepticism towards RSTs	31	8.3	-.34**	-.04	-.01	.77**	-.73**	-.70**	-.88**	1

Note. EBP = evidence-based practice; RST = research-supported treatment.

***$p < 0.001$; **$p < 0.01$; *$p < 0.05$

Table 4

Summary of Multiple Regression Analyses for Variables Predicting Attitudes Towards Research-Supported Treatments (RSTs) (N = 113)

	Positive attitudes towards RSTs			Skepticism towards RSTs		
Variable	B	SE B	β	B	SE B	β
Gender (female)	11.4	1.3	.53***	-5.6	1.3.	-.24***
Age (young)	.21	1.2	.01	.02	1.2	.00
Master's degree (ref: bachelor's)	3.0	1.3	.17**	-6.6	1.3	-.36***
Little EBP education	-8.1	1.4	-.42***	10.0	1.4	.48***
R^2	.633			.683		
F	47.7			61.8		

Note. EBP = evidence-based practice.

***$p < 0.001$; **$p < 0.01$.