Translation and Validation of the Evidence-Based Practice Attitude Scale to Brazilian Portuguese: Challenges and Lessons Learned

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PURPOSE

- Evidence-Based Practice Attitude Scale (EBPAS) measures professionals' feelings about using evidence-based interventions
- Use of evidence-based interventions is novel in Brazilian mental health settings

Goal: translate and validate EBPAS for use in Brazilian mental health settings
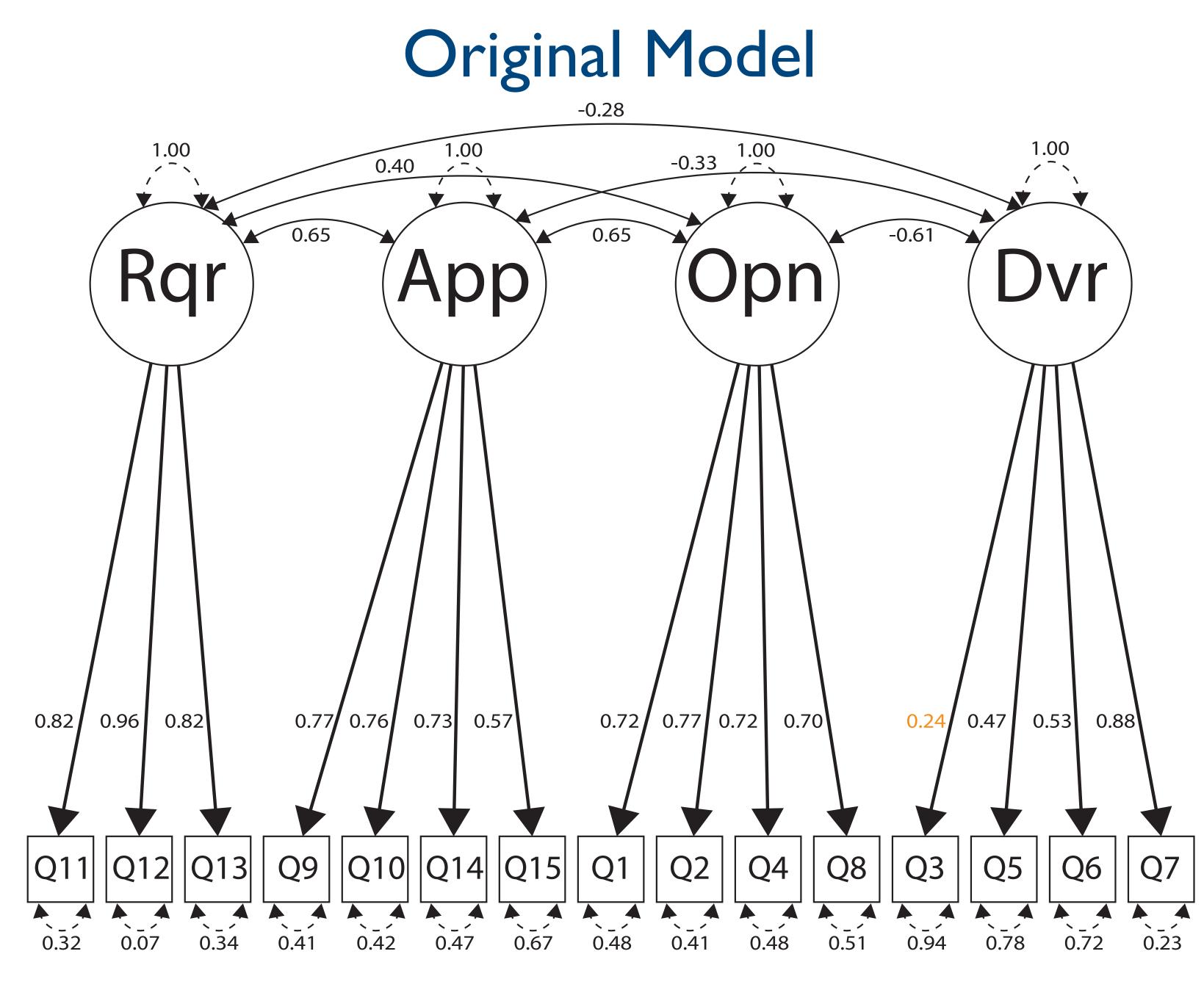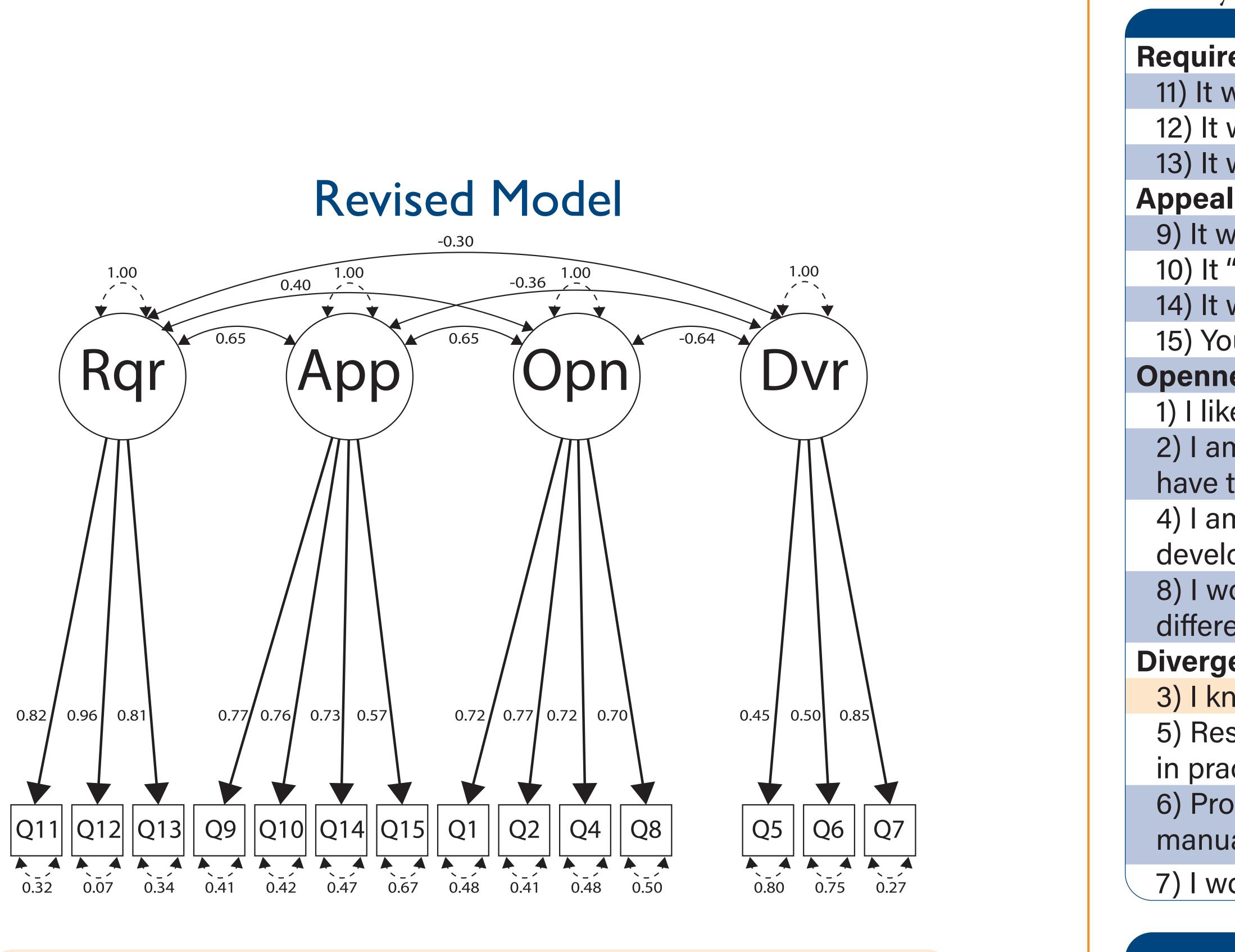
METHODS

Procedure

- Translated the EBPAS-15 into Brazilian Portuguese; evaluated forward and back-translations
- Participants recruited via snowball sample
- Collected online August 2019 - January 2020
- Performed confirmatory factor analysis (CFA) to determine if scale retained original structure
- Missing values imputed with Random Forest algorithm
- Conducted qualitative interviews examining cultural relevance of items

Sample

- N = 352, mostly:
- Women
- Studied psychology
- Worked as therapist
- 8-14 years of experience
- Worked in private practice

RESULTS

The original factor structure required minor modification.

Original Model

Revised Model

Challenges	Solutions
Ethics laws in Brazil do not allow for participant monetary incentives	Include different recruitment strategies such as WhatsApp
Most psychologists are in private practice, presenting a challenge for reach	Connect with national organizations (e.g., National Psychology Association) for sampling

"De maneira geral as considero inflexíveis e com pouco espaço para acolher e ouvir os pais, o que acaba sendo uma demanda importante deles nesse tipo de trabalho." [Generally, I consider them (the interventions) not so flexible and with little space to welcome and listen to parents, which ends up being an important demand in this type of work.]

Summary Statistics for Complete Cases for EBPAS Scale and Items (n = 282)

Items	M, SD	Alpha
Required	**2.97, 0.89**	**0.87**
11) It was required by your supervisor/administrator?	3.10, 0.96	
12) It was required by your school?	3.00, 0.99	
13) It was required by your state?	2.80, 1.04	
Appeal	**3.43, 0.69**	**0.73**
9) It was intuitively appealing?	3.48, 1.05	
10) It "made sense" to you?	3.96, 0.90	
14) It was being used by colleagues who were happy with it?	3.23, 0.91	
15) You felt you had enough training to use it correctly?	3.05, 0.81	
Openness	**3.48, 0.74**	**0.77**
1) I like to use new types of methods/interventions to help clients	3.95, 0.91	
2) I am willing to try new types of methods/interventions even if I have to follow a teaching/training manual	3.69, 1.02	
4) I am willing to use new types of methods/interventions developed by researchers.	3.04, 0.80	
8) I would try new methods/interventions even if it were very different from what I am used to doing	3.23, 0.99	
Divergence	**1.99, 0.63**	**0.60**
3) I know better than academic researchers how to care for clients	2.27, 0.97	
5) Research-based teaching methods/Interventions are not useful in practice	1.49, 0.94	
6) Professional experience is more important than using manualized methods/interventions	2.44, 1.04	
7) I would not use manualized methods/interventions.	1.77, 0.77	

	χ^2	df	χ^2/df	RMSEA [90% CI]	SRMR	CFI	TLI
1 Factor 15 Items	1054.23	90	11.71	0.175 [0.164 – 0.184] *	0.136	0.904	0.888
4 Factors 15 Items	256.57	84	3.05	0.077 [0.066 – 0.087] *	0.069	0.983	0.978
4 Factors 14 Items	217.17	71	3.06	0.077 [0.065 – 0.088] *	0.066	0.985	0.981

* $p < 0.05$

Reference

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

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