

At-Risk Youth in Simcoe County

Needs, gaps, and attitudes
toward evidence-based
practices



November 2006

Child, Youth, and Family
Coalition of Simcoe County

Barwick, M. (2006). At-risk youth in Simcoe County: Needs, gaps, and practitioner attitudes toward evidence-based practices. Toronto, ON.

© Child, Youth, and Family Coalition of Simcoe County, Ontario, Canada

Table of Contents

Acknowledgements	4
Main Messages	5
Introduction	6
Chapter 1: The Respondents	7
Chapter 2: The At-Risk Initiatives	8
Chapter 3: Initiatives and Needs for Homeless Youth	11
Chapter 4: Attitudes on Evidence Based Practices	13
Chapter 5: Next Steps	15
References	17
Appendices	18

Acknowledgements

This environmental scan was commissioned by the Child, Youth, and Family Coalition of Simcoe County in May 2006. Appreciation is extended to the individuals who contributed to this work, either in its development or through participation as a survey respondent and through attendance at the feedback presentation and priority setting discussion.

Main Messages

- Simcoe County youth-at-risk initiatives are mainly associated with the Ministry of Children and Youth Services.
- The majority of initiatives serve youth in their early adolescence, 12-15 years of age.
- Most initiatives function on annual funds of \$25,000 or less.
- Most initiatives address the needs of youth deemed at-risk for school leaving and those at-risk for social and emotional problems. Few services are aimed at youth at-risk for abandonment, reflecting an important service gap for Simcoe County.
- Simcoe county is only meeting the needs of their at-risk youth 'to a slight extent.'
- Only 12% of respondents (out of 108) have targeted programs for homeless youth.
- **Youth at-risk for aggression/violence** need increased prevention and early intervention, more school-based counseling and mental health services, reduction in wait times for service, increased availability of evidence-based practices, and greater awareness of services available in the community
- **Youth at-risk for addictions** need better access and timely availability of services, increased school mental health, greater recreational opportunities and residential programs.
- **Youth at-risk for early school leaving** need co-op programs, alternatives to suspension and expulsion, alternative school placements, more student success initiatives, and increased availability of advocates and mentors.
- **Youth at-risk for abandonment** need parent training and support, housing and alternative living arrangements, shelters, respite supports, greater community awareness, and earlier identification.
- **Youth at-risk for social/emotional problems** need faster access and reduced wait times, more inpatient and outpatient services, school-based services and improved service coordination.
- **Youth at-risk for criminal activity and juvenile justice involvement** need increased service coordination, intervention in school environments, and recreational opportunities.
- On the Evidence-Based Practice Attitudes Scale (EBPAS), practitioners demonstrated an open inclination toward adopting a new practice if it were presented as appealing and if it was a provincial or organizational requirement.

Introduction

This environmental scan is intended to provide information about current service delivery for at-risk children and youth, perceived gaps in service delivery for this population, and suggestions for improvements in order to inform the development of a coordinated plan to service this population throughout Simcoe County.

The plan of work called for the following objectives:

- Identify service providers' working definitions of "at-risk"
- Identify resources available to meet the needs of this population
- Identify unmet needs/gaps
- Review potential programs, services, supports that could fill gaps/meet needs
- Facilitate priority setting and action planning fora to build consensus on priority actions that can make more effective use of Simcoe county and/or to develop proposals for future funding
- Prepare a report that can be used as reference/source documents for future planning for this population

The project was intended to increase understanding of needs, resources, and evidence-based practices across the children's sector in order to improve outcomes for this population. In addition, the project sought to increase collaboration and capacity across the children's sector so as to address the identified needs and gaps.

Chapter 1 • The Respondents

An invitation to participate in the survey was emailed to members of the Coalition Committee, who were asked to distribute the survey throughout their organizations. A total of 176 individuals responded to the survey, of whom 171 (97.2%) consented to having their responses included in the report. Of 171 respondents, 145 (84.8%) provided information about themselves such as their name, organization, and email contact.

The majority of respondents were affiliated with the Education sector (35.2%) (see Appendix A). Another 14 individuals from a Francophone service centre also made up one of the largest respondent groups, as did Community Action Program for Children, YMCA of Simcoe-Muskoka, and Simcoe Community Services who each contributed 7-10 respondents. Overall, 28 organizations contributed in some measure to the survey.

All children's sectors were represented, with Education being the largest at 45.8% (see Appendix B). Children's Mental Health (13.3%), Health (13.4%), Child Welfare (10.6%) and Juvenile Justice (7.0%), Substance Abuse – Addictions (4.9%), and Developmental Services (4.9%) were all represented.

A large group of respondents were managers (22.5%) and supervisors (12.7%), while 12.7% were school principals and 10.6% were teachers (see Appendix C).

Chapter 2 • Simcoe County Initiatives for At-Risk Youth

The majority of youth-at-risk initiatives in which service provider organizations reported involvement are associated with the Ministry of Children and Youth Services, many of which are related to the recent Child and Youth Mental Health Investment funding (see Appendix D for all initiative data). There are also a large number of initiatives related to the Ministry of Education. In Health, the reported active areas are in substance abuse and developmental disabilities.

The majority of initiatives serve youth in their early adolescence, 12-15 years of age (n=56), with those for late adolescents, 16-21 years, following closely behind (n=34). Many initiatives serve a broader age range, not delineated by age or developmental period: 6-15 years (n=36); 6-21 years (n=19); and 12-21 years (n=37). Most initiatives function on annual funds of \$25,000 or less (n=49), typically sourced by the provincial government in conjunction with other funds.

For the most part, the initiatives address the needs of youth deemed *at-risk for school leaving* and those *at-risk for social and emotional problems*. This finding is likely due to the high response rate from the Education sector. The population with the least amount of services is *youth at-risk for abandonment*, reflecting an important service gap for Simcoe County.

Table 1 Perceived Ability to Meet the Needs of At-Risk Youth

	Not At All	To a Slight Extent	To a Moderate Extent	To a Great Extent	To a Very Great Extent
Youth at-risk for violence /aggression	7% (7)	58% (59)	33% (33)	2% (2)	0% (0)
Youth at-risk for addictions (i.e., substance use, gambling)	8% (8)	57% (58)	31% (31)	4% (4)	0% (0)
Youth at-risk for criminal activity / juvenile justice involvement	3% (3)	56% (57)	35% (35)	6% (6)	0% (0)
Youth at-risk for early school leaving	9% (9)	46% (46)	35% (35)	10% (10)	1% (1)
Youth at-risk for abandonment	15% (15)	55% (56)	27% (27)	3% (3)	0% (0)
Youth at-risk for social / emotional problems (n=100)	15% (15)	57% (58)	25% (25)	3% (3)	0% (0)

As far as how well current initiatives are perceived to meet the needs of at-risk youth, variably defined, results indicate that across all types of at-risk youth, on average, needs are only being met 'to a slight extent.' This suggests room for improvement in how at-risk youth of all definitions are served across all sectors (see Table 1 above). The current data will provide Simcoe county with a useful benchmark against which to gauge future perceived progress in these areas of service delivery.

We asked respondents what they thought was required to better meet the needs of these at-risk youth. Many suggestions were received, and the common themes are presented below.

Youth At-Risk For Aggression/Violence

Several needs were identified for youth at-risk for aggression and violence. There was a strong response for the following actions, including:

- Increased prevention and early intervention
- More counseling and mental health services provided within school environments
- Reduction in wait times for service
- Increased evidence-based practices
- Greater awareness of services available in the community

Respondents also called for increases in anger management programs, group therapies, educator and parent training, services for Francophone children and youth, improved service coordination and increased availability of services in general.

Youth At-Risk For Addictions

The identified needs of youth at-risk for addictions were very strong in the following areas:

- Access and timely availability of services
- Increased programming in the school environment
- Greater recreational opportunities for youth
- Residential programs for this population

There was also a call for greater awareness and early intervention, an increase in harm reduction approaches, earlier identification, and more overall service and outreach, as well as programs aimed specifically for Francophone youth.

Youth At-Risk For Early School Leaving

Many respondents suggested that the needs of youth at-risk for early school leaving could best be served by increasing the following types of programs:

- Co-op and vocational alternatives
- Alternatives to suspension and expulsion

- Alternative school placements
- Programs like COMPASS and other student success initiatives
- Use of advocates and mentors

There is also a need to identify potential early school leavers early on in their school careers, and to provide them with necessary services and supports. Increased partnership between schools and community agencies could effectively address early school leaving issues.

Youth At-Risk For Abandonment

There was a strong call for the following supports for youth at-risk for abandonment:

- Parent training and support
- Housing and alternative living arrangements
- Shelters
- Respite supports for families
- Greater awareness of the problem, and earlier identification of youth at-risk

Youth At-Risk For Social/Emotional Problems

Not surprisingly, the most significant needs relative to youth at-risk for social and emotional problems included:

- Faster access / reduced wait times for service
- Increased funding for inpatient and outpatient services
- More services provided in the school environment
- Improved service coordination

There was also an identified need for more parent skills training, earlier identification, and a general improvement of services currently available.

Youth At-Risk For Criminal Activity and Juvenile Justice Involvement

Identified needs for this group of at-risk youth included:

- Increased service coordination
- Increased intervention in school environments
- Increased recreational opportunities
- Increased access to services and supports

Chapter 3 • Initiatives and Needs for Homeless Youth

The Coalition has a particular interest in the needs and gaps for homeless youth across Simcoe County. Respondents were asked whether their organization had programs or initiatives directed specifically to homelessness among at-risk youth. Results indicated that of the 108 individuals who answered the questions, 95 (88%) could not identify specific initiatives for this population within their affiliated organizations. Only 13 (12%) identified their organizations as having such a program or initiative. For the record, 66 individuals skipped this question and 2 were filtered out due to lack of consent.

Most respondents perceived homeless as 'a problem to a moderate extent'. Very few felt it was not a problem, and very few felt it was very significant problem.

Programs and services directed to homeless youth include:

- Children's Aid
- Foster care
- Residential care
- Counseling re: housing, legal, and schooling
- Rent supplements

Respondents were invited to share their thoughts, solutions, ideas on how Simcoe County might address the problem of youth homelessness. Recommendations included the following:

- Job and skills training;
- Making funds available to service providers for youth who have short term housing needs;
- Affordable housing alternatives;
- Parenting programs and supports;
- Involvement of community groups, realtors, business partners, service providers on committees;
- Community awareness;
- Drop-in youth centers;
- Availability of programs that specifically target homelessness;
- Shelters;

It was also recommended that the needs of homeless youth be explored by a task group or coalition that could look at the determinants of health, education, family income, employment, housing, social supports, recreation, environment, access to basic necessities.

Youths at-risk for homelessness are under-served. Under the age of 16 they cannot secure social assistance nor can they be identified as a child protection issue to get assistance from CAS. Short term transitional housing would be beneficial. Youth hostels that will accept youth under 16 as well as over 16 in each community would be helpful.

Chapter 4 • Attitudes on Evidence-Based Practices

As the province moves increasingly toward the implementation of evidence-based practices (EBPs) and treatments in children's services it is important to have a better understanding of the current state of EBP use and the attitudes of practitioners' regarding EBPs. We undertook to survey our respondents regarding the types of EBP in which they are involved in delivering to the Simcoe community. We listed EBPs described in a recent report (cite school mental health report), and gave responders opportunity to provide EBPs not listed. Unfortunately, the responses to our questions about EBPs in practice in Simcoe county did not appear overly reliable to the project team and coalition members, and the decision was made to leave this data out of the report. For example, we received exhaustive endorsements of EBPs provided within individual organizations that did not seem at all realistic, and it was thought that some organizations endorsed EBPs that the coalition group felt confident that organization did not provide. In retrospect, having responders endorse EBPs from a list, however derived, proved to be an unreliable method and is not recommended in future. There is perhaps too little knowledge about existing EBPs among community mental health professionals, and the variety of program names make it highly confusing – and unreliable.

We were, however, able to measure practitioner attitudes toward EBPs. While little is known about behavioral health service provider attitudes toward adoption of EBPs or even how best to measure these attitudes, we embedded one scale, the Evidence-Based Practice Attitude Scale (EBPAS; Aarons, 2004) into our survey. The EBPAS measures four dimensions of behavioral health service provide attitudes toward adoption of EBPs that were theoretically derived: appeal, requirements, openness, and divergence.

The *Appeal* scale represents the extent to which the practitioner would adopt an EBP if it were intuitively appealing, could be used correctly, or as being used by colleagues who were happy with it. The *Requirements* scale assesses the extent to which the practitioner would adopt an EBP if it was required by an agency, supervisor, or state/province. The *Openness* scale assesses the extent to which the practitioner is generally open to trying new interventions and would be willing to try and use EBPs. The *Divergence* scale assesses the extent to which the practitioner perceives EBPs as not clinically useful and less important than clinical experience (Aarons & Sawitzky, 2006). The EBPAS Total scale score represents one's global attitude toward adoption of EBPs.

Respondents held the strongest attitudes about EBPs in the areas of Appeal, Openness, and Requirements. There did not appear to be strong attitudes about Divergence. This suggests that practitioners would feel inclined to adopt a new practice if it was presented as appealing – if it was intuitively appealing, made sense, could be used correctly, or was being used by colleagues who were happy with it. Practitioners were also generally open about the prospect of trying new practices. Requirements to use a new practice by the province or organization held slightly more weight than supervisory requirements. In the area of Divergence, practitioners did not demonstrate very contrary or resistant attitudes, particularly in comparison to practitioners from the EBPAS standardization sample (Aarons 2004) who demonstrated slightly more negative attitudes regarding the balance between clinical practice and research evidence (see Appendix E for EBPAS Responses).

Table 2 – Attitudes Toward Evidenced Based Practices

Subscales	Simcoe Sample (N=81)		EBPAS Sample (N=322)	
	Mean	Std. Deviation	Mean	Std. Deviation
Requirements	8.07	3.07	2.47	0.88
it was required by a supervisor ?	2.62	1.03	2.38	0.95
it was required by your agency or organization ?	2.73	1.06	2.44	0.94
it was required by your province ?	2.73	1.13	2.6	1.02
Appeal	11.58	3.23	2.9	0.67
it was intuitively appealing ?	2.67	0.99	2.82	0.87
it 'made sense' to you ?	3.02	0.95	3.04	0.79
it was being used by colleagues who were happy with it ?	2.81	0.97	2.62	0.94
you felt you had enough training to use it correctly ?	2.96	1.10	3.13	0.8
Openness	9.56	3.54	2.49	0.75
I like to use new types of therapy/interventions to help my clients	2.40	1.07	2.52	0.95
I am willing to try new types of therapy/intervention even if I have to follow a treatment manual.	2.35	1.07	2.46	1.02
I am willing to use new and different types of therapy/interventions developed by researchers	2.49	1.10	2.62	0.89
I would try a new therapy/intervention even if it were very different from what I am used to doing.	2.32	0.97	2.39	0.99
Divergence	3.60	2.67	1.34	0.67
I know better than academic researchers how to care for my clients.	0.79	0.86	1.35	1.07
Research based treatments/interventions are not clinically useful.	0.60	0.86	0.83	0.9
Clinical experience is more important than using manualized therapy/interventions.	1.47	0.95	2.23	1.08
I would not use manualized therapy/interventions.	0.74	0.93	0.97	0.095

Chapter 5 • Conclusions and Next Steps

The Ministry of Children and Youth Services and Ministry of Education are the greatest funders of services aimed at youth at-risk in Simcoe county. This said, we also hear that more services are needed, suggesting it may be time to involve the private sector and business community more actively.

There also appears to be a need for activity around younger children and youth, particularly in prevention and early intervention, as the majority of initiatives serve youth in their early adolescence, 12-15 years of age.

Few services are aimed at *youth at-risk for abandonment*, reflecting an important service gap for Simcoe County, favoring the equally needy youth deemed at-risk for school leaving and those at-risk for social and emotional problems. There is a need to examine what can be done for youth at-risk for abandonment in Simcoe county, and perhaps to explore how the private and business sectors can become more involved in meeting the needs of this population.

Across all types of at-risk youth, on average, needs are only being met ‘to a slight extent.’ This suggests room for improvement in how at-risk youth of all definitions are served across all sectors. The current data will provide Simcoe county with a useful benchmark against which to gauge future perceived progress in these areas of service delivery.

Survey responses gave a clear indication of the higher-order needs of all youth at-risk, and these are summarized in the Main Messages at the beginning of this report. Some of the suggestions we have heard before, such as decreased wait times, improved access, and more efforts to implement evidence-based practices. We also heard many calls for better system integration, and improved linkages between community mental health and school systems. There was a very strong call for increased programming in the school environment.

The survey provided a useful glimpse into practitioners’ attitudes about adopting evidence-based practices, and were fairly positive regarding practitioners readiness to make these practice changes. This is encouraging news, and will prove useful to the Coalition as it moves forward.

The coalition intends to use these results, particularly the main themes regarding the needs of high-risk children and youth, as discussion items for round table for a to be held in 2006/2007. The report will be distributed in advance of the scheduled fora to give perspective attendees an opportunity to digest the findings and discuss them among their colleagues. It would be useful to collect some numerical data about early school leaving, involvement in juvenile justice, and homelessness within Simcoe County in advance of these fora.

Within each forum the intent will be to examine which services are currently provided, what gaps exist, and to facilitate discussion on future directions. The findings from the individual for a will be presented to the Coalition Council, who will then prioritize next steps.

Next Steps – in brief:

1. Opportunity for organizations to discuss the report draft, in advance of the forum
2. Need data on homelessness
3. Need data on early school leaving
4. Need data on involvement in juvenile justice
5. Coalition to organize a Forum to examine the themes emerging from the 6 'at-risk' groups
6. Within the forum, examine what is provided, gaps in service, and where to go from here
7. Present findings of this process to the Coalition Council, who will then prioritize

References

- Aarons GA (2004). Mental health provider attitudes toward adoption of evidence-based practices: The Evidence-Based Practice Attitude Scale (EBPAS). *Mental Health Services Research*, 6(2), 61-74.
- Aarons GA, Sawitzky AC (2006). Organizational culture and climate and mental health provider attitudes toward evidence-based practices. *Psychological Services*, 3(1), 61-72.

Appendices

Appendix A - Respondent Organizational Affiliations

	Response Percent	Response Total
Canada Prenatal Nutrition Program (CPNP-Mothercare)	0%	0
Canadian Mental Health Association	0.7%	1
Catholic Family Life Centre - Simcoe South	1.4%	2
Children's Treatment Network of Simcoe York	0.7%	1
Community Action Program for Children	4.9%	7
Community Care Access Centre	0%	0
Conseil Scolaire de District Catholique	0.7%	1
Conseil Scolaire de District due Centre-Sud-Ouest	2.1%	3
County of Simcoe	0.7%	1
Georgian Bay Native Women's Association	0%	0
Kinark Child and Family Services	1.4%	2
La Cle d'la Baie en Huronie	9.2%	14
Ministry of Children and Youth Services	2.1%	3
New Path Youth & Family Services	4.2%	6
Ontario Early Years Centre - Simcoe North	0%	0
Royal Victoria Hospital	1.4%	2
Simcoe County Children's Aid Society	6.3%	9
Simcoe County District School Board	35.2%	50
Simcoe County Services	0%	0
Simcoe Muskoka Catholic District School Board	0.7%	1
Simcoe Muskoka District Health Unit	3.5%	5
Simcoe Outreach Services	1.4%	2
United Way of Greater Simcoe County	0%	0
YMCA of Simcoe / Muskoka	4.9%	7
Youth Justice Services	2.1%	3
Other (please specify)		
Simcoe Community Services	7.0%	10
MOHLTC	0.7%	1
Orillia Youth Centre	0.7%	2
Children's Case Coordination Services	0.7%	1
Catulpa Community Support Service	2.8%	4
The Elizabeth Fry Society of Simcoe Count	0.7%	1
Brock Youth Resource Centre	0.7%	1
CAPC and CPNP	0.7%	1
Youth Justice Probation	0.7%	1
	Total Respondents	142
	(filtered out)	3
	(skipped this question)	31

Appendix B - Respondents' Sector Affiliations

<i>Choose all that apply:</i>	Response Percent	Response Total
Children's Mental Health	13.3%	19
Child Welfare	10.6%	15
Juvenile Justice	7.0%	10
Corrections	0.7%	1
Substance Abuse & Addictions	4.9%	7
Health	13.4%	20
Rehabilitation	0.7%	1
Education	45.8%	65
Housing / Homeless	3.5%	5
Adult Mental Health	2.8%	4
Other (please specify) (n=44)		
Children's Services	1.4%	2
Community Support & Development	1.4%	2
Complex Care	0.7%	1
Developmental Services	4.9%	7
Early Years Program	0.7%	1
Employment Services	1.4%	2
Family Therapy	0.7%	1
Family Service Organization	1.4%	2
Human Service / Community Living	2.8%	4
Non Profit Organization	2.1%	3
Not for Profit Francophone Organization	6.3%	9
Prenatal & Parenting Support for Youth & Children		4
Recreation		2
Day Camp & Outdoor Education for Children		2
Respite		1
	Total Respondents	142
	(filtered out)	3
	(skipped this question)	31

Appendix C - Positions Held by Respondents

	Response Percent	Response Total
Executive Director level	2.8%	4
Director level	7%	10
Supervisor level (incl. team leader)	12.7%	22
Manager level	22.5%	35
Clinician/practitioner level (i.e., frontline)	4.2%	14
Member of the Board	0.7%	1
Consumer / Client	0%	0
Volunteer	0%	0
Advocate	0%	0
Other (please specify)		
Administrative Support	0.7%	1
Consultant	2.1%	3
Fund Raising	0.7%	1
Guidance Counselor	1.4%	2
Intern	0.7%	1
Principal	12.7%	18
Probation Officer	3.5%	5
Program Coordinator / Facilitator	4.2%	6
Public Health Nurse	0.7%	1
Teacher	10.6%	15
Vice Principal	1.4%	2
	Total Respondents	142
	(filtered out)	3
	(skipped this question)	31

Appendix D – Reported Initiatives in Simcoe County

Ministry of Education	Freq
Student Success Initiatives	44
Safe School / Anti Bullying	44
Total	88
Ministry of Children and Youth Services	
Expanded Student Nutrition Program	14
Community Alternatives to Custody	18
Child Welfare Transformation	11
Youth Opportunities Strategy	1
CMH Investment Funding	34
LEAP	13
Total	91
Ministry Of Health & Long-Term Care	
Early Intervention Psychosis	5
Mental Illness & Addictions	9
Mental Illness & Developmental Delays	10
Supportive Housing	4
Substance Abuse	13
Gambling	9
Total	50
Other	
Active Living 2010	11
NCPC	2
Total	13

Respondent-Listed Initiatives

Peer Mediation	1
CAPC Young Parent Programs	1
Simcoe County Young Parent Programs	1
Boys and Girls Club	4
Federal Public Sector Youth Internship Program	1
Canadian Prenatal Nutrition Program	1
Project C.A.N.O.E.	1
Good for Life	1
Spectrum	1
Residential Placement Advisory Cttee	1
MOHLTC Health Promotion	1
Integration to the Canadian School System	1
Youth in Action / Youth Involvement	1
Youth Centres of Barrie, Orillia and Midland	2
Mothercare	1
Turn Around School Early Literacy	1
Big Brothers and Big Sisters Mentoring in Schools	1
Human Service and Justice System Project	1
Employment Support – Brock Youth Resource Centre	3
School Aged Daycare	1
Alternative Education Programs	2
OPHEA Living Schools	1
Youth Involvement Ontario	1
Employment Support – Job Connect	1
Nextstep	1
Youth Mental Health Court Worker Program	1
Habitat for Humanity	1
Training and Employment Community Ventures	1
Reintegration Funding	1
Adult Workers	1
Eat Well to Excel (MOHLTC)	1
Mental Health & Homelessness Initiative	1

Ages of Children & Youth Served in Simcoe County Initiatives

No designation	19
Latency 6-11	4
Early Adolescence 12-15	56
Late Adolescence 16-21	34

At-Risk Youth in Simcoe County

Funds Committed to Simcoe County Initiatives Annually

Under \$25,000	\$25,000 - \$50,000	\$50,000 - \$75,000	\$75,000 - \$100,000	Over \$100,000	Over \$200,000	Over \$300,000	Over \$400,000	Over \$500,000
51	1	3	5	8	4	8	0	9

Source of Initiative Funds

Municipal Government	Provincial Government	Federal Government	Foundation	Private	Other	Multiple Sources
6	99	4	3	0	4	21

Target ' At-Risk' Populations Served by the Initiatives

At-Risk for Violence & Aggression	At-Risk for Addictions	At-Risk for Criminal Activity Juvenile Justice Involvement	At-Risk for Early School Leaving	At-Risk for Abandonment	At-Risk for Social and Emotional Problems
24	14	12	44	3	56

Appendix E - Evidence Based Practice Attitudes Scale (EBPAS)

Indicate the extent to which you agree with each item using the following scale:	Not at all	To a Slight Extent	To a Moderate Extent	To a Great Extent	To a Very Great Extent
I like to use new types of therapy/interventions to help my clients.	5	9	28	27	12
I am willing to try new types of therapy/intervention even if I have to follow a treatment manual.	7	6	30	28	10
I know better than academic researchers how to care for my clients.	37	27	14	3	0
I am willing to use new and different types of therapy/interventions developed by researchers.	5	9	22	31	14
Research based treatments/interventions are not clinically useful.	50	15	14	2	0
Clinical experience is more important than using manualized therapy/interventions.	16	19	40	4	2
I would not use manualized therapy/interventions.	45	15	18	3	0
I would try a new therapy/intervention even if it were very different from what I am used to doing.	4	8	36	24	9
If you received training in a therapy or intervention that was new to you how likely would you be to adopt it if...	Not At All	To a Slight Extent	To a Moderate Extent	To a Great Extent	To a Very Great Extent
it was intuitively appealing ?	3	4	27	30	17
it "made sense" to you ?	3	1	14	36	27
it was required by a supervisor ?	4	7	19	37	14
it was required by your agency or organization ?	5	5	14	40	17
it was required by your province ?	6	4	17	33	21
it was being used by colleagues who were happy with it ?	3	2	22	33	20
you felt you had enough training to use it correctly ?	6	1	11	35	28