

Multiple studies have researched barriers in the adoption of EBP with the hope of finding solutions to narrow the evidence-to-practice gap (Barkham & Mellor-Clark, 2003; Jordan et al., 2016; Rosswurm & Larrabee, 1999; Stirman et al. 2015). Attitudes of service providers and limited receptiveness towards EBP have been identified as central barriers to the adoption of EBP (Lilienfield et al., 2013; Pravikoff et al., 2005). Cook, Biyanova et al. (2009) identified that clinicians' reluctance to adopt new treatments was related to the high cost of training, insufficient time to attend training, and the lack of accessible or local training opportunities.

Research has demonstrated that educational interventions are effective at increasing the knowledge and skills associated with EBP (Brown et al., 2008). However, various researchers have argued that there is a limited focus on teaching the value of EBP and training in EBTs in postgraduate training programmes in psychology in South Africa (Kagee, 2014; Kagee & Lund, 2012; Pillay et al., 2013), and they have called for the restructuring of clinical and counselling psychology training programmes according to the principles of the best available evidence to inform practice. Bearman et al. (2015) reiterated that "graduate training programmes in professional psychology are well-positioned to provide clear and coherent information in order to address myths and misperceptions widely held about research, and treatment research in particular" (p. 15). Thus, a reorganisation at the academic training level to incorporate EBP and training in the curriculum has the potential to significantly advance the quality of psychological services in South Africa. These research studies have laid the foundation for the current study.

This study constituted phase 1 of a broader NRF-funded project which ultimately aims to incorporate EBP into the curriculum of an accredited psychology training programme at a

South African university. The aim of phase 1 of the study was to assess clinical and counselling psychology student attitudes and receptiveness towards EBP. Padmanabhannuni and Sui (2018) reported that attitudes remained the top indicator towards the adoption of EBP, and therefore it was paramount to assess attitudes first in order to establish a foundation which would inform the broader study.

The current study assessed the attitudes and receptiveness of 57 clinical and counselling psychology students towards EBP. Using psychometrically sound instruments, specifically the EBPAS-15 (α : 0.71) and the ORCSIIEP (α : 0.92), a major finding of this study identified that clinical and counselling psychology students reported favourable attitudes and receptiveness towards the adoption of EBP. The overall score on the EBPAS-15 indicated that clinical and counselling psychology students were quite likely to adopt EBP, while the overall score results on the ORCSIIEP indicated that clinical and counselling psychology students were strongly receptive towards EBP and were ready to adopt EBP to a great extent.

Khamsi et al. (2015) conducted a study with a sample of 65 dental students with regard to attitudes towards EBP and found that “students harboured a relatively appropriate attitude towards EBP in dentistry” (p. 202). Although both studies were conducted within a five-year period, the findings from the current study suggest that an awareness of EBP may be increasing within the student population in the health care sector. This suggests that students may be becoming progressively more aware of EBP and are demonstrating an increasing willingness to adopt EBP. This awareness and willingness to adopt EBP is positive for the EBPP movement, and assists the integration of current research into practice.

5.3 Association Between Attitudes and Receptiveness Towards EBP

An objective of the current study was to determine whether there was an association between attitudes and receptiveness towards EBP. Data collected from the sample were analysed using a correlational analysis to determine whether attitudes and receptiveness towards EBP were associated. The results found that a weak relationship exists between attitudes and receptiveness regarding EBP. This second finding suggests that students' receptiveness towards being trained in EBP may be related to their attitude towards EBP. It had been appropriate to assess student attitudes to EBP as a precursor to incorporating EBP into a professional training programme, as attitudes may indicate receptiveness towards, or readiness for, the adoption of EBP.

The results of the EBPAS-15 analysis supported Aarons' (2004) four-factor model of assessing attitudes towards EBP. Aarons (2004) stated that:

The EBPAS-15 subscales represent four distinct constructs involving willingness to adopt EBP given their intuitive appeal, willingness to adopt new practices if required, general openness towards new or innovative practices, and perceived divergence of usual practice with academically developed or research-based practices. (p. 10)

For the present study, reliability coefficients for the subscales of Requirements, Appeal and Openness were adequate, while the Divergence subscale performed below the acceptable range.

A moderate to high correlation was found between all four subscales of the EBPAS and the relationship was statistically significant. This significant relationship confirms that student attitudes towards EBP are influenced by whether EBP is a requirement by a supervisor, institution or regulatory board, how appealing the methods of EBP and ESTs are to them,

their individual and organisational openness towards adopting new empirically based methods, and how willing they were to change a practice that they thought was working sufficiently well.

The current study found Appeal to be the highest factor towards the adoption of EBP. A total of 57.9% of respondents scored above the mean, indicating a considerable interest in the adoption of EBP. Respondents reported that they would be more likely to adopt EBP if it was intuitively appealing, made sense, if they received adequate training in it, and if a colleague was happy using it. This study also found that a significant relationship was evident between receptiveness and adequate training in EBP ($p < 0.05$). These findings suggest that if students were consistently exposed to EBP and sufficiently trained in ESTs, they would be more likely to adopt EBP. This statement concurs with the findings of studies conducted by Ashcraft et al. (2011), Nakamura et al. (2011) and Bearman et al. (2015), which have indicated that knowledge of EBP appeared to be associated with more positive attitudes towards EBP.

5.4 Factors Related to Clinical and Counselling Psychology Student Attitudes and Receptiveness Towards EBP

The general questionnaire sought to obtain information from the respondents pertaining to their age, gender, master's programme, and preferred therapeutic orientation. Factors such as students' exposure to EBP and their experience of EBP were also assessed during the study. A correlational analysis was conducted to determine associations between these demographic and general factors and attitudes and receptiveness towards EBP.

The sample comprised 40 clinical and counselling psychology students who identified as female and 17 respondents who identified as male. The age of the respondents ranged from

22 years to 55 years. This study found that no relationship existed between age and the adoption of EBP. The study also found that gender was not significantly correlated to student attitudes and receptiveness towards EBP. This result is in contrast to a study conducted by Padmanabhanunni and Sui (2017), where the statistical analysis of their data with mental health care providers indicated that age and gender were significantly correlated with attitudes and receptiveness towards EBP. However, in the present study, a significant difference between genders was found on the Divergence subscale. The results indicated that male respondents were more sceptical of EBP than female respondents, and that they perceived EBP to be less clinically useful. However, considering the relatively small size of the sample and the higher number of female respondents, this finding should be interpreted with caution.



Another noteworthy finding of this study is that no significant difference existed with regard to attitudes and receptiveness towards EBP amongst respondents concerning their personal therapeutic orientation. This finding is in contrast with earlier studies conducted by Morrow-Bradley and Elliott (1986), Kazdin et al. (1990), and Addis and Krasnow (2000), who found that mental health professionals who were more cognitive-behaviourally orientated were more open to empirically supported treatments (ESTs), while those who were psychodynamically orientated were more likely to view ESTs as interfering with the therapeutic process. The discrepancy between results from previous studies (Addis & Krasnow, 2000; Morrow-Bradley & Elliot, 1986; Padmanabhanunni & Sui, 2017) and the results from the current study could be the result of differences in experience in the field, as the sample from earlier studies focused on mental health professionals while the current study focused on students in training. This finding is noteworthy as it suggests that experience and exposure to EBP may play a role in attitudes and receptiveness towards EBP. Aarons' (2004)

study with trainees supports this finding, as he stated that trainees with less experience were slightly more open to new treatments than were more experienced practitioners. The current study concurred with Aarons' (2004) finding and confirmed that clinical and counselling psychology students were generally open to trying new interventions and were willing to use manualised treatments to a moderate extent.

5.5 Limitations of the study

This study has certain limitations. The sample size was relatively small compared to the population, with the sample size constituting 28.5% of the population. As a result, the sample might not be an accurate representation of the larger population, and the findings should be interpreted with caution and not generalised to the population of clinical and counselling psychology students in South Africa. The online survey consisting of the general questionnaire, the EBPAS-15, and the OCRSIEP were self-administered questionnaires, and responses may not be an entirely accurate representation of student attitudes and receptiveness towards EBP. Furthermore, respondents were in different academic semesters of their training programme, and some respondents may have had more exposure in their training programmes than others, which may have affected the results of this study. Furthermore, clinical and counselling psychology students may have a desire to be perceived by other psychologists as being open and having a willingness to being trained in the methods of the profession, and thus the possibility of social desirability bias needs to be considered.

5.6 Recommendations

The current study found that clinical and counselling psychology students hold a considerable interest in the adoption of EBP and were receptive towards its incorporation into their training. Respondents reported that they would be more likely to adopt EBP if it was

intuitively appealing, made sense, if they received adequate training on it, and if a colleague was happy using it. This finding suggests that if students were consistently exposed to EBP and sufficiently trained in ESTs, they would be more likely to adopt EBP. It is thus recommended that EBP be included in professional training programmes in psychology. A restructuring at the academic training level to incorporate EBP and training in the curriculum has the potential to significantly advance the quality of psychological services in South Africa.

5.7 Future Research

The current study constituted phase 1 of a broader NRF-funded study which ultimately aimed to incorporate EBP into the curricula of a professional psychology training programme at an accredited institution in South Africa. The results of this study found that there is an appropriate foundation on which to implement this project, as clinical and counselling psychology students indicated positive attitudes and receptiveness towards EBP. However, the attitudes and receptiveness of various institutions towards the inclusion of EBP into their professional training programmes should also be assessed, to determine organisational readiness for the adoption of EBP.

Future research may evaluate the impact of the incorporation of EBP into the accredited training programme. Bearman et al. (2015) examined change in doctoral student attitudes before and after a required course on EBP. Another study similar to the present one may be conducted with clinical and counselling psychology students to assess change in attitudes towards EBP after its inclusion in a professional training programme.

5.9 Conclusion

EBP could significantly enhance service delivery in the mental health care field. Through the findings of this study, clinical and counselling psychology students have demonstrated positive attitudes and a willingness to adopt EBP in their current and future clinical work. This result suggests that there is a sound foundation on which to incorporate EBP into the professional training programmes of psychology students. The result of this inclusion would be beneficial, as it ensures that mental health care professionals who are entering the field are knowledgeable on the current empirical evidence and how it can be incorporated into their practice. These EBP-trained mental health care providers would be well equipped to provide a quality service to an increased number of mental health care users, which could ultimately alleviate existing pressure on the mental health care sector in South Africa.



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APPENDIX A

General Questionnaire

Demographic Survey of Clinical and Counselling Psychology Students

Please complete the following demographic information.

The survey will be used for research purposes only.

Please write your answer / mark your choice with an (X) to the following questions:

1. What is your gender?

2. What is your age?

3. Which university are you currently enrolled at?

4. Which psychology master's programme are you currently enrolled in?

Clinical Psychology	<input type="checkbox"/>	Counselling Psychology	<input type="checkbox"/>
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5. What is your personal primary therapeutic orientation?

For the remainder of the survey, the term 'clinical activities' refers to any direct service delivered by psychologists including assessment, diagnosis, prevention, treatment, psychotherapy, and consultation.

6. When you think about your ideal employment upon graduation, what percentage of your time do you think will be spent doing clinical / counselling activities (please write a number between 0% - 100%)?

7. When you think about your ideal employment upon graduation, what percentage of your time do you think will be spent doing clinically relevant research (please write a number between 0% - 100%)?

8. A recent movement in the practice of mental health has been towards developing evidence-based practices. How would you define evidence-based practices in psychology?

9. Prior to this survey, to what extent had you heard about the EBPP movement?

Not at all	
A little bit	
Somewhat	
Quite a bit	
A lot	

10. Referring to EBPP, to what extent:

	n/a	Not at all	A little bit	Somewhat	Quite a bit	A lot
... have you discussed EBPP in psychology courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... do you feel knowledgeable enough to practice EBPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... do you agree with the general principles behind EBPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have principles of EBPP influenced your clinical activities to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... have principles of EBPP influenced your research to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... do you think EBPP is likely to influence your future clinical work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... do you think EBPP is likely to influence your future research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

... would you like to see EBPP discussion / readings more integrated in your classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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11. To what extent do you feel your training programme adequately trains you to develop the following components of clinical expertise?

	Not at all	A little bit	Somewhat	Quite a bit	Very much
Assessment of clinical problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis of clinical problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systematic case formulation/ conceptualisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring of client/patient progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation and use of research evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding unique issues in clinical work with diverse individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding client preferences in clinical work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. To what extent have you been exposed to the following?

	Not at all	To a slight extent	To a moderate extent	To a great extent	To a very great extent
Acceptance and Commitment Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive-Behavioural Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rational-Emotive Behavioural Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schema Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychoanalytic Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychodynamic Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dialectical Behavioural Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narrative Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMDR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to complete this survey.



APPENDIX B

Evidence-based Practice Attitudes Scale 15 (EPBAS-15)

The following questions ask about your feelings about using new types of therapy, interventions, or treatments.

Manualised therapy refers to any intervention that has specific guidelines and/or components that are outlined in a manual and/or that are to be followed in a structured/predetermined way.

Please mark your choice with X indicating the extent to which you agree with each item using the following scale:

		0	1	2	3	4				
		Not at All	To a Slight Extent	To a Moderate Extent	To a Great Extent	To a Very Great Extent				
		0	1	2	3	4				
1	I like to use new types of therapy/interventions to help my clients.									
2	I am willing to try new types of therapy/interventions even if I have to follow a treatment manual.									
3	I know better than academic researchers how to care for my clients.									
4	I am willing to use new and different types of therapy/interventions developed by researchers.									
5	Research based treatments/interventions are not clinically useful.									
6	Clinical experience is more important than using manualised therapy/treatment.									
7	I would not use manualised therapy/interventions.									
8	I would try a new therapy/intervention even if it were very different from what I am used to doing.									
For questions 9-15:										
If you received training in a therapy or intervention that was new to you, how likely would you be to adopt it if:										
		0	1	2	3	4				
9	...it was intuitively appealing?									
10	...it "made sense" to you?									
11	...it was required by your supervisor?									
12	...it was required by your institution?									
13	...it was required by your provincial health department?									
14	...it was being used by colleagues who were happy with it?									
15	...you felt you had enough training to use it correctly?									

Thank you for taking the time to complete this survey.

APPENDIX C

Organisational and Cultural Readiness to System-Wide Integration of Evidence-Based Practice (OCRSIEP) Scale

Below are 11 questions about evidence-based practice (EBP) in education. There are no right or wrong answers.

Questions 1 – 10: Please mark your choice with X indicating the extent to which you agree with each item using the following scale:

1	2	3	4	5
Not at All	A little	Somewhat	Moderately	Very much

		1	2	3	4	5
1	To what extent is EBP clearly described as central to the mission and philosophy of your department?					
2	To what extent do you believe that EBP is practiced in your department?					
3	To what extent is the staff in your training programme committed to EBP?					
4	To what extent are there administrators/co-ordinators within your institution/department committed to EBP (i.e., have planned for resources and support [e.g., time] to initiate EBP)?					
5	In your department, to what extent is there a critical mass of staff who have strong EBP knowledge and skills?					
6	To what extent are there doctorally prepared researchers in your department to assist in the generation of evidence when it does not exist?					
7	To what extent do practitioners in your department model EBP in their clinical settings?					
8	To what extent does staff have access to quality computers and access to electronic databases for searching for best evidence?					
9	To what extent are fiscal resources used to support EBP (e.g. education-attending EBP conferences/workshops, computers, paid time for the EBP process, mentors)?					
10	To what extent is the measurement and sharing of research outcomes part of the culture of the organisation in which you work?					

Question 11: Please mark your choice with X using the following scale:

1	2	3	4	5
Not ready	Getting ready	Been ready, but not acting	Ready to go	Past ready and onto action

		1	2	3	4	5
11	Overall, how would you rate your institution in readiness for EBP?					

Thank you for taking the time to complete this survey.

APPENDIX D

Information Sheet



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

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E-mail: 2850494@myuwc.ac.za

INFORMATION SHEET

Project Title: Clinical and Counselling Psychology Student Attitudes Towards Evidence-Based Practice.

What is this study about?

This is a research project being conducted by Nabillia Fritz at the University of the Western Cape. My research focuses specifically on the attitudes and receptiveness towards evidence-based practice of clinical and counselling psychology students currently completing their master's degree at a South African university. I am inviting you to participate in this research project because you are currently completing your master's degree in clinical or counselling psychology at a South African university. I am interested in exploring your attitude towards evidence-based practice and your receptiveness towards incorporating evidence-based practice into your educational environment and clinical work. By participating in this research project, you will be contributing to the body of knowledge in this area.

What will I be asked to do if I agree to participate?

For the purpose of this study, you would need to complete an online survey comprised of 12 demographic items, and 13 questions related to the Evidence-Based Practice Attitudes Scale 15 (EBPAS-15) and the Organisational and Cultural Readiness to System-wide Integration of Evidence-based Practice (OCRSIEP) Scale. The 13 questions for the EBPAS-15 and OCRSIEP are both rated on a 5-point Likert scale which makes completing the survey user friendly and time efficient. The demographic survey contains listed options pertaining to your age, gender, institution of study, clinical or counselling psychology stream, personal primary therapeutic orientation, and anticipated amount of time spent on research and clinical practice after graduation. The answers are listed, and

you simply need to click on a response. One question requiring a short (one-sentence) written response is included in the demographic survey and is specifically related to the definition of evidence-based practice. Lastly, the demographic survey also contains four questions which are rated on a broad 6-point Likert scale for your convenience. The online survey is laidback and should take less than 30 minutes to complete.

If you wish to participate, please sign the consent form attached, and return it to me by email. After receiving your signed consent form, I'll email you a link to the survey. Participation is completely voluntary; completing the online survey is not a course requirement.

Would my participation in this study be kept confidential?

All researchers are obliged to protect your identity and the nature of your contribution. All information that you share will be kept confidential and stored in a secure area which only the researcher and research supervisor have access to. Any digital information will be password protected. If a report or article is written about this research project, your identity will be protected.

What are the risks of this research?

There may be some risks from participating in this research study. All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise, during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results from exploring the current clinical and counselling psychology student attitudes and receptiveness towards evidence-based practice will inform a broader researcher project. This study features as phase 1 of a larger NRF-funded project which aims to implement evidence-based practice into the curriculum of an accredited clinical psychology training programme at the University of the Western Cape.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalised or lose any benefits for which you otherwise qualify.

What if I have questions?

This research is being conducted by **Nabillia Fritz** from the **Psychology Department** at the University of the Western Cape. If you have any questions about the research study itself, please contact **Nabillia Fritz** at **2850494@myuwc.ac.za**.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Prof Anita Padmanabhanunni

Research Supervisor

University of the Western Cape

Private Bag X17

Bellville 7535

apadmana@uwc.ac.za

Dr Maria Florence

Head of Department: Psychology

University of the Western Cape

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Prof Anthea Rhoda

Dean of the Faculty of Community and Health Sciences

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Private Bag X17

Bellville 7535

chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee (Reference Number: HS18/10/40)

APPENDIX E

Informed Consent Form



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E-mail: 2850494@myuwc.ac.za

INFORMED CONSENT FORM

Title of Research Project:

Clinical and Counselling Student Attitudes towards Evidence-Based Practice

This research has been approved by the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee (Reference Number: HS18/10/40).

Declaration by Participant:

I hereby declare that I have received an information sheet informing me of the details of the above-mentioned study. The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve, and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name: _____

Participant's signature: _____

Date: _____

APPENDIX F

Permission to access students



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 2283/2453 Fax: 27 21-959 3515

PERMISSION TO ACCESS STUDENTS

Project Title: Clinical and Counselling Psychology Student Attitudes and Receptiveness towards Evidence-Based Practice.

Dear Registrar,

My name is Nabillia Fritz. I am currently a master's student at the University of the Western Cape completing my degree in clinical psychology. I am conducting research on clinical and counselling psychology student attitudes and receptiveness towards evidence-based practice.

I hereby request your permission to distribute a questionnaire battery to students currently in a clinical psychology or counselling psychology master's programme at your university.

With their informed consent, students will be required to complete three electronic questionnaires, namely the Evidence-Based Practice Attitudes Scale 15 (EBPAS-15), the Organisational and Cultural Readiness to System-wide Integration of Evidence-based Practice (OCRSIEP) Scale, and a general questionnaire. The questionnaires should take about 30 minutes to complete.

If you have any questions or concerns about the research project, please feel free to contact me at 2850494@myuwc.ac.za. Alternatively, you may contact my supervisor, Prof Anita Padmanabhanunni, at apadmana@uwc.ac.za.

Yours sincerely,

Nabillia Fritz

APPENDIX G

Assistance to access students



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2283/2453 Fax: 27 21-959 3515

ASSISTANCE TO ACCESS AND CONTACT STUDENTS

Project Title: Clinical and Counselling Psychology Student Attitudes and Receptiveness towards Evidence-Based Practice.

Dear Programme Co-ordinator / Training Director

My name is Nabillia Fritz. I am currently a Masters student at the University of the Western Cape completing my degree in clinical psychology. I am conducting research on clinical and counselling psychology student attitudes and receptiveness towards evidence-based practice.

I hereby request your permission to distribute a questionnaire battery to students currently in a clinical psychology or counselling psychology master's programme at your university. The study excludes students currently completing their internship as part of their programme.

With their informed consent, students will be required to complete three electronic questionnaires, namely the Evidence-Based Practice Attitudes Scale 15 (EBPAS-15), the Organisational and Cultural Readiness to System-wide Integration of Evidence-based Practice (OCRSIEP) Scale, and a general questionnaire. The questionnaires should take about 30 minutes to complete.

Upon receiving your consent, I further request a list containing the emails of all students in your clinical/counselling programme.

If you have any questions or concerns about the research project, please feel free to contact me at 2850494@myuwc.ac.za. Alternatively, you may contact my supervisor, Prof. Anita Padmanabhanunni, at apadmana@uwc.ac.za.

Yours sincerely,

Nabillia Fritz