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PREVIEW

ATTITUDES TOWARD CHILDREN WITH EMOTIONAL DISORDERS

by

Joseph Allen Hirsch

A Doctoral Project Submitted in Partial Fulfillment of
the Requirements for the Degree of Doctor of Psychology
in the Department of Psychology at Pace University

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PREVIEW

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TABLE OF CONTENTS

	<u>Page</u>
Acknowledgments	iii
List of Tables.....	viii
List of Figures.....	x
Abstract.....	xi
Introduction	1
Hypotheses.....	16
Methods	
Designing the Attitude Scale	
Initial Item Pool.....	17
Final Scale.....	18
Participants during HOPE. development.....	19
Demographics of HOPE. scale development normative sample.....	19
Administration.....	20
Scoring.....	25
Factor Analysis.....	26
Psychometric Analysis.....	27
Performance of professionals and students on the HOPE	
Independent variables.....	27
Dependent variables.....	28
Experimental Design.....	30
Statistical Analysis.....	30

	<u>Page</u>
Results	
Hirsch Opinions about Psychological or Emotional disorders in children scale (HOPE)	
A priori categorizations.....	32
Factor Analysis.....	32
Psychometrics of the HOPE questionnaire	43
Factor Scores	
What each factor score means.....	44
HOPE factor scores of students and professionals.....	44
Effect of setting on HOPE factor scores of mental health professionals.....	48
The role of theoretical orientation on the attitudes of psychologists and social workers.....	51
Effect of setting on HOPE factor scores of teachers.....	54
Professional experience.....	55
Influence of gender on HOPE factor scores.....	55
Known-groups validity.....	55

	<u>Page</u>
Analysis by Item scores	
Performance of professionals and students on	
individual items	56
Responses of clinical versus school-based mental	
health workers.....	64
Theoretical orientation and item scores.....	64
Effect of setting on teachers' item scores on the	
HOPE.....	67
Professional experience and item responses.....	67
Influence of gender on HOPE factor scores.....	67
Discussion.....	69
References.....	76

APPENDICES

	<u>Page</u>
A. Opinions About Mental Illness questionnaire.....	84
B. Child OMI questionnaire.....	97
C. Hirsch Opinions about Psychological or Emotional disorders in children: Initial scale.....	101
D. Cover letter for study with the Hirsch Opinions about Psychological or Emotional disorders in children questionnaire.....	118
E. General information sheet: Teachers.....	120
F. General information sheet: Psychologists, Social Workers, and other professionals.....	123
G. General information sheet: Students.....	126
H. Hirsch Opinions about Psychological or Emotional disorders in children: Final form.....	128
I. Cover Letter for Modified Q-Sort of the HOPE.....	140
J. HOPE Q-Sort Form.....	142

LIST OF TABLES

	<u>Page</u>
<u>Table 1:</u> Demographic Characteristics of Factor Scale	
Development: Percentage by Ethnicity.....	21
<u>Table 2:</u> Demographic Characteristics of Factor Scale	
Development Sample: Percentage by Gender.....	22
<u>Table 3:</u> Demographic Characteristics of Factor Scale	
Development: Age.....	23
<u>Table 4:</u> Demographic Characteristics of Factor Scale	
Development: Percentage by Religious	
Affiliation.....	24
<u>Table 5:</u> Formulas use to determine HOPE factor scores.....	26
<u>Table 6:</u> A Priori Categorizations of Items on the HOPE Scale....	33
<u>Table 7:</u> Extraction for Analysis: Principal-Components	
Analysis: Initial Statistics.....	36
<u>Table 8:</u> Varimax Rotation: Rotated Factor Matrix Loadings.....	38
<u>Table 9:</u> Factor 1: Biases Scale.....	39
<u>Table 10:</u> Factor 2: Dynamic/Clinical Scale	42
<u>Table 11:</u> HOPE Scale Scores for Professionals and Students.....	47
<u>Table 12:</u> Results of Scheffé Test Analysis of Major Groups	
on HOPE Factor Scores	48
<u>Table 13:</u> Analysis of Variance: Biases Factor Scores for	
Clinical and School Psychologists and	
Social Workers.....	50

	<u>Page</u>
<u>Table 14:</u> Analysis of Variance: Dynamic/Clinical Factor Scores for Clinical and School Psychologists and Social Workers.....	52
<u>Table 15:</u> Theoretical Orientation and HOPE Factor Scores.....	54
<u>Table 16:</u> Response of Professionals and Students by Item on the HOPE.....	57
<u>Table 17:</u> Significant Differences among Professionals and Students on HOPE Item Responses.....	59
<u>Table 18:</u> Responses of Subjects on HOPE Items among Psychologists and Social Workers of Different Theoretical Orientations	65
<u>Table 19:</u> Significant Differences among Psychologists and Social Workers of Different Theoretical Orientations on HOPE Item Responses.....	66
<u>Table 20:</u> Significant Gender Differences on HOPE Item Responses.....	68

LIST OF FIGURES

	<u>Page</u>
<u>Figure 1:</u> Professions by Setting.....	29
<u>Figure 2:</u> Scree Plot for HOPE Factor Analysis.....	37
<u>Figure 3:</u> Professionals' Scores on the Biases Scale.....	45
<u>Figure 4:</u> Professionals' Scores on the Dynamic/Clinical Scale.....	46
<u>Figure 5:</u> Factor Scores for Clinical and School Practitioners.....	49
<u>Figure 6:</u> Theoretical Orientation and Biases Scale Scores.....	53
<u>Figure 7:</u> Distribution of Responses of Subjects on Item # 24.....	61
<u>Figure 8:</u> Distribution of Responses of Subjects on Item # 25.....	62
<u>Figure 9:</u> Responses of Contrast Groups on Item # 22.....	63

Abstract

While the literature is replete with studies assessing opinions about mental illness, attitudes of professionals who work with children has not been well characterized. Only recently has a brief scale, the Child OMI, been developed to elucidate attitudes toward mentally ill children (Greenbaum, 1994). The present study was undertaken to delineate the opinions of professionals who sit on Committees for Special Education (CSE) and their non-school-based colleagues. A new self-report Likert-scale survey, Hirsch Opinions about Psychological and Emotional disorders in children (HOPE), was developed. A 73-item pool was generated. Fifty-eight of these items are unique and reflect multiple theoretical latent variables. A stringent cutoff criterion reduced the item pool to 42 questions that were included on the HOPE

Three-hundred fifty-three respondents returned HOPE questionnaires. Three-hundred one questionnaires with responses to all 42 items were factor analyzed. The HOPE was shown to be a reliable instrument with very good internal consistency ($\alpha = 0.81$). Face and content validities of the HOPE were suggested by high interjudge reliability ($r = 0.9$) and approval by 2 teams of experts. Construct or criterion validity was suggested by known-groups discriminant properties. Principal components analysis and scree plot revealed two factors with acceptable internal consistency: a 24-item Biases factor ($\alpha = 0.85$) and a 9-item Dynamic Clinical factor ($\alpha = 0.61$).

ANOVA of factor scores revealed that psychologists and social workers were less¹ biased than teachers and students. Social workers, collectively, were the least biased professionals. Clinical social workers were more treatment oriented than were school social workers. Psychologists endorsed a dynamic view and were more likely to favor clinical treatment than were teachers. Psychodynamically-oriented psychologists were less biased than cognitive-behavioral or social psychologists but were not more acceptant of a dynamic interpretation or inclined to treat than were other clinicians. Neither professional experience nor gender affected attitudes. Teachers' placement (high school vs. junior high school or elementary school) had no affect. Analysis by item yielded similar findings to differences between groups on factor scores.

These data may provide insight into the decision making of professionals that sit on CSEs. This in turn has implications for the placement and treatment of children. Another potential use for the HOPE is as a screening instrument prior to or subsequent to selection of individuals who may work with children.

¹Unless otherwise stated, all references to less or more indicate significant differences.

Introduction

Several different professional groups may be represented on a Committee for Special Education that decides the placement of a student. These may include one or more psychologists, including the examining school psychologist, social workers, teachers and, in some instances, a psychiatrist. Presumably, each of these members brings a different perspective about the student that will help the committee as a group arrive at an appropriate decision. Undoubtedly, differences in formulation of the problem and recommendations for remediation reflect the unique views of each individual member. Less clear, however, is whether these views are idiosyncratic not only to the individual (Grosz & Grossman, 1968) but to his or her professional discipline. That is, do psychologists as a group, differ from social workers, teachers and psychiatrists in their opinions on a special education committee. Especially challenging to these professionals are children who present themselves with behavioral or emotional problems. If professionals conceptualize these children in a way that is consonant with their professional orientations it would be helpful if this were known as this would clarify the dynamics of the decision making process. This dissertation will review the extant literature on the attitudes of professionals toward the mentally ill. Examined will be several possible contributing factors: discipline, setting, education, professional experience, gender, socioeconomic status, ethnicity, and personality. A discussion of the relevance of these studies

toward treatment of children with emotional problems and the rationale for the present study will follow.

Opinions about Mental Illness Questionnaire

A seminal study of the attitudes of professionals toward individuals with emotional problems was the Opinions about Mental Illness Questionnaire (OMI) developed by Cohen and Struening (1962; Appendix A). Administered to personnel in psychiatric hospitals, five factors were identified: Authoritarianism, Benevolence, Mental Hygiene Ideology, Social Restrictiveness, and Interpersonal Etiology. Compared to other professionals, psychologists and psychiatrists scored the highest on Interpersonal Etiology and psychologists scored the lowest on Benevolence and Social Restrictiveness (Cohen & Struening 1962, 1963, 1965a). Thus, psychologists and psychiatrists were most apt to express the opinion that mental illness was a consequence of childhood experiences. Furthermore, psychologists were least likely to favor either a paternalistic or socially restrictive approach toward the mentally ill. Collectively, mental health workers (psychologists, social workers, and psychiatrists) scored the lowest on Authoritarianism and highest on Mental Hygiene Ideology: They rejected the premise that the mentally ill were inferior to other hospitalized patients and were more accepting than other hospital personnel of the mentally ill. Slight differences emerged among mental health professionals (Cohen & Struening, 1963): Psychologists were more accepting of a Mental Hygiene Ideology and Interpersonal Etiology than were social workers but less benevolent than the

latter. Psychiatrists were the most conservative of mental health professionals (i.e., most socially restrictive and least Mental Hygiene Ideology-oriented).

Subsequent studies revealed some changes in either the factor structure or intercorrelations among the factors of the OMI (Allon & Graham, 1970; Dielman, Stiefel, & Cattell, 1973; Fracchia, Pintyr, Crovello, Sheppard, & Merlis, 1972; Greenbaum, 1994; Lawton, 1964; Wahl, Zastowny, & Briggs, 1980). Nevertheless, the OMI continues to be a good discriminator among occupational groups in psychiatric hospitals (Allon & Graham, 1970; Creech & Prewett, 1976). Creech and Prewett (1976) replicated the essential conclusions of the earlier studies: psychologists and other mental health workers were the least authoritarian and most likely to espouse a Mental Hygiene ideology; psychologists and social workers were the least socially restrictive; and psychologists and psychiatrists were the greatest proponents of an interpersonal etiology for mental illness.

The OMI has been used to assess the attitudes of different occupation groups, including professionals, in non-hospital settings. Not surprisingly, military psychologists and psychiatrists were less authoritarian, less socially restrictive, and more willing to accept mental dysfunction as an illness than were other military officers (Rosen & Corcoran, 1978). Other studies have used the OMI to compare opinions about mental illness among practitioners of various disciplines in both the United States (Greenbaum, 1994; Yuker, 1986) and abroad (Levine, 1972). Greenbaum (1994) found that psychologists were less

socially restrictive, more empathic, and appreciative of the environmental milieu than were lawyers.

Professional attitudes on other measures

Roskin and associates (Roskin, Carsen, Rabiner, & Marell, 1988) compared the attitudes of psychologists, psychiatrists, psychiatric residents, psychiatric social workers, and psychiatric nurses with the Attitudes Toward Patient Questionnaire. Psychiatrists favored a more authoritarian-controlling attitude and were more apt to adopt a psychoanalytic etiology of psychiatric disorders view than did other mental health professionals. Psychologists were more nurturant-empathic than social workers and scored lower on the distancing-detachment scale than all others. Reflective of a greater acceptance by some theoreticians of the biological causation of mental illness, a separate subscale was included on the Attitudes Toward Patients Questionnaire. Psychologists scored the lowest on this subscale. Interestingly, social workers scored higher than psychiatrists. There were no differences with regard to the view that neurotic symptoms were a consequence of moral weakness and lack of self-control. It is important to note that terminology was used somewhat differently on the Attitudes Toward Patients Questionnaire than on the OMI and cross-validation of the two measures was not done during standardization with this population. Therefore, comparisons of the two studies are difficult. While the Psychodynamic Etiology factor on the Attitudes Toward Patients Questionnaire appears to be analogous to the Interpersonal Etiology factor of the OMI, the Authoritarian-Controlling Etiology factor on the Attitudes Toward Patients

Questionnaire ("patients ultimately should rely on their doctor's medical expertise and not research their illnesses independently") and the Authoritarian scale on the OMI are not directly equivalent. Similarities between Authoritarian-Controlling and the Benevolence or Social Restrictiveness scales of the OMI also seem to be evident. Nevertheless, certain conclusions can be drawn from the study of Roskin (Roskin et al., 1988): Psychologists were more empathic and more comfortable with feelings of closeness than other mental health workers, psychiatrists were most likely to be authoritarian, controlling, and accepting of a psychodynamic etiology of mental disorders; and social workers were most apt to invoke biological causation for mental disturbances. The latter two findings were surprising and the authors' explanations were inadequate. The current emphasis on biology in the training of psychiatrists as opposed to other mental health training programs apparently did not affect the attitudes of the respondents. The authors were cautious in generalizing to the professions since only a limited sample (employees at one hospital) was assessed. Psychologists were also less authoritarian than psychiatrists on other measures (J. G. Rabkin, 1972; Yaker; 1986). In their review of the literature, J. G. Rabkin (1972) and Yaker (1986) noted that differences between psychologists and social workers were less clear: While some studies supported a more positive attitude for the former, other reports showed that social workers were favorably inclined toward mental patients. One must recall that such attitudes are multidimensional (Cohen & Struening 1962, 1963, 1965a).

The attitudes of teachers toward mental illness were determined by L. Y. Rabkin and Suchoski (1967) using the Nunnally Conception of Mental Illness Questionnaire and the Semantic Differential instrument. The results were compared to groups previously assessed by Nunnally (1961) -- psychiatric experts and the general public. The authors concluded that teachers view the seriousness of mental illness more strongly than not only the general public, but "psychiatric experts" (who were not further defined), as well. On the other hand, teachers were less likely than experts to believe that frightening or traumatic experiences had a strong effect on children. Like the general public, teachers had a more negative attitude toward neurotic and psychotic individuals or mental patients than they did toward normal persons. Because a discussion of the statistical approaches used were not provided by the authors, acceptance of their conclusions should be tentative. A more recent study by Hall and Tucker (1985) examined the attitudes of school teachers toward mental illness, including seriousness, external versus personality causes, organic etiology, and the usefulness of psychotherapy. However, the focus was on racial differences and not comparisons with other groups.

Attitudes of students

The attitudes about mental illness of professionals at various stages of development have been examined. Students are an ideal population to study because of their ready availability. They have also been found to be remarkably similar to the general public (Olmsted & Durham, 1976), whose views may not be as negative or immutable (Brockman, D'Arcy, & Edmonds, 1979; Lemkau &

Crocetti, 1962; Olmsted & Durham, 1976) as some studies suggest (Green, McCormick, Walkey, & Taylor, 1987; Halpert, 1969; Johannsen, 1969). In fact, students may have a relatively liberal attitude, in the abstract, toward mental patient, as long as they do not actually witness aberrant behavior (Kennedy & Homant, 1984; Lehmann, Joy, Kreisman, & Simmens, 1976). The former is usually explicated via the questionnaire approach already discussed (e.g., with the OMI). Both cross-disciplinary and intradisciplinary comparisons of students have been made with the OMI or other instruments (Altrocchi & Eisdorfer, 1961; Bairan & Farnsworth, 1989; Eker, 1985; Greenbaum, 1994; Hirsch, Greenbaum, Salbod, & Mitchell, 1993; Kish & Stage, 1973; Jaffe, Maoz, & Avram, 1979; Malla & Shaw, 1987; Meyer, 1973; Morrison, Yablonovitz, Harris, & Nevid, 1976; Walsh, 1971). The results are inconsistent. Kish and Stage (1973) found that psychology majors and sociology majors were less authoritarian than were business majors on the OMI. Meyer (1973) observed that sociology majors were more authoritarian but less mental hygiene-oriented than nursing students. The graduate and undergraduate psychology university population of Morrison et al. (1976) was more radical on the Client Attitude Questionnaire (CAQ) than was the psychiatric resident, nursing student, or teacher-student population. Nearly twenty years later, the findings of Hirsch, Greenbaum, Salbod and Mitchell (1993) were markedly different from earlier studies. The most conservative students (i.e., authoritarian and socially restrictive) on the OMI were psychology graduate students and education majors, not business majors (and other health professionals). Using a much larger sample and a refactor-analyzed OMI,

Greenbaum (1994) drew somewhat different conclusions: In comparison to a different contrast group (law students), psychology graduate students were more concerned with the environmental milieu and less socially and judicially restrictive.

Effect of gender

A variables that may have confounded the results with student populations is gender. Gender differences have been found but they are inconsistent. Drevenstedt and Banziger (1977) reported that female undergraduate students were less authoritarian than were male undergraduate students and scored higher on the Mental Hygiene Ideology factor of the OMI. Pestell and Ball (1991) made similar conclusions on an Australian population of medical and law students with the Ray Adapted F scale. A greater acceptance of mental illness by females as opposed to males has also been reported in non-student populations (Farina & Hagelauer, 1975). On the other hand, LaTorre (1975) reported that male undergraduate students were more accepting of a mentally ill patient than were female students on five rating scales (not otherwise identified). Hirsch et al. (1993) observed that female graduate students differed from other students on the OMI. However, a main effect for gender was not observed. Gender differences were not significant between groups of military psychologists and psychiatrists (Rosen & Corcoran, 1978).

Professional training

Advanced education and training may affect attitudes toward emotional disability and contribute to the differences among occupational groups and students. Within the general population, higher education has been related to a more liberal attitude (Clark & Binks, 1966) and, conversely, a more conservative attitude (Selick & Goodear, 1985). Among military line officers, the only significant difference on the OMI between those with four or fewer years college education and those with four or more years was on the Benevolence factor: The latter was slightly less paternalistic (Rosen & Corcoran).

Among professional groups, one of the most investigated with regard to training has been nursing. Walsh (1971) determined that a course in psychiatric nursing produced significant changes in students' post-test responses on the OMI. A profile emerged that was very similar to that of mental health professionals in the original studies of Cohen and Struening (1962, 1963, 1965a): that is, decreases in authoritarianism and social restrictiveness and increases in mental hygiene ideology and interpersonal etiology. In a three-year longitudinal study, Bairan and Farnsworth (1989) reported similar results after student nurses received a combination of didactic instruction and clinical experience in a psychiatric nursing course. Specifically, nursing students who received this instruction were less authoritarian, less benevolent (Factor B on the OMI), less socially restrictive, and more inclined to favor a mental hygiene perspective than their non-trained peers. After 12 weeks of comprehensive training (didactic lectures and conferences in psychopathology and psychiatry,