Published in final edited form as:

Fam Soc. 2008 January 1; 89(3): . doi:10.1606/1044-3894.3767.

What Influences Social Workers' Attitudes Toward Working With Clients With Severe Mental Illness?

Shaun M. Eack, M.S.W.* [Doctoral Student] and
School of Social Work, University of Pittsburgh

Christina E. Newhill, Ph.D., LCSW, BCD [Associate Professor]
School of Social Work, University of Pittsburgh

Abstract

A national random survey of 2000 NASW members in post-master's practice in mental health was conducted to investigate their experiences with and attitudes about working with individuals with severe and persistent mental illness (SPMI). Through a series of structural equation models, we examined the influence of different frustrations reported by the respondents on their attitudes toward working with individuals with SPMI. Results suggest that social workers' attitudes toward working with individuals with SPMI are primarily influenced by their frustrations related to client behaviors and treatment issues, rather than frustrations with system related issues. Implications for social work practice and directions for future research are discussed. (105 words)

Keywords

severe mental illness; attitudes; frustrations; burnout; schizophrenia; direct practice

Social workers provide the majority of direct mental health services in the United States for individuals with severe and persistent mental illness (Newhill & Korr, 2004; Substance Abuse and Mental Health Services Administration, 2001). As such, social workers represent a primary and important treatment provider for this population. However, research has confirmed what many social work practitioners have long known: working with individuals with severe and persistent mental illness (SPMI) is challenging (Acker, 1999; Mason, Almos-Gallo, Bacon, McQuilken, Henley, & Fisher, 2004; Reid, Johnson, Morant, et al., 1999; Wykes, Stevens, & Everitt, 1997). There are also indications that social workers and other mental health professionals may hold less than positive attitudes toward this population, and that these attitudes have an important impact on outcomes for individuals with SPMI (Barrowclough et al., 2001; Heresco-Levy, Ermilov, Giltsinsky, Lichtenstein, & Blander, 1999; Newhill & Korr, 2004). However, to date, this research has yet to elucidate the factors that contribute to social workers' attitudes toward individuals with SPMI. Given that working with this population is challenging, it is reasonable to hypothesize that the frustrations experienced in clinical work with individuals with SPMI may be related to the development of negative attitudes. If true, this has implications for strategies that might help foster more positive attitudes and improve the retention of staff in community clinics that serve these clients.

Over the past four decades, a body of research has evolved pointing to the importance of the attitudes of those caring for individuals with SPMI. The majority of this research has

*Correspondence concerning this article should be addressed to Shaun M. Eack, School of Social Work, University of Pittsburgh, 2117 Cathedral of Learning, Pittsburgh, PA 15260. Phone: (412) 596-7657. sme12@pitt.edu.

focused on family caregivers who, as a consequence of deinstitutionalization and the curtailment of institutional mental health care, often assume significant responsibility for family members with SPMI (Cuijpers & Stam, 2000). This research has been remarkably consistent, and has indicated that familial caregivers who express critical attitudes toward their ill relative increase the risk for symptom exacerbation and relapse (Barrowclough et al., 2003; Brown, Monck, Carstairs, & Wing, 1962; see Butzlaff & Hooley, 1998 for a review). The association between critical attitudes and symptom relapse may extend to professional caregivers as well. Early research has indicated that critical attitudes held by professional caregivers working with individuals with schizophrenia are positively related to increases in symptomatology (Moore and Kuipers, 1992; Heresco-Levy, Ermilov, Giltisinsky, Lichtenstein, & Blander, 1999; Snyder, Wallace, Moe et al., 1995). More recent longitudinal research by Barrowclough et al. (2001) found that in an inpatient hospital setting, the more professional caregivers held negative attitudes towards patients, the more likely patients were to have behavioral problems (e.g., aggressive incidents) with staff, seven months later. Other studies have indicated that treatment environments characterized by a highly critical and negative atmosphere are also associated with poorer outcomes for individuals with SPMI (Ball, Moore, & Kuipers, 1992; Snyder, Wallace, Moe, & Liberman, 1994). These findings highlight the importance of attending to the attitudes social workers and other professional caregivers hold toward individuals with SPMI.

As research on the importance of social workers' attitudes accumulates, interest in the nature of the challenges of working with individuals with SPMI has also generated significant attention. An early study by Mirabi, Weinman, Magnetti, and Keppler (1985) surveyed the attitudes and frustrations of psychiatrists toward working with individuals with SPMI, and found that the psychiatrists generally held negative attitudes toward treating this population and were often frustrated with medication non-compliance, lack of cooperation from families, and manipulative client behavior. We recently conducted a replication study of Mirabi et al.'s (1985) work, with a large national random sample of post-master's psychiatric social workers (Newhill & Korr, 2004). Our initial results indicated that while social workers' attitudes were often better than those reported by psychiatrists, social workers still hold a variety of negative attitudes toward working with individuals with SPMI. For example, many social workers endorsed the notion that SPMI clients are not a preferred population to treat. However, although the social workers reported some frustrations with their SPMI clients, unlike Mirabi et al.'s results, they reported more frustration with mental health/health care system issues (e.g., managed care regulations), than with client-related issues. Recent studies of community mental health center (CMHC) staff report similar findings, indicating that system issues, such as large caseloads and role ambiguity, are among some of the primary frustrations of community mental health professionals, and that these frustrations may have a marked negative impact on staff retention (Acker, 2004; Mason, Olmos-Gallo, Bacon, McQuilken, Henley, & Fisher, 2004).

These findings suggest a shift in the focus of practice frustrations from client-centered issues to issues related to the mental health system, highlighting some of the new challenges social workers caring for individuals with SPMI face in the twenty-first century. Working with individuals with SPMI no longer means just working with the client, but also working with an increasingly complex, and often fragmented, mental health system. The resulting challenges reflect some of the major changes in behavioral health-care management beginning in the late 1980s, and may play a role in shaping social workers' attitudes toward working with individuals with SPMI. However, the degree to which these challenges influence social workers' attitudes has yet to be explored.

In the analyses presented here, we extend our prior findings beyond the descriptive level in order to examine how the different frustrations social workers experience when working

with individuals with SPMI influence their attitudes toward working with this population. Based on our review of the literature, we tested the following hypotheses:

- H₁** The client-related frustrations social workers experience in their clinical work with SPMI clients will negatively impact their attitudes toward working with this population.
- H₂** The frustrations social workers experience related to working with the mental health system that serves their SPMI clients will negatively impact their attitudes toward working with this population.
- H₃** Social workers' frustrations in working with the mental health system will influence their attitudes more than the client-related frustrations social workers experience in their clinical work with their SPMI clients.

Method

Data for this research was collected as part of a larger study on social workers' attitudes and experiences working with individuals with SPMI. Only a brief overview of the methods relevant to this study is presented, as further elaboration on the methodology used in this study is available elsewhere (Newhill, 2003; Newhill & Korr, 2004).

Participants and Procedures

A national random sample of 2000 social workers from the National Association of Social Workers (NASW) membership directory, who identified mental health as their primary practice area, were surveyed about their attitudes toward and frustrations experienced when practicing with individuals with SPMI. A total of 1200 social workers responded to and completed the survey, resulting in a 60% response rate. This survey queried both social workers who were and were not currently practicing with individuals with SPMI.

Since the focus of this study is on the attitudes of social workers who work with individuals with SPMI, we restricted our analysis to those social workers ($n = 727$) who were currently practicing with individuals with SPMI. Among this subgroup, the majority of respondents were white (94%) and female (78%), with ages ranging from 27 to 77 ($M = 48.13$, $SD = 7.82$). These demographics are consistent with norms published from NASW's national survey of licensed social workers (NASW, 2005). All but one respondent had completed an MSW degree, and respondents had on average 17.54 ($SD = 6.89$) years of practice experience. Social workers who were currently practicing with individuals with SPMI had been working with this population for an average of 13.49 ($SD = 6.77$) years.

Measures

Frustrations in working with individuals with SPMI—The frustrations social workers experience during the course of their work with individuals with SPMI were measured by their response to a 12-item list of statements describing obstacles social workers commonly encounter, that hinder their ability to provide quality treatment and accomplish therapeutic goals with their SPMI clients. These items were based partially on work by Mirabi et al. (1985), as well as the research literature and feedback from clinical social workers about the kinds of frustrations social workers commonly experience when working with individuals with SPMI. From this previous work and feedback, we attempted to create a measure that would cover both client and systemic frustrations social workers seemed to often experience when working with this population. The measure asked social workers to rate how frustrating each item was on a five-point scale ranging from “not at all frustrating” to “extremely frustrating.” Items included statements about frustrations with client negative behaviors (e.g., “violent behaviors”), frustrations with treatment issues (e.g.,

“lack of improvement in treatment”), and frustrations with system-related issues (e.g., “when managed care regulations affect services”, “when encountering difficulty in obtaining good community services”).

Attitudes toward working with individuals with SPMI—Social workers’ attitudes toward working with individuals with SPMI were measured using a 10-item list of attitude statements about working with SPMI clients, based partially on the previous work by Mirabi et al. (1985). We defined “attitude” as a state of mind reflecting global beliefs, feelings and values signifying a disposition of the social worker to generally characterize individuals with SPMI in a certain, negative schemata. To help ensure conceptual distinctiveness from our measure of frustrations, as work attitudes and frustrations have been historically shown to be closely interrelated (Brief & Weiss, 2002), we purposely restricted items to *general* belief and value statements about individuals with SPMI. Items were rated on a five-point scale ranging from “strongly disagree” to “strongly agree”, and included belief statements about the nature of practice with SPMI individuals (e.g., “Burnout is common when working with individuals with SPMI”), about education and training for working with individuals with SPMI (e.g., “Most clinicians do not receive adequate training in serving severely/persistently mentally ill clients”), and about the nature of treating clients with SPMI (e.g., “Clients with SPMI often fail to follow through on treatment”). The range of attitudinal constructs measured within this brief instrument were purposely large, to facilitate the exploratory nature of the parent study of this research.

Data Analysis

Prior to assessing the relationship between social workers’ attitudes and frustrations about working with individuals with SPMI, we first examined the factor structures and reliability of the measures of these constructs, as the psychometric properties of these novel measures have not been investigated. Matrices of the correlations among and between the measures of social workers’ attitudes and frustrations used in our analyses are presented in Tables 1 and 2, and generally reinforced our conceptual distinction between attitudes and frustrations. Since we had no *a priori* theoretical framework to test the factor structure of our attitudes measure, and only a rough sense of the factor structure of our frustrations measure (e.g., client vs. system frustrations), we first performed principal components analysis (PCA) using oblique rotation to identify the underlying factor structure of these measures from these correlation matrices. Next, confirmatory factor analysis (CFA) was used to setup the necessary measurement models revealed by the PCA, so that we could proceed with structural equation modeling (SEM) to assess the impact of the different frustrations social workers experience when practicing with individuals with SPMI on their attitudes toward working with this population. We acknowledge that conducting a CFA on a factor model revealed by a PCA in the same sample does not strictly provide independent confirmation of the underlying factor structure of an instrument (Kline, 2005). However, in the absence of any prior factor analyses of these measures, this was a necessary step in establishing a measurement model to test the primary structural questions posed in this research (i.e., the impact of different frustrations on attitudes about working with individuals with SPMI). Independent confirmation of these measurement models will be the subject of future psychometric work. To determine the degree to which our models of both the factor structure and relationship between frustrations with and attitudes toward working with individuals with SPMI were accurate, we used the comparative fit index (CFI) and the root mean square error of approximation (RMSEA). Each of these indices of model accuracy or fit provide a measure of how close the model accurately represents the observed data. CFI values above .90 and RMSEA values below .07 are indications of a well-fitting model (Bentler, 1990; Browne & Cudeck, 1993). Missing data were assumed to be missing at

random and were handled by maximum-likelihood estimation. All SEM analyses were performed using EQS version 6.1 build #84 (Bentler, 1995a).

Results

Factor Structure of Social Workers' Frustrations When Working With Individuals With SPMI

Principal components analysis suggested that our measure of social workers' frustrations when working with individuals with SPMI could be represented by three distinct factors. However, only one item, "frustrations with supervisors and colleagues" made up the third factor, leading us to consider a two-factor solution. A PCA of the remaining items suggested a two factor solution accounting for 49% of social workers' frustrations (not shown), although two items, "frustrations with not having legal leverage to force treatment" and "frustrations with uncooperative family caregivers", were excluded due to split factor loadings. Confirmatory factor analysis was then used to determine the accuracy of a two-factor solution for the resulting 9-item scale. The results of this analysis (Table 3) indicated that social workers' frustrations when working with individuals with SPMI could be adequately represented as two distinct factors, $\chi^2(24, N = 717) = 84.60, p < .001$, CFI = .96, RMSEA = .06. The estimated internal consistency of this model, based on Bentler's (1972) dimension-free greatest lower-bound (GLB) reliability, was quite good (GLB reliability = .86). This estimate of reliability is preferred over Cronbach's alpha when there are a small number of indicators for each factor, when error terms associated with these indicators are correlated, and when one wants to estimate the general reliability of a multi-factor model (Bentler, 1995b; Raykov, 1998, 2004). Inspection of the items within these factors confirmed our initial intentions to broadly measure two distinct domains of frustration social workers experience when working with SPMI, client and system-related frustrations. As such, these factors were descriptively labeled "client frustrations" and "system frustrations", and will be referred to as such throughout the rest of this paper.

Factor Structure of Social Workers' Attitudes Toward Working With Individuals With SPMI

Principal components analysis suggested that our measure of social workers' attitudes toward working with individuals with SPMI included three primary components. However, the third factor in this solution consisted of only two items, "working with individuals with SPMI is intellectually challenging" and "there are no rewards when working with individuals with SPMI". Since guidelines for PCA and CFA suggest that factors be comprised of at least three measured indicators (Kenny, Kashy, & Bolger, 1998; Velicer & Fava, 1998), we reran our PCA with these two items removed from the solution. The results of this analysis (not shown) suggested a two-factor model accounting for 43% of the variance in social workers' attitudes, although one item, "I am not optimistic about current therapies for individuals with SPMI", was excluded from this solution due to modest loadings on both factors. The resulting 7-item scale was then examined using CFA, which indicated that social workers' attitudes toward working with individuals with SPMI could be accurately represented by a two-factor model (see Table 3), $\chi^2(8, N = 724) = 26.58, p = .001$, CFI = .96, RMSEA = .06. The estimated reliability of this model was fair (GLB reliability = .72). The items that clustered among these factors appeared to be indicators of social workers' general attitudes about the nature of working with individuals with SPMI and attitudes specific to treating this population. These factors were labeled descriptively as "general attitudes" and "treatment attitudes", and will be referred to as such throughout the rest of this paper.

Do Social Workers' Frustrations Influence Their Attitudes Toward Working With SPMI Clients?

After identifying the factor structure of our measures of social workers' attitudes toward and frustrations with working with individuals with SPMI, we then examined the central question of our study: what influence do the different frustrations social workers experience when working with individuals with SPMI have on their attitudes toward this population? Guided by our review of the literature, we began this analysis by constructing a model that assumed both client and system frustrations would independently influence social workers' general and treatment attitudes. However, results of this analysis indicated that, while the model did fit the observed data, $\chi^2(91, N = 727) = 246.09, p < .001$, CFI = .93, RMSEA = .05, only client frustrations significantly influenced general ($\beta = .36, p < .001$) and treatment attitudes ($\beta = .39, p < .001$). System frustrations did not influence treatment attitudes ($\beta = -.03, ns$) or general attitudes ($\beta = .06, ns$). Given these findings, a final model (see Figure 1) was constructed predicting social workers' attitudes from only client frustrations. Results of this model indicated an adequate and non-significant reduction in fit with the observed data, $\Delta\chi^2(2, N = 727) = 1.21, ns$, $\chi^2(93, N = 727) = 247.30, p < .001$, CFI = .93, RMSEA = .05, and estimated that client frustrations accounted for a substantial portion of the variance in social workers' general ($R^2 = .15, \beta = .38, p < .001$) and treatment attitudes ($R^2 = .14, \beta = .38, p < .001$). Taken together, these findings surprisingly suggest that social workers' attitudes toward working with individuals with SPMI are primarily influenced by their frustrations with client-related rather than system-related issues.

Does The Influence of Social Workers' Frustrations on Client Attitudes Differ By Setting?

Having found that social workers' frustrations with client, but not system issues tended to influence their attitudes toward working with individuals with SPMI, we attempted to clarify this somewhat surprising finding by exploring whether these relationships differed as a function of practice setting. A large portion ($n = 405$) of our sample of social workers were practicing either independently or in private hospital settings, whereas fewer ($n = 208$) social workers in our sample were practicing in community mental health settings.¹ This overrepresentation of private practitioners may have obfuscated our findings, since experiences with system-related issues are likely to be qualitatively different for these two groups. For example, social workers in private settings, especially those providing outpatient therapy, are likely to encounter problems primarily associated with managed care, whereas social workers in community settings may be more likely to encounter different or additional systemic problems, such as a lack of community resources. These differences could influence the relationship between social workers' system-related frustrations and attitudes toward working with SPMI clients.

To explore this possibility, we used multi-group SEM to examine differences between the relationships among social workers' attitudes and frustrations for those practicing in private versus community settings. This was done by comparing differences in model fit when constraining the relationships between social workers' attitudes and frustrations to be equal across these two groups, with a model that allowed the estimates of these relationships to vary by group. Results of this analysis indicated that although the unconstrained model did fit well with the observed data, $\chi^2(182, N = 613) = 321.46, p < .001$, CFI = .93, RMSEA = .04, indicating some differences in the relationships among attitudes and frustrations between groups, constraining these relationships to be equal did not result in a significant reduction in model fit, $\Delta\chi^2(4, N = 613) = 8.61, ns$, $\chi^2(186, N = 613) = 330.07, p < .001$, CFI = .92, RMSEA = .04. Furthermore, Lagrange multiplier tests did not indicate that any of these

¹106 individuals were excluded from these analyses because they described their practice setting as "other", and 8 individuals were excluded due to missing occupational data.

constraints should be removed (all $p > .30$). Such findings suggest that social workers' frustration with client and not system-related issues tend to influence their attitudes toward working with SPMI clients, regardless of whether they practice in private or community settings.

Discussion

This study examined the influence of different frustrations social workers experience when practicing with individuals with SPMI on the attitudes social workers hold toward working with this population. Our first hypothesis, that the frustrations social workers experience with SPMI clients will influence their attitudes, was fully supported, and the results of our model indicate that these client-related frustrations explain a significant proportion of variance in social workers' attitudes. However, contrary to our second and third hypotheses, we found that the frustrations associated with working with the mental health system that serves SPMI clients were not related to social workers' attitudes toward practicing with individuals with SPMI. Furthermore, this lack of influence could not be attributed to an over-representation of private practitioners in our sample. These findings are somewhat surprising given that previous research, including our earlier descriptive analyses (Newhill & Korr, 2004), indicated that modern-day social workers and/or other allied mental health professionals are frustrated more with system-related than client-related issues (Acker, 2004; Mason et al., 2004). In light of this research, our current findings suggest that although frustrations with the mental health system may dominate social workers' melee, client-related frustrations, such as recidivism and problematic behavior, actually have more of an influence on social workers' attitudes than frustrations with system-related issues. Why might this be?

One explanation is that working with individuals with SPMI can be very challenging, not only because of the many system-related obstacles social workers have to overcome in serving their clients, but also because mental illnesses that are categorized as severe and persistent have serious symptoms that can be very disabling. Schizophrenia, for example, is characterized by recurring periods of symptom exacerbation, even with adequate prophylactic antipsychotic treatment (Robinson, Woerner, Mcmeniman, Mendelowitz, & Bilder, 2004). Although the development of effective treatments for managing SPMI has achieved considerable progress, there are still no cures for these illnesses. Even when clients are provided with the best evidence-based treatments, progress often occurs very slowly and with small gradual steps toward recovery (Anderson, Reiss, Hogarty, 1986) which, for many clinicians, can result in frustration. Given these realities, it is understandable that attitudes toward SPMI clients would be influenced by the client-related frustrations commonly experienced in this type of clinical work. Furthermore, it would seem quite unlikely that negative attitudes toward working with SPMI clients would develop because of frustrations related to the mental health system. A more plausible relationship would be between system-related frustrations and system-related attitudes.

Implications for Social Work Practice

Given that research has shown that the attitudes of professional caregivers can have a marked impact on the clinical outcomes of individuals with SPMI, and such attitudes also may affect social workers' willingness to continue to commit to working with this population, our findings have some important implications for social work practice. First, because client frustrations have such a marked impact on attitudes, it is important that adequate agency structures be established to anticipate and productively address such frustrations. One of the most important areas in this regard is the role of clinical supervision. Clinical supervisors are in an ideal position to address not only the practical issues related to

their supervisees' clinical work with clients, such as treatment strategies and resource mobilization, but can also play a role in acknowledging and discussing how to handle the frustrations their supervisees experience in the process of working with their clients. Indeed, guidelines for clinical supervision indicate the importance of attending to burnout and frustrations with clients (Kadushin, 1992), however, our clinical observations suggest that such issues may not be discussed constructively in clinical supervision when working with SPMI clients. Formally attending to these issues as a regular aspect of supervision could produce substantial improvements in staff retention, as many social workers have already sought out informal methods of debriefing with their colleagues and find this quite helpful in reducing their frustrations (e.g., Acker, 2004).

The second important practice implication this research holds, is that social workers working with this population need to remember to take care of themselves. The old maxim, "taking care of yourself is good for your clients", is just as true today as it ever was, and these findings highlight its importance. Contrary to popular opinion, it is perfectly acceptable to say no to your clients. However, it is our experience that many social workers go above and beyond the call of duty when working with individuals with SPMI, sometimes at substantial personal expense. Since social workers' frustrations with their clients can negatively impact their attitudes toward working with individuals with SPMI, it is of great importance not only to address these frustrations early on during clinical supervision, but also to employ measures to ensure that these frustrations do not develop in the first place. Perhaps one of the most important methods of accomplishing this is by making sure social workers working with this population take care of themselves, and not expend their emotional and physical resources to near depletion, so that when challenges do arise they can handle them successfully instead of becoming overwhelmed and frustrated. Indeed, maintaining boundaries between work and private life has long been known to be an important factor in preventing job burnout (Maslach, 1982), and is a principle of which social workers treating this population should be keenly aware.

Limitations and Directions For Future Research

In summary, our findings suggest that social workers' attitudes toward working with individuals with SPMI are significantly influenced by the frustrations they encounter with their clients, and not frustrations related to working with the mental health system. Although these findings have significant implications for social work practice, these implications need to be understood within the context of a number of limitations. First, this research was limited by its cross-sectional nature. As such, although we had *a priori* directional hypotheses suggesting that negative attitudes develop as a result of frustrations, we cannot rule out the possibility that negative attitudes exacerbate frustrations. In fact, some may suggest that because attitudes tend to be stable and enduring traits, it is likely that they influence frustrations and not vice versa. However, more recent findings suggest that attitudes toward individuals with SPMI is not necessarily a stable construct, and in fact is quite susceptible to frequent and sporadic changes (Eack, Ooms, & Berenbaum, under review). Clearly, more longitudinal research is needed to answer these questions.

Another important limitation of this study, stemming from its cross-sectional nature, is that at least one important alternative SEM model could not be tested. A single SEM model often has many other equivalents, which do not necessarily lead to the same conclusions as the original hypothesized model (Tomarken & Waller, 2003). We hypothesized that client and system-related frustrations would each have an independent influence on social workers' attitudes. However, we removed the paths between system-related frustrations and attitudes because they were not significant. This resulting model happens to be equivalent with another SEM model that makes some theoretical and practical sense: that system-related

frustrations impact social workers' attitudes by influencing social workers' frustrations with their clients. Certainly if social workers are not able to get their clients the treatment they need because of systemic issues, then it would be plausible that systemic frustrations exacerbate client frustrations related to treatment, which then negatively influence attitudes. In fact, exploratory mediational analyses suggest that system-related frustrations partially mediate the effect of client-related frustrations on both general (Sobel $z = 3.62, p < .01$) and treatment (Sobel $z = 3.44, p < .01$) attitudes. However, in the absence of longitudinal data, mediational effects are quite speculative (Baron & Kenny, 1986; Cole & Maxwell, 2003). Furthermore, since system-related frustrations are only partial mediators (and do not substantially reduce the direct effect of client-related frustrations), the implications of this research would tend to be the same (i.e., client-related frustrations are still important to social workers' attitudes and therefore need to be addressed in supervision and practice), and would continue to suggest that future research needs to examine the factors that contribute to social workers' frustrations with their clients.

Finally, measurement development is a critical need in this area, as attitudes have, and continue to be notoriously difficult to measure. Our measures represent an initial attempt to quantify social workers' attitudes and frustrations, but they are admittedly limited. The attitudes measure consists of many different domains, which do not tightly cohere, suggesting the need for subscale elaboration and refinement. The frustrations measure, while quite coherent, is weighted by a large number of items measuring client-related frustrations, indicating a need for expanding the system-related component. Of particular importance, our measure of system-related frustrations did not include an assessment of organizational challenges inherent within many community mental health settings, such as low levels of compensation, little room for career advancement, and interdepartmental conflict, which may also be important contributors to social workers' attitudes toward serving individuals with SPMI. Future measures could profit from including measures of organizational frustrations to continue elucidating the factors that contribute to social workers' attitudes toward working with this population. Additionally, future measures also need to focus not only on negative attitudes and frustrations, but also on positive attitudes and the many benefits of working with SPMI clients, so that future investigations can examine how these benefits may foster the development of positive, and remediate negative attitudes toward this population. Examining this issue from a strengths-based perspective may afford new insights into retaining competent social workers in this practice sector, and reduce the large staff turnover rates that plague community mental health centers and the clients they serve.

Acknowledgments

We wish to thank Carol M. Anderson, Ph.D. her helpful comments on earlier drafts of this article.

References

- Acker GM. The effect of organizational conditions (role conflict, role ambiguity, opportunities for professional development, and social support) on job satisfaction and intention to leave among social workers in mental health care. *Community Mental Health Journal*. 2004; 40(1):65–73. [PubMed: 15077729]
- Acker GM. The impact of client's mental illness on social workers' job satisfaction and burnout. *Health & Social Work*. 1999; 24(2):112–119. [PubMed: 10340161]
- Anderson, CM.; Reiss, DJ.; Hogarty, GE. *Schizophrenia and the family*. New York: Guilford; 1986.
- Ball RA, Moore E, Kuipers L. Expressed emotion in community care staff: A comparison of patient outcome in a nine month follow-up of two hostels. *Social Psychiatry & Psychiatric Epidemiology*. 1992; 27(1):35–39. [PubMed: 1557680]

- Baron RM, Kenny DA. The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality & Social Psychology*. 1986; 51(6):1173–1182. [PubMed: 3806354]
- Barrowclough C, Haddock G, Lowens I, Connor A, Pidliswyj J, Tracey N. Staff expressed emotion and causal attributions for client problems on a low security unit: An exploratory study. *Schizophrenia Bulletin*. 2001; 27(3):517–526. [PubMed: 11596852]
- Barrowclough C, Tarrier N, Humphreys L, Ward J, Gregg L, Andrews B. Self-esteem in schizophrenia: Relationships between self-evaluation, family attitudes, and symptomatology. *Journal of Abnormal Psychology*. 2003; 112(1):92–99. [PubMed: 12653417]
- Bentler PM. A lower-bound method for the dimension-free measurement of internal consistency. *Social Science Research*. 1972; 1:343–357.
- Bentler PM. Comparative fit indexes in structural models. *Psychological Bulletin*. 1990; 107:238–346. [PubMed: 2320703]
- Bentler, PM. EQS structural equation modeling program. Encino, CA: Multivariate Software; 1995a.
- Bentler, PM. EQS structural equation modeling program manual. Encino, CA: Multivariate Software; 1995b.
- Brown GW, Monck EM, Carstairs GM, Wing JK. Influence of family life on the course of schizophrenic illness. *British Journal of Preventative and Social Medicine*. 1962; 16:55–68.
- Browne, MW.; Cudeck, R. Alternative ways of assessing model fit. In: Bollen, KA.; Long, JS., editors. *Testing structural equation models*. Newbury Park, CA: Sage; 1993. p. 136-162.
- Brief AP, Weiss HM. Organizational behavior: Affect in the workplace. *Annual Review of Psychology*. 2002; 53(1):279–307.
- Butzlaff RL, Hooley JM. Expressed emotion and psychiatric relapse: A meta-analysis. *Archives of General Psychiatry*. 1998; 55(6):547–552. [PubMed: 9633674]
- Cole DA, Maxwell SE. Testing mediational models with longitudinal data: Questions and tips in the use of structural equation modeling. *Journal of Abnormal Psychology*. 2003; 112(4):558–577. [PubMed: 14674869]
- Cuijpers P, Stam H. Burnout among relatives of psychiatric patients attending psychoeducational support groups. *Psychiatric Services*. 2000; 51(3):375–379. [PubMed: 10686247]
- Eack, SM.; Ooms, A.; Berenbaum, H. A prospective study of staff attitudes and feelings, and the behavior of severely mentally ill residents. (under review)
- Heresco-Levy U, Ermilov M, Giltisinsky B, Lichtenstein M, Blander D. Treatment-resistant schizophrenia and staff rejection. *Schizophrenia Bulletin*. 1999; 25(3):457–465. [PubMed: 10478781]
- Kadushin, A. *Supervision in social work*. 3. New York: Columbia University Press; 1992.
- Kenny, DA.; Kashy, DA.; Bolger, N. Data analysis in social psychology. In: Gilbert, D.; Fiske, S.; Lindzey, G., editors. *Handbook of social psychology*. Vol. 1. Boston: McGraw-Hill; 1998. p. 252-259.
- Kline, RB. *Principles and practice of structural equation modeling*. 2. New York: Guilford; 2005.
- Marriott A, Sexton L, Staley D. Components of job satisfaction in psychiatric social workers. *Health & Social Work*. 1994; 19(3):199–205. [PubMed: 7959402]
- Maslach, C. *Burnout: The cost of caring*. Englewood Cliffs, NJ: Prentice Hall; 1982.
- Mason K, Olmos-Gallo A, Bacon D, McQuilken M, Henley A, Fisher S. Exploring the consumer's and provider's perspective on service quality in community mental health care. *Community Mental Health Journal*. 2004; 40(1):33–46. [PubMed: 15077727]
- Mirabi M, Weinman ML, Magnetti SM, Keppler KN. Professional attitudes toward the chronic mentally ill. *Hospital & Community Psychiatry*. 1985; 36(4):404–405. [PubMed: 3997102]
- Moore E, Kuipers L. Behavioural correlates of expressed emotion in staff^patient interactions. *Social Psychiatry & Psychiatric Epidemiology*. 1992; 27(6):298–303. [PubMed: 1492250]
- National Association of Social Workers. *Assuring the sufficiency of a frontline workforce: A national study of licensed social workers*. Washington, DC: Author; 2005.
- Newhill CE. Challenges for social work practice with severe mental illness: Results of a national survey. *NASW Mental Health Section Connection*, 1(1). 2003; 1:13–15.

- Newhill CE, Korr WS. Practice with people with severe mental illness: Rewards, challenges, burdens. *Health & Social Work*. 2004; 29(4):297–305. [PubMed: 15575457]
- Raykov T. Coefficient alpha and composite reliability with interrelated nonhomogeneous items. *Applied Psychological Measurement*. 1998; 22(4):375–385.
- Raykov T. Point and interval estimation of reliability for multiple-component measuring instruments via linear constraint covariance structure modeling. *Structural Equation Modeling*. 2004; 11(3): 342–356.
- Reid Y, Johnson S, Morant N, Kuipers E, Szmukler G, Thornicroft G, et al. Explanations for stress and satisfaction in mental health professionals: A qualitative study. *Social Psychiatry & Psychiatric Epidemiology*. 1999; 34(6):301–308. [PubMed: 10422483]
- Robinson DG, Woerner MG, Mcmeniman M, Mendelowitz A, Bilder RM. Symptomatic and functional recovery from a first episode of schizophrenia or schizoaffective disorder. *American Journal of Psychiatry*. 2004; 161(3):473–479. [PubMed: 14992973]
- Snyder KS, Wallace CJ, Moe K, Liberman RP. Expressed emotion by residential care operators and residents' symptoms and quality of life. *Hospital & Community Psychiatry*. 1994; 45(11):1141–1143. [PubMed: 7835864]
- Snyder KS, Wallace CJ, Moe K, Ventura J, et al. The relationship of residential care-home operators' expressed emotion and schizophrenic residents' symptoms and quality of life. *International Journal of Mental Health*. 1995; 24(3):27–37.
- Substance Abuse and Mental Health Services Administration. *Mental health, United States: 2000*. Washington, DC: Author; 2001.
- Tomarken AJ, Waller NG. Potential problems with well fitting models. *Journal of Abnormal Psychology*. 2003; 112(4):578–598. [PubMed: 14674870]
- Velicer WF, Fava JL. Affects of variable and subject sampling on factor pattern recovery. *Psychological Methods*. 1998; 3(2):231–251.
- Wykes T, Stevens W, Everitt B. Stress in community care teams: Will it affect the sustainability of community care? *Social Psychiatry & Psychiatric Epidemiology*. 1997; 32(7):398–407. [PubMed: 9383971]

Figure 1.
Final model illustrating the relationship between frustrations and attitudes toward working with individuals with SPMI.

Table 1
Univariate Correlations Among Social Workers' Attitudes Toward And Frustrations With Practicing With Individuals With SPMI.

Frustrations	Frustrations/Attitudes											
	F1	F2	F3	F4	F5	F6	F7	F8	F9	F10	F11	F12
F1 - Medication noncompliance	-											
F2 - Legal leverage to force treatment	.38*	-										
F3 - Bizarre behavior	.37*	.28*	-									
F4 - Manipulative behavior	.36*	.21*	.54*	-								
F5 - Not accepting their illness	.42*	.30*	.44*	.48*	-							
F6 - Difficulty obtaining resources	.26*	.29*	.08*	.17*	.21*	-						
F7 - Managed care regulations	.18*	.18*	.06	.06	.14*	.35*	-					
F8 - Uncooperative caregivers	.35*	.23*	.21*	.28*	.35*	.30*	.28*	-				
F9 - Lack of client improvement	.39*	.29*	.45*	.40*	.41*	.13*	.13*	.30*	-			
F10 - Threatening/violent client behavior	.34*	.20*	.28*	.32*	.26*	.16*	.15*	.24*	.40*	-		
F11 - Difficulty with colleagues	.13*	.21*	.12*	.19*	.16*	.23*	.19*	.17*	.22*	.34*	-	
F12 - Waiting lists for services	.20*	.29*	.11*	.15*	.21*	.49*	.30*	.29*	.15*	.24*	.39*	-
Attitudes	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10		
A1 - Not a preferred population to treat	-											
A2 - Clinicians prefer to avoid contact	.43*	-										
A3 - No satisfying rewards working with SPMI	.24*	.12*	-									
A4 - Clinicians do not receive adequate training	.17*	.31*	-.04	-								
A5 - Intellectually challenging to understand SPMI	-.02	.07	-.22*	.13*	-							
A6 - Burnout is common	.29*	.25*	.14*	.19*	.09*	-						
A7 - Not optimistic about treatment	.08*	.28*	.14*	.24*	.10*	.23*	-					
A8 - SPMI clients are difficult to relate to	.23*	.09*	.35*	.04	-.12*	.11*	.18*	-				
A9 - Special counter-transference problems	.09*	.07	.04	.09*	.12*	.17*	.15*	.22*	-			
A10 - Clients fail to follow through on treatment	.14*	.18*	.12*	.13*	.08*	.23*	.23*	.27*	.14*	-		

$50' > d'$
*

NIH-PA Author Manuscript

NIH-PA Author Manuscript

NIH-PA Author Manuscript

Table 2
Univariate Correlations Between Social Workers' Attitudes Toward And Frustrations With Practicing With Individuals With SPMI.

Frustrations	Attitudes									
	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10
F1	.10*	.004	.09*	.01	-.03	.21*	.05	.06	.06	.17*
F2	.10*	.15*	.08*	.09*	.10*	.18*	.11*	.10*	.04	.18*
F3	.18*	.07	.23*	.03	-.02	.25*	.17*	.15*	.12*	.11*
F4	.08*	.001	.11*	-.02	-.01	.24*	.06	.07	.13*	.16*
F5	.09*	.05	.17*	-.05	-.04	.19*	.05	.11*	.07	.12*
F6	.08*	.14*	-.08*	.11*	.12*	.13*	.09*	-.05	.01	.12*
F7	<.001	-.02	-.001	.09*	.04	.04	.04	-.01	.06	.03
F8	.02	.03	.06	.04	.03	.13*	.07	.04	.02	.08*
F9	.13*	.07	.21*	.03	-.02	.20*	.10*	.18*	.11*	.11*
F10	.07	-.004	.10*	-.02	-.05	.12*	.05	.15*	.14*	.06
F11	.06	.12*	-.02	.04	-.01	.07	.09*	.06	.05	.09*
F12	.03	.08*	-.09*	.09*	.08*	.10*	.09*	.02	-.01	.12*

* $p < .05$

Table 3

Factor Loadings of Social Workers' Attitudes and Frustrations Toward Practicing With Individuals With SPMI.

Frustrations	Factor Loadings	
	Client	System
F1 - Medication noncompliance	.62	
F2 - Bizarre behavior	.62	
F3 - Manipulative behavior	.64	
F4 - Not accepting their illness	.67	
F5 - Lack of client improvement	.66	
F6 - Threatening/violent client behavior	.51	
F7 - Difficulty obtaining resources		.71
F8 - Managed care regulations		.47
F9 - Waiting lists for services		.65
Attitudes	General	Treatment
A1 - Not a preferred population to treat	.50	
A2 - Clinicians prefer to avoid contact	.42	
A3 - Clinicians do not receive adequate training	.32	
A4 - Burnout is common	.60	
A5 - SPMI clients are difficult to relate to		.44
A6 - Special counter-transference problems		.40
A7 - Clients fail to follow through on treatment		.60