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Parent and Child Causal Attributions During Clinical Interviews

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Attributions made by children and their parents for the cause of the child's clinical problem were monitored during assessment interviews. Results support previously observed differences obtained through questionnaires, with parents making more attributions than their children to characteristics of the child. This pattern was affected by variations in interview format. Parents and children differed in the locus of their attributions when interviewed individually, but these differences were not present when families were interviewed with both parents and children present. Implications for the methodology of attribution research with child-clinical populations are highlighted.

The study of causal attributions related to child-clinical populations has been a rapidly expanding area of research. Efforts have included investigations of the relationship between attribution and subsequent expectancy and performance (Bendell, Tollefson, & Fine, 1980), attribution and treatment efficacy (Bugental, Whalen, & Henker, 1977), and actor-observer differences within families (Compas, Friedland-Bandes, Bastien, & Adelman, 1981). Some consistent trends have emerged within this research, and much-needed replications and follow-up studies have begun to be reported. However, as is true of much applied social psychological research, the majority of the work in this area has been characterized by isolated investigations and idiosyncratic methods.

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To enhance the clarity and continuity of work in this area, two aspects of the study of attribution with child-clinical populations are of central importance. First, the influence of the format for collecting data is unclear. Specifically, questionnaires and clinical interviews may differentially affect the nature of the responses obtained. This is a concern both as a broad methodological issue related to the consistency and accuracy of self-report data (cf. Nisbett & Wilson, 1977) and specifically because variability in the method of data collection in these studies may have an impact on the external validity of the findings for clinical practice. Second, the potential reactiveness of children's responses to social influence warrants investigation. For example, children's reports in interviews may be affected by the presence of adults. This may be due to the demand for a "correct" response or to children feeling a need to attempt to please adults (Henker, Whalen, & Hinshaw, 1980).

The present investigation examined these two concerns in relation to the phenomenon of actor-observer differences among children and their parents. Using a questionnaire format, a tendency for parents to make more attributions to characteristics of their children than the children did themselves has been previously reported (Compas et al. 1981). Consistent with these earlier findings, it was hypothesized that this tendency would also characterize parent and child attributions reported during a clinical interview. The impact of the presence of parents on children's attributions during the interviews was investigated as a potential source of social influence. Due to the sparseness of relevant literature regarding social influences in this context, this aspect of the study was regarded as exploratory. Based on the generally accepted assumption that parents would exert some influence over their children, it was expected that children might report attributions similar in locus to those of their parents when interviewed with their parents present. This expectation was consistent with findings from studies of attitude change (e.g., Steele & Ostrom, 1974) and social comparison (e.g., Strong & Gray, 1972).

METHOD

Subjects

Sixty-four children (48 boys and 16 girls) aged 4.8 to 16.11 (median age of 10.04, $SD = 3.47$) and their parents participated in the study. Ethic composition of the children was 78% Anglo, 19% black, and 3% members of other minority groups. Median yearly family income was approximately $25,000, ranging from $5,000 to over $50,000. The sample consisted of all

families contacting the assessment service of a university psychoeducational clinic during a 10-month period, excluding 22 cases where complete data were not collected and 5 cases where clinical judgment overrode imposition of the interview format dictated by the research design. Each child had been identified by parents, school, and/or other professionals as having a learning and/or behavior problem. Prior to referral the children had been assigned a variety of labels related to learning and behavior problems (e.g., learning-disabled, hyperactive).

Procedure

All families came to the clinic to participate in an assessment conference regarding the child's learning and/or behavior problem(s). The assessment procedure used in the conferences is described in detail elswhere (Adelman & Taylor, 1979). Briefly, the conferences were conducted using a problem-solving format to generate a shared understanding of the presenting problem and to generate alternatives for dealing with the problem. During the portion of the conference when problems and attributions were explored, the consultant served in a facilitative capacity attempting to elicit clients' perceptions. Conferences were conducted by one of three clinically trained consultants, two women and one man. Families were randomly assigned to one of three conditions involving a variation in the initial portion of the conference format during which the clients were interviewed regarding the nature of the problem(s) and their perceptions of cause for the problem(s). These conditions were (a) child interviewed individually prior to the parents joining the conference, (b) parents interviewed individually prior to the child joining the conference, and (c) the family interviewed together. While data were collected at several points during the families' contact with the clinic for use in a larger study of this process, the initial 15- to 30-minute portion of the conference served as the only source of data for this report. Both statements of problems and causal attributions were listed by the consultants on a large sheet of paper, allowing clients to monitor the accuracy of the consultants' recording of their statements and correct them accordingly. In the first two conditions, the initial statements (either child's or parents') were covered by another sheet of paper before remaining family members joined the conference. This prohibited these earlier statements from influencing those made by the remaining family members.

Responses were classified after the conference by two raters into one of three attribution categories similar to the schema described by Frieze and Snyder (1980). "Person-focused" attributions were defined as statements in which the problem was attributed to some characteristic(s) of the child (e.g.,

stable or unstable effort, interest, ability, personality, physical factors, mood). "Environment-focused" attributions were defined as statements in which the problem was attributed to some factor(s) external to the child (e.g., task difficulty or ease, personality of others, luck, others' motives, others' stable or unstable effort). "Person-environment interaction-focused" attributions were defined as statements in which the problem was attributed to some combination of characteristic(s) of the child and factor(s) external to the child (e.g., personality interaction, ability × task interaction, effort × task interaction).

Interrater reliability was determined by calculating the percent of agreement between the two raters on a randomly selected sample of 50 causal statements. Agreement was .88% for all 50 causal statements, .83% for person-focused attributions, .83% for environment focused attributions, and 100% for person-environment interaction focused attributions.

RESULTS

Mean number of causal attributions were calculated for parents and children for the person, environment, and person-environment categories (Table I). Results of analysis of variance indicate that parents made significantly more causal statements than children did, the number of causal statements in each category differed significantly, and there was a significant subject × locus of attribution interaction (see Table II). Analysis of the mean scores presented in Table I for simple main effects indicates that, while parents and children were similar in the number of environment and person-environment attributions they made, parents made significantly more attributions to the child, $F(1, 111) = 24$, $p < .01$. Analysis of the relative emphasis of the three attribution categories for children and parents (i.e., the proportion of attributions in each category) yielded the same results.

A main effect for the three conditions of differing interview formats was not found. A significant condition × subject × locus of attribution did

Table I. Mean Number of Attributions by Children and Parents

	Locus of attribution			
	Person	Environment	Person × environment	Total
Children	.98	1.33	.46	2.77
Parents	1.98	1.25	.65	3.88
Total	2.96	2.58	1.11	

Table II. Analyses of Variance

	Sum of squares	*df*	*F*
Main effects			
Subjects	12.31	1	15.34[b]
Condition	.79	1	.49
Locus of attribution	57.44	2	20.15[a]
Two-way interactions			
Subject × condition	.21	2	.13
Subject × locus of attribution	17.64	2	6.19[b]
Condition × locus of attribution	2.38	4	.42
Three-way interaction			
Subject × condition × locus of attribution	14.64	4	2.57[c]

[a] $p < .001$.
[b] $p < .001$.
[c] $p < .05$.

emerge (see Table II). The nature of this interaction is represented in Figure 1. Analysis of the simple interaction effects indicated that there was a significant subject × locus of attribution interaction when children were interviewed prior to their parents, $F(2, 222) = 16.85$, $p < .01$, and when parents were interviewed prior to their children, $F(2, 222) = 8.95$, $p < .01$. No interaction occurred when parents and children were interviewed conjointly.

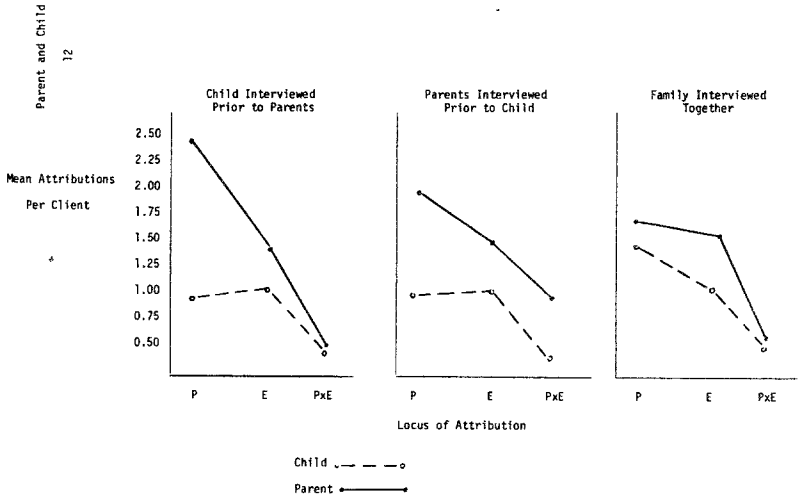

Fig. 1. Mean number of parent and child attributions as a function of locus of attribution for three conditions of differing interview format.

Developmental differences were examined by splitting the sample into three approximately equal-size groups by age, 4 through 8 (N = 22), 9 through 12 (N = 22), and 13 through 16 (N = 20). No differences were found among these groups on any of the attribution measures.

DISCUSSION

The results provide further support for the presence of actor-observer differences among parents and children in their attributions of cause for the child's problem. That is, parents and children differed in their patterns of attributions, with parents making more attribtuions to characteristics of their children than the children did themselves. Children did not display a tendency to make more environmental attributions than their parents. These data show the same pattern as previous results (Compas et al., 1981) in which children made internal and external attributions for their problems with approximately equal frequency, while parents made more attributions internal to the child. This investigation extends the findings obtained through questionnaires to responses obtained during clinical interviews, indicating that the nature of client attributions is not altered substantially by these two approaches. This finding is encouraging in that attribution data gathered in various ways may be quite comparable.

Attributions did vary as a function of changes in the interview format. Specifically, parents and children reported causal attributions that differed in the expected manner regardless of the order in which they were interviewed individually (i.e., child first or parents first). These differences were not present, however, when the family was interviewed together. In this case, parents' and children's attributions achieved closer congruence. The nature of the responses obtained in this condition is particularly intriguing. Rather than solely children's attributions appearing to be influenced powerfully by the presence of their parents, both parents' and children's attributions appear to have been affected. Parents made fewer attributions to characteristics of their child than in either of the other two interview conditions, while children made a greater number of attributions to themselves. Whether this indicates a process of mutual, rather than one-directional, social influence is worthy of further study. Perhaps more importantly, it raises the question of whether causal statements in a family interview represent actual agreement in perceptions of cause as a consequence of shared information or merely altered self-presentations as a consequence of situational constraints. The potential clinical importance of either explanation warrants further investigation of this process. Should the effect be the result of enhanced ability to share information and reach consensus, the family interview format would hold a distinct advantage for

conducting a problem-solving model of assessment. However, if changes occur due to social desirability or influence, more meaningful and valid data may be obtained through individual interviews followed by a family conference.

In summary, the findings have relevance for the clinical application of an attributional "phenomenon." The pattern of actor-observer differences described by Jones and Nisbett (1972) has received considerable support from laboratory studies (see Schneider, Hastorf, & Ellsworth, 1979, for a review). The present study replicates a modified pattern of this effect within families in which the child is experiencing a clinical problem. Parents display a pattern expected for observers of their child's behavior by making attributions predominantly to the child. The children do not respond with the tendency of actors, found in most laboratory studies, to make more external attributions. Rather, they make internal and external attributions equally often. This pattern is altered when families work together in defining the causes of the child's problem, with actors (children) and observers (parents) displaying a higher degree of congruence in the attributions they report.

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