Mother and Father Attributions for Child Misbehavior:
Relations to Child Internalizing and Externalizing Problems

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Abstract

Knowledge of how parents think about their children's misbehavior is important in understanding the behavioral and emotional problems of children. Relations between parent attributions for child misbehavior and child functioning were examined in a community sample of 163 two-parent families of 9-12 year-old boys and girls. Mother and father attributions were assessed along child-responsible and parent-causal dimensions. Both parent- and child-reported internalizing and externalizing problems were measured. Both mother and father child-responsible attributions predicted parent reports of both child internalizing and externalizing problems. For child self-reported functioning, mother parent-causal attributions negatively predicted child internalizing and externalizing problems, and father child-responsible attributions positively predicted child externalizing problems. The results highlight the importance of measuring different kinds of attributions by mothers and fathers, and of considering both parent and child views of child problems.

Keywords: mother attributions, father attributions, internalizing, externalizing, parent report, child report

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Internalizing and externalizing problems in childhood are important predictors of future functioning (Copeland, Shanahan, Costello & Angold, 2009) and are linked to various family and parenting factors (e.g., Goodman et al., 2011; Kawabata, Alink, Tseng, van Ijzendoorn, & Crick, 2011). This study focuses specifically on relations between negative parent attributions for children's misbehavior and child problems (Joiner & Wagner, 1996). Past studies have focused primarily on mother attributions and assessed single dimensions of child problems, often by parent reports. This study extends past research by including measures of mother and father attributions along two dimensions (parent causality and child responsibility) and assesses internalizing and externalizing child problems by parent and child report.

Parent Attributions and Child Problems

Parent attributions are spontaneous, causal explanations generated to understand children's actions and are thought to guide parenting practices and impact child outcomes (Bornstein & Lansford, 2009). Many researchers have studied parent attributions in relation to child difficulties through two approaches. Some studies focus on exclusively child-centered explanations (e.g., causes internal/external to the child, stable/unstable, controllable by the child/not; intentional/not; e.g., Johnston, Hommersen, & Seipp, 2009), and others focus exclusively on parent perceptions of their own causal role in events (e.g., locus of control within/outside of the parent; e.g., Campis, Lyman, & Prentice-Dunn, 1986). Both types of attributions contribute to child and family functioning, but are seldom considered together.

There is a well-established relation between mother attributions for child behavior and children's externalizing problems. For example, in a longitudinal investigation, Johnston et al.

(2009) found more negative mother attributions predicted an increase in child oppositional behavior 1 year later, even after accounting for negative parenting and initial levels of child oppositional behavior. Further supporting the importance of mother attributions, when entered in the reverse fashion, initial levels of child oppositional behavior did not predict changes in mother attributions. The link between these attributions (e.g., cause of the misbehavior is internal to the child, stable, and controllable) and child externalizing problems has been shown across clinical and nonclinical samples of children and samples of children of different ages (e.g., Nix et al., 1999; Snyder, Cramer, Af Frank, & Patterson, 2005).

Parent attributions for child problems also are related to child internalizing problems, although the research in this area is not as extensive. In a community sample, Goodvin and Rolfson (2014) found that young children's negative self-evaluations were related to mothers attributing child success to external factors such as the mother's help, or child performance to stable personality traits. In two other studies, negative parent attributions were linked to adolescent depression (Chen, Johnston, Sheeber, & Leve, 2009; Sheeber et al., 2009).

Internalizing and externalizing problems are highly comorbid (e.g., McConaughy & Achenbach, 1994), yet no study has compared the relations between parent attributions and child externalizing and internalizing problems in the same sample. A failure to simultaneously consider both types of problems makes it difficult to discern whether parent attributions relate to them in similar or different ways. We argue that it is reasonable to expect that parent attributions relate independently to both internalizing and externalizing problems. Parents who offer child-blaming attributions for their children's misbehavior may select harsher discipline, thus causing or exacerbating child externalizing behavior (e.g., Nix et al., 1999). Moreover, studies such as that of Goodvin and Rolfson (2014) suggest that children internalize feedback offered by their

parents and learn to blame themselves for negative events. Recognizing that parent-child processes are complex, iterative, and bi-directional, the current study tests the concurrent relations between parent attributions and both internalizing and externalizing child problems as a first step in addressing gaps in the existing literature.

Beyond a focus on single types of child problems, previous studies also have typically assessed only child-focused attributions (e.g., the child's negative intent; e.g., Johnston et al., 2009). Few have assessed attributions regarding the parent's own role in explaining child misbehavior. However, Roberts, Joe, and Rowe-Hallbert (1992) did find that parents of children with oppositional behavior had a more external locus of control (i.e., "What I do has little effect on my child's behavior") compared to parents of control children. High levels of child problems likely challenge parents' views of their parenting competence, and, parents' recognition of their own responsibility for their children's misbehavior (e.g., my child misbehaves because I'm not structured enough) may fuel a lower sense of parenting efficacy and more frustration, leading to continued dysfunctional parenting reactions that increase child problems. Alternately, when parents attribute child problems to themselves, they may be motivated to alter their parenting to reduce child problems. Initial support for the roles of both parent- and child-centered attributions comes from Snarr, Slep, and Grande (2009). Their measure, tested in a community sample, indicated that child-responsibility attributions were particularly strongly associated with child externalizing problems, and parent-causal attributions were particularly associated with negative parenting and parent psychological problems. In the current paper, we hypothesize that both child-responsible and parent-causal attributions will be independently related to child problems.

Mother and Father Attributions

Investigations of parent attributions have typically focused on mothers and have less frequently included father attributions (e.g., Bugental & Johnston, 2000). Nevertheless, the nature of mothers' and fathers' interactions with children differ, and the father-child relationship is uniquely important to child development (e.g., Lamb & Lewis, 2010). For example, fathers introduce their children to new experiences, teach assertiveness (Paquette, 2004), and spend more time than mothers engaged in play activities with their children (e.g., Lamb & Lewis, 2010). These inter-parent differences may be linked to differences in how mothers and fathers explain their children's problems. It is possible, for example, that because fathers encourage and value autonomy and assertiveness, they are more likely to offer child-blaming attributions for failures in this realm, including internalizing behaviors such as shyness or worry. On the other hand, mothers may place higher value on obedience due to their role in child-care, and thus might offer more child-blaming attributions for externalizing behaviors such as noncompliance.

In one of the few studies to examine attributions by both parents, Nelson, O'Brien, Calkins, and Keane (2013) assessed both mother and father child-responsibility attributions for misbehavior displayed by their 7 year-old child. Mothers and fathers who endorsed more child-responsibility attributions had children with higher levels of mother- and father- reported externalizing problems, respectively. In addition, relations between parent attributions and child problems differ between mothers and fathers (e.g., Werner, 2012; Williamson & Johnston, 2014), although findings are inconsistent with regard to the direction and strength of these differences. In sum, the nature of the contributions of mother and father attributions to child adjustment remains unclear. The current study predicts unique contributions of mother and father child-responsible and parent-causal attributions to child internalizing and externalizing problems.

Finally, parent attributions also may differ depending on child gender. Chen et al. (2009) found that gender moderated the relation between parent attributions and adolescent depressive symptoms; stronger effects were found for girls. Furthermore, the role of child gender may be qualified by an interaction between parent and child gender (Werner, 2012; Wright et al., 2013). Given these possibilities, we explore potential child gender and parent-child gender interactions in the associations between parent attributions and child problems.

Multiple Perspectives on Child Problems

Parents and children do not always agree in their reports of child functioning (e.g., De Los Reyes & Kazdin, 2005). From a developmental perspective, parents and children may have different levels of insight into children's difficulties; parents may view externalizing symptoms as more concerning, while children may perceive internalizing symptoms to be more severe. The motivation behind parent and child responses also may differ; children may be more motivated to present socially desirable answers. Each of these factors would lead to diverse, but equally meaningful, reports on child functioning across parents and children, thus, child difficulties from both perspectives are considered in this study.

The Current Study

We examine the associations between mother and father attributions and children's internalizing and externalizing problems. We assess parent attributions along two dimensions: parent causality (locus within the parent, stable, global) and child responsibility (locus within the child, negative intent). Mother, father, and child reports of internalizing and externalizing problems are included to encompass multiple perspectives on child adjustment. We examine parent and child gender and their interaction in the prediction of child problems. We hypothesize

that parent self-causal and child-responsible attributions will each be uniquely related to internalizing and externalizing child problems, as measured by both parent and child reports.

Method

Participants

One hundred and sixty-three families participated. Children (50.3% male) ranged in age from 9.0 to 12.9 years ($M = 10.8$). Notices were placed in the community and various mental health service centers to recruit families of children with a range of problems. Children with developmental disorders (e.g., autism spectrum disorders) were excluded. All families were two-parent families in which both parents agreed to participate. One hundred and fifty-two (93.3%) of the parents were married or in a common law relationship, and 11 (6.7%) identified as divorced/separated or single but both biological parents participated. Of the married or common law couples, 99.3% of mothers and 94.7% of fathers were the biological parent. Average yearly family income was \$75,000, with a mean score on the Hollingshead Four Factor Index of Social Status (Hollingshead, 1975) of 52.34 (scale ranging from 8-66), which corresponds to an upper-middle-class socioeconomic status. The majority of children were either Caucasian (49.1%) or Asian (42.9%; mostly Chinese-Canadian).

Measures

Parent Attributions. Mothers and fathers each completed the Parent Cognitions Scale (PCS; Snarr et al., 2009) as a measure of their attributions for child misbehavior. Parents are asked to think about their own child misbehaving and rate the extent to which each of 30 explanations (attributions) for their child's misbehavior is true on a 6-point scale. Nine of the attributions comprise the Child Responsibility dimension; these are attributions that have a locus within the child and indicate voluntariness and negative intent (e.g., "My child purposely tries to

get me angry”). Seven items comprise the Parent Causality dimension; these are attributions that have a locus within the parent and indicate stability and globality (e.g., “I’m not structured enough with my child”). The remaining 14 are distractor items. The scale has demonstrated good reliability for both mothers and fathers and possesses good discriminant and convergent validity (Snarr et al., 2009). In the current sample, alphas were .89 and .89 for mothers, and .86 and .90 for fathers, for the Parent Causality and Child Responsibility dimensions, respectively.

Child Problems – Parent Report. Mothers and fathers each completed the Child Behaviour Checklist (CBCL; Achenbach & Rescorla, 2001), a widely used 113-item questionnaire that has been validated for use with youth between 6 and 18 years. Parents indicate the extent to which each item is true for their child (0 = *Not true*; 1 = *Somewhat or sometimes true*; 2 = *Very true or often true*). The CBCL provides scores on higher-order Internalizing and Externalizing scales which have excellent psychometric properties (Achenbach & Rescorla, 2001). In the current sample, mother and father scores were moderately correlated for both the Internalizing, $r(145) = .53, p < .001$, and the Externalizing, $r(145) = .54, p < .001$, scales. The score for each scale was averaged between mothers and fathers, to generate composite measures of parent-reported child internalizing and externalizing problems.

Child Problems – Child Report. *Externalizing.* Children completed an abridged version of the Externalizing scale of the Youth Self Report Form (YSR; Achenbach & Rescorla, 2001). The scale comprises 22 items assessing problems that parallel the Externalizing subscale of the parent-report CBCL. Children indicate the extent to which each item is true for them (0 = *Not true*; 1 = *Somewhat or sometimes true*; 2 = *Very true or often true*). The average of these ratings was used. Good internal consistency was demonstrated in the current sample ($\alpha = .82$).

Internalizing. Children completed the Multidimensional Anxiety Scale for Children (MASC; March, Parker, Sullivan, Stalling, & Conners, 1997). Children indicate the extent to which each of 39 items is true for them (0 = *Never true about me*; 1 = *Rarely true about me*; 2 = *Sometimes true about me*; 3 = *Often true about me*). The MASC has been validated for use with clinical and non-clinical samples of children ages 8-19 years (March et al., 1997; 1999). Its factor structure is stable across ages and gender, and the scale possesses good psychometric properties (March et al., 1997). The MASC total score was used in the current study ($\alpha = .89$).

Children also completed the Children's Depression Inventory-Short Form (CDI-S; Kovacs, 2003), a 10-item questionnaire assessing depressive symptoms in children ages 7-17 years. Scores on the short form correlate strongly with the full inventory and show good internal consistency. The CDI differentiates between depressed and non-depressed children, and possesses good concurrent validity (Kovacs, 2003). Alpha for the CDI-S in the current sample was .72. Scores on the MASC and CDI-S were positively correlated, $r(159) = .33, p < .001$, and were z-transformed and averaged to generate a composite measure of child self-reported internalizing problems. Descriptive statistics are summarized in Table 1.

Procedure

This study was approved by our university's Research Ethics Board. Mothers and children were invited to our laboratory. After the study protocol was explained, mothers provided consent to participate and children provided assent. During the visit, mothers completed the PCS, CBCL, and a family demographics questionnaire (as well as other measures not reported in this paper). Children independently completed the modified YSR questionnaire, the CDI, and the MASC. If children expressed difficulty reading scale items, a research assistant read them aloud to the child. At the end of the lab visit, packages containing the PCS and the

CBCL (as well as other measures) were sent home for fathers to complete and return by mail. On average, father questionnaire packages were returned 17.24 days after the mother-child laboratory visit. Seventeen father packages were not returned and were treated as missing data.

Data Analytic Plan

The main hypotheses were tested using path analysis in two models using Mplus Version 7. In both models, the predictor variables were mother and father child-responsible and parent-causal attributions. The models differed in terms of how their outcome variables (child internalizing and externalizing problems) were operationalized. In the first model, the outcome variables were operationalized using parent reports, whereas the second model used child reports. We also modeled covariances among the predictor variables, including demographic variables (child age, child ethnicity, socioeconomic status), when these variables were significantly correlated. We used the maximum likelihood estimator, which is a full information maximum likelihood estimator that provides parameter estimates, meaning that all available data were used to generate estimates (Kline, 2010).

To test model fit, we used an exact test of fit with the chi-square test. A non-significant chi-square test means that there are no significant differences between the model-implied covariance matrix and the covariance matrix of the data (i.e., model residuals likely to have occurred by chance); this is the most conservative test of model fit (Kline, 2010). We also inspected the Comparative Fit Index (CFI) and Root Mean Square Error of Approximation (RMSEA) fit indices; CFI values greater than .95 and RMSEA values less than .05 are indicative of a good-fitting model (Tabachnik & Fidell, 1996).

We examined the moderating role of child gender on the relations between mother and father attributions and child externalizing and internalizing problems in both models. To do this,

we used child gender as a grouping variable in the models. Using chi-square difference testing, we compared the chi-square value from analyses where all model parameters (i.e., regression coefficients, residual variances, and covariances) were constrained to be equal across boys and girls, to the chi-square value from analyses that allowed separate regression estimates for boys and girls (residual and covariance estimates constrained to be equal). A significant difference between the chi-square values indicates that the regression coefficients for boys and girls are significantly different, and is evidence that child gender moderates the relation between parent attributions and child problems (Kline, 2010).

Results

Descriptive Statistics

Regarding missing data, 16 fathers did not complete either the PCS or CBCL. One additional father completed the PCS but did not complete the CBCL and two children did not complete either the MASC or CDI. Children with missing father data were older than children with non-missing father data ($M = 136$ months missing vs. $M = 129$ months non-missing), $t(161) = 1.85, p = .07$ [CBCL missing] and $t(161) = 1.98, p = .05$ [PCS missing]. The two children who did not complete the MASC or CDI were both male. There were no other significant differences based on missingness among the variables of interest.

The descriptive statistics for parent attributions and child externalizing and internalizing problems, and their bivariate correlations are listed in Table 1. On average, mother and father ratings fell slightly below the mid-point on the negative attribution scales, consistent with the community nature of the sample. Similarly, parent and child reports of child behavior problems appeared on average, at normative levels. Despite the relatively low mean levels of child problems, there was reasonable variability in scores for each of the scales, and according to

mother report, 8% and 16% of children fell above the clinical cut-off (T score above 63) for externalizing and internalizing problems, respectively.

Mother and father reports of child-responsible and parent-causal attributions were moderately positively correlated (ranging from $r(145) = .21, p = .009$ to $r(145) = .57, p < .001$). Child internalizing and externalizing problems also were positively correlated (by either combined mother and father, or child reports, $r(161) = .60, p < .001$ and $r(159) = .37, p < .001$ respectively). In general, as seen in Table 1, both types of parent attributions were positively correlated with both child internalizing and externalizing problems, particularly when using parent reports. On the other hand, parent attributions were less consistently correlated with child self-reported problems. Overall, given these associations, we opted to allow all parent attributions to covary with one another in the main models, as well as allow the residuals of child internalizing and externalizing problems to covary.

To assist with modeling in our main analyses, we examined whether any demographic variables were related to parent-causal or child-responsible attributions made by mothers and fathers. Unexpectedly, we found a significant negative correlation between child age and mother child-responsible attributions, $r(161) = -.22, p = .005$, and a marginally significant negative correlation between family socioeconomic status and mother parent-causal attributions, $r(152) = -.15, p = .07$. Given these associations, we allowed child age and mother child-responsible attributions to covary, and socioeconomic status and mother parent-causal attributions to covary in the main analyses. No other significant associations emerged between parent attributions and the demographic variables; therefore, no other covariances involving demographic variables were modeled. However, child age, socioeconomic status, and child ethnicity all were included as predictors in the main analyses as we deemed these relevant control variables.

Path Analysis Models

Two analytical models were estimated to examine how mother and father attributions were related to both child internalizing and externalizing problems, as reported by parents (model one) and children (model two). All the parent attribution variables were normally distributed, however, parent and child reports of child externalizing problems were positively skewed with leptokurtic distributions. Therefore, we analyzed the models using the maximum likelihood estimator with robust (Satorra-Bentler) standard errors, to account for non-normality in the data. However, the results between models using the maximum likelihood estimator with and without robust standard errors were similar, therefore we decided to use the maximum likelihood estimator without robust standard errors as its estimates are more easily interpretable.

Prior to analysing the main models, we conducted analyses to determine whether child gender moderated the relations between mother and father attributions and child externalizing and internalizing problems. Chi-square difference testing revealed no significant differences between the partially constrained (i.e., regression parameters allowed to vary between gender groups) and the fully constrained models for either the parent-report model, $\chi^2(14) = 11.56, p = .62$, or child-report model, $\chi^2(14) = 16.32, p = .29$. That is, child gender did not moderate the relations between mother and father attributions and child internalizing and externalizing problems. Given this information, we decided to include child gender as a covariate in the main analyses rather than a grouping variable.

Model One: Parent attributions predicting parent-reported child externalizing and internalizing problems. As seen in Figure 1, the model had good fit, explaining 46% of the variance in externalizing problems and 17% of the variance in internalizing problems. As predicted, both mother and father child-responsible attributions were uniquely positively related

to parent reports of both externalizing and internalizing problems, although the path between mother child-responsible and internalizing problems was only marginally significant. Contrary to prediction, neither mother nor father parent-causal attributions were related to either child behavior variable.

Model Two: Parent attributions predicting child self-reported externalizing and internalizing problems. This model also had good overall fit, and explained 18% and 13% of the variance in externalizing and internalizing problems respectively (Figure 2). Mother parent-causal attributions were significantly related to both externalizing and internalizing problems. However, these associations were negative, meaning that the more mothers perceived themselves as to blame for child misbehavior, the less children reported problems. On the other hand, as expected, father child-responsible attributions were positively associated with child-reported externalizing problems. However, father child-responsible attributions were not related to child-reported internalizing problems.

Discussion

Our results support the utility of studying the relation between parent cognitions and child problems by examining, within one model, the relative contributions of parent gender and attribution type to a range of child problems. The results highlight new information that is gained by considering the perspective of children, as well as parents. Contrary to what has been suggested by previous findings (e.g., Chen et al., 2009), but consistent with others (e.g., Nelson et al., 2013), child gender did not moderate the relations between parent attributions and child problems in this study. These continuing inconsistencies regarding the role of child gender denote this area as one in need of further study.

Parent Report of Child Problems

Both mother and father attributions were significantly and uniquely related to child internalizing and externalizing problems assessed via parent report. Replicating previous research (e.g., Snarr et al., 2009; Snyder et al., 2005), mothers who attributed responsibility to the child for misbehavior had children with more externalizing problems. Furthermore, consistent with Nelson et al. (2013), father attributions of child responsibility added variance to the model, indicating that fathers' conceptualizations of the causes of their children's misconduct add unique information to our understanding of child externalizing behaviors.

There are a number of mechanisms that might underlie these associations between parent negative attributions and child problems, which are unlikely to be mutually exclusive. First, parent perceptions of the causes of their children's behavior may influence parenting; child-blaming attributions might precipitate hostile reactions to children's misbehavior. Indeed, studies have shown that attributions of negative child intent predict harsh parenting (e.g., Leung & Slep, 2006). Furthermore, harsh parenting is associated with child behavior problems, and mediates much of the relation between mothers' child-blaming attributions and child externalizing difficulties (Nix et al., 1999). Thus, the relations between mother and father child-responsible attributions and child externalizing problems found in this study could be understood as operating via negative parenting behaviors and social learning processes. Second, it also is possible that parent attributions are shaped by their children's previous negative behaviors. Parents who experience consistently negative interactions with problem children may come to develop negative beliefs about the causes of their children's misconduct (Dix & Grusec, 1985). Finally, a third possibility proposed by Nelson et al. (2013) is that parents who interpret their children's misbehavior as malicious may be more likely to notice and report child externalizing

problems. The design of this study prevents testing of these mechanisms, but the significant relations observed do support the importance of continued study into these possibilities.

With respect to parent-reported child internalizing problems, only father attributions holding the child responsible for misbehavior emerged as a unique predictor. The more blameworthiness, negative intent, and voluntariness fathers ascribed to their children's negative behavior, the higher the level of child internalizing problems reported by parents. It is important to note that mother child-responsible attributions evidenced a trend in this direction and, at the bivariate level, both mother and father child-responsible attributions were significantly related to parent-reported child internalizing symptoms. However, it appears that in the context of considering both mother and father attributions together, father attributions are particularly important in predicting children's emotional difficulties. Thus, not only do fathers make important contributions to child development via their presence and involvement in the child's life (e.g., Lamb & Lewis, 2010) and their parenting behaviors (e.g., Paquette, 2004), fathers' cognitions about their children add unique information to the prediction of their children's internalizing problems. These results differ slightly from those by Chen et al. (2009), who found that both mother and father attributions were significantly associated with adolescent depressive symptoms. Several methodological factors including differences in the age and symptom severity of the youth may underlie these discrepancies. Given that mother attributions of child responsibility showed a trend toward independently predicting child internalizing problems in this study, we see our results not as conflicting with previous research or discounting the importance of mother negative attributions, but rather as highlighting the unique information that is added by considering fathers' conceptualizations of their children's behavior.

We also hypothesized that the two types of attributions, child-responsible and parent-causal, would each be significantly and uniquely related to child problems. At the bivariate level, both were significantly positively related to parent-reported child problems. However, contrary to our hypothesis, when examined in conjunction, only the child-responsible attributions were significantly related to child problems. This importance of examining the relations between different parent cognitions and child problems simultaneously is clear. Several explanations could elucidate the current findings. Firstly, it is possible that parents see children, rather than themselves, as the main agents of responsibility in child misbehavior and these attributions are the only ones to be uniquely associated with parent perceptions of child maladjustment. Secondly, although contrary to our predictions, the lack of an independent association between parent-causal attributions and child problems can be seen as consistent with studies of marital attributions. For example, Davey, Fincham, Beach, and Brody (2001) assessed spouses' causal attributions (e.g., the stability and globality of causes of events) and responsibility attributions (e.g., reflecting the partner's selfishness, hostile intent) for marital conflict. They found that responsibility attributions fully mediated the relationship between causal attributions and relational conflict, suggesting that attributions of responsibility may be more proximal to behavior than attributions of cause. It may be that, in understanding child problems, parent attributions of child responsibility and blame override their self-related causal attributions.

Child Report of Child Problems

The different patterns for parent report and child self-report of child problems in this study illustrate the importance of examining children's perspectives on their functioning. Our hypothesis that both mother and father attributions would be uniquely related to children's self-reported problems was only partially supported. At the bivariate level, both mother and father

child-responsible attributions were significantly related to the child's report of externalizing problems, in line with both our own and other research utilizing parent reports of externalizing problems (e.g., Nelson et al., 2013). However, when all parent attributions were examined in conjunction in the SEM models, only father child-responsible attributions were significantly related to child-reported externalizing problems. Again, when mother and father cognitions are considered together, father attributions appear to add separate and unique variance.

That mother child-responsible attributions were unrelated to child-reported externalizing problems might be linked to children's perceptions of parental roles. Sturgess, Dunn, and Davies (2001) found that young children's perceptions of the closeness of their relationships with their fathers are related to their externalizing problems, suggesting that fathers are especially important in shaping children's views of their own problems. The current data support this argument. Alternatively, the lack of a unique relation between mother child-responsible attributions and child externalizing difficulties may reflect mother vs. child differences in the perceptions of the importance or seriousness of externalizing problems, such as noncompliance or rudeness. Of course, bidirectionally, it also is possible that child externalizing problems are more likely to evoke child-blaming attributions from fathers than from mothers, perhaps due to parent differences in tolerance or expectations regarding these types of child problems.

Neither mother nor father child-responsibility attributions were related to child-reported internalizing difficulties. This is contrary to our hypothesis and to our own findings when parents were the informants. Although parent and child reports of internalizing problems were correlated, differences in the measurement tools completed by parents and children offer one possible methodological explanation for the divergent findings. Another set of explanations rest in the different meaning of parent vs. child reports of internalizing problems. Although salient to

the child, emotional difficulties may be less outwardly apparent to parents than externalizing problems. Thus, parents may infer their child's internal state based on other beliefs they hold about their child's behavior, including their attributions (e.g., my child acts maliciously, he/she is probably unhappy) and these inferences are then closely related to their perceptions of their child's problems. This parental view of the child's internal experience may, nevertheless, not map onto the child's actual experience. However, this explanation would be countered by the results of Chen et al. (2009) who used adolescents' self-reports of their depressive symptoms and did find associations with parent attributions. The absence of other comparable studies limits our ability to further interpret the differences between parent- and child-reported problems found here, and further work is needed to clarify the possible interpretations.

We also hypothesized that both types of parent attributions would be uniquely related to children's self-reported problems. Only mothers' views of their own causal role in child misbehavior were significantly associated with child-reported problems, independent of father parent-causal and both mother and father child-responsible attributions. The parent-causal attribution dimension was originally devised under the presumption that a parent's negative self-causal explanations for child misbehavior would reflect beliefs about parenting competency and be closely linked to the parent's level of depression or family dysfunction, and therefore to child problems (Snarr et al., 2009). In this study, however, mother parent-causal attributions were *negatively* related to child-reported problems. The more mothers attributed their children's misconduct to something about themselves (e.g., "I'm not patient"), the fewer problems children reported. From the perspective of a child, a parent's endorsement of parent-causal attributions, if somehow communicated (e.g., forgiveness for misbehavior, verbal acknowledgement of the parent's fault), may lead the child to see him or herself in a more positive light and report fewer

problems. That this buffering effect would only appear for mothers may again relate to children's perceptions of the parent roles. If mother-child interactions focus more on caregiving and chore-related situations than father-child interactions, the mothers' sharing of responsibility for her child's misbehavior in these situations might be particularly important for the child.

Limitations and Future Directions

Despite the strengths of this study, we acknowledge limitations. The community sample was comprised of two-parent, relatively stable and advantaged families of predominately Caucasian or Asian descent. Associations differing in strength or direction might emerge from samples with higher rates of child, parent, or family difficulties or from different ethnic backgrounds. The cross-sectional nature of the data limits our ability to understand the temporal and causal relations between parent cognitions and child problems. Longitudinal studies, with multiple assessments of parent attributions and child problems, are needed to elucidate the complexity and potential mechanisms underlying these links. For example, although parent beliefs about the causes of their children's behaviors are internal parent characteristics, these cognitions may be communicated to the child verbally or via other parenting mechanisms, such as reactions to child misbehavior. Accordingly, future studies measuring parenting behavior as a mediator of the association between parent attributions and child problems would be useful.

In conclusion, this study highlights the importance of both mother and father cognitions in relation to child adjustment. It also points to nuances in how different types of attributions, those that focus on the parent's causal role in child misbehavior as well as those that focus on the child's blame or responsibility, are related to child functioning. Finally, our results clearly illustrate the divergence of parent and child perspectives on child problems, and remind us of the need to consider how each reporter brings different aspects to light.

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Table 1

Descriptive statistics and bivariate correlations

	<i>M (SD)</i>	1	2	3	4	5	6	7	8
	Range								
1. Child responsible attribution (mother report)	2.81 (.92) 0 to 4.89								
2. Parent causal attribution (mother report)	2.69 (.81) 0 to 5.00	.41 **							
3. Child responsible attribution (father report)	2.67 (.88) 0 to 5.22	.50 **	.21 **						
4. Parent causal attribution (father report)	2.47 (.71) 0 to 4.43	.36 **	.27 **	.57 **					
5. Externalizing problems (parent report)	5.38 (5.02) 0 to 27.00	.53 ***	.23 ***	.62 ***	.33 ***				
6. Internalizing problems (parent report)	6.07 (5.03) 0 to 27.50	.30 ***	.14 +	.39 ***	.29 ***	.60 **			
7. Externalizing problems (child report)	.37 (.26) 0 to 2.00	.21 **	-.10	.33 **	.13	.23 **	.23 **		
8. Internalizing problems (child report) ¹	.00 (.81) -1.86 to 2.86	.02	- .17 *	.04	-.01	.08	.21 **	.37 **	
a. Anxiety (child report) ²	1.45 (.40) .33 to 2.44	-	-	-	-	-	-	-	-
b. Depression (child report) ²	.20 (.21) 0 to 1.00	-	-	-	-	-	-	-	-

+ $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$ ¹Child reported internalizing problems created from average of standardized scores for child reported anxiety and depression

² Means and standard deviations reported for raw scores, correlations reported for standardized composite

Figure 1. Path model with parent-report measures of externalizing and internalizing child symptoms including standardized path coefficients and standard errors (only regression and covariance parameters with a significance of $p < .10$ are shown). $\chi^2(20) = 18.13$, $p = .58$, CFI = 1.00, and RMSEA = 0.00.

Figure 2. Path model with child-report measures of externalizing and internalizing child symptoms including standardized path coefficients and standard errors (only regression and covariance parameters with a significance of $p < .10$ are shown). $\chi^2(20) = 16.94$ $p = .66$, CFI = 1.00, and RMSEA = 0.00.