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Attribution Processes in Mother-Adolescent Conflict.

Nancy Caryn Grace

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Grace, Nancy Caryn, Ph.D.

The Louisiana State University and Agricultural and Mechanical Col., 1990

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Attribution Processes in Mother-Adolescent Conflict

A Dissertation

**Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy
in
The Department of Psychology**

**by
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May 1990**

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Abstract

Because of the potentially serious consequences associated with parent-adolescent conflict, researchers have delineated variables (i.e., communication skills deficits) that might escalate conflict. Despite the theoretical support for the role of cognitive variables in parent-adolescent conflict, this area has received little research attention. In contrast, studies using adult subjects have repeatedly demonstrated a relationship between cognitive variables, (i.e., attributions) and conflict behaviors and relationship dissatisfaction. Researchers have found that distressed spouses tend to emphasize aversive spousal behaviors by attributing them to global and stable causes that reside within their spouses. Additionally, they perceive negative behavior as intentional, selfishly motivated, and blameworthy. The purpose of this study was to determine whether similar negative attributions are present among mothers and teenagers who tend to engage in frequent and intense conflicts. One hundred and fifteen mothers and 122 teenagers who were randomly selected from a university affiliated laboratory school participated. Each subject completed self-report measures of conflict and a measure of attributions, which was designed for this study. Analyses revealed that as attributions were more negative,

conflict increased. When subjects were divided into low and high conflict dyads, compared to low conflict subjects, high conflict subjects made consistently more negative attributions about one another's behaviors. Step-wise regression analyses indicated that beliefs that causes of negative behavior were global and resided within the other member of the dyad were the best predictors of self-reported conflict. Beliefs that the other member of the dyad should be blamed for his/her behavior was the best predictor of conflict reported by the other member of the dyad. Finally, results showed that frequent aversive behaviors and high levels of associated anger were related to more negative attributions. However, no relationship was found between high conflict mothers' attributions and their report of anger. Clinical implications of these data are discussed.

Children often experience increased conflict with their parents during their adolescent years compared to other childhood phases. Clinicians and adolescent theorists speculate that conflicts increase as teenagers attempt to gain independence from their parents (Ausubel, Montemayor, & Svajian, 1977; Conger, 1971). While arguments during this time of transformation are expected and may facilitate the youngster's independence (Steinberg, 1987), oftentimes, family members respond in ways that escalate conflict to clinically significant levels.

It has been estimated that between 15 and 20 percent of teenagers and their parents experience intense conflicts (Montemayor, 1983). The consequences of such conflicts can affect the adjustment of adolescents and their parents (Forehand, Brody, Slotkin, Fauber, McCombs, & Long, 1988; Silverberg & Steinberg, 1987). For example, adolescents who engage in high levels of conflict with their parents tend to demonstrate emotional and behavior problems (Forehand, et al., 1986; Slater & Haber, 1984). Similarly, mothers who have frequent arguments with their teenagers are inclined to have low self-esteem (Silverberg & Steinberg, 1987).

In light of the frequency that conflicts occur and because of the potentially serious consequences, parent-adolescent conflict has received much attention over the

last decade (Foster & Robin, 1988; Robin & Foster, 1989; Montemayor, 1983). Specifically, research has focused on variables that appear to contribute to conflicts, such as problem solving and communication skill deficits (Foster & Robbin, 1988; Robin & Foster, 1989).

In general, however, the influence of cognitive variables on parent-child conflicts is relatively neglected (Vincent Roehling & Robin, 1986). In contrast, the influence of cognitive factors on conflicts among adults, such as married couples, are well documented (Bradbury and Fincham, in press). For example, research suggests that spouses' attribution styles influence marital satisfaction and conflict resolution (Bradbury & Fincham, 1987; Fincham & Bradbury, 1987). This research indicates that distressed couples tend to minimize their partners' positive behavior by attributing the behavior to external causes (i.e., the situational demands) and emphasize aversive behavior by assuming that it is caused by intrinsic factors (i.e., partner's disposition) (Berley & Jacobson, 1984).

The purpose of this study is to determine whether similar kinds of dysfunctional attribution styles exist among distressed mother-adolescent dyads. Based upon this purpose, the literature on parent-adolescent conflict is reviewed. Next, factors postulated to promote conflicts amongst teenagers and their parents will be presented. Finally, the research examining attribution styles among

distressed married couples will be discussed in order to examine the clinical findings and research methodology.

Parent-Adolescent Conflict

Conflicts between adolescents and their parents have been operationally defined as "...predominantly verbal arguments between teenagers and their parents" (Robin, Koepke, & Nayer, 1986, p. 87). A number of investigators have examined the kinds of issues that parents and their teenagers argue about and the relationship between the amount of conflict and age of the child. Data gathered through interviews and self-reports revealed that the issues eliciting the most frequent conflicts include curfews, home responsibilities, spending money, and selecting friends (Ellis-Schwabe & Thornberg, 1986; Montemayor, 1983).

Research examining the relation between the adolescent's age and level of parent-adolescent conflict yields variable results. For example, Offer (1969) found that parent-adolescent conflicts occurred more often among seventh and eighth grade students than older teenagers. However, others have indicated that arguments are more frequent among adolescents 15 years of age and older (Johnstone, 1974). Two studies which examined audiotaped conversations between teenage boys and their parents found that conflict behaviors appeared to be related to the child's pubescent status rather than age (Steinberg, 1981; Steinberg & Hill 1978). Specifically, adolescents, who

were in early to middle pubescent stages, and their mothers interrupted each other more frequently and tended to yield to each other less than any other dyads. Whereas increases in interruptions and decreases in yielding occur at a later pubescent stages for fathers and sons (Steinberg, 1981).

Conflicts with parents typically decline as the adolescent enters young adulthood (Sullivan & Sullivan 1980). This decrease in arguments appears to be related to the youngsters leaving home. Sullivan and Sullivan (1980), for example, found that boys who entered college but remained living in their parents' homes did not report fewer conflicts with their parents as did boys who moved away during college. While there is disagreement concerning the ages at which parent-adolescent conflicts are most intense, there is general agreement that there is a marked increase in arguments as children enter adolescence and that it decreases when the youngsters enter young adulthood and leave the parents' homes (Montemayor, 1983; Sullivan & Sullivan, 1980).

A number of factors have been postulated to account for the increase in conflicts with parents during adolescence. It is believed that the cognitive, social, and physiological transformations that occur during adolescence may promote conflict (Robin & Foster, 1989). For example, the newly acquired cognitive flexibility associated with formal operations, allows youngsters to

perceive possibilities, make rapid comparisons, and provide their parents with logical arguments. Socially, the peer group becomes more influential, and as a result, peer delivered reinforcers compete with parent controlled consequences (Robin & Foster, 1969). Additionally, the physical changes that accompany puberty are thought to influence familial interaction patterns by signaling to parents the impending need for their children's independence (Steinberg, 1981).

Parent-adolescent conflicts are believed to facilitate teenagers' attainment of independence by intermittently driving them away from their parents (Steinberg, 1987). Development of independence from parents is one of the major developmental tasks facing teenagers (Conger, 1971). Without the achievement of a reasonable degree of autonomy and separation, youngsters are unlikely to achieve a well developed sense of identity or mature heterosexual relations (Conger, 1971). From a viewpoint of evolutionary adaptation, it is speculated that if independence of the offspring does not occur, interbreeding may result and threaten the genetic integrity of the species (Steinberg, 1987).

Thus, while parent-adolescent conflicts appear to have an adaptive function, conflict often escalates to clinically significant levels and produces serious consequences. For example, conflicts with parents are associated with several psychiatric disorders of

childhood, such as Conduct Disorder, Attention Deficit Disorder with Hyperactivity, and Oppositional Disorder (American Psychiatric Association, 1987). Furthermore, high levels of parent-adolescent conflict are related to broad areas of dysfunction such as academic and social problems. Forehand and associates (Forehand, Long, Brody, & Fauber, 1986) found that adolescents who endorsed high levels of conflicts with their parents on the Issues Checklist (Prinz, Foster, Kent, & O'Leary, 1979) were rated by their teachers to have poor conduct (as reflected by an elevated conduct disorder factor on the Revised Behavior Problem Checklist; Quay & Peterson, 1983) and poor grades. Furthermore, family conflict (as measured by the Family Environment Scale; Moos & Moos, 1983) has been associated with lowered self-esteem and increased anxiety among adolescents (Slater & Haber, 1984). Additional findings suggest that conflicts between parents and adolescents are associated with dysfunctional behaviors such as running away from home (Blood, & D'Angelo, 1974) and dropping out of high school (Backman, Green & Wirtanen, 1971).

It is speculated that high levels of parent-adolescent conflict may promote dysfunctional behaviors by providing youngsters with a model of poor problem solving, inappropriate social interactions, and poor coping skills. The dysfunctional behaviors learned at home may then generalize across settings and affect a wide range of

social behaviors (Forehand, et al, 1986; Slater & Haber, 1984).

Parents', particularly mothers', sense of well being also appears to be adversely affected by high levels of conflict. For example, the intensity of mother-adolescent conflict (as indicated by a modified version of the Issues Checklist; Prinz, et al., 1979) was inversely related to mothers' self-esteem (as measured by the Rosenberg (1965) Self-Esteem Scale) and life satisfaction (Silverberg & Steinberg, 1987). Additionally, mothers who have frequent arguments with teenagers endorse more depressive symptoms than do mothers who have positive relationships with their children (Forehand, et al., 1988).

It is suggested that conflicts may affect parental well-being and self-esteem because parents might interpret arguments as threats to their authority or as indication of diminished competence (Montemayor, 1983). Additionally, ongoing conflicts might be experienced as general stress and strain (Silverberg & Steinberg, 1987). Conflicts appear to have a more powerful impact on mothers than fathers possibly because mothers have more frequent arguments with their children than do fathers (Smith & Forehand, 1986; Steinberg, 1981) and thus may be exposed to prolonged stress (Silverberg & Steinberg, 1987). Additionally, because mothers tend to have a more central child rearing role than do fathers, their self-concepts may be more significantly affected by the quality of

familial relationships (Baruch, Barnett, & Rivers, 1983).

In general, high levels of conflicts between teenagers and parents are associated with dysfunctional behaviors among family members. However, it is important to note that this research is correlational and thus, the direction of causality cannot be confidently determined. Thus, it is unclear as to whether parent-adolescent conflict causes problems for adolescents and their mothers or if the relations between teenagers and parents are conflicted because of existing problems. Regardless of the causality, parent-adolescent conflicts are correlated with maladjustment amongst family members and thus warrant extensive examination.

Factors that influence parent-adolescent conflict

Recent research has delineated four major factors that are believed to affect conflict escalation between adolescents and their parents: (1) deficient communication skills; (2) problem solving deficits; (3) dysfunctional family structure; and (4) distorted and rigid beliefs about behavior (Foster & Robin, 1988; Montemayor, 1983; Robin & Foster, 1989).

Communication skills are defined as "interactive behaviors that enhance family interaction and relationships" (Foster & Robin, 1988). Among parents and adolescents, communication skills are believed to promote conflict resolution, whereas skill deficits are thought to increase the likelihood of conflict escalation (Robin &

Foster, 1989). Behaviors identified as facilitating communication include: using appropriate voice tone, making nonaccusatory statements, acknowledging each other, and using "I" statements (Gordon, 1971). Behaviors thought to impede discussions include criticizing, accusing, and attacking (Robin & Weiss, 1980).

Researchers examining communication patterns among distressed families members by means of audiotaped or videotaped discussions found a number of communication behaviors which consistently discriminated clinic-referred families with problemed parent-adolescent relationships from nondistressed control groups (Prinz, et al., 1979; Robin & Canter, 1984; Robin & Weiss, 1980). For example, when clinic-referred parents and their teenagers attempted to resolve conflicts, they were more inclined to use commands, make accusations, and were less responsive to each other than control groups (Robin & Weiss, 1980). Additionally, they tended to verbally attack and insult one another and engage in exaggeration (Prinz, Rosenblum, & O'Leary, 1978; Prinz et al., 1979). On the other hand, normal parents and teenagers showed positive behaviors when attempting conflict resolution, such as showing humor, laughing, accepting responsibility, and agreeing (Robin & Weiss, 1980).

Another pattern of communication that discriminates distressed from nondistressed families involves reciprocity (Robin & Foster, 1989). Positive reciprocity

refers to the increased probability that a family member will emit a positive statement or behavior in response to a positive stimuli (i.e., a compliment). Similarly, negative reciprocity indicates the likelihood that a negative statement will be made subsequent to an aversive stimuli (i.e., an insult) (Margolin & Wampold, 1981). Examination of communication patterns between distressed and nondistressed parents and their teenagers reveal differences in the kinds of statements that are reciprocated. For example, contingent reciprocity of negative statements were found among distressed families, but not among normal parents and adolescents (Alexander, 1973; Robin & Weiss, 1980). Whereas reciprocal supportive statements were found among nondistressed teenagers and their parents, but not among clinic-referred families (Alexander, 1973). Deficits in communication skills are thought to escalate parent-adolescent conflict by provoking anger and by increasing the likelihood that attempts at conflict resolution will be terminated (Foster & Robin, 1988).

Problem solving deficits also are believed to promote conflicts between teenagers and their parents (Prinz, et al, 1979; Robin & Canter, 1984, Robin & Foster, 1989). Problem solving skills are typically conceptualized as a group of behaviors that include defining and clarifying problems, and generating and evaluating solutions (D'Zurilla & Goldfried, 1971). Similar to communi-

ocation skill deficits, deficiencies in problem solving also discriminated clinic-referred parents and adolescents from control group families. Specifically, distressed families specified problems less frequently, sought less information, generated fewer positive solutions and were less effective at resolving problems than control groups (Prinz et al., 1979, Robin & Canter, 1984; Robin & Weiss, 1980). Poor problem solving is thought to perpetuate conflicts between parents and their teenagers because the issues about which family members argue do not get resolved leading to recurring antagonistic interactions between teenagers and parents (Robin & Foster, 1984).

Dysfunctional family structure also theoretically contributes to parent-adolescent conflicts (Robin & Foster, 1989; Foster & Robin, 1988). In general terms, the way in which the family is structured dictates the distribution of power. Typically among contemporary American families, power is held by the parents who control reinforcement, punishment, and make the majority of decisions (Robin & Foster, 1989). However, according to structural family therapists, family members' alignment can produce a maladaptive redistribution of power (Aponte & Vandusen, 1981). For example, a coalition may be formed in which two members join against a third member to obtain a common outcome. Additionally, family members may triangulate, which involves two opposing family members who vie for the allegiance of a third member. Coalitions

and triangulations exacerbate conflicts when they consistently result in the weakening the parental authority, (i.e., by uniting with one parent the teenager acquires decision making power) (Minuchin, 1974) or when the teenager is caught in the middle of a marital conflict (Robin & Foster, 1989).

Although these patterns of family interaction have been discussed in the family therapy literature, there has been minimal success at operationalizing these variables and thus, empirical support for their influence on family dysfunction is limited (Foster & Robin, 1988). However, by directly observing the frequency with which family members spoke to one another, the content and affective quality of communication, researchers have found that distressed families show weaker marital alliances and more dominant patterns of child-parent alignments than nondistressed families (Gilbert, Christensen, & Margolin, 1984).

Another family variable that can become maladaptive and promote conflicts are extreme forms of "cohesion." Cohesion describes the closeness among family members. At one extreme is enmeshment which refers to the overinvolvement between family members, whereas disengagement describes family members who are very independent from one another (Aponte & Vandeusen, 1981). In families that are enmeshed, the development of the child's individuation is impeded, thus, teenagers may have

to rebel in extreme forms to gain independence (Robin & Foster, 1989). Among disengaged families, supervision and parental authority is rarely exercised; consequently, the adolescents' behavior may be chaotic and result in serious or dangerous consequences. When such consequences occur, disengaged parents may respond in an extreme and negative manner to temporarily establish control (Robin & Foster, 1989). Support for the belief that extreme forms of cohesion contribute to problematic family interactions comes from research demonstrating that teenagers and parents who reported enmeshed or disengaged interactions also reported poorer communication than dyads who fell in the middle ranges of cohesion (Barnes & Olson, 1985).

Parents' and adolescents' rigid expectations about the way that one another should behave are also believed to affect family conflicts (Foster & Robin, 1988; Robin & Foster, 1989; Vincent Roehling, 1986). Expectations are defined as thoughts that precede a response and relate to the likelihood that a particular response will or will not occur (Robin & Foster, 1989). It is believed that when expectations about family members' behaviors become rigid it interferes with the flexibility required to negotiate family conflicts (Foster & Robin, 1988).

Based on clinical observations, Vincent Roehling and Robin (1986) delineated a number of unrealistic expectations held by clinic-referred families with parent-

adolescent relationship problems. For example, clinic-referred parents seem to expect "perfectionism" and complete "obedience" from their teenagers. Similarly, clinic-referred adolescents appear to hold rigid beliefs regarding "unfairness" and "autonomy" (i.e., teenagers expect their parents always to treat them fairly and give them as much freedom as they want). Vincent Roehling and Robin (1986) also identified expectations that parents and their teenagers seem to have about the potential long term consequences of particular behaviors. For example, distressed parents and youngsters may hold rigid views concerning "ruination." Ruination involves the belief that catastrophic consequences (i.e., poor development of adult responsibility) will result from minor transgression (i.e., missing a curfew).

In addition to rigid expectations, misattributions among family members also are thought to promote conflicts (Foster & Robin, 1988; Robin & Foster, 1989). Attributions are defined as thoughts that follow a response and involve interpretation of behaviors or events (Robin & Foster, 1989). Two types of attributions made by parents have been delineated as possible contributors to family conflicts (Vincent Roehling & Robin, 1986), although misattributions made by adolescents were not considered. Vincent Roehling and Robin (1986) suggest that distressed parents make attributions regarding their teenagers' malicious intentions (i.e., they believe that their

youngsters misbehave in order to hurt their parents). Additionally, distressed parents may attribute blame to themselves when their children misbehave (i.e., a mother may believe it's her fault that her son got into a fight) (Robin & Foster, 1989).

Based on the notion that families who experience parent-adolescent conflicts also have distorted cognitions, Vincent Roehling and Robin (1986) examined beliefs among clinic-referred families. On the basis of the Family Beliefs Inventory (FBI), which was developed to examine cognitive distortions, such as ruination, distressed teenagers and their fathers showed more distorted beliefs than the control groups. Specifically, clinic-referred teenagers held more rigid beliefs about parental unfairness, ruination, and autonomy than non-referred adolescents. Similarly, distressed fathers had stronger beliefs concerning perfectionism, obedience, ruination, and malicious intention than did nondistressed fathers. A surprising result occurred in that differences between distressed and nondistressed mothers were not found. However, in an unpublished follow-up study, (Robin, 1985) differences in cognitive distortions made by clinic-referred versus non-referred mothers were reported (Foster & Robin, 1988).

In addition to examining differences in cognitive distortions found between clinic- and nonreferred groups, Vincent Roehling and Robin (1986) also assessed the

relation between cognitive distortion and measures of family conflict (Issues Checklist; Prinz et al., 1979) and impaired communication (Communication Behavior Questionnaire; Prinz et al. 1979). In general, there was little evidence that cognitive distortions, as measured by the FBI, were related to family communications and conflict. The only significant relation occurred between the adolescents' FBI total score and mothers' Communication Behavior Questionnaire.

These findings are notable given that a number of researchers have postulated that family members' beliefs affect communication and conflict level (Fincham, 1985; Jacobson, Waggoner, McDonald, Follette, & Berley, 1985; Foster & Robin, 1988; Robin & Foster, 1989). Additionally, theoretical analyses of family violence stress the importance of cognitive variables, particularly attributions, in escalating conflict to violent levels (Hotaling, 1980). Thus, it is possible that the dysfunctional beliefs held by parents and teenagers might need to be examined more broadly. For example, the Family Beliefs Inventory assessed only two aspects of parental attributions: "malicious intention" and "self-blame." Furthermore, results obtained from the FBI are tentative due to its inadequate internal consistency (Cronbach's alphas for subscales range from .46-.84). Borrowing from the literature on conflicts amongst marital dyads,

distressed couples differed from nondistressed couples on a number of attribution dimensions that were under-represented by the FBI. Furthermore, attributions held by teenagers were not examined by the FBI. It is possible that the way in which teenagers perceive parental behaviors may affect the way in which they communicate with their parents and whether or not serious conflicts will develop.

Attribution Theory

The central premise of attribution theory involves how and why people explain behavior and the resulting consequences of such explanations. Attribution theorists suggests that the tendency to ascribe causes to events or behaviors provides the individual with a sense of stability and control over the environment (Heider, 1958; Kelley, 1972). However, it is thought that by seeking stable dispositions or attributes to explain behaviors or events, the individual oftentimes loses discriminative sensitivity (Berley & Jacobson, 1984). Thus, ambiguities and complexities in the environment that contribute to behaviors are often overlooked. Although researchers differ in the precise explanation of attribution, there is a consensus about the process by which one ascribes causes to events or behaviors. The attribution process involves three parts (Hotelling, 1980). One, the individual observes a behavior or an event (either directly or by the report

of others). Second, he or she searches for a "cause" of an event (i.e., why did the person act as he did?). The answer to this question varies according to which attribution dimensions are emphasized, but might reflect the individual's beliefs about the "locus" of the cause (internal or external factors) (Kelley, 1972); how pervasive the cause is perceived (global or specific) (Abramson, Seligman, & Teasdale, 1978); and whether the cause is thought to extend in time (stable or unstable) (Weiner, 1979). Third, a judgement is made as to whether the person is responsible for or intended that the outcome occur (Heider, 1958).

Recently, the attribution styles of members of distressed relationships have been examined. The overwhelming majority of this research focuses on the relationship between attribution made by spouses and marital satisfaction (Fincham, 1985; Fincham, Beach, & Baucom, 1987; Fincham & Beach, 1988; Jacobson, et al., 1985; Holtzworth-Munroe & Jacobsen 1985). In contrast, there is no comparable research assessing parent-adolescent attributions as mediating factors in relationship satisfaction and conflict. Consequently, the following review will present the research examining attribution styles as they differentiate distressed from nondistressed spouses, followed by the research assessing the relation between spouses' attribution styles and interactional behaviors.

Attribution Styles Among Distressed and Nondistressed Spouses

Typically, attribution style among married couples has been examined by providing individuals with measures that assess their beliefs about the causes of real or hypothetical marital behaviors. Studies that employed this method direct subjects to list their own significant marital problems and then rate the causes of events or problematic behaviors on Likert type scales reflecting various attribution dimensions (Fincham, 1985; Fincham & Bradbury, 1987). Alternatively, questionnaires have utilized hypothetical spousal behaviors which are intended to reflect frequently occurring positive or negative marital behaviors. Subjects are directed to imagine themselves in the various situations and then to respond to questions about the causes of events or behaviors (Fincham & O'Leary, 1983; Holtzworth-Munroe & Jacobson, 1985).

Recently, the assessment of attributions among married couples has been made more uniform by the development of the Marital Attribution Style Questionnaire (MASQ; Fincham, Beach & Nelson, 1987; Fincham & Beach, 1988; Fincham & Bradbury, 1987). The MASQ has recently been revised (Bradbury & Fincham, 1989) and depicts four to eight negative hypothetical spousal behaviors that are drawn from the Spouse Observation Checklist (Weiss & Perry, 1979) which is a measure used

by marital therapists to identify problems. Items on the MASQ represent behaviors related to communication, affection, instrumental activities and independence. Similar to the other questionnaires, the MASQ asks subjects to rate the causes of hypothetical behaviors on Likert type scales reflecting attribution dimensions. Coefficient alphas for each subscale representing the attributions range from .74 - .89.

It has been demonstrated that regardless of whether subjects are directed to explain the causes of their own marital problems or whether they respond to measures employing hypothetical marital behaviors, such as the MASQ, the attribution patterns revealed are identical (Fincham & Beach, 1988). Given the convergence of the measures employing hypothetical and actual marital behaviors, the majority of researchers have utilized the MASQ or questionnaires using hypothetical behaviors in order to take advantage of providing their subjects with standard stimuli (Fincham & Beach, 1988).

Initially, the research examining attributions among married couples most frequently focused on "causal" aspects of attributions. Causal attributions address dimensions such as the locus, globality, and stability of the causes of behaviors. Researchers hypothesized that among distressed couples, spouses tend to minimize their partners' positive behaviors by attributing them to external causes (i.e., situational

demands) that are specific to the situation and are unstable. Whereas aversive behaviors are emphasized by attributing their causes to factors within their partners (i.e., personality flaw), that affect a wide range of other areas and are enduring. The reverse pattern is expected for nondistressed spouses (Fincham, 1985; Jacobson, et al., 1985).

In general, the research supports these hypotheses. Utilizing attribution questionnaires which reflected hypothetical behaviors and actual marital problems, distressed and nondistressed spouses displayed different patterns of attributions (Camper, Jacobson, Holtzworth-Munroe, & Schmaling, 1988; Fincham, 1985; Fincham & Beach, 1988; Fincham, Beach, & Bacon, 1987; Holtzworth-Munroe & Jacobson, 1985). Specifically, clinic-referred spouses or distressed subjects who were drawn from the community and evidenced marital problems on the basis of the Dyadic Adjustment Scale (DAS; Spanier, 1976) perceived their partners' negative behaviors to be caused by internal factors and pleasing spousal behaviors to be caused by factors external to their partners. The reverse pattern occurred for nondistressed married individuals (Fincham, 1985; Jacobson, et al., 1985). Similarly, when compared to control groups, distressed spouses believed that the causes of their partners' aversive behaviors were more global in nature and that pleasing

behaviors were affected by situation specific causes (Camper, et al., 1988; Fincham, 1985; Fincham, Beach, & Baucom, 1987; Fincham, Beach, & Nelson, 1987; Fincham & O'Leary, 1983; Holtzworth-Munroe & Jacobson, 1984). Distressed spouses also attributed their partners' negative behavior to causes that they believed would persist, whereas pleasing partner behaviors were ascribed to unstable causes (Camper, et al., 1988; Fincham, Beach, & Baucom, 1987; Holtzworth-Munroe & Jacobson, 1985).

The examination of attribution style among married couples was expanded when clinicians treating distressed couples observed that there was a tendency for partners to blame each other and hold one another responsible for marital problems (Jacobson & Margolin, 1979). In examining the factors that might affect whether or not someone is held responsible for a behavior or event, researchers suggest that several factors may contribute to the blaming process (Bradbury & Fincham, 1987; Bradbury & Fincham, in press). For example attributions of responsibility may be affected by the capabilities a person possesses, such as whether an individual has an understanding of the wrongfulness of the behavior, has knowledge of alternative behaviors, and has the ability to execute alternative behaviors (Hart, 1968). If these capabilities are assumed, it is believed that the question of

responsibility is largely dependent on whether the individual intended that a particular outcome occur (Bradbury & Fincham, 1987; Fincham & Bradbury, in press). Judgments about intention are thought to be particularly important to conflict escalation because they might promote emotional arousal and influence behavioral responses (Fincham, Bradbury, & Grych, in press; Hotaling, 1980). It is further hypothesized that once intention is inferred, that attribution of responsibility is further influenced by judgments regarding whether the behavior was motivated by selfish or unselfish goals (Fincham & Bradbury, 1988; Fincham, Beach, & Baucom, 1987; Fincham, Beach, & Nelson, 1987).

Thus, the research examining responsibility attributions among married couples assesses subjects' judgements about whether aversive or pleasing spousal behaviors were: (1) intended, (2) selfishly motivated, or (3) blameworthy. Similar to the research on causal attributions, in general, results demonstrated that responsibility attributions as measured by attribution questionnaires discriminated distressed from non-distressed spouses. Relative to control groups, distressed spouses found their partners' negative behaviors to be more intentional, selfishly motivated, and blameworthy (Fincham, Beach, & Nelson, 1987; Fincham, Beach, & Baucom, 1987; Holtzworth-Munroe & Jacobson, 1985). On the other hand, distressed spouses

perceived pleasing behaviors as less intentional, less selflessly motivated, and less worthy of praise than nondistressed individuals. The reverse pattern was found for nondistressed couples (Fincham, Beach, & Baucom, 1987; Fincham, Beach, & Nelson, 1987; Holtzworth-Munroe & Jacobson, 1985).

There is preliminary support for the notion that spouses' attributions (both causal and responsibility) are causally related to marital satisfaction (Fincham & Bradbury, 1987). A longitudinal study revealed that attributions made by wives predicted marital satisfaction (as measured by the Locke Wallace Marital Adjustment Test; Locke & Wallace, 1959) one year later. No support was found for the alternative hypothesis: that marital satisfaction predicted attribution style. A nonsignificant relation was found for husbands' attribution style and later marital satisfaction. The authors speculate that this sex difference might have occurred because women are thought to be aware of relationship problems sooner than their male partners (Floyd & Markman, 1983). Alternatively, attributions may be correlated with marital satisfaction for husbands, whereas for wives, attribution style may influence their marital satisfaction.

The relation between spousal attributions and conflict related behaviors

The significance of the research on differences in

attribution patterns between distressed and nondistressed spouses is based on the notion that attributions mediate behavior (Harvey & Weary, 1984). Several studies have examined this issue and found preliminary support for the hypothesis that attribution patterns among married couples are related to intended and observed behaviors (Bradbury & Fincham, 1987).

For example, Fincham, Beach, & Nelson (1987) assessed spouses' attributions (as indicated by the MASQ, Fincham, Beach, & Nelson, 1987) and then had subjects report how they believed they would respond to the spousal behaviors listed on the MASQ. Likert scales were provided for subjects to indicate the degree to which they would punish or reward their partners in response to various hypothetical behaviors. Findings revealed that subjects who had attribution styles that involved blaming their spouses and attributing intentional and selfish motivation to negative behaviors, also reported their intention to punish their spouses for negative behaviors. Whereas individuals who perceived negative behaviors more benevolently were less likely to intend punishment. The authors suggest that if spouses act on their impulses to punish, they may be initiating a negative chain reaction characterized by conflict escalation. Specifically, in response to punishment, their distressed partners may act by attributing the aversive behavior

to selfish and intentional motivation, and in turn, act punitively themselves towards their partners. Fincham, Beach, and Nelson (1987) suggest that these damaging interactions might be preventable if couples could learn to attribute more positive or neutral motivations and intentions to their partners' behaviors.

Spousal attribution patterns also appear to be related to observed problem solving behaviors. In an unpublished study cited by Fincham & Bradbury, 1988, spouses who endorsed "maladaptive" attributions (i.e., they believe that the causes of their marital problems are global, stable, and reside within their partners who act intentionally, selfishly, and are blameworthy) also were competitive and tried to seek concessions from their spouses during problem solving. Whereas these dysfunctional problem solving behaviors were not evident among individuals who displayed the reversed pattern of attributions. While these studies represent an incomplete examination of the hypothesis that attributions mediate behavior, they provide preliminary support for the notion attribution may be a contributing factor to dysfunctional interactions.

In general, these studies support the hypothesis that spouses' attributions play a causal role in marital satisfaction. Further, there is support for the hypothesis that maladaptive attribution styles are associated with dysfunctional interactional behaviors

(i.e., competition and punishment).

The examination of attribution style as a mediating influence parent-adolescent relationships is almost nonexistent. Given the evidence that maladaptive attribution styles appear to be associated with marital dissatisfaction and dysfunctional interactional behaviors, it seems plausible that attribution styles may similarly impact parent-child relationships.

Purpose of Investigation and Hypotheses

In response to the lack of research addressing attributions as they might relate to mother-adolescent conflict, the purpose of this study was to examine whether mothers' and adolescents' attributions are associated with dyadic conflict. To address this issue several hypotheses were investigated. First, will mothers' and teenagers' attributions, as measured by the Mother-Adolescent Attribution Questionnaire be related to conflict, as indicated by the Issues Checklist and the Conflict Behavior Questionnaire? It was hypothesized that the presence of negative attributions would be associated with more frequent and intense conflicts as well as reports of negative communication. Second, which attribution dimensions are the best predictors of conflict? While it was hypothesized that attribution dimensions would differentially predict conflict, no specific predictions were offered as to which dimensions would be the best predictors.

Third, do attribution styles differ between dyads experiencing high versus low levels of conflict? It was predicted that relative to low conflict dyads, mothers and teenagers experiencing high levels of conflict would show more negative attributions.

Finally, does the frequency and the anger associated with negative behavior relate to mothers' and teenagers' attributions? It was hypothesized that frequent aversive behavior and higher levels of anger associated with the negative behaviors would be associated with more negative attributions.

METHOD

Subjects

Subjects were 115 mothers and 122 adolescents from the 7th through the 12th grades who were obtained from a university affiliated laboratory school. Equal numbers of female (N=61) and male (N=61) adolescents participated. The majority of subjects were white (91.0%) and from middle and upper level SES families (98.4% were categorized as Level I, II, and III, according to Hollingshead's 1965, SES categories).

Mother subjects were approximately evenly distributed by grade level of their adolescent children (ranging from 18-21 for each grade) and their teenagers' gender (51.3% girls, 48.7% boys) Additional demographic information is provided in Table 1.

Instruments

The assessment instruments included: the Issues Checklist, the Conflict Behavior Questionnaire, and the Mother-Adolescent Attribution Questionnaire.

Issues Checklist (IC). The IC (Prinz et al., 1979) consists of 44 issues that might lead to arguments between parents and adolescents. These issues include topics such as curfew, household duties, friends, and homework. Adolescents and parents complete identical versions. For each topic, the

Table 1

Demographic Characteristics of Teenage Subjects

<u>Demographic</u>	<u>N</u>	<u>%</u>
Gender		
Female	61	50.0
Male	61	50.0
Race		
White	111	91.0
Black	9	7.4
Oriental	2	1.6
Grade		
7th	21	17.2
8th	20	16.4
9th	21	17.2
10th	20	16.4
11th	20	16.4
12th	20	16.4
SES		
Level I	69	57.1
Level II	37	30.6
Level III	13	10.7
Level IV	2	1.6
Level V	0	0.0

Table 1 (continued)

<u>Demographic</u>	<u>N</u>	<u>%</u>
Living Arrangement		
Both Parents	111	91.0
Mother Only	7	5.7
Mother & Stepfather	1	0.8
Father & Stepmother	2	1.7
Other	1	0.8
<u>Demographic Characteristics of Mother Subjects</u>		
<u>Demographic</u>	<u>N</u>	<u>%</u>
Gender of Child		
Female	59	51.3
Male	56	48.7
Mothers' Race		
White	107	93.0
Black	7	6.1
Oriental	1	0.9
Child's Grade		
7th	20	17.3
8th	18	15.7
9th	21	18.3
10th	19	16.5
11th	18	15.7
12th	19	16.5

Table 1 (continued)

<u>Demographic</u>	<u>N</u>	<u>%</u>
SES		
Level I	68	59.1
Level II	34	29.6
Level III	11	9.6
Level IV	2	1.7
Level V	0	0.0
Marital Status		
Married	105	91.3
Single	3	2.6
Separated	1	0.9
Divorced	5	4.3
Remarried	1	0.9

subject reports whether the issue has been discussed during the past two weeks, how frequently discussions occurred, and the intensity of the discussions on a 5 point scale (ranging from calm to angry). The IC yields a frequency score (the frequency of discussions about the issue) and an intensity score (the anger intensity during discussions about the issue). The test-retest reliability of the IC has been examined for periods of one to eight weeks (Enyart, 1984, Robin & Foster, 1989). For mothers, the test-retest correlations for the frequency scale range from .65 to .70. Adolescents' reports are less stable, .49 for 1-2 week and 6-8 week durations. Mothers' IC-intensity scores yield test-retest correlations ranging from .63 to .81, whereas adolescents' IC-intensity scores are less stable (.37-.47). The IC has been shown to discriminate clinic-referred from nondistressed adolescents and parents (Nayar, 1982; Prinz, et al., 1979; Robin & Weiss, 1980), correlates with observed communication and problem solving skill deficits (Rayha, 1982) and is sensitive to treatment effects (Foster, Prinz, & O'Leary, 1983). The IC is attached as Appendix A.

Conflict Behavior Questionnaire (CBQ). The CBQ (Prinz, et al., 1979) is a 20 item self-report questionnaire that assesses parents' and teenagers' perceptions of negative communication and conflict experienced by familial dyads. Parents and teenagers respond

to parallel forms of the CBQ, which asks them to rate their communications over the last two week period. Prior studies have shown the CBQ to be internally consistent, .90 and above for teenagers and mothers (Robin & Foster, 1989). Test-retest correlations over a 6-8 week period range from .57 to .61 for mothers and .37 to .68 for teenagers. The CBQ discriminates between clinic-referred and normal dyads, correlates with problem solving and communication skill deficits, and is sensitive to treatment effects (Foster, Prinz, & O'Leary, 1983, Nayar, 1982; Prinz, et al., 1979; Rayha, 1982. Robin & Weiss, 1980). The CBQ is attached as Appendix B.

Mother Adolescent Attribution Questionnaire

(MAAQ). The Mother Adolescent Attribution Questionnaire (MAAQ) is a measure designed for this study which is a modified version of the Marital Attribution Style Questionnaire (MASQ; Fincham, Beach, & Nelson, 1987). The MAAQ is identical in format to the Marital Attribution Style Questionnaire (Revised) (Bradbury & Fincham, 1989). The MAAQ depicts eight hypothetical conflict situations and then asks subjects to rate their beliefs about the causes of each behavior on Likert type scales reflecting six attribution dimensions. These attribution dimensions assess subjects' beliefs about: (1) locus, (2) globality, and (3) stability of the cause of

behavior, and whether the behavior is perceived as (4) intentional, (5) selfishly motivated, and (6) blame-worthy. A total score for each dimension is obtained by summing responses to each of the six dimensions across the eight conflict situations. Thus, each attribution dimension is assessed by an eight item measure. The MAAQ also assesses the respondent's perception of the frequency in which they experience the conflict situation and the level of associated anger. As with the attribution dimensions, a total score for frequency and a total score for anger intensity is obtained by summing these items across each of the eight conflict situations. (See Table 2 for definitions of each of the dimensions represented on the MAAQ).

There are two versions of the MAAQ, one for adolescents, which consists of negative mother behaviors and one for mothers, which includes negative teenager behaviors. Negative behaviors were used because they are more likely to elicit attributions and are more closely correlated with relationship distress than are positive behaviors (Bradbury & Fincham, 1989). The MAAQ is shown in Appendix C. The specific behaviors described in the MAAQ were selected to reflect topics about which teenagers and their parents frequently argue. Based on recent studies examining the topics of parent-adolescent conflicts, as well as a

Table 2**Definitions of Dimensions Represented by the MAAQ**

<u>Externality:</u>	The cause of the behavior is located within the "other" person in the dyad.
<u>Globality:</u>	The cause of the behavior is perceived to affect other areas of the relationship.
<u>Stability:</u>	The cause of the behavior is perceived to be enduring.
<u>Intentional:</u>	The other person in the dyad is perceived to have intended the behavior.
<u>Selfish:</u>	The other person in the dyad's behavior is perceived to be selfishly motivated.
<u>Blame:</u>	The other person in the dyad is held accountable for the behavior.
<u>Often:</u>	Represents the raters' perception of how frequently the other person in the dyad engaged in the eight negative behaviors listed in the MAAQ.
<u>Anger:</u>	Represents the raters' perception of how angry he/she becomes when the other person in the dyad engaged in the eight negative behaviors listed in the MAAQ.

review by Montemayor (1983) which identified conflict issues over a 50 year period, the four most commonly discussed issues cited in each study were delineated. Subsequently, those issues that were most consistently ranked across studies as being within the top four issues were selected for inclusion in the MAAQ. Appendix D shows a table summarizing research results of the most common causes of arguments with parents from 1929 through 1986.

Procedure

Subject selection occurred in several steps. First, letters regarding the study were mailed to 155 randomly selected mothers of students at the Laboratory School. The letter notified mothers that they would be telephoned by the experimenter and asked to participate in the study (See Appendix E). Through this process, 138 of the 155 mothers were eventually contacted. (Of the 138, 83% (n=115) eventually completed the study.) Mothers were told that the study examined conflicts between teenagers and mothers. If they agreed to participate, they were mailed questionnaires taking approximately 30 minutes to complete. They were assured that once the questionnaires were received by the experimenter, their privacy would be protected by separating the consent form from the rest of the questionnaires and by using code numbers instead of names on the research measures.

As a benefit of participation, subjects' names were entered in a \$100 lottery and they were told that they would be provided with the study's results. Mothers who agreed to participate were mailed a packet containing a consent form, demographic questionnaire, and the research measures.

The packets mailed to mothers who agreed to participate instructed them to complete all items as they pertained to their laboratory school teenager. The child's name was specified to avoid confusion for mothers having more than one child at the laboratory school. The directions requested that they return the questionnaires in the self-addressed stamped envelope within 3-5 days. Directions and consent forms are attached as Appendix F.

Children of consenting mothers were asked to participate. All students asked to participate did so, although two students did not actually participate because of absences. Student subjects responded to their questionnaires in the classrooms during regularly scheduled classes. As requested by the school administration, children responded to the measures in groups of approximately 15-20. However, because of scheduling difficulties, approximately 20-30 individuals responded to measures in smaller groups (ranging from 1-10).

Because the parents of children at the University Laboratory school sign a "blanket" consent form for

their children to participate in research conducted in the school, parental consent was not obtained. However, students signed consent forms prior to participating (Appendix G).

Similar to mother subjects, teenagers were told that the study was on conflicts between teenagers and mothers and that their responses would not be shared with school staff or with their parents. They were assured that their privacy would be protected by using code numbers instead of names on questionnaires. Students were told that they would be provided with results of the study and that their names would be entered into the lottery.

Results

Demographic Variables and Conflict

Analyses of Variance. Initially, a series of ANOVAs was performed to determine whether significant relations existed between demographic variables and conflict scores. If significant relationships emerged, they would be controlled for in the regression analyses.

Conflict was represented by the Issues Checklist-frequency scale, the Issues Checklist-intensity scale, and the Conflict Behavior Questionnaire. Demographic variables were teenagers' sex and grade level. Other demographic variables were not included in the analyses as the subjects were very homogeneous with respect to race, SES, and marital status.

No significant differences were obtained in the IC-frequency or IC-intensity scales on the basis of grade or sex. Adolescent CBQ scores also did not significantly differ by grade or sex. However, mothers' CBQ scores differed on the basis of child's grade $F(5,94)=2.67, p<.05$. Specifically, mothers of 9th and 10th grade students rated their children more negatively on the CBQ than did mothers of 7th grade children. Consequently, grade was forced in as an initial predictor in the regression analyses to

Table 3

ANOVA Source Table for the Effects of Grade Level on
Mothers' CBQ Scores

<u>Source of Variation</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Grade Level	5	46.56	2.67 *
Error	94	17.47	

* $p < .05$

Child's	Mothers' CBQ Scores
Grade	
	<hr/>
7th	2.1 ^b
8th	4.9 ^{ab}
9th	6.1 ^a
10th	5.9 ^a
11th	2.9 ^{ab}
12th	3.0 ^{ab}

Note. Means with different superscripts differ significantly at the $p < .05$ level.

eliminate the relationship between mothers' CBQ and grade, Table 3 presents the results of the ANOVA examining the effects of grade level on Mothers' CBQ scores.

Internal Consistency of the MAAQ

As stated previously, dimensions of the MAAQ (externality, globality, stability, intentional, selfish, blame) were obtained by summing responses pertaining to each dimension across the eight conflict situations. Thus, each dimension was measured by an eight item scale. Similarly, the MAAQ-often and the MAAQ-anger dimensions were obtained by summing responses pertaining to the frequency and anger associated with each conflict situation.

Two summary scores also were computed. The "Causal" dimension was composed of the three causal attributions: externality, globality, and stability and the "Responsibility" dimension was a composite of the three dimensions pertaining to responsibility: intention, selfish motivation, and blame.

For teenagers, the internal consistency of the six attribution dimensions ranged from .76 to .85. For mothers, internal consistencies of the attribution dimensions ranged from .78 to .89. These internal consistencies are similar to those of the Marital Attribution Style Questionnaire (Bradbury & Fincham, 1989) which ranged from .74 to .89. As expected, the

two collapsed scales were somewhat more internally consistent. The Causal dimension was .89 for teenagers and .90 for mothers and the Responsibility dimension was .92 for mothers and teenagers. The internal consistencies for the two additional dimensions, MAAQ-often and MAAQ-anger, were adequate, with the exception of mothers' MAAQ-anger, which was relatively lower than the other dimensions (.65). Table 4 presents coefficient alphas for all MAAQ dimensions.

One dimension, "Internality", was intended to measure whether subjects attributed negative behaviors to causes located outside of the person committing the act. However, after carefully examining the wording of the question, it was eliminated from the MAAQ because it was unclear as to the meaning of its endorsement. The question has two parts to it: "My teenager does not spend enough time on schoolwork because of something about me (e.g., what I said or did, the kind of person I am) or due to other people or circumstances." Thus, it was unclear as to whether the subject was attributing the cause of others' behavior to him or herself or whether the cause of behavior was perceived to be situational.

Relationship Among Attribution Dimensions

The inter-relationship among the attribution dimensions was evaluated by correlation analyses. Separate correlation matrices were calculated for

Table 4

Coefficient Alphas for the MAAQ

	Adolescents	Mothers
	Internal Consistency	
External	.76	.83
Stable	.77	.78
Global	.82	.87
Intentional	.85	.81
Selfish	.82	.87
Blame	.81	.89
Collapsed-Causal	.89	.90
Collapsed-Responsibility	.92	.92
Often	.84	.83
Anger	.77	.65

dimensions was evaluated by correlation analyses. Separate correlation matrices were calculated for mothers and for teenagers. The matrices are presented in Table 5. Results revealed that for teenagers, attribution dimensions are highly correlated with one another. Correlations ranged from .47 to .71, $M=.61$. Similarly, significant correlations were found among mothers' attribution dimensions, ranging from .30 to .78, $M=.54$.

Attributions and Conflict: Correlation Analyses

The hypothesis that attributions are related to conflict initially was examined by correlating the six attribution dimensions with the three indices of conflict: the IC-frequency, the IC-intensity, and the CBQ. Results revealed that all adolescent attribution dimensions correlated significantly with self-reported conflict, ranging from .26 to .53, $M=.38$. The correlations between mothers' attributions and conflict were more variable and ranged from .03 to .45, $M=.27$. To facilitate presentation, only the highest correlations for teenagers and mothers will be discussed in this section. However, the complete correlation matrices are presented in Table 6.

Teenagers. Teenagers' responses to the IC-frequency were highly correlated with their beliefs that the causes of aversive maternal behavior were

Table 5

Pearson Correlations Among Teenagers' Attribution
Dimensions

	EXT	STA	GLO	INT	SEL	BLA
External						
Stable	.61					
Global	.64	.55				
Intentional	.60	.53	.64			
Selfish	.63	.47	.70	.63		
Blame	.63	.55	.68	.63	.71	

Pearson Correlations Among Mothers' Attribution
Dimensions

	EXT	STA	GLO	INT	SEL	BLA
External						
Stable	.49					
Global	.61	.39				
Intentional	.68	.40	.60			
Selfish	.78	.46	.66	.71		
Blame	.49	.30	.47	.44	.60	

All correlations for mothers and teenagers are
 significant at the $p < .01$ level.

global ($r=.41$, $p<.01$), external ($r=.43$, $p<.01$), and selfishly motivated ($r=.39$, $p<.01$). Similar attribution dimensions emerged as correlates of IC-intensity. Specifically, the IC-intensity was related externality ($r=.43$, $p<.01$); and globality ($r=.44$, $p<.01$). Again, externality ($r=.43$, $p<.01$) and globality ($r=.53$, $p<.01$) were highly correlated with the CBQ. Teenagers' CBQ scores also correlated with their attributions of mothers' selfish motivation ($r=.47$, $p<.01$) and blame-worthy behavior ($r=.47$, $p<.01$).

Mothers. In general, all attribution dimensions except for stability correlated highly with IC-intensity scores. Specifically, IC-intensity correlated with perceptions that the causes of negative adolescent behaviors were global ($r=.45$, $p<.01$) and were external ($r=.33$, $p<.01$). Additionally, IC-intensity was correlated with beliefs that negative child behavior was intentional ($r=.31$, $p<.01$), selfishly motivated ($r=.39$, $p<.01$), and blameworthy ($r=.39$, $p<.01$). Mothers' CBQ correlated significantly with ascribing global causes to teenagers' behavior ($r=.37$, $p<.01$) and attributions of selfish motivation ($r=.35$, $p<.01$).

Attributions and Conflict: Regression Analyses

Because a number of attribution dimensions are highly correlated with conflict, stepwise multiple regression analyses were conducted to determine the

best predictors of conflict. Separate regression analyses were conducted for teenagers and mothers using the six attribution dimensions as predictor variables and the three conflict scores: IC-frequency, IC-intensity, and the CBQ served as criterion variables. The results are summarized in Table 7.

Teenagers. The stepwise multiple regression analyses conducted with the teenage sample revealed that IC-frequency scores were significantly predicted by 2 of the 6 attribution dimensions $F(2,119)=16.53$, $p<.01$. The best predictor was externality, followed by globality. Collectively these attribution dimensions accounted for 22 percent of the variance in IC-frequency scores.

The same attribution dimensions (externality and globality) predicted IC-intensity scores $F(2,119)=17.37$, $p<.01$. These variables accounted for 23 percent of the variance in IC-intensity scores. Again, globality emerged as the most significant predictor for CBQ scores, followed by responsibility $F(2,119)=26.80$, $p<.01$. Together, these variables accounted for 31 percent of the variance in CBQ scores.

Mothers. Mothers' IC-frequency scores were best predicted by a single dimension, globality, $F(1,112)=8.67$, $p<.01$, $R^2=.07$. IC-intensity scores also were best predicted by globality, followed by blame, $F(2, 110)=17.29$, $p<.01$. Globality and blame accounted

Table 6

Pearson Correlations Between Attributions and
Self-Reported Conflict Scores

Teenagers' Attributions	Teenagers' Conflict		
	IC-freq.	IC-int.	CBQ
Ext.	.43*	.43*	.43*
Stab.	.30*	.33*	.32*
Glob.	.41*	.44*	.53*
Pur.	.26*	.32*	.26*
Self.	.39*	.34*	.47*
Blame	.30*	.35*	.47*

Mothers' Attributions	Mothers' Conflicts		
	IC-freq.	IC-int.	CBQ
Ext.	.23*	.33*	.24*
Stab.	.03	.23*	.20
Glob.	.27*	.45*	.37*
Pur.	.18	.31*	.27*
Self.	.25*	.39*	.35*
Blame	.21	.38*	.21

*p<.01

for 24 percent of the variance of IC-intensity scores. As stated previously, grade level was related to mothers' CBQ scores. Because the relationship between grade level and CBQ scores was nonlinear, grade level and grade level squared were forced into the stepwise regression analysis as initial predictors. Results revealed that grade level and grade level squared accounted for 10 percent of the variance in CBQ scores $F(2,97)=5.13, p<.01$. Subsequently, the best predictor of mothers' CBQ scores was globality $F(3,96)=8.34, p<.01$, which accounted for 11 percent of the CBQ variance once the effect of grade level on CBQ scores was removed.

Attributions and Conflict: Attributions as they predict conflict as reported by the "other" in the dyad

In order to determine if mothers' attributions predicted their teenagers' report of conflict, stepwise regression analyses were conducted with adolescents' conflicts scores as the criterion variables and mothers' attribution dimensions as the predictors. Table 8 presents these results.

Results revealed that mothers' perceptions that their children should be blamed for their aversive behavior predicted teenagers' IC-frequency scores, accounting for 8 percent of the variance, $F(1,111)=10.18, p<.01$. Similarly, mothers' perception that teenagers should be blamed predicted teenagers'

IC-intensity scores, $F(1,111)=14.55$, $p<.01$, $R^2=.11$. Mothers' attributions did predict teenagers' CBQ scores.

Analyses also were conducted to examine whether teenagers' attributions predicted their mothers' conflict scores. Stepwise regression analyses were conducted with mothers' conflicts scores serving as criterion variables, and teenagers' attributions as the predictor variables. Results revealed that teenagers' attributions did not predict mothers' IC-frequency nor IC-intensity scores. However, teenagers' beliefs that their mothers' should be blamed for negative behavior predicted Mothers' CBQ scores. Again, because grade level was associated with mothers' CBQ scores, grade level and grade level squared were forced in as initial predictors in the regression analyses. Results indicated that grade and grade squared accounted for 9 percent of the variance in CBQ scores $F(2,96)=4.96$, $p<.01$. Once the effects of grade were removed, teenagers' blame accounted for 5 percent of the variance in mothers' CBQ scores, $F(3,95)=5.47$, $p<.01$.

Attributions and Conflict: MANOVA

The relationship between conflict and attributions was further examined by forming high and low conflict dyads to determine whether attribution dimensions differed between these two groups. The high conflict group comprised adolescents and mothers whose

Table 7

Summary Table for the Stepwise Multiple Regression
Predicting IC-Frequency Scores Among Teenagers

Step	Attribution	R^2	F	p
1	External	.19	7.12	.0087
2	Global	.22	4.59	.0341

Summary Table for the Stepwise Multiple Regression
Predicting IC-Intensity Scores Among Teenagers

Step	Attribution	R^2	F	p
1	Global	.19	6.74	.0106
2	External	.23	5.48	.0209

Summary Table for the Stepwise Multiple Regression
Predicting CBQ Scores Among Teenagers

Step	Attribution	R^2	F	p
1	Global	.28	20.23	.0001
2	Blame	.31	9.21	.0030
3	Intentional	.34	5.33	.0227

Table 7 (continued)

Summary Table for the Stepwise Multiple Regression
Predicting IC-Frequency Scores Among Mothers

Step	Attribution	R^2	F	p
1	Global	.07	8.67	.0039

Summary Table for the Stepwise Multiple Regression
Predicting IC-Intensity Scores Among Mothers

Step	Attribution	R^2	F	p
1	Global	.20	12.96	.0005
2	Blame	.24	5.71	.0186

Summary Table for the Stepwise Multiple Regression
Predicting CBQ Scores Among Mothers

Step	Attribution	R^2	F	p
0	Grade/Grade ²	.10	5.13	.0076
1	Global	.21	8.34	.0001

Table 8

Summary Table for the Stepwise Multiple Regression
Predicting Teenagers' IC-Frequency Scores Based on
Mothers' Attributions

Step	Attribution	R^2	F	p
1	Blame	.08	10.18	.0018

Summary Table for the Stepwise Multiple Regression
Predicting Teenagers' IC-Intensity Scores Based on
Mothers' Attributions

Step	Attribution	R^2	F	p
1	Blame	.12	14.55	.0002

Summary Table for the Stepwise Multiple Regression
Predicting Mothers' CBQ Scores Based on Teenagers'
Attributions

Step	Attribution	R^2	F	p
1	Grade/Grade ²	.09	4.96	.0089
2	Blame	.05	5.47	.0018

"weighted" conflict scores were both at or above the upper 50th percentile. The "weighted" conflict score consists of the IC-frequency score X IC-intensity score. The low conflict group consisted of teenagers and their mothers who were both below the 50th percentile with respect to the "weighted" conflict score. ANOVAs were conducted to assess whether grade or sex related to conflict for high and low conflict groups. Results revealed no significant effect on conflict for sex, $F(1,64)=.06$, ns or grade, $F(1,64)=2.03$, ns.

Teenagers. Results of the MANOVA indicated a significant main effect for group, according to Wilk's Lamda $F(6,64)=2.92$, $p<.01$. Subsequently, one-way ANOVAs were conducted to evaluate the differences between groups with respect to the various attribution dimensions. Compared to the low conflict group, high conflict teenagers endorsed more "negative" attributions (i.e., they perceived the causes of aversive mother behavior as more external, stable, global, intentional, selfishly motivated, and blameworthy).

Mothers. MANOVA results also demonstrated a significant main effect for mothers' groups, Wilk's Lamda $F(6,60)=2.46$, $p<.05$. The subsequent ANOVAs revealed that the mothers in high conflict dyads showed more negative attributions than mothers in low conflict dyads. With the exception of stability, high conflict

mothers endorsed negative attributions more than did low conflict mothers.

Attributions and the Frequency and Anger Associated with Behavioral Occurrences

A secondary purpose of this study was to examine whether the frequency of behaviors (MAAQ-often) and the anger associated with the occurrence of behavior (MAAQ-anger) related to attributions. To address this issue, correlation analyses were conducted between the MAAQ-often and MAAQ-anger scales and attribution dimensions. Results revealed significant correlations between all mother and teenager attributions and the MAAQ-often and MAAQ-anger. Results are presented in Table 10.

To examine whether the relationship between attributions and MAAQ-often and MAAQ-anger varied as a function of conflict, separate correlations were calculated for low and high conflict groups. Because these groups were smaller than the general sample ($n=37$ and $n=34$, respectively), attributions were represented by the collapsed Causal and Responsibility dimensions. Results revealed that in low conflict dyads, significant correlations emerged between mothers' MAAQ-often scale and mothers' causal attributions ($r=.57$, $p<.01$) and responsibility attributions ($r=.56$, $p<.01$). Additionally, mothers' MAAQ-anger scores were correlated with causal ($r=.81$, $p<.01$) and responsibility ($r=.84$, $P<.01$) attributions.

Table 9

Means and Level of Significance from the Oneway Fixed Effects MANOVA by High Conflict versus Low Conflict groups.

Attributions						
High Conflict			Low Conflict			
Teenagers			Teenagers			
	Means	SD	Means	SD	F	p
Ext	3.17	.76	2.45	.79	15.44	.000
Sta	3.32	.93	2.86	.87	4.56	.036
Glo	2.90	.83	2.26	.78	11.19	.001
Int	3.06	.90	2.38	1.03	8.77	.004
Sel	2.40	.76	1.96	.75	5.86	.018
Blame	3.16	.84	2.53	.93	8.72	.004

Attributions						
High Conflict			Low Conflict			
Mothers			Mothers			
	Means	SD	Means	SD	F	p
Ext	3.37	1.04	2.67	1.13	7.11	.001
Sta	2.76	.86	2.37	.95	3.21	.078
Glo	2.73	.88	2.17	1.09	5.36	.023
Pur	2.53	.94	2.02	.96	4.73	.033
Self	3.72	.96	2.79	1.15	12.80	.001
Blame	4.25	.99	3.23	1.29	13.07	.001

Similar results were found for teenagers in low conflict dyads. Specifically, teenagers' MAAQ-often scales were correlated with their causal attributions ($r=.71$, $p<.01$) and responsibility attributions ($r=.74$, $p<.01$). Additionally, teenagers' MAAQ-anger scales were correlated with causal ($r=.73$, $p<.01$) and responsibility ($r=.67$, $p<.01$) attributions.

In high conflict dyads significant correlations also emerged between teenagers' MAAQ-often scales, MAAQ-anger scales and their attributions. For this group, correlations ranged from .46 to .65. In contrast, nonsignificant correlations emerged for high conflict mothers. Compared to low conflict mothers, high conflict mothers' MAAQ-anger correlated significantly less with their attributions (Causal, $z=4.402$, $p<.01$ and Responsibility $z=4.337$, $p<.01$). Correlations are presented in Table 11.

Table 10

Pearson Correlations Between Attributions and the MAAQ-
freq and MAAQ-anger Scores

	Teenagers		Mothers	
	MAAQ-often	MAAQ-anger	MAAQ-often	MAAQ-anger
Ext.	.62*	.54*	.55*	.44*
Sta.	.56*	.48*	.36*	.28*
Glob.	.60*	.52*	.51*	.50*
Pur.	.51*	.45*	.45*	.47*
Self.	.55*	.45*	.54*	.50*
Blame	.70*	.63*	.42*	.67*

Note: * $p < .01$

Table 11

Pearson Correlations Between Attributions and the MAAQ-freq and MAAQ-anger Scores

Low Conflict Dyads				
	Teenagers		Mothers	
	Causal	Resp.	Causal	Resp.
MAAQ-Often	.71*	.74*	.58*	.58*
MAAQ-Anger	.73*	.67*	.81*	.85*
High Conflict Dyads				
	Teenagers		Mothers	
	Causal	Resp.	Causal	Resp.
MAAQ-Often	.65*	.59*	.32	.22
MAAQ-Anger	.59*	.47*	.02	.16

Note: * $p < .01$

Discussion

This study was designed to examine whether teenagers' and mothers' attributions related to family conflicts. Teenagers and their mothers responded to the MAAQ, an instrument designed to measure six attribution dimensions: externality, stability, globality, intentionality, selfish motivation, and blame. Additionally, they responded to two measures of conflict, the Issues Checklist and the Conflict Behavior Questionnaire. In general, results revealed significant relationships between mother-adolescent attributions and conflict. Results also provided initial support for the utility of the MAAQ as a measure of mothers' and teenagers' conflict related cognitions.

With respect to the specific attributions that were related to conflict, the results showed that almost all attributions made by teenagers and mothers were related to self-reported conflict. The causal attributions that most consistently correlated with and predicted conflict for mothers and teenagers were "globality" and "externality."

Globality involves the belief that the causes of negative behavior globally influence dyadic situations as opposed to seeing conflict causes as situation specific. This finding is consistent with marital

studies which repeatedly demonstrate that spouses who are maritally distressed and show conflict behaviors attribute negative spousal behaviors to global causes (Bradbury & Fincham, in press; Camper, et al., 1988; Fincham, 1985; Holtzworth-Munroe & Jacobson, 1985). It is suggested that perceiving the cause of negative behavior as globally influential promotes arguments in other relationship domains (Fincham, 1985) and leads to generalization of anger associated with conflict situations.

"Externality" involves the perception that the cause of the "other person's" behavior or attitudes is located within that individual. For example, a teenager demonstrates an "external" attribution when he explains that the cause of his mother's dislike for his friends resides within his mother. External attributions correlate significantly with mothers' and teenagers' conflict reports. Studies with adults obtained similar results; spouses who made external attributions for negative spousal behavior tended to be maritally dissatisfied and to show conflict behaviors (Bradbury & Fincham, 1990, Fichten, 1984; Fincham & Bradbury, 1988; Fincham, Beach, & Baucom, 1987; Holtzworth-Munroe & Jacobson, 1985). Researchers have suggested that externalizing promotes conflict and dissatisfaction by accentuating the negative behavior (Fincham, 1985)

promoting anger, (Weiner, Graham, Chandler, 1987), and delineating a target for anger. Additionally, determining the locus of cause is often considered a "precursor" to making further attributions regarding motivation, intention, and blame (Fincham, Bradbury, & Grynych, in press).

The stability dimension, which involves the perception that causes of negative behaviors are enduring, was correlated with teenagers' conflict, but was inconsistently related to mothers' report of conflict. Stability attributions are thought to promote conflict because they reduce the incentive for problem solving communication (Silars, 1981). Therefore, problems may continue without resolution and dyads may communicate about the issue in nonconstructive ways.

According to Fincham and colleagues (Fincham, et al., 1987), the stable-unstable dimension has inconsistently differentiated distressed from nondistressed married couples. When differences are obtained, distressed subjects typically have been drawn from the community. Researchers suggest that compared to clinic-referred couples, who seek therapy because they believe that their problems can improve, distressed community couples may perceive their problems as stable (Fincham, et al., 1987). It is possible that stability was inconsistently related to mothers' conflict reports for

a similar reason. Just as clinic-referred couples anticipate change in their problems, mothers also may expect that the rapid development occurring during the teenager years will be associated with behavioral changes. Additionally, it may be counter to the mother's role as socializer to believe that the causes of negative behaviors will not change (Dix & Grusec, 1985).

"Responsibility" attributions, which involve beliefs about intentionality, motivation, and blame, also were related to conflicts. In particular, the most consistent relationship emerged between responsibility attributions and anger intensity during conflicts. Again, the adult literature demonstrates similar findings (i.e., perceptions that negative behaviors were intentional, selfish, and blameworthy are associated with self-reported anger, marital dissatisfaction, and conflict behaviors (Fincham, Beach, & Baucom, 1987, Fincham, Beach, & Nelson, 1987). Fincham and his colleagues (Fincham, et al., in press) suggest that affective arousal is promoted when individuals believe that negative behavior is intentional, selfishly motivated, and blameworthy because these judgments imply violations of standards of behavior and relationship rules (Fincham, et al., in press, Hotaling, 1980).

One responsibility dimension, blame, emerged as the single predictor of conflict reported by the other person in the dyad. It is not surprising blame emerged consistently as the best predictor of "other-reported" conflict, given that Fincham, Beach, and Nelson (1987) found that blame to be a predictor of distressed adults' intention to punish his/her spouse.

Additionally, blame has been associated with greater retaliation (Dyck & Rule, 1978). Thus, one might infer that within mother-adolescent dyads, blaming the other for aversive behavior may be associated with intended punishment and retaliation. This kind of reaction then may initiate a negative chain reaction. Specifically, in response to punishment, the individual in a conflicted relationship may respond by "blaming" the individual for the aversive behavior, and then in turn, act punitively themselves (Fincham, Beach, & Nelson, 1987).

A secondary purpose of this study was to examine whether the frequency of negative behaviors and associated anger were related to attributions. This question differed from previously discussed issues in that attributions were not initially examined in relationship to conflict. Rather, MAAQ attribution dimensions (externality, stability, globality, intention, selfish motivation, and blame) were examined as they were

associated with the frequency of the specific behaviors appearing in the MAAQ (MAAQ-often) and the associated level of anger (MAAQ-anger). Results showed that in general, when the other person in the dyad frequently behaves aversively and/or the other member responds with anger, behavior is viewed as internal to the actor, stable, global, intentional, selfishly motivated, and blameworthy. One possible explanation for this relationship involves the assumption that frequency of behavior affects attributions. For example, when an individual frequently exhibits a negative behavior, the other member of the dyad may have increasingly less opportunity to believe that the cause of behavior is unstable, situation-specific, or unintentional. Alternatively, attributions might affect the frequency of reported behavior. For example, if one believes that the causes of the other member's behavior are stable or globally influential, it may influence expectations and promote sampling biases that might distort the report of behavior frequency.

Anger associated with negative behavior also correlated with attribution. Researchers have proposed that attributions promote anger and in turn, anger promotes conflict behaviors (Dix & Grusec, 1985, Fincham et al., in press). Anger is thought to be further affected by the degree to which the act was

perceived as personally relevant and whether important standards were violated (Fincham et al., in press). Conversely, anger may affect the content of attributions. For example, high levels of arousal may result in impaired cognitive judgment and a failure to assume another's perspective (Dix & Grusec, 1985). Additionally, strong emotions are thought to elicit mood consistent cognitions (Bower, 1981). Thus, there may be a negative bias in attributions when anger is present.

The relationship between attributions and the MAAQ-often and MAAQ-anger scales was further explored by examining these correlations in the context of low and high conflict dyads. Results showed that compared to low conflict mothers, attributions made by mothers in high conflict dyads were significantly less correlated with their own anger. Thus, among low conflict mothers' attributions might be affected by anger (or vice versa), but attributions made by high conflict mothers are unrelated to anger. High conflict mothers showed inconsistent responding and it is likely that factors other than anger might affect their attributions.

The final purpose of this study was to develop a measure that could assess conflict related cognitions made by teenagers and their mothers. In this study, the MASQ (Bradbury & Fincham, 1989; Fincham, Beach, &

Nelson, 1987) which has been used to measure maladaptive attributions occurring among distressed married couples, was modified for use with teenagers and their mothers. Results of this study provide an internally consistent instrument that predicts familial conflict. This measure may facilitate the study of mother-adolescent conflict because the previous measure used to assess conflict related cognitions among teenagers and parents (FBI; Vincent Roehling & Robin, 1986) was found to be internally inconsistent and had little relationship with conflict.

The results of this study point to several clinical implications. One, because of the potentially serious consequences of parent-adolescent conflict for teenagers and their mothers, it may be beneficial for clinicians to target negative attributions for several reasons. Although a causal relationship between attributions and conflicts remains undetermined, there is preliminary evidence to suggest that negative attributions may promote or maintain conflicts and relationship dissatisfaction. Thus, teaching individuals to interpret one another's behavior more benevolently may reduce conflict and prevent negative interactive cycles from occurring. The results of this study suggest that it might be beneficial to initially target such attributions as globality, externality, and blame, given that they were the best predictors of conflict.

However, while these attribution dimensions have been considered separately for discussion purposes, several dimensions were interrelated and for practical purposes might be considered as "attribution pairs" (i.e., blame and intentional behavior).

A second reason to focus on attributions for change involves the notion that attributions made by one member of the dyad might need to change in order to allow the other member to change his/her behavior. For example, if a mother consistently interprets her son's behavior in a negative manner, her son's efforts to change behavior are unlikely to be reinforced, and may become extinguished. Thus, to facilitate behavior change, the mother would need to learn to accurately perceive subtle behavior changes and refrain from interpreting them in a pejorative fashion. It may also be beneficial to target attributions simultaneously as other interventions take place in order to ensure that negative attributions do not negate the impact of positive changes brought on by treatment.

Third, clinicians may also target misattributions in order to help parents appropriately consequence their children's behavior. For example, if parents attribute their teenager's misdeed to selfish motivations rather than skills deficits, they may inappropriately consequence the behavior. Results may include recurrences of the misdeed and increased levels of

anger and frustration on the part of parents and teenagers (Dix & Grusec, 1985).

In conclusion, it should be noted that there are a number of limitations to the study. First, the results of this study simply document an association between attributions and conflict, no causal implications can be made and there remains the possibility that attributions and conflicts are not directly related, but are commonly influenced by a third unmeasured variable, such as depression.

Second, it is unclear as to whether attributions measured by this instrument are similar to spontaneously occurring attributions. The direct question method may force individuals to make attributions about behavior, that otherwise they might not have made. Future research should employ alternative methods of assessing attributions. For example, a free recall method which would ask subjects to retrospectively report their thoughts may be helpful in eliminating the effects of a forced choice format (Jacobson & Berley, 1984).

Third, a more direct measure of conflict is needed. In this study conflict was measured by instruments which asked the individual to report the occurrence of conflicts over a two week period. Reporting in a retrospective manner is likely to be affected by inaccuracies of recall and sampling bias. Thus,

alternative methods of reporting conflict should be considered for future research. Methods such as self-monitoring conflict or directly observing conflict may increase the accuracy of conflict report.

Fourth, the relationship between attribution and conflict may be spuriously high due to common method variance. This is particularly likely to have affected teenage subjects' responses. Teenagers in this study appeared to demonstrate a response style of endorsing all measures in a similar manner. However, common method variance would not have affected the findings that the tendency to blame one another for negative behavior predicted conflict reported by the other person in the dyad. Nor would it have affected the finding that low and high conflict mothers differed in the way that frequency of behavior and anger related to attributions.

Finally, the sample used in this study was very homogenous with respect to demographic characteristics (i.e., the overwhelming majority of subjects came from white, intact, middle to upper class families). Consequently, results of this study should be restricted to similar groups rather than generalizing results to dissimilar samples of teenagers and mothers.

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Appendix C: Mother-Adolescent Attribution Questionnaire

ADOLESCENT VERSION

This questionnaire describes a number of things that your mother might do.

Imagine your mother doing these things and then read the statements that follow it.

Please circle the number that indicates how much you agree or disagree with each statement, using the rating scale below:

1	2	3	4	5	6
Disagree Strongly	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Agree Strongly

My mother sets my curfew too early (the time I'm supposed to be home).

1 2 3 4 5 6 My mother's setting my curfew too early was due to something about her (e.g., the type of person she is, the mood she was in).

1 2 3 4 5 6 My mother's setting my curfew too early was due to something about me (e.g., what I said or did, the kind of person I am) or due to other people or circumstances.

1 2 3 4 5 6 The reason that my mother set my curfew too early is not likely to change.

1 2 3 4 5 6 The reason that my mother set my curfew too early is something that affects other areas of our relationship.

1 2 3 4 5 6 My mother set my curfew too early "on purpose" rather than not "on purpose."

1 2 3 4 5 6 My mother's setting my curfew too early shows that she thought mainly of her own needs.

1 2 3 4 5 6 I hold my mother responsible (at fault) for setting my curfew too early.

1 2 3 4 5 6 When my mother sets my curfew too early, I become angry.

1 2 3 4 5 6 My mother often sets my curfew too early.

1	2	3	4	5	6	
Disagree Strongly	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Agree Strongly	
My mother makes me do too much housework.						
1	2	3	4	5	6	My mother makes me do too much housework because of something about her (e.g., the type of person she is, the mood she was in).
1	2	3	4	5	6	My mother makes me do too much housework because of something about me (e.g., what I said or did, the kind of person I am) or due to other people or circumstances.
1	2	3	4	5	6	The reason that my mother makes me do too much housework is <u>not</u> likely to change.
1	2	3	4	5	6	The reason that my mother makes me do too much housework is something that affects other areas of our relationship.
1	2	3	4	5	6	My mother makes me do too much housework "on purpose" rather than not "on purpose."
1	2	3	4	5	6	My mother's making me do too much housework shows that she thought mainly of her own needs.
1	2	3	4	5	6	I hold my mother responsible (at fault) for making me do too much housework.
1	2	3	4	5	6	When my mother makes me do too much housework, I become angry.
1	2	3	4	5	6	My mother often makes me do too much housework.
My mother makes me spend too much time on my schoolwork.						
1	2	3	4	5	6	My mother makes me spend too much time on schoolwork because of something about her (e.g., the type of person she is, the mood she was in).
1	2	3	4	5	6	My mother makes me spend too much time on schoolwork because of something about me (e.g., what I said or did, the kind of person I am) or due to other people or circumstances.
1	2	3	4	5	6	The reason that my mother makes me spend too much time on schoolwork is <u>not</u> likely to change.

1	2	3	4	5	6	
Disagree Strongly	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Agree Strongly	
1	2	3	4	5	6	The reason that my mother makes me spend too much time on schoolwork is something that affects other areas of our relationship.
1	2	3	4	5	6	My mother makes me spend too much time on schoolwork "on purpose" rather not "on purpose."
1	2	3	4	5	6	My mother's making me spend too much time on schoolwork shows that she thought mainly of her own needs.
1	2	3	4	5	6	I hold my mother responsible (at fault) for making me spend too much time on schoolwork.
1	2	3	4	5	6	When my mother makes me spend too much time on schoolwork, I become angry.
1	2	3	4	5	6	My mother often makes me spend too much time on schoolwork.
My mother doesn't let me spend money the way I want to.						
1	2	3	4	5	6	My mother doesn't let me spend money the way I want to because of something about her (e.g., the type of person she is, the mood she was in).
1	2	3	4	5	6	My mother doesn't let me spend money the way I want to because of something about me (e.g., what I said or did, the kind of person I am) or due to other people or circumstances.
1	2	3	4	5	6	The reason that my mother doesn't let me spend money the way I want to is <u>not</u> likely to change.
1	2	3	4	5	6	The reason that my mother doesn't let me spend money the way I want to is something that affects other areas of our relationship.
1	2	3	4	5	6	My mother doesn't let me spend money the way I want to "on purpose" rather than not "on purpose."
1	2	3	4	5	6	My mother's not letting me spend money the way I want to shows that she thought mainly of her own needs.
1	2	3	4	5	6	I hold my mother responsible (at fault) for not letting me spend money the way I want to.

1	2	3	4	5	6	
Disagree Strongly	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Agree Strongly	
1	2	3	4	5	6	When my mother doesn't let me spend money the way I want to, I become angry.
1	2	3	4	5	6	My mother often doesn't let me spend money the way I want to.
My mother doesn't let me go out with my friends as much as I want.						
1	2	3	4	5	6	My mother doesn't let me go out as much as I want because of something about her (e.g., the type of person she is, the mood she was in).
1	2	3	4	5	6	My mother doesn't let me go out as much as I want because of something about me (e.g., what I said or did, the kind of person I am) or due to other people or circumstances.
1	2	3	4	5	6	The reason that my mother doesn't let me go out as much as I want is <u>not</u> likely to change.
1	2	3	4	5	6	The reason that my mother doesn't let me go out as much as I want is something that affects other areas of our relationship.
1	2	3	4	5	6	My mother doesn't let me go out as much as I want "on purpose" rather than not "on purpose."
1	2	3	4	5	6	My mother's not letting me go out as much as I want shows that she thought mainly of her own needs.
1	2	3	4	5	6	I hold my mother responsible (at fault) for not letting me go out as much as I want.
1	2	3	4	5	6	When my mother won't let me go out as much as I want I become angry.
1	2	3	4	5	6	My mother often doesn't let me go out as much as I want.
My mother doesn't like some of my friends.						
1	2	3	4	5	6	My mother doesn't like some of my friends because of something about her (e.g., the type of person she is, the mood she was in).

1	2	3	4	5	6	
Disagree Strongly	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Agree Strongly	
1	2	3	4	5	6	My mother doesn't like some of my friends because of something about me (e.g., what I said or did, the kind of person I am) or due to other people or circumstances.
1	2	3	4	5	6	The reason that my mother doesn't like some of my friends is <u>not</u> likely to change.
1	2	3	4	5	6	The reason that my mother doesn't like some of my friends is something that affects other areas of our relationship.
1	2	3	4	5	6	My mother doesn't like some of my friends "on purpose" rather than not "on purpose."
1	2	3	4	5	6	My mother's not liking some of my friends shows that she thought mainly of her own needs.
1	2	3	4	5	6	I hold my mother responsible (at fault) for not liking some of my friends.
1	2	3	4	5	6	When my mother doesn't like some of my friends, I become angry.
1	2	3	4	5	6	My mother often doesn't like some of my friends.
My mother complains about the way I spend my free time.						
1	2	3	4	5	6	My mother complains about the way I spend my free time because of something about her (e.g., the type of person she is, the mood she was in).
1	2	3	4	5	6	My mother complains about the way I spend my free time because of something about me (e.g., what I said or did, the kind of person I am) or due to other people or circumstances.
1	2	3	4	5	6	The reason that my mother complains about the way I spend my free time is <u>not</u> likely to change.
1	2	3	4	5	6	The reason that my mother complains about the way I spend my free time is something that affects other areas of our relationship.
1	2	3	4	5	6	My mother complains about the way I spend my free time "on purpose" rather than not "on purpose."

1	2	3	4	5	6	
Disagree Strongly	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Agree Strongly	
1	2	3	4	5	6	My mother's complaints about the way I spend my free time shows that she thought mainly of her own needs.
1	2	3	4	5	6	I hold my mother responsible (at fault) for complaining about the way I spend my free time.
1	2	3	4	5	6	When my mother complains about the way I spend my free time, I become angry.
1	2	3	4	5	6	My mother often complains about the way I spend my free time.
My mother complains about the way I dress or the way I wear my hair.						
1	2	3	4	5	6	My mother complains about the way I dress or wear my hair because of something about her (e.g., the type of person she is, the mood she was in).
1	2	3	4	5	6	My mother complains about the way I dress or wear my hair because of something about me (e.g., what I said or did, the kind of person I am) or due to other people or circumstances.
1	2	3	4	5	6	The reason that my mother complains about the way I dress or wear my hair is <u>not</u> likely to change.
1	2	3	4	5	6	The reason that my mother complains about the way I dress or wear my hair is something that affects other areas of our relationship.
1	2	3	4	5	6	My mother complains about the way I dress or wear my hair "on purpose" rather than not "on purpose."
1	2	3	4	5	6	My mother's complaints about the way I dress or wear my hair shows that she thought mainly of her own needs.
1	2	3	4	5	6	I hold my mother responsible (at fault) for complaining about the way I dress or wear my hair.
1	2	3	4	5	6	When my mother complains about the way I dress or wear my hair I become angry.
1	2	3	4	5	6	My mother often complains about the way I dress or wear my hair.

MOTHER VERSION

This questionnaire describes a number of things that your teenager might do.

Imagine your daughter or son performing each behavior and then read the statements that follow it.

Please circle the number that indicates how much you agree or disagree with each statement, using the rating scale below:

1	2	3	4	5	6
Disagree Strongly	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Agree Strongly

My teenager comes home after curfew (comes home late).

- 1 2 3 4 5 6 My teenager's coming home after curfew was due to something about him/her (e.g., the type of person he or she is, the mood he or she was in.)
- 1 2 3 4 5 6 My teenager's coming home after curfew was due to something about me (e.g., what I said or did, the kind of person I am) or due to other people or circumstances.
- 1 2 3 4 5 6 The reason that my teenager came home after curfew is not likely to change.
- 1 2 3 4 5 6 The reason that my teenager came home after curfew is something that affects other areas of our relationship.
- 1 2 3 4 5 6 My teenager came home after curfew "on purpose" rather than not "on purpose."
- 1 2 3 4 5 6 My teenager's coming home after curfew shows that he or she thought mainly of his/her own needs.
- 1 2 3 4 5 6 I hold my teenager responsible (at fault) for coming home after curfew.
- 1 2 3 4 5 6 When my teenager comes home after curfew, I become angry.
- 1 2 3 4 5 6 My teenager often comes home after curfew.

1	2	3	4	5	6
Disagree Strongly	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Agree Strongly

My teenager does not help enough with housework.

1 2 3 4 5 6 My teenager's not helping enough with housework was due to something about him/her (e.g., the type of person he or she is, the mood he or she was in).

1 2 3 4 5 6 My teenager's not helping enough with housework was due to something about me (e.g., what I said or did, the kind of person I am) or due to other people or circumstances.

1 2 3 4 5 6 The reason that my teenager doesn't help enough with housework is not likely to change.

1 2 3 4 5 6 The reason that my teenager doesn't help enough with housework is something that affects other areas of our relationship.

1 2 3 4 5 6 My teenager doesn't help enough with housework "on purpose" rather than not "on purpose."

1 2 3 4 5 6 My teenager's not helping enough with housework shows that he or she thought mainly of his/her own needs.

1 2 3 4 5 6 I hold my teenager responsible (at fault) for not helping enough with housework.

1 2 3 4 5 6 When my teenager doesn't help enough with housework, I become angry.

1 2 3 4 5 6 My teenager often doesn't help enough with housework.

My teenager does not spend enough time on schoolwork.

1 2 3 4 5 6 My teenager does not spend enough time on schoolwork because of something about him/her (e.g., the type of person he or she is, the mood he or she was in).

1 2 3 4 5 6 My teenager's does not spend enough time on schoolwork because of something about me (e.g., what I said or did, the kind of person I am) or due to other people or circumstances.

1	2	3	4	5	6	
Disagree Strongly	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Agree Strongly	
1	2	3	4	5	6	The reason that my teenager does not spend enough time on schoolwork is <u>not</u> likely to change.
1	2	3	4	5	6	The reason that my teenager doesn't spend enough time on schoolwork is something that affects other areas of our relationship.
1	2	3	4	5	6	My teenager doesn't spend enough time on schoolwork "on purpose" rather than not "on purpose."
1	2	3	4	5	6	My teenager's behavior shows that he or she thought mainly of his/her own needs.
1	2	3	4	5	6	I hold my teenager responsible (at fault) for not spending enough time on schoolwork.
1	2	3	4	5	6	When my teenager doesn't spend enough time on schoolwork, I become angry.
1	2	3	4	5	6	My teenager often doesn't spend enough time on schoolwork.
My teenager spends money carelessly.						
1	2	3	4	5	6	My teenager spends money carelessly because of something about him/her (e.g., the type of person he or she is, the mood he or she was in).
1	2	3	4	5	6	My teenager spends money carelessly because of something about me (e.g., what I said or did, the kind of person I am) or due to other people or circumstances.
1	2	3	4	5	6	The reason that my teenager spends money carelessly is <u>not</u> likely to change.
1	2	3	4	5	6	The reason that my teenager spends money carelessly is something that affects other areas of our relationship.
1	2	3	4	5	6	My teenager carelessly spends money "on purpose" rather than not "on purpose."
1	2	3	4	5	6	My teenager's careless spending of money shows that he or she thought mainly of his/her own needs.
1	2	3	4	5	6	I hold my teenager responsible (at fault) for spending money carelessly.

1	2	3	4	5	6	
Disagree Strongly	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Agree Strongly	
1	2	3	4	5	6	When my teenager spends money carelessly, I become angry.
1	2	3	4	5	6	My teenager often spends money carelessly.
My teenager does not stay home enough.						
1	2	3	4	5	6	My teenager does not stay home enough because of something about him/her (e.g., the type of person he or she is, the mood he or she was in.)
1	2	3	4	5	6	My teenager does not stay at home enough because of something about me (e.g., what I said or did, the kind of person I am) or due to other people or circumstances.
1	2	3	4	5	6	The reason that my teenager does not stay home enough is <u>not</u> likely to change.
1	2	3	4	5	6	The reason that my teenager doesn't stay home enough is something that affects other areas of our relationship.
1	2	3	4	5	6	My teenager doesn't stay home enough "on purpose" rather than not "on purpose."
1	2	3	4	5	6	My teenager's not staying home enough shows that he or she thought mainly of his/her own needs.
1	2	3	4	5	6	I hold my teenager responsible (at fault) for not staying home enough.
1	2	3	4	5	6	When my teenager doesn't stay home enough I become angry.
1	2	3	4	5	6	My teenager often doesn't stay home enough.
My teenager sometimes chooses undesirable friends.						
1	2	3	4	5	6	My teenager sometimes chooses undesirable friends because of something about him/her (e.g., the type of person he or she is, the mood he or she was in.)
1	2	3	4	5	6	My teenager sometimes chooses undesirable friends because of something about me (e.g., what I said or did, the kind of person I am) or due to other people or circumstances.

1	2	3	4	5	6	
Disagree Strongly	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Agree Strongly	
1	2	3	4	5	6	The reason that my teenager sometimes chooses undesirable friends is <u>not</u> likely to change.
1	2	3	4	5	6	The reason that my teenager sometimes chooses undesirable friends is something that affects other areas of our relationship.
1	2	3	4	5	6	My teenager sometimes chooses undesirable friends "on purpose" rather than not "on purpose."
1	2	3	4	5	6	My teenager's choice of undesirable friends shows that he or she thought mainly of his/her own needs.
1	2	3	4	5	6	I hold my teenager responsible (at fault) for sometimes choosing undesirable friends.
1	2	3	4	5	6	When my teenager chooses undesirable friends I become angry.
1	2	3	4	5	6	My teenager often chooses undesirable friends.
My teenager wastes his or her free time.						
1	2	3	4	5	6	My teenager wastes his/her free time because of something about him/her (e.g., the type of person he or she is, the mood he or she was in).
1	2	3	4	5	6	My teenager wastes his/her free time because of something about me (e.g., what I said or did, the kind of person I am) or due to other people or circumstances.
1	2	3	4	5	6	The reason that my teenager wastes his/her free time is <u>not</u> likely to change.
1	2	3	4	5	6	The reason that my teenager wastes his/her free time is something that affects other areas of our relationship.
1	2	3	4	5	6	My teenager wastes his/her free time "on purpose" rather than not "on purpose."
1	2	3	4	5	6	My teenager's waste of free time shows that he or she thought mainly of his/her own needs.
1	2	3	4	5	6	I hold my teenager responsible (at fault) for wasting free time.

1	2	3	4	5	6	
Disagree Strongly	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Agree Strongly	
1	2	3	4	5	6	When my teenager wastes free time, I become angry.
1	2	3	4	5	6	My teenager often wastes his/her free time.
My teenager dresses or wears his/her hair in a sloppy manner.						
1	2	3	4	5	6	My teenager dresses or wears his/her hair in a sloppy manner because of something about him/her (e.g., the type of person he or she is, the mood he or she was in.)
1	2	3	4	5	6	My teenager dresses or wears his/her hair in a sloppy manner because of something about me (e.g., what I said or did, the kind of person I am) or due to other people or circumstances.
1	2	3	4	5	6	The reason that my teenager dresses or wears his/her hair in a sloppy manner is <u>not</u> likely to change.
1	2	3	4	5	6	The reason that my teenager dresses or wears his/her hair in a sloppy manner is something that affects other areas of our relationship.
1	2	3	4	5	6	My teenager dresses or wears his/her hair in a sloppy manner "on purpose" rather than not "on purpose."
1	2	3	4	5	6	My teenager's sloppy dressing or sloppy hairstyles shows that he or she thought mainly of his/her own needs.
1	2	3	4	5	6	I hold my teenager responsible (at fault) for dressing or wearing his/her hair in a sloppy manner.
1	2	3	4	5	6	When my teenager dresses or wears his/her hair in a sloppy manner I become angry.
1	2	3	4	5	6	My teenager often dresses or wears his/her hair in a sloppy manner.

Appendix D: Directions for Scoring Research Measures

Issues Checklist. The frequency of conflicts (IC-frequency) is obtained by summing all numbers indicated in the "How many times?" column. To obtain a score for the intensity of conflict (IC-intensity), sum all responses represented on the Likert type scale (1-5) in the "How hot were the discussions?" column.

Conflict Behavior Questionnaire. For teenagers' responses about their parent, one point is given for each of the following:

1. true	6. true	11. true	16. true
2. false	7. true	12. true	17. true
3. false	8. false	13. true	18. true
4. true	9. false	14. false	19. false
5. false	10. true	15. true	20. false

For mothers' responses about their teenagers, one point is given for each of the following:

1. false	6. false	11. true	16. true
2. false	7. true	12. true	17. true
3. false	8. true	13. true	18. true
4. false	9. false	14. true	19. true
5. true	10. true	15. true	20. true

Higher CBQ scores reflect more negative dyadic communication and conflict behaviors.

Mother-Adolescent Attribution Questionnaire. The MAAQ describes eight negative behaviors. Below each description of the negative behaviors are nine responses which reflect the following MAAQ dimensions:

1. externality
2. internality (which was eliminated from this study)
3. stability
4. globality
5. intention
6. motivation
7. blame
8. anger
9. often

Scores for each of these dimensions are obtained by summing responses to each dimension across the eight negative behavior descriptions. Average scores (which were used in this study) can be obtained by dividing the sum for each dimension by eight.

Scores for each of these measures can be compared with the means and standard deviations obtained in this study, located in Appendix I.

Appendix E: Conflict Topics Among Parents and Teenagers

The majority of these studies are cited in Montemayor's (1983) review of parent-adolescent conflict. The four issues that are most frequently argued about are indicated. However, in some studies only two to three issues were noted. The combination of all studies cited reflect the views of over 30,000 subjects.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	S
Spending Money		2		3	4			4				2	3				2	
Grades/Studying				2	3		1	3				3	4				4	
Physical Appearance	1	3	3											4	1			3
Curfew	2				1				1	1			1				2	
Not Home Enough					2	4					2		2				2	
Household Chores								1		4		1					3	1
Dating			1	4		3					4			3				
Use of Car				4							3							
Choice of Friends	2	1														2		
Use of Spare Time							2	2				4						
Parental Behavior		4																
Foods I Eat			1															
Disobedience									4	2								
Places I go	2																	
Church Attendance					2													
Fighting with sibs									2									
Eating with Family					1													
Sassy										3								
Telephone														1				
Own Room														2				
Drinking/Smoking																	1	

A. Cramer, (1978)
 B. Punks, (1943)
 C. Conner, et al., (1954)
 D. Block, (1937)
 E. Lynd & Lynd, (1929)
 F. Kinloch, (1970)
 G. Johnstone, (1975)
 H. Schvaneveldt, (1973)
 I. Hicks & Hayes, (1938)
 J. Stott, (1940)

K. Reemers, (1987)
 L. Ellis-Schvabe (1988)
 M. Caplow, et al., (1982)
 N. Bath & Lewis (1982)
 O. Douvan & Adelson (1986)
 P. Rosenthal (1982)
 Q. Landis (1954)
 R. Block (1937)
 S. Offer (1969)

Appendix F: Letter to Mother Subjects

Department of Psychology
LOUISIANA STATE UNIVERSITY AND AGRICULTURAL AND MECHANICAL COLLEGE
BATON ROUGE • LOUISIANA • 70803-5501
(504) 388-8745

January 9, 1990

Dear Parents:

A study is being conducted at the University Laboratory School by Dr. Mary L. Kelley and Nancy Grace of the Psychology Department at LSU. The study is on relationships between teenagers and their mothers. Given the topic of study, we need mothers (as well as teenagers) to fill out a few questionnaires. The questionnaires should take about a half hour to complete and would be sent to your home for your convenience.

To provide an incentive for participation, all mothers and their teenagers who participate in the study will be eligible to win \$100. In addition, the results of the study will be provided to all interested participants.

Dr. Fox has given his permission for the study to be conducted at the school. We would very much appreciate your cooperation and would like to telephone mothers of University Laboratory School students to discuss the study and ask for your participation.

Nancy Grace will be contacting you by telephone in the next few days.

Thank you for your cooperation.

Sincerely,

Mary L. Kelley, Ph.D.
Associate Professor

Nancy Grace, M.A.

Approved by Dr. James Fox
Principal

CONSENT FORM AND DIRECTIONS

This study is being conducted by Dr. Mary Lou Kelley and Nancy Grace of the Psychology Department at LSU. This purpose is to explore conflicts between teenagers and their mothers. You will be asked to complete several questionnaires which should take approximately 1/2 hour. Your participation is strictly voluntary.

Your answers to the questionnaires will remain strictly confidential. Names will be separated from the questionnaires so that no one will be able to associate anyone's name with their responses. Only the researchers will have access to the data and questionnaires will be coded by number NOT by name. Each person's privacy will be protected. All results are based on group responses, NOT the responses of single individuals.

There are no apparent risks to participating in this study and there are a couple of potential benefits: (1) you might win \$100 and (2) we will provide you with the results of the study once they are obtained. The results of group responses may eventually be used for published work.

If you decide to participate, please sign this form and fill out the attached questionnaires. The questionnaires ask about conflicts that you might have with your teenager and about the way in which you might perceive certain behaviors. If you have any questions, please feel free to call Nancy Grace at 336-0120.

Please answer ALL questions as they pertain to your teenager, _____
Return the questionnaires and this form in the envelope.

We would very much appreciate it if you return these questionnaires within 3-5 days.

Thank you very much for your participation.

Signature Date

CONSENT FORM

The purpose of this study is to find out about how teenagers and their mothers get along. You will be asked to complete several questionnaires during your class period. Answering the questionnaires will take you about 35 - 50 minutes.

All your answers will be strictly confidential. Your answers will not be shown to your parents or teachers or anyone else. Your name will be separated from your answers, so no one, even the researchers will know your answers.

Being in this study is voluntary. This means that you do not have to participate if you don't want to. If you decide to participate you are free to end your participation at any time.

There are no apparent risks to participating in this study and there are a couple of potential benefits: (1) you might win \$100 and (2) if you are interested, we would be happy to provide you with the results of the study. This research may be used for published work. If you have any questions please call Nancy Grace at 336-0120. Your signature means that you have decided to participate in this study.

Signature

Date

Appendix 1

Means and Standard Deviations for Attributions and
Conflicts

Teenagers' Attributions			Mothers' Attributions	
	Means	SD	Means	SD
Ext.	2.82	.93	3.01	1.12
Sta.	3.11	.97	2.48	.83
Glo.	2.52	.91	2.45	1.01
Int.	2.78	1.09	2.34	.94
Sel.	2.14	.84	3.14	1.16
Bla.	2.81	.96	3.75	1.17
Caus.	2.86	.79	2.58	.77
Resp.	2.58	.84	3.08	.93
Often	2.70	.93	2.36	.71
Anger	3.72	1.05	3.19	.99

Teenagers' Conflict			Mothers' Conflict	
	Means	SD	Means	SD
IC-Freq.	47.54	51.72	39.10	40.45
IC-Int.	24.42	17.70	23.73	16.13
CBQ	4.26	5.01	4.05	4.35

Means and Standard Deviations for Attributions and
Conflict Reported by Teenagers in Low and High Conflict
Dyads

Low Conflict			High Conflict	
Teenagers' Attributions			Teenagers' Attributions	
	Means	SD	Means	SD
Caus.	2.51	.72	3.16	.58
Resp.	2.29	.83	2.87	.66
Often	2.45	.89	3.13	.91
Anger	3.39	1.20	4.06	.85

Low Conflict Dyads			High Conflict Dyads	
Teenagers' Conflict			Teenagers' Conflict	
	Means	SD	Means	SD
IC-Freq.	15.41	8.41	97.68	69.88
IC-Int.	10.73	6.75	39.97	19.30
CBQ	2.89	3.85	6.97	5.84

Means and Standard Deviations for Attributions and
Conflict Reported by Mothers in Low and High Conflict
Dyads

Low Conflict Dyads			High Conflict Dyads		
Mothers' Attributions			Mothers' Attributions		
	Means	SD		Means	SD
Caus.	2.38	.85		2.82	.66
Resp.	2.68	1.02		3.50	.74
Often	1.95	.60		2.57	.65
Anger	2.75	1.02		3.39	.86

Low Conflict Dyads			High Conflict Dyads		
Mothers' Conflict			Mothers' Conflict		
	Means	SD		Means	SD
IC-Freq.	10.30	9.73		67.29	42.43
IC-Int.	11.67	7.20		34.97	16.00
CBQ	2.13	2.61		6.37	5.03

CURRICULUM VITA

Nancy C. Grace

PERSONAL DATA

May 1990

Date of Birth: 4-21-57

Address: 353 Richland Avenue
Baton Rouge, LA

EDUCATION

Ph.D. May 1990
Clinical
Psychology

Louisiana State University
Baton Rouge, LA

Clinical Internship
July 1988 - June 1989

Brown University
Providence, Rhode Island

M.A. December 1985
Psychology

Louisiana State University

B.A. January 1981
Psychology

University of Virginia

CLINICAL TRAINING AND EXPERIENCE

7/89 - present: Clinical Assistant, Dr. Ann Goodrich and
Dr. Randall Lemoine, Baton Rouge, LA.

Duties: Assessed and treated children and adolescent
outpatients referred for learning disabilities, parent-
adolescent relationship problems, anxiety, depression,
oppositional disorder, encopresis, and social skills
deficits.

Supervisors: Ann Goodrich, Ph.D. and Randall Lemoine,
Ph.D.

3/89 - 7/89: Clinical Psychology Intern, Brown
University, Butler Hospital, Providence, RI

Duties: Assessed and treated inpatient adults, including
patients with anorexia nervosa, bulimia nervosa, post-
traumatic stress disorder, major depression, generalized
anxiety disorder (4 month rotation).

Supervisor: William Norman, Ph.D.

11/88 - 3/89: Clinical Psychology Intern, Brown
University, Rhode Island Hospital, Child and Family
Psychiatry, Providence, RI

Duties: Assessed and treated inpatient and outpatient children and adolescents who were experiencing problems such as feeding disorders, sleep disturbances, headaches, suicidal behavior, depression, encopresis, oppositional disorder, and self-injury. Additional presenting problems included psychological problems related to illnesses, such as asthma, gastrointestinal disorders, and leukemia, as well as preparation for invasive medical procedures (4 month rotation).

Supervisor: Lori Stark, Ph.D.

7/88 - 11/88: Clinical Psychology Intern, Brown University, Bradley Hospital, Providence, RI.

Duties: Worked collaboratively as a part of a therapeutic treatment team to provide individual and family therapy to inpatient children and adolescents. Conducted extensive psychological evaluations and assisted in the development of inpatient treatment plans (4 month rotation). Presenting patient problems included sexual abuse, suicidal behavior, depression, and conduct disorder.

Supervisor: Barry Plummer, Ph.D.

9/86 - 6/88: Clinical Extern, Therapy and Child Assessment Baton Rouge, LA.

Duties: Collaboratively assessed and treated outpatient children and adolescents referred for ADD, conduct disorders, learning disabilities, anxiety, enuresis, and encopresis. Conducted school observations, behavioral consultation with teachers, provided parent management training, and short term individual therapy. Performed numerous intellectual and educational assessments primarily utilizing the Weschler Scales, Woodcock-Johnson Psychoeducational Battery, Wide Range Achievement Test, and Bender Gestalt.

Supervisor: Ann Goodrich, Ph.D.

1/87 - 5/87: Practicum, Psychological Services Center; Louisiana State University, Baton Rouge, LA

Duties: Psychological assessment and short term treatment of outpatient children and adolescents. Disorders included: bulimia, depression, ADD, enuresis, academic problems, and oppositional behavior.

Supervisor: Mary L. Kelley, Ph.D.

6/86 - 9/86: Clinical Consultant, Ellisville State School, Ellisville, Mississippi.

Duties: Developed behavioral programs for moderately to profoundly mentally retarded children and adults. Target behaviors were primarily those involving self-injurious behaviors and severe behavior disorders.

Supervisor: Charles Cowart, Ph.D.

8/85 - 5/86: Teaching Assistant, Psychological Services Center, Louisiana State University, Baton Rouge, LA

Duties: Monitored graduate students' case management of child patients. Co-lead 2 ten week parent training groups for parents of oppositional and ADD children.

Supervisor: Mary L. Kelley, Ph.D.

8/85 - 5/86: Practicum, Psychological Services Center; Louisiana State University, Baton Rouge, LA

Duties: Psychodiagnostic assessment and treatment of conduct disorders, academic problems, behavior problems associated with the multiply handicapped.

Supervisor: Johnny L. Matson, Ph.D.

5/84 - 8/85: Practicum, Pediatric Psychology, Earl K. Long Hospital, Baton Rouge, LA.

Duties: Served as a consultant to pediatricians regarding inpatient and outpatient child and adolescent cases requiring psychological care. Cases included patients referred for headaches, failure to thrive, cancer, developmental disabilities, ADD, bulimia, obesity, school probia, and noncompliance with medical regimen. Additionally, preventive projects were undertaken such as increasing neonatal stimulation.

Supervisor: Mary Lou Kelley, Ph.D.

9/83 - 8/84: Research Assistant, Psychology Department, Louisiana State University, Baton Rouge, LA.

Duties: Researched behavioral interventions to reduce pain behavior and increase compliance during hydrotherapy with burned children. Baton Rouge General Hospital, Baton Rouge, LA.

Supervisor: Mary L. Kelley, Ph.D.

9/83 - 5/84: Practicum, Psychological Services Center; Louisiana State University, Baton Rouge, LA

Duties: Conducted psychodiagnostic and psychoeducational assessment and treatment of children and adolescents on an outpatient basis. Client disorders included: conduct and academic problems, enuresis, encopresis, social skills deficits.

Supervisor: June Tuma, Ph.D.

8/83 - 12/83: Practicum, Testing; Louisiana State University, Baton Rouge, LA

Duties: - Psychodiagnostic assessment, administration and scoring of WISC-R, WAIS-R, Woodcock Johnson, Achievement Tests, WRAT, Rorschach, TAT, Child Behavior Checklists with adults and children.

Supervisor: Yvonne Osborne, Ph.D.

5/82 - 7/83: Psychiatric Technician. Psychiatric Institute of Washington, MacArthur Blvd., Washington, D.C.

Duties: Implemented token economy programs and individual treatment plans; and participated in group therapy with child and early adolescent psychiatric inpatients. Patient population included: severe conduct disorders, autism, childhood schizophrenia, phobias, ADD.

Supervisors: Sam Clover, R.N., and Beverly Garcia, R.N.

EDITORIAL RESPONSIBILITIES

1984 - 1985: Editorial Assistant, Journal of Clinical Child Psychology Responsibilities: Assisted in the preparation of manuscripts for review and publication.

Supervisor: June Tuma, Ph.D.

MASTER'S THESIS

Grace, Nancy (1985) Thesis. Acceptance of Behavioral Treatments for Children: A Comparison Between Abusive and Nonabusive Parents. Louisiana State University.

DISSERTATION

Grace, Nancy (1990) Dissertation. Attribution Processes in Mother-Adolescent Conflicts. Louisiana State University.

PUBLICATIONS

Grace, N., Cowart, C., & Matson, J. (1988). Reinforcement and Self-Control for Treating a Chronic Case of Self-Injury in Lesch-Nyhan Syndrome. Journal of the Multiply Handicapped Person, vol. 1, 53-59.

Kelley, M.L., Grace, N. & Elliott, S. (1990). Acceptance of Behavioral Treatments for Children: A Comparison Between Abusive and Nonabusive Parents. Journal of Child Abuse and Neglect, vol. 14, 219-226.

Tuma, J., Heffer, R., Carey, M., Carper, L., Cavell, T., Frentz, C., Grace., N., & Scardino, T. (1986) Internship Programs Offering Clinical Experience with Children, Youths, and Families. Journal of Clinical Child Psychology, vol. 15, 360-385.

MANUSCRIPTS SUBMITTED FOR PUBLICATIONS

Grace, N., Spirito, A., & Finch, A. Treatment of anxiety in children using cognitive coping skills.

Spirito, A., Start, L., & Grace., N. Common Problems and Coping Strategies among children and young adolescents: A developmental approach.

DOCTORAL EXAMINATION AND DISSERTATION REPORT

Candidate: Nancy Grace

Major Field: Psychology

Title of Dissertation: Attribution Processes in Mother-Adolescent Conflict

Approved:

Major Professor and Chairman

Dean of the Graduate School

EXAMINING COMMITTEE:

Date of Examination:

April 26, 1990