Attribution in Children’s Mental Health


The July 2000 issue of the American Journal of Orthopsychiatry features two related articles that focus on some challenging and critical issues in the field of family support and children’s mental health regarding the attribution of responsibility for children’s mental health problems.

Children’s disorders have frequently been attributed to a variety of parental-induced factors such as a dysfunctional family unit, poor modeling by parents, and dysfunctional parental emotionality. Often feeling blamed by service providers, parents may become alienated from the service system, inhibiting effective collaborations.

Although in recent years there has been a push away from blaming in order to develop a more collaborative relationship between providers and parents, the question remains: To what extent are childhood emotional and behavioral difficulties attributable to parental and family influences? Furthermore, how can the field of children’s mental health reconcile the seemingly contradictory viewpoints that childhood disorders may be influenced by family environment, while acknowledging the role of biology in the development of many disorders and recognizing the importance of supporting parents? Finally, what implications do the answers to these questions have for those who work with children and families?

**Literature Review**

Johnson et al., in reviewing the small amount of longitudinal research regarding the relationship between childhood environment and later disorders, found little conclusive evidence that early psychological profiles are indicative of later psychopathology. Furthermore, the existing evidence tends to be linked to disorders with a biological basis such as schizophrenia. However, the authors also cite literature indicating that prolonged exposure to abuse and neglect “can lead to emotional and cognitive damage in vulnerable children” (p. 328).

In a related article, Oyserman et al. provide a review of the literature focusing on what is known about parenting by mothers with a serious mental illness (SMI). They found that women with SMI have more children, begin child-bearing at an early age, and are at increased risk for poverty and child-rearing as single parents. In comparison to mothers without SMI, those with SMI (of unspecified diagnosis) are more likely to have children with behavioral problems. Among mothers with affective disorders, especially depression, children were increasingly more likely to have insecure and anxious attachment style in proportion to the severity of the mother’s symptoms. Additionally, mothers with a history of unipolar depression “were more likely to have school-aged children with a history of depression or anxiety” (p. 308). Although the literature shows a consistent link between mothers with SMI and increased childhood symptomatology, it remains unclear whether the source of these children’s difficulties is environmental, biological, or a combination of both.

**Current Attribution Research**

To determine the current status of attribution in the mental health field, Johnson et al. asked child psychiatrists, clinical social workers, developmental psychologists, clinical psychologists, family psychologists, and school...
psychologists from a variety of theoretical orientations including ego psychology, family systems, cognitive-behavioral, neuropsychological, and existential/humanistic, to complete the Providers’ Belief About Parents (PBAP) questionnaire.

The results provided insight into the disagreement among professionals. Questionnaire respondents with specialization in child-related academic areas (developmental psychology, child psychiatry, etc.) were less likely than other providers to attribute blame to parents. Additionally, those who provided specific skills and information to parents, instead of using an approach focusing on discussing feelings or re-enacting interpersonal interactions among family members, were significantly less likely to attribute blame for children’s difficulties to parents.

Respondents generally fell into two groups in attributing blame. Those individuals who were clinical psychologists, family psychologists, or clinical social workers and had a family systems, existential/humanistic, or ego-psychological orientation, tended to believe that:

Parents of children needing mental health services do not report accurately…are not doing their best for the child, are seldom experts about their own children…[and that] sharing information about causes of the child’s mental disorder with parents is often harmful…[and] parents should not be told explicitly how to help (p. 333-334).

In contrast, those with a cognitive-behavioral or neuropsychological orientation who come from the fields of child psychiatry, developmental, or school psychology tend to believe “that parents are experts about their children, have expertise that mental health professionals lack, can often teach professionals what responses are helpful to their child, and are doing their best for their child” (p. 334). They were also more likely to:

Tell parents directly what they can do to help their child…[to believe] that telling parents the likely causes of the child’s problem is seldom damaging…that professionals need current research-based knowledge about psychopathological conditions…[and] that drugs are often helpful in treating mental disorders in children (p. 334).

Conclusions
Taken as a whole, these studies provide thought-provoking material for mental health service providers, professional training programs, and parents. Parents report that they frequently feel blamed and alienated by their children’s providers and to a large extent, research provides evidence of the biological bases for many childhood disorders, exonerating the family for their role in creating a potentially unhealthy environment. These findings have implications for therapists and training programs that emphasize the importance of family dynamics and intrapsychic elements in childhood disorders.

Yet, there is also evidence that family environment, particularly where there is abuse and neglect, or the interaction of environment and biology, as may be the case in families with maternal mental illness, can also have an impact on children’s mental health. Where does this leave the field? It would seem that regardless of attribution, it is important for providers to be accommodating, sensitive, and respectful of parent perspectives and to understand that without parental support, treatment is likely to be ineffective. At the same time, an emphasis on direct provision of specific information and skills for parents, in addition to dissemination of current research knowledge are important elements that can benefit parents and families and increase the effectiveness of therapists.