

Family Therapy with Stepfamilies: Assessment and Treatment

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It is nearly impossible to be actively involved in a counseling practice or to be engaged in family life ministry and not work with stepfamilies. Due to higher levels of conflict and stress (the first few years of remarriage generally exhibit twice the level of stress of first-family homes) stepfamilies are a significant part of the clinical population. But the challenges facing stepfamilies (sometimes referred to as the “expanded” family) are nothing new. The dynamics of Abraham’s expanded family, which included children by two women, Sarah and Hagar, resulted in feelings of jealousy, envy, competition, and distress (see Genesis 16:1-6; 21: 8-11). Truly, the challenges of stepfamily life have been around a long time.

In America today, some estimates suggest that between 25-30% of homes include a stepchild under the age of 18 (“residential stepfamilies”).¹ Please note that this percentage does not include part-time stepfamilies (those in which the stepchildren have primary residence elsewhere) or those with children over the age of 18. A full one-third of Americans are either a stepparent, stepchild, stepsibling, or have a step-relationship and estimates predict that one-half of Americans will live in a stepfamily situation at some point in their lifetime.²

Despite the prevalence of stepfamilies in the general population and treatment populations, most therapists and pastoral counselors have had very little training in the dynamics of binuclear homes, or in how therapy with stepfamilies should differ from treatment with nuclear families. This chapter will present a few practical psychoeducational and therapeutic interventions with Christian stepfamilies. It should be noted that careful intervention with stepfamilies is based on a solid working knowledge of unique stepfamily dynamics. While some dynamics will be presented in conjunction with this discussion, the book *The Smart Stepfamily*³ and the DVD series present a comprehensive discussion of stepfamily dynamics. Together they

are an effective educational resource for stepfamilies and pre-remarital couples, and an intervention tool for therapists and churches.

Complex is an Understatement

Stepfamilies presenting themselves for pastoral or professional treatment frequently report a number of issues related to a complex system of family members, boundary ambiguity, and a lack of family identity. Presenting problems include stepparent-stepchild conflict, marital distress, loss issues, between home conflicts with ex-spouses, child misbehavior, depression, and menacing emotions such as anger, bitterness, and jealousy. Treating stepfamilies often mirrors the family's ambiguity; the vast complexity of most binuclear systems means assessing multiple subsystems and patterns of interaction with people from multiple homes. In their book on stepfamily therapy Martin and Martin note, "The treatment of stepfamilies requires tolerance for lack of clarity and ambiguity."⁴ The complex nature of stepfamily systems means therapists must be flexible in their views of treatment, tailoring interventions to what works best for each stepfamily.

Stepfamily Therapy, Not Family Therapy

Presenting problems reported by stepfamilies often appear to mirror those presented by biological first-families, making family therapy the treatment of choice. However, traditional family therapy approaches that were designed for biological families often fail with stepfamilies and sometimes escalate the stepfamily's distress. Browning has identified specific ways that stepfamily intervention diverges from traditional family therapy; two are discussed here.⁵

Orchestrating Session Attendance. The first way stepfamily therapy differs from family therapy concerns who attend sessions. When children are involved in the presenting problem, traditional family therapy tries to get as many family members to the first session as possible. This is done to allow enactment to take place in front of the therapist so an assessment of family interactional patterns can be made. The question with stepfamilies becomes whether this family, with very little history or family loyalty, is best served by direct communication with one another about their problems. The stepfamily is a collection of mini-families thrown together; forcing open communication about their issues generally only heightens the insider/outsider dynamics that divide family members.¹ Therefore, it is generally best initially to structure session attendance to reflect the mini-families that exist.

¹ Insiders are those biologically related to one another; outsiders are step-relatives. Persons can be insiders with some and outsiders with others.

The first session should be with one of the primary subsystems: marital or biological parent and child, giving preference to the marital subsystem. Then, if appropriate to the presenting problem, see another subsystem at the second session. A cycle can then be established which alternates sessions with the couple and other primary subsystems (e.g., sibling subsystem, biological children or stepchildren, or the stepparent-stepchild(ren) subsystem). Further assessment and intervention sessions may require calling in secondary subsystems, which include ex-spouses, non-custodial parents and their children, or non-custodial stepparents and their stepchildren. The goal is to listen to everyone's concerns and form a therapeutic alliance with each subsystem. Eventually, various subsystems may be brought together for intervention sessions, but only when the therapist deems it likely to be productive.

Power and the Parental Subsystem. A second traditional notion of family therapy that is contraindicated for stepfamily therapy is the assumption that each member of the parental subsystem (parents and stepparents) should share equal power in the behavioral management of the children.⁶ As in first-families, the parental subsystem needs to be in charge of the children, but initially power is not shared equally between parent and stepparent (at least, not directly with the children). To encourage stepparents to make it their goal to respond to stepchildren as if they were a biological parent may inadvertently increase the stepfamily's conflict and sabotage the treatment process. During the first few years of remarriage, stepparent and biological parent roles must be carefully negotiated in light of the stepparent's lack of relational authority with their stepchildren. True parental authority comes from building a trusting relationship with stepchildren, not just by holding a position in the home. Effective stepparents know that authority comes the old fashioned way—they earn it. “Early in remarriage, the most successful stepparent-stepchild relationships are those where the stepparent focuses first on the development of a warm friendly interaction style with the stepchild. Once a foundation of mutual respect and affection is established, stepparents who then attempt to assume a disciplinarian role are less likely to meet with resentment from the stepchild”.⁷ As the stepparent-stepchild relationship develops over time, power and authority increases for the stepparent. The parental unit should be taught to see the evolving nature of the stepparent's role in the family and consider which of the following roles is most appropriate for the stepparent given their current level of parental status⁸. A general prescription is that stepparents start with the baby-sitter role and progress slowly (often over a period of years) to the others⁹.

1. The baby-sitter role: Baby-sitters have power to manage children only if parents give them power. Biological parents must pass power to stepparents shortly after remarriage so that children will understand that stepparents are not acting on their own authority, but the

parent's authority¹⁰. They might say, "I know Sarah is not your mother. However, when I am not here, she will be enforcing the rules we have all agreed on. I expect you to be courteous and respect her as you would a teacher or coach."

Parents and stepparents negotiate rules *together* behind closed doors and must seek unity in their decisions. The biological parent then communicates the rules to the children with the stepparent standing in support. If a rule is broken, as far as the children are concerned it is the parent's rule, not the stepparent's. If a consequence is to be enforced by the stepparent, to the children it is the parent's consequence. Baby-sitting stepparents, then, are extensions of biological parents.

Complex stepfamilies, where both parents bring children to the stepfamily, still negotiate rules together, but each takes the lead role with their own children. Simultaneously they are the primary parent to their children and the "baby-sitter" to the other's children. It is important to note that this arrangement will not work if the couple does not adopt consistent rules. They cannot afford to have one set of rules for his kids and another standard for hers. Consistency without favoritism is key.

The stepparent/"baby-sitter" system maintains the pre-stepfamily parenting arrangement with the biological parent acting as the primary nurturer and disciplinarian. Most critically, it allows the stepparent time and emotional space to focus on relationship development with the stepchildren. The stepparent can learn about the child's interests, share talents and skills, and engage in family group activities while avoiding negative power struggles with the children. Researcher James Bray says one of the most important stepparenting skills after remarriage is monitoring the children's activities.¹¹ This involves knowing their daily routine, where the children are, who they are with, and what extracurricular activities they are involved in, but does not necessarily include being involved in the child's emotional life. The monitoring stepparent checks homework and daily chores, and befriends stepchildren, yet refrains from emotional closeness or handing down punishment that is unwelcome by the child.

Still, many stepparents complain that this model prohibits them from having power with the children. Actually, I would argue, it gives them power they otherwise would not have. The babysitter role doesn't mean that they don't have any say about rules or consequences. Their say simply occurs behind closed doors. Before a parent communicates rules to her children, she and the stepfather must be in agreement. Initially, then, stepparent power and influence comes in the negotiation process.

But what if the biological parent is protective of the children and sabotages the stepparent's input? Biological parents do have difficulty adjusting their parenting to make room for the stepparent's influence. Parents may have many established rules and rituals, especially if they had a number of single-parent years before the remarriage. Upon remarriage, they may have a difficult time opening their parenting style up to criticism or input from the stepparent. Nevertheless, the process of integrating a stepfamily demands that couples find ways of talking, listening, negotiating, and deciding on rules. Initially they should strive for few changes. This can be particularly difficult for structured, rule-oriented stepparents who marry flexible, permissive parents. However, stability for the children should be sought; stepparents may have to make adjustments until new bonds are developed. Over time, changes in rules and rituals may be necessary.

When changes do occur, children likely will complain, especially if the rules are getting tighter. "You never made us do chores before you married him. He's just bossing you around." At a time of change, parents and stepparents must stand together. If there are any chinks in their armor, children will divide and conquer (they think that is their mission in life). Thus, the age-old principle of unity is still critical to effective parenting--even in stepfamilies.

2. The "uncle/aunt" role: After a moderate relationship has developed, stepparents can move into the "uncle or aunt" stepparenting role. An aunt is not a full-fledged parent, but carries power through her extended family kinship. Stepparents can gradually gain a basic level of respect that allows children to accept them as extended family members by marriage. Stepparents can become more authoritative: clearly communicating limits and encouraging family discussion of rules. Furthermore, as personal bonds deepen, shows of affection and appreciation can become more common. One-on-one activities can become more frequent as personal connections increase.
3. The "parent" or stepparent role: Eventually, *some* stepparents will gain "parental" status with *some* stepchildren. Younger children, who have a large window of attachment, tend to grant stepparents parental status much more quickly than adolescents. It is quite common to be considered a baby-sitter by an older child, an aunt by a middle child, and a parent by the youngest child. This ambiguity can be confusing so be sure to help parents and stepparents develop into a solid parenting team.

These two examples of how stepfamily therapy differs from traditional family therapy are significant to the outcome of treatment. Therapists would do well to check their assumptions of treatment before imposing them on the treatment process.

General Areas of Assessment

In addition to details concerning the presenting problem, four general areas should be assessed as treatment begins: remarriage stability, parental functioning, co-parenting cooperation, and issues of loss. It is highly recommended that therapists create a genogram during the assessment process¹². Effective stepfamily assessment requires that a therapist have a good picture of the multiple homes and multiple participants in a stepfamily's extended family system. Keeping up with all the "players" is difficult even with a genogram; without one it is nearly impossible.

Remarriage relationship stability, commitment, and strengths. Assessment should ascertain the couple's emotional health and level of commitment to family success, as well as problem-cycle exceptions ("What are you doing differently when the problem is not a problem?"). The high divorce rate in stepfamily marriages (at least 60%) requires a solid assessment of couple commitment and functioning. For example, how the couple is handling issues related to the children (as previously discussed) is critical to marital success. Remarriages involving children have a 50% higher divorce rate than remarriages without children;¹³ the presence of children and prior parent-child loyalty creates a critical barrier to marital commitment. Indeed, while many first-marriage couples that regularly argue over the children are able to maintain a stable marriage, it is rare to find a remarried couple that regularly argues about the children and are able to sustain their marriage. Marital stability is largely determined by parental functioning.

Parental Functioning. The earlier discussion of parent-stepparent roles and cooperation is generally the most effective model for the parental subsystem. As in first-families, unity of the parental team is the foundation to effective behavioral management and training of the children. Therefore, assessment asks these questions during the initial interviews: Does the parent-stepparent subsystem function as a cooperative team or is there division? Are they in agreement about rules and consequences and how to respond to the relational needs of the children? Are there cross-system parent-child coalitions that short-circuit unity? If the parental subsystem is not strong, interventions to unify the couple will be important to successful treatment outcomes.

Ex-Spouse Relationships and Co-Parenting. Relationships between ex-spouses are a strong systemic predictor of stepfamily development.² Some common systemic patterns, for example, that sabotage successful integration include: warring ex-spouses, children who become

² Not all stepfamilies are born out of divorce, but the majority of American stepfamilies are. In addition, those born from an out-of-wedlock pregnancy result in a parent living in another home.

trapped in loyalty battles between their parents and thus experience difficulty in accepting new step-relationships, and stepparents who then complain to their spouse about a stepchild's behavior only to have the biological parent defend their child. In the end, stress that began between ex-spouses ripples into the marriage.

Therapists must realize that divorce doesn't end family life; it just reorganizes it. In effect, divorce moves people into multiple homes where they generally continue the negative patterns that lead to the divorce in the first place. Even after remarriage, many divorced adults have not successfully de-coupled (achieved psychological and emotional divorce) from their ex-spouse, nor have they renegotiated their relationship to retain the role of parents (co-parents) but dissolve the role of partners (the personal elements of marriage). Assessing the ability of ex-spouses to compartmentalize their anger and hurt from the past so as to cooperate on matters regarding the children is an important element to understanding stepfamily problems.

Loss Issues. Everyone in a stepfamily has experienced loss; indeed, stepfamilies are born out of loss. Yet, sadness and grief are often overlooked in the assessment process. Children in particular have experienced tremendous levels of loss throughout the transitions through death or divorce, single-parent family living, and their parent's remarriage. Assessment should include examining family rules about acknowledging and expressing loss, grief patterns, and behavioral misbehavior in children that frequently masks loss issues (for instance, "mad" may equal "sad").

Loss is an emotion that will not be denied. If left unexpressed and unrecognized, it will sabotage a stepfamily's integration process. A common by-product of loss is the fear of more loss; a by-product of fear is guardedness and/or anger. Protecting oneself from further pain by holding others at a distance is a common result of unexpressed grief. For example, a child who says, "You're not my dad, I don't have to do what you say" is declaring a loyalty to her biological dad. However, she is equally making a statement about loss: "You're not my dad and I miss him." Helping this child to express her grief and fears will go a long way to helping the stepfather to find his place in the child's life.

General Treatment Goals

In general, stepfamily therapy has three basic goals: 1) Resolution of the presenting problems as identified by the family; 2) development of an integration plan to help the stepfamily forge a family identity and foster step-relationships; 3) strengthening the marital bond.

Basic Interventions in Stepfamily Therapy

The following interventions will help to accomplish general treatment goals.

Psychoeducational Interventions. Clinicians commonly believe that providing clients with information rarely produces behavioral change. Information alone is often not enough to perturb the system of interaction that maintains symptomatic behavior such that new, less problematic behaviors result. That assumption is not accurate, however, when it comes to stepfamily treatment. “Research has validated clinician’s long-held belief that teaching stepfamilies about normal and expectable differences from first-marriage families produces immediate relief and can generate changes that resound throughout the family system, making psychoeducation the point of departure for effective therapy with stepfamily members”.¹⁴ For one, psychoeducational interventions help stepfamily adults alter their expectations for their family’s development. For example, I frequently make it a point to tell couples why I don’t use the term ‘blended family.’ “Because most stepfamilies don’t blend,” I say, “and if they do, someone usually gets creamed in the process. Besides, the way you cook a stepfamily is with a crock-pot, not a blender. A blender beats each ingredient until they become one fluid mixture; a crock-pot gives honor to the distinct parts and brings them together slowly. Very slowly, and with low heat. So it will be with your stepfamily.”³ I then talk about “low-heat” strategies for integrating their family. One example is to encourage the family to take advantage of their “brought middle ground”, that is, the values, rituals, and preferences that both families had in common prior to remarriage.¹⁵ These areas of family life represent “easy time together” because insiders and outsiders alike are accustomed to them. Too many stepfamilies attempt to master unshared or divergent patterns of family life (“fought middle ground”), a “high-heat” effort that usually erupts in conflict.

Psychoeducational interventions that normalize stepfamily development, as well as between-home conflicts, stepparent quandaries, and children’s loyalty issues, help individuals relax and begin to view their family as “a work in progress” rather than a “failure.” Hope is engendered and a cooperative attitude toward treatment is fostered.

Marital Therapy with Key Triangles. Couples in stepfamilies often face the same problems faced by first-marriage couples (e.g., trust development, power and control issues, or learning to resolve conflict more effectively) and will need traditional marital therapy. In addition, stepfamily couples have some unique issues that differ from first-marriages. For example, a common dynamic that can sabotage couple oneness and stall stepfamily development

³ For a complete discussion of the “crock-pot mentality” see Deal, R. (2002), *The Smart Stepfamily: Seven Steps to a Healthy Family*, Bethany House Publishers or www.SuccessfulStepfamilies.com.

involves a parent-child alliance that holds the new spouse at a distance and sabotages their developing parental authority. When the biological parent maintains a closer alliance with a child (or children) that often developed during the single-parent years, the couple's relationship suffers significantly.

The Lewis family presented for treatment seeking resolution of the stepfather's (David) ongoing conflict with his 15-year-old stepson, Josh. David's wife, Nancy, complained that her husband "had it in" for her son and wouldn't receive him in love. David's view was that Nancy refused to support his role with Josh and he felt undercut by her whenever conflict erupted. The assessment process revealed a mother-son alliance that demonstrated itself most whenever the couple disagreed on parenting matters. At one point, Nancy acknowledged that when she and David disagreed she appreciated being able to confide in Josh. Indeed, Josh became her spokesperson with David, which only fed their distance and hostility.

What frequently drives the parent-child alliance in stepfamilies is what I refer to as "the ghost of marriage past." Nancy's ghost reminded her of the pain she experienced in her divorce and haunted her with the notion that this new husband might abandon her as did the first. When David admitted to a previous problem with pornography, Nancy's ghost noted it as further indication that self-protection was necessary. Moving Josh between herself and David made sense in light of this belief system.

Treatment consisted of helping Nancy acknowledge her continuing pain over her divorce and the negative interpretations ("ghost hauntings") it brought to her marriage. When she became willing to risk vulnerability by releasing Josh from being her defender, two important changes occurred: first, Josh and his stepfather had emotional space to enjoy one another; second, Nancy and David could work on their parental disagreements, which treatment then addressed.

Boundary Making. Relationship boundaries refer to the rules defining how people will relate to one another.¹⁶ Stepfamilies need guidance as to what to expect from one another and the roles adults will play in the developing stepfamily. For example, most adults desperately need direction concerning parent and stepparent roles (as previously discussed).

A second key boundary issue that generally requires intervention concerns helping stepfamilies to find "both/and" solutions to what appears to be "either/or" dilemmas. Jeff and Kelly's stepfamily began with three positive years. Each was previously married but Jeff's children lived with their mother and visited mostly in the summers because they lived a great distance away. Kelly's four-year-old daughter, Becky, had openly accepted Jeff into her life (as do many young children) so the new couple breezed through the usually difficult first three years

of remarriage. That is, until Jeff's fourteen-year-old daughter Lauren came to live with them. She quickly made it known that she wanted to resurrect her relationship with her father (and he shared her desire) but that there was no room for Kelly. She protested when her father spent time with his wife and threatened to go back to live with her mother if he didn't stop making Kelly a priority. Jeff was devastated. At last he had a chance to reconnect with his daughter but it appeared to be at the expense of his marriage. He found himself in what felt like an "either/or" dilemma: either he chose his wife or his child.

Treatment focused first on helping Jeff and his wife see that Lauren's protests were arising from her losses (and fear of further loss with her father). Furthermore, I noted that they didn't have to accept Lauren's ultimatum of "either me, or her" but could approach it from a "both/and" position. Jeff needed permission to invest time and energy into both his wife and his daughter; but to do so would mean making a proactive effort to be with each of them separate from the other (there was too much hostility between Kelly and Lauren for them to be together). Jeff would have to compartmentalize his relationship with each and get busy, which he was willing to do. Eventually his persistence and unwillingness to let Lauren defeat his marriage helped Lauren to see that she could have a place of significance parallel to the investment he made with his wife.

Intervening in the Binuclear System. Stepfamily therapy frequently requires that therapists pursue contact with persons in the child's other home, especially when ex-spouse conflicts persist or when the presenting problem centers on a child's misbehavior. Therapists should aggressively seek a client's permission so as to arrange an interview with a non-custodial parent. Assessing their theory of the problem, attempted solutions, and their emotional connections to the client family will be helpful to treatment planning. Of course, inviting the other home to a session is itself opportunity for intervention. Doing so gives a therapist opportunity, for example, to educate both biological parents on how between-home conflict impacts children and what they can do to improve their co-parental relationship.

Common Therapeutic Reframes. Reframing family member's cognitive labels of their stepfamily dynamics can open new patterns of behavior. While therapists will determine specific reframes for a given family context, these general reframes can prove helpful. First, reframing a child's opposition as an expression of fear and loss instead of "my wife's spoiled kid" takes blame out of the equation and invites stepparents to feel empathy for the child. Likewise, suggesting that an ex-spouse is fearful of the stepparent's presence with his children casts a new perspective on uncooperative behavior previously labeled as "manipulative". At that point, calming the biological parent's fear can be addressed.

Another effective reframe helps soften a stepchild's fear that drawing close to a stepparent is equivalent to betraying their biological parent. Nearly all children feel uncomfortable and guilty when they believe they are hurting a parent by feeling affections for a stepparent. This can result in confused responses or emotional opposition. A helpful intervention is to ask the child if they are betraying a parent when they enjoy or respect a teacher at school. Of course they will say no, as doing so is encouraged and expected in our society. Reframing the stepparent as "someone who is just like your school teacher," that is, an adult who is in charge at certain times, is a positive reframe that takes the child out of his or her loyalty conflict. Older children (and adult children) might be asked to think of the stepparent as an in-law, someone who becomes family by marriage (but with whom you didn't necessarily choose a relationship).

Emphasize God's Redeeming Power and Forgiveness. I have documented elsewhere the overwhelming sense of spiritual shame and unworthiness that is common among Christian stepfamilies, particularly those stemming from "unbiblical" divorces.¹⁷ Well into remarriage, many couples fear God's judgment for divorcing and remarrying another person. This, coupled with the social judgment many remarried couples perceive from church members and leaders, results in a spiritual shame that marginalizes stepfamilies from God and his people. Stepfamilies frequently feel like second-class citizens in God's kingdom.

Therapy can and should remind stepfamilies that one's family structure does not determine one's acceptance before God. The Old Testament is filled with stories of faithful men and women who had less than perfect families; thankfully our performance does not determine the measure of God's grace. Stepfamilies need to be assured that the same God who loves and forgives those in imperfect biological families also loves and forgives those in imperfect stepfamilies.

Summary

Therapy with stepfamilies requires an accurate understanding of the unique dynamics stepfamilies experience. The interventions discussed above are only a few of the ways therapists and pastoral counselors might work to resolve stepfamily issues and prevent divorce. To intervene with stepfamilies as one would with first-families without first considering the clinical assumptions behind the intervention sometimes leads to unhealthy outcomes for clients. Given the prevalence of stepfamilies in society, therapists would do well to continue learning how to best treat stepfamilies.

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¹ L. L. Bumpass, R.K. Raley, and J.A. Sweet, "The Changing Character of Stepfamilies: Implications of cohabitation and nonmarital childbearing," *Demography* 32 (1995): 425-36.

² J. Larson, "Understanding Stepfamilies," *American Demographics* 14 (1992): 360.

³ Ron L. Deal, *The Smart Stepfamily: Seven Steps to a Healthy Family* (Minneapolis: Bethany House, 2002).

⁴ Don Martin, Maggie Martin, and Pat Jeffers, *Stepfamilies in Therapy: Understanding Systems, Assessment, and Intervention* (San Francisco: Jossey-Bass Publishers, 1992), 131.

⁵ Scott Browning, *Treating Stepfamilies: Alternatives to Traditional Family Therapy*. In K. Pasley & M. Ihinger-Tallman (Eds) Stepparenting: Issues in Theory, Research, and Practice. (West Park, Conn.: Greenwood Press, 1994), 179-184.

⁶ Browning, 182.

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- ⁷ Kay Pasley, D. Dollahite, and Marilyn Ihinger-Tallman, "What We Know About the Role of the Stepparent," *Stepfamilies*, www.saaafamilies.org, (2000), 2.
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- ⁹ Deal, 148-151.
- ¹⁰ Emily B. Visher and John S. Visher, *Old Loyalties, New Ties: Therapeutic Strategies with Stepfamilies* (New York: Brunner/Mazel, 1998), 214.
- ¹¹ James Bray, *Stepfamilies: Love, Marriage, and Parenting in the First Decade* (New York: Broadway Books, 1998), 57.
- ¹² Monica McGoldrick and Randy Gerson, Genograms in Family Assessment (New York: W. W. Norton & Company, 1985).
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- ¹⁴ Ann Bernstein, "Reconstructing the Brothers Grimm: New Tales for Stepfamily Life," *Family Process* 38 (1999), 422.
- ¹⁵ Patricia Papernow, *Becoming a Stepfamily: Patterns of Development in Remarried Families* (New York: Gardner Press, 1993), 39-41.
- ¹⁶ Salvador Minuchin, *Families and Family Therapy* (Cambridge, MA: Harvard University Press, 1974), 53.
- ¹⁷ Deal, 52-54.