

## Chapter Meetings: Are They an Adjunct or Replacement for Therapy?

As was stated in the last Counselor's Corner, as a matter of policy, we will announce the population for which the column is best suited. This column is directed to Counseling Professionals.

**A**s a therapist and a chapter president, this subject often comes up. In order to answer this question we must take a closer look at the purpose of chapter meetings, our definition of therapy and the needs and goals of the stepfamily.

SAA Mutual Help Groups (MHG's) are educational support groups for adults in stepfamilies. They usually meet once a month, through some chapters meet more often. These meetings offer an opportunity for people to share similar problems that arise in their family situations. This decreases the feelings of isolation that often accompany stepfamily life. MHG's offer different perspectives and an opportunity to learn from others. Knowing other people are in the same situation helps to normalize the experiences of living in a stepfamily and helps to decrease feelings of guilt and blame. The education that the group provides helps the adults define who they are in their relationships, accept themselves, their spouses, their children and stepchildren. The group imparts knowledge and a nurturing environment that helps promote insight and change.

Is that therapeutic? One would be hard pressed to say it is not. If our definition of therapy is an environment whose purpose is to promote emotional and psychological well being for those who are experiencing problems, the MHG's fit the bill. But is the chapter meeting sufficient? The meetings may be therapeutic but are they therapy? Should it replace therapy? We could ask the same question of other support groups. Is AA sufficient for those with alcoholism?

The answer in part lies with those seeking help. Are they able to utilize information to make changes, or are they stuck in a pattern that knowledge, by itself, cannot alter? A couple in a stepfamily may be aware that they need to improve upon their bond with one another, and the examples offered at a MHG meeting may solidify their resolve to do so. However, having a resolve to change, and successfully changes are not always part of the same process. There may be other problems within the family that are unrelated to the stepfamily such as clinical depression, poor impulse control and anger management or addiction issues. It is a function of the MHG to help people define and recognize their problems. Then give them information and advice to help them makes the best decisions on how to resolve these issues. Often this means referring them to therapy.

Conversely, it is up to therapists to recognize when their

clients need this vital information and support. As therapists, we are trained to focus on the process of the family's problems. We seek to assess and change the underlying dynamics of the system. We focus on patterns of communication and the interconnectedness of subgroups within the family system. We are trained to go beyond the content of the problem and intervene at a deeper level. We define content as the "stuff" people argue over, and we are taught that it is not nearly as important who does more house cleaning as who has more power. While this is true for all families systems, including stepfamilies, the content has special meanings in the stepfamily system. This is because the content is so closely related to our family cultures.

A stepfamily is the blending of two cultures. Much of our family identity is defined by its culture. Take the following scenario: In one family meal times are quiet relaxing times and family members are expected to be polite at the table. In the other family meals are a time of excitement and table manners are used for going out or special occasions. Each families style is appropriate within their context, however, when combining two distinct styles, miscommunication of intention can result in problems. Resolving this issue is imperative to creating a new stepfamily culture. It is the small details like who does what chores and how you address each other that define our family culture. While the therapist can help the couple become a communicative and supportive team to resolve these conflicts, a referral to a MHG will help them to experience their sameness with other couples and generate more solutions. In this way I believe that MHG's are an adjunct to therapy.

In her book *Becoming a Stepfamily*, Patricia Papernow describes four principals that are the basis for interventions with stepfamilies. One of the four principles is education. She refers to the SAA as a primary resource. She contends the clinicians who are "rigidly committed to remaining a blank screen will not be helpful for most stepfamily members. People in stepfamilies very often need new information in order to be successful." She recommends that clinicians encourage clients to become active members in the SAA. She actually uses the SAA as part of her interventions!

This brings me to my next point. Maybe we should not be asking if the chapters are an adjunct or a replacement for therapy. While the question comes up quite often, it seems to imply competition. At the root of this question may lie a bit of anxiety. I am concerned that we may fear decreasing group size or decreasing practice, and that this fear may be stopping us from working together. Maybe we should be asking how we can both chapters and therapists work

Continued on page 11

## WHEN GOOD KIDS DO BAD THINGS

By: *Katherine Gordy Levine*

(A SURVIVAL GUIDE FOR PARENTS)

WHEN GOOD KIDS DO BAD THINGS is a parents' survival guide based on an astonishing wealth of experience. In addition to her academic and private practice, Levine has, with her husband, David, reared two biological sons and cared for almost 400 foster children in their suburban New York home. She has seen it all: the lying, running away, thefts, physical assaults, and drug and alcohol abuse.

WAS: \$19.75

NOW: **\$13.83**

## GRANDMA WITHOUT ME

Story and Pictures by *Judith Vigna*

Kids story book that can help them understand what divorce and separation is all about. This book also helps children to understand that it is not the child's fault.

WAS: \$6.00

NOW: **\$4.20**

## DIVORCE, REMARRIAGE, AND BLENDED FAMILIES: DIVORCE COUNSELING AND RESEARCH PERSPECTIVES

By: *Christopher J. Pino, Ph.D.*

This book was written in order to provide practitioners and students of divorce with a coherent set of reviews and research on divorce adjustment and remarriage. Chapter I sets forth the social and psychological parameters of divorce. Chapters II and III report on analyzing the demise of marriage. This is patterned after the psychological autopsy, widely used in suicidology. The next chapter, Chapter IV, presents an overview of divorce counseling methods, with case material illustrating clinical use of the marital autopsy. In Chapter V, divorce adjustment research on a non-clinical sample is discussed.

WAS: \$4.00    NOW: **\$2.80**

## TWO HOMES TO LIVE IN

By: *Barbara Shook Hazev*

(A CHILD'S-EYE VIEW OF DIVORCE)

This book was dedicated to the author's son who's been through it all and is doing nicely – and for everyone else going through bad times, before the better ones.

WAS: \$10.95

NOW: **\$7.67**

## MY KIDS DON'T LIVE WITH ME ANYMORE

By: *Doreen Virture*

This step-by-step guide through shock, depression, realization, and healing will surely become the 'survival manual' for noncustodial moms and dads, as well as for their parents, friends, and coworkers. MY KIDS DON'T LIVE WITH ME ANYMORE offers encouragement, affirmations, and practical solutions. This book helps you survive a custody crisis.

WAS: \$9.95

NOW: **\$6.97**

**Order today by calling 1-800-735-0329**

## COUNSELOR'S CORNER

Continued from page 4

together to achieve a common goal. We all know of cases where we have discussed stepfamily issues with someone and they have said, "I wish I had known." I believe that the SAA and the therapeutic community can and should work together to promote each other. Otherwise, how will we spread the word? Increased community awareness is essential to both chapters and therapists.

The SAA has done much to increase professionals' involvement in the SAA. They have developed the Professional Training Institute an absolute necessity for therapists interested in working with the population. They offer a catalog of stepfamily resources. This year they published the Professional Affiliate Directory and distributed to affiliate themselves with mental health and therapy organizations. This, I believe will bring us to an interrelationship between chapters and the therapeutic community that will help bring about increased social awareness.

My love for the SAA runs deep. I was an adolescent when my parents divorced. Their subsequent remarriage caused all the familiar stepfamily issues. We experienced the same developmental cycle. However, I did not learn of the SAA until I was in my early thirties. Even though I was quite comfortable with all of my family and stepfamily members by this time. I was amazed, enlightened, and delighted by some of the education I received from SAA. As we approach the next millennium, it appears that close to half of our country will be involved in a stepfamily. I believe it is our duty as professional SAA members to work together to create public awareness and decrease the amount of "I wish I would have only known" throughout our communities. The result being more referrals to our SAA chapters and the therapists clinical practices. □