

STEPFAMILIES

FOR PROFESSIONALS:

By Scott Browning, Ph.D.
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How to Interview For a Therapist When You Live in a Stepfamily

Many families need therapeutic interventions on occasion. For any number of reasons, people find themselves seeking out therapy. As family therapy evolves into a more recognized and respected therapeutic modality, the choice to pursue therapy with one's family is more common. People recognize that going to a therapist by oneself, when the problems involve everyone in the family is not helpful. This is not an indictment of individual therapy, which serves a great purpose, but rather, recognition that for some people the method to resolve relational issues demands the presence of all parties.

A common error is the assumption that a family therapist can work with any family. This is not only a misperception generated by families, but by therapists as well. In many situations psychotherapy is a field where therapists expand their practice by taking on clients that stretch their knowledge base. In those instances, most responsible therapists seek out supervision or useful reading material to be more familiar with the presenting situation. For example, if a therapist is going to see a client who has an eating disorder, a he will read the literature of that field, seek out supervision, or go to a workshop.

In my experience, family therapists may be reluctant to identify their lack of knowledge on some structural family dynamics, such as adoption, stepfamilies or single parenting. Frequently, family therapists have held the belief that if they are familiar with "systems thinking," they are, therefore, by definition, prepared to treat all systems or families. The mistake in such thinking is rarely malicious, rather, it is a result of the conviction of the therapist believing that once a therapist understands how people interact in families, all families can be treated us-

ing this identical base of knowledge.

As more and more stepfamilies seek treatment therapists will need to be prepared to answer questions posed by the family that are clearly intended to judge the therapist's familiarity and comfort with stepfamilies. It is critical to remember here that being a member of a stepfamily oneself is not sufficiently helpful in understanding the range of stepfamily issues. Certainly many would not divulge personal information to the client, and some might only mention it well into treatment, however, it is the perception of the therapist that is most important. If the therapist evaluates his or her knowledge too broadly, the stepfamily in treatment may suffer. Although we recognize certain common traits among many stepfamilies, a comprehensive understanding based on case studies and research is necessary in helping the therapist avoid being co-opted by one or another subsystem.

The purpose of this article is to inform therapists of how I respond when a stepfamily member e-mails or calls me requesting advice on how to interview a stepfamily therapist. Most often the sequence is that a stepfamily member makes an appointment with a family therapist, gets everyone together for a initial session, and the chemistry between the therapist and the family is not a positive one. On most occasions, the stepfamily member informs me that the therapist was nice enough, but was truly unaware of stepfamily issues. They might talk about the parent and stepparent having equal say in discipline from the first day of the remarriage. They might downplay some of the feelings of being stuck between a child and a spouse. For one reason or another the

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RESEARCH UPDATE

By Kay Pasley, ED.D
Chair, Research Committee

EXPECTATIONS OF THE STEPMOTHER'S ROLE

*A Study of Stepmother Members of SAA by Drs. Anne Orchard and Kenneth Solberg,
Minnesota School of Professional Psychology*

Because 334 female members of SAA responded to Dr. Orchard's mail survey, I thought a summary of the findings from her study would be of particular interest to the readers of SAA Families.

This study examined how stepmothers perceived their role and the expectations they had for themselves as stepmothers. Because the literature on stepmothers suggests that stepmothers experience specific issues (e.g., wicked stepmother stereotype, issues of exclusion, primary responsibility for the household and the stepchildren), step-



mothers were asked about their expectations, how these expectations had changed over time and whether their husbands had similar expectations. Further, because evidence suggests that certain situational factors might influence their role perceptions and expectations, the influence of such factors (e.g., prior marital experience, presence of children from her prior marriage, amount of time spent with the stepchildren, her employment status) also was examined.

Of the 520 women who were mailed a survey, 334 replied, and 265 stepmothers met the criteria for inclusion

in the study. These criteria were (a) currently married and (b) stepmother to at least one stepchild under age 20. They responded to 29 statements about the stepmother role and a series of open-ended questions about changes in role/expectations over the duration of the marriage, etc.

The 265 stepmothers are best described as middle age (average age was 40) and had been married on average almost 5 years. About 66% had been married before, and 44% had children from their prior marriage. They reported being a stepmother to 2 stepchildren on average whose average age was 14.8 years. They also were mothers to about 2 children who were slightly older (15.5 years) than their stepchildren on average. 26% of these stepmothers had a child with their current husband. There was variation in the living arrangements of the stepchildren: 39% had at least one stepchild in the home most of the time, another 12.5% spent about half the time in the home, and 44% spent the majority of time in the mother's home. Most stepmothers (86%) were employed outside the home, and 65% worked full-time.

FOUR THEMES emerged from the analysis of the 29 statements regarding expectations for the role, and responses of the stepmothers indicated variation in opinion. Functional inclusion referred to shared responsibility and inclusion in parenting activities and decisions. These stepmothers clearly expected to be included in this way.

Parental love was identified as another theme, and this represented expectations of love toward and from stepchildren as well as beliefs about love, having a close-knit family, and making up for the hurt children had experienced. However, there was greater variation in the expectations of these stepmothers for developing a parent-like relationship with their stepchildren, with more disagreeing with such expectations.

The third theme reflected household responsibilities such as organizing, preparing meals, enforcing rules, and sharing chores with one's husband. The responses of these

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Expectations of Stepmothers

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stepmothers suggest that they disagreed or only somewhat agreed with the expectation of primary household responsibility being part of their role.

The final theme of “mother replacement” showed the least variation in response, indicating the these stepmothers did not endorse the expectation of being a replacement mother nor did they expect to compete with her for the child’s affection. These items reflected expectations that the stepmother was not a mother replacement and that the stepfamily was not a replacement for the original family. Also, this theme suggested that stepmothers should not compete for affection, should have time alone with their husband, and should not be considered “wicked.”

Other findings provide additional insight into the expectations stepmothers have of themselves. For example, about 33% described the role they played in their stepfamily as parent/mother-like, and another 32% indicated their role was that of friend/supportive adult. Fewer said their role as that of dad’s wife/support to dad (15%), outsider (13%) or household organizer (10%). However, many stepmothers indicated that they played several of these roles, rather than just one.

Other findings examined the influence of certain situational factors on their endorsement of these expectations. A consistent finding was that the living arrangement of the stepchild influenced the role expectations. The more time the stepchild spent in the household, the higher the stepmother’s expectations were for functional inclusion, parental love, and mother replacement behaviors. In addition, almost 88% of the stepmothers indicated that their expectations had changed; of those most (83%) had lowered rather than increased their expectations. When asked whether their husbands had similar expectations, 55% said “yes;” of those whose husbands did not hold the same expectations, the most common response was the their husbands expected them to be more like a mother to his children and more involved with them.

What is clear from this study is that most stepmothers have realistic expectations rather than romantic ideals about themselves in this complicated role. And they are adamant about not expecting or wanting to replace or compete with the stepchildren’s mother. However, many husbands did expect such replacement and high involvement in parenting. It may well be that such dis-

parate expectations between husbands and wives/stepmothers may be a primary source of disagreement in a new marriage. When couples are unable to accept differences or work toward consensus about expectations, the positive nature of marital relationships can be undermined over time.

NOTE: This study was published in 1999 in the Journal of Divorce and Remarriage, 31, 107-124.

How to Interview a Therapist

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stepfamily begins to perceive that the therapist not only is naive about stepfamilies, but also is placing certain first-marriage family standards on the stepfamily.

Therefore, a family therapist should be able to respond to the following questions with grace and limited preparation:

1. How do you see stepfamilies as unique from first-marriage families?
2. How do you work differently with stepfamilies than you do when seeing a first-marriage family?
3. Are you certified, or an affiliate of a stepfamily organization?
4. What books do you recommend that I read?
5. Do you know of any stepfamily groups around for us to do in addition to therapy?

If the answers to these questions are clear to you, you will be able to assure a stepfamily that you recognize the dynamics that make stepfamily living a challenge for many. Such knowledge will assist you in conducting therapy with this important and large population. If you are unsure as to how you would go about answering these questions, the following suggestions might be worth considering. The SAA central office is aware of the most recommended books both for the lay and professional populations. Feel free to call and build up your library. Secondly, supervision and workshops not only improve your therapy with stepfamilies, but also will likely expand the number of referrals you receive as someone skilled in working with stepfamilies.

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By BARBARA PERLMUTTER, MSW

FINAL REFLECTIONS: Thoughts About Stepfamily Work in Private Practice

As I sit to write my fourth and final installment in this series, I find myself thinking how unlikely it is that I would ever have taken such a methodical look at my work had I not agreed to write these articles. After all, I've had a general private practice for many years and while there have been the expected ups, downs and changes, it's always seemed to have a life of its own. One which, I admit, I have been happy to blindly follow! To set out with a clear direction in mind and then to evaluate my progress (while it smacked of what I learned in graduate school was what one should do) was not the reality of what I had ever done. Now that I've taken the opportunity to do just that, this seems like the obvious time to ask some questions: Where am I now? What have I learned? How will I use this information? What's next?

Do I know anything more about stepfamilies than I did at the outset?

You bet! First and foremost, I've discovered how many stepfamilies want and need help. It has been truly astonishing to encounter so many people, often in very tough situations, living with great pain yet who are totally committed to their new families and to working these problems through. This is highly motivated group of clients! I've learned a bit about how to reach out in ways that make services approachable to a broad spectrum of people with differing needs and comfort levels relative to seeking support. I try to offer a variety of "forums" — therapy or counseling, education, consultation, classes, seminars, workshops and groups. Overwhelmingly, people in stepfamilies want to meet other people in stepfamilies and be reassured that their experiences are "normal". In addition, these clients are usually eager for information and resources: statistics, books, articles, chatrooms... whatever can increase understanding and decrease fear and hopelessness. As a social worker by profession and by nature, it is satisfying to be able to provide something useful to those in need. I also find the variety of structure and of approach stimulating. And of course, there is never a shortage of juicy, in-depth cases to sink my teeth into!

What have I actually learned about the clients I serve?

I'd been involved in stepfamily work for a couple of years before it occurred to me that collecting information about the stepfamilies I was seeing might come in handy, not only for evaluating and planning, but also if I ever choose to write about stepfamily issues. In addition, there was the background question "Am I obligated (to the field, to stepfamilies, to the integrity of my practice) to quantify my work in some way?" So, with my solitary research class long buried in my past (but with good intentions for learning more about data gathering in my future) I managed to come up with a couple of crudely fashioned questionnaires.

The first was given to 15 stepmothers attending support groups. When asked why they initially came to group, 80% said they wanted support, and 53% said they were seeking education. The average time spent looking for this resource was an astounding 1.6 years! The average time between starting a steprelationship to recognizing the need for help was almost 3 years, longer than I would have expected. When asked to rank the most important things the group provided, every participant ranked validation and normalization first; next came support and information, then practical suggestions, encouragement and lastly, friendship. Most added that these were very difficult to rank-order as all were so important. Several stepmothers added handwritten responses,



Helping stepfamilies create
healthy relationships

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which included: “knowing I’m not alone”, “knowing I’m not crazy” and “knowing I’m not a horrible person”. How did these women find their way to me? I discovered that a third had seen flyers advertising the group, another third were referred by therapists and the rest came from a combination of sources including current group members, the internet, a local NPR broadcast in which I had participated, a rabbi and newspaper ads.

My second information-gathering attempt was a questionnaire that I gave to 33 individuals and couples coming in for stepfamily issues. From these data I learned that 73% of these individuals were married and for 42% of them it was their first marriage. Twenty-seven percent were still contemplating marriage. The average age of the women was 36.5 and the men 41 years. The average time the couples had been together was 3.6 years. For the women, 79% were stepmothers, 36% were biological mothers and 15% were both step- and biological mothers. Three percent of the men were both step- and biological parents. I found it interesting that 18% had been in stepfamilies growing up, and of those, 50% were coming in for help before actually getting married. Of those not in stepfamilies growing up, only 25% were coming in for help before getting married.

As with my stepmothers surveyed, I found that most were referred by therapists (36%) or other clients (36%), and flyers (12%). What type of services were people seeking? Fifty eight percent wanted couples therapy, 33% individual therapy, 36% group, 30% were looking for a workshop, 24% were interested in consultation and 21% desired education. Most were interested in an introductory meeting with me to jointly assess their needs.

One surprise was the number of people coming in prior to marriage. Another surprise was the length of time people waited before seeking help. It was much longer than I would have predicted. One third of those responding had previously sought help for stepfamily issues, with almost three-quarters of those people reporting that they had benefited from that help. That was much higher than I would have suspected. And as with the stepmother groups, I discovered referral sources to be similar: flyers and therapists. I was glad to learn that those tedious rounds of posting announcements actually pay off!

While compiling this data more questions of interest surfaced: How long do stepmothers stay in the support

groups? What are the main concerns of the stepfathers I see? What arises for stepmothers having their first child? What advice/help do stepparents wish they would have had before starting out? The possibilities for inquiry seem endless, though admittedly daunting for a clinician like myself, without a research orientation.

So, where am I now?

My website is finally up and running (visit me at www.stepfamilyseattle.com), a long-hoped for stepfather’s group has filled, and I’ve had a piece on pets in stepfamilies accepted for publication in the Spring, 2001 issue of “Bride Again” magazine. In October I traveled to Alaska to give two workshops – one for professionals, and one that my husband, Steve, and I offered for stepfamily couples.

Some short-term goals include reworking my questionnaires and thinking about what to do with the information, as well as collaborating with a stepmother/psychologist colleague on some stepfamily writing. An exciting prospect on the horizon is the start of a cross-country, “electronic” stepfamily consult group. As far as longer-term goals, helping to raise my three teenage stepchildren (hopefully to eventual emancipation!) looms largest, and currently demands the greatest amount of my energy. In reality, negotiating curfews and living arrangements, providing transportation and dealing with the unexpected often preempts plans I make for accomplishing much professional work outside of seeing clients. As it may be for many of you, these personal concerns are really at the heart of this experience for me.

I’ve appreciated the opportunity to share my experiences through these articles. It has been helpful for me to reflect in this way and I hope it’s been useful for those of you reading them. Thanks to all who have responded. I’ve found that my stepfamily work has underscored the importance of building a community of colleagues. Over the past few years, to a significant extent as a result of my affiliations with SAA, this has begun to happen for me. I look forward to your comments and responses.

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