


National Stepfamily
Resource Center

**CLINICAL THEORY
AND
INTERVENTION MODULE**




DR. SCOTT BROWNING, PH.D.
PROFESSOR,
DEPARTMENT OF PROFESSIONAL PSYCHOLOGY
CHESTNUT HILL COLLEGE

OVERVIEW

Introduction to the evolution of a theoretical understanding of stepfamilies.

Determine particular vulnerabilities common to stepfamilies.


Examine some of the basic classes of interventions that are applied to stepfamilies in treatment.



**FAMILY THERAPY IN THE 1950'S AND 1960'S
BEGAN AS A GENERALIST MOVEMENT**

By emphasizing systems the field provided sub-systems early in treatment.

Family therapy was offered to stepfamilies with no recognition of difference.




STEPFAMILIES ARE DIFFERENT FROM FIRST-MARRIAGE FAMILIES

These differences influence the clinical process.

Information about stepfamilies came from various fields and stepfamilies themselves.


The stepfamily is a unique family form.



A THEORETICAL CONSTRUCT OF STEPFAMILIES

The origin of a theoretical understanding of the stepfamily is intimately tied to the research investigating the characteristics that make stepfamilies distinct from first-marriage families.


A necessary "deficit comparison"



INFORMATION FROM STEPFAMILY SELF-HELP GROUPS

Interestingly, stepfamilies themselves deserve a great deal of credit for the recognition of the uncommon dynamics that became increasingly evident.

From this more sophisticated conceptualization a variety of clinical interventions naturally flowed




THREE PRIMARY FACTORS REGARDING THE NATURE OF STEPFAMILIES

There is no template that every stepfamily fits, but there are circumstances that affect each stepfamily.

Three primary factors that should guide your treatment:


1. Development
2. Structure
3. Emotion



THE DEVELOPMENTAL SEQUENCE

In a stepfamily, children precede the couple.

While there is no reason that the stepparent/stepchild relationship cannot grow into a healthy and satisfying one, it needs time to develop.



THE DEVELOPMENTAL SEQUENCE (CONT.)


It is estimated that the time necessary for a stepfamily to develop a strong and supportive bond is approximately four years.

This length of time is longer than many stepfamilies themselves believe should be necessary

- Leading many stepfamilies to become discouraged that it is taking too long to come together as a family.

A mismatch between the development of the stepfamily, and the developmental stage of individuals within the stepfamily.

- These conflicting developmental forces led to a friction commonly experienced by stepfamilies with adolescents.



THE ALTERNATE STRUCTURE OF A STEPFAMILY

The structure is quite different from first-marriage families.

Then, one or both parents re-couple and the complexity of the family rapidly increases.

- A child now has two parents, living separately, each with their own extended family.



STEPFAMILY STRUCTURE (CONT.)

The various dynamics that may be present in stepfamilies .

When assessing a stepfamily, the clinician attempts to determine the nature of every relationship that exists in the stepfamily in treatment.

The clinician needs to gain a clear picture of each unique case, because the potential variation on the structure of the stepfamily is extensive.



STEPFAMILY STRUCTURE (CONT.)

There are a couple of structural variations that are most common.

- A "simple stepfamily": only one person has a child from a previous relationship.
- A "complex stepfamily": both people bring children from previous relationships, or this new couple has a child who joins the stepfamily.



STEPFAMILY STRUCTURE (CONT.)

Another feature to be taken into account when looking to theoretically understand the nature of a stepfamily, is to understand the process by which this remarriage occurred.



THE ROLE OF EMOTION

The establishment of a stepfamily generates a range of emotions not.

The dating process generally gives the members of the couple a somewhat false impression.

The clinician, recognizing that the emotional climate of the stepfamily is often more charged than they themselves expect, is searching out the origin of strong feelings within the stepfamily.



HOW THE CLINICIAN APPROACHES EACH CASE IS DETERMINED BY THE THEORETICAL FORMULATION

A theory of stepfamily life is superimposed on any general family theory that exists.

The clinical acumen and years of training in a family therapy model are still utilized.

- Such as the elegant usage of positive reframing.



HOW THE CLINICIAN APPROACHES EACH CASE IS DETERMINED BY THE THEORETICAL FORMULATION (CONT.)

Stepfamily theory is not a comprehensive model that attempts to explain all factors that constitute the stepfamily.

- To do so inaccurately simplifies this extraordinarily involved family form.

One can:

- assess the status of the stepfamily
- create a working hypothesis
- examine for particular vulnerabilities



COMMON VULNERABILITIES EXPERIENCED BY STEPFAMILIES

This next section is intended to introduce you to some common vulnerabilities in stepfamilies, and discuss some basic clinical approaches.

Five areas of stepfamily vulnerability are:

- 1) rejection of the stepparent
- 2) intimate relationships under close scrutiny
- 3) parental guilt
- 4) loyalty binds
- 5) increased volatility



REJECTION OF THE STEPPARENT

Many stepparents are liked, and in time, loved.

Many others experience rejection from a stepchild.

The rejection might be mutual, however, it is often not.

When this dynamic is present it is useful for the clinician to determine if an intervention might soften the stepchild to build a relationship with the stepparent.

- It may become necessary to lessen the stepparent's expectation of a relationship.



INTIMATE RELATIONSHIPS UNDER CLOSE SCRUTINY

After a remarriage, or re-coupling, the relationship(s) within the family shift in such a way that the parent now has a love interest, and a partner in parenting who is not biologically connected to the child.

Children are often frustrated at not having time alone with "mom".



INTIMATE RELATIONSHIPS UNDER CLOSE SCRUTINY (CONT.)

The conversations between a mother and her daughter may take on a very different tone when the new stepfather is present.

- He may be present a great deal because he both wishes to be involved, and his wife wants him involved.

The intervention will flow from the clinician being clear that one-on-one conversations are often preferable to larger group discussions in the early formation period of the stepfamily.

- His influence comes from discussions with his wife, and with his stepdaughter, or between the mother and daughter; out of the earshot of others.



PARENTAL GUILT

Guilt experienced by a parent is a powerful, and often insidious, emotion.

Whether the guilt is merited or not, the long term effect of guilt is that one generally parents in a manner that is more permissive and unfocused.

It becomes necessary that the effect that this guilt is having on the parenting of a child is understood.



PARENTAL GUILT (CONT.)

Usually, if the parent is permitted to discuss why he or she feels guilty, the clinician can help them recognize that the outcome of this continued guilt is unhealthy for everyone involved.

- Systemic Rationale



LOYALTY BINDS

The existence of loyalty binds causes many problems in stepfamilies.

A loyalty bind may be present in any number of relationships within a stepfamily.



LOYALTY BINDS (CONT.)

Often the most useful intervention to address loyalty is to make sure that treatment includes the person for whom the loyalty is felt.

The therapist's role is to help those who feel unacknowledged understand the reason for the lesser relationship and learn not to set themselves up for repeated hurts .



STEPFAMILIES OFTEN EXPERIENCE A PERVASIVE INCREASE IN VOLATILE INTERACTIONS.

This dynamic can be a recipe for volatile outbursts, even among individuals who pride themselves on not having bad tempers.

This dynamic can lead to significant misinterpretations, emotional hurt, and dashed expectations.

Therefore it is incumbent on the clinician to function in such a way that the expressed emotion within the session is modulated.



SUBSYSTEM APPROACH

Monitoring emotions is the core.

An awareness of potential vulnerability gives the clinician enough of a general background that common vulnerabilities are quickly understood



THE FOUNDATIONAL CLINICAL INTERVENTIONS OFFERED TO STEPFAMILIES

(ARTELT, 2011)

Five overarching classes of intervention:

- 1) psychoeducation
- 2) communication clarification
- 3) increasing empathy throughout the stepfamily
- 4) problem-solving
- 5) clarifying a stepfamily's own systemic pattern



PSYCHOEDUCATION

Intervening with education

- Create an understanding of the members of their stepfamily, as behaving in a typical manner.
- "Normalization"

Since most people enter a stepfamily expecting a particular timeline of development, certain types of relationships, and hopes for a sense of unity, the reality of stepfamily development can be jarring.



PSYCHOEDUCATION (CONT.)

For example, the stepfamily that has expected that the stepparent will become the primary disciplinarian, often finds themselves in an intense power struggle.

- The clinician intervenes by explaining about the research that supports the idea that the stepparent is best serving as a "monitor" for the first few years rather than a full co-parent.
- This intervention is useful with most cultural variations.



A CAVEAT TO PSYCHOEDUCATION

While there are many advantages to utilizing psychoeducation, there is a caveat that needs to be respected.

Every stepfamily is different.



COMMUNICATION CLARIFICATION

Clarifying the communication within a stepfamily is a necessary and effective intervention.

While communication is central in many family therapy approaches, SFT (stepfamily therapy) concurs that clear communication is invariably connected to higher functioning in families, the stepfamily may be even in greater need than most.



COMMUNICATION CLARIFICATION (CONT.)

While at times miscommunication can be corrected or addressed in front of all parties involved, on other occasions, a subsystem approach is needed.

In therapy, during a subsystem session with the children, the kitchen issue is brought up, and the strong personal feelings of hurt are clarified.

- The clinician is then able to implore the children to allow this discussion to be brought to light, all while respecting the nature of the unintended hurt that occurred.



INCREASING EMPATHY THROUGHOUT THE STEPFAMILY

All too often, people are so convinced of the correctness of their position that they lose sight that there might be a legitimate alternative explanation for something occurring in the stepfamily.

When one learns to appreciate an alternate reality (the view held by the other).

This process, while helpful in most therapy, has great relevance in stepfamilies because relationship histories are so different between stepfamily members.

- They begin to work together as a team that may not agree on their view of the child.




PROBLEM-SOLVING

Problem-solving is a bit trickier in the stepfamily because often each adult has a belief as to how to solve the problem.

- They may agree on the problem to be solved.
- The adults may hold very distinct ideas as to how achieve this.
- Find themselves unintentionally sabotaging the other.

Therefore, clinician's process at achieving problem-solving needs to be very specific and provide ample time for the couple to play devil's advocate as to why the solution chosen may not work in this situation.



CLARIFYING A STEPFAMILY'S OWN SYSTEMIC PATTERN


Teaching a stepfamily about their own systemic functioning is an intervention that has the powerful effect of removing a great deal of blame.


If a stepfamily can be made aware of how they function as a system, then many of the actions that occur not intentional

Fighting is more about Betty's need to defend her mother as a good person. Not any overwhelming dislike of her stepsister.

A clinician is now able to understand the systemic function of the arguing, and confirm with Jane that while she appreciates Betty's support, she does not need her daughter to defend her, or purposely alienate Phyllis.

The wider systemic understanding allows the clinician to intervene with relationships that might otherwise be considered unchangeable.





National Stepfamily Resource Center

THERAPY WITH STEPFAMILIES WORKS.

THANK YOU FOR YOUR ATTENTION, AND I WISH YOU WELL IN YOUR WORK.

