

**Family Centred Social Work Practice with
Stepfamilies**

By

Meera Rew

**A Practicum Report
Submitted to the Faculty of Graduate Studies
University of Manitoba
In partial fulfillment for the degree of
Masters of Social Work**

© August 2001



National Library
of Canada

Acquisitions and
Bibliographic Services

395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque nationale
du Canada

Acquisitions et
services bibliographiques

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file *Votre référence*

Our file *Notre référence*

The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-62833-7

Canada

**THE UNIVERSITY OF MANITOBA
FACULTY OF GRADUATE STUDIES

COPYRIGHT PERMISSION PAGE**

Family Centred Social Work Practice with Stepfamilies

BY

Meera Rew

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University
of Manitoba in partial fulfillment of the requirements of the degree**

of

Master of Social Work

MEERA REW ©2001

Permission has been granted to the Library of The University of Manitoba to lend or sell copies of this thesis/practicum, to the National Library of Canada to microfilm this thesis and to lend or sell copies of the film, and to University Microfilm Inc. to publish an abstract of this thesis/practicum.

The author reserves other publication rights, and neither this thesis/practicum nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

TABLE OF CONTENTS

ABSTRACT	v
ACKNOWLEDGEMENTS	vi
 CHAPTER 1	
INTRODUCTION.....	2
Learning Goals	5
Terminology	8
 CHAPTER 2	
LITERATURE REVIEW	9
Loss	9
Role Strain	10
Gender	12
Cohesion	13
Types of Stepfamilies	14
Adolescents	15
Non-Residential Parents	16
 Intervention	
Assessment	19
Solution-Focused Therapy (SFT)	20
Strengths Perspective	23
Psychoeducation	24
Grief and Loss	27
Family Related Issues	28
Couple Issues	28
 CHAPTER 3	
PROCESS AND PROCEDURES.....	31
Family Centre of Winnipeg – Overview	31
Clients	32
Procedure	32
Recording	35
Supervision	35
Evaluation	36

CHAPTER 4

THE STEPFAMILIES	39
Brief Case Histories (Family #1-4)	
Family #1 (Diane & Rick)	41
Assessment	42
Intervention	43
Family #2 (Robert & Rebecca)	45
Assessment	46
Intervention	47
Family #3 (Jill & Derek)	50
Assessment	50
Intervention	51
Family #4 (Michelle & Ken)	55
Assessment	55
Intervention	57
Couple Therapy	59
Case Studies	
Family # 5 (Rebecca & Steve)	62
Assessment	64
Intervention	65
Strengths	65
Couple issues	67
Expectations	67
Couple Bond	69
Trust and Communication	70
Parenting Issues	
Boundaries	74
Discipline	75
The Children's Perspective	77
Family #6 (Sharon & Ken)	79
Assessment	81
Intervention	82
Strengths	82

Bi-nuclear family boundaries	84
The former spouse: Individual Therapy	86
Single-parenting – Strengths	87
Co-parenting	87
Boundaries and Communication	89
Family Therapy	
Visitation Concerns	91
Boundaries and Communication	93
Similarities and Differences	
Strengths Approach	96
Boundaries	98
Role Confusion	101
Discipline	102
Multiple Issues in Stepfamilies	105
CHAPTER 5	
EVALUATION	107
Family #1	107
Family #2	109
Family #3	111
Family #4	112
Family #5	114
Family #6	116
David	117
Evaluation Challenges	117
Client Satisfaction Questionnaire	119
Questionnaire Results	119
Evaluation of Approaches Used	123
CHAPTER 6	
CONCLUSION AND RECOMMENDATIONS	127
Learning Goals	127
Serendipitous Learning	134
Recommendations	135
Conclusion	136
REFERENCES	138

APPENDICES

A: Client Satisfaction Questionnaire	142
B: Index of Family Relations (IFR)	144
C: Kansas Family Life Satisfaction Scale (KFLS)	145
D: The A-BEAR Model	146
E: Coparental Interaction Scale	147

FIGURES

1: Family #5 – Genogram	63
2: Family #6 – Genogram	80

TABLE

1: Profile of Family Cases	40
----------------------------------	----

Abstract

This practicum involves an in depth look at stepfamilies and the many challenges they face in the blending process of forming new relationships within the new family. An examination of the issues faced exclusively by stepfamilies shows additional pressures, tension and anxiety not often experienced by the nuclear family. Common themes such as loss, boundaries, roles, communication and relationship development are highlighted in the literature review. The following discussion explores the student's practicum experience with 6 stepfamilies. The integrated approach use in intervention involved elements of psychoeducation, the strengths perspective and solution-focused therapy. The student worked with different subsystems within each family system including individuals, couples, and families. Evaluation of the practicum was conducted through the use of the Index of Family Relations and the Index of Parental Attitude scales. Overall, the results of the practicum indicate the value of the use of the strengths and psychoeducational approach in working with stepfamilies.

Acknowledgments

The completion of the Masters of Social Work program has been a long-term goal of mine for many years and now begins a new stage in my career. My love for counselling goes back many years. It is to this area to which I devote my career and it is with the completion of the MSW that this dream of being a counsellor can finally come true. This dream would not have been possible without the support of many people in my life and there are many people to thank as a result.

First and foremost I cannot express enough love, thanks and appreciation for my husband Kevin who has been by my side every step of the way. His constant love, support and encouragement were indispensable in completing the requirements of this report.

I would like to express my gratitude to Brenda, the chair of my committee, for her support, guidance and dedication to ensuring the completion of this practicum. I must also mention that her persistence in editing made an incredible difference in making the completion of this report happen. Arla, my supervisor at the Family Centre and member of my committee, provided support, strong clinical guidance and encouragement in the difficult task of completing the practicum report. It was a pleasure working with Arla and many thanks to her for her sound knowledge and gentle way of teaching. I would also like to thank Maria, who rounded out my advisory committee, for her invaluable knowledge and direction.

It is important to thank my family, which includes my father, stepmother, brother, stepsiblings, grandparents, mother-in-law, sister-in-law, and brother-in-law who were with me all along the way. They provided ongoing support and encouragement throughout my University career and on a daily basis. A strong family support system was essential to surviving the many hurdles experienced during the practicum component of the MSW program. Also, a special thank you to my dear friend Laura whose continual words of support and motivation through phone calls, messages, cards and letters made the whole process easier than it felt at times.

Thank you to my place of employment and co-workers who displayed a keen interest in the progress of my social work degree. Their flexibility, support and understanding helped in the perseverance required to complete a University degree.

I feel very fortunate to have the love and support of the many family and friends that are a part of my life. Thank you all.

Leaf inserted to correct page numbering

CHAPTER 1

INTRODUCTION

The focus of the practicum was family therapy with stepfamilies in which the social work student worked with 6 couples and families using an integrated approach for intervention. Overall, the student worked with various subsystems of the six stepfamilies. For instance, the student worked with 5 couples in regards to child, blended family and couple issues. The student also worked with one family that included the former husband.

The topic of stepfamilies was chosen for a number of reasons. The first was a personal interest on the part of the social work student coming from the point of view of an adult stepchild. Therefore, the social work student had a keen interest in exploring the various dynamics, needs and difficulties that are commonly faced by stepfamilies and examining what approaches would be of most support to them. Also, it has become evident that the stepfamily was no longer an unusual family but a growing phenomenon and one in which families feel alone in their experiences.

The area of stepfamilies within the field of social work is one of great importance as is demonstrated in available literature. Recent statistics have indicated that 31% of all Canadian first marriages will end in divorce (Ambert, 1998). The nuclear family can no longer be claimed as the primary family form in today's society as more than 50% of families will be classified as a stepfamily by the year 2000 (Howell, Kleist, & Weers, 1998; Pill, 1990). Also, studies have indicated that stepfamilies have been unhappy with attempts at family therapy due to family

therapists lack of knowledge of stepfamily issues, and the resulting treatment of stepfamilies as nuclear families (Visher & Visher, 1996). Therefore, there is clearly an increasing need for the social work field to be more aware of the problems faced by stepfamilies. Thus, it was the intention of the social work student to acquire additional knowledge in the area of stepfamily research and literature and to gain experience in providing an effective form of support in the therapeutic environment.

In exploring the approaches used to work with stepfamilies the social work student found that it was important to be flexible because each client's needs were different and responded to various approaches in differing ways. As work progressed with clients the social work student used a variety of interventions outside of what was proposed before the work with the clients began. However, based on the literature, two core approaches were used, the strengths approach and psychoeducation.

The strengths approach focuses on the internal resources and strengths that individuals and families already have in coping with their day to day lives. This approach provides the ability to focus on the strengths of each stepfamily, which involves normalizing and validating their experiences throughout the entire therapeutic process. As will be discussed, stepfamilies still lack models to go by and may feel isolated in their efforts to form a new functioning family. Based on this they may not realize that the frustration and difficulty they feel is normal and that seeking therapeutic support is a sign of strength, love and caring for the well-being of their family.

The strengths approach also involves building on the extended family support networks, such as friends and family, to lessen the isolation that stepfamilies may feel (Knaub, Hanna, & Stinnett, 1994). Examining issues surrounding mutual respect, communication and cooperation can strengthen family unity and sensitivity towards stepfamily members (Pasley & Kollahite, 1993; Pill, 1990).

The second component of the intervention involved educating or sharing information surrounding issues of stepfamily life. Education and information provide a stronger sense of direction in dealing with common stepfamily problems and a sense of tolerance about the time it may take for the family to blend. Family integration can be a lengthy process and it takes each member time to feel comfortable with each other. Time alone between stepparent and stepchild, biological parent and child and time for the family as a whole is beneficial (Burt & Burt, 1996; Visser & Visser, 1994).

The psychoeducational approach also involved providing clients with information on the parental roles within the stepfamily. It is recommended that the stepparent need not initially take on the role of parent and disciplinarian but rather form a friendship and build trust before taking on the role of parent (Howell et al., 1998; Paley & Dollahite, 1993). The role of the remarried parent may be an area for discussion, as it may be necessary to explore the fact that the remarried parent will need to take on the disciplinarian role while the family takes time to integrate. Therefore, the remarried parent may need to understand that bonds between the stepparent and children need to form before the stepparent takes on a more parental role. Overall, the stepfamily will decide how the stepparent-stepchild relationship

will form and this must depend on the needs of the child, stepparent and remarried parent.

Couple therapy is often necessary in stepfamilies because strengthening the couple's bond can create the stability a stepfamily needs to work towards more effective functioning (Visher & Visher 1994). Examining the differences between the couple on how to raise children and working as a team for raising children are significant issues to explore. Couple's therapy is a time to explore differences in mindsets and communication skills, which include active listening, the use of "I" statements, or fair fighting methods (Burt & Burt, 1996). Couple therapy can also emphasize the importance of couple bonds by exploring ways to strengthen the relationship such as ensuring the couple has time alone, or remembering what brought them together and what they love about each other.

Learning Goals

The primary goal for the social work student was to increase the skill level as a counsellor in the areas of couple and family therapy. A number of practicum learning goals were involved in this main goal.

The first learning goal was for the student therapist to gain experience and skill during the assessment stage at recognizing the themes and complex issues each stepfamily presents. Stepfamilies and the issues they face can be very complex in nature as there are an increased number of people in the family as a result of the remarriage. A stepfamily is essentially the blending of two distinct families and an assessment involves the ability of the social worker to become familiar with who is a

part of the family and where the dynamics lie. A strong assessment sets the stage for progress in family therapy.

It is also the social worker's role to keep sessions focused on the issues identified in the assessment stage and assisting family members to use a different manner of communicating when dealing with upsetting issues. Both skills contribute to progress towards the agreed upon goals of each family.

The second learning goal was for the student therapist to develop additional skills in the couple therapy area of working with stepfamilies. Couple therapy is an important aspect of overall stepfamily functioning. Couple therapy can be particularly challenging, as there is the possibility of working on issues related to two different ways of parenting and the challenge may lie in finding ways to mutually balance opposite parenting styles while maintaining mutual support in individual roles as parents or stepparents. Another challenging aspect of couple therapy in stepfamilies is the fact that parenting demands are often prioritized ahead of a focus on couple development, whereas in the nuclear family system the couple component is developed before parenting. The literature states the strength of the couple fosters the strength of the stepfamily, and the couple is a very important sub-issue to the stepfamily's success. Consequently, the task of couple therapy may involve supporting and strengthening the notion that the couple bond is just as important as the parental role because of its function in family stability. Therefore, the social work student aimed to become well versed in the issues couples in stepfamilies deal with and to become effective in providing counselling on communication skills, mutual parenting and ways of fostering the couple's bond.

Third, the social work student intended to develop additional skills and knowledge in working with children in stepfamilies. The dynamics in stepfamilies are different from those of nuclear families and children of various ages react to their stepfamily situations in many ways. For instance, as will be discussed in the next chapter, very young children are more accepting of stepparents than adolescents who may be less cooperative because they are in the process of forming their own identity and rebelling from their new family (Visher & Visher, 1996). Part of the work with children in stepfamilies is to guide parents on how to effectively meet the needs of their children and stepchildren at different ages and stages of development.

The fourth learning goal was to develop additional skills in evaluating stepfamilies' process of change throughout the counselling process. Accordingly, the social work student recognized the importance of continual assessment throughout the stages of counselling. Including clients in assessing progress by examining goals helps create awareness that they are an integral part of assessing change and in determining the level of service they are receiving. Practice evaluation methods included the use of scaling techniques standardized measures, a client satisfaction questionnaire, and verbal evaluation of goal attainment with clients. Clients' verbal evaluations of progress and goal attainment were compared with pre- and post-counselling results on standardized measures.

In this practicum report, the literature review discusses the issues common to stepfamilies. Chapter 3 will explore the practicum work and, the similarities and differences involved with four of the families, two stepfamilies will be examined in detailed case study reviews. Chapter 4 is devoted to the evaluation component of the

practicum and explores possible recommendations for change in relation to the measures used. The report concludes with a summary of learning goals and a review of possible recommendations based on the social work student's experiences in working with stepfamilies.

Terminology

The following practicum report uses the terms stepfamily and blended family interchangeably to represent the wide range of family dynamics that characterize this family form. The terms include couples living common-law as well as families that include non-residential children. The term bi-nuclear family, a term defined by Ahrons & Wallisch (1987), and co-parenting are also used to represent stepfamilies that are involved with the non-residential parent or former spouse(s) of the remarried family.

CHAPTER 2

LITERATURE REVIEW

It is indisputable that Canadian stepfamilies are increasing at an incredible rate as it is estimated that 75% of men and 65% of divorced women marry for a second time and are living in a stepfamily (Ambert, 1998). American statistics suggest that by the year 2000 the stepfamily will be the main family form (Pill, 1990; Visher & Visher, 1994). This is a clear indication that the nuclear family is no longer the norm and there are distinct problems related to stepfamilies. Therefore, it is important to recognize the specific issues stepfamilies face and what is effective in providing support. The following discussion will review the issues found in the literature on stepfamilies and interventions that are effective in working with this type of family.

Loss

It is important to recognize that the foundation of the stepfamily is built on loss, which may involve the loss of a spouse from divorce or death, the loss of the nuclear family for the parents and children, the loss of family traditions, and the loss of family history experiences for children (Kelley, 1996; Kupisch, 1991; Whitsett & Land, 1992). With the feeling of loss of a family children may begin to feel loyalty struggles developing between their feelings for their parents and stepparents (Kelley, 1996).

Role Strain

An important issue in relation to stepfamilies is role strain, which involves the challenges and disagreements people experience as they carry out their social roles (Whitsett & Land, 1992). When socialized roles become continually problematic, role strain can develop into loss of self-esteem or chronic stress (Whitsett & Land, 1992). One of the key issues in regard to role strain is the lack of socialized norms for stepparents, and stress may result from the ambiguity surrounding how to conduct themselves. They may be very uncertain of their level of authority in areas such as rules and discipline, or members within the stepfamily may be unclear as to who is a member of the family if non-residential children are involved (Fine & Schwebel, 1992; Kelly, 1996; Pasley & Dollahite, 1993; Saint-Jacques, 1995; Whitsett & Land, 1992). Saint-Jacques (1995) found that there is confusion over a stepparent's role of authority and it can be stressful for the parent when there is an element of competition between the stepparent and the children. Overall, stepparents have few role models to guide them on how to be a stepparent. They must often learn from their own experience, which can be a very difficult process given the complexities of stepfamily relationships.

Role strain may be fostered by unclear boundaries in relation to who parents whom, or how to handle non-residential children. Whitsett and Land (1992) state that stepfamilies often need to relax their boundaries to work with members who are in and out and thereby expand their idea of who is part of the family; for example, the family may include the child who stays on weekends as a regular member of the family rather than just as a visitor. Alternatively, it may be important to enforce tight

boundaries to uphold stability, rules, and reliability (Whitsett & Land, 1992).

Therefore, they may have set rules and standards specific to their household and make it clear to the non-residential child that the rules will be different from the other household. These demands can create high levels of role strain with stepparents.

It appears that there is also uncertainty in the literature about stepparent roles. Knaub et al. (1984), in their review of literature, found that some studies concluded stepparents should not be involved in parenting duties, particularly at the beginning of the remarriage. Pasley & Dollahite (1993) also found in their review that some studies concluded the marital relationship and the stepparent-stepchild relationship were much better off if the stepparent did not take on a parental position. Less conflict occurred if the stepparent focused on forming a friendly, supportive and respectful relationship first (Pasley & Dollahite, 1993). However, they also encountered studies that found parents dissatisfied with the level of involvement by stepparents. There are conflicting messages in the research as to what stepparents should and should not do.

Due to the fact that roles and expectations are not clear, stepparents may form their own "ideals" of what their stepfamily should be like. Some stepparents believe their families should function similarly to intact, nuclear families and this creates stress, frustration and very high role strain (Fine & Schwebel, 1992). Pill (1990) found that many remarried couples did not prepare for their upcoming stepfamily life as they were caught up in the early stages of their new marriage. In this study 41% of stepfamily couples believed their family would bond in a manner similar to nuclear

families and couples found stepfamily life demanding and more effort than they expected (Pill, 1990).

Gender

Studies have also focused on role behaviour in relation to stepparents. For example, stepmothers have more difficulty, are more stressed and are less satisfied than stepfathers and this may be due to expectations that they take on the main childcare tasks (Fine & Kurdek, 1992; Pasley & Dollahite, 1993). Stepmothers have fewer role models, have to deal with more negative stereotypes (i.e. the “wicked stepmother”), and are more likely to have conflicts with other family members on how to parent the stepchildren (Fine & Schwebel, 1992; Whitsett & Land, 1992). Therefore, it is more likely that stepmothers will be more stressed and feel more confused in their role as a stepparent (Fine & Schwebel, 1992).

Fine & Kurdek (1992) examined adolescent relationships with stepparents and found that teenagers living with stepfathers had fewer social problems and higher self-esteem than when living with stepmothers. In regards to stepfathers, Palisi, Orleans, Caddell, and Korn (1991) found that if stepfathers did not have previous experience with parenting, then they were more likely to have lower scores in marital adjustment and have more disapproving feelings toward their stepchildren. Fine, Coleman, and Ganong (1997) also conducted a study that examined the relationship between role construction and adjustment for stepfathers. They found that stepfathers were more satisfied in the marriage when they were authoritative as stepparents. Overall, the stepfathers were happier with their family life if they were more active as

parents, and stepfathers who were better adjusted personally tended to believe that they should take a more active role as a parent (Fine et al, 1997). Interestingly, this study found that stepfathers who reported being warm and supportive yet controlling and authoritative were content with their marriage and stepfamily life. Also, they were better adjusted because they believed they should parent in this manner.

Cohesion

Another issue that has been examined in the research literature is the degree of family cohesion in stepfamilies. Family cohesion involves the emotional closeness within a family, and includes boundaries and family alignment (Pill, 1990). Pill (1990) found that biological members within the stepfamily were more encouraging, warm and supportive towards each other, whereas relationships between family and stepfamily members were not as close. However, the study also found that stepfamily members felt that upholding respect within the step-relationships was important. In addition, Pill (1990) found that stepfamilies were highly adaptable and viewed lower stepfamily cohesion scores as a method of furthering rather than holding back stepfamily connectedness because the stepfamilies were able to adjust their expectations and loosen their boundaries with more ease. Smith (1992) also found that the *complex* type of stepfamily (those with both adults bringing children to the remarriage) did not necessarily mean a lower cohesion score. Overall, some studies indicate that stepfamily members can learn to be flexible, respectful, and work with their differences.

Types of Stepfamilies

Some authors find it important to categorize various types of stepfamilies and specify the issues related to these types. Studies have categorized stepfamilies as *simple* stepfamilies where only one spouse has children, whereas *complex* stepfamilies, as mentioned above, involve both partners having children who are being brought into the remarriage (Fine & Kurdek, 1992; Schultz & Schultz, 1991; Smith, 1992).

Berger (1995) delineated three new categories of stepfamilies. The *integrated* stepfamily focused on the couple, despite both spouses bringing children from past marriages. The children were late adolescents or young adults and soon to leave the family, therefore the couple was past the childrearing phase and focused on the development of the relationships. The *invented* family was described as one that was focused on the dynamics of family building and members did not focus on their past family life. Usually one spouse has had a child and the other was not previously married and creating a “new” family was the main focus for the couple (Berger, 1995). The *imported* stepfamily, focuses mainly on sustaining the original family as if nothing has changed and merely continuing as before except with new children and parents in the mix. Therefore, the adults in the couple parent each other’s children from the past marriage as well as their own (Berger, 1995). Although this may be an important area to examine with stepfamilies, the categories described by Berger (1995), do not appear to have any further support from the literature. However, Berger (1995) makes a very important point by concluding that it may be an oversight

to generalize when assessing stepfamilies and the considerations of different types of stepfamilies may be an issue of importance when determining an intervention.

In the literature there are mixed reviews on how the various types of stepfamilies affect the issues surrounding stepfamilies. Two studies involving the adjustment of adolescents in stepfamilies and overall family cohesion determined that *simple* or *complex* types did not have any significant impact on these issues (Fine & Kurdek, 1992; Smith, 1992). However, other studies determined that the *complex* stepfamily created high levels of stress and decreased marital satisfaction for the couple (Fine & Schwebel, 1992; Schultz & Schultz, 1991). *Complex* families must cope with more when dealing with anything from discipline to traditions and rules as they are bringing together two different ways of functioning in regards to day to day family life (Schultz & Schultz, 1991). Despite the conflicting outcomes on this issue it may be important to consider the reality that blending two different families does create more difficulties.

Adolescents

Another aspect to consider is the effect of adolescents in a stepfamily. Smith (1992) performed a study on family cohesion and concluded that families with adolescents reported lower cohesion scores than stepfamilies without teenagers. Saint-Jacques (1995) determined that adolescents will have an impact on the degree of role strain in the family. Adolescence is a time in which teens are searching for independence, yet, yearning for acceptance, which may be more acknowledged by the biological parent, but this creates high levels of role strain for the stepparent (Saint-

Jacques, 1995). Grinwald (1995) examined communication patterns in stepfamilies and concluded that communication between adolescents and parents was not as strong as in nuclear families.

It is interesting to note studies that address gender issues within families with adolescents. Grinwald's (1995) study on communication determined that mothers were better at communicating with adolescents than fathers. Female teenagers whose mother remarried after the death of a spouse had superior communication patterns with their parents than adolescent males. However, in remarried families joined after divorce, male teenagers had better communication patterns with their parents than adolescent females (Grinwald, 1995). The author concluded that clinicians may want to take note of adolescent females after divorce and adolescent males in stepfamilies joined after a parent death (Grinwald, 1995).

Non-Residential Parents

An important element of the stepfamily is the co-parenting relationship with the non-residential parent, which is often the most difficult for stepfamilies to cope with. Ahrons & Wallisch (1987) used the term "binuclear family" to describe a family in which children are a member of two households, or the children continue to be involved with the non-residential parent through visitation.

The co-parental relationship can create some very natural difficulties for the stepfamily system due to the lack of rules or social norms guiding how former spouses communicate and work together in parenting their children. Therefore, these families create their own rules, without guidance, which is often a cause for tension

and stress (Ahrns & Wallisch, 1987; Bray & Berger, 1993; Buehler & Ryan, 1994)). Part of this tension may involve the difficulty in formulating new methods of communication, which will be contrary to the parenting relationship that was developed when the couple was married.

Ahrns and Wallisch (1987) conducted a preliminary study on the overall “binuclear” family and determined that the co-parenting relationship weakened when the father remarried as opposed to the mother, with the father’s remarriage creating increased tension. The authors also found that there was increased conflict between mothers and stepmothers as they had more differences in opinions and stressful interactions.

Buehler and Ryan (1994) determined that when mothers remarried there was a higher likelihood that visitation would discontinue with the non-residential fathers, and hypothesized that the fathers may have found it too difficult to cope with the stepparent. Also, the remarried mother may wish to focus her attention on the new family rather than attempting to learn to communicate with the former spouse. Reduced visitation will also occur if there is more conflict between co-parents whether they are remarried or not (Buehler & Ryan, 1994). Buehler & Ryan (1994) concluded that cooperation between co-parents would help them cope with the complexity of the “binuclear” family relationship.

A study on non-residential mothers, or “role-reversal families,” determined that they were more likely to remain in contact with their children than non-residential fathers, however these mothers had a reduced role in parenting responsibilities while the father took on more (Depner, 1993; Maccoby & Mnookin,

1992). The authors concluded that this may have been due to the fact that women are more likely to be caretakers for children based on societal norms, therefore the non-residential mother is a less frequent occurrence in “binuclear” families (Bray & Berger, 1993).

Depner (1993) noted a number of studies that concluded that “role-reversal” families resulted due to a number of factors. For example, role-reversal situations arose when fathers became the main care provider after difficulties arose in the maternal residential arrangements, when residential fathers had problems with the mother’s parenting abilities to care for the children, and when the fathers felt non-residential mothers did not have the motivation or ability to parent due to substance abuse or emotional problems.

The co-parental relationship can have an impact on children as well. White & Gilbreth (2001) noted in their study that a positive relationship with the non-residential father and stepfather resulted in positive outcomes for adolescents. They also indicated that children having a positive relationship with fathers and stepfathers did not depend on whether the mother was remarried. However, more adolescents in stepfamilies reported better relationships with non-residential fathers than teenagers living with a single parent. Overall, the authors concluded that the stepfather did not replace the biological father but rather filled a void for what the biological father could not provide.

Intervention

Assessment

A thorough assessment of the various issues a stepfamily may be experiencing is important in determining which way to direct the intervention. Bray (1994) claims that not understanding the presenting problem in the context of stepfamily issues may result in an unsuccessful intervention.

It is essential to assess basic family information, which may entail having an understanding of who is involved in the stepfamily, where the problems arise between members, and the dynamics of those relationships; for example, finding out how strong the relationship is between the children and biological parent (Burt & Burt, 1996). In addition, an understanding of the time frame regarding the current length of the remarriage, the time elapsed since separation and divorce, or the length of time the members of the couple may have been single parents is essential (Burt & Burt, 1996). The clinician will need to assess issues surrounding custody arrangements, visitation and child support (Burt & Burt, 1996).

An important tool to be used in the assessment process is the family genogram, which has many benefits, as it is efficient in formulating a clear visual picture for the clinician and the stepfamily of the intricate nature of their situation. The genogram can also provide stepfamilies with a clearer understanding of why they may be having difficulties and thereby create a normalizing and validating effect (Bray, 1994; Burt & Burt, 1996; Kelley, 1996; Visher & Visher, 1996). For the clinician it can be a quick and concise way of sorting out the family history and any

confusion that may result from the many issues on the table from the various stepfamily members (Visher & Visher, 1996).

Morrison and Stollman (1995) describe an assessment model specific to stepfamily issues which outlines six areas of assessment. The first issue is to examine task performance or how well the stepfamily can achieve tasks together while allowing for the individual growth of each member. The second issue is role performance, which is how well the family can designate activities to its members and their level of cooperation in assuming these roles. The third component is communication, which involves assessing how members exchange information. The fourth category is affective involvement or the levels of emotional support members provide for one another. The fifth element is control or the degree to which each member affects one another's behaviour and the last issue is the norms and values that rule the family's ideals, morals and goals (Morrison & Stollman, 1995).

Solution-Focused Therapy (SFT)

Solution-focused therapy (SFT) is an approach that can be very efficient in working with stepfamilies. The premise behind this approach is to focus on solutions rather than examining the problem in great detail (Adams, Jurich, & Piercy, 1991). Rather than looking at negatives, SFT focuses on the positives and begins by working towards resolutions rather than on what has been going wrong. This in itself can change the whole direction of an intervention, as SFT promotes the clients' own resources, notions of future possibilities and goals in therapy (Dolan, 1991). Solution-focused therapy stresses using the client's own interpretation of the problem

in order for the solution to fit with their reality (de Shazer, Berg, Lipchik, Nunnaly, Molnar, Gingerich & Weiner-Davis, 1986). Also, SFT uses the therapist as the means to empower the client to formulate and develop a goal and assumes that the client has the internal skills and know-how to devise effective solutions (Dolan, 1998).

Adams et al. (1991) studied the “formula first session task (FFST),” which can be described as asking clients in the very first session to look for positive aspects in the family and to discuss them in the second session. The authors studied the effects of FFST on goal clarity, optimism and compliance. It was recognized that it is often difficult for families to determine goals, and members very often provide vague reports of the problem. As most family therapists are aware, goals are necessary to develop a treatment plan and to gauge whether an intervention was effective (Adams et al., 1991). The study found that FFST given at the end of the first session produced more comprehensible goals and improvement on the presenting problem than when FFST was conducted in subsequent sessions, and the subjects were found to be more compliant with the task they were asked to perform.

Also, FFST had the most impact within the first few sessions rather than after the full 10 sessions that were studied. This may be an important indicator to get a families attention in the beginning and start off on the right foot with the therapist connecting quickly with families (Adams et al., 1991). The FFST fosters the belief that families can formulate their own solutions but have not been able to recognize them and this was accomplished by focusing on present and future circumstances rather than the past. By asking families to focus on elements they wished to continue,

it encouraged them to examine their strengths and resources, which changed their expectations, as entering therapy most clients predicted things would proceed negatively (Adams et al., 1991). The value in this model of focusing on strengths may make it easier for families to do the work necessary as there is not a constant focus on the shortfalls. Families begin to believe that change is possible (Adams et al., 1991).

Formulating goals is an integral component of the Solution-Focused approach as they provide a method of measuring change during the therapeutic intervention. Goals can help the client be aware of changes in the presenting issue and when counselling can end (de Shazer et al., 1986). Another SFT tool in measuring progress is the formulation of scales to measure degrees of a problem or a client's willingness to change. For example, a scale may be based on a range of 1 to 10 with 1 indicating the problem is solved and 10 that the problem is not solved (Berg & Miller, 1991; Dolan, 1991; Dolan, 1998).

Identifying exceptions to the presenting problem is an important method in SFT to further the process of change. The premise is to focus on what happens when the problem is not taking place in order for the counsellor to focus on possible solutions (de Schazer et al., 1986; Johnson & Miller, 1994; Miller, 1992). In this situation the questions are "When would you say you do not have that (problem)?" or "What is different about those times when the (problem) does not occur?" (Miller, 1992, p.4). Solution-focused therapy can provide valuable tools when working with the stepfamily population and is a very effective and efficient way of formulating solutions and identifying healthy coping.

Strengths Perspective

There is a body of literature that attempts to address the problem of negative assumptions made about and within stepfamilies (Berger, 1995; Pill, 1990; Smith, 1992; Visher & Visher, 1994). These authors have focused on what stepfamilies can learn and build upon from their own strengths, as well as outlining how society in general can learn from them. Identifying strengths is a way to provide hope and strength for stepfamilies in distress.

Berger (1995) and Visher & Visher (1994) conclude that stepfamilies are not necessarily always dissatisfied and that there are various ways to go about maximizing satisfaction, such as creating new family rituals and traditions. Smith (1992) concluded in a study on three types of stepfamilies that the issues stepfamilies deal with exemplify the point that there is no one certain way to form a functional and satisfied family. A clinician can build on how individuals within each stepfamily have worked out a method of operating and focus on those strengths to improve relationships.

Studies have found that important elements of family strength are support, sensitivity, communication, flexibility, mutual respect, family unity and cooperation (Knaub et al., 1984; Pasley & Dollahite, 1993; Pill, 1990). Knaub et al. (1984) also suggested that if stepfamilies are aware of their difficulties and of changes that need to be made, they often believe themselves to be strong and successful. Therefore, it is important for clinicians to normalize the experiences and difficulties stepfamilies are having with relationships, the conflicts between stepparent and children, and possible

economic and social problems (Howell et al., 1998; Pasley & Dollahite, 1993; Visher & Visher, 1994). Of utmost importance regarding family strengths is support from friends, family and the community in fostering an encouraging environment (Knaub et al., 1984).

Knaub et al. (1984) suggests that clinicians consider the unique characteristics of stepfamilies and build on the positive components of the family. It is important not to consider struggles and differences between family members as a weakness. Most importantly, a family's attentiveness to differences associated with positive support are the ingredients that will help foster family strength (Knaub et al., 1984).

Psychoeducation

Psychoeducation is a valuable intervention with stepfamilies as providing families with information on stepfamily processes and issues can begin the process of gaining a sense of control, developing a sense of what normal behaviour is, and reframing a stepfamily's expectations of family life to be more realistic (Burt & Burt, 1996; Pill, 1990; Visher, 1990). Unrealistic expectations can often lead to anger and depression, therefore information on realistic expectations for a stepfamily may help in starting the healing process for the family (Howell et al., 1998; Kupisch, 1991; Visher & Visher, 1990; Visher & Visher, 1996). Visher and Visher (1990) state that being aware of what to expect is very helpful during the time it takes for a family to deal with the blending process. Burt & Burt (1996) specify that providing educational information can be a part of every component of the treatment process.

Some specific elements to include in the psychoeducational process include four areas. The first involves providing information on the methods of integration of the stepfamily. Many merging stepfamilies are unaware that integration is a lengthy process and a family often takes 4 to 5 years to feel they are functioning as a full unit (Kupisch, 1991; Pasley & Dollahite, 1993; Visher & Visher, 1990; Visher & Visher, 1994; Visher & Visher, 1996). Often couples expect their stepfamilies to unite quickly but this is typically not the case. Therefore, it is important for stepfamilies to be aware that relationships will take time to form, and as they develop and grow problems will seem more manageable (Visher & Visher, 1994).

The second area of importance is stepparent roles. It is acceptable and recommended that stepparents befriend, act as a mentor or confidante, or assume the role of parent support before taking an authoritative parental role. The stepparent should slowly work into the family and it is important to consider that the role of the stepparent will depend on the desires of the child, the needs of the stepparent, the expectations and needs of the partner, and the requirements of the divorced, non-residential parent (Visher & Visher, 1990; Visher & Visher, 1994; Visher & Visher, 1996).

Information and discussion about discipline are essential as the stepparent is often expected to take on a disciplinarian role (Kelley, 1996). Studies have indicated that stepparents need not take on a disciplinary role too quickly (Howell et al., 1998; Kelley, 1996; Pasley & Dollahite, 1993). This will often create conflict as stepfamilies consist of two families that have previously formed two different sets of rules, expectations and methods of raising children. Therefore, discussing and

clarifying the expectations of roles and how these roles can effectively meet the needs of each stepfamily member may begin the process of a healthier, functioning stepfamily (Howell et al., 1998; Kupisch, 1991; Pasley & Dollahite, 1993; Saint-Jacques, 1995).

Contrary to the above findings, which are supported by the psychoeducational approach, Fine et al. (1997) concluded in their study on the relations between role constructions and adjustment among stepfathers, that stepparents should have the option of disciplining their stepchildren. At this point it appears this is one of the few research studies that has made this claim and the authors suggest their findings should be interpreted carefully. From a psychoeducational perspective, counsellors may take this finding into account in working with some stepfamilies where stepparent discipline seems appropriate.

A third category in the psychoeducational approach involves the dilemmas faced by the remarried parent as often they are caught up in the new marriage and may overlook the needs of their children. For example, there may be expectations that the children call the stepparent "dad" as the couple is initially ecstatic about the new marriage and may assume the children should be as well. The remarried couple may expect the family to form relationships as a nuclear family would, however the children may be very upset with this arrangement. Problems between the couple may also arise if the biological parent feels confused between feelings of guilt or loyalty about the needs of their child versus the needs of the new marriage (Visher & Visher, 1994; Visher & Visher, 1996). At times the clinician may need to stress the significance of the child's needs to the remarried parent, as it is often a very difficult

adjustment period for children. Overall, the clinician may need to assist the remarried parents in examining a balance between the needs of their children and the stepparent (Visher & Visher, 1994).

The fourth category is education about the importance of forming individual relationships within the stepfamily unity. This involves information about the value of one-on-one time between parent and child and stepparent and child (Kelly, 1996; Visher & Visher, 1994; Visher, 1994; Visher & Visher, 1996). Burt & Burt (1996) state that individual relationships are one of the most valuable instructions to pass on to stepfamilies as forming individual relationships will help develop and maintain the overall family unity. Research has shown that the stepparent-stepchild relationship can have an impact on marital satisfaction (Whitsett & Land, 1992), therefore forming a friendship between the two can be beneficial for the couple as well as the family as a whole.

Grief and Loss

Another essential component of an intervention with stepfamilies is working through grief and loss issues. This entails allowing time to explore unsettled grief from the loss of a previous marriage, a nuclear family or a parent-child relationship, a home, or a school and peers for the children (Visher & Visher, 1996). These issues may have been pushed aside while stepfamily members were trying to cope with surviving a divorce, or enjoying the excitement of a remarriage. Exploring loss issues models for the family that it is acceptable for all members to feel grief and loss over past family issues (Burt & Burt, 1996; Kupisch, 1991; Pasley & Dollahite, 1993; Pill,

1990; Visher & Visher, 1996). Once grief issues have been explored it may be possible that the stepfamily can move on to a new stage in their family life (Visher & Visher, 1990)

Family Related Issues

An important intervention is to begin the process of fostering the formation and bonding of the new stepfamily identity. Pill's (1990) study on redefining the family found that scores on family identity within their stepfamily sample indicated that experiencing similar life events, daily rituals, and family events together as a family created a stronger family identity. It is recommended that clinicians facilitate the process of establishing a new family identity through forming new rituals, which can be a powerful tool in sustaining family paradigms (Pill, 1990; Visher & Visher, 1990; Visher & Visher, 1996). It is essential that therapists be aware of the fact that the stepparent often feels like an outsider due to not being a part of the stepchild's and biological parent's former life. Therefore, sharing the family history can help reduce issues of jealousy, misunderstanding, and favoritism, thereby leading to the development of future planning as a stepfamily (Pasley & Dollahite, 1993; Pill, 1990).

Couple Issues

Focusing on the couple as the main part of the intervention is important for many reasons. First, the stability of a strong couple will provide strength to the stepfamily as a whole (Visher, 1994; Visher & Visher, 1994). Research has indicated

that marital satisfaction can determine the success and strength of a stepfamily and anticipate the well being of the children (Howell et al., 1998).

Secondly, an alliance between the biological parent and child is usually present before the formation of the stepfamily. Because of this parent-child bond, the parent may feel guilty in regard to the stress brought to the family from the remarriage, thereby putting strains on the couple's relationship (Visher & Visher, 1996). A parenting team or coalition is necessary to help the stepfamily deal with its issues and begin the process of forming the family unit (Pasley & Dollahite, 1993; Visher & Visher, 1990; 1994; 1996).

It is suggested that clinicians evaluate the benefits of couples having time alone to foster the couple bond (Pasley & Dollahite, 1993; Visher, 1994). Seeing the couple in therapy alone is noted as very effective in strengthening the relationship and it may be the first opportunity to work on family issues without the interruption of the children (Visher & Visher, 1994; 1996). The clinician can facilitate strengthening communication patterns, stressing the importance of a stronger couple which may prevent divorce, and advising that their relationship may be a model for their children and their future relationships (Visher & Visher, 1996). Burt & Burt (1996) suggest, for example, activities such as working with the couple in creating a memory book or setting a time for a night out every week.

Conclusion

In conclusion, stepfamilies must deal with problems very specific to their type of family, thereby making it important for clinicians to be aware of what these issues

may be. From the literature it is clear that stepfamilies are still in the process of formulating a norm to which they can compare their own experiences. Thus, a large part of an intervention may be focused on validating, normalizing, and educating about the normality of their situation. Stepfamilies are a valid type of family in our society as they are growing in number, and interventions specific to their issues will be more effective rather than assuming their problems are similar to nuclear families.

CHAPTER 3

PROCESS AND PROCEDURES

The practicum focused on working with stepfamilies, examining the difficulties faced by many stepfamilies in the blending process and assisting them to build a new family together. The needs of stepfamilies were addressed by exploring the resources and strengths the families were currently using and providing support and direction in examining more constructive ways of functioning within the stepfamily. The following chapter will describe the process and procedures of how the practicum unfolded.

Family Centre of Winnipeg – Overview

The practicum took place at the Family Centre of Winnipeg, which is located on the 4th floor of Portage Place. The counselling department at the Family Centre provides counselling in individual, couple, family and group therapy. In addition, the Family Centre's Family Violence program focuses on helping families, couples and individuals live without violence and provides service in a number of areas. The program involves anger groups for both men and women, as well as sexual abuse survivor groups to name a few. The Family Centre also provides support for parents through parenting groups, support for individuals experiencing depression, support for separating or divorcing families and support for stepfamilies.

Clients

The social work student worked with 6 stepfamilies, which consisted of at least one parent as the non-biological parent and a minimum of one child. The stepfamilies were selected from the Family Centre of Winnipeg's waiting list, and discussion with Arla Marshall, the student's supervisor and Family Centre counsellor, determined the suitability of the families for the practicum.

When initially contacted by telephone each family was advised that the social work student was working with stepfamilies as a practicum component of the Masters of Social Work program and that counselling sessions would require videotaping for supervision purposes. Each stepfamily was given the option of whether to pursue counselling with the student counsellor or to be referred to a staff counsellor at the Family Centre.

Once counselling began, the social work student worked with each family for 6-14 sessions over a seven month period. Each session was videotaped and lasted for an average of 60-75 minutes. Sessions were spaced out every one to two weeks, depending on the needs of each family.

Procedure

The assessment phase consisted of the first two sessions and were typically scheduled a week apart. For the first session, each family was asked to arrive 15 minutes early in order to complete an outcome measures questionnaire, as required by the Family Centre, and two scales for the student's practicum purposes. The scales were the Index of Family Relations (IFR) and the Index of Parental Attitude (IPA).

During the assessment phase presenting issues were explored in detail in order for the social work student to gain a clear understanding the nature of the problems for each family. A genogram was drawn on a flipchart to get a clear picture of the members involved within each family and to serve as a mechanism to develop an understanding of the family history and culture. During the process of creating the genogram the dynamics of various relationships were determined. The student determined the strength of the relationships between the stepparent and stepchildren, the biological parent and children, the co-parenting relationship and the strength of the couple's relationship. Also, the student determined what custody and visitation arrangements were involved with the non-residential biological parent. Amongst these relationships the social work student examined the length of time the stepfamily had been in existence, the length of time since the divorce of one or either spouse, and the length of time the biological parent and children may have been living in a single-parent environment.

At the end of the assessment phase goals were formulated based on an understanding of what each family wanted to accomplish through counselling. Each family was advised that goals would be reviewed at a mid-way point, typically around session 5 or 6, and that it would be determined at that point how many more sessions were needed, whether the goals were being met, or needed to be changed. Evaluating goals gave the family a sense of control over the counselling process in that they had the ability to decide whether counselling was working for them or to decide what needed to be changed.

An integrated approach to intervention involved elements of psychoeducation, the strengths perspective and solution-focused therapy. The student worked with different subsystems within each family system including individuals, couples, and families.

The process of termination worked in a number of ways with the 6 stepfamilies. For three of the stepfamilies, termination was mutually agreed upon in that they were advised three to four sessions in advance that counselling would soon be coming to an end. During the last session the social work student reviewed the progress of each family and evaluated the development of the family's goals. Changes that developed over the course of counselling were reviewed from the student and family's point of view and further recommendations for future challenges or development were explored.

Two of the stepfamilies ended counselling unexpectedly, as the last scheduled session was cancelled and the student was not able to reschedule any further sessions or determine whether they felt the need for counselling to continue. As a result, the social work student sent a letter to both families summarizing the positive developments noticed during the course of counselling and possible challenges that may be worked on in the future. Included with the letter were the post-test IFR and IPA measures and the client satisfaction survey.

For one couple, who separated at the beginning of counselling, both individuals chose to continue with individual counselling with the social work student. However, during the first individual session with the woman it was mutually determined that she would be referred to another agency for counselling due to safety

issues. Therefore, termination was completed quickly and summarized verbally, as she was very frightened that her former spouse would be at the Family Centre the same time as she. The spouse chose to continue for three individual sessions and decided that he would make contact on an as-needed basis for counselling until the end of the practicum. Unfortunately, this client moved and the social work student was not able to set up a termination session.

Recording

The Family Centre of Winnipeg's policy requires that a file is created for each client and case recordings of each session are documented. Therefore, the student counsellor documented each session on the case recording sheet following each session. After the completion of the assessment phase, an intake review form was completed for each family and a termination summary report was completed when the files were closed.

Supervision

Both Arla Marshall and Brenda Bacon, Faculty of Social Work professor and chair of the student advisory committee, directly supervised the social work student. For more immediate access to supervision at the Family Centre the student met with Arla on a bi-weekly basis to review the progress of the families and discuss the more immediate concerns or questions of the student. At regular intervals, approximately once a month, the social work student met with Brenda to review the progress of the stepfamilies and the personal development toward the learning goals outlined by the

student. Supervision with both Arla and Brenda lasted approximately 2-3 hours each session.

Evaluation

For practicum purposes the social work student utilized a number of evaluation methods to determine clinical change with the clients. The evaluation component involved three areas, with the first consisting of pre and post measures on two standardized scales, the second a verbal evaluation, and the last component entailing a client satisfaction questionnaire.

Pre and post standardized measures, were used to determine the level of family functioning at the beginning and end of the counselling process. The social work student chose these measures for a number of reasons. Primarily, the student hoped to determine how each family felt they were communicating, adapting, and functioning on a day to day basis to the new family form. Secondly, the measures were simple, short and easy to fill out.

The first scale, the Index of Family Relations (IFR), is a 25-item scale (see Appendix B) used to measure difficulties in family relationships and provide an indication of the degree to which the problems exist. It also allowed the social work student to determine the level of family stress and provided an overall picture of the family environment (Corcoran & Fischer, 1994). Scoring the IFR involves two cutting scores. For the first cutting score, a score of 30 or below suggests the lack of a clinically significant problem whereas a score of 30 or above represents the emergence of a clinically significant problem. With the second cutting score, severe

distress is indicated by a score of 70 or above. The IFR has strong internal consistency as indicated by a mean alpha of .95, however the test-retest data was not provided. The scales' construct validity is strong as the measure corresponds well with other measures rating parent-child and family relationships (Corcoran & Fischer, 1994).

The second scale used was the Kansas Family Life Satisfaction Scale (KFLS) is a 4-item scale (see Appendix C) that is simple and very easy to fill out. The KFLS was formulated to measure family relationships and family satisfaction within the marriage, as well as the parent-child and sibling aspects of the family. Scoring the KFLS involves a scoring range between 4 to 28 in which higher scores represent higher satisfaction in family relationships. Internal consistency of the scale is good with a reported alpha that ranged from .79 to .83. Construct validity was reported to be satisfactory with positive correlation's in quality of life and locus of control (Corcoran & Fischer, 1994).

The second aspect of the overall evaluation process was the verbal evaluation, which was implemented at the beginning, middle and end of the counselling process. Each family formulated goals during the assessment phase based on what they felt their main issues were, and what they would like to see changed in relation to these issues. Midway through the counselling process the social work student reviewed verbally with clients the progress of therapy and the attainment of these goals. This became a gauge, for the clients and the social work student, of progress being achieved, how many more sessions were needed, and whether the goals of counselling needed to be changed. At the end of the counselling process, with those

families whom a formal wrap-up was scheduled, questions focused on how counselling helped them and whether their goals were met.

The Client Satisfaction Questionnaire (see Appendix A) was one used by the Family Centre of Winnipeg but adjusted to reflect the counsellor-client perspective instead of an agency-client perspective. The survey was given to clients at the last session or mailed to those families who ended counselling sooner than expected. The purpose of the questionnaire was to obtain feedback about what the families felt was helpful or not helpful and to gather information on whether the interventions used by the social work student were effective. The form itself consisted of 2 formats in which the first 8 questions included a 5 point Likert scale with replies ranging from 1 “Extremely Satisfied” to 5 “Very Unsatisfied,” and 1 “Yes, definitely” to 5 “No, definitely not.” The last section consisted of two open ended questions in which the clients were able to voice their opinions of what was most helpful, what was not helpful, and whether they have any further suggestions to make counselling more helpful in the future.

CHAPTER 4

THE STEPFAMILIES

The following chapter will describe the counselling process and results from the counselling services provided to the six families. A table which briefly describes each of the families and summarizes the length of counselling, modalities of intervention, theoretical approaches/models, and clients' goals is followed by a brief description of counselling provided to four of the families. An in depth examination of counselling provided to two of the families will provide a more detailed description of how the strengths, psychoeducational and solution-focused approaches were applied within this practicum. The chapter will end with an examination of the similarities and differences experienced by all six stepfamilies.

Table 1: Profile of Family Cases

Family	Family Composition	Gender	Ages	Length of Contact	# of Sessions	Format of Intervention	Clients' Goals
1	2 adults 4 children	M, F M,M, F,F	27, 24 9, 7, 5, 3	16 weeks	9	CT, I PE S SFT	1) Diane to be heard/included within her family. 2) Rick to be supportive of Diane.
2	2 adults 2 children	M, F M, M	28, 37 18, 11	12 weeks	6	CT, I S PE CI SFT	1) Improve communication. 2) Robert to control his anger. 3) Learn to parent together.
3	2 adults 2 children	M, F M, M	29, 33 9, 2	20 weeks	8	CT SFT S	1) Improve communication. 2) Trust and respect each other. 3) To listen and appreciate each other.
4	2 adults 2 children	M, F M, F	56, 44 23, 18	16 weeks	11	CT, I PE EFT S	1) Backstabbing to stop. 2) Ken to be civil to Michelle's family. 3) Michelle's family to accept Ken.
5	2 adults 6 children	M, F F, M, F, M, M, F	36, 39 19,15 13, 12 11, 9	24 weeks	16	CT, FT PE EFT CB PT, S	1) Learn to be a couple. 2) Learn how to parent together. 3) Sort out different viewpoints of discipline
6	2 adults 3 children	M, F. F, M, M	35, 37 13, 11, 1.5	16 weeks	9	CT, FT PE S	1) Sharon and Ken to improve emotional support of Kathy. 2) Increase David's respect for Sharon & Ken's parenting abilities.

Intervention Abbreviations:

I = Individual Therapy

S = Strengths

CI = Crisis Intervention

CT = Couple Therapy

PE = Psychoeducational

PT = Play Therapy

FT = Family Therapy

SFT = Solution Focused Therapy

CB = Cognitive-Behavioral

EFT = Emotion Focused Therapy

Brief Case Histories (Families #1-4)

Family #1 (Diane & Rick)

This family is a *complex* blended family of six, which includes one child from Rick's previous relationship and three children from Diane's previous relationships. Diane's three children, Meghan who is nine years old, Philip who is 7 years old and Kevin who is 3 years old, live with Diane and Rick permanently. Meghan visits her father on weekends. Philip and Kevin do not have contact with their father who has been in and out of jail; Diane is unsure of his whereabouts. Alicia, Rick's four-year-old daughter visits every Thursday evening, Saturday afternoon until Sunday at noon, and for two weeks in the summer. Rick is currently disputing the custody arrangement with Emily, his former spouse, in court. Diane and Rick have been together for three years and are planning to get married in the summer of 2001. Diane initiated counselling because of a court order that required she pursue counselling due to a spanking incident that will be addressed later in the report. Because the main issue was an adult issue related to the co-parent relationship, the social work student did individual counselling for the first three sessions and later interspersed couple counselling as a part of treatment. The children were not included in the counselling process because it was determined the issues mainly focused on the couple themselves and their relationship with Rick's former spouse. The presenting issues for Diane were the difficulties she was facing with Rick's former partner, Emily.

Assessment

Diane described Emily as continually questioning her parenting abilities and being outwardly rude and vindictive due to an incident that occurred in November 1999. In the fall of 1999 Diane spanked Alicia which resulted in some bruising on her bottom Emily found the bruising and contacted Child and Family Services. As a result, the courts and Family Conciliation became involved and the custody arrangement was changed to indicate that Diane was not to be alone with Alicia at any time. Visiting times for Alicia were also changed to reflect Rick's sporadic work schedule and the times that he would be home. Diane felt that since the spanking incident Emily had been very manipulative and controlling over the way Diane and Rick parented Alicia when she was at their home.

Diane discussed the fact that it saddens her that Emily dislikes her so much and she has made many attempts to resolve the situation by writing a letter to Emily expressing her sorrow and remorse for spanking her daughter. She has tried to confront Emily on the phone to try and resolve their differences but Emily refuses to cooperate. Diane also said, "I felt like my character was beaten up," as the incident damaged her image and she had a difficult time facing many people after that, especially Rick's family. The goals for the course of counselling as determined by Diane and Rick were:

- 1) For Diane to be heard and included more within her family.
- 2) For Rick to be supportive of Diane.

Intervention

The first four individual sessions explored Diane's feelings related to the incident, the custody battle that resulted, and how it had affected her family life. In formulating goals Diane indicated that she needed to be heard and included more within her family. Diane indicated that since the incident and change in custody, Rick had not let her make meals, bathe or put Alicia to bed. Diane indicated that it seemed like he was taking the order too literally. During discussion focused on Diane's insecurities as a stepmother resulting from the situation and its consequences, a strengths approach was utilized in exploring her abilities as a mother and a spouse. The student examined Diane's ability to take responsibility for her actions and her many attempts to resolve the situation. Diane discussed educating herself as a parent when she had her first child by taking parenting classes. She was determined not to parent as her mother did, however she has had to learn difficult lessons in stepparenting. Diane discussed how stepparents do not have any rights legally and that they are not legally allowed to spank a child. The social work student emphasized her resourcefulness as a mother early on and the difficulties she endured in being a young mother and a single-parent with three young children.

Using the psychoeducational approach the social work student introduced the notion of boundaries between Diane's family system and Emily's, as Diane and Rick have control over how they parent. Emily can make attempts to manipulate and control how she feels they should parent Alicia but Diane and Rick are the ones to enforce the boundaries between the families. Therefore the social work student

emphasized Diane's competencies as a parent and how she and Rick can support each other in enforcing the boundaries.

At this point the social work student began couple therapy with Diane and Rick in order to explore the idea of how they could work together to create and enforce boundaries between the two family systems. Rick said that Emily was very manipulative and does not listen to him. He was very aware that the situation was difficult for Diane and was willing to support her in whatever she needed to help cope with the situation. The social work student examined ways of communicating with Emily in positive, respectful ways yet remaining insistent about the way they would parent when Alicia was with them. During an individual session with Diane, in the midst of couple therapy, Diane indicated that she felt things were starting to change. Rick was communicating more positively to Emily in the notes they wrote back and forth to each other on visit days, to keep each other informed of issues related to Alicia. Diane felt Emily was also responding positively to Rick's efforts to be more supportive of her and that Emily was also being less manipulative. Therefore, Diane felt that Rick had heard her request to act more positively and civil in order to calm the waters.

As couple therapy progressed, it was determined that discipline was an issue between Diane and Rick. Diane and Rick had different ways of dealing with the children, however Rick was the main disciplinarian in the family. The social work student normalized the difficulty of balancing two different methods of discipline and recognizing the fact that this is very common in both stepfamilies and nuclear families, however the difficulty lies in the fact that Diane and Rick were not the

natural parents of each other's children. They had parented in different ways prior to forming a family together and they and their children must adjust to the different methods of discipline.

The social work student also examined and encouraged the importance of couple time in strengthening the couple bond. The discussion surrounded the difficulty of finding the time due to opposite work schedules and raising a young family. The focus then became what each felt was a reasonable amount of time together given their busy schedules' and ways to negotiate this between them.

The social work student was not able to fully explore the discipline issue as the subject arose late in the process of couple therapy. Diane and Rick gradually discontinued sessions due to their hectic schedule and change in employment and scheduling for Diane. However, towards the end of couple therapy goals were reviewed and Diane indicated that she felt things had begun to improve with Emily and that they felt more in control of their family life. Diane also indicated that she did want to continue with a few more sessions because she recognized some important issues were being raised for them as a couple. Unfortunately, therapy with Diane and Rick ended after this session.

Family #2 (Robert & Rebecca)

Robert and Rebecca are a common-law couple that has been living together for 5 years. Rebecca has two boys from two previous marriages, Ian who is 17 years old and Bryan who is 12 years old. Both of Rebecca's previous relationships were physically abusive. Robert does not have any children from previous relationships.

Ian does not live with Robert and Rebecca as he has been in and out of the Youth Centre for many years and Rebecca had just resumed contact with him after his recent nine month stay in youth detention. Ian was just released from the youth jail and is now living on his own. Bryan visits Robert and Rebecca every Thursday and every second weekend as his father has primary care and control. Berger (1995) would characterize this family as *invented* due to the fact that Robert did not bring any children into the relationship from a previous marriage and they attempted to focus on the current family rather than the dynamics of past relationships.

Robert initiated counselling as their relationship involved constant arguments about the children and about each other. However, as previously mentioned, it is important to note that between the first telephone contact and the first meeting, Rebecca and Robert had separated. Rebecca indicated she left because she needed some space and time to think for a few days as they continued to have the same arguments day after day and things were not getting resolved. Rebecca indicated that Robert was not giving her space as he was constantly calling her at her friend's place and therefore she had decided to stay a few more days.

Assessment

The first two sessions consisted of couple therapy, and during this assessment period it appeared there were some clear stepfamily issues which created considerable distress. Robert indicated that he was unsure of his role as a stepfather as he was very unsure of where he stood in the family. Rebecca stated that at the beginning of their relationship, when Robert first moved in, she let Robert step into the father role too

quickly. She felt that it was her mistake that she did not let her children adjust, as she said, "I should have allowed more time for Robert to gain respect from my kids." However, Rebecca indicated that she felt Robert was insisting she choose between him and her children because he did not agree with Ian's actions and the way she parented him. Also, Rebecca did not agree with the way Robert disciplined her children as she felt he was much too harsh. Robert felt he was not being too harsh and that it was important for Ian to be made accountable for his actions. Robert felt that Rebecca favored her sons over him which interfered with the development of their relationship. It was also revealed that Robert has been physically and verbally abusive to Rebecca in the relationship. During the couple therapy sessions Robert and Rebecca determined their goals to be:

- 1) To learn to communicate.
- 2) For Robert to learn to control his anger.
- 3) To learn to parent together.

Intervention

Using the strengths approach the social work student focused on normalizing the difficulty of their stepfamily issues and emphasized Rebecca's awareness of key stepfamily recommendations, such as allowing time for the stepparent to bond with the children and the differences in ideas on how to parent (Oppen, 2000; Visher & Visher, 1996). Rebecca indicated she was not sure what she wanted at this point and Robert indicated he wanted to continue to work on the relationship, focus on

managing his anger and to learn how to resolve their disputes. They both agreed to set up another couple session in order to sort out the future of their relationship.

During the second session Robert began by saying that counselling was to end because Rebecca had decided she was not coming back and that the relationship was over. Robert had moved out of the house and Rebecca moved back in for Bryan's sake. The social work student took the opportunity to validate the difficult task of coming to the second session together. Using the solution-focused approach the student focused on how to make the couple's separation process as civil and respectful as possible and how to manage being apart. This was accomplished by examining how they have been respectful in working out disagreements in the past. Robert indicated that it was easier for him when Rebecca's friends did not get involved in the situation. Rebecca stated what had helped in the past was when they stuck to the topics at hand, such as how to take care of the truck and bills in a rational manner, rather than blaming her or starting an argument. At the end of the second session it was decided both Robert and Rebecca would come in for a few individual sessions to help cope with the separation process.

The social work student scheduled one individual session for Rebecca due to safety issues. Rebecca came to the session frightened that she might run into Robert as he was enrolled in the college next door to the Family Centre. The social work student focused on crisis intervention and safety planning for Rebecca, such as changing her phone number and supporting her in her plans to move. It was also decided that it would not be safe for Rebecca to come to the Family Centre and she was referred to the Interfaith Marriage and Family Institute for further counselling.

The social work student continued to see Robert for three individual sessions and determined his individual goals to be to resolve how he could help himself cope with the separation and to learn to control his anger. The student normalized the difficulty and frustration he faced as a stepfather due to his uncertainty about his role in the family. The student also explored how the frustration led to anger, and how to cope with it in a more constructive manner. The last two sessions with Robert focused on his strengths in coping with the end of the relationship such as focusing on finishing school rather than resorting to alcohol as he has done in the past. Robert also discussed how he was making new friends from school and was enjoying spending time with them. Robert decided after the third session that he would call if he felt he needed additional counselling, and as previously mentioned, he did not resume contact in order to review the goals of counselling or whether he found it helpful.

The joint goals determined by Robert and Rebecca did not result in a change due to the break up of their relationship. However, in terms of individual goals, the student was able to provide a supportive role for Rebecca in her last session by focusing on the immediate crisis of her separation and the safety issues described previously. Rebecca noted that she felt the counselling provided was helpful and that she was doing the right thing in ending the relationship. Robert stated he felt supported by the student in his efforts to do the right thing by meeting new friends, focusing on his school and finding healthy ways to move on with his life.

Family #3 (Jill & Derek)

Jill and Derek are a common-law couple engaged to be married and consist of a *invented* stepfamily as Jill does not have children from previous relationships. They have been together for three years and have one child together, Ryan, who is a year and a half. Derek also has a nine year old son, Sam, from a previous marriage. Derek separated from his former wife Kim in the spring of 1995 and Derek and Kim have joint custody of Sam. Consequently, Sam spends one week with Derek and Jill and one week with Kim.

Assessment

Jill and Derek initiated counselling due to their constant arguments and bickering and Jill felt they needed some support and guidance in their relationship as she was not sure whether they were suited to be married. The initial sessions with Jill and Derek were very heated and the social work student spent a considerable amount of time controlling their arguments. Jill and Derek felt the main problem was communication as they were arguing about everything. Jill felt Derek did not trust or appreciate her and often mentioned how he treated his former wife with more respect than he did to her. Derek felt that he could not trust Jill due to her drinking history and finding bottles of alcohol hidden in her purse or briefcase. Jill felt she was continually trying to prove herself to him and that she was no longer the person she was three years ago. She did not drink or party as excessively as she did before she met Derek and prior to her becoming a mother she had stopped drinking when she became pregnant. Jill and Derek determined that their goals for counselling were:

- 1) To learn to communicate.
- 2) To trust and respect each other.
- 3) To listen and to appreciate the good things in each other.

Intervention

The social work student spent a considerable amount of time throughout the entire process of couple therapy focusing on communication skills because it was very difficult exploring couple and stepfamily issues without a heated discussion arising. Therefore, the student focused on the skills of basic listening, using time-outs and setting limits with an egg timer when a discussion was needed at home.

The social work student attempted to demonstrate effective listening skills in a number of creative ways due to the difficulty of focusing on the issues at hand. It was decided that Jill and Derek would be separated during the session by having one person behind the mirror, reflect and write down what they heard the other person say and then switch. The purpose of this exercise was to demonstrate the art of active listening skills and to use this as a focus of discussion when they were brought back together at the end of the session. To compliment this demonstration the social work student provided a diagram for them to take home called the "A B-E-A-R" model (see Appendix D) that provided a structured method of communicating often used in conflict resolution.

The social work student also focused on the extent of Jill's alcohol use and the effect it had on their relationship. Derek's lack of trust in the relationship was explored as a result of past alcohol abuse and the level of dishonesty that currently

existed. From a solution-focused perspective the social work student examined what Derek needed in order to begin the process of learning to trust Jill again and how Derek could support Jill in her being more honest. Derek indicated that he could trust more as time passed without any incidents of dishonesty, and asked Jill to remember to tell him important things that had occurred. It was also determined that it would help if Jill compromised about how much she would drink if they went out together for a social evening rather than getting out of hand and drinking excessively. The student explored the emotional toll it took on Jill to continually prove she was not lying to him, and asked Derek to start the trust process by not going through her bags searching for alcohol.

Midway through the course of counselling Jill and Derek indicated that Derek had called off the wedding due to a recent social event in which Jill was caught lying about drinking and using drugs. The social work student examined the feelings underlying the severity of this event and Derek stated that he felt he “got burned everytime” he began to trust her, he was tired of the constant lies, and felt angry and hurt everytime Jill acted this way. Jill made it very clear that she had made a mistake and that she should have told him of the events of that night, but felt frustrated because he did not believe her when she reassured him that she had not used drugs or alcohol since. Jill was aware of the fact that this incident had possibly cost her the relationship but she was willing to do whatever it took to keep them together.

At this point the social work student felt it was necessary to determine where they felt the relationship stood because Derek had indicated he was no longer sure whether he could stay in the relationship and had serious thoughts of separating. A

number of tools were used to explore this process, such as creating a visual pattern of interaction to paint a more vivid picture of how their cycle of interaction was affecting their relationship, their children and overall family life. Also, using the solution-focused approach, a scale of commitment was used to determine where each of them stood, with 1 as staying together and 10 as separating. Derek stated he was at an 8.5 and Jill was at a 3. Overall, the discussion explored whether Derek was willing to move up the scale towards staying together and what it would take for this to happen. Jill was notably upset with this discussion because she was still invested in the relationship and very much in love with Derek but did not feel her feelings were reciprocated.

Consequently, the social work student examined what the bottom line was for both of them to begin trusting each other and stressed both their roles in this task. It was determined that Jill needed to be exceptionally honest and Derek's role was to support Jill in being honest by not searching through her briefcase or purse. It was noted that the process of building trust took time and required the work on both their parts but it would be a process that took time and small steps.

The social work student also focused on the couple aspect of their relationship and began the process of creating more understanding of each other and their differences. For instance, the differences in personalities were explored such as Jill's "forgetfulness" of things and Derek's more inquisitive or "need to know" type of personality. Also, the differences in how they each dealt with stress were explored. Jill indicated she was more verbal when stressed and tired, which made her more prone to discuss her worries and concerns, whereas Derek felt this was her way to

complain. Derek advised he had more of a tendency to “clam up” when he was feeling stressed and it was more difficult to hear Jill’s worries at that point in time. Derek also mentioned he was aware of the fact that Jill assumed he was angry with her when he withdrew whereas he was trying to cope with his own stress. Jill agreed that when Derek withdrew she did not know what to expect because she did not know what he was thinking and felt like she was walking on eggshells. Accepting more of each other’s idiosyncrasies and exploring how to support each other in times of stress and anxiety were emphasized as important in strengthening the couple bond. The social work student discussed conflict resolution skills such as setting specific times to discuss difficult issues or being able to let each other know when they needed time alone to compose themselves, but give a time frame for when they could meet for a discussion.

Couple therapy also focused on typical stepfamily issues such as Jill’s insecurities surrounding parenting. Jill indicated she compared herself to Derek, who had previous experience in parenting with Sam, and felt inexperienced and overwhelmed as a parent with her first child, let alone being a stepmother. Jill felt Derek could be more supportive rather than assuming she should be more aware of the demands of parenting. Jill also indicated that arguments arose over Sam because during the weeks that he was with them Derek spent less time with her and Ryan and they found it very difficult to adjust to the reduced attention. The social work student was able to spend a limited amount of time focused on how they could be more supportive of each other in the parenting process, and their struggles and concerns were validated and normalized.

Counselling sessions with Jill and Derek became sporadic towards the beginning of the summer due to their difficulty in securing a babysitter and reoccurrence of Ryan's ear infections. This issue was discussed on the phone after the fourth cancelled session and it was decided they would contact the social work student as needed during the summer. At the end of the practicum Jill and Derek were transferred to a Family Centre staff counsellor because they felt they had not achieved their goals but wished to continue work on the couple relationship.

Family #4 (Michelle & Ken)

Michelle and Ken had been together for three years and moved in together the week after sessions started with Michelle. Michelle has two adult children from a previous marriage, Rachel is 18 years old and Daniel is 20. Michelle was married for 17 years to her former husband Bill and their marriage ended due to his gambling problems. Ken does not have any children and has never been married, thereby categorizing their stepfamily as *simple* or *integrated* as the focus of their stepfamily is on the couple aspect (Berger, 1995). Rachel was living with Michelle but decided to live with her father and second wife when Ken moved in. Daniel lives and works in Dauphin, Manitoba.

Assessment

The first three sessions involved individual counselling with Michelle who described her extended family, her mother and two sisters, as the main source of her distress. Michelle said her family strongly opposed to her relationship with Ken from

the moment they met and that they believed she should end the relationship for the sake of Rachel who did not care for Ken. Michelle felt she was caught in the middle between her family, her daughter and Ken. Michelle described incidents in which her sisters were very rude to Ken, her mother sent her letters suggesting that Ken was a bad influence on her daughter, that he was a free loader and that she was a bad parent for thinking of Rachel's welfare. Michelle stated that she made it clear to her family that she cared deeply for Ken, and felt hurt and saddened by the fact that they did not respect her decision to be with him. Michelle feels that her family drove her away from them but the family blames Ken.

Michelle also described the problems with her daughter Rachel who refused to accept Ken as a part of her life. Rachel felt that Ken did not understand kids. Michelle agreed with her but felt this did not give Rachel the right to be disrespectful towards him. Michelle discussed how she and Rachel were very close prior to her relationship with Ken and said, "Rachel sees Ken as a major intrusion." Michelle stated that she did not blame Ken for being hurt and wishing to avoid time with her family, but she did wish, in her words, that Ken would be "civil and respectful" at family gatherings, as opposed to withdrawing and not speaking to family members. Overall, Michelle determined her goals for counselling would be:

- 1) For the backstabbing within her family to stop.
- 2) For Ken to be civil to her family thereby easing her discomfort at family gatherings.
- 3) For the family to accept Ken as a part of her life.

The counselling process involved individual counselling for Michelle because this was her original request in seeking counselling services. As counselling progressed it was decided that it would be beneficial for Ken to join Michelle for couple counselling.

Intervention

The following two individual sessions focused on the strengths perspective and the positive things Michelle had been doing to cope with the tension between her daughter, her family, and Ken. The social work student focused on providing a considerable amount of affirmation and support for the difficult role she plays in this situation.

Michelle's concern for her daughter and her worry that she was a bad mother, as her sisters and mother had indicated, was normalized. The focus became examining the reasonable things she was doing within a very difficult situation. For example, Michelle discussed Rachel's feeling that Ken was coming over too much before Ken moved in and Rachel moved out. Michelle then decided there would be two nights a week in which Ken would not come over. The social work student highlighted and emphasized her consideration and awareness of her daughter's feelings. The student also focused on the possibility that Rachel's move out might entail forming a new relationship with her now that they were in a new stage of their life. The difficulty of coping with the adjustment period that Michelle and Rachel needed to work through was normalized and ideas surrounding how a new relationship could be formed was discussed. Michelle discussed the fact that she was

aware her daughter was unhappy with her relationship with Ken but she would let Rachel know her door was always open and would initiate get-togethers at least once a week.

Michelle's feelings of being caught in the middle were normalized and discussion focused on what was reasonable to expect and request of her family, daughter, and Ken. The social work student supported Michelle's request that her family and Ken be civil to one another and her acceptance that they did not have to like one another. The student focused on what Michelle did have control over including how much she and Ken wanted to include her family into their personal lives and how they expected to be treated.

Michelle's past relationships with her former husband and family were explored and she discussed the fact that during her marriage to Bill she was very close with her family. She would socialize with her sisters and they were very involved in the problems she experienced with Bill. Michelle described pulling away from her family prior to meeting Ken after an incident in which her eldest sister upset her by not supporting her in a time of need. Thus, Michelle made a conscious decision not to let her sisters and mother into her personal life. The social work student took the time to compare the resulting difference in her relationship with her family and how her family may not be used to being a minimal part of her life, thereby being overly critical of her relationship with Ken.

Couple Therapy

After three sessions of individual counselling Michelle decided she would like Ken to be a part of the counselling process and asked him to join her for couple counselling. Specific couple goals that incorporated Ken's input were not developed because Ken adamantly stated he was only there at Michelle's request. However, he actively participated in the couple discussions about difficulties with Michelle's extended family.

During the initial meeting Ken spent a considerable amount of time discussing the numerous events in which Michelle's family had been rude or spiteful towards them. Ken indicated that too much damage had been done on Michelle's family's part and it was too late to repair the damage. The social work student explored the current compromise they had worked out and focused on strengthening and emphasizing the resourcefulness of their agreement. For example, Michelle and Ken had agreed that he would socialize with her parents but not with her sisters. Michelle was in agreement with this because her sisters had been particularly rude to Ken. However, what bothered Michelle was the fact that in large family events, such as a recent family reunion, Ken became withdrawn around her sisters. Michelle wished that Ken would be the better person, let bygones be bygones and be civil around them. It was suggested that Ken was avoiding any personal attacks from them as he had experienced in the past. Overall, the student attempted to increase Michelle's understanding about Ken's actions as it was revealed that Ken was civil but did not feel the need to make conversation.

The social work student also explored Michelle's feelings surrounding the family situation and how Ken could be more of a support to her. Michelle indicated that some days were better than others but on her "blue" days it saddened her that her family had acted the way they had. The student validated her feelings towards her family and her lack of control over the situation and it was further explored how she could support herself on these days. A discussion followed on how Ken could be a support to her and Michelle made it clear that it would be helpful "if he did not storytell about every little infraction my family has done, it's like kicking me when I am down." Michelle stated that it would be more helpful if Ken listened to her rather than giving his opinion or attempting to fix the situation. This was reframed as a gender difference on how men and women react differently to stressful situations and in this case, Michelle needed to vent and be heard instead of being told what to do.

A discussion about household rules occurred in relation to an impending visit from Michelle's oldest son Daniel who planned to attend Rachel's graduation. Ken was very apprehensive about Daniel's stay due to his previous behaviours of bringing laundry home and helping himself to all their food, which Ken felt was disrespectful to their home. The social work student explored further what each of them expected from Michelle's children when they came to visit. It was discussed that Michelle's children needed to be made aware of the new house rules now that Ken has moved in, however it would be Michelle's role to discuss these issues with her children rather than Ken. It was agreed that it was Ken's role to trust that she would do so and give her children a chance to change their behaviour rather than expecting the worst.

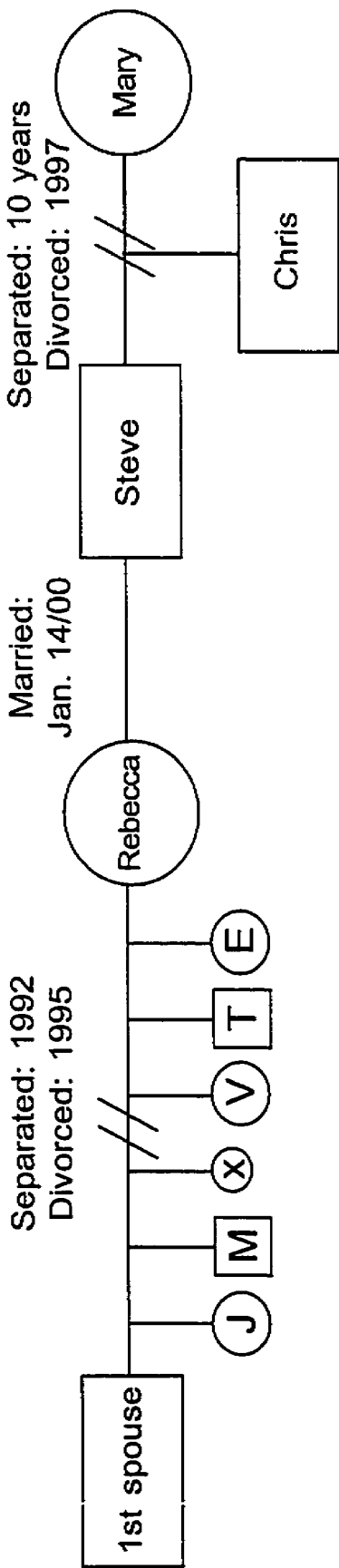
Couple counselling ended with Michelle and Ken after the 11th session in which the new developments made during the course of counselling were reviewed. The social work student highlighted their ability to compromise in difficult situations and encouraged them to transfer this skill to various situations that may arise over the course of time.

Case Studies

Family # 5 (Rebecca & Steve)

Rebecca and Steve are a *complex* remarried family of eight in which Rebecca has 5 children from a previous marriage, and Steve has one. Their children range in age from 9 to 19 years old. They have been married for a year and a half. Rebecca separated from her first husband due to severe sexual, physical, and emotional abuse experienced by herself and her 5 children. Rebecca described a frightening past of being stalked by her former husband, of having to put her children in temporary custody with Child & Family Services and having to change their names for fear the children would be kidnapped. Rebecca and her children had been through extensive counselling to deal with the abuse of their past. Tim, Rebecca's second youngest, was still in counselling. Steve had full custody of his son Chris who visited his mother every other weekend and for two weeks in the summer. Steve had been separated for 10 years and divorced for 4 years, Rebecca had been separated for 9 years and divorced for 6 years. Rebecca's children did not have any contact with their father.

Figure 1: Family #5 - Genogram



Assessment

During the first session Rebecca and Steve described three main issues as the presenting problem. Rebecca was bothered by the fact that her children did not listen to Steve as she wanted her children to trust, respect, and understand him as a stepfather or father figure. She wanted Steve to feel a part of the family.

Rebecca identified how discipline was their primary problem as this was often the main component of their arguments. Rebecca described how she would often set the rules because "I was a single-parent and I needed structure to survive." She felt she had more authority because Steve was outnumbered and they often argued about their different views of discipline. Overall, Rebecca felt caught in the middle between her children and Steve, as she wanted her children to listen to him yet she did not agree with the way he handled situations. This often left her feeling frustrated and confused as she said "where am I in it, as a parent and as a wife?"

This led to other main issue in which Rebecca felt she did not know how to be a wife as she found it difficult to trust Steve and trust him with her children. Rebecca stated, "trusting Steve is one of the hardest things I've had to do," and she was unsure of whether they were doing the right things as a couple. Steve felt that as a couple they are doing fine and indicated that things had improved in the past year and a half of their marriage. Steve stated that he had plenty of confidence in himself and in their marriage whereas Rebecca did not have enough self-confidence in herself. Rebecca openly admitted that she was afraid to commit to Steve emotionally because of her past, and further that she felt unlovable, had low self-esteem and assumed that Steve will either leave her or cheat on her. She did not want to be like that anymore and she

wanted to learn how to be a wife. Therefore, the overall goals determined by Rebecca and Steve were:

- 1) To sort out the differences in viewpoints of disciplining.
- 2) To learn how to parent together.
- 3) To learn how to be a couple together.

Intervention

Counselling with Steve and Rebecca focused on a number of areas. Couple therapy became the main modality with a number of issues emerging regarding the various aspects of their relationship. Parenting and discipline were an important focus between Steve and Rebecca for them to learn to work together as a couple and a family. Other issues included trust and communication, expectations and strengthening the couple bond.

Strengths

The strengths perspective was used continually throughout the counselling process for Rebecca and Steve. Initially the social work student focused on what they had already accomplished in blending their family of eight and validated the difficulty stepfamilies have adjusting to their new environment and the time it takes to do so. The student highlighted how far the family had come since the beginning of their marriage as Rebecca and Steve described a lengthy adjustment period. For example, Rebecca and Steve described how the first 6 months of their marriage was very difficult due to the children having trouble adjusting to a new way of life. The

children had difficulty accepting the idea that Rebecca and Steve would sleep in the same room together as they were very concerned for their mother's safety. Rebecca understood that her children were insecure and afraid, as they were unsure of what a healthy father was. Thus, for the first few months of their marriage Rebecca and Steve slept with the door open. The social work student highlighted their awareness and consideration of the issues their children were facing in learning to adjust to a new home environment.

Also, there was an adjustment period for Chris as he and Steve moved into Rebecca's home and experienced changes regarding finances and a large family. The formation of a new stepfamily can create different expectations, demands, the need to form new relationships and the sense of loss of an old way of life, such as moving to a new school or having to share a bedroom (Kupisch, 1991; Visher & Visher, 1996). Chris had a difficult time adjusting to having stepsiblings and having to share a room, moving to a new home and a new school. Therefore, initially they did not insist that Chris share a bedroom with his stepsiblings in order to allow him time to adjust to his new family and new way of life. All six children in Family # 5 may have experienced feelings of loss in relation to having to share their parent with other children. Rebecca's children had to adjust to a change in their household which may have threatened their sense of safety in relation to their past childhood abuse issues.

The importance of couple time and couple activities was highlighted as a way to strengthen and empower a couple's relationship (Opper, 2000). Steve discussed how they tried to go on dates at least once a week, however Rebecca discussed not knowing whether it was enough time or whether they were doing the right things as a

couple. The social work student reinforced the idea that they were the ones to decide what is right for them within the confines of their family. Rebecca and Steve were also encouraged by their own resourcefulness in attempting to create time for themselves as couple.

Couple Issues

The initial focus of therapy was the importance of the couple bond within stepfamilies as it is the foundation that will ultimately keep the family together (Howell et al., 1998; Visher & Visher, 1994). Opper (2000) noted that it is important to strengthen the couple union first and then focus on strengthening the parenting team. For Rebecca and Steve it seemed evident that the unity of their couple bond was weakened due to the conflicting ways of relating and communicating with each other, which in turn reflected how their children responded to them as a couple.

Expectations

In nourishing the strength of the couple bond it is important to clarify individual expectations of the remarriage and reformulate them into mutual expectations (Opper, 2000). Steve and Rebecca's expectations as a couple were examined to determine whether or not some of them needed to be changed. Rebecca often indicated she knew how to be a parent but not a wife, whereas Steve was adamant in stating he was very pleased with their relationship and his expectations were to love each other and work together as a team in all aspects of their

relationship. When asked what their expectations were when they got married Rebecca stated that she had not thought about the couple aspect of their relationship. She had assumed that Steve would draw on her parenting skills because of the experience and work she had accomplished with her children. Rebecca felt her spouse would watch, learn, and listen for a year in order to get to know her children, and then develop a relationship with them. Then she expected that gradually her spouse would start integrating the same rules that they both believed in and they would be united and supportive of each other. She had not given her role as a wife much thought. Rebecca made it clear that her idea of having a spouse was parent-focused whereas Steve separated their couple identity and felt parenting was their main issue.

It was important to identify and examine the individual expectations of the marriage as unrealistic expectations can foster disappointment, anger, a lack of appreciation for each other and impinge upon the development of the relationship. (Burt & Burt, 1996). However, Rebecca mentioned that she had not considered the fact that it was important for their expectations as a couple and parents to be shared and agreed with the importance of this concept. Therefore, Rebecca felt an increased awareness of where each other stood in the relationship, and agreed that awareness of mutual expectations will help dissipate her sense of uncertainty in the strength of their relationship.

Couple Bond

Visher & Visher (1996) contend that strengthening the couple relationship is a very important part of the therapeutic process and will provide the opportunity for the couple to develop a new level of intensity in their relationship. Burt and Burt (1996) suggest that clinicians support couples in examining what they appreciate and love in each other and Steve and Rebecca were asked to indicate to each other what they appreciated about the other. Steve described how Rebecca helped him write, cooked for him, and watched Star Trek with him even though she did not like the program. Steve also described Rebecca as loving, very giving of her time and a dedicated wife. Rebecca described Steve as very supportive, there for her in difficult times, he listened and helped her with housework such as laundry and dishes and he helped her with the gardening even though he did not enjoy it. Rebecca also mentioned how Steve brought out a side of her, as a woman, that she had not experienced before. The social work student took the opportunity to highlight what they did for each other as a couple and the need to give themselves credit for such things. Steve said, "Rebecca was put down for so many years that she doesn't believe the good things she does. I was married before, and as a wife, there is no comparison between the old and the new."

Rebecca thanked Steve for saying such a nice thing about her. This conversation enabled Steve and Rebecca to enhance their awareness of the positive aspects of their relationship and to begin to frame their ideas of what they need to do for each other within the context of their large family. As a result, Steve and Rebecca

indicated they felt more connected and invested in strengthening the value of their relationship in order to strengthen the marriage and the family.

Trust and Communication

The social work student took this opportunity to examine the methods of communication between Rebecca and Steve and explored areas such as how to better relate feelings to each other rather than assuming the other should already be aware of them. Steve stated that he needed to be “knocked over the head” when something needs to be explained to him because he did not read between the lines. Therefore, Rebecca needed to tell him exactly what she was thinking and feeling and he would understand. By deconstructing the patterns of communication and sorting out assumptions Rebecca and Steve were able to have a greater understanding of how to communicate with each other. The literature recommends that helping couples form a better understanding of each other, reinforce active listening skills, develop communication skills, learn to negotiate compromises and form a greater sense of awareness of each other are valuable mechanisms in forming a couple team (Burt & Burt, 1996; Visher & Visher, 1996). Therefore, using the psychoeducational approach in regards to communications skills, the student discussed the concept of “I” vs. “You” statements and allowing the other to finish their point when discussing a difficult issue.

During each session the social work student noticed Steve’s habit of regularly referring to Rebecca as his “beautiful/charming wife,” and Rebecca being frustrated when he referred to her this way. Exploration of this pattern revealed that Rebecca

felt Steve was saying the words without meaning them. Steve indicated he was aware of this feeling on Rebecca's part from early on in their relationship as they had discussed it in the past, but he hoped she would eventually get over it. He indicated that he found this difficult to battle because he loved her unconditionally, on her good and bad days, yet she was constantly disputing his love for her. It was also discussed how there had been many people in Rebecca's life who had not loved her unconditionally, such as her first husband and stepmother, which fostered the belief that she was not worth the love and caring that Steve had for her. The social work student normalized Rebecca's feelings of how they naturally stemmed from her past and highlighted the fact that it must have been difficult for her to trust that Steve would not leave or hurt her as had been a function of her past.

Using the solution-focused approach, the social work student examined when Steve's compliments towards Rebecca were reassuring and whether they had been in the past. Rebecca indicated that it depended on the day; if she was having a good day she was comfortable with his comments whereas if she was having a bad day in which she was feeling badly about herself she preferred that he not say anything at all. Rebecca stated that in the bad times she needed Steve to listen rather than ignore her negative feelings about herself or provide his opinion about how beautiful she is. Steve discussed his awareness of the differences between men and women when it came to venting, problem solving and listening. The social work student emphasized and validated Steve's awareness of the differences in men and women, namely that women generally wish to discuss a problem whereas men typically prefer to solve the

problem. The social work student also validated Steve's willingness to attempt to understand and meet Rebecca's needs.

Although the solution-focused approach worked to some degree with this couple, it did not appear to be as effective as hoped. Steve, particularly, seemed to find SFT questions to be too vague. Therefore, the social work student decided to incorporate some interventions from the emotion-focused approach. The emotion-focused approach involves examining patterns of interaction and the attendant emotions. The pattern of interaction that had developed for this couple was that Rebecca protected herself or kept her guard up when interacting with Steve for several reasons. She described how Steve would call her names or be rude and mean in anger which destroyed any sort of confidence she had built up in their relationship. Subsequent occasions of angry feelings between them served as a reminder that Steve had hurt her and that she must keep her guard up. The social work student highlighted the fact that the pattern of abuse from her past taught her to keep her guard up as a method of survival, which she had transferred to her current relationship. Therefore, when Steve raised his voice, became angry, and used abusive words it brought back memories of past abuse and she proceeded to put her guard up and ultimately end the lines of communication between them. In agreement with this Rebecca stated, "he proved to me that I can't trust him, it's based on the things he says."

The student began the process of examining the trigger points that brought Rebecca back to protecting herself and how Steve could recognize moments when he needed to step away if she was getting upset. Rebecca stated that when an issue or

argument was becoming intense she needed Steve to step back and give her time to cope with it, as she would come around but it was important to give her space. Steve indicated that if she needed space that she should tell him and he would do something else. Rebecca needed to let him know what she needed as he said, “knock me over the head, be specific, give me something I can work with such as tell me to go away for half an hour.” The social work student noted Steve’s awareness of the benefits of taking a time-out and the importance putting time frames around when space is needed. At the end of this particular session Rebecca stated that she was willing to give Steve a grace period to adjust to the idea of time-outs as it was just introduced.

By focusing on a pattern of interaction, through the use of the emotionally-focused approach, the social work student was able to highlight and acknowledge the different parts of Rebecca and create a different sense of awareness about herself. It also encouraged her ability to take responsibility for her level of communication when the different parts of her are emerging. Therefore, Rebecca was more equipped to let Steve know she needed to be heard, or she needed time alone to deal with a particular issue. Steve was able to more clearly understand her needs and effective ways to communicate with her, and was able to request a more direct style of communication from her.

When goals were reviewed in regards to their relationship, Rebecca and Steve noted that they felt their relationship had improved considerably. They were arguing less and felt their communication skills had improved when discussing difficult issues. Rebecca also felt Steve was more aware of her needs and that she was better able to express her needs to him.

Parenting Issues

Boundaries

In order to develop as a couple the boundaries surrounding the couple need to be strong and distinct from those surrounding the family as a whole (Berger, 1998; Burt & Burt, 1996; Opper, 2000). Visher & Visher (1996) discuss the fact that unclear boundaries can create distress, uncertainty and frustration, which thereby decreases the sense of control within the stepfamily. It was also stressed that as parents become more consistent with enforcing boundaries it will be easier for the children to recognize and respect a new pattern of interacting between parents and children (Burt & Burt, 1996; Visher & Visher, 1996).

Using the psychoeducational approach the student explored the importance of having time alone as a couple to discuss how to handle difficult situations with the children. Rebecca initially stated strongly that her children would not accept this as they were used to immediate responses from her when upsetting situations arose. This was validated and normalized as a necessary part of being a single-parent and helping her children through a very traumatic past, however it was suggested that old methods might be detrimental to the new stage of their family life. By formulating the couple boundary, Rebecca and Steve could demonstrate to their children how a healthy couple communicates. Steve and Rebecca were encouraged to start slow by telling their children they needed 5 minutes alone and then build the time up to 10 minutes, etc. The following session Rebecca and Steve noted that they had attempted

a time-out from the children to discuss an issue and were only able to get away for two minutes as the kids were arguing and yelling at each other outside their door. It was emphasized that this was two minutes more than they had before, and that it was a process that would take practice and time for everyone in the family to adjust to. Therefore, it is important for Rebecca and Steve to learn to work together when dealing with the children and to allow time to themselves to sort out issues related to the children.

Discipline

Rebecca stated that Steve is often the reason for her stress due to the manner in which he treated her children. The reality of the trauma of the past for Rebecca and her children affected the stepparent-child bonding and how Steve interacts with them, as Steve's yelling and verbal abuse triggered fear in Rebecca's children due to their past. The discussion focused on Steve developing a relationship or strengthening the bond with Rebecca's children before taking on a disciplinarian role. During this discussion Steve indicated he realized his method of discipline was not working as he often had to ask the children to do things more than once, then he would get frustrated and end up asking Rebecca to talk to her children. The stepparent assuming the disciplinarian role too quickly can create distress within the stepfamily. Many authors recommend that the stepparent take their time in forming a relationship and be patient in their role as a "parent" (Howell et al., 1998; Kupisch, 1991; Visher & Visher, 1996). It became apparent that Steve was frustrated in his role as a stepfather as the children would not listen to him. Using the

psychoeducational and solution-focused approaches the student attempted to explore the notion that it is beneficial for Steve to form a stronger relationship with his children. The student also attempted to identify moments when Steve had interacted with the children in a supportive rather than disciplinarian role. The social work student found that Steve did not respond well to these forms of intervention as he stated he did not have time to bond with 5 stepchildren. Steve continually justified his disciplinary actions when dealing with the children because he did not have any problems acting in this manner when parenting his son.

As a result the student explored discipline in another manner. Using the cognitive-behavioural approach, the discussion centred on anger management and how to recognize anger and deal with it in a more constructive manner when working with the children. His anger was explored further to identify how his thoughts and feelings influenced his actions. Steve stated that when he became angry with the children his thoughts were, "no one is listening to me." As a result, feelings of frustration and distress would result in swearing, yelling and throwing things. Diagrams were used to clarify patterns of these interactions. This exercise allowed Steve to break down the cycle of his anger, determine it's root cause and identify how he could avert verbally and physically abusive reactions. Steve was able to recognize that he had control over his actions by recognizing that he could reframe his thoughts in a more positive manner and allow himself to take a time-out to compose himself in order to handle the situation more appropriately.

Rebecca discussed how her children were extremely sensitive to Steve's physical signs of anger as they learned to recognize them in their own father when he

became physically abusive. Therefore, when Steve reacted in anger her children would look to her for safety and protection. Rebecca also discussed the fact that the family did not know when Steve was getting frustrated and angry as his reactions from which happened very quickly. Steve decided he could let Rebecca know he was getting frustrated, step away from the situation and provide the opportunity for Rebecca to take over. When he had time to calm down he could return to the situation and assume a more supportive for Rebecca if the children are misbehaving. Therefore, by using the cognitive-behavioural approach Steve was able to recognize moments when he could relinquish the disciplinarian role, take a moment to calm himself when getting angry, and allow Rebecca time to step in and work with the children when dealing with disciplinarian issues.

The Children's Perspective

The social work student had the opportunity to meet with three of the children in a family session because Rebecca felt it was important for her children to verbalize their concerns about Steve in a session. She felt it was important "to let Steve hear that when they (her children) are mad, they are just verbalizing but not mad *at* him." Thus, Chris, Tim and Elizabeth, ages 12, 11 and 9 years old, were able to attend the family therapy session.

The session started off with play therapy and the three children were given the choice to work with playdough or draw pictures in order to create a symbol that represented the state of their family or what they wanted their family to look like. Using the solution-focused approach they were also asked what they would like to see

changed in the family. Chris and Elizabeth indicated they were happy with the family situation but did not like the fact that Steve yelled as much as he did. Tim, on the other hand, was very angry with Steve and the way he yelled at the family. Tim also indicated that he was aware of the frequent arguments his mother and Steve had because they would wake him in the middle of the night. Tim made it very clear he disliked Steve and would prefer that Steve not be a part of their family, which was his answer to what he would like to see changed in the family.

During the session the kids' symbols were discussed and it was noted that Elizabeth drew a scene with all 8 family members holding hands with smiles on their faces and the sun shining behind them. Elizabeth indicated that she wanted everyone in her family to be happy with one another. Chris formed a heart out of playdough indicating he was happy with the family but would not go into further detail. Tim formed a circle out of playdough and drew 6 stick figures that included his mother as the bigger figure with the rest of his brothers and sisters. He did not include Steve or Chris in the picture. It seemed clear the children's pictures and symbols were an accurate indication of how Rebecca and Steve had described the children's feelings. The student praised their sensitivity and attentiveness to their family and emphasized their abilities to support their children's needs in adjusting to life in a stepfamily.

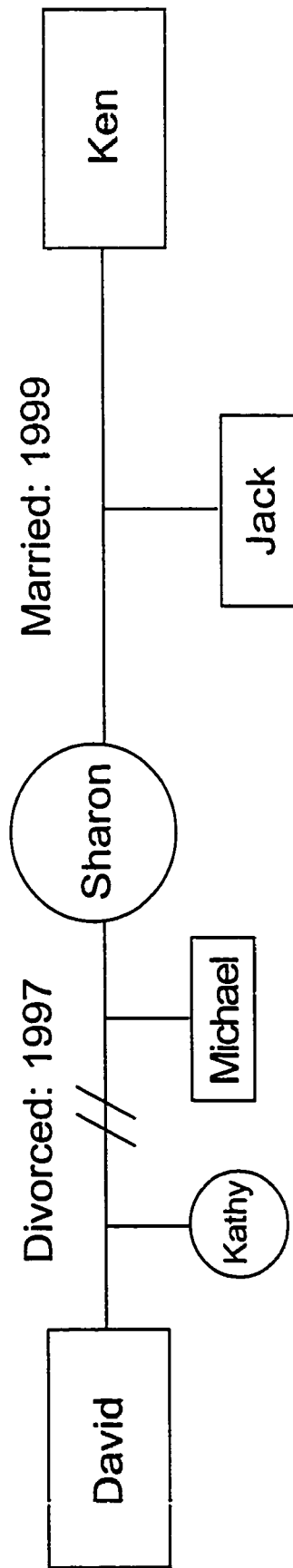
As a result of the family therapy session, Rebecca and Steve indicated they realized the impact their arguments had on Tim and decided to make more of an effort to control the volume and intensity of their disagreements in front of the children. It also helped in reducing the frequency of their arguments.

Counselling with Rebecca, Steve and their family revealed many common issues experienced by stepfamilies. The psychoeducational and emotion-focused approaches were used to explore areas of the couple's relationship and foster the strength of their relationship, and the bond necessary to hold the stepfamily together. Also, the use of the psychoeducational approach in examining parenting issues and the difficulties faced in managing a large family. The use of the cognitive-behavioral approach in exploring anger management created the team concept for Rebecca and Steve to work together when coping with the day to day life of parenting each other's children.

Family #6 (Sharon & Ken)

Sharon and Ken were a remarried couple of two years in which Sharon has two children from a previous marriage, Kathy who is 13 years old and Michael who is 10 years old. Sharon and Ken have a child together, Jack, who is a year and a half. This *invented* stepfamily focused their attention on creating a new family as Ken was single prior to their marriage. Sharon has been separated from her former spouse, David, for 7 years. David has primary care of Kathy and Michael, who visit Sharon and Ken every Thursday to Saturday at noon and every second Sunday until noon. Sharon is disabled from rheumatoid arthritis and Ken is the main care provider for the family. Sharon has been unable to work since 1995 when she was forced to quit her job as an office manager due to her illness.

Figure 2: Family #6 - Genogram



Assessment

Sharon initiated counselling due to her concern for her children and she felt her former husband put too much pressure on them in regards to discipline and an overloaded schedule. Sharon felt the most concern for Kathy whose emotional problems were exacerbated by her father. Sharon described Kathy as feeling alienated by her father and that David favoured Michael because he was a boy, causing Kathy and Michael to bicker. Ken felt Kathy and Michael did not have time to relax as they were overwhelmed with a busy schedule at David's and the children end up at her home exhausted. Sharon and Ken felt the rules at David's were unreasonable as he had a very strict bedtime and rules around homework, however the children's many activities during the week meant that by the time they got home they did not have time to finish their homework before bedtime. Sharon and Ken wished Kathy and Michael would come to their home rested and relaxed instead of using it as a place to crash, Sharon felt the childrens' exhaustion from being at David's took away from planned family activities with her and Ken. Both Sharon and Ken agreed that they needed to learn to communicate with David for the sake of her children. David was aware of them attending counselling and was willing to be a part of the process. Goals formulated in the first session with Sharon and Ken included:

- 1) For Sharon and Ken to improve their emotional support of Kathy through improved listening and communication.
- 2) Increasing David's respect for Sharon and Ken's parenting abilities.

Intervention

The progress of therapy was inconsistent due to Sharon's illness as they were only able to attend two sessions at the Family Centre and then cancelled sessions for an entire month. It was then agreed that the social work student would visit Sharon and Ken for sessions at their home to accommodate Sharon's illness. The focus included a number of themes related to the bi-nuclear family system for Sharon and Ken. Issues such as separating boundaries between the immediate family and that of the spouse, fostering respectful avenues of communication, and strengthening the value of the stepfamily Sharon and Ken have created will be discussed below.

Strengths

The value and strengths of Sharon and Ken's parenting skills for the two teenagers while raising a one and a half year old and coping with Sharon's illness were highlighted. The student emphasized the value of the good relationship both Sharon and Ken had with her children, that Kathy and Michael had a strong rapport with Ken, and that they respected him as their stepfather. Ken described how every second Saturday he took Michael to a computer war games group he is involved with. The value of the relationship Ken had formed with his stepchildren and the fact that he has assumed a suitable role within their stepfamily was highlighted. The literature supports stepparents in taking on the role of friend, mentor and parental support in a warm and accepting manner for their stepchildren (Corsbie-Burnett & Giles-Sims, 1994; Visher & Visher, 1990; Visher & Visher, 1994; Visher & Visher, 1996).

Sharon stated she found it distressing that David felt they do not have any rules, were irresponsible parents and that he did not respect them as parents. She felt very upset because David's actions made her feel as if she was a terrible mother and that the children sensed this as well. There were a number of reasons Sharon might have felt insecure as a mother such as David's discontent with her parenting abilities or the social stigma related to her unusual role as the non-residential parent. Depner (1993) discussed the fact that the mother as the non-residential parent goes against strong societal norms in its view of mothers, and referred to this situation as "*parental role reversal*." Ultimately, Sharon wanted David to respect her and Ken and recognize that they are a permanent part of their children's life. She wanted David to know, "that we are not corrupting them, (Kathy & Michael) they are not in danger here and nothing bad is happening to his children while they are here." The social work student validated and normalized Sharon's hurt, worries and insecurities as a mother and subsequently explored how her illness had affected her as a mother. Sharon discussed how she was often tired and in pain which prevented her from doing some of the things she wanted to do for her children. For example, Sharon described how Michael loved pancakes on Sunday morning and she was usually too tired or sick to make them for him. Sharon discussed how it took her a long time to accept her limitations due to her illness, but has accepted the reality of her situation and was trying to make the best of it. Sharon tried to focus on what she could do with her children such as watching movies or helping with homework. The social work student focused on her strengths and explored the many different ways she contributed as a mother and that she had a right to be a permanent part of her

children's lives rather than trying to prove to David that she already was. Sharon's ability to be there for her children on an emotional level was examined in detail. Overall, the student was able to start the process of enabling Sharon to sort out her role as a mother and strengthen what she was already doing rather than focusing on what she was not doing.

The strength of their couple bond and how they supported each other when distressed about dealing with David or when worried about their children was emphasized. Sharon explained how loving and supportive Ken was considering the difficulty of her health problems, as he drove the kids to various activities, did housework and cared for Jack when she could not.

The focus on strengths and stressing the importance of making note of the things Sharon and Ken were already doing as a family became an avenue to encourage the significance of their stepfamily. This helped create confidence that they were competent parents and began the process of them valuing their own resources in dealing with difficult stepfamily issues. It also created an awareness of the importance of clear boundaries in bi-nuclear families.

Bi-nuclear family boundaries

Examination of how to create and strengthen boundaries and respect between their family and David's became an important focus. The process of discussing boundaries helped Sharon and Ken focus on what was important to their family rather than shifting attention to what is happening with her former spouse. Visher & Visher (1996) suggested stepfamilies take control over what they can and accept the

limitations that are a reality of their children being a part of two households. The social work student discussed the control Sharon and Ken had within their home and the differences in family rules between the two households. For instance, Sharon and Ken explained how their rules were more lenient than David's as they let the children watch action movies, play war video games, and they were more flexible around when Kathy and Michael had to do their homework. Sharon discussed how it seemed David had less control and influence over their family now as he used to try to control what movies the kids watched or what they were eating when they were at Sharon and Ken's home. Sharon and Ken felt they had stopped David's attempt at controlling how they parented Kathy and Michael by communicating with him less, having less contact on the phone and by simply avoiding him. However, they felt their opinions were not respected by David which was reflected in Kathy and Michael questioning Sharon and Ken's parental decisions.

The social work student examined the notion of fostering respect between the parents and two households by exploring how Sharon and Ken expressed their opinions of David in their household. Divorced parents discussing negative opinions of the other parent is a common occurrence, but it can have a negative and damaging impact on children. It is recommended not to be blaming or critical of the former spouse as this can be a way to devalue the children who love and care for both their parents and can also place the children in a loyalty conflict. Therefore it is more appropriate for parents to reinforce respect for the divorced parent by discussing difficult issues and negative opinions behind closed doors (Bray & Berger, 1993; Frydenger & Frydenger, 1984; Opper, 2000). The social work student normalized the

difficulty in seeing eye to eye with David and that they did not have to agree with him. Sharon indicated that ultimately, she wanted to work more as a team with David rather than working against each other.

The social work student asked Sharon and Ken if they saw anything positive in the way David parents Kathy and Michael. Sharon stated, “ he loves the kids, he believes he is doing what is best for them. He takes being a father very seriously and wants to protect them.” The process of examining common goals between co-parents began by asking Sharon and Ken how they viewed David. This provided the sense that there were common elements between them such as the love for their children and desire for what was best for them. Buehler & Ryan (1994) concluded from their study that clinicians may want to recognize common beliefs and parenting goals between former spouses, which will foster cooperation rather than rivalry between parents and non-residential parents. Reducing competition and increasing the idea of teamwork on a common goal may help removing the children from being caught in the middle of parental disagreement (Buehler & Ryan, 1994; Visher & Visher, 1996). Therefore, introducing the notion of mutual respect and common goals was an initial step in encouraging improved communication between Sharon and Ken and her former spouse.

The former spouse: Individual Therapy

The purpose of meeting with David was to determine whether he had similar concerns for Kathy and Michael as Sharon had and whether he was open to finding ways to improve communication within the stepfamily system. David was motivated

to be a part of the counselling process because of his concern for his children and his struggling relationship with Sharon and Ken. Over the course of two individual sessions with David a number of themes arose in his struggle as a co-parent and single-parent for Kathy and Michael.

Single-parenting - Strengths

David agreed that he felt Kathy and Michael bickered a considerable amount however this was due to natural sibling rivalry. David stated that as a single-parent he tried to be fair but he was concerned about Kathy's behaviour when she got angry. Kathy would get frustrated and angry very quickly and hit her brother or use angry words. David felt that Kathy needed to learn to be respectful. David seemed very aware of both his children's individual needs and that one of the most common disputes was over fighting for his attention and David felt both Kathy and Michael were experiencing normal, developmental adolescent problems. The social work student affirmed his awareness of his children's individual needs and the difficulty he had in balancing their needs as a single-parent.

Co-parenting

David's strengths as a single-parent and the difficulty in managing his responsibilities towards his children versus the responsibilities of Sharon and Ken were discussed. David stated that the main issue that bothered him was that he felt all the responsibility of parenting fell on him, even when the kids were with Sharon and Ken. For example, David discussed a situation in which the children were at Sharon

and Ken's on a Thursday night and he received a phone call from the school on the Friday morning advising that Kathy was not in school. David phoned Sharon and Ken who explained they had a rough night because the baby was sick, and that Kathy was tired and would be late. At this point Sharon had asked David if he could take Kathy to school because Ken was tired as he had been up all night. David felt he did not have any other choice, as it was important for Kathy to get to school, yet "I am always bailing them out." Overall, David felt that Sharon and Ken were not dependable therefore, he felt it was his responsibility to make sure that homework got done as he did not trust that it would get done over the weekend at Sharon and Ken's. Depner (1993) discussed studies that found that residential fathers often had difficulty with the parenting abilities of non-residential mothers and felt they did not have the motivation or ability to be the primary parent. Depner (1993) also discussed studies that found residential fathers were content with their role as the primary parent but often had to deal with the difficulties of the child's adjustment to the parental transition or setting routines and household rules.

The social work student explored overall stepfamily issues related to Sharon and Ken and David indicated he was aware of the different expectations between the two households and the tension between him and Sharon. As a result, David said he was reluctant to raise any issues related to the children because he was conscious of the fact that Sharon perceived this as a way to control her. From a solution-focused perspective, the student asked David to reflect upon what had worked in the past in communicating with Sharon. David discussed how initially, upon their separation, when they had joint custody and the children spent equal time with both parents their

interaction was cooperative in that they openly discussed issues and concerns related to the children. He said they had decided to remain civil, be respectful and remain friends for the sake of the children. David indicated that things changed when Sharon and Ken began to experience financial problems and decided they were not able to contribute towards paying for Kathy and Michael's extra-curricular activities. At that time Sharon requested that David assume full custody as Sharon and Ken could no longer afford to support the children. When custody was changed to the current arrangement, David felt that disputes over finances and parenting methods created a lot of stress on him and the children. As a result of this event over child support and custody, communication lines broke down and their differences in household rules became more apparent and conflicting.

Boundaries and Communication

The issues of communication and boundaries between the two households were introduced as well as the idea of easing the burden of full parenting from David by having him focus on parenting solely within his household. Ultimately, he did not have control over the rules in Sharon and Ken's home, therefore it was a matter of trust that Sharon and Ken would deal with the homework issue on their own terms. David felt that he had already begun to make a conscious effort not to concern himself with the rules in Sharon and Ken's household, as he had not discussed "trivial" issues such as whether the children were watching violent movies. David discussed an example in which he had put this to the test as he described a situation in which Kathy told him she had an audition for a play. Once Kathy realized the

audition was on an evening she would be at her mother's, she assumed that she would probably not be able to go. David's initial reaction was to offer to take her, but decided that if it were important enough to Kathy she would work it out with her mother and Ken. David stated that it took incredible self-restraint not to get involved and said that it was in his own best interest to do "the best parenting I can with the kids when I have them and the rest is up to the grace of God." He stated that he did not speak his mind if he was bothered about an issue because he realized it did not get him anywhere and he and Sharon ended up frustrated. David's awareness of the difficulty of co-parenting, especially the fact that he was torn between wanting what was best for his children, but not always being able to give them what they needed when they were not with him, was validated. He was supported in his decision to pick his battles, as often the end result is not worth the hassle.

Communication levels between the two households were explored as David indicated that he felt communication between himself and Sharon and Ken were civil, but his relationship with Ken was more cordial. Sometimes he felt Ken was more cooperative when it came to negotiating driving the kids to various events whereas Sharon would become offended that he had asked Ken to drive the kids because Ken might be very tired. A discussion centred on keeping communication positive rather than negative as an indirect way to foster an improved relationship.

The social work student also examined with David what he appreciated about the ways Sharon and Ken parent. David stated that he respected Ken's work ethic and his ability to provide a steady income for Sharon and the children considering the difficulties of Sharon's illness. He appreciated Ken's interest in video games, as he

was aware that Michael enjoyed this. He did not consider the Saturday morning war games activity as a negative situation, but something that Ken can do for his son that he cannot. David determined that he would like his relationship with Sharon to improve, as he felt it would be helpful if they both learned to trust each other more and for their relationship to be a civil one.

Family Therapy

Visitation Concerns

The student had the opportunity to set up a family therapy session with Sharon, Ken, Kathy and Michael, and a second one with David, Kathy and Michael. There were some commonalities that were first discovered with Sharon and Ken and explored in further detail with David. In both sessions Kathy and Michael indicated that they found it confusing when plans were continually changed due to whose house they will be at, as there was not enough consistency in planning the weekends.

In the family therapy session with David the issue of visitation was explored further because Kathy felt that her parents worked out the visitation arrangements amongst themselves and she did not get any say on the decisions. She expressed the fact that she did not want her entire day or weekends planned for her anymore. Kathy and Michael often felt like they did not know what was going on and they could not make plans with their friends until their parents told them where they were going to be on the weekends. When asked what would help the situation, Kathy stated that she would prefer more advanced warning of changes, to be asked about the change of

plans rather than being told, and be informed of why the changes were made. David validated the children's concern by stating that he was aware the abrupt changes could throw off plans for the weekend and that it was important to be consistent in making plans, however he also felt it was important to be flexible. Kathy discussed that when they were younger they went along with what they were told and did not ask any questions, whereas it was no longer acceptable to go along with plans made for them. They wanted a choice when it came to weekend visits and planning. David agreed that as parents they could make more of an effort in planning visits and making last minute changes. The issue was explored further when Kathy suggested they make a family calendar in which they could write down plans or changes that had been made and for it to be used as a daily reference. The social work student validated Kathy for her resourcefulness and further emphasized the idea of mutual responsibility in family planning as Kathy and Michael both had a role in letting their father know where they needed to be or which friend they had made plans with.

Overall, the social work student highlighted the fact that the family calendar may have allowed the children to have more input yet understand that there needed to be room for flexibility. It is important to note the particular characteristics of adolescents in blended or binuclear families, and the fact that children in their teens are beginning to seek independence and their own identity. Research has found that teenagers are less satisfied with a strict visitation schedule due to more external interaction with friends (Bray & Berger, 1993; Visher & Visher, 1996). This was clearly the case for Kathy who was beginning to express a desire to have more control over the visitation schedule in order to be more accessible to her friends. Visher and

Visher (1996) recommend examining with parents their adolescents' changing needs and to look at any reasonable changes that would fit the family. Discussion of this issue resulted in David's willingness to allow Kathy to have more control over weekend planning and using the family calendar as a mechanism to display her wishes for weekend plans.

Boundaries and Communication

In examining the differences in family sessions there was a clear discrepancy in interaction between Sharon and the children versus David and the children. Most of the session with Sharon, Kathy and Michael involved Kathy pointing out the many things her father did wrong and Sharon supporting Kathy more like a friend rather than a mother. For example, Kathy described her father as being too controlling by tracking the homework she had to do and when she had to do it. Also, Kathy described her father not letting her stay home from school when she was not feeling well, whereas her mother would be more supportive in these aspects. Sharon agreed that David was too controlling of her children and feared he would control her daughter the way he controlled her when they were married. Bray & Berger (1993) discussed the fact that adolescence is a time in which the child may seek the support of the non-residential parent to avoid conflict or control of the residential parent. This was clearly the case for Kathy who objected to her father's control of her daily life and felt her mother was more flexible and easy to deal with.

The indication that boundaries were crossed between parent and child occurred during the session with Sharon. They described an incident when Kathy

was not feeling well one morning and Sharon asked that Michael call his father to advise him of this. Later on, David phoned Sharon to discuss the situation. The social work student attempted to focus on creating clear boundaries between the parents and children by examining how Michael felt when he was asked to phone his dad for his mother. The social work student normalized Sharon's insecurities in dealing with David however, stressed the importance of Sharon and Ken dealing directly with David when it comes to issues with the children.

Michael's main concern was fear that his father might leave him due to his disapproval of the things Michael did while at his mother's house. Michael's understanding was that David left Sharon because he disapproved of some of her behaviours. As a result Michael avoided telling his father about the things that he did when he was at his mother's place. The social work student normalized Michael's feelings and reinforced the idea that as parents, Sharon and David both loved their children and would not desert them under any circumstance. The effects of Sharon expressing her opinions about David may have fostered Michael's belief that his father might abandon him. It is important for divorced parents to deal with conflicting issues between themselves and not involve their children. It was very clear to the student in the session with Sharon and her children that she was very vocal of her dislikes and lack of respect for David in front of the children. Unfortunately the student did not have the opportunity to explore the issue further due to Sharon's illness and lack of further sessions.

During the session with David and the children, differences in communication were apparent in how the children discussed their feelings and concerns for their

father. Kathy indicated she would prefer to know more about what her father was thinking when it comes to family issues related to herself and Michael. For example, Kathy felt it was difficult not knowing her dad's thought during the change in custody arrangement because her mother told her what was going on and how it was affecting them but David did not. Thus Kathy ended up feeling confused over whose side to be on. It was at this point that Kathy and Michael stated they wanted to see their mom more than just the weekends, but on a weeknight as well. David took this into consideration and the custody arrangement was changed based on their input.

The social work student explored what was reasonable for the children to be aware of versus the parents need to sort out and finalize decisions related to Michael and Kathy on their own. The student validated the fact that Kathy and Michael worried about what their parents were disputing and as children they should not have to pick sides. The social work student also supported David's judgement in deciding what to tell his children in relation to family issues. Overall, the session with David, Kathy, and Michael ended very positively in that David asked how they could have this type of civil, respectful conversation at home. Michael answered by stating, "not to do it when we are angry." Kathy also felt it would be easier if they were more respectful towards each other when discussing difficult issues.

With this family, the social work student had the opportunity to explore many areas of the bi-nuclear family and work on key areas to strengthen the stepfamily system. Allowing Sharon and Ken to express their concerns about David and their relationship with him provided the chance to normalize their fears and focus on better ways to communicate when co-parenting. The reality that David is a primary

component of the stepfamily system shows the importance of creating strong lines of communication while forming clear boundaries between the bi-nuclear family systems. The course of counselling also fostered the importance of the stepfamily formed by Sharon and Ken and explored ways to build their own family bond.

Similarities and Differences

Strengths Approach

The common thread that arose throughout the practicum was the use and apparent need for the strengths approach as it became clear that the families experienced difficulty or uncertainty in the way they were functioning as stepfamilies. Stepfamilies experience uncertainty because of the lack of social norms to follow and, in essence, they are creating a new family form by figuring out family dynamics on their own. Berger (1998) suggested that the North American culture has not yet formed rules in regards to stepfamily relationships and how they should communicate or interact. Stepfamilies are much more complex than the nuclear family form as the family dynamics involve the merging of two different families, which ultimately involves merging two different ways of communicating, parenting, family traditions and family rules. The challenge becomes how to compromise or balance two different family forms (Berger, 1998).

Identifying each family's strengths and uniqueness was very helpful as it fostered a sense of confidence in the resources and mode of functioning that the families had already devised. The focus of this approach centered on identifying

internal resources such as compromises in rules, roles, communication and external resources such as family and friend support or the use of supportive agencies.

The effectiveness of this approach was demonstrated in a number of ways. For example, the student encouraged Michelle and Ken (Family #4) for having worked out very reasonable compromises in dealing with Michelle's family. The social work student spent a considerable amount of time highlighting their resourcefulness in their compromise that Ken would not socialize with Michelle's sisters but would meet with her parents on occasion. In the event that a special occasion arose they discussed what was reasonable to expect of each of them in each particular situation.

The strengths approach was also very useful in encouraging and supporting Michelle's role as a mother as her family was leading her to believe she was a bad mother based on her decision to be with Ken. Her family felt Ken had a negative impact on her daughter which she was beginning to believe and she was very upset over the fact that her relationship with her daughter had taken a turn for the worse since Rachel had moved in with her father. The social work student examined Michelle's insecurities, normalized them and focused on her individual resources as a mother; for example, her sensitivity to her daughter's needs when she first started dating Ken. Thus, the student focused on Michelle's past resourcefulness and encouraged her to use it in the new stage of her relationship with her daughter to find different ways to maintain the mother-daughter connection.

Similar to Michelle, Sharon (Family #6) also had insecurities as to her effectiveness as a mother within her bi-nuclear family. The use of the strengths approach focused in depth on her abilities as a supportive and loving mother.

The usefulness of the strengths approach was also demonstrated with Diane (Family #1) as her insecurities as a stepmother were examined. Diane felt that the spanking incident and the resulting court order variation damaged her reputation and confidence as a mother making it difficult for her to face Rick's family. This situation is also an indication of uncertainty in roles within a stepfamily as Diane indicated she was not aware stepparents do not have legal rights in regards to their stepchild and are not allowed to spank in disciplinary situations. Therefore, the focus for Diane became strengthening her abilities as a parent by examining her devotion to be the best parent she could be. Diane discussed enrolling in parenting courses before her first child was born because she did not want to parent like her parents did. Her devotion and willingness to parent the best way that she could was highlighted in order to help create the awareness that she is a wonderful parent and stepparent.

The use of the strengths approach was also very effective in working with Rebecca and Steve (Family #5) in which Rebecca was unsure whether they were developing their relationship in the proper way. The student focused on the decisions they had already made to ensure they had time to spend together as a couple and that they had the ability to decide about the appropriate amount of time within the confines of their family.

Boundaries

A second common issue that arose in many of the stepfamilies was boundaries. The literature states clearly that family boundaries can be a common problem related to stepfamilies as they can be rigid in areas such as between

parents/stepparents and children, or between the remarried couple and the non-residential parent. Often boundaries surrounding the children are difficult ones to form in stepfamilies because the children came before the couple bond and the remarried couple are developing a relationship while parenting children from previous marriages.

In Diane and Rick's case (Family #1), stepfamily boundaries were disregarded by Rick's former spouse who attempted to control how they cared for Rick's daughter when she was with them. This situation had an impact on both couple and stepparent relationships as Diane described feeling separated from Rick and his daughter because she was not permitted to be alone with her. Rick would not allow Diane to put Alicia to bed, brush her teeth or bathe her because his former spouse threatened to call the lawyer if she became aware of these activities. Consequently, the social work student focused on reinforcing the boundaries between their family and Rick's former spouse by emphasizing the notion that they had the control to decide how to parent when Rick's daughter was with them.

Sharon and Ken (Family #6) also experienced the difficulty of boundaries being crossed, with the couple feeling Sharon's former spouse, David, did not respect how they cared for Kathy and Michael within their home. The goal was to create the strength and confidence in Sharon and Ken's abilities to enforce boundaries within the confines of their family, while still communicating respectfully with David when issues surrounding the children arose.

Boundaries were an issue for Michelle and Ken in relation to Michelle's family voicing their discontent and judgmental comments towards them. Again, the

focus was on strengthening Michelle and Ken's choice to decide how much they would let her family into the realm of their relationship. It was also reinforced that Michelle and Ken were the ones who needed to demonstrate to their family how they expected to be treated, such as leaving when rude comments were getting out of hand or indicating that they wished the conversation to end.

Boundaries were an issue for Robert and Rebecca (Family #2) when Robert felt his stepsons took precedence over the couple relationship for Rebecca. Robert indicated that Rebecca favored her sons over him and he did not feel like there was a "we" component of their relationship. Due to their separation in the early stages of the counselling process the issue of boundaries could not be fully explored.

Boundaries were also an issue for Rebecca and Steve (Family #5), in relation to them allowing their children to interfere with the time they needed as a couple to deal with family issues. This was demonstrated when Rebecca explained that she was unable to discuss with Steve how they might handle a disagreement with the children because the children would be right by their sides. Therefore, the notion of allowing 5 minutes behind closed doors to discuss an issue was discussed in order to foster the strength of the boundary around the couple.

Boundaries for Family #4 arose due to the fact that Ken would often talk negatively of Michelle's children and her extended family which put Michelle on the defensive despite the fact she was also unhappy with her family's behaviour. It is recommended in the literature that stepparents, parents or non-residential parents not speak poorly of the other family members. This became a personal issue for Michelle as she felt personally insulted when Ken would discuss the detailed misgivings of her

family. Michelle often said Ken was making her family look worse than they really were. While Ken felt he was an “outsider” who did not have a personal history or connection to her family and saw her family’s misbehaviour from a third party point of view, he failed to realize his opinions and stories of Michelle’s family were hurting the one he loved the most.

It is interesting to note that using the psychoeducational approach in exploring the issues of boundaries was a common theme across all six families, yet differences occurred in where the boundaries were being crossed (i.e. between the spouse and former spouse; between the couple and extended family; and, between the couple and the children).

Role Confusion

A third common theme that arose amongst the four stepfamilies was confusion over roles. It was very common for role confusion to be a shared area of discontent for stepparents, as they are often seen as the outsider coming into a formed family and anxiety, confusion and frustration can result. Role definition within a stepfamily is a very complex issue due to the number of relationship dynamics involved, including the stepparent role in parenting the stepchild, the non-residential child’s role in the stepfamily, and the biological parents’ role in the new marriage.

Robert (Family #2) indicated he did not know where he stood as a stepparent and as a spouse, giving the example of Rebecca’s father telling him that he was not a parent and did not have any rights. Robert did not feel he was respected as a stepparent and after 5 years in the relationship still felt unclear of his role, which

continued to foster his anger and frustration and moments of violence. Rebecca identified that she made a mistake in letting Robert take on the father role too quickly, as she should have let her sons adjust to Robert being a new part of their family and form a relationship first. Robert's frustration and anger led to verbal and physical abuse towards Rebecca and her children. She did not agree with how Robert treated her children which resulted in many arguments in the relationship.

The stepfather role for Steve (Family #5) was a difficult one as he made it clear he had difficulty communicating with his stepchildren and he felt the methods of communication he was using were not effective. It became very clear that Steve did not take the time to bond with his five stepchildren and they did not understand him and found it difficult respecting his role as a stepfather.

It is interesting to note that in Family #4, Ken did not feel confused in his role as a stepparent because he made it very clear that he was not the father of Michelle's children, they did not need a second parent, and he was not about to take on the father role because they were adults. The difference here was that Michelle's children were older, could fend for themselves and did not live with them.

Discipline

Discipline was often a very complex area that created a sense of frustration, discontent and confusion within the six families. The similarities among the families were in how to compromise between parents and stepparents. Disciplining children can be a difficult issue for stepfamilies as blending two families often results in the merging of two different ways and ideas of parenting. Often, remarriages occur after

parents have parented alone for a number of years, formed close bonds with their children and developed an individualized manner of parenting. Trying to find ways to balance two distinct ways of parenting can create distress, anger, and a sense of alienation (Visher & Visher 1996).

For Diane and Rick (Family #1) discipline became an area of contention because Diane was not comfortable with the way Rick disciplined their children and felt he did not respect her ways of communicating with her children when they were misbehaving. Diane described Rick coming home from work and bombarding her with questions about why the children were misbehaving the way they were and then instantly taking charge of the kids. Diane indicated that she felt discredited when he took over, as her hard work with coping with the children all day was not recognized. Also, it may have created the situation of her children not listening to her when she is disciplining them but being very compliant when Rick got home or when he called her on the phone while they were misbehaving. The discussion centered on how their differences could work to their benefit.

For Robert and Rebecca (Family # 2) it was very clear that they had two issues of discontent in regards to discipline; standards of maturity and accountability, and methods of discipline. Robert felt it was important that Rebecca's children be made accountable for their actions and not be "spoiled" by letting them get away with misbehaviour. Robert felt strongly that Rebecca's eldest son appeared only when he needed or wanted something and that he did not accept responsibility for his actions. It became very clear for this family that a rift formed between the couple due to different methods of discipline. However Robert's level of physical and verbal abuse

was fully explored and it was emphasized that this was not an acceptable form of punishment.

For Steve and Rebecca (Family #6) discipline was an area of disagreement because Rebecca did not agree with how Steve treated her children. Rebecca felt Steve did not understand that her children did not respond to yelling and screaming and due to their abusive past it had a traumatic effect. Steve on the other hand did not see the problem with his actions because it was the way he handled his own son without problems arising.

For Michelle and Ken (Family #4) learning to compromise in regards to house rules when Michelle's children visited was a challenge. Ken was not comfortable with the idea that her children stayed with them but recognized that this was part of the reality of being a part of Michelle's life and that some compromises needed to be worked out.

It is interesting to note that the difference for Family #4, in comparison to the three other families, was the difference in age of the children and the different manner in which they were perceived. It was clear for Michelle and Ken that her children were old enough to fend for themselves and did not need to be parented, however they did need to be advised of the new house rules and how they were expected to treat Ken. Ken had very clear expectations of how these adult children were expected to behave in what was also his home.

Multiple Issues in Stepfamilies

It was apparent that in five of the stepfamilies with whom the student worked the presence of multiple other issues interfered with work on presenting stepfamily difficulties. Unresolved issues from the past added to the difficulty of the blending process, and resolving day to day issues stepfamilies face in learning to live together as a new family. The social work student recognized that it was important to examine the past issues in addition to the current stepfamily functioning.

For Jill and Derek (Family #3), the level of conflict they brought to the therapy session and the number of issues that arose, exacerbated the difficulty of their family situation. It became very difficult to address stepfamily issues with Jill and Derek because many other issues related to their past took precedence and added complexity to their stepfamily life. These issues included Jill's past history of alcohol and drug use, Derek's hurt and mistrust as a result of Jill's tendency to lie, as well as unresolved issues from Jill's past relationships. Sessions focused on communication skills to resolve high conflict while issues of Derek's son and the relationship with his former wife became secondary.

For Steve and Rebecca (Family #5) they experienced multiple issues related to their past in relation to past sexual, physical, and emotional abuse experienced by Rebecca and her children. This affected the whole make-up of their new stepfamily as the children are continually dealing with safety issues when Steve becomes verbally abusive. It was clear Rebecca still experienced insecurities in her relationship with Steve as a result of the abuse she experienced while with her former spouse.

For Sharon and Ken (Family #6) it was clear Sharon's illness affected the family in numerous ways. In several incidents her illness affected the family's ability to get Kathy and Michael to school as she was too ill to do so, so Ken was forced to drive the children in the mornings despite being exhausted from caring for their youngest throughout the night.

Robert and Rebecca's (Family #2) multi-problem issues came as they continued to deal with the physical and emotional abuse, past and present, in their relationship. Rebecca stated two of her former spouses were abusive and Robert admitted he had dealt with past physical abuse as a child. Robert also admitted that he recognizes he has anger issues that are a result of his past, which has resulted in his abusive behaviour towards Rebecca. For Diane and Rick (Family #1) the co-parenting relationship was complicated by stepmother discipline methods that were termed abusive by the biological mother.

CHAPTER 5

EVALUATION

This chapter will outline the results and interpretation of the various forms of evaluation used in this practicum. The Index of Family Relations (IFR) scale and the Kansas Family Life Satisfaction (KFLS) scale were administered prior to the first session and at the end of the counselling. As previously described in Chapter 3, a verbal evaluation was used based on videotaped sessions, and a client satisfaction questionnaire was used to determine the social work students effectiveness in working with stepfamilies.

It was very difficult to complete post-test measures due to unexpected no-shows from a number of families and a lack of response rate from mailed post-test measures and client satisfaction questionnaires. For these particular clients the student relied mainly on a narrative evaluation from videotaped sessions in which goals were discussed and reviewed. Due to the small sample size of 6 families and the lack of response rate the measures were not analyzed statistically but were interpreted individually and compared with verbal evaluations.

Family #1

For Diane and Rick it became evident that the scales used to rate family functioning did not appropriately reflect their concerns. The presenting issue for this family involved the strained relationship in the binuclear family system, between Diane and Rick and his former spouse Emily, rather than their current family

relationship. The pre-test was completed, but the post test measure was not because it was mailed and not returned.

The pre-test scores reflected very high family life satisfaction in regards to the relationship between spouses and children. This reflected what Diane indicated in the first session, that she was very happy with her relationship with Rick, they both had a good relationship with their children and felt they treated their children equally as that was something they believed in strongly.

It is interesting to note individual item scores on the KFLS in which the first question asked how satisfied the clients were with their family life, Diane specified she was somewhat dissatisfied whereas Rick was satisfied. Diane's score might have indicated her personal concern with her conflicted relationship with Emily as Diane stated in the first session that she was bothered by the fact that Emily refused to accept her attempts to strengthen their relationship. It may have also provided an early indication that she had conflicted feelings and viewpoints over how Rick disciplined her children because, as was discussed earlier, towards the end of counselling it was revealed that Diane had some difficulty with Rick discounting her abilities as a parent. Therefore, Diane's insecurities in regards to her relationship with Emily and her parenting style may have been reflected on her individual score when asked about her overall family life satisfaction.

Goals were reviewed in the last two couple sessions with Diane and Rick and Diane said she felt satisfied with her relationship with Emily and indicated that it had improved. The improvement in their relationship may have been reflective of the fact that Emily had just had a new baby and her time and attention was focused on caring

for a newborn rather than her hostility towards Diane and Rick. However, Diane felt it was important to schedule a few more sessions to discuss their contradictory ideas about parenting. Diane also added that it was beneficial for them to discuss this because it brought up some very important issues in their relationship. Rick also asked if it was okay to set up sessions on an as needed basis, which the student advised would be agreeable until the end of August 2001. Another session was scheduled for two weeks later but Diane and Rick cancelled and the social work student was not able to reconnect to determine whether they wished to continue counselling. The student felt that the counselling provided to Diane and Rick resulted in a change of relationship for Diane and Emily, however it is difficult to determine whether it was a direct result of the intervention.

Family #2

The social work student also found it difficult to have pre and post test measures completed by Robert and Rebecca for a number of factors. First, Robert indicated his difficulty with reading and writing and he usually asked Rebecca to help him fill out forms but due to their separation prior to the commencement of counselling he requested that he take time to fill it out at home. After numerous requests Robert handed back the IFR and KFLS weeks later when he began individual counselling. When goals were reviewed verbally after the second couple session, Robert was extremely unhappy and stated that counselling had not helped them get back together and at the time refused the offer of separation counselling together or individually to provide support during the difficult time. Nevertheless,

Robert contacted the student a week later to set up individual counselling for support during the separation process. As individual counselling progressed, goals were reviewed verbally and Robert indicated that the support was helping, he was beginning to meet new friends and had a stronger focus on school, which made the separation process easier. A wrap up session was set up to review progress and any changes that resulted from counselling, however Robert cancelled and the student was not able to reschedule. Robert was fairly transient between his mother and brother's house after the separation with Rebecca and stated he was planning to move in the spring, hence the student was not able to contact him by phone or mail to have post-test measures completed.

Rebecca also took the pre-test forms home to complete but did not return them. This may have been related to the fact that she was extremely distressed and concerned for her safety due to Robert's stalking behaviour after she had just left him, and she may not have had the mental energy to fill out forms. Verbal evaluation of the progress of counselling for Rebecca indicated that she was open to individual counselling after the last couple session but the first individual session had to end very quickly because she was frightened of the possibility Robert might see her there. The social work student spent the last session safety planning, conducted a quick review of the services she received, and referred her to another agency for individual counselling. Rebecca said she found the counselling helpful because she felt supported that she was doing the right thing and it helped her realize a few things about their relationship. Rebecca also stated that she realized through couple counselling that it was important to give the other person time to speak, which neither

she nor Robert did during their relationship. The social work student was not able to contact Rebecca by phone or mail because her number had changed and she mentioned she would probably move for the safety of herself and her son.

In this situation the social work student was only able to use a verbal evaluation as an indicator of change because of safety concerns related to ongoing contact between this couple. Individual counselling provided her the opportunity to identify her fears and make decisions about the nature of the post-separation relationship, i.e. no contact. It is interesting to note that couple counselling helped her realize she was doing the right thing (to separate) which may be an indication that her reason for agreeing to couple counselling was to finalize her wish to separate in a safe manner. Therefore, for Rebecca counselling provided the necessary step for her to get out of an unhealthy relationship for the sake of her child and herself.

Family #3

The scores for Jill and Derek in both the IFR and the KFLS indicated that overall family stress and satisfaction within their relationship had gotten worse as counselling progressed. It appeared that the scales accurately reflected the stage of their relationship and family life. The IFR scale for Derek indicated a drastic decrease in family life satisfaction as his score increased 26 points in the post test indicating severe distress. This clearly reflected Derek's feelings that he was unsure of whether he wanted to remain in the relationship as well as his intense feelings of anger, hurt and frustration that he was not in a relationship with someone he could trust. Due to the high level of conflict that they brought to the counselling sessions

from the very beginning it was surprising that both their pre-test scores suggested a lower level of family distress. This may have reflected the fact that they had not yet faced the problems in their relationship and counselling made them confront the reality of their situation. As couple counselling progressed the issue of whether they were both willing to work towards changing their relationship or focus on separation and learn to co-parent became the bottom line.

The verbal evaluation in which goals were reviewed also supported the scale results as Jill and Derek both stated that their overall goal had not changed or progressed and still needed to be addressed. There was no indication of change for this couple.

Family #4

Michelle was asked to complete the pre and post test measures. Because Ken joined counselling midway through the process he was not asked to fill out the scales; however, he was asked to fill out the client satisfaction questionnaire.

The comparison between the pre and post scores of the IFR created an interesting picture for Michelle and insight into the distress she was feeling about her extended family. It was clear that she applied the scales to her family as a whole. The IFR scale provides an indication of overall family stress and points out the degree of family difficulties; a score above 30 implies a clinically significant problem (Corcoran & Fischer, 1994). Michelle's pre-test score was 86 and the authors note a score above 70 denotes severe distress. This was very evident in the first session as she stated she was very close to breaking down due to the pressure she was feeling

from all sides of her family. This was also corroborated when examining individual scores. For instance when asked if there seemed to be a lot of friction in the family Michelle wrote down “a good part of the time,” or when asked if she felt left out of her family Michelle stated “most of the time.” Her feelings of stress, anxiety and feeling caught in the middle were reflected in her score.

The post-test IFR score of 100, higher than the pre-test, was possibly due to a number of factors. Despite the fact that family functioning did not improve according to the scale, Michelle’s score may have been more reflective of the fact that she could not change the way her family behaved but could examine how she expected to be treated by her family. It was clear at the end of counselling that her family’s opinions of her relationship with Ken had not improved and the stress and strain still remained between Ken and her sisters, which was reflected in the discussions surrounding civility and not placing expectations on family members to like each other. Therefore, Michelle may have gained more awareness of what was realistic based on the difficulties she was facing with her family and what she could expect of her family members.

The KFLS provides an indication of satisfaction with the spousal, child and overall family relationships. A slight improvement was noted here in which Michelle’s pre-test score was 21 and her post-test score was 18, possibly indicating an improvement in how she felt about her family life with this scale being more reflective of change in the therapeutic process. The KFLS scale may have been a more accurate indicator that she was not happy with her family actions of the past but had more of an awareness of how she wished to interact and communicate with her

family on an individual level. As was discussed in sessions, Michelle socialized with her family on a more individual basis based on the compromises she had worked out with Ken, and she may have felt more assured that this was an acceptable way of connecting with her family.

Verbal evaluation of goals during the wrap-up session provided an indication that a few things had changed in Michelle and Ken's relationship. Michelle stated that she had more insight into how they could communicate better and use their strong compromising skills to deal with issues as they came along. Ken stated that he had not changed because he always compromised when they were dealing with her family.

Family #5

For Rebecca and Steve the pre and post test scores for the IFR and KFLS implied a drastic change in family stress and relationship satisfaction. The difference in scores reflected a positive shift towards family and relationship satisfaction as the IFR and KFLS scores dropped from an indication of severe stress to an increased feeling of relationship satisfaction. The scores for Rebecca reflected the most increased notion of change as her pre-test score was 66 (reflecting severe distress) and her post-test score dropped to 34. The KFLS scores were able to provide a clearer picture of the change in the individual sub-systems of their stepfamily life. Steve's score jumped from 20 points (pre-test) to 24 points (post-test). Steve recorded "somewhat dissatisfied" in the pre-test when asked how he felt about the relationship with his children, whereas in the post-test he indicated "satisfied." This

provided an individual reflection of change that Steve's relationship with his stepchildren had improved over the course of couple and family counselling. Rebecca's KFLS pre-test score of 19 increased to a score of 27 in the post-test and the most considerable change was noted in her relationship with her spouse. She indicated feeling "dissatisfied" with the spousal relationship in the pre-test whereas in the post-test she jumped to "extremely satisfied."

The verbal evaluation throughout the course of counselling reflected this change in family and relationship satisfaction as Rebecca stated, "Steve's anger has improved a lot and because our relationship has improved so has the relationship with the kids. The house is more harmonic than before. Our personalities are that once we've been shown something we use it. It's just there and we don't even think about it." Rebecca and Steve made it very clear towards the end of counselling that their relationship was improving because they had gained a better understanding of each other and had improved the way they communicated. Overall, Rebecca felt that they had a better sense of family.

It would appear that for this family the social work student's method of intervention was successful in light of the reflection of change in the scores for the scales used, which was further supported by the narrative assessment of change throughout the practicum. The counselling services provided to Rebecca and Steve appeared to have individually addressed their concerns as Steve noted his relationship with his stepchildren had improved considerably and Rebecca noted that her relationship with Steve had drastically improved.

Family #6

The social work student was unsuccessful in administering the post-test scale for Sharon and Ken due to the inconsistency in setting up sessions and the unexpected discontinuation of services. The student was able to contact Sharon and Ken by phone and drop off the post-test scale to their home, however the forms were not returned and the student continued to have difficulty contacting to follow-up on the post-test measures. Similar to Family #1, the scales used to assess family functioning were not appropriate as the main concern for Sharon and Ken was the bi-nuclear relationship with her former spouse. Due to the length of time that passed between sessions the social work student was not able to fully assess and review goals.

The pre-test KFLS scores between Sharon and Ken indicate a 10-point difference in range for the assessment of relationship satisfaction with Ken having the higher score. On individual items Sharon felt “mixed” when asked how satisfied she was with her family life whereas Ken indicated he was “satisfied.” Sharon also felt “mixed” in her relationship with her children. The student’s interpretation of these results was that they reflected Sharon’s insecurities as a mother and concern for her children’s well being. According to the pre test scores Ken was “extremely satisfied” in his relationship with Sharon and his children. These results appear to reflect Ken’s overall satisfaction with his immediate family but the KFLS did not address the frustration he experienced when dealing with Sharon’s former spouse.

David

Fortunately, the social work student was able to complete pre and posttest measures with the comparison of tests indicating a slight positive change in scores. The IFR for David decreased from a pre-test score of 62 to a post-test score of 54, which could have reflected the concerns he had with his children as he indicated in the first session. It is important to note that the social work student felt the IFR did not adequately reflect his concerns with the co-parenting relationship.

The most notable difference was in the individual scores on the KFLS in which David stated he was “somewhat dissatisfied” with his children’s relationship with each other in the pre-test but felt “somewhat satisfied” in the post-test. This may reflect the family therapy session with David and his children in which concerns related to the divorce and the current status of visitation were addressed. This was corroborated by David’s indication that he would find the family session helpful if they were able to transfer what was discussed to their day to day family lives. Post-test scores may have been an indication that the family therapy intervention may have had an impact towards positive change.

Evaluation Challenges

Completing the evaluation portion of the practicum was met with some unanticipated difficulties. It was very difficult to have the pre-test measure completed due to a number of factors. A few clients found it an overwhelming task to fill out the IFR and KFLS scales due to literacy problems or simply due to the number of forms they were asked to complete. The Family Centre requires that an

Outcome Measures form also be filled out and, in a few cases, the clients requested to take the forms home to be filled out because the 15 minutes allotted before the session did not seem to be enough time. As a result, difficulties arose in getting the pre-test measures returned. For the cases in which literacy was a problem the spouses would help the client fill out the forms which raised the question of how accurately the reported information related to the individual. Did the spouses influence the reported answers? Did the individual client have a clear understanding of the questions on the questionnaires?

The completion rate for post-test measures also became a problem. In a number of cases the social work student found that clients drifted away by cancelling a session and failing to reschedule or the social work student was unable to reconnect with them to determine whether there was still a need for counselling services. For the clients who drifted away the student was very aware of the fact that time and availability became a factor due to the complexity of their stepfamily lives which made it all the more difficult to reconnect and set up a wrap-up session. Therefore, for these cases the student was not able to get a clear idea of what factors led to the discontinuation of counselling services.

In addition, the scales used to assess family stress and satisfaction did not properly address the issue of the co-parenting relationship because the scale only addressed the immediate family environment. For two clients the main problem was their relationship with the former spouse, not the immediate family. In hindsight, the "Coparental Interaction Scale" (see Appendix E) would have more appropriate for

addressing the “bi-nuclear” family relationship (Ahrons & Wallisch, 1987) as this was more comprehensive in addressing stepfamily issues.

Overall, the social work student found the evaluation more difficult than anticipated because termination did not always occur as planned. Ensuring a 100% completion for the pre-test measures also required diligent tracking because clients often failed to remember to hand them in.

Client Satisfaction Questionnaire

The client satisfaction questionnaire was administered to help assess the effectiveness of the support and interventions, and the client satisfaction provided by the social work student. As previously mentioned, the questionnaire included 8 questions in a Likert scale format (“yes definitely” to “no, definitely not”) and 2 open-ended questions. The following discussion will examine a few key questions, display responses from the open-ended format as they appeared on the questionnaire, and summarize the possible themes that emerged in relation to the counselling provided by the social work student. Out of 13 questionnaires administered, 7 were returned. It is important to note that in order to gain the most honest and accurate information, the questionnaires were administered anonymously.

Questionnaire Results

In response to the first question, which asked clients to rate how satisfied they were with the counselling they received, 2 stated they were “extremely satisfied,” 4 rated feeling “very satisfied,” and 1 felt “satisfied.” When asked if they felt

counselling helped them deal more effectively with the issues outlined in counselling, 4 indicated “Yes, definitely,” 2 said “maybe,” and 1 rated, “yes, I think so.” In response to the questions of how comfortable they felt with the counsellor, a unanimous response of “yes, definitely” was noted. When asked whether they felt the social work student understood their problems, 5 clients responded “yes, definitely” and 2 noted “Yes, I think so.”

Question #5 which addressed how satisfied clients were with the number of sessions received, responses ranged from “Extremely satisfied” to “Unsatisfied.” There did not seem to be a clear pattern with answers to this question. The same result appeared for Questions #6 in which clients were asked if they were content with the termination process of counselling.

The following describes the written responses to the two open-ended questions.

The parts of counselling I found most helpful were:

“It helped me realize that perhaps I had been handling things in a reasonable manner”

“My counsellor’s patience and objective view. I especially enjoyed the suggestions and her constant support.”

“Her skills and the diagrams [of communication patterns].”

“The suggestions given, hearing both sides and helping us work together instead of against each other. Meera is very understanding and helpful. Has a lot of great ideas.”

“I found that Michelle was led to accept the way things were instead of the way she would like them to be.”

“Meera did an excellent job of facilitating the meeting with my children – helping us to hear each other and articulate what we were experiencing and feeling in the relationship. It gave me a lot more confidence in the relationship – this enables me to parent more effectively.”

“Having a referee, the guidance and suggestions for communication. Someone that actually listens.”

What suggestions do you have to make counselling more helpful to you in the future?

“None, everything has been excellent and couldn't be happier with our service.”

“None. More pictures.”

A review of the findings from the client satisfaction questionnaires revealed a number of themes. In response to questions #3 & #4, the value of developing a rapport became apparent because for the majority of questionnaires returned most felt they were understood and felt comfortable with the social work student. These results may suggest that forming a rapport and feeling understood is a fundamental part of the counselling process because distressed couples, individuals or families may lose sight of listening, understanding, and appreciating each other. Part of the rapport building process was for the social work student to demonstrate ways to create understanding and awareness and thereby promote the strength of the couple bond. It is important to note that a strong rapport adds to the effectiveness of counselling by simply providing support and listening without judgement to clients concerns. This was noted above in the response to question #9 in which one client indicated being heard was most helpful.

The responses to the questions asking if they were satisfied with the number of sessions received and the termination process was mixed. This reflected the fact that termination did not run as smoothly as hoped for a number of clients due to factors out of their control. For example, David was disappointed that the bi-nuclear

session arranged for him, Sharon, and Ken was cancelled due to Sharon's illness. Even though clients were advised they could request to be transferred to another counsellor if additional service was needed, they may not have been comfortable with getting to know another counsellor in the agency.

The theme that emerged from the open-ended question section was that the supportive, non-judgmental stance provided by the social work student was effective in working towards change in behaviour, communication and relationship patterns. This also supports the idea that the rapport building process was successful with many of the clients, as they may have felt more comfortable in their willingness to explore change. It appears that the psychoeducational approach of suggesting recommended patterns of interaction for stepfamilies, such as respecting parenting abilities of the former spouse, was helpful in initiating change because a few clients mentioned its usefulness. The usefulness of the strengths approach was clearly indicated for one client who stated that they realized they were dealing with stepfamily issues in a sensible way.

A very helpful suggestion for the social work student came as one questionnaire indicated "more pictures" as a suggestion for future counselling. The social work student was cognizant when diagrams were used as a counselling tool to show patterns of interaction or methods of communication that this was an effective manner of displaying the reality of a particular client's situation.

Overall, it appeared that the majority of responses indicated a sense of satisfaction and a positive reflection of the counselling services provided by the social work student. The general consensus was that a feeling of support and connection

was provided which was one of the most valuable components of the counselling services.

Evaluation of Approaches Used

As previously mentioned, three main approaches were used throughout the practicum, solution-focused, psychoeducational and strengths. The social work student experienced advantages and disadvantages and similarities and differences in the use of these approaches.

The advantage of using the solution-focused approach was the fact that it was very useful in focusing the families on solutions rather than problems. It was very evident that some of the families were enmeshed in lengthy storytelling about the problems arising in their stepfamily lives. The use of SFT kept the families focused on ways to resolve situations and think towards the future rather than the past. It also helped families think of solutions based on their own resources and past experiences. For instance, the use of SFT was very effective with Family #6 when it was used to examine how Sharon and David had communicated successfully in the past. It was also very effective for Family #3 in which a scale was created to determine the degree to which the couple wished to separate. The scale was used to create a clear illustration of what needed to be done to work towards remaining together and an overall goal in working towards the future.

The disadvantage of the solution-focused approach lies in the fact that it does not recognize the influence of past events or experiences on current day to day functioning. As mentioned previously, many of the stepfamilies continued to deal

with past unresolved issues which required the student to incorporate an examination of how the past issues affected the difficulty and complexity of functioning within a stepfamily. The solution-focused approach also fails to address the issue of emotions and how these might impact a stepfamily. Many emotions are involved in the various relationships and dynamics formed by a stepfamily, and must be recognized and discussed before families can examine how the presenting problem might be resolved.

The advantage of using the psychoeducational approach is based on its ability to provide information on the recommended ways for families to cope in forming a new stepfamily. This approach added to the supportive role provided by the student in guiding stepfamilies towards a more healthy way of functioning. The disadvantage of this approach is that it only touches the surface of the issues faced by stepfamilies. It does not recognize the frustration, uncertainty, anger and despair often experienced by those stepfamilies finding it difficult to function, as it is solely a tool to provide information and direction. This was evident with Robert in Family #2 who indicated feeling angry and frustrated that he did not know what his role was as a stepfather. These feelings had to be acknowledged before he could accept the recommendation that a stepparent take time to connect with the stepchildren before assuming a disciplinary role.

The strengths approach compliments SFT by adding the awareness that people are very effective in using their own resources yet may need support and guidance in recognizing the usefulness of their own abilities. The strengths approach addresses the feelings of hurt, anger and pain through normalization and supports a client's competence in having the ability to overcome the difficulties they face in forming a

stepfamily. The strengths approach was used consistently throughout the practicum in supporting the families' difficulties in coping with a former spouse, hostile stepchildren or disagreements with the remarried spouse in disciplining each other's children. An important component of the strengths approach is the recognition of external support systems as a form of coping with difficult issues in stepfamily life. For example, the social work student continually encouraged the clients to use the support of outside agencies, families and friends when having difficulty coping with stepfamily issues. However, similar to the solution-focused approach, the strengths approach does not focus on the root of a problem and may miss key issues related to the cause of the presenting problem.

It is important to recognize that the three approaches used in the practicum were not always effective in addressing the goals of the stepfamilies. With this in mind, the emotion-focused approach was used to recognize the element of emotions involved in the problems related to couple therapy, as solution-focused and psychoeducational approaches were not able to adequately address this component. Play therapy was also useful, as drawings were used to assist children who are not at the developmental stage where they can verbalize their feelings or concerns. The use of pictures or symbols were more helpful in allowing the children to express feelings in relation to their family situation.

The solution-focused or strengths approach was not useful in addressing the needs of Steve (Family #5) who found it difficult to control his anger and frustration when disciplining his stepchildren. The student made many attempts to identify exceptions in which he may have dealt with the children in a different manner,

however Steve was adamant in declaring that this was the way he communicated and it was not about to change. Therefore, the student used the Cognitive-Behavioural approach to address the issue of yelling and screaming at his stepchildren by illustrating how thoughts relate to feelings and result in actions. It was at this point that Steve recognized he could control his anger and cope with the children in a different manner.

The three approaches used worked well together and complimented each other in many ways but they failed to meet all the needs of the families. Hence, interventions from EFT, CBT and play therapy were used and found to be effective. Therapists need to be flexible in deviating from a favoured theoretical approach and have other available tools from other theoretical approaches.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

Learning Goals

1) To increase skill level as a counsellor in couple and family therapy.

This goal was achieved in a number of different ways. I learned the value of using a variety of different approaches rather than sticking to a structured format in which all clients were approached in the same manner. Essentially, the value of having many tools at one's disposal when working with clients can be useful because each couple, individual or family respond to different forms of intervention in different ways. For the practicum, I primarily used SFT, the Strengths and Psychoeducational approaches but used a number of additional interventions such as play therapy, Emotionally Focused approach, and Cognitive Behavioural approach. The benefit of these strategies became clear with Family #5 when I was trying to address the issue of stepfather roles and part of Steve's role was to develop a relationship first. Initially, a solution-focused approach was used in asking direct questions about how the situation could be changed with his stepchildren and how he could let Rebecca uphold the main disciplinarian role. It appeared that he was not responding very well to this form of intervention, therefore it was decided to examine his anger, from a cognitive-behavioural perspective, and the role it played when dealing with the children. Steve responded very well to this intervention and seemed

much more open to the idea of Rebecca taking over when he was having angry thoughts and needed to take a break to compose himself.

I also learned the value of continuous learning as a counsellor due the opportunity of attending a number of seminars provided by the Family Centre. For instance, a play therapy seminar provided the student with a greater awareness and knowledge of this form of counselling with children and this intervention was used in a family therapy session with Family #5. A seminar on Cultural Sensitivity from an Agency Perspective provided insight into the cultural issues that may have affected Family #4 in which Ken continually discussed lengthy stories about the numerous events that led to the current status of his relationship with Michelle's family. This may have been a form of communication from his Irish background. The social work student also attended the For the Sake of the Children seminar which dealt with divorced parents learning to cope with the co-parenting relationship. This seminar provided insight into the difficulties Family #1 and #6 were dealing with when trying to manage a stressful relationship with their former spouses.

2) To become well accustomed to the assessment stage of the counselling process.

I was able to see the value of a clear and strong assessment with stepfamilies because of the complexity of numerous dynamics and relationships that were formed from the merging of two families. Clear and concise assessments allowed the student to form a clear picture of where conflicted relationships occurred in the family. A valuable part of a strong assessment is the ability to ask the right questions. As was

often the case, the clients discussed lengthy descriptions of their family members' misconduct, consequently I learned as time went along to be focused and concise in order to gather the necessary information. This, at times, was a very difficult task for clients who were highly conflictual, as they would argue about the question rather than answering.

A valuable tool for the assessment phase was the use of the genogram because it served as a guide in forming a clear picture of who was involved in the family, where the non-residential children fit in, how visitation played out and how involved non-residential parents were in the family. Drawing the family genogram had a calming effect for high conflict clients as they concentrated on forming the picture of the family and it gave them a sense of the complexity of their family dynamics thereby normalizing the fact that the family is struggling. I also learned that the visual aid of the genogram created a sense of family because clients would often lose sight of the fact that this is a new family that they have created and it was worth their while to fight for a sense of equilibrium. Overall, the assessment phase created a sense of direction for the social work student and helped the families realize they are active participants who have a right to evaluate the type of service they are receiving through the formulation of goals.

3) To develop additional skills in couple therapy.

It is interesting to note that the majority of counselling I provided was couple therapy, with individual and family counselling interspersed in the counselling process. This may be reflective of the fact that the couple bond is the most important

component of a stepfamily because it is the glue that will keep the family together. This was emphasized with most of the clients and became a main issue rather than a sub-issue.

I was able to work on many aspects of developing the couple bond such as creating awareness of expectations for the remarriage, finding a balance between differing parenting styles, highlighting the value of the couple, and finding creative ways to support each other in the hectic life of a stepfamily. Finding a balance for differing parenting styles was found to be a challenge because a common characteristic of the couples was that they were single-parents before the remarriage and they each had developed very individual, set and structured ways of parenting their own children. It was a difficult task to recognize the benefits of each parenting style and work out how the two styles could be used in different situations. This was particularly evident with Family #5 in which Rebecca and Steve had each been single parents for a number of years and Rebecca's approach was a method of survival in raising five children on her own. Therefore, promoting the team concept and working together as parents, rather than against each other, became a main focus.

Another interesting aspect of couple therapy was the fact that clients came for family counselling because they were very concerned for their children's welfare, however it became apparent that the problems mainly involved the adults of the family. The clients' concerns centered on the former spouse and their impact on the child, however the hostility between co-parents and stepparents was creating a considerable amount of distress for the children. Therefore, seeing the children alone as the families wished may have created the sense that the child felt there was

something wrong with them. For this reason, individual counselling sessions with the children were not undertaken. I reframed individual counselling for the child into family counselling so the children were able to discuss, as a family, what they liked and disliked about the current family functioning and what they would like to see changed. This created a group focus and the family was working together for a common goal of change rather than placing total responsibility on the child.

This learning experience was evident in Family #6 in which Sharon was very concerned for her daughter's emotional well-being, but it became clear that animosity between Sharon and her former spouse may have been creating feelings of being caught in the middle for her daughter. I was able to initiate family counselling with each parent and child in order for the children to express their concerns about their family functioning.

A valuable learning experience in relation to couple therapy was to learn to work with high conflict couples in the counselling setting. As was previously discussed, Family #3 often became very heated and I had to become very creative in learning to manage conflict to remain focused and stay on topic. I also realized that the numerous methods used to manage conflict were ways to demonstrate to the couple different ways of communicating when in disagreement. For example, as previously discussed, I used the one-way mirror to separate and promote active listening skills. With Family #5 I took a 10-minute break to re-focus after a heated discussion in order to demonstrate the benefits of a time-out.

4) To develop additional skill in working with children in stepfamilies.

This learning goal added a very interesting element to the practicum as I was able to explore the various issues that children of different ages deal with in stepfamilies. Children in stepfamilies cope with their family life in different ways depending on their age and I was able to explore this fact first hand in the counselling setting. I compared the different ages of children and learned to work with them in different ways depending on their age level. As was demonstrated with Family #1, Diane and Rick had small children who were accepting of Rick's level of authority within their family. Because the children were very young, behavioural problems may have been a reaction to the difficulties they were facing in their family life. Therefore, I attempted to examine the parents role in supporting their children rather than attempting to counsel the children which would have been ineffective due to their very young age.

I had the most direct contact with adolescents and was able to recognize typical issues of this age group. As was seen with Family #5 & 6, adolescents are beginning to search for and claim their independence, which adds to the stress of stepfamily life. I was also able to explore the dynamics of older children in stepfamilies, as was the case with Family #4, whose adult children were no longer living in the family home. The literature indicates that children tend to move out sooner than children in nuclear families, which was the case for Michelle whose daughter moved out at 18 years old as she was not prepared to live with her mother's partner. As Michelle's daughter was an adult the focus was not how to mutually parent but how she can form a new

relationship with her daughter and indicate to her children that they are expected to respect the new rules of her home.

I was also able to explore different therapeutic tools in working with children, thereby expanding the experience and repertoire. For instance, I gained experience in play therapy by using playdough and coloring in a family therapy session with Family #5. Interpretations were discussed to bring meaning to the children's artwork. Play therapy became another method of communication and expression when exploring the benefits and drawbacks of stepfamily life.

5) To develop additional skill in the assessment of a clients process of change.

This learning goal became an invaluable tool in working as a counsellor as I realized that continual assessment is an important piece of the counselling process. Continually assessing the progress of goals outlined during the assessment stage gave an indication of how well the counselling process was moving and whether goals were still appropriate to the needs of the clients. This was demonstrated with Family #5 who initially felt that the couple element of their family life was an important focus. After things began to improve in their relationship the, focus needed to change towards the parenting aspect of their relationship. I found that as progress was reviewed on a regular basis, Rebecca and Steve were better able to articulate what was needed from the social work student.

Also, continually assessing goals gave the clients a sense that they were an integral part of the therapeutic process, provided them with a sense of empowerment

and control in the counselling process and their input in how they were being served was valuable information to the social work student.

Serendipitous Learning

Serendipitous learning during the practicum period provided valuable information and awareness in working with stepfamilies. I had the opportunity to conduct sessions in the home of Family #5, which was an unexpected turn of events. Home visits provided an awareness of family dynamics within the home environment and strengthened the rapport between clients and counsellor as I made an effort to accommodate to the family's needs.

There was also a realization that for multi-issue stepfamilies, unresolved problems from past events had an increased impact on overall family functioning. Adjusting to stepfamily life and finding ways to form new relationships and family traditions within this family form is a very difficult process. Unresolved issues or life difficulties from past experiences make the blending process all the more strenuous on all members of the family. This was demonstrated with most of the stepfamilies involved in the practicum. Family #1 encountered trauma from past relationships interfering with their current family functioning. Family #2 experienced issues of past and present domestic violence impeding the development of their stepfamily bond. Family #3 encountered problems of alcohol use and unresolved issues of past relationships interfering with the development of their own relationship. Family #5 was coping with the long-term impact of childhood sexual, physical and emotional abuse and Family #6 was dealing with the stress and strain of chronic illness.

Also, I was able to learn the value of visual aids when working on various issues, which can be another way of explaining an intervention or displaying issues that may need to be changed. For instance, diagrams of patterns of interaction and scaling were used for Family #3 and #5 to create a clear picture of the cycle of their relationship, the impact it had on the family and their relationship, and where they were able to interrupt the cycle and work towards positive change. The value of this tool was realized when Steve, from Family #5, stated, “you can talk all you want but writing it down makes more sense.”

Recommendations

The first recommendation relates to the topic of multi-issue families which was a component of a number of families I with. It is important for family therapists working with stepfamilies to take into account the global picture of factors separate from blended family issues that may be influencing the family distress. As was previously mentioned, illness, family violence, anger issues or unresolved past relationships add to the complexity of stepfamily dynamics. In addition, it appears that the research literature is limited in exploring the influence of multiple issues on stepfamily blending. However, a small number of studies have examined non-residential mothers who have relinquished custody to the father due to emotional or drug and alcohol abuse issues (Depner, 1993). Therefore, more research on the impact of multiple-issues on the blending process or overall stepfamily life is needed.

Second, it appears that the need for psychoeducation is very apparent despite the fact that stepfamilies are no longer considered a new family form and remarriages

are on the rise (Wu, 1994). It seems evident that stepfamilies still feel isolated in their experiences and this approach can provide a sense of normalcy to the difficulties they are facing in coping with forming new relationships and creating new family traditions. Agencies could offer regular educational groups on expectations, boundaries, stepfamily roles and the overall blending process.

In conjunction with the psychoeducational approach, it is recommended that family therapists consider using the strengths approach when working with stepfamilies. It is beneficial for families to examine the value of their own resources and to recognize the benefits of their own problem solving abilities. This approach reinforces the notion that they have been functioning the best way possible, that they have the ability to continue to do so and it is another way to normalize and validate their experiences.

Conclusion

Stepfamilies continue to experience the common issues as outlined in the literature review. Stepfamilies are still not an accepted social norm in today's society regardless of the growing rates of remarriage, thereby adding to the stress and strain of blending two families. The complexity of stepfamily life involves role confusion, the development of internal and external relationships, setting boundaries, and developing the couple bond.

The importance of recognizing that stepfamilies are not similar in function and form as nuclear families and creating an awareness of the issues specific to stepfamilies added to the effectiveness of the interventions and the supportive role the

social work student provided. The use of the strengths and psychoeducational approaches created an increased ability for families to recognize and explore stepfamily concerns and appreciate the benefits of the new family they have created.

Overall, the social work student achieved the goal of acquiring a greater sense of awareness and experience in working with various areas of the stepfamily system and sub-systems. The flexibility of using an eclectic approach provided the student with an expanded knowledge in the couple and family therapy field as well as recognition that each client has very individual needs and will respond to different interventions in diverse ways.

References

Adams, A.F., Jurich, F.A., & Piercy, F. P. (1991). Effects of solution focused therapy's "Formula first session task" on compliance and outcome in family therapy. Journal of Marital and Family Therapy, 17(3), 277- 290.

Ahrons, C. R., & Wallisch, L. (1987). Parenting in the binuclear family: Relationships between biological and stepparents. In K. Pasley and M. Ihinger-Tallman (Ed.), Remarriage and stepparenting: Current research and theory (pp.225-256). New York: The Guilford Press.

Ambert, A-M. (1998). Divorce: Facts, figures and consequences. In The Vanier Institute of the Family [On-line]. Available: www.vifamily.ca/cft/divorce/divorce.htm.

Berg, I. K., & Miller, S. D. (1991). Principles of intervention Design. Brief Family therapy Centre. (Handout).

Berger, R. (1995). Three types of stepfamilies. Journal of Divorce & Remarriage, 24(1/2), 35-49.

Berger, R. (1998). Stepfamilies: A multi-dimensional perspective. London: The Haworth Press.

Bray, J. H., & Berger, S. H. (1993). Nonresidential parent-child relationships following divorce and remarriage: A longitudinal perspective. In C. E. Depner & J. H. Bray (Ed.), Nonresidential parenting: New vistas in family living (pp. 156-181). London: Sage Publications.

Bray, J. H. (1994). Assessment issues with stepfamilies. Family Journal, 2(2), 163-167.

Buehler, C., & Ryan, C. (1994). Former-spouse relations and noncustodial father involvement during marital and family transitions: A closer look at remarriage following divorce. In K. Pasley & M. Ihinger-Tallman (Ed.), Stepparenting: Issues in theory, research, and practice (pp.127-150). London: Greenwood Press.

Burt, M. S., & Burt, R. B. (1996). Stepfamilies: The step by step model of brief therapy. New York: Brunner/Mazel Inc.

Corcoran, K., & Fischer, J. (1994). Measures for clinical practice: A sourcebook (2nd ed.). New York: The Free Press.

Crosbie-Burnett, M., & Giles-Sims, J. (1994). Adolescent adjustment and stepparenting styles. Family Relations, 43(October), 394-399.

Depner, C. E. (1993). Parental Role Reversal. In C. E. Depner & J. H. Bray (Ed.), Nonresidential parenting: New vistas in family living (pp. 37-57). London: Sage Publications.

De Shazer, S., Berg, K. I., Lipchik, E., Nunnally, E., Molnar, A., Gingerich, W., & Weiner-Davis, M. (1986). Brief therapy: Focused solution development. Family Process, 25, 207-222.

Dolan, Y.M. (1991). Resolving sexual abuse: Solution-focused therapy and Ericksonian hypnosis for adult survivors. New York: W.W. Norton & Company.

Dolan, Y.M. (1998). One small step: Moving beyond trauma and therapy to a life of joy. Watsonville, California: Papier-Mache Press.

Duncan, S. F., & Brown, G. (1992). RENEW: A program for building remarried family strengths. Families in Society: The Journal of Contemporary Human Services, 76(3), 149-158.

Fine, M. A., & Schwebel, A. I. (1991). Stepparent stress: A cognitive perspective. Journal of Divorce & Remarriage, 17(1/2), 1-13.

Fine, M. A., & Kurdek, L. A. (1992). The adjustment of adolescents in stepfather and stepmother families. Journal of Marriage & the Family, 54(4), 725-737.

Fine, M. A., Coleman, M., & Ganong, L. H. (1997). The relation between role constructions and adjustment among stepfathers. Journal of Family Issues, 18(5), 503-525.

Howell, L. C., Kleist, D. M., & Weers, R. (1998). Counseling blended families. Family Journal, 6(1), 42-46.

Johnson, L. D., & Miller, S. D. (1994). Modification of depression risk factor: A solution-focused approach. Psychotherapy, 31(2), 244-249.

Kelley, P. (1996). Family-centered practice with stepfamilies. Families in Society: The Journal of Contemporary Human Services, 77(9), 535-544.

Knaub, P. K., Hanna, S. L., & Stinnett, N. (1984). Strengths of remarried families. Journal of Divorce, 7(3), 41-55.

Kupisch, S. (1991). Children in stepfamilies. School Psychology Review, 20(1), 139-141.

Maccoby, E., & Mnookin, R.H. (1992). Dividing the child: The social and legal dilemmas of custody. Cambridge, MA: Harvard University Press.

Miller, S. D. (1992). The symptoms of solution. Journal of Strategic and Systemic Therapies, 11(1), 1-11.

Morrison, K., & Stollman, W. (1995). Stepfamily assessment: An integrated model. Journal of Divorce & Remarriage, 24(1/2), 163-182.

Opper, A. (2000). What do you mean, "It's the relationship"? What's that got to do with step-parenting. Journal of Family Social Work, 4(3), 31-35.

Palisi, B. J., Orleans, M., Caddell, D., & Korn, B. (1991). Adjustment to stepfatherhood: The effects of marital history and relations with children. Journal of Divorce and Remarriage, 14(3/4), 89-106.

Pasley, K., & Dollahite, D. C. (1993). Clinical applications of research findings on the spouse and stepparent roles in remarriage. Family Relations, 42(3), 315-323.

Pill, C. J. (1990). Stepfamilies: Redefining the family. Family Relations, 39(2), 189-194.

Saint-Jacques, M-C. (1995). Role strain prediction in stepfamilies. Journal of Divorce & Remarriage, 24(1/2), 51-72.

Schultz, N. C., & Schultz, C. L. (1991). Couple strengths and stressors in complex and simple stepfamilies in Australia. Journal of Marriage & the Family, 53(3), 555-565.

Smith, T. A. (1992). Family cohesion in remarried families. Journal of Divorce & Remarriage, 17(1/2), 49-66.

Visher, E. B., & Visher, J. S. (1990). Dynamics of successful stepfamilies. Journal of Divorce & Remarriage, 14(1), 3-13.

Visher, E. B., & Visher, J. S. (1994). The core ingredients in the treatment of stepfamilies. Family Journal, 2(3), 208-215.

Visher, E. B. (1994). Lessons from remarriage families. The American Journal of Family Therapy, 22(4), 327-336.

Visher, E. B., & Visher, J. S. (1996). Therapy with stepfamilies. New York: Brunner/Mazel, Inc.

White, L., & Gilbreth, J. G. (2001). When children have two fathers: Effects of relationships with stepfather and noncustodial father on adolescent outcomes. Journal of Remarriage and the Family, 63(February), 155-167.

Whitsett, D., & Land, H. (1992). Role strain, coping, and marital satisfaction of stepparents. Families in Society: The Journal of Contemporary Human Services, 76(3), 79-92

Wu, Z. (1994). Remarriage in Canada: A social exchange perspective. Journal of Divorce & Remarriage, 21(3/4), 191-219.

Appendix A

Client Satisfaction Questionnaire

1) Overall, how satisfied were you with the counselling you received?

Extremely Satisfied	Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
_____	_____	_____	_____	_____
1	2	3	4	5

2) Did counselling help you in dealing with your issues more effectively?

Yes, definitely	Yes, I think so	Maybe	No, I do not think so	No, definitely not
_____	_____	_____	_____	_____
1	2	3	4	5

3) Did you feel the social worker understood your problems?

Yes, definitely	Yes, I think so	Maybe	No, I do not think so	No, definitely not
_____	_____	_____	_____	_____
1	2	3	4	5

4) Did you feel comfortable in talking with the social worker?

Yes, definitely	Yes, I think so	Maybe	No, I do not think so	No, definitely not
_____	_____	_____	_____	_____
1	2	3	4	5

5) Were you satisfied with the number of session you received?

Extremely Satisfied	Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
_____	_____	_____	_____	_____
1	2	3	4	5

6) Were you satisfied with the termination of counselling?

Extremely Satisfied	Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
_____	_____	_____	_____	_____
1	2	3	4	5

7) If you were seeking help again would you come back for this type of counselling?

Extremely Satisfied	Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
_____	_____	_____	_____	_____
1	2	3	4	5

8) Would you recommend stepfamily counselling to a friend or a family member experiencing similar problems?

Yes, definitely

Yes, I think so

Maybe

No, I do not think so

No, definitely not

1

2

3

4

5

9) The parts of counselling I found most helpful were:

10) What suggestions do you have to make counselling more helpful to you in the future?

Appendix B

Index of Family Relations (IFR)

This questionnaire is designed to measure the way you feel about your family as a whole. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number before each question.

- 1= None of the time
- 2= Very rarely
- 3= A little of the time
- 4= Some of the time
- 5= A good part of the time
- 6= Most of the time
- 7= All of the time

1. ___ The members of my family really care about each other.
2. ___ I think my family is terrific.
3. ___ My family gets on my nerves.
4. ___ I really enjoy my family.
5. ___ I can really depend on my family.
6. ___ I really do not care to be around my family.
7. ___ I wish I was not part of this family.
8. ___ I get along well with my family.
9. ___ Members of my family argue too much.
10. ___ There is no sense of closeness in my family.
11. ___ I feel like a stranger in my family.
12. ___ My family does not understand me.
13. ___ There is too much hatred in my family.
14. ___ Members of my family are really good to one another.
15. ___ My family is well respected by those who know us.
16. ___ There seems to be a lot of friction in my family.
17. ___ There is a lot of love in my family.
18. ___ Members of my family get along well together.
19. ___ Life in my family is generally unpleasant.
20. ___ My family is a great joy to me.
21. ___ I feel proud of my family.
22. ___ Other families seem to get along better than ours.
23. ___ My family is a real source of comfort to me.
24. ___ I feel left out of my family.
25. ___ My family is an unhappy one.

Appendix C

Kansas Family Life Satisfaction Scale (KFLS)

For each of the following four questions please indicate your satisfaction by recording your answer in the space to the left of the item. Use the following scale to indicate your response.

- 1= Extremely dissatisfied
- 2= Dissatisfied
- 3= Somewhat dissatisfied
- 4= Mixed
- 5= Somewhat satisfied
- 6= Satisfied
- 7= Extremely satisfied

1. ___ How satisfied are you with your family life?
2. ___ How satisfied are you with your relationship with your spouse?
3. ___ How satisfied are you with your relationship with your child(ren)?
4. ___ How satisfied are you with your children's relationship with each other
(Answer only if you have more than one child.)

Appendix D

TONY ROFFERS, PH.D.
2070 ANTIOCH COURT
OAKLAND, CA 94611
510-339-6747

A-B-E-A-RTM OF A PROCESS:

COMMUNICATION SKILLS FOR RESOLVING CONFLICT



ASSERT

Respectfully

- Point of view
- Feelings & underlying meaning
- I-message
- Direct request



RESPOND

Specifically

- Elicit specificity
- Respond explicitly
- Apologize
- Make reparation



BREATHE

Deeply

- Listen & observe
- Monitor emotions
- Manage emotions
- Take time-out



RESOLVE

Collaboratively

- Brainstorm options
- Evaluate options
- Define agreement
- Implement agreement

EMPATHIZE

Accurately

- Point of view
- Feelings
- Underlying meaning
- I-message



ACKNOWLEDGE

Graciously

- Agreements
- Appreciations
- Acceptance
- Responsibility



Appendix E

Coparental Interaction Scale

At the present time, which of the following do you share with your former spouse?

- 1= Never
- 2= Rarely
- 3= Sometimes
- 4= Usually
- 5= Always

1. Making major decisions regarding your children's lives.
2. Making day-to-day decisions regarding your children's lives.
3. Discussing personal problems your children may be experiencing.
4. Discussing school and/or medical problems.
5. Planning special events in your children's lives.
6. Talking about your children's accomplishments and progress.
7. Talking about problems you are having in raising the children.
8. Discussing how the children are adjusting to the divorce.
9. Discussing problems you are having with the coparenting relationship.
10. Discussing finances in regards to your children.