Stepfamilies are challenging environments that can threaten the health and wellbeing of family members. Yet the reluctance of stepfamily members to seek assistance through family interventions has been well documented. This paper reviews research on interventions for stepfamilies, and examines Australian data from a stepfamily program designed to promote healthy stepfamily relationships. It explores the reasons why some stepfamilies seek help and the gains they report from stepfamily interventions.

Promoting healthy stepfamilies: Couples’ reasons for seeking help and perceived benefits from intervention

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Stepfamilies are an increasingly common family structure within Australia and most western countries. The term ‘stepfamily’ refers to a heterogeneous group of families that are characterised by a couple relationship, where at least one partner has children from a former relationship who are not biologically related to their current partner. To be considered a stepfamily, the couple are usually cohabiting, may be legally married, may have joint children to the relationship, and one or both partners have children who reside with them on a regular basis or visit the household. Many stepfamilies are formed after divorce or separation and children often have ongoing contact or reside with their other biological parent.

Stepfamilies may be defined in a number of ways. ‘Stepfather families’ are those comprised of a biological mother, her children and her partner. ‘Stepmother families’ are those comprised of a biological father, his children and his partner. ‘Simple’ stepfamilies are those with children from one partner’s former relationship only, while ‘complex’ stepfamilies are those with children from more than one relationship – either both partners’ former relationships and/or joint children from the new relationship.

While couples enter relationships with considerable optimism about their future together, living in a stepfamily is challenging. Compared with first-time married couples, couples in stepfamilies report more rapid declines in relationship satisfaction over time (Booth & Edwards, 1992) and have a heightened risk of separation (Booth & Edwards, 1992; Tzeng & Mare, 1995). Poor relationship outcomes are related to the presence of stepchildren. Remarried couples with stepchildren have lower marital satisfaction (White & Booth, 1985), more rapidly increasing levels of relationship distress over time (Kurdek, 1991),
and greater frequency of disagreements and perceptions of relationship instability (Stewart, 2005) than remarried couples without stepchildren.

It is also clear that children have considerable difficulties adjusting to living in a stepfamily (Coleman, Ganong, & Leon, 2006). The relationship between children and their stepparents is particularly problematic, and there is evidence of deteriorating relationships between children and biological parents (Cartwright, 2005; Cartwright & Seymour, 2002). Children in stepfamilies are more likely than those from intact families to exhibit disruptive and delinquent behaviours (Breivik & Olweus, 2006; Carlson, 2006; Ganong & Coleman, 2004; Hetherington, Bridges, & Insabella, 1998; Kirby, 2006; Nicholson, Fergusson, & Horwood, 1999). They have increased levels of internalising symptoms, lower self-esteem and report more psychological distress than children in intact families (Barber & Lyons, 1994; Carlson, 2006; Falci, 2006). Academically, children in stepfamilies perform more poorly at school and leave school at an earlier age than children in intact families (Ganong & Coleman, 2004; Nicholson et al., 1999). Differences across these outcomes are typically small (Jeynes, 2007). Nonetheless the proportion of stepfamily children experiencing adjustment problems is twice that of children in intact families (Bray & Berger, 1993; Hetherington et al., 1998).

This evidence, combined with the increased risks for couple relationship distress and separation, presents a clear case for the development and provision of interventions for stepfamilies to facilitate healthy relationships and positive individual adjustment.

### Interventions for stepfamilies

Despite the increasing prevalence of stepfamilies, and the widely acknowledged problems these families experience, there has been surprisingly little research into interventions for stepfamilies. A review of the international research in 1994 identified only nine published studies of stepfamily interventions (Lawton & Sanders, 1994). A follow-up review in 2007 indicated a doubling of this effort, with twenty studies (Whitton, Nicholson, & Markman, in press) and another study in press (Nicholson, Sanders, Halford, Phillips, & Whitton, in press).

As summarised in Table 1, the majority of evaluated stepfamily interventions (86 per cent) were preventive, designed to promote healthy stepfamily relationships, and to prevent adjustment problems. Three programs were explicitly preventive and excluded families who were experiencing significant problems (Bielenberg, 1991; Michaels, 2006; Stroup, 1982). Fifteen programs recruited

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Characteristics of evaluated stepfamily interventions (N = 21)</th>
</tr>
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<tbody>
<tr>
<td>Authors (year)</td>
<td>Program type</td>
</tr>
<tr>
<td>Messinger et al. (1978)</td>
<td>Prevention</td>
</tr>
<tr>
<td>Pill (1981)</td>
<td>Prevention</td>
</tr>
<tr>
<td>Brady &amp; Ambler (1982)</td>
<td>Prevention</td>
</tr>
<tr>
<td>Stroup (1982)*</td>
<td>Prevention</td>
</tr>
<tr>
<td>Nadler (1983)</td>
<td>Prevention</td>
</tr>
<tr>
<td>Cuddeby (1984)*</td>
<td>Prevention</td>
</tr>
<tr>
<td>Ellis (1984)</td>
<td>Prevention</td>
</tr>
<tr>
<td>Webber et al. (1988)</td>
<td>Prevention</td>
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<tr>
<td>Mandell &amp; Birenzwieg (1990)</td>
<td>Prevention</td>
</tr>
<tr>
<td>Bielenberg (1991)</td>
<td>Prevention</td>
</tr>
<tr>
<td>Duncan &amp; Brown (1992)</td>
<td>Prevention</td>
</tr>
<tr>
<td>Higbie (1994)*</td>
<td>Prevention</td>
</tr>
<tr>
<td>Fausel (1995)</td>
<td>Prevention</td>
</tr>
<tr>
<td>Gibbard (1998)*</td>
<td>Prevention</td>
</tr>
<tr>
<td>Nicholson &amp; Sanders (1999)</td>
<td>Treatment</td>
</tr>
<tr>
<td>Henderson (2001)*</td>
<td>Treatment</td>
</tr>
<tr>
<td>Trone (2002)*</td>
<td>Prevention</td>
</tr>
<tr>
<td>Michaels (2000, 2006)</td>
<td>Prevention</td>
</tr>
<tr>
<td>Forgatch et al. (2005)</td>
<td>Treatment</td>
</tr>
<tr>
<td>Nicholson et al. (in press)</td>
<td>Prevention</td>
</tr>
</tbody>
</table>

* Unpublished dissertations
± R = Participants randomised to intervention program versus no-intervention control or alternate program
a broad range of families, including those with and without significant difficulties. The remaining three interventions were designed to address existing problems, all of which focused on children’s behavioural problems. Across the programs, there was considerable similarity in the content provided. Most (86 per cent) included an educative component about stepfamilies that attempted to normalise and explain the reasons why stepfamilies experience problems. Components on parenting, stepparenting, communication and the couple relationship were also common. The majority of interventions (81 per cent) were delivered in a group setting rather than to individual stepfamilies.

The timing of delivery, content and format of these interventions are consistent with the broader literature on stepfamilies. Clinicians working with stepfamilies have long proposed that the elevated risks for poor outcomes in stepfamilies result from the challenges inherent in forming a stepfamily (Visher & Visher, 1979). Stepfamily formation is widely regarded as a developmental process (Mills, 1984; Papernow, in press; Webber, 1994). Stepfamily relationships progress through a series of predictable stages (determined by the length of time the family has been together, the structure of the family and the age of the children), with opportunities at each stage for subsequent positive or negative relationship pathways. Consequently, it has been proposed that the provision of information about typical stepfamily functioning might prevent problems by preparing stepfamily members for the family stages they will encounter (Papernow, in press). Additionally, the group format has been advocated as a potentially effective means of normalising stepfamilies’ experiences and providing social support (Whitton et al., in press).

However, the typical duration of the reviewed programs raises concerns. All but two of the programs reviewed were relatively short in duration: 16 involved six or fewer sessions, and three programs were eight sessions in length. Given that stepfamily problems span the parenting, stepparenting and couple relationships, programs of six or fewer sessions appear limited in the extent to which they may be able to effectively address these issues.

The evaluations of these interventions produced mixed results. In the preventive interventions, stepfamilies reported reductions in family conflict (Brady & Ambler, 1982; Cuddeby, 1984) and improved knowledge of stepfamily issues (Cuddeby, 1984; Higbie, 1994) when compared to stepfamilies not receiving an intervention. There was evidence of improved stepfamily environment in two studies (Cuddeby, 1984; Trone, 2002), but not in three other studies (Brady & Ambler, 1982; Higbie, 1994; Nelson & Levant, 1991). Also, while several non-controlled studies reported that couples’ relationship satisfaction improved over the course of the intervention (Ellis, 1984; Gibbard, 1998; Stroup, 1982; Webber, Sharpley, & Rowley, 1988), these gains were not significantly different from controls in studies that included a control group (Higbie, 1994). In the treatment studies, two of three evaluations demonstrated strong treatment effects in comparison to controls, including improved parenting, reduced child behaviour problems (Forgatch et al., 2005; Nicholson & Sanders, 1999) and reduced couple conflict over parenting (Nicholson & Sanders, 1999).

The quality of the evaluations that assessed the effectiveness of these programs was generally poor. Sample sizes were typically small (59 per cent involved fewer than 25 participants), limiting both the extent to which it is possible to detect effects, and the ability to generalise the results to a broader stepfamily population. Half the studies (52 per cent) did not compare the outcomes for their intervention participants with either a control group or an alternative intervention, and only six studies (29 per cent) applied the optimal research design involving the random allocation of participants to intervention or control conditions. There was also a lack of assessment of long-term outcomes, which means that it remains unclear whether any treatment gains are maintained over time.

Intervention research with stepfamilies is clearly still in its relative infancy. The challenges that arise in trying to engage stepfamily members in interventions may be a key factor limiting the amount and quality of clinical stepfamily research. Almost universally, the reviewed studies reported difficulties recruiting and retaining stepfamily members to their programs. For example, despite extensive outreach, Nicholson and Sanders (1999) and Nicholson et al. (in press) reported that it took four years to recruit 70 stepfamilies into their program. Of these families, 14 per cent did not commence the program, 26 per cent dropped out during the program, and a further 31 per cent of those invited to complete a six-month follow-up assessment declined to do so. The authors concluded that stepfamilies were often reluctant to identify themselves as needing assistance and delayed seeking professional assistance (Nicholson et al., in press). Before intervention commenced, high levels of distress were also apparent. One in seven stepfamilies broke up during the assessment period, either through the couple separating or removal of the focus child from the home.

In this context, it is important to understand more about the reasons why some stepfamily members self-select to participate in stepfamily interventions, and the gains that they report as a result of their participation. Given the high rates of drop-out reported in these studies, it is important to ensure that there is a good match between the expectations of stepfamilies presenting for interventions and the nature of the program they receive. Provision of a service that does not match needs may impede further help-seeking, and the opportunity to provide assistance may be lost. To date, no Australian data have been available on why stepfamilies seek intervention or the specific areas of stepfamily relationships that are causing concern. Information about these issues may be used to identify strategies that can promote the more effective design and dissemination of stepfamily interventions.

**Why do couples participate in preventive stepfamily interventions?**

Data were collected from 73 stepfamily couples who volunteered to participate in a free preventive intervention program (StepPrep) designed to promote healthy couple, parenting and stepparenting relationships (Nicholson et al., in press). The study was conducted in Brisbane, Australia. Stepfamilies were eligible for the intervention if the couple was in a committed relationship of at least six months’ duration, during which they were dating, living...
together or legally married. All couples had at least one child from a former relationship, aged between 7 and 12 years (average age of 9.6 years, equal proportions of boys and girls) who lived for two or more days per week with the presenting biological parent. Couples were randomly allocated to an education program that comprised either an initial group meeting followed by a five-week supported self-directed learning program, or a six-week group intervention program based on behavioural parenting and couple intervention strategies that had been shown to be effective with general (non-stepfamily) samples (Halford, Markman, Stanley, & Kline, 2003; Halford, Moore, Wilson, Dyer, & Farrugia, 2004; Morawska & Sanders, 2006; Sanders, Bor, & Morawska, 2007). Program materials had been extensively rewritten to be relevant for stepfamilies, and participants in both programs also received a popular Australian text, *Living in a Stepfamily* (Webber, 1994) as additional reading. Sixty-six couples completed the interventions (90 per cent), and data were provided at a twelve-month follow-up assessment by 43 couples (59 per cent).

At the intake interview, parents were on average 38 years old, had been separated from the child’s other biological parent for 5.3 years, and had been in a committed relationship with the stepparent for 2.6 years. Stepparents were on average 39 years old and 69 per cent were male. Sixteen couples maintained separate households (22 per cent), 33 were cohabiting (45 per cent) and 24 were married (33 per cent). Families were large (average family size was 3.7 children), 14 per cent had a joint child from the relationship and parents were well educated (67 per cent had completed high school, and three-quarters of these had post-high-school education).

**Reasons for taking part in a stepfamily intervention**

Couples’ reasons for participating in the intervention were elicited during a semi-structured interview prior to commencing the program, using the prompts: ‘Why did you decide to participate in this program?’ and ‘What do you personally want to get out of this program?’ The first question was asked of the couple during their joint intake interview, while the second was asked of each participant during a separate interview. Participant responses were recorded in the form of interviewer notes, which were collated and scanned to identify recurrent themes, and then coded by theme.

Table 2 summarises the main reasons that were given by 72 parents and 72 stepparents for deciding to participate in the StepPrep program. Most respondents gave multiple reasons for participation. Parents provided between 0 and 6 reasons each (mean = 3.1) and stepparents provided between 0 and 7 reasons each (mean = 3.2). Four out of five participants indicated that they were aiming to prevent the development of future problems and to enhance their stepfamily knowledge and skills. In particular, they wanted to learn more about stepfamily life, gain a greater understanding of other’s viewpoints within the family, develop parenting skills, and improve relationships with their partner and children. These goals were largely consistent with the program’s promotional brochure mailed to participants prior to their first assessment. This indicated that the program aimed to help provide participants with a better relationship with their partner, a greater understanding of their partner’s needs, more confidence discussing difficult issues, and more confidence dealing with children and discipline issues.

Blending of families was the next most common reason for participation, cited by 26 per cent of participants. Specifically, there was a high desire to be harmonious, feel like one family, improve communication and overcome clashes between the children. A desire to improve the stepparent–child relationship was cited by 17 per cent of participants. Eight per cent of stepparents reported wanting assistance with their role as a stepparent, and 7 per cent of parents wanted to improve their own relationship with their child. Fewer than 5 per cent of participants indicated that the resolution of child behavioural problems was a reason for participating. This was almost exclusively reported by stepparents rather than biological parents.

Couple relationship issues that participants wanted to address included communication problems, fighting over children, and lack of time together. These issues were reported by nearly 15 per cent of participants. In a related area, 10 per cent were seeking assistance with coparenting, including issues such as differing expectations and views of parenting, and difficulties balancing parenting roles in relation to children who visit the household (rather than residing with the couple).

Some gender differences were apparent. Men appeared more likely than women to be seeking a harmonious family environment, and were more likely to report that they were only attending the program because their partner wanted them to. Women were more likely than men to report seeking help with their parenting skills and their relationships with children/stepchildren. For stepmothers there were also some concerns about how to avoid being perceived as a ‘wicked’ stepmother. Other reasons for participation that were cited by only small proportions of participants included difficulties managing relationships with ex-spouses; being recommended to complete the program by a partner and/or friends; and to contribute to research that would promote a better understanding of stepfamilies.

### Table 2 Parents’ and stepparents’ reported reasons for participating in a stepfamily prevention program and benefits attained at the end of the intervention

<table>
<thead>
<tr>
<th>Reason/benefit</th>
<th>Pre-intervention (n = 144) %</th>
<th>Post-intervention (n = 132) %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention and education</td>
<td>72.2</td>
<td>72.7</td>
</tr>
<tr>
<td>Blending of family</td>
<td>25.7</td>
<td>15.9</td>
</tr>
<tr>
<td>Stepparent-child relationship</td>
<td>17.4</td>
<td>14.4</td>
</tr>
<tr>
<td>Couple relationship</td>
<td>13.2</td>
<td>25.8</td>
</tr>
<tr>
<td>Coparenting</td>
<td>9.7</td>
<td>9.8</td>
</tr>
<tr>
<td>Stepparenting role</td>
<td>4.9</td>
<td>9.1</td>
</tr>
<tr>
<td>Child behaviour problems</td>
<td>4.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Parent-child relationship</td>
<td>3.4</td>
<td>3.8</td>
</tr>
<tr>
<td>Social support</td>
<td>0.0</td>
<td>22.7</td>
</tr>
<tr>
<td>No benefits reported at post</td>
<td>—</td>
<td>3.8</td>
</tr>
</tbody>
</table>

* Data missing for one couple
What are the benefits of stepfamily interventions?

At the end of the StepPrep program, participants were asked individually: ‘What have you personally achieved from this program?’ The benefits for the 66 parents and 66 stepparents who completed the program are summarised in Table 2. On average, parents and stepparents reported three benefits each from the program (parents: mean = 2.8, range 0–5; stepparents: mean = 2.7, range 0–7). A high proportion of participants (73 per cent) reported benefits in terms of education and prevention. The main areas of improvement were an increased understanding of stepfamily life, the issues faced by their partner and children, and parenting roles. The next most commonly reported benefit was in terms of the couple relationship. A quarter of participants reported better communication and generally feeling happier or closer within the couple relationship.

Gains in blending and family harmony were reported by 16 per cent of parents, and were more commonly cited by stepparents than biological parents. These participants reported better family communication, with stepfathers in particular reporting feeling more relaxed and less stressed about the blending of families. A similar proportion reported benefits in terms of the stepparent–child relationship (14 per cent), with the main changes being greater stepparent involvement with the children, and stepparents feeling happier with the stepparent–child relationship and reporting that they know how to relate to the stepchild more effectively. Improvements in coparenting were reported by 14 per cent of parents and 6 per cent of stepparents. Changes included the biological parent taking a greater role in the discipline of the children, a more cooperative approach to parenting, provision of greater support to each other in their parenting, and biological parents reporting having more realistic expectations of the stepparent’s role.

There were two areas where the proportions of participants that reported benefits from the program exceeded the proportions who initially indicated the area as being a reason for participation. Notably, nearly a quarter of participants (27 per cent of stepparents and 18 per cent of parents) reported that they gained benefits from meeting other stepfamilies. Comments about social support received from the program included that it helped to normalise their experience of stepfamily life, that in meeting others they realised that they were doing okay, and that it was good to get encouragement and support from others. Lack of social support and the desire to meet other stepfamilies were not cited by anyone as a reason for participation at the commencement of the program. It also appears that stepfamily couples may have underestimated the potential for their relationship to improve as a result of the intervention. While few couples (13 per cent) indicated goals for the couple relationship, twice as many reported benefits in this area.

The one area where the proportions reporting benefits was notably lower than those seeking assistance prior to the program was in terms of family blending. While 26 per cent indicated that this was an area in which they were seeking assistance at the commencement of the intervention, only 16 per cent reported gains in this area. Three parents and two stepparents reported that they had not gained any benefits from participation (4 per cent overall). In addition, six families (all from the self-directed intervention) did not attend the post-intervention assessment. These families indicated that they were either unable to complete the program or had failed to gain any benefits from it.

The benefits reported from the intervention varied according to how long the family had been together. Compared to families who had been together for longer than two years, those who had been together for less than 2 years were twice as likely to report benefits in terms of stepfamily education, social support, stepfamily blending, stepparent–child relationships, couple relationships and coparenting. Stepfamily complexity was also related to reported benefits. Higher proportions of parents and stepparents in simple stepfamilies reported benefits to the stepparent–child relationship, the couple relationship and coparenting than parents and stepparents in complex stepfamilies. While men appeared to be more reluctant to participate in the intervention, there were no differences in the proportions of male vs female participants reporting benefits. Similarly, there were few differences in reported benefits when comparing the two intervention approaches (group vs self-directed).

Changes in stepfamily relationship concerns

To assess the extent to which couples held specific concerns about the state of relationships within the stepfamily, parents and stepparents were asked the following questions prior to commencing the program (pre), immediately upon completion (post), and twelve months later (follow-up): ‘Do you have any current concerns about … your relationship with your partner?’ (partner concerns); ‘… your relationship with your child/stepchild?’ (child concerns); and ‘… your partner’s relationship with your child/stepchild?’ (partner–child concerns). Participants’ responses indicated that parents and stepparents held more concerns about family relationships prior to the intervention than was evident from their responses to the questions about their goals for intervention. As shown in Figure 1, between 12 per cent and 44 per cent of parents and stepparents held concerns about relationships within the stepfamily, as compared to the 3 to 13 per cent who nominated assistance with these relationships as a reason for participation (see Table 2).

At the commencement of the intervention, similar proportions of parents and stepparents reported concerns over the stepparent–child relationship (41 per cent and 44 per cent respectively), and this was the largest single relationship of concern. Concerns about the impact of the stepfamily on the couple’s relationship were also common, reported by 37 per cent of parents and 33 per cent of stepparents. In addition, concerns about how the couple jointly managed their parenting roles (coparenting) were reported by 26 per cent of parents and 34 per cent of stepparents. Concerns about the biological parent–child relationship were less prevalent, reported by 23 per cent of parents and 12 per cent of stepparents. Three parents (4 per cent) and 13 stepparents (18 per cent) reported no concerns for any relationships in the stepfamily.

For biological parents, data collected at post and 12-month follow-up indicated that the prevalence of con-
Concerns decreased across all stepfamily relationships. The proportions reporting concerns about the stepparent–child relationship and their own relationship with the child were approximately halved after completing the program, with these lower levels maintained to follow-up. The proportions of parents expressing concerns about the couple relationship and coparenting were also substantially lower at post and follow-up. While the proportion of parents expressing concern about the couple relationship appeared to be higher at follow-up (27 per cent) compared to post (20 per cent), this was still lower than the prevalence of these concerns at pre (37 per cent).

For stepparents, the results were more varied across relationships. There was a very large drop in the proportions reporting concerns about the stepparent–child relationship from pre (44 per cent) to post (17 per cent), which was maintained at follow-up (17 per cent). Concerns about the biological parent–child relationship remained consistently low across all times (12 to 14 per cent). The proportions of stepparents expressing concerns about the couple relationship increased from pre (33 per cent) to post (47 per cent), but then reduced at follow-up (23 per cent). In contrast, the proportions reporting coparenting concerns declined from pre (34 per cent) to post (20 per cent) and follow-up (11 per cent).

In response to the questions about relationship concerns within the stepfamily, a substantial proportion of parents and stepparents reported concerns about their child’s adjustment, without specifically linking this to stepfamily relationships. At pre, 36 per cent of parents expressed concerns about their child’s adjustment, which reduced to 26 to 27 per cent at post and follow-up. For stepparents, 21 per cent expressed concern about the child’s adjustment at pre, 27 per cent at post, and 11 per cent at follow-up.

Caution is required in interpreting these results, especially for the follow-up data. While the majority of parents and stepparents who commenced the intervention provided data at post (90 per cent), two-fifths of couples did not provide data at follow-up. Reasons for non-participation at follow-up were not formally assessed. However, nearly half of these couples had separated by follow-up (n = 13), and many of the remainder indicated that the intervention had provided them with few long-term benefits. Thus, the follow-up data may substantially underestimate the true prevalence of stepfamily relationship concerns for the original sample 12 months after the intervention.

The results presented here highlight the diverse reasons and concerns of stepfamily couples presenting for a preventive intervention. Even in this study, which was limited to stepfamilies with children in middle childhood, there was a wide range of reasons for participation. The single most common reason for presentation was to learn more about normative stepfamily development and processes. In addition, the majority expressed concerns about relationships within the family (primarily the stepparent–child relationship) and a quarter of families were seeking greater family harmony and ‘blending’. The data collected at post indicate that the majority of participants reported benefits from participating in the intervention, with an average of three benefits cited by each participant. The benefits appeared to be well matched to cited reasons for seeking the intervention. However, it was also clear that not all families benefited from the intervention, and concerns about relationships were still evident at post and follow-up.

**Implications for promoting healthy stepfamily relationships**

The findings presented here have several implications for the development and provision of services for stepfamilies. Clinicians working with stepfamilies have long stressed the importance of having a sound understanding of normative stepfamily development, and avoiding applying implicit beliefs about how families should function based on nuclear family models (Papernow, in press). A survey of 267 members of an American stepfamily association who had accessed a family intervention revealed that half...
of those who found therapy to be unhelpful, cited the therapist’s lack of training and knowledge about stepfamilies as the key problem (Pasley, Rhoden, Visher, & Visher, 1996). In Australia, a recent development has been the establishment of Family Relationship Centres, which aim to act as a ‘one-stop-shop’ for accessing family-related assistance (http://www.familyrelationships.gov.au). These new centres are an obvious place for stepfamilies to seek assistance. The data presented here highlight the importance of such centres being able to provide stepfamily-appropriate educational resources and ensuring that workers have a sound knowledge of the normative development of stepfamily relationships.

Additionally, in our clinical work with stepfamilies, we have found that stepparents often feel blamed by other family members (their partner and stepchildren) for the difficulties experienced (see also, Papernow, in press). It is essential that counsellors are not seen to ‘take sides’, but to work with all family members to achieve an appropriate balancing of needs and concerns. We have found that where conflict over parenting existed, both parent and stepparent appeared to be seeking validation that their own approach to childrearing was the correct one. Programs need to acknowledge that differences in parenting practices are inevitable, and help couples find mutually acceptable and effective parenting styles.

One area of stepfamily development where it is particularly important to avoid the application of nuclear family models concerns coparenting roles. Papernow’s work (1994; in press) has highlighted the differences between joint parenting by two biological parents and joint parenting by a biological parent and stepparent. There is now a growing evidence base suggesting that the optimal stepfamily coparenting arrangement is one where the biological parent takes primary responsibility for discipline, while maintaining high levels of warmth and positive interactions with children, in combination with the stepparent focusing their role around the development of positive, mutually respectful relationships with the child (Bray & Berger, 1993; Bray & Kelly, 1998; Ganong, Coleman, Fine, & Martin, 1999). These relationships evolve over time. However, while some step-parents may develop close relationships with their stepchildren, stepparent-child relationships rarely achieve the closeness or perform the same functions as a biological parent–child relationship. The different but complementary parenting roles within the stepfamily need to be clearly negotiated, with parent and stepparent agreeing about the expectations and limits to be set around children’s behaviour. Ensuring that couples have the understanding and communication skills to establish agreements around coparenting is clearly a priority within stepfamily interventions.

Couples in stepfamilies are at elevated risk for relationship difficulties, conflict and separation (Kurdek, 1991; White & Booth, 1985). To avoid the well-known harmful effects of family conflict and instability on both adults and children, it is essential to ensure a healthy couple relationship within the stepfamily. Of the couple relationship interventions that are currently available, the clearest evidence of effectiveness exists for interventions such as the Prevention and Relationship Enhancement Program (PREP; Halford et al., 2003; Stanley, Blumberg, & Markman, 1999). In this approach, the key strategies for promoting healthy couple relationships include developing couples’ communication and problem-solving skills, and ensuring positive time together to build relationship quality.

For stepfamily couples, the promotion of a healthy couple relationship needs to be balanced with the maintenance of the parent–child relationship. Children experience a number of losses when their parents establish new relationships, and child adjustment difficulties may reflect their sense of displacement and alienation within the family (Cartwright & Seymour, 2002; Lawton & Sanders, 1994). It is therefore important to ensure that some parent–child activities and routines are maintained, at least initially, to protect this relationship and the children’s personal adjustment. Poor child adjustment is a key factor undermining the stability of the stepfamily (Whiton et al., in press). Our interviews revealed that biological mothers in particular reported feeling trapped between the happiness of their partners and that of their children. These parents expressed concerns that they may have to choose between maintaining the couple relationship or providing their child a happy home environment. Thus, at least for the biological parent, the welfare of the child may be an important determinant of future relationship stability that should be addressed in interventions.

Our review of stepfamily interventions revealed two programs that had successfully addressed children’s adjustment (Forgatch et al., 2005; Nicholson & Sanders, 1999). These studies were the only ones to report large gains in outcomes, and both used modifications of evidence-based parenting programs for the treatment of children’s behaviour problems (e.g. Sanders et al., 2007). Modifications of traditional couple relationship interventions such as PREP may hold considerable promise for promoting healthy couple relationships within stepfamilies. Unfortunately, there are not yet any published studies assessing the effectiveness of this type of intervention with couples in stepfamilies.

The way that family support organisations such as Family Relationship Centres promote their services to stepfamilies also needs careful consideration. In particular, men living in stepfamilies appear to be more reluctant than women to seek assistance with stepfamily difficulties. It seemed that a number of these men felt blamed for the problems in the family, and perhaps thought that the
program would subject them to more criticism. However, at post-intervention, men were just as likely as women to report benefits from participation. Service organisations may need to highlight those of their resources that are potentially attractive to men (e.g. the availability of male counsellors), and emphasise the services in which stepfamilies express the greatest interest (e.g. provision of education and assistance in developing family harmony).

The duration and timing of stepfamily interventions also need consideration. Most evaluated programs have been fairly limited in their duration, and the data presented here from a six-session program indicate that gains achieved after the completion of the program may not be maintained over time. Stepfamilies go through a number of developmental stages that can fundamentally alter family relationships and roles (Papernow, in press). For example, parenting arrangements between households may change as children move from preschool to school, and from primary school to high school. The birth of a new child can alter family dynamics, providing a unifying focus for the couple, but potentially making children from former marriages feel more marginalised. As children move into adolescence, new challenges emerge and this transition is recognised as a particularly high-risk time for stepfamily conflict. The changing nature of the stepfamily, combined with our data suggesting that the perceived gains from intervention may decline with time, indicate that stepfamilies may benefit from interventions that are structured to be delivered at different points in the life of the stepfamily. Families may benefit from booster sessions or new educational resources as they move through key transitions.

While none of the families participating in our study identified social support as a reason for seeking intervention, a quarter subsequently reported this to be a benefit they had received. However, parents are increasingly time-poor in contemporary society, and may have difficulties attending a clinic-based service. There has been an upsurge in the use of the Internet as a source of parenting information. For example, the Raising Children Network, a parenting resource supported by the Australian Government (http://raisingchildren.net.au/) received over 1.2 million visits in its first year of operation. At present, the stepfamily resources on this site are fairly limited (a single page). Such sites offer considerable potential for providing quality family relationship information to stepfamilies. However, whether resources have any measurable impact on family functioning remains unknown, and evaluation research is needed.

There is some evidence that well-structured, supported self-directed programs and Internet resources offer an effective means of providing interventions to stepfamilies. Effective self-directed programs have been highly structured and often include individual contact (e.g. through telephone support). These have been associated with positive improvements in parent–child relationships and couple relationships for families generally (Hahlweg, Heinrichs, & Kuschel, in press; Halford et al., 2004; Morawska & Sanders, 2006; Sanders et al., 2007) and for stepfamilies specifically (Nicholson & Sanders, 1999; Nicholson et al., in press). For example, in their evaluation of two alternative forms of stepfamily intervention, Nicholson and Sanders (1999) found the self-directed educational program to be as effective as the therapist-directed intervention, and better than a no-intervention control.

The review of stepfamily interventions presented here highlights substantial limitations in the current evidence base. However, knowledge about what makes for healthy stepfamily relationships has been growing. There are now a number of excellent resources available for stepfamilies (e.g. Webber, 1994) and for professionals who work with stepfamilies (e.g. Pryor, in press). In this context, the key challenges ahead are to ensure that resources provided to promote healthy Australian families also provide advice and information that is relevant and appropriate to stepfamilies, and that individuals who work with stepfamilies have a good understanding of the normative development of stepfamily relationships. Investment in research also remains a priority to guide improvements in the content and dissemination of effective approaches to supporting stepfamilies.

References


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