CHAPTER 19

Research on Interventions for Stepfamily Couples: The State of the Field

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HIGH RATES of remarriage in most Western countries (around 40% of all new marriages; Kreider, 2005) have resulted in many adults living in households that include children from a previous relationship. For example, 10% of U.S. fathers and 2% of U.S. mothers live with their partner's child (Kreider & Fields, 2005). Many couples in stepfamilies are happy in their relationships; others struggle with the challenges inherent in forming a stepfamily. Research suggests that living in a stepfamily confers an elevated risk for negative couple outcomes, including high rates of conflict and divorce. Unfortunately, clinical interventions to prevent or treat couple relationship problems in the context of a stepfamily are extremely limited. Much of the early clinical work with stepfamilies focused on stepparent-stepchild relationships and parenting, with little or no attention to the couple's relationship (reviewed by Lawton & Sanders, 1994). On the other hand, general couple interventions that are effective in promoting healthy relationships (e.g., Halford, Markman, Kline, & Stanley, 2003) may be of limited efficacy when applied to couples in stepfamilies if they do not address stepfamily-specific factors that confer additional risks.

In this chapter, we present a brief overview of the factors associated with couple functioning in stepfamilies, which may represent appropriate targets for clinical interventions. Next, we review the existing research on clinical stepfamily interventions, describing the content and formats of the interventions, assessing the methodological quality of program

evaluations, and summarizing existing findings regarding effectiveness of different program components and formats. We conclude with specific clinical and research recommendations about future interventions to *promote healthy couple relationships* within stepfamilies. In the following chapter (Chapter 20, this volume), two studies evaluating the impact of stepfamily interventions on child outcomes are described and recommendations are made for research on *promoting healthy child adjustment* within stepfamilies.

MARITAL FUNCTIONING AND DIVORCE IN REMARRIAGE AND STEPFAMILIES

Remarried couples are more likely than first-marriage couples to divorce (Booth & Edwards, 1992; Tzeng & Mare, 1995), and remarried women are 2 times more likely to divorce than remarried men (Tzeng & Mare, 1995). It appears that the presence of children from previous unions may place remarriages at greater risk (Booth & Edwards, 1992; White & Booth, 1985). For example, recent U.S. Census data indicate higher rates of divorce in remarriages for women with children (40% to 44%) than for women without children (32%; Bramlett & Mosher, 2002). Similarly, in a large national sample, couples with children present prior to marriage were 50% more likely to divorce (Tzeng & Mare, 1995). Given that 80% of children in stepfamilies live with their biological mother (Kreider & Fields, 2005), the heightened risk that children confer may help explain the higher divorce rates for remarried women than men.

Despite their higher incidence of divorce, remarried couples are not notably less satisfied with their marriages. In a large national U.S. sample, no differences in self-reported marital satisfaction were found between first marriages and remarriages (Ishii-Kuntz & Ihinger-Tallman, 1991). A meta-analysis of 16 studies showed that although marital satisfaction was slightly higher in first marriages than remarriages, the effect size was small (Vemer, Coleman, Ganong, & Cooper, 1989). However, satisfaction does appear to decline more rapidly for remarried couples (Booth & Edwards, 1992), which may be related to the presence of stepchildren. Bringing children into a remarriage is associated with lower marital satisfaction (White & Booth, 1985), increasing levels of marital distress over time (Kurdek, 1991), and greater frequency of marital disagreements and perceptions that the couple may separate (Stewart, 2005). Having children from multiple past or current relationships may have an additive negative effect on marital quality. Couples in complex stepfamilies (i.e., families with children from current and past relationships or from both spouses' previous relationships) report lower relationship satisfaction than couples in simple stepfamilies (Hobart, 1991; Schultz, Schultz, & Olson, 1991).

In sum, remarried couples with stepchildren have a heightened risk for declining satisfaction and divorce. Next, with an eye toward informing interventions, we explore potential explanations for the increased risk by describing factors associated with stepfamily couple outcomes.

Couple Relationship Factors

Couple Communication and Conflict Patterns

Destructive couple conflict and ineffective problem solving are strong predictors of marital distress and divorce for all couples (e.g., Clements, Stanley, & Markman, 2004). Unfortunately, deficits in these areas may be common among stepfamily couples. Observational studies have shown remarried couples to be more negative and less supportive, to show more negative escalation, and to have poorer problem-solving skills than couples in first marriages (Bray & Berger, 1993; Hetherington et al., 1999; Prado & Markman, 1999). These differences have been found during the early stages of remarriage (Bray & Berger, 1993; Hetherington & Clingempeel, 1992) and in well-established stepfamilies (Bray & Kelly, 1998). In contrast, stepfamily couples in a recent Australian study were observed to be much *less* negative than first-marriage couples, but they were also less positive and more likely to withdraw from discussions (Halford, Nicholson, & Sanders, 2007). Similarly, stepfamily couples have self-reported that they avoid discussion of sensitive topics more than do first-marriage couples (Afifi & Schrodt, 2003; Ganong & Coleman, 1989).

Although more research is required to clarify the specific characteristics of communication in stepfamily couples, there is clear evidence of elevated rates of ineffective communication, which in turn predicts relationship dissatisfaction. Poor couple communication is moderately associated with distress in remarriages, just as in first marriages (Allen, Baucom, Burnett, Epstein, & Rankin-Esquer, 2001; Hetherington & Clingempeel, 1992). High negativity in remarriages has also predicted decreased satisfaction 1 year later, fully accounting for associations between stepfamily problems and subsequent marital satisfaction (Beaudry, Boisvert, Simard, Parent, & Blais, 2004). These results suggest that it is how couples communicate about disagreements, rather than the mere presence of disagreements, that is important to marital health in stepfamilies (Stanley, Blumberg, & Markman, 1999). Clinically, this suggests the application to stepfamilies of couples interventions that improve couples' conflict resolution skills.

Commitment to Marriage

Individuals with low commitment to the institution of marriage, who are more accepting of divorce as an appropriate solution to marital unhappiness,

are at heightened risk for decreases in marital quality (Amato & Rogers, 1999) and divorce (Amato, 1996). Low commitment to marriage may be a problematic area for remarried and stepfamily couples. Divorcing a previous partner predicts an increase in the belief that divorce is an appropriate solution to marital distress (Amato & Booth, 1991; Segrin, Taylor, & Altman, 2005). Accordingly, remarried individuals report lower commitment to the institution of marriage and greater willingness to leave the marriage than do first-marrieds (Booth & Edwards, 1992). Moreover, among remarried couples, those with stepchildren report more favorable attitudes toward divorce (White & Booth, 1985) and show stronger links between marital dissatisfaction and instability (van Eeden-Moorefield & Pasley, this volume). These differences may explain why remarriages more frequently end in divorce despite levels of satisfaction similar to those in first marriages. Remarried couples, especially those with children, may tolerate less marital unhappiness, family conflict, or child distress before choosing to divorce.

Conversely, high commitment levels, associated with relationship happiness and longevity in all couples (e.g., Bui, Peplau, & Hill, 1996), may play a protective role in stepfamilies. Couples in long-term stepfamilies said that commitment was key to their success in building a stable family (Bray & Kelly, 1998).

Stepfamily Expectations

Formation of a stepfamily brings together individuals who have different family histories, including family traditions and methods for handling family difficulties (e.g., Visher & Visher, 1979). More so than couples entering first marriages with no preexisting children, partners entering a stepfamily may have different expectations about household rules, family members' roles, and patterns for interacting with children, which can be a major source of conflict and maladjustment (Fine & Kurdek, 1994; Webber, Sharpley, & Rowley, 1988). Also, stepparents with no prior parenting experience, or whose experiences involve children of a different age or temperament, may have expectations that are developmentally inappropriate or ineffective for their partner's children. Moreover, couples entering a stepfamily often have unrealistic expectations of how quickly relationships will develop between family members. Belief in the myth of ''instant love'' often leads to hurt and feelings of rejection in stepparents (Nelson & Levant, 1991) and lower family and marital satisfaction in both spouses (Kurdek & Fine, 1991). In general, unrealistic and discrepant expectations are a common source of conflict for stepfamily couples and have prospectively predicted family distress (Bray & Kelly, 1998; Hetherington & Kelly, 2002).

Parenting and Child-Related Factors

Consensus on Child Rearing

According to a national poll, the most frequently reported issue that couples argue about in remarriages is children (Stanley, Markman, & Whitton, 2002). Compared to first-married couples, remarried couples report more conflict around children and parenting (Henry & Miller, 2004; Hobart, 1991) and lower levels of parenting satisfaction (Ishii-Kuntz & Ihinger-Tallman, 1991). These difficulties are evident in both simple and complex stepfamilies (Hetherington et al., 1999), but may be exacerbated in complex stepfamilies (Schultz et al., 1991).

Conflict over child rearing has demonstrated moderate associations with marital quality in stepfamilies, just as in first marriages, and is linked with decreases in men's marital positivity over time (Hetherington et al., 1999). In contrast, stepfather support of mothers' decisions about the child strongly predicts marital quality (Orleans, Palisi, & Caddell, 1989). Results of a longitudinal study of stepfamilies indicate that developing a consensus on parenting and child-related issues is necessary to building a strong marriage and stepfamily (Bray & Kelly, 1998).

Biological Parent-Child Relationships

Parent-child relationships tend to become strained after parental divorce and remarriage, with lower relationship quality and more conflict (Ruschena, Prior, Sanson, & Smart, 2005). Compared to first marriages and continuously single mothers, stepfamilies show lower levels of mother-adolescent interaction and parental supervision and higher levels of mother-adolescent disagreement (Demo & Acock, 1996). During stepfamily formation, remarried mothers tend to be more negative and less positive toward their children, monitor children's behavior less, and have less control over their children than nondivorced or divorced single mothers (Bray & Berger, 1993; Hetherington & Clingempeel, 1992), and children in stepfamilies display greater negativity toward their mothers (Hetherington & Clingempeel, 1992).

Maintaining quality parent-child relationships may be important to healthy couple functioning in stepfamilies, as positive parent-child relations are associated with marital satisfaction and positivity (Bray, 1999; Hetherington & Clingempeel, 1992). For example, positive mother-child interactions are related to more positive couple interactions and to stepfathers' marital satisfaction (Bray & Berger, 1993). In fact, the impact of parent-child relationships on marital functioning and stability may be greater for stepfamilies than for nondivorced families (Hetherington & Clingempeel, 1992; White & Booth, 1985).

Parent-child relationships are also important to consider in terms of child outcomes. Poor parent-child relationships may account for most of the association between stepfamily status and psychological distress among adolescents (Falci, 2006). In stepfamilies, parent-child coercion and negativity have been associated with lower general well-being, social competence, and academic competence in stepfamily children (Hetherington & Clingempeel, 1992; Nicholson et al., 2002), while parental warmth, monitoring, and involvement promote children's social and psychological well-being.

Stepparent-Stepchild Relationships

Relationships between stepparents and stepchildren can be quite conflicted and negative (e.g., Bray & Berger, 1993; Hetherington & Clingempeel, 1992). Men tend to be less affectionate, warm, and involved and more distant, coercive, and angry with their stepchildren than with their biological children (Hetherington et al., 1999). Stepchildren tend to reciprocate with less warmth toward their stepfather (Bray & Berger, 1993; Hetherington & Clingempeel, 1992). Often feeling rebuffed by children, stepfathers generally grow less involved with them over the first 2 years after remarriage (Bray & Kelly, 1998). Many stepparents adopt a disengaged style of parenting, characterized by low levels of support, negativity, and control (Crosbie-Burnett & Giles-Sims, 1994; Hetherington & Clingempeel, 1992).

Stepparent-stepchild relationship quality appears to exert a greater influence on the couple's marital well-being than does the biological parent-child relationship (Fine & Kurdek, 1995), and healthy stepparent-stepchild relationships predict marital satisfaction 3 years later (Guisinger, Cowan, & Schuldberg, 1989). The stepparent-stepchild relationship is also central to child well-being. Even when controlling for the child's relationship quality with the biological mother, stepparent-stepchild relationship quality is associated with lower internalizing and externalizing symptoms (King & Sobolewski, 2006; White & Gilbreth, 2001). However, the optimal type of stepparent relationship for marital and child outcomes is not straightforward and likely depends on the stage of stepfamily development. After 6 months of remarriage, couples reported greater marital satisfaction when stepfathers were not expected to assume a parental role or form close relationships with their stepchildren; however, 2 years later, marital adjustment was better when stepfathers had closer relationships to their stepchildren (Bray & Berger, 1993). Based on the available evidence, some suggest that the optimal developmental process involves an initial stage in which the stepparent focuses on developing a warm, mutually respectful relationship with the child while avoiding a disciplinary role (Bray & Kelly, 1998; Ganong, Coleman, Fine, & Martin, 1999).

External Factors

Relations with Former Partners

Because most remarriages are formed following divorce rather than death, remarried couples typically must continue having interactions with at least one spouse's former partner. In fact, 10 years after divorce, over half of adults surveyed reported contact with their former spouse (Fischer, De Graaf, & Kalmijn, 2005). This contact is often hostile, particularly during the first year (Fischer et al., 2005). Around two thirds of divorced adults with shared children report a moderate to high amount of conflict with their ex-spouse, usually centering around visitation, child support, parenting practices, and money (Bonach, 2005). Remarriage reduces, but does not eliminate, hostile and friendly contact between former spouses (Fischer et al., 2005).

Developing workable rules for dealing with former spouses is a central task of couples in newly formed stepfamilies (Bray & Kelly, 1998). Continued emotional attachment or conflict with an ex-spouse has been negatively associated with remarriage intimacy and satisfaction (Buunk & Mutsaers, 1999; Knox & Zusman, 2001). Remarried couples often have conflict over how one spouse interacts with his or her former partner, which is associated with marital distress (Buunk & Mutsaers, 1999). In addition, conflict between mothers and nonresidential fathers has been associated with lower adolescent well-being (Demo & Acock, 1996) and child difficulty adjusting to remarriage (Ganong & Coleman, 2004). Biological parents fighting with or denigrating the other parent is distressing and angering to children (Cartwright & Seymour, 2002). Cooperative coparenting, though uncommon, predicts higher father-child contact and relationship quality (Sobolewski & King, 2005).

Social Support versus Isolation

Remarriages are characterized by greater social isolation than first marriages, especially if both partners were previously married (Booth & Edwards, 1992). Spouses in remarriages tend to be involved in fewer social groups that can provide support (Forste & Heaton, 2004), have less contact with their parents and in-laws (Booth & Edwards, 1992), and receive support from fewer members in their family of origin (Kurdek, 1989b). Mothers perceive less support from their own kin when they gain stepchildren (Harknett & Knab, 2007), and stepparents receive less instrumental support from their family than do adoptive or biological parents (Ceballo, Lansford, Abbey, & Stewart, 2004). These factors clearly impact marital outcomes. Across types of couples, dissatisfaction with social support is linked with relationship distress (Kurdek, 1989a). Poor social integration increases the risk for divorce (Booth, Edwards, & Johnson, 1991), and, among remarried

women, lack of perceived support from family and friends predicts poor marital quality (Knox & Zusman, 2001).

Summary

Couples' communication skills, commitment, expectations for stepfamily development, parenting and coparenting skills, relations with former partners, and social support are all linked with stepfamily couple outcomes. As such, they represent appropriate targets for clinical interventions. In the next section, we explore the extent to which these risk and protective factors are being considered in the development of clinical interventions for stepfamily couples and evaluate the existing data regarding the effectiveness of such programs.

CLINICAL INTERVENTIONS FOR STEPFAMILIES

A major objective of this chapter is to review the research on clinical interventions to prevent or treat couple relationship problems in the context of stepfamilies. Very few studies evaluate any type of intervention designed specifically for stepfamilies, and existing programs tend to target multiple aspects of stepfamily functioning. Therefore, we have reviewed *all* types of stepfamily interventions that have been empirically evaluated, including those targeting the whole family, the couple, or specific problem behaviors in one family member. Our goal was to gain a complete picture of what existing data tell us about the potential of clinical interventions to improve or maintain couple functioning in stepfamilies. This chapter updates Lawton and Sanders's (1994) brief review of stepfamily intervention evaluations by including more recent studies and unpublished dissertations, and differs from Adler-Baeder and Higginbotham's (2004) review, which described the content of all available educational programs for stepfamily couples, with little attention to evidence of effectiveness.

To locate articles describing empirically evaluated stepfamily programs, we searched electronic databases (PsycInfo, Academic Search Premier) using search terms that included combinations of the family terms stepfamily, remarriage, stepfather, stepmother, and stepchild with the following program terms: prevention, marriage education, intervention, and program. We also searched the reference section of each obtained article for additional studies. All studies that reported program evaluation data (including subjective reports of participant satisfaction) were included in the review.

Twenty programs were identified, as summarized in chronological order in Table 19.1.

In this section, we highlight the major findings from this review. We start by describing the quality of research design to provide a context for

Table 19.1
Summary of Existing Empirical Evidence on Stepfamily Intervention Outcomes

Authors (Year)	Intervention	Participants	Content	Method	Measures	Results
Messinger, Walker, & Freeman (1978)	4-session discussion group for couples	22 couples contemplating remarriage, or remarried with stepchild(ren)	Nondirective group discussions about common stepfamily challenges: myths, stepfathering, relations with ex-spouse, child loyalty conflicts	Pilot study No control group	Subjective evaluations Clinician case descriptions	Positive evaluation of program Perceived improvement in understanding of experience and guidelines to work on remarriage issues
Pill (1981)	6-session family life education group for couples	6 couples in stepfamilies	Education on stepfamily challenges and development, stepparenting Coparenting with ex-spouse Strengthening couple	Postevaluations No control group	Questionnaires on perceived change in target areas	Positive evaluation of program Perceived change in expectations, skills, and support
Brady & Ambler (1982)	4-session education group for couples	33 couples	Education about stepfamily life and parenting, change maladaptive expectations	Pre-post design Randomized control group	Questionnaires: family environment (standardized), beliefs about stepparent role (author's own) Interview evaluation	Treatment effect on only 1 of 10 family environment scales (conflict) Both groups reduced nonadaptive beliefs Positive evaluation

(*continued*)

Table 19.1 (*Continued*)

Authors (Year)	Intervention	Participants	Content	Method	Measures	Results
Stroup (1982)*	8-session structured family group therapy; 1st group had 4 couple & 4 family sessions; 2nd group had 8 family sessions.	7 stepfamilies with no serious psychopathology, no other current treatment.	Build family cohesion, problem solving, communication, forgiveness, stepfamily issues, "ghosts" of past family	Pre-post alternative treatment comparison design	Standardized questionnaires: family environment, marital adjustment. Family sculpture scale.	No group differences. Both showed gains on family environment and closeness, and marital adjustment.
Nadler (1983)	6-session psychodynamic and behavioral group for couples	31 couples (of 60 couples attending group)	Information on stepfamily challenges and development, communication and problem-solving skills training	Postevaluations No control group	Written and verbal reports of perceived changes in target areas	>75% reported improvement in parenting, relations with child and spouse, communication, understanding of stepchild's position
Cuddeby (1984)*	4-session stepparent education group for couples	24 couples with stepchild(ren) in home	Discussion of stepfamily issues, training in communication, conflict resolution, and parenting skills	Pre-, postinterventions and 4-week follow-up Control group	Standardized questionnaires: stepfamily knowledge and family environment	Treatment effect on all target areas, especially stepfamily knowledge at postintervention Improvement on conflict maintained at follow-up

Ellis (1984)	6-session education group for couples	9 cohabiting or remarried couples with residential stepchild(ren)	Education and discussion focused on realistic family model, strengthening couple, normalizing experience	Postintervention and 6–8 week follow-up evaluations No control group	Qualitative evaluation by discussion	All reported improved marital relationship and parenting High satisfaction with group
Webber, Sharpley, & Rowley (1988)	6-session education group for couples	29 couples with stepchildren (includes recent cohabitors to married 7 years)	Problem-solving discussions, skill building to strengthen couple relationship and increase constructive stepparent-stepchild behavior	Pre-post design No control group	Standardized questionnaires: marital adjustment, self-esteem, problem inventories	Increased marital satisfaction and self-esteem Decreased perceived problems in all areas except relations with former partner
Mandell & Birenzweig (1990)	6-session family life education and therapeutic group for couples and children	3 stepfamilies of <5 years	Education on stepfamily development, role clarification, problem-solving skills	Pilot study No control group	Subjective evaluations Clinician observations	Positive program evaluation Perceived reduction in stress and improved hope

(*continued*)

Table 19.1 (*Continued*)

Authors (Year)	Intervention	Participants	Content	Method	Measures	Results
Nelson & Levant (1991)	4-session group for parents in stepfamilies (only one parent attends the group)	14 biological parents or step-parents (average of 6–7 years remarried) 20 in comparison group	Demonstration and practice of communication skills (listening, responding, self-awareness) and parenting skills (rules, family meetings, consequences)	Pre-post design Comparison group	Standardized questionnaires: child and parent report of parent behavior and communication skills, family environment	Increased positive communication with child but no decrease in negative parenting communication No change in child perceptions of parenting or in focal parent and spouse perceptions of family variables
Bielenberg (1991)	6-session preventive, education group for couples	15 stepfamily couples (premarriage or newly married) with no serious problems	Information and discussion of stepfamily formation, building couple relationship, coparenting with ex-spouse, creating roles, and helping children adjust	Pre-, postinterventions and 2-month follow up-data No control group	Standardized questionnaires: family environment, general health, parenting social support, coping	No change in family cohesion Improved social support, anxiety, and insomnia at postintervention and follow-up Improved coping at postintervention only

Duncan & Brown (1992)	Self-directed education program for stepfamilies	3 stepfamilies	6 booklets to guide home-based family strength building Each includes information and strength-building family activities	Pre-post design No control group	Family strength questionnaire (author's own), qualitative interview	Positive evaluation All 3 families had increased family strength scores from pre- to post-intervention
Higbie (1994)*	8-session education group for couples	22 couples (remarried or planning marriage) with stepchild(ren)	Education on stepfamily development, stepparenting, strengthening couple, communication, helping children adjust, financial decisions	Pre-, postinterventions & 6-week follow-up Randomized control group in an 8-week support group	Standardized questionnaires: family environment, couple satisfaction, stepfamily knowledge Author's own: family behavior frequency, program evaluation	Improvement in favorability of self, knowledge of stepfamily issues, couple time No treatment effect on family cohesion or adaptability or couple satisfaction
Fausel (1995)	6-session stress-inoculation group for couples	52 couples in stepfamilies (married <2 yrs or planning to marry)	Education on stepfamily formation, skills for stress management, parenting, coparenting with ex-spouse, communication, protecting couple relationship	Pre-post design No control group	Standardized questionnaires: clinical stress Informal evaluation	62% had lower stress scores at post- than at pretest Positive program evaluation

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Table 19.1 (*Continued*)

Authors (Year)	Intervention	Participants	Content	Method	Measures	Results
Gibbard (1998)*	8-session education group for couples	13 couples in stepfamilies	Information on stepfamily challenges and complexity, guides for stepparenting, communication skills, building couple strength, coparenting with ex-spouse	Pre-post design No control group	Standardized questionnaires: marital satisfaction, family environment	Improvement in satisfaction with children, child-rearing conflict, and family cohesion, expressiveness, and conflict Improvements in some but not all areas of marital satisfaction
Nicholson & Sanders (1999)	8-module behavioral family intervention: one group therapist-directed, one group self-directed	42 stepfamilies with a 7- to 12-year-old residential child with conduct problems	Stepfamily education, training in positive and cooperative parenting skills, problem-solving and communication skills, family activities (integrating stepparent)	Pre-post design Randomized control and alternative treatment groups	Standardized self-report, interview, and diary measures of child behaviors and symptoms and parenting conflict	Both treatment groups had reduced child behavior problems, child internalizing symptoms, and couple parenting conflict

Henderson (2001)*	5-session court-ordered education group for couples with adjudicated adolescents	30 cohabiting or remarried couples with a stepchild convicted of a crime	Information on stepfamily formation, strengthening couple relationship, family communication, building (step)parent-child bond, helping children adjust	Pre-post design Randomized control group	Standardized questionnaires: family environment. Informal follow-up interview	Improvement in family cohesion but not adaptability Majority informally reported improved couple relationship and parenting
Trone (2002)*	Educational 30-minute video of normative stepfamily development	132 stepfather families with $\geq$1 residential (or part-time) child 14–17 years old	Information on stepfamily developmental stages, changes in family structure	4 groups: 1 treatment and 1 control group for those with preintervention data, and 1 treatment and 1 control group for those without preintervention data	Standardized questionnaires: stepfamily adjustment	No pre- to posttest changes tested At posttest, treatment group had higher family adjustment than control group Completing questionnaire prior to video strengthened treatment effect

(*continued*)

Table 19.1 (*Continued*)

Authors (Year)	Intervention	Participants	Content	Method	Measures	Results
Michaels (2000; 2006)	5-session prevention and education group for couples	8 couples remarried <5 years without serious marital or mental health problems	Education and group discussion on normalizing experience, building marital satisfaction, building positive stepparent-stepchild relationships, effectively dealing with noncustodial parent	Posttreatment evaluation only No control group	Questionnaire (author's own) and focus group to assess any perceived changes since started group	Positive change reported in understanding of stepfamily experience, family interactions, children's behavior, coparenting, and marital quality
Forgatch, DeGarmo, & Beldavs (2005); DeGarmo & Forgatch (2007)	13-session parent management training (not group format)	110 recently married (<2 years) stepfather families with a child in Kindergarten through third grade showing early signs of conduct problems	Parent training: noncoercive discipline, skill encouragement, effective monitoring, problem solving, positive involvement Strategies for resolving stepfamily issues Optional couple enhancement	Pretreatment, 6-12- and 24-month data Randomized control group	Standardized, multimethod (self-report, observed, and interview) data on parenting and child behavior	Large treatment effect on couple, effective parenting, and effective stepfathering, which were linked with reduced child noncompliance and problem behaviors

*Unpublished dissertation.

evaluating the studies' findings regarding program effects. We then highlight themes regarding preventive versus therapeutic programs, common program content areas, and program formats. However, the first and most notable finding is the extremely small number of empirically evaluated stepfamily interventions. Despite an extensive clinical literature on what therapists can do to help stepfamilies (e.g., Papernow, 1994; Visher & Visher, 1979, 2003) and growing empirical evidence regarding the factors associated with positive stepfamily outcomes that are good candidates for interventions (reviewed earlier), there are strikingly few empirically tested interventions.

Quality of Program Evaluation

As a whole, the stepfamily intervention studies suffered from a number of methodological problems. First, sample sizes were generally very small. The average sample size was 29.8; two samples consisted of only three families, and six studies had samples smaller than 10. This severely limits generalizability of findings and power to detect treatment effects. Almost universally, authors described difficulties recruiting stepfamily members to participate in their programs. At times, the poor response to recruitment efforts prevented researchers from including control groups (e.g., Stroup, 1982). Perhaps for this reason, only nine studies (45%) included any type of comparison group. Of these, only six randomly assigned participants to active versus control conditions (see Column 5, ''Method,'' in Table 19.1). This further limits the usefulness of findings, leaving it unclear whether observed changes in participants could be attributed to the intervention. There was also a general lack of follow-up data. Only five studies included any follow-up; four of these were fairly short term, occurring within 2 months of the program's end (Bielenberg, 1991; Cuddeby, 1984; Ellis, 1984; Higbie, 1994). The other assessed outcomes at 6 and 12 months postintervention (Forgatch, DeGarmo, & Beldavs, 2005). It is particularly unfortunate that no studies followed participants long enough to assess intervention effects on divorce rates.

The measures used to evaluate interventions were also problematic. Several studies relied solely on subjective participant evaluations or consumer satisfaction ratings (Ellis, 1984; Mandell & Birenzweig, 1990; Messinger, Walker, & Freeman, 1978). Others used nonstandardized measures, often created by the authors themselves (e.g., Brady & Ambler, 1982; Duncan & Brown, 1992; Michaels, 2000). In addition, rarely was the same variable or measure included in more than one study, making it difficult to summarize or compare results across studies. Future research could benefit from a standard set of outcome variables, assessed with common measures. Finally, accessibility of the studies was limited, as 30% (6) were unpublished

dissertations. Despite a recent increase in the availability of dissertations online, many remain difficult and at times costly to obtain.

In sum, the identified studies generally suffered from small samples, lack of control groups, and inconsistent use of standardized measures. (Two notable exceptions are the Nicholson and Sanders [1999] and Forgatch et al. [2005] studies, which used large samples, randomized control groups, and standardized measures collected from multiple raters.) Nevertheless, together the studies provide a picture of the types of stepfamily programs being developed and preliminary information on the effectiveness of different program types, contents, and formats. As we review the major findings, we specify which results were demonstrated in contrast to controls and which were more tentative, based on small, uncontrolled trials.

Prevention and Treatment Programs

Eighty-five percent (17) of the identified interventions were prevention programs, designed to prevent the development of marital or family discord or psychological distress in stepfamily members. Intervention designers appear to be heeding the call of clinicians for a preventive approach to helping stepfamilies (Ganong & Coleman, 1989; Stanton, 1986; Visher & Visher, 1979). These clinicians have long proposed that the risks stepfamilies face for poor marital and child outcomes result from the challenges inherent in forming a stepfamily, rather than intrapersonal or interpersonal deficits among their members. Consequently, it is believed that most stepfamilies need education rather than therapy (Visher & Visher, 1979) and that the provision of information about normal stepfamily development might prevent problems by preparing stepfamily members for the expectable family stages they will encounter and by normalizing their difficult experiences (Papernow, 1984). Accordingly, most prevention programs we identified were closely focused on psychoeducation about common stepfamily challenges, realistic expectations for family relationships, and normative stepfamily development (see Column 4, ''Content,'' in Table 19.1).

For preventive interventions that were evaluated compared to control groups, participants in active treatment demonstrated greater reductions in family conflict (Brady & Ambler, 1982; Cuddeby, 1984) and greater knowledge of stepfamily issues (Cuddeby, 1984; Higbie, 1994). However, although two controlled trials showed positive treatment effects on family environment (Cuddeby, 1984; Trone, 2002), three did not (Brady & Ambler, 1982; Higbie, 1994; Nelson & Levant, 1991). Several evaluations of prevention programs indicated improvements in marital satisfaction among participants (Ellis, 1984; Gibbard, 1998; Stroup, 1982; Webber et al., 1988), but the only study to assess couple satisfaction compared to a control group found no treatment effect (Higbie, 1994). The lack of consistent program effects on

perceived family environment and couple satisfaction mirrors the general finding that effects of premarital education programs on self-reported relationship quality are typically not evident at posttreatment but emerge over time (Markman, Floyd, Stanley, & Storaasli, 1988). Future research with long-term follow-up data is needed to detect potential long-term stepfamily intervention effects on perceived couple and family relationship quality.

In addition to the prevention programs, we identified three programs designed to treat existing problems in stepfamilies, all of which targeted child conduct problems. Henderson (2001) assessed an educational group for stepfamily couples who were parents of an adolescent recently convicted of a crime. Nicholson and Sanders (1999) and Forgatch et al. (2005) evaluated behavioral child management training programs delivered to parents and stepparents of children displaying oppositional or conduct behavior problems. Although Henderson's findings were mixed, the other two studies demonstrated strong treatment effects in comparison to controls, including improved parenting, reduced child behavior problems (Forgatch et al., 2005; Nicholson & Sanders, 1999), and reduced couple conflict over parenting (Nicholson & Sanders, 1999).

Content of Programs

As a whole, the content of the evaluated stepfamily intervention programs was relatively well-grounded in the clinical and empirical literature, addressing many of the factors associated with couple outcomes in stepfamilies. Nearly all preventive and treatment programs included *education about stepfamilies*, presenting information on typical stepfamily development and common challenges that stepfamilies face. Consistent with empirical evidence that unrealistic expectations for stepfamily development predict poor couple and family outcomes (Bray & Kelly, 1998; Hetherington & Kelly, 2002), this content was aimed at normalizing the stepfamily experience and helping families have realistic expectations for stepfamily life. Couples receiving educational material on stepfamily life reported subjective improvements in their understanding of the stepfamily experience (Messinger et al., 1978; Michaels, 2000), more realistic expectations (Pill, 1981), and greater hopes for creating a successful stepfamily (Mandell and Birenzweig, 1990). Compared to couples in control groups, those who attended educational groups reported greater stepfamily knowledge (Cuddeby, 1984; Higbie, 1994).

Ten interventions (50%) included a component specifically focused on *strengthening or protecting the couple relationship*. This content may be particularly important for stepfamily couples, whose relationship is newer than preexisting parent-child relationships and who may have little unplanned time alone together without children (e.g., Papernow, 1984). Couples entering

the programs were eager to get help with maintaining their relationships; they ranked couple health as very important and rated sessions on building a successful marriage very helpful (e.g., Michaels, 2000). Noncontrolled studies indicated that participants perceived improvements in their couple relationship (Ellis, 1984; Gibbard, 1998; Henderson, 2001; Webber et al., 1988). Only one study compared couple outcomes to a control group, finding a significant treatment effect on the amount of time spent alone as a couple but not on couple satisfaction (Higbie, 1994).

Over half of the programs included content focused on building *communication and problem-solving skills*. These components are likely crucial to intervention effectiveness, given the strong associations between communication patterns and couple health in remarriages (e.g., Allen et al., 2001). Compared to controls, participants in two programs with communication skills training demonstrated improvements in self-rated family communication (Nelson & Levant, 1991) and conflict (Cuddeby, 1984). Unfortunately, no controlled studies specifically assessed *couple* communication skills. In noncontrolled studies, participants reported improved marital satisfaction (Gibbard, 1998; Stroup, 1982; Webber et al., 1988) and family environment (Stroup, 1982), although the lack of comparison groups leaves it unclear whether the changes were due to the treatment. Consumer satisfaction with communication skills training was high (e.g., Michaels, 2000), rated in one study as the most helpful program component (Gibbard, 1998), echoing findings from general marriage education research (Markman & Halford, 2005; Stanley, 2001).

The majority of programs included a component on *parenting and stepparenting*. Some programs provided information on parenting, such as appropriate methods of child discipline and the importance of mutual support between spouses in their disciplining (e.g., Brady & Ambler, 1982; Bray & Kelly, 1998; Cuddeby, 1984; Pill, 1981). Information and guidelines for stepparenting were often included, such as recommendations to slowly involve the stepparent in discipline, after a warm stepparent-stepchild relationship has been established (e.g., Gibbard, 1998; Pill, 1981). This content is consistent with evidence that child and marital adjustment is better when mothers were primary disciplinarians and stepfathers played a less active role during first 6 months of remarriage (Bray & Berger, 1993; Ganong et al., 1999). Other programs supplemented this information with active training and practice in parenting skills (Fausel, 1995; Forgatch et al., 2005; Nelson & Levant, 1991; Nicholson & Sanders, 1999), as is suggested by evidence that competent parenting is associated with marital satisfaction and more positive (step)parent-child relations (e.g., Bray, 1999; Fine & Kurdek, 1995; Hetherington & Clingempeel, 1992). Compared to control groups, these programs demonstrated positive effects on parenting (Forgatch et al., 2005) and stepparenting skills (DeGarmo & Forgatch, 2007), positive parent-child

communication (Nelson & Levant, 1991), and child behavior and emotional well-being (Forgatch et al., 2005; Nicholson & Sanders, 1999). To address the high levels of conflict over child rearing among stepfamily couples, Nicholson and Sanders's program also included *cooperative parenting skills training* to help spouses develop skills for supporting one another's parenting. Compared to controls, couples receiving this treatment showed significant reductions in parenting conflict (Nicholson & Sanders, 1999).

Dealing with children's nonresidential parent was addressed in half of the programs. Some interventions emphasized ending emotional ties with former partners and completing mourning over the past relationship, which can interfere with coparenting and with the new marriage (Bielenberg, 1991; Ellis, 1984; Stroup, 1982). The majority provided strategies for creating a nonhostile, businesslike coparenting relationship (Fausel, 1995; Messinger et al., 1978; Michaels, 2000; Nadler, 1983; Pill, 1981) and for resolving visitation issues (Ellis, 1984; Gibbard, 1998; Messinger et al., 1978; Webber et al., 1988), such as difficult child transitions between households (Nadler, 1983). Very few studies evaluated treatment effects on relations with ex-partners; the one study that did found no improvements in those relations (Webber et al., 1988). However, consumer satisfaction was high for sessions on dealing with noncustodial parents, and participants informally reported increased understanding of how maintaining positive relations with their ex-spouse can benefit the children (Michaels, 2000).

Program Format

The vast majority of stepfamily interventions were offered in group settings (see Column 2, ''Intervention,'' in Table 19.1). Thirteen were groups for couples only. Others held simultaneous child and parent groups (Mandell & Birenzweig, 1990), some group meetings for couples only and other meetings for all family members (Stroup, 1982), or groups that only one parent (either step- or biological) from each family attended (Nelson & Levant, 1991). Many studies reported that participants liked the group format, which helped them to see that other families were struggling with similar issues and that their problems were normal reactions to the stresses of stepfamily development (e.g., Higbie, 1994). Participants reported that listening to other couples in the groups helped them become aware of how similar the stepfamily experience can be across families (Michaels, 2000) and made them feel less isolated (Pill, 1981). This is important, given the social isolation many stepfamilies face (Forste & Heaton, 2004) that is linked to couple distress (Booth et al., 1991). Furthermore, leaders reported that group work was more effective than working with individual couples (Ellis, 1984).

The two interventions designed to treat child disruptive behavior disorders (Forgatch et al., 2005; Nicholson & Sanders, 1999) used a more

traditional therapeutic format, in which therapists met with individual families to provide active skills training in effective parenting strategies. In Forgatch et al.'s intervention, children were brought into specific sessions for rehearsal of parenting skills. As described earlier, these treatments demonstrated strong effects on parenting and child outcomes compared to controls.

Two studies described self-directed interventions for stepfamilies. Duncan and Brown's (1992) program provided families with booklets containing information on stepfamily strengths and home-based strength-building family activities. Although program evaluation was very limited, families showed increased family strength scores from pre- to post-intervention. A self-directed version of Nicholson and Sanders's (1999) behavioral family intervention for child behavior problems included an initial therapist meeting to explain program aims and content, followed by weekly modules mailed to the family of readings and activities focused on a specific intervention content area. Interestingly, the self-directed version was equally as effective in reducing child behavior problems and parenting conflict as the therapist-directed version, although power to detect differences between conditions was limited. These results are promising for future use of self-directed programs for stepfamilies, which may be important because couples preparing for remarriage are more likely to use self-help materials than attend counseling (Ganong & Coleman, 1989).

One unique intervention comprised only a 30-minute educational video viewed by all stepfamily members, which provided normative information on stepfamily development and functioning (Trone, 2002). Families who received this minimal intervention had more positive perceived family adjustment than families who did not.

CONCLUSION AND RECOMMENDATIONS

Based on this review, clinical research on stepfamily interventions is still in its infancy. Only a small number of programs for stepfamilies have been evaluated, many in uncontrolled trials with small samples. Unfortunately, the similarity of these findings to those of Lawton and Sanders (1994) suggests that the field has not progressed significantly in the past 13 years. However, it is encouraging that two large randomized clinical trials emerged (Forgatch et al., 2005; Nicholson & Sanders, 1999), both evaluating stepfamily-based behavioral treatments for child behavior problems. In addition, evaluation data from a new prevention-oriented version of the Nicholson and Sanders program are presented in the next chapter. Hopefully these studies will lead the way to additional large-sample, controlled clinical trials of other stepfamily interventions, particularly couples-focused programs, which are more prevalent but less well examined.

As a whole, these studies provide a foundation and some direction for the development of future interventions to promote healthy couple relationships within stepfamilies. In particular, they provide preliminary evidence for the effectiveness of preventive, educational programs delivered to couples in group formats. This method is consistent with most existing relationship education programs, which are typically preventive, group-based couple interventions. A preventive approach may be particularly important for maintaining relationship health in stepfamilies, given clinical (Papernow, 1994) and empirical (Bray & Berger, 1993) evidence that couple satisfaction in stepfamilies declines rapidly. Couples interventions tend to be most effective early in relationships, when relationship satisfaction is high (van Widenfelt, Hosman, Schaap, & van der Staak, 1996). Preventive relationship education programs also carry less stigma than therapy, which may be particularly important to stepfamilies, who often already feel stigmatized by society (Coleman, Ganong, & Cable, 1996). There is a clear need for stepfamily preparation services; most couples do not prepare for remarriage (Ganong & Coleman, 1989) and report having little to no awareness about normative stepfamily development (Nelson & Levant, 1991) or about things they could do to facilitate healthy family formation (Ganong et al., 1999).

Although relationship education programs are supported by growing evidence of their effectiveness in preventing relationship distress and dissolution (Markman & Halford, 2005), and this review suggests their appropriateness for couples in stepfamily contexts, these programs in their current forms may not address many of the unique needs of stepfamily couples. We believe that the next step in the field is modification and augmentation of existing relationship education programs to better meet stepfamily couple needs. This stance is consistent with an increasing call for tailoring relationship education programs to address the specific issues that place certain couples at high risk for distress and divorce (Halford et al., 2003), with close attention to the context in which couples live (Karney & Bradbury, 2005). In support of this approach, two of the programs reviewed with strong treatment effects were theory-driven modifications of existing, empirically supported treatments (Forgatch et al., 2005; Nicholson & Sanders, 1999). Based on the empirical literature, there are several ways in which relationship education could be modified for stepfamily couples.

First, the creation of relationship education programs solely for stepfamily couples may be important. Their participation in programs designed for first-marriage couples may heighten feelings of differentness and reinforce notions that stepfamilies should try to look exactly like first-marriage families, which is associated with poor stepfamily outcomes. Our review indicated that couples value being in groups with other stepfamily couples, which normalizes their experience of stepfamily processes and reduces

their sense of social isolation, a risk factor for stepfamily couple distress (e.g., Knox & Zusman, 2001). Also, interventions serving only stepfamily couples would allow for the presentation of information about normal stepfamily development, which our review suggests is effective in increasing realistic expectations and reducing family conflict. Trone's (2002) finding that an intervention consisting *solely* of information on stepfamily dynamics was associated with improved perceptions of stepfamily functioning is compelling evidence of the potency of education for couples in stepfamily contexts. Inclusion of such education will likely be an important modification to existing couples interventions to make them better suited to the needs of stepfamily couples.

Second, the current review suggests the importance of including intervention components on parenting skills, which demonstrated strong treatment effects in improving parenting and stepparenting, as well as child functioning, in two controlled trials (Forgatch et al., 2005; Nicholson & Sanders, 1999). Unfortunately, the only available evidence regarding the influence of the parenting interventions on stepcouple outcomes is that they reduce couple conflict about parenting (Nicholson & Sanders, 1999). However, given that parent-child relationships, stepparent-stepchild relationships, and couple agreement in parenting are strong predictors of marital quality (e.g., Hetherington et al., 1999), parent training will likely confer benefits to overall couple functioning. Further, the beneficial effects of parent training on parenting and child outcomes alone warrant their inclusion in future interventions.

Results of the current review also support the use of communication skills training, a standard component of most relationship education, with stepfamily couples. Communication skills training was evaluated positively by couples in several studies and demonstrated improvements in self-reported family communication and conflict. Moreover, marriage educators have noted that improving communication in couples who are at high risk for relationship deterioration (a group that includes couples in stepfamilies) can help maintain relationship satisfaction (Halford et al., 2003). Future programs may increase the effectiveness of communication training by applying these skills to stepfamily-relevant issues, such as negotiation of new roles and relationships of family members. In addition, recent evidence that stepfamily couples may exhibit high rates of withdrawal but not hostility (Halford et al., 2007) suggests that communication interventions for stepfamily couples should place particular emphasis on reducing withdrawal and avoidance. Participants attending a program that stressed the need for remarried couples to disclose feelings and not avoid the discussion of problems reported improved skills in this area (Nadler, 1983).

In addition, inclusion of treatment components to improve relations with the couple's former partners, particularly by creating businesslike coparenting

relationships, may provide added benefit to couples programming. Although our review did not reveal assessments of the effectiveness of these treatment components, they received high participant satisfaction ratings (e.g., Michaels, 2000). Further, strained relations with former spouses are linked with poor remarriage (Buunk & Mutsaers, 1999) and child outcomes (Demo & Acock, 1996).

Although the existing interventions address many of the risk factors present in remarried couples and stepfamilies, interventions may benefit from targeting additional risk factors. Foremost among these is the low commitment to marriage and favorable attitudes toward divorce characterizing many remarriages. Commitment to marriage may be required to endure the turmoil of early stepfamily development until things settle down. In general, commitment promotes pro-relationship behavior and inhibits destructive behavior at times of crisis, helping couples stay together through difficult times (e.g., Rusbult & Buunk, 1993). Some relationship education programs include sessions focused on the importance of commitment to staying married for weathering the ups and downs of married life (Stanley et al., 1999); these may be particularly important for stepfamily couples.

In closing, the development of preventive education programs for stepfamily couples is an important public health initiative, given the growing number of couples who live in stepfamily homes and the specific challenges they face. We hope that this chapter provides not only a description of the current state of the field of stepfamily intervention outcome research, but also provides some guide to the types of program formats and content that may be most beneficial to this population, and the type of well-designed research that is needed to evaluate newly developed programs.

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