

DESIGNING EFFECTIVE BEHAVIORAL FAMILY INTERVENTIONS FOR STEPFAMILIES

Ian M. Lawton and Matthew R. Sanders

Department of Psychiatry, The University of Queensland

The terms *stepfamilies* and *remarried families* are used throughout this article to refer to both de facto and legally remarried unions containing a child or children from the previous relationship of at least one partner.

ABSTRACT

There is growing evidence that children living in stepfamilies are at greater risk of developing behavior problems, particularly aggressive, antisocial behavior problems, than children living in intact two-parent families. These children are also at high risk of serious long-term consequences including school drop-out and substance abuse. Despite the existence of an effective technology for treating behaviorally disturbed children within traditional family contexts, no research has examined the efficacy of intervention programs designed for children with behavior problems living in stepfamilies. This article reviews the stepfamily research literature to identify factors contributing to child behavior problems in the remarried family context. An integrated model of the development and maintenance of child behavior problems in stepfamilies is developed. Key areas relevant to the treatment of problems in the stepfamily context are discussed. A behavioral family intervention addressing the skills deficits identified in the model is outlined. The implications for the design of stepfamily interventions and issues relevant to conducting effective therapy are highlighted. There is a clear need for future research in this area. In particular, it is recommended that controlled trials be conducted of interventions that specifically address factors known to contribute to child behavior problems in stepfamilies, and which use state of the art behavioral family intervention techniques.

INTRODUCTION

Stepfamilies formed after the divorce of one partner, are becoming increasingly common in Western societies (Bumpass, Sweet, & Martin, 1990). An estimated 35% of children born in the United States in the 1980s will experience the divorce and remarriage of their custodial parent (Glick, 1989). Children living in remarried families appear to have higher than normal rates of behavior problems and other psychopathology (Bray, 1988; Wadsworth, Burnell, Taylor, & Butler, 1985; Zill, 1988). Clinical research with this population is limited. To our knowledge, no published controlled trials have examined the efficacy of family interventions with stepfamilies.

Behavioral family interventions have been used extensively in the treatment of a variety of childhood problems (Sanders, 1992a; Prinz, 1992). For example, behavioral parent training effectively reduces levels of child conduct and oppositional behavior problems (Dumas, 1989; Weisz, Weiss, Alicke, & Klotz, 1987). These interventions have been modified for use with children living in special family environments, such as single parent families and families with a mother suffering from depression (Dadds & McHugh, 1992; McFarland, 1992). The application of behavioral family interventions for children living in stepfamilies has received little attention to date. However, several lines of research suggest that stepfamilies may benefit from these approaches.

We review current knowledge of the functioning and problems faced by stepfamilies. We aim to identify the special features of stepfamilies that may be amenable to change using behavioral technology. Supplementary interventions that may enhance the efficacy of behavioral programs for stepfamilies is discussed. We also identify several process issues that may affect therapeutic relationships with stepfamilies.

Child Adjustment and Behavior Problems

The last decade has seen a rapid growth in research on stepfamilies. Behavior and adjustment has been compared for children and adolescents living in remarried families and intact two parent families. Table 1 summarizes the research conducted with large samples using standardized measures and appropriate research methodology. Children from stepfamilies have been found to display higher rates of aggressive, impulsive, anti-social behavior than children from intact families. In addition, parents and teachers report that children from stepfamilies, especially girls, are more likely to be depressed, moody, or withdrawn than their peers. Compared with children from intact families, these children are rated as performing less well academically, experiencing more school absences, tardiness, and discipline problems. Children from remarried families also appear to be at greater risk for health problems and accidental injury than children living with both biological parents.

Research comparing adolescents from remarried families with adolescents from intact two-parent families has found evidence of delinquency and other long-term negative consequences. As shown in Table 1, parental remarriage was associated with early sexual activity, home leaving, and drop-out from education. Adolescents from stepfamilies reported higher rates of substance use and community surveys suggest they are overrepresented amongst homeless youth (O'Connor, 1989). Girls may be at greater risk for poor long-term outcome than boys, especially in relation to leaving home early, and early drop-out from formal education.

Child adjustment following remarriage was found in some studies to be related to child age, gender, and family type. Several studies show that girls are less well adjusted than boys following parental remarriage (e.g., Hetherington, Cox, & Cox, 1985), although other studies have failed to replicate this (e.g., Zill, 1988). Over time, boys appear to benefit from having an additional parent in the household (Hetherington et al., 1985; Santrock, Warshak, Lindbergh, & Meadows, 1982). Whereas cross-sectional research suggests that young children and adolescents show the greatest deterioration in behavior (Zill, 1988), this picture is not supported by longitudinal studies. After initial disruptions, young children (early school age and younger) appear to adjust better to their parent's remarriage than older children (Hetherington, Cox, & Cox, 1982).

In summary, there is growing evidence that children from stepfamilies experience significantly more problems than children from intact two-parent families. These differences persist even after adjustment for economic, social, and other factors. Although the differences between groups in some studies were not large, the levels of behavior problems and use of health services were substantial enough to be of practical significance. These results provide ample reason for developing interventions specifically targeting children from stepfamilies. The need to develop effective interventions is further justified when the marital breakdown of remarried families is considered.

Marital Breakdown

Marital breakdown has serious psychological, emotional, and physical health consequences for those involved. Even the most amicable separation can be traumatic for family members. Second marriages, particularly those involving children, are more likely to end in separation and divorce than first-time marriages (Fergusson, Horwood, & Dimond, 1985; White & Booth, 1985). Breakdown rates are remarkably high in the early stages of the remarriage (Furstenberg & Spanier, 1984). Longitudinal research reveals that nearly half of all second cohabiting relationships involving children end in separation within the first 2 years of the relationship (Fergusson, Horwood, & Lawton, 1988).

Despite these high breakdown rates, few differences have been found between first and second marriages on measures of marital adjustment and maritally related conflict (Fine, Donnelly, & Voydanoff, 1986; Hobart, 1991; Kurdek, 1989; Vemer, Coleman, Ganong, & Cooper, 1989; White & Booth, 1985). Remarried couples report marital satisfaction scores, as high or higher, than those reported by first-time married couples. In fact, Anderson and White (1986), found that remarried couples were significantly more satisfied with their relationships than their first-time married counterparts. Unlike first-time married couples, their satisfaction scores were in the well-adjusted range, even when seeking therapy for family-related problems. Similarly, Brown, Green, and Druckman (1990) found that stepfamilies presenting for therapy did not differ from control stepfamilies in levels of reported couple conflict and communication, despite reporting higher levels *of family* conflict and communication problems.

Relationships with children from previous marriages and discipline are key problems reported by remarried couples (Hartin, 1990; Ihinger-Tallman & Pasley, 1987; Messinger & Walker, 1981; Whitsett & Land, 1992). The

presence of stepchildren in the remarried household, and problems associated with these children, appear to affect the stability of second marriages. For example, White and Booth (1985) found the presence of stepchildren was related to an increase in marriage breakdown rates. For couples with no stepchildren in the household, marriage breakdown rates did not differ significantly from first marriage breakdown rates. Thus, it is possible that the high dissolution rate of second marriages is caused by conflict between family members rather than marital distress *per se*.

High rates of child behavior problems following parental remarriage and evidence linking the presence of children from a previous relationship to breakdown in second marriages, provide a strong rationale for designing interventions for remarried parents. The primary target behaviors of a stepfamily intervention as described here are child oppositional, anti-social behaviors. Parents report greater difficulty coping with children's anti-social behavior than other problems. These behaviors are the most common reason parents cite for seeking professional assistance (Robins, 1991).

ETIOLOGY OF CHILD BEHAVIOR PROBLEMS IN STEPFAMILIES

Several family interaction factors have been implicated in the development and maintenance of child behavior problems (Patterson Dishion, 1988; Wahler, 1976). Those that may play a role in stepfamilies are discussed next. Unfortunately, research examining factors within stepfamilies that could account for poor child and adolescent adjustment has been methodologically weak. Studies are often based on small samples of convenience and have tended to rely on author-designed, nonstandardized measures (Esses & Campbell, 1984). Quality longitudinal studies examining stepfamilies at different stages of development are urgently needed (Giles-Sims & Crosbie-Burnett, 1989). However, when taken together, existing research provides a reasonably consistent picture of stepfamilies and the problems they are experiencing. Moreover, these studies confirm the clinical impressions of therapists working with troubled stepfamilies (e.g., Messinger, 1984; Visher & Visher, 1982).

TABLE 1. Child and Adolescent Behavior and Adjustment in Biological Two-Parent and Remarried Families

Authors	Sample Size		Age (years)	Method	Measures	Findings
	(Intact)	(Step)				
Amato & Ochiltree, 1987	125		8-10	Cross-sectional design. Convenience sample, randomly selected from 114 schools. 39% of those contacted participated.	<i>Behavioral/Emotional Problems: Impulse Control and Social Competence</i> , based on parent ratings on 22 items. Piers-Harris Children's Self Concept Scale (CSCS). <i>Academic Performance: Cloze Reading Test</i>	Younger children from stepfamilies rated as low on impulse control than children from intact families. No differences for older group. No differences for social competence by family type. Children from stepfamilies at both ages, scored marginally lower on CSCS.
	(99)	(26)	14-17			
Aquilino, 1991	5,264		19-34	Cross-sectional design. Cohort from a national probability sample. Retrospective recall.	<i>Home-Leaving: Age at leaving parental home and the pathway of home leaving.</i>	Younger children from stepfamilies had lower reading scores than children from intact families. No gender by family effects. Impulse control worse with more recent remarriage. For girls, living in a stepfamily, especially with step-siblings, significantly increased the likelihood of early home leaving. For boys, living with a step-parent was associated with slightly lowered probability of early home leaving. Young adults from stepfamilies were more likely to leave home for marriage or independence and less likely to leave for educational reasons than those from other families.
	(3,459)	(602)				

Borrine, Handal, Brown, & Scaright, 1991	917 (768)	14-18	Cross-sectional design. Convenience sample drawn from private urban schools.	<i>Psychological Adjustment: General Health Questionnaire and Langer Symptom Survey.</i> <i>Family Conflict: Family Environment Scale</i>	Using ANCOVA, with SES as a covariate, there were no significant differences in adolescent adjustment for different family types. Adjustment was found to be related to higher levels of perceived conflict in the family home.
Brady, Bray, & Zeeb, 1986	363 (207)	2-17	Cross-sectional design. Clinic-referred children	<i>Behavior Problems: Subscales of the Connors Parent Questionnaire</i>	Children from stepfamilies scored significantly higher on conduct, hyperactivity, sleep, anxiety, and steals subscales. Differences for age and gender of child but no interaction with family type.
Dawson, 1991	17,110 (61.3%)(9.2%)	0-17	Cross-sectional design. Representative national sample. Retrospective recall for health and school measures.	<i>Behavioral/Emotional Problems:</i> Based on 32 items from the CBCL. Proportion receiving psychological treatment in last 12 months. <i>School Behavior:</i> Repeated grade, Suspended, or expelled. Parent-teacher conference. <i>Physical Health:</i> Selected indicators. Mean health vulnerability score.	Children from stepfamilies scored higher rates of total behavior problems, and scored higher on all subscales (anti-social, anxiety/depression, headstrong, hyperactivity, dependency, peer conflict) than children from intact families. Children from stepfamilies were more likely to have received treatment (6.6%) than children from intact families (2.7%). A significantly higher proportion of children from stepfamilies had repeated a grade, been expelled or suspended, or had required a parent-teacher conference.

(continued)

TABLE 1. Continued

Authors	Sample Size		Age (years)	Method	Measures	Findings
	(Intact)	(Step)				
Featherstone, Cundick, & Jensen, 1992	530 (293)	(78)	11-17	Cross-sectional design. Convenience sample selected from 2 schools.	<i>Academic Performance and School Behavior</i> : Grade point average, absences, lateness, teacher ratings of social competence, observed inappropriate behavior.	A significantly higher proportion of children from stepfamilies suffered from asthma, frequent headaches, enuresis, or had experienced an accident. They also had a higher health vulnerability score than children from intact families. After controlling for age, social class, and race, children from stepfamilies compared to children from intact families had significantly lower grade-point averages, higher rates of absence and lateness, worse ratings of social competence, and a higher proportion of disruptive, disinterested behavior in class.
Fergusson, Diamond & Horwood, 1986	989		0-6	6-year longitudinal design. Birth cohort.	<i>Behavioral/Emotional Problems</i> : Maternal and teacher ratings on Rutter Child Behavior Questionnaire (CBQ).	After adjustment for family social background factors, level of family conflict, and life events, children from stepfamilies were rated by both mothers and teachers as displaying significantly higher rates of aggressive, anti-social behavior and slightly higher rates of depression and withdrawal

<p>than children from intact families. No gender by family interactions.</p>	<p><i>Substance Use:</i> Self-reported ever use of alcohol, cigarettes, marijuana, and self-reported sexual activity.</p>	<p>2 year prospective design. Probability sample.</p>	<p>12-14 (1,230) (296)</p>	<p>Flewelling & Bauman, 1990 2,102</p>
<p>After controlling for age, race, gender, and mother's education, adolescents from stepfamilies were significantly more likely to report substance use and sexual activity at initial contact and 2 years later than adolescents from intact families.</p>	<p><i>Behavioral/Emotional Problems:</i> Externalizing, internalizing and social competence measured by: parent ratings on CBCL (at follow-up) and 49-item rating scales, self-ratings and peer-ratings 30 attributes; parent monitoring of behavior on 24-h checklists; home observations.</p>	<p>6-year longitudinal design with a new cohort added at follow-up. Convenience sample.</p>	<p>10 at follow-up (60) (60)</p>	<p>Hetherington, Cox, & Cox, 1985 180</p>
<p><i>Family remarried less than 2 years:</i> Both boys and girls scored higher on measures of externalizing behavior than children from two-parent families. These results were fairly consistent across sources, measures, and settings. Boys did not vary by family type for measures of internalizing behavior or social competence. Girls were rated higher on internalizing by step-parent, teacher, peers and self, and lower by stepfathers on social competence.</p>	<p><i>School Behavior:</i> Teacher ratings on CBCL and classroom observations of above behaviors.</p>	<p>6-year longitudinal design with a new cohort added at follow-up. Convenience sample.</p>	<p>10 at follow-up (60) (60)</p>	<p>Flewelling & Bauman, 1990 2,102</p>
<p><i>Family remarried less than 2 years:</i> Boys were scored higher on stepfather and peer ratings of externalizing behavior than children from intact families, but were not scored differently by any other sources or mea-</p>	<p><i>Negative Life Events:</i> Parent and child rating of last year on Life Experiences Survey.</p>	<p>6-year longitudinal design with a new cohort added at follow-up. Convenience sample.</p>	<p>10 at follow-up (60) (60)</p>	<p>Flewelling & Bauman, 1990 2,102</p>

(continued)

TABLE 1. Continued

Authors	Sample Size		Age (years)	Method	Measures	Findings
	(Intact)	(Step)				
Mitchell, Wister, & Birch, 1989	2,125 (1,781)	(148)	18-64	Cross-sectional design. Sub-sample from national survey. Retrospective recall.	<i>Home Leaving:</i> Age at final leaving of parental home.	Boys did not vary by family type for measures of internalizing behavior or social competence. Girls were scored higher on stepfather and peer ratings of behavior problems and lower on stepfather ratings of social competence than girls from intact families. They were not rated higher by other sources. Girls from remarried families reported higher levels of negative life events than children from any other family type. Negative life events were correlated with internalizing and externalizing behavior problems.
Needle, Su, & Doherty, 1990	508 (370)	(17)	11-13 at first contact	5-year longitudinal design. Convenience sample randomly selected from a health organisation.	<i>Substance Use:</i> Composite measures of overall drug use of a variety of substances (extent and frequency), and consequences of use.	A greater proportion of individuals from stepfamilies (25.0%) were early home leavers (aged 15-17 years) than those from two intact two-parent families (14.8%). Early home leaving was positively associated with larger stepfamily size and for male gender. After controlling for family environment, peer influences, and personal adjustment 5 years previously, girls from divorced families reported significantly more drug use after parental remarriage. Parental remarriage

<p>did not explain consequences of use for girls or level of use for boys. Boys from divorced families reported significantly fewer consequences of use after parental remarriage.</p>	<p><i>Behavioral/Emotional Problems:</i> Three 6 item subscales from the CBCL.</p> <p><i>School Behavior:</i> Suspended or expelled. Parent-teacher conference.</p>	<p>5-year longitudinal design. National probability sample.</p>	<p>7-11 at first contact (74) Data from NHIS, 1981</p>	<p>Peterson & Zill, 1986 1,080 (813)</p>
<p>Children from stepfamilies had substantially higher rates of behavior problems at school than children from intact families.</p> <p>Some gender differences apparent. Maternal remarriage associated with greater problems for girls than living in a single-parent family. No similar trend for boys. Good parent-child relationships moderated the negative effect of remarriage.</p>	<p><i>Academic Performance:</i> Receipt of High School Diploma (HSD) and college attendance by 6-year follow-up.</p>	<p>6-year longitudinal design</p>	<p>14-17 at first contact (612)</p> <p>Data from National Longitudinal Survey of Youth</p>	<p>Sandefur, McLanahan & Wojtkiewicz, 1992 5,246 (2,829)</p>

(continued)

TABLE 1. Continued

Authors	Sample Size		Age (years)	Method	Measures	Findings
	(Intact)	(Step)				
Wadsworth, Burnell, Taylor, & Butler, 1983	2,543 (2,482)	(342)	0-5	5 year longitudinal design. National birth cohort subsample	<i>Health Interview</i> : Maternal recall of accidents sustained since birth requiring medical attention.	Children from stepfamilies were more likely to have had one accident, or repeated accidents, and were two times more likely to have been admitted to hospital after accidents than children from intact families. Accident types varied by family type, with children from stepfamilies having higher rates of head injuries and suspected poisonings. Family type did not predict accident rate after adjustment for child's gender, household moves and child's behavior, but was the strongest predictor of hospital admission.
Wadsworth, Burnell, Taylor, & Butler, 1985	2,543 (2,482)	(342)	0-5	5 year longitudinal design. National birth cohort subsample.	<i>Behavioral/Emotional Problems</i> : Maternal ratings of antisocial and neurotic behavior on 20 items from the Rutter CBQ. <i>Developmental Tests</i> : English Picture Vocabulary Test and the Copying Designs Score.	After adjustment for family social background, child's gender and birth order, children from stepfamilies had significantly higher antisocial and neurotic scores than children from intact families. Differences by family type were more marked for anti-social behavior. Children from stepfamilies scored significantly more poorly on both developmental tests than children from intact families.

Zill, 1988	11,686 (10,386)(1,300)	0-17	Cross-sectional design. National probability sample. Sample comprised of 1,084 stepfather and 216 stepmother families.	<p><i>Behavioral/Emotional Problems:</i> Based on 28 items from the CBCL. Parent report of received or needed psychological treatment in last 12 months.</p> <p><i>School Behavior:</i> Child-repeated grade. Parent rating of child's academic standing. School absences last 12 months.</p> <p><i>Physical Health:</i> Based on parent rating of health and items about any health limitations on activity.</p>	<p>After adjustment for age, gender, social, and family factors, children from stepfamilies scored worse on the CBCL, were more likely to have received psychological treatment or repeated a grade, were ranked lower academically, had more days absent from school and scored less well on health measures than children from intact two-parent families.</p> <p>Effects for stepfamily type were apparent, with children from stepmother families generally more poorly adjusted than children from stepfather families.</p> <p>There was a weak positive relationship between behavior problems and presence of step-siblings in house. Family disruption during early childhood or adolescence was related to worse behavior than middle childhood. Behavior problems were lower for children from stepfather families who had regular contact with absent parent (but not for stepmother families). There was little relationship between behavior and age or gender of child.</p>
------------	---------------------------	------	--	---	---

Parent-Child Relationships Following Remarriage

Parental remarriage requires restructuring family roles and relationships (Hetherington, Stanley-Hagan, & Anderson, 1989). Parent-child relationships are altered as the household accommodates to a new person. Children may resent the presence of the new step-parent and fear that the natural parent will no longer have enough time or love to go around (Visher & Visher, 1991). There is some evidence that these fears are not unreasonable. Remarried families tend to show lower levels of positive affect toward their children than do first time married families (Waldren, Bell, Peek, & Sorell, 1990). Parents report that the competing demands of stepfamily life leave them little time to enjoy their children (Visher & Visher, 1989).

It may be hypothesized that child behavior problems are a reaction to changes in the parent-child relationship and the developing parent-step-parent relationship. Problem behaviors such as aggression, clinging, whining, and physically trying to get between parent and partner, may be forms of attention seeking. Functionally, this behavior can divert parental attention away from the new spouse and towards the child (Hetherington, Arnett, & Hollier, 1988; Messinger & Walker, 1981; Peterson & Zill, 1986). Studies have found that parental conflict with children tends to be greater for stepfamilies characterized by closer ties between the remarried couple (Brand, Clingempeel, & Bowen-Woodward, 1988; Bray, 1988). Moreover, Tygart (1990) in a study of remarried, single-parent, and intact two-parent families found that the relationship between delinquent behavior and family structure was largely accounted for by the amount of time parents spend with their children. Irrespective of family type, children who has less interaction with their parents were more likely to display problem behaviors.

Poor supervision and low parental involvement with the child may also contribute to the prevalence of child behavior problems in stepfamilies. Research has shown that remarriage is followed by a period of deterioration in parenting practices (Bray, 1988; Hetherington et al., 1989). For example, Bray (1988) found in the months following remarriage, that custodial mothers were more emotionally withdrawn from their children, less able to monitor their child's behavior, less consistent in their responses to the child, and less likely to use effective strategies for dealing with misbehavior. Moreover, parents may be more likely to tolerate misbehavior, feeling that this is a natural reaction of their child to the stress of change. These interaction patterns are likely to be associated with high rates of aggressive, oppositional behavior (Patterson, De Baryshe, & Ramsey, 1989).

Child's Role in the Household

Children may face a relative loss of status when the natural parent remarries (Crosbie-Burnett, 1989). Prior to remarriage, children living in single parent households often assume a number of adult-like roles and responsibilities (Hetherington et al., 1982; Weiss, 1979). For example, they are more likely than children from two-parent families to be responsible for caring for younger siblings and preparing family meals. They may also play an active role in family decision making. A new step-parent is likely to take over a number of these roles. Clinicians have suggested that children's negative reactions to parental remarriage may reflect their resentment of the step-parent's perceived intrusion in the family (Hetherington, 1989; Visher & Visher, 1982). This may explain the trend for girls to show more adjustment problems after remarriage, as girls traditionally tend to take on a more responsible role in single-parent families than boys (Hetherington, 1989). To date there has not been sufficient research to confirm the impact of role changes in remarried families. Longitudinal studies are needed to investigate links between role changes and the development of behavior problems. Research into family members' perceptions of the restructuring of roles and the motivations they attribute to others may also provide insight into the problems faced by stepfamilies.

Step-Parent-Child Relationships

The step-parent-child relationship is believed to be central to effective stepfamily functioning (Brown et al., 1990; Crosbie-Burnett, 1984; Hetherington et al., 1988; Mills, 1984). Prior to remarriage, it is often expected that new stepfamily members will quickly develop warm, loving relationships. However, step-relationships are typically fraught with difficulties. New step-parents face the daunting dual tasks of developing a caring relationship with children, while also establishing a role of authority in the household. In stepfamilies presenting for therapy, the step-parent-child relationship is often characterized by overt conflict, lack of expression of feelings, poor communication, and child rejection of the step-parent (Brown et al., 1990). Many step-parents report feeling uncertain about their interactions with new stepchildren, and they may resent finding themselves in a parental role (Furstenberg, 1987; Hetherington et al., 1988; Robinson, 1984; Visher & Visher, 1978). Moreover, new step-parents may have had little

prior experience with children and use avoidant or ineffective strategies for dealing with problems that arise (Whitsett & Land, 1992).

The child's natural parent may inadvertently contribute to problems between stepparent and child. Remarrying parents typically report wanting their partner to play an active parental role but find this difficult in reality (Messinger & Walker, 1981; Mills, 1984; Visher & Visher, 1978). Step-parents frequently complain that the natural parent fails to support their efforts with the child. For example, it is not unusual for natural parents to back their child in a dispute between step-parent and child or to override the step-parent's disciplinary decisions (Webber, 1989). Studies comparing stepfamilies presenting for therapy with control stepfamilies suggest that these interaction patterns are more common among troubled families (Anderson & White, 1986; Brown et al., 1990).

Undermining of the step-parents' authority by natural parents may contribute to child oppositional behavior, children learn that ignoring or resisting the step-parent has benefits. Moreover, parental interference could prevent the step-parent discovering effective child management strategies through a trial and error process. For step-parents, there is little overt reinforcement for engaging in child-care activities (Gardner, 1984). It is not surprising in this environment, that many step-parents feel unappreciated and withdraw from child-rearing (Ahrons & Wallisch, 1987; Hetherington, 1989).

Little is known about the patterns of step-parent-child interaction that are associated with the best outcome in terms of family functioning and child adjustment. Whereas some authors have speculated that remarried families function more effectively with lower levels of personal interaction than is optimal for intact two-parent families (Kosinski, 1983; Pill, 1990), others recommend therapy focussing on enhancing stepfamily cohesion (Pink & Wampler, 1985; Waldren et al., 1990). To date, research has shed little light on what constitutes optimal stepfamily functioning. The impact of step-parent involvement in child-rearing and family decision-making varies according to which member of the family is examined and the types of adjustment measures employed. For example, greater stepparent involvement has been found to be positively related to stepfathers' reports of marital satisfaction (Orleans, Palisi, & Caddell, 1989). However, stepfather involvement has also been found to be negatively related to natural mothers' mood scores (Funder, 1991) and negatively related to children's reported liking for their stepfather (Funder, Kinsella, & Courtney, 1992). These results suggest that stepfather involvement in childrearing is related to some positive features of family functioning but also to some negative features of child and maternal adjustment. Given the complexity of these results, it is clearly not safe to assume that factors predicting adjustment for intact families, will also predict adjustment for remarried families.

Child-Rearing Strategies

Conflict over household rules and child-rearing is common in remarried families (Hobart, 1991; Hoge, Andrews, & Robinson, 1990; Webber, Sharpley, & Rowley, 1988). Many step-parents assume a disciplinary role in the family without having the benefit of being involved in determining which rules the child is expected to observe (Hetherington et al., 1988). They may be faced with the dilemma of enforcing rules that they do not believe are important or trying to introduce new standards in the face of likely resistance from partner and children (Ihinger-Tallman & Pasley, 1987; Visher & Visher, 1978). On access visits to the noncustodial parent's house children are exposed to different rules and expectations. Inconsistency between parents and conflict over parenting may have a direct negative effect on child behavior. For children, the task of learning appropriate behavior is complicated by the introduction of new household rules, disagreement over what constitutes appropriate behavior, inconsistency in discipline, and the application of different rules in different households.

Family Stressors and Problem-Solving Skills

Remarriage is typically a time of much change. Parents face changes such as moving house, loss of support from some friends and family, increased conflict with exspouse, and emotional upheaval (Messinger, 1976). Remarried families show higher levels of life changes and stress than first time married families (Bray, 1988; Waldren et al., 1990). Compared with other families presenting for therapy for child-related reasons, stepfamilies report higher rates of stressful family events (Vosler & Proctor, 1991).

Given the complexity of stepfamily life, good communication skills would seem crucial for effective family functioning. Unfortunately, deficits in this area are apparent in many stepfamilies (Anderson & White, 1986; Bray,

1988; Larson & Allgood, 1987; Peek, Bell, Waldren, & Sorell, 1988). Stepfamilies presenting for therapy display higher rates of overt conflict and poorer family communication than nonproblem stepfamilies (Brown et al., 1990), and more severe conflict over child-rearing than intact two-parent families (Hoge et al., 1990). They also report higher rates of unresolved family problems than intact or single-parent families presenting for therapy (Vosler & Proctor, 1991). These problems may have been evident before remarriage. Remarried couples report that they seldom talked about potential problems before their marriage (Ganong & Coleman, 1989). In addition, longitudinal research reveals that remarried parents are poor at resolving their problems effectively. The number of problems causing conflict in remarried families appears to increase over time with existing problems remaining largely unresolved (Koren, Lahti, Sadler, & Kimboko, 1983). Collectively, these studies suggest that stepfamily members may lack skills necessary for dealing with family stress and conflict.

Poor parental communication skills and multiple family stressors may contribute to the higher rates of child behavior problems in stepfamilies. Studies have shown that exposure to stress and disruptions to family routines are associated with behavioral disturbance in children (Fergusson, Dimond, & Horwood, 1986; Goodyer, 1990). Moreover, in intact families, high levels of parental conflict are often associated with parental emotional withdrawal and use of ineffective disciplinary strategies (Faubert, Forehand, McCombs, Thomas, & Wierson, 1990).

Lack of Shared History and Tradition

Families develop a sense of identity which distinguishes members of that family from others. One important feature of family identity is the set of traditions which govern daily life. These traditions develop gradually and may be comprised of subtle, often unspoken rules learned during a lifetime of living together. Remarried parents frequently cite different expectations as a major source of conflict in the household (Webber et al., 1988). When a parent remarries, a new person is introduced to the household who is not privy to the shared traditions of the family. The step-parent may not know how things *should* be done, and conflicts can arise when he or she unwittingly acts out of line with family tradition (Newman, 1992; Webber, 1989). In stepfamilies where both partners bring children from a previous relationship into the household, such conflicts are likely to be commonplace, as the household is comprised of two groups of individuals who have grown up with different beliefs about family life. If these differences result in inconsistent parenting practices or fighting between parents over child-rearing, existing child behavior problems may be exacerbated.

Relationship With Extended Family

Children's contact with their absent natural parent has been recognized by clinicians and researchers as making an important contribution to child adjustment following divorce (Hess & Camara, 1979; Wallerstein & Kelly, 1980). Maintaining meaningful relationships between child and extended family has been identified by remarried parents as important for their child's well-being (Kelley, 1992). In addition, amicable coparenting relationships can lessen the burden on parents by providing them with time alone away from children (Visher & Visher, 1989). However, maintaining contact can be fraught with problems for parents and is not always beneficial for children (Johnston, Kline, & Tschann, 1989). Custody visits can disrupt children's family, social, and sporting lives. These visits may also be distressing for children if they are exposed to their divorced parents' ongoing antagonism and hostility for each other. Indeed, in some cases, visits should be avoided to protect the child from the potential harm of physical or sexual abuse (Visher & Visher, 1989).

Skill Deficits and Problems Existing Prior to Remarriage

Children with conduct problems should always be carefully assessed for other problems. It is not uncommon to find conduct problems co-existing with specific learning disabilities, depression, or attention deficit hyperactivity disorder (Loeber, 1990; Robins, 1991). Parental depression, antisocial personality disorder, and substance abuse are also more prevalent in families where children display behavior problems (Dadds, 1987; Frick et al., 1992). In addition, there are several other problems that members of stepfamilies appear to have a greater risk of encountering. These include domestic violence, sexual abuse, social isolation, and economic adversity (Crosbie-Burnett, 1989; Kalmuss & Seltzer, 1986; Messinger & Walker, 1981; Visher & Visher, 1978). Remarried families presenting for therapy should be assessed for these problems as their presence will influence the type of intervention the family requires.

Thus far, we have reviewed interactional factors within stepfamilies that may contribute to child behavior problems. In some cases, these problems may have been present before the remarriage. Children whose parents divorce have higher rates of conduct problems than children from intact homes, and there is evidence that divorce and the accompanying disruption of family routines are associated with elevated levels of problem behavior (Dadds, 1987; Emery, 1982). Thus, not all conduct disturbances are attributable to the stepfamily situation itself. Nonetheless, it should be clear from the preceding discussion, that the nature and structure of stepfamilies, makes it likely that behavior problems will be maintained or exacerbated following parental remarriage. There is a pressing need for interventions that adequately address these problems and their causes within the stepfamily context.

Table 2 presents an integrative model of the factors reviewed which are potentially related to the development and maintenance of oppositional and conduct behavior problems in children living in stepfamilies. It is hypothesized that the behavior problems of children living in stepfamilies are caused and maintained by family interactional processes and pre-existing skills deficits. In particular, there is evidence that child management skills, problem solving and communication skills, and relationship skills of family members contribute to these problems. Interventions for remarried families should address these factors to ensure effectiveness.

DESIGNING AN EFFECTIVE BEHAVIORAL FAMILY INTERVENTION FOR STEPFAMILIES

The problems of stepfamilies have recently received attention in the clinical literature. However, this has largely been general advice to clinicians with little scientific justification. Table 3 summarizes stepfamily intervention studies where the authors have attempted to evaluate treatment efficacy. The studies in Table 3 are mainly educational programs. Several focussed on enhancing problem-solving and communication skills, whereas others attempted to change dysfunctional beliefs and cognitions about stepfamily life. Stepfamily members have generally evaluated these interventions positively. However, the research has been characterized by a number of methodological flaws. These include inadequate sample sizes, over-reliance on consumer satisfaction ratings for evaluating outcome, a tendency to use author-designed, nonstandardized measures of family functioning, and a lack of control groups or other rigorous outcome methodology. No programs were located which addressed the management of child behavior problems in stepfamilies. Given the serious impact of these behaviors on both child and family, this oversight is somewhat surprising.

In contrast, considerable research has examined the efficacy of treatments for child antisocial behavior within the context of traditional family structures. This research provides an indication of intervention strategies which may have potential for treating child with behavior problems living in stepfamilies. An outline of a program for assessing and treating child-behavior problems in stepfamilies is presented next. Intervention strategies and their potential applications are outlined in Table 4. Strategies have been selected for inclusion on the basis of (a) their previous success in reducing child behavior and related problems within other family contexts, or (b) they address factors thought to play an important role in the development or maintenance of child behavior problems as shown in our integrative model of stepfamily functioning.

TABLE 2. Possible Etiological Factors for the Development and Maintenance of Child Behavior Problems in Remarried Families

1. Individual Child Management Skills

- Deterioration in natural parent's child management skills
- Step-parent lack of self-efficacy or experience with raising children
- Inconsistency between parent and step-parent in discipline and rule enforcement
- Step-parent withdrawal from child and child-rearing tasks

2. Couple Child Management Skills

- Parent and Step-parent undermining each other's discipline attempts
- Conflict between parent and step-parent over child-rearing, discipline, and rules
- Lack of support from parent for step-parent's involvement in child-rearing

3. Problem Solving and Communication Skills

- Lack of skills for resolving daily problems facing remarried families
- Lack of skills for resolving parent-step-parent conflict over child-rearing issues
- Lack of step-parent involvement in family decision-making

4. Family Relationship Skills

- Lack of shared history and traditions for new family
- Lack of shared enjoyable family activities
- Inability to negotiate new roles and responsibilities within the family
- Lack of family cohesion

5. Other Skills Deficits

As assessed for each family. May include:

- Alcohol abuse
 - Parental depression
 - Adult anti-social personality disorder
 - Domestic violence
 - Sexual abuse
 - Child depression
 - Child specific learning disability
 - Child attention deficit disorder
-

ASSESSMENT

Assessment is a critical aspect of any therapeutic intervention. The principle aims are (a) formulation of the presenting problem, (b) clarification of resources and obstacles to therapy, and (c) selection of therapeutic strategies most suitable for the individual family (Sanders & Dadds, 1992). We were unable to locate any comprehensive guidelines for assessing stepfamilies prior to therapy. A guideline of the areas which should be assessed for stepfamilies and some useful measures are provided below. Further details on the assessment of child behavior problems can be found in Atkeson and Forehand (1984) or Sanders and Dadds (1992).

Clinical Interview

The clinical interview is usually a family's first contact with clinical services. This interview may determine whether the family returns for further assistance. It is therefore important to establish rapport with stepfamily members and to demonstrate an understanding of the problems associated with remarriage. The main purpose of the clinical interview is to determine the nature of the presenting problem and its maintaining factors.

TABLE 3. Summary of Stepfamily Treatment Outcome Research

Authors	N	Intervention	Methodology	Aims/Target Behaviors	Measures	Results
Bielenberg, 1991	15 couples newly-married	Group education, task-centred, prevention. Duration = 6 X 1 & 1/2 h sessions.	Pre-post design, with 2 month follow-up. No control group.	Increase family cohesion, coping skills, & social support. Decrease Stress & illness.	Standardized questionnaires: family environment, health symptoms, social support, coping strategies, & consumer evaluation.	No change in family cohesion, some improvements in stress/illness & social support with 2-month maintenance. Improved coping not maintained at 2 months. Positive evaluation.
Brady & Ambler, 1982	33 couples	Group education program. Duration = 4 X 1 & 1/2 h sessions.	Pre-post design, with program evaluation by interview 2-6 months post. Control group.	Increase knowledge of stepfamily life, change perceptions about ideal stepfamily environment.	Questionnaires: Beliefs about step-parent role (authors' own). Perceptions of family environment (standardized). Interview evaluation.	Few differences between groups: both reduced nonadaptive beliefs, treatment group slightly less discrepancy between perceived and ideal family environment (re conflict). Positive evaluation.
Duncan & Brown, 1992	3 families	Self-directed education program, 6 booklets. Duration = 3 months.	Preliminary report. Consumer evaluation only. Control group.	Improve family caring, communication, pride, unity, and ties between family, extended kin, & community.	Family strengths questionnaire (authors' own). Qualitative interview.	Positive evaluation. No information about change on other measure. No comparison with control group reported.

<p>Kelly & Halford, 1993</p>	<p>1 couple</p>	<p>Modified behavioral marital therapy. Duration not reported.</p>	<p>Single-case design. Pre, post, 6-week follow-up.</p>	<p>Reduce conflict over parenting issues, dysfunctional cognitions about family relationships.</p>	<p>Standardized measures (questionnaire, observational, and self-monitoring) of marital satisfaction, conflict, beliefs and cognitions. Consumer satisfaction questionnaire.</p>	<p>Demonstrated clinically significant reduction in all target behaviors & cognitions, maintained at follow-up. Positive evaluation</p>
<p>Mandell & Birezweig, 1990</p>	<p>3 families</p>	<p>Group education and problem solving program. Duration = 6 x 1 & 1/2-h sessions.</p>	<p>Pilot study. Consumer evaluation only. No control group.</p>	<p>Increase knowledge of stepfamily life, improve problem solving skills.</p>	<p>Impressions of clinicians and family members. No systematic assessment reported.</p>	<p>Positive evaluation</p>
<p>Messinger, Walker & Freeman, 1978</p>	<p>22 couples</p>	<p>Discussion groups: educative and supportive, no directive therapy. Duration = 4 sessions.</p>	<p>Pilot study. No control group.</p>	<p>Increase understanding of stepfamily life, communication, social support, and contracting of family roles.</p>	<p>Case descriptions, clinician impressions and particular reports. No quantitative measurement of improvement or program efficacy.</p>	<p>Positive evaluation</p>
<p>Nadler, 1983</p>	<p>120 subjects</p>	<p>Group education & behavioral skills training. Duration = 6 x 1 & 1/2 h sessions.</p>	<p>Consumer evaluation only. No control group.</p>	<p>Identify common problems & causes, increase communication & problem-solving skill, solve specific problems experienced.</p>	<p>Ratings of perceived changes in target areas.</p>	<p>Change reported by 75% or more subjects in all target areas.</p>

(continued)

TABLE 3. Continued

Authors	N	Intervention	Methodology	Aims/Target Behaviors	Measures	Results
Pill, 1981	6 couples	Group education program. Duration = 6 X 1 & 1/2-2 h sessions.	Pre-post design. No control group	Increase awareness of stressors & use of problem solving, strengthen couple relationship, review roles, reduce dysfunctional beliefs & family isolation.	Ratings of perceived change generally, & in target areas.	Change reported by majority of participants in all target areas and indicated general satisfaction with program.
Webber, Sharples & Rowley, 1988	58 subjects	Group education & problem-solving program. Interactive skills training. Duration = 6 sessions.	Pre-post design. No control group	Education about step-family life, strengthen couple & step-parent-child relationships, improve family interactive & problem-solving skills.	Questionnaires: marital satisfaction & self-esteem (standardized) (n = 20), problem rating inventory (authors' own) (n = 58). No measure of interactive or problem-solving skills.	Increase in marital satisfaction & self-esteem, decrease in number of problems experienced.

TABLE 4. Behavioral Family Intervention Techniques for Child Behavior Problems in Stepfamilies

Specific Intervention Strategies	Etiological Factors Identified in Stepfamilies
<p><i>Stepfamily Education</i> Parents and therapist jointly review assessment data to</p> <ul style="list-style-type: none"> • Identify key causes of problem behaviors • Develop a shared understanding of stepfamily development • Identify role of parental behavior in maintaining problems • Reach consensus about goals and process of therapy 	<ul style="list-style-type: none"> • Lack of shared understanding of problems • Lack of knowledge about causes of child behavior problems • Lack of understanding of 'normal' problems encountered by stepfamilies • Unrealistic expectations about family functioning
<p><i>Child Management Training</i> Parents are educated in principles of behavior management and child development, and are provided training to enable</p> <ul style="list-style-type: none"> • Accurate observation of child behavior • Setting of fair, specific, enforceable household rules • Use of contingent reinforcement for prosocial behavior (e.g., behavior charts, descriptive praise) • Use of effective contingencies for problem behavior (e.g., time-out, response cost contingencies) • Spending quality time with child 	<p>Decreased monitoring and supervision of child behavior</p> <ul style="list-style-type: none"> • Unrealistic expectations of child's behavior • Lack of clearly agreed on and enforced household rules • Low rates of positive parent-child and step-parent-child interactions • Inconsistent and ineffective discipline • Step-parent withdrawal from parenting role • Parent emotional withdrawal from child
<p><i>Partner Support Training</i></p> <ul style="list-style-type: none"> • Hold joint, regular reviews of child management implementation • Seek ways of reducing competing demands on partner during implementation of child management strategies • Avoid interfering when partner is dealing with child • Avoid giving child inconsistent instructions • Avoid criticizing partner in front of child 	<ul style="list-style-type: none"> • Parent-stepparent conflict over discipline and child-rearing • Lack of reinforcement for step-parent's involvement with child-rearing • Undermining partner's discipline attempts • Inconsistent discipline between parent and step-parent • Lack of overt support for partner's authority in family
<p><i>Problem Solving and Communication Skills Training</i> Family members are trained to use a structured approach problem solving to enable</p> <ul style="list-style-type: none"> • Effective resolution of everyday problems • Avoid coercive escalation • Holding family meetings for joint decision-making 	<ul style="list-style-type: none"> • Poor family problem-solving skills • High levels of family stress and conflict • Lack of shared expectations of family roles and interactions • Lack of agreed on household rules • Lack of step-parent involvement in family decision making
<p><i>Family Activities Training</i> Family members are trained to</p> <ul style="list-style-type: none"> • Plan organized family activities • Spend quality time with each other • Develop a family history based on shared activities 	<ul style="list-style-type: none"> • Lack of family identity and cohesion • Lack of shared family history and traditions • Low levels of positive interaction

Parent Interview. During the parent interview the clinician should complete a thorough history of the presenting problem and associated areas (see Sanders & Dadds, 1992). When conducting a parent interview with remarried couples, additional information is required. This includes extended family history data, such as: child's age and reaction to the first marriage breakdown; causes of the breakdown; family relationships at that time; duration of remarried relationship. A comprehensive picture of the current family structure includes details about the number and relationships of people living in the household (including children who visit on access); current contact with noncustodial parent and his/her family; nature of the current relationship with the noncustodial parent; the nature and timing of access visits. Assessment of current family functioning should cover areas such as the perceived role of the stepparent; family decision making patterns (especially in common problem areas, e.g., finances, discipline, and children's activities); relationships between family members; marital satisfaction. Information should be gathered from both natural parent and step-parent, as they may hold differing perceptions of family interactions. For example, the step-parent may feel the primary problem is that the child is undisciplined, while the natural parent may see the problem as the stepparent being too strict.

Child Interview. Children over the age of 6 or 7 years often give valuable insights into the nature and causes of family problems. For these children, a brief clinical interview can be conducted covering areas such as the child's view of the reason for attendance, the nature of problems in the family, and perceptions of the step-parent and the step-parent's role in the family.

Determining Whether a Family-Based Intervention is Warranted. An important aim of the intake interview is to determine whether a behavioral family intervention is appropriate. Sanders and Dadds (1992) list three criteria for making this decision: (a) the presenting problems can be described in behavioral terms; (b) at least one but preferably both parents agree that a problem exists and are willing to enter therapy; (c) there is evidence that family interactional factors have contributed to the development or maintenance of the problems.

Observational Measures

Following the intake interview a more detailed assessment of the presenting problem can be undertaken using direct observation, self-report, and self-monitoring measures. Direct behavioral observation provides the most reliable and valid information about child behavior and child-parent interactions (Atkeson & Forehand, 1984). Direct observation tasks can be assessed qualitatively at the time by the therapist. A more detailed behavioral analysis using structured coding of videotaped interactions can be undertaken at a later date. On the basis of our integrative model of stepfamily functioning, two key family interactions should be observed.

Child Management Skills. Parents' child management skills can be observed in home or clinic settings. For young children (up to 7 years), we recommend a procedure whereby the parent or stepparent is requested to engage the child in free play for 5 min, then lead the child through a structured task (e.g., solving an age-appropriate puzzle) for a further 5 min. Several observational coding procedures are available for assessing these interactions. One such system is the Family Observation Schedule (FOS; Sanders, Dadds, & Bor, 1989). The FOS can successfully discriminate distressed and nondistressed families and is sensitive to therapeutic intervention. This form of observation may not be appropriate for older children who are more aware of an observer's presence and may modify their behavior accordingly.

Problem Solving Skills. Problem solving skill deficits have been identified in troubled stepfamilies. Skills can be assessed during a family problem-solving discussion in which child, parent, and step-parent are asked to discuss two current problems (one child nominated and one adult-nominated) for 5 min each. The family interactional processes may be scored along a number of dimensions including: nonverbal behavior, verbal content, and verbal qualifiers using for example, the Parent/Adolescent Negotiation Interaction Code (Forgatch & Wieder, 1980). Family problem-solving interaction tasks are appropriate for children in late childhood or adolescence, although care may be needed to ensure the situation is not too aversive and causing distress.

In addition to assessing family problem solving, we routinely observe the problem solving skills of the remarried couple on their own. The Parenting Problems Checklist (see details to follow) may be used to generate conflictual discussion topics related to the target child or child rearing.

Self-Report and Self-Monitoring Measures

Child Behavior and Adjustment. Two instruments useful for the assessment of child behavior problems are the Child Behavior Checklist (Achenbach & Edelbrock, 1983; CBCL) and the Parent Daily Report Checklist (Chamberlain & Reid, 1987; PDR). The CBCL is a widely used 118 item inventory from which scores can be computed for the full scale, externalizing behaviors, internalizing behaviors, or for a variety of subscales. Ratings can be obtained from parent, step-parent, teacher, and child. The PDR is a diary measure from which the mean rate of daily behavior problems can be computed. Data should be obtained from both parent and step-parent. Where possible an independent nonfamily member such as the child's classroom teacher can provide helpful information about the extent of generalization of child's behavior to other settings.

Measures of the child's subjective state also provide important information. Areas to assess include depression, anxiety, and self-esteem, using, for example, the Child Depression Inventory (Kovacs, 1981), the Child Manifest Anxiety Scale-Revised (Reynolds & Richmond, 1978), and the Coopersmith Self Esteem Inventory (Coopersmith, 1981). These are widely used measures with sound psychometric properties. The intake interview may indicate assessment in other areas such as the child's academic or cognitive skills.

Parent and Step-Parent Behavior and Adjustment. The model of stepfamily functioning suggests several areas of adult behavior and adjustment that should be examined in a comprehensive assessment of stepfamilies. We routinely assess marital satisfaction, parental mood, and conflict over child-rearing issues using the following inventories. Marital satisfaction and mood may be assessed using the Dyadic Adjustment Scale (Spanier, 1976), and the Beck Depression Inventory (Beck, 1970). The Parent Problems Checklist (Dadds & Powell, 1991) is a 16-item measure of inter-parental conflict over child-rearing. For stepfamilies, we have modified the scale to include an additional 4 items which specifically address problems unique to remarried parenting. Items from this checklist can be selected as topics for a parent-steparent problem-solving discussion.

Measures of Stepfamily Functioning. Clearly, not all areas of stepfamily functioning can be assessed using measures designed for intact two-parent families. Indeed, some measures may not be valid when applied to remarried families. Stepfamily researchers have tended to design their own measures for assessing stepfamilies participating in research programs. Unfortunately, many of these measures have not been psychometrically evaluated and their clinical utility is largely unknown. Two scales with some promise which are currently being researched are the Family Involvement Scales (Santrock, Sitterle, & Warshak, 1988; FIS), and the Coparental Interaction Scales (Ahrns, 1981; CIS).

The CIS examine dimensions of the relationship between former spouses thought to be important for understanding post-divorce family functioning (Goldsmith, 1980). A variety of subscales measures dimensions of coparenting interactions including, frequency of contact with ex-spouse, satisfaction with co-parenting relationship, support, and conflict. These scales can be modified to refer to new step-parents as well as former spouses (Ahrns & Wallisch, 1987). Whereas informative about family interactions, and clinically useful for identifying troublesome areas, further research is needed to evaluate the properties of these scales.

TREATMENT

Given the multidimensional nature of child behavior problems in stepfamilies, a multidimensional therapeutic approach seems warranted. Several strategies are described next. Some or all of these may be useful for successful intervention with troubled stepfamilies.

Education and Communication of Assessment Results

Education about the nature of the presenting problem is an important component of any clinical intervention. Treatment efficacy may depend on the extent to which clients accept the rationale for therapy (Sanders & Lawton, 1993). Typically, the initial educational component of therapy has three stages: (a) discussion of assessment results, (b) discussion of the nature, causes, and prognosis of the problem, and (c) negotiation of an acceptable treatment plan. Key social learning, parental, and family factors that may contribute to the child conduct problems should be identified. Guidelines for education and discussion of assessment results have been presented elsewhere (Sanders & Lawton, 1993).

For stepfamilies, it is helpful to provide parents and children with an understanding of how their family situation has contributed to the problems they are experiencing. Topics which could be discussed include (a) changes in household roles following remarriage, (b) the role of the stepparent in the family, (c) why parents tend to side with their children against their partner, (d) the expectations family members bring into the family, and (e) the importance of children maintaining contact with their absent natural parent. These discussions provide a useful introduction to skills training in the areas described next. For some families, feedback about the nature and causes of the presenting problem is sufficient for facilitating change. However, in many cases a more active therapeutic approach is required.

Child Management Training

Reviews of child therapy research suggest that behavioral family interventions such as Child Management Training (CMT) are the approach of choice for treating child antisocial behavior problems. Behavioral family interventions result in greater therapeutic outcome than nonbehavioral interventions (Casey & Burman, 1985; Weisz et al., 1987). CMT consists of a set of behavioral techniques for treating oppositional and conduct problems in children. CMT is based on the assumption that antisocial behaviors are learned and sustained through social contingencies occurring in the child's family environment (Patterson, 1982; Wahler, 1976). It is possible to alter children's behavior by changing these contingencies, many of which are under parental control. In CMT parents are taught strategies for managing problem behavior and for modifying contingencies to foster prosocial behavior (Forehand & McMahon, 1981; Sanders & Dadds, 1992). Key strategies are listed in Table 4.

Skills are taught using active teaching procedures such as the provision of guidance (in written or verbal form), behavioral rehearsal (modelling, prompting, and feedback), and the use of structured homework assignments. Parents are trained to observe and monitor their own and their child's behavior and to select and evaluate therapy goals. In addition, parents may be taught general behavioral principles to gain a greater understanding of contingencies affecting child behavior. Some parents benefit from information about normal child development to help formulate age-appropriate expectations for their children.

In CMT there is usually no direct therapist intervention with the child. CMT is conducted primarily with parents. Involvement with younger children (of pre-school or early school age) may be limited to participation in assessments and parental skills training activities. With older children, procedures must be modified to reflect the child's increasing developmental competence. These children may be able to play a greater role in all aspects of treatment planning and implementation. For some children, direct therapeutic contact may be indicated. Children with significant depression or anxiety in addition to conduct problems, may benefit from a brief skills training intervention focussing on their self-management of daily stress (see Sanders & Dadds, 1992 for details).

Substantial research indicates that CMT can result in clinically significant improvements in antisocial child behavior (Casey & Burman, 1985; Kazdin, 1987; Weisz et al., 1987). Specifically, CMT has been associated with reductions in aggressive child behavior, improved child adjustment as reported by parents, increased use of appropriate parenting strategies, and generalization of improvements from the clinic to home setting (Webster-Stratton, 1991). In addition, treatment gains appear to be maintained up to 1 year later and sometimes longer (Forehand & Long, 1988). Moreover, this intervention has a high degree of social acceptability. Parents receiving CMT generally evaluate the program positively, and view the specific child management techniques as effective and acceptable (McMahon & Forehand, 1983; Webster-Stratton, 1989).

Despite the well-documented success of CMT, the efficacy of this approach may be compromised when the child's behavior co-occurs with other family problems (Dumas & Wahler, 1983; McMahon, Forehand, Griest, & Wells, 1981; Webster-Stratton & Hammond, 1990). Reference to Table 2 reveals several potential problem areas for stepfamilies which CMT fails to address. These include poor communication skills, lack of support for the partner's child-rearing efforts, and difficulties associated with establishing new family relationships. Research indicates that failure to address other problems in multiply-distressed families may be related to drop out from therapy, poor CMT outcome, and an inability to maintain treatment gains over the long term (Kazdin, 1990; Miller & Prinz, 1990). Combining CMT with carefully selected supplements can improve treatment efficacy (e.g., Dadds, Schwartz, & Sanders, 1987; Kazdin, Siegel, & Bass, 1992). Supplementary interventions with potential for enhancing the success of CMT with stepfamilies are outlined next.

Problem Solving and Communication Training

The research reviewed suggests that stepfamily members lack effective communication and problem solving skills. Lack of these skills has been recognized as playing a role in marital and family conflict, and is believed to maintain high levels of child behavior problems following therapy (Jacobson & Holtzworth-Munroe, 1986; Markman, 1981; Webster-Stratton & Hammond, 1990). In addition, children with conduct disorder evidence several interpersonal cognitive problem-solving deficits that may contribute to their behavior problems (e.g., Dodge, 1985).

Individual or family problem solving and communication training (PSCT) approaches have been successfully employed in the treatment of child behavior problems, parent-adolescent conflict and marital distress (Hahlweg & Markman, 1988; Kazdin et al., 1992; Markman, Floyd, Stanley, & Jamieson, 1984; Robin & Koepke, 1990). For example, research indicates that family-based PSCT with adolescents results in fewer delinquent behavior problems, reduced conflict, and improved parent-adolescent communication post-therapy. This approach appears more effective for changing problem solving and communication skills than other nonbehavioral interventions and is rated as highly acceptable by clients (Robin & Koepke, 1990). Moreover, for older school age children and adolescents, PSCT as an adjunct enhances the success of traditional CMT (Kazdin et al, 1992).

Family-based PSCT aims to correct nonadaptive communication patterns, and facilitate resolution of family conflict. Democratic family processes are advocated, with all family members participating in rule-setting and decision making. Using standard behavioral techniques, parents and children may be trained to utilize a structured 5-step approach to problem solving. Training in communication skills may be required to enable effective problem solving (Robin & Koepke, 1990). PSCT is indicated with older children and adolescents, or where observational or self-report assessment data provides evidence of conflictual communication patterns or nonresolution of long-term family problems.

Partner Support Training

Remarried parents and their partners often report high levels of conflict over child-rearing issues. For a CMT intervention to be successful, it is important that both parents work together in implementing change. This may require more specific guidance about cooperative parenting than is provided by a traditional CMT approach. Partner Support Training (PST) is a brief adjunctive intervention, designed to facilitate CMT. PST in combination with CMT has been shown to produce greater treatment effects than CMT alone (Dadds et al., 1987). In addition to providing skills training in problem solving (described earlier), PST aims to decrease conflict over child management strategies and increase partners' supportive skills (Dadds et al., 1987). Key components are listed in Table 4 and are described in detail elsewhere (Sanders & Dadds, 1992).

Planned Family Activities Training

Lack of family identity or cohesion causes problems for many remarried families (Visher & Visher, 1991). Children often describe their stepfamily as a "bunch of people living together", not a "real family" (Messinger, 1984). Although improved problem solving and communication should facilitate mutual agreement about family routines, a lack of family cohesion is not adequately addressed by the therapeutic techniques discussed so far. Planned Family Activities Training (PFAT) is a set of techniques developed by the authors for overcoming these problems. PFAT is based on the rationale that family identity refers to the cognitive picture family members develop through their experiences in the family (Lawton & Sanders, 1992). Thus, if their experiences are predominantly of hostility and conflict, they are likely to hold a negative view of the family.

If family members base their sense of identity on past experiences, it should be possible, by changing the balance of those experiences, to change perceptions of the family. PFAT teaches parents skills for developing a positive family identity by promoting positive interactions within the family. Cohesion is fostered by increasing the number of "special" planned activities family members undertake together. Parents are encouraged to use problem-solving skills (e.g., brainstorming and evaluation) to plan new activities to try with their children. The strategies employed by PFAT include (a) planning regular family outings and activities which everyone can enjoy and participate in (e.g., trips to playgrounds, amusement parks, picnics, sporting activities, car trips, etc.), (b) gradual development of a set of traditional activities that are unique to the family (e.g., Friday night family dinners, family meetings for planning weekend activities, monthly games nights), and (c) provision of opportunities for step-parent and child to

develop a positive relationship (e.g., step-parent helping child accomplish a new skill, attending a sports match together, working together on a project in the house or yard).

PFAT focuses attention on positive aspects of family development, prompting parents and step-parents to actively create a healthy family environment. These strategies require advanced skills from parents. Therefore, PFAT may not be effective until substantial changes are apparent in the child's behavior and family relationships.

Supplementary Interventions to Address Specific Skill Deficits

Some stepfamilies experience additional problems to those addressed by the interventions just described. For example, couples presenting with child behavior problems may also display marked marital distress unrelated to the child. Other co-existing problems may include alcohol abuse, lack of anger control, parental depression, and child depression. Families should be carefully assessed for these problems and supplementary interventions developed according to family members' entry skills and the amount of change obtained with preceding interventions.

CONCLUSIONS

Remarried families containing children from previous relationships have been identified as high risk for a variety of problems. One particular concern is the elevated rates of child conduct behavior problems. Through empirical research, we are gaining an increasing understanding of the nature of the problems experienced and the likely causes of these problems. Unfortunately, clinical research with stepfamilies is severely limited. Indeed, there are no published studies which examine the treatment of child behavior problems in remarried families. We have reviewed the existing literature for clues on how to design an intervention program for children in stepfamilies.

Behavioral family interventions have been effectively employed for modifying aggressive, antisocial behavior problems in a variety of contexts. However, stepfamilies are often confronted with a number of concurrent problems, and behavioral family interventions have demonstrated limitations with multi-problem families (Dumas & Wahler, 1983; Kazdin, 1990; Webster-Stratton & Hammond, 1990). For these reasons, we advocate a multifaceted behavioral intervention program which combines the core child management training, with a number of supplementary components likely to meet the special needs of stepfamilies. To avoid taking a "shot-gun" approach to treatment design (Sanders, 1992b), we have selected adjunctive components that address co-existing family problems likely to hinder parents' acquisition of child management skills. Moreover, in the case of PST and PSCT, these adjuncts have a proven record of effective application with other populations (e.g., Dadds et al., 1987; Robin & Koepke, 1990). Other areas that may need to be addressed have been highlighted.

Although this material has been presented in the form of a pre-specified program, there is flexibility for modification to suit individual needs. Wolpe (1990) cautioned against the blind application of *package therapies*. Therapy design should be consistent with the results of comprehensive behavioral analysis and the components of any intervention selected on assessed individual needs (Wolpe, 1990). Our integrative model of the etiology of child behavior problems in stepfamilies highlights several areas of family and individual functioning which should be considered in the design of an effective intervention. Thorough behavioral assessment will assist clinicians to modify specific therapeutic strategies to match the age and competencies of the child, existing skills of parents, and the nature of other presenting problems.

Behavioral family interventions may not be the treatment of choice for all families, particularly if therapeutic contact is limited to parents. Some stepfamilies may benefit from an individual intervention for the child as an alternative or addition to a family focus. This may be indicated in situations where the child has experienced prior sexual or physical abuse, if the target child is approaching or has entered adolescence, and in situations where there is evidence that the child holds negative cognitions of the stepparent or stepfamily situation which may impede therapy. Dysfunctional cognitions are common amongst conduct disordered children (Lochman, White, & Wayland, 1991). However, little is known about the specific cognitions children may hold about stepfamilies, and no technology currently exists for assessing such cognitions. Further research is needed to clarify these issues and guide therapeutic decision making.

The optimal level of intervention for any given stepfamily, requires careful consideration by clinicians. Sanders (1992b) has outlined the range of options available to therapists in terms of level of intervention for the

management of child behavior problems. Therapeutic intensity can range from the provision of written advice alone to intensive family intervention programs that combine clinic-based contact with home-based observation and skills training.

Several issues should be considered when selecting a suitable level of therapeutic intervention for individual stepfamilies. First, it is important to avoid over-burdening a family that is likely to be currently experiencing high levels of stress. Some families find it difficult fitting therapy appointments into their already busy lifestyles. For these families, treatment approaches involving therapist visits to the family home (e.g., Sanders & Dadds, 1992), or clinics set up in neighborhood centres rather than only in city centers, may be important for minimizing client burden.

A second issue to consider is the level of existing skills family members display at initial contact. It is our clinical experience that families vary in their pre-existing skills. Whereas some families clearly need substantial therapist guidance, others may respond well to minimal interventions. Duncan and Brown (1992) have recommended the provision of written guidance in the form of a self-help program as a cost effective, easily accessible program for parents. This form of minimal intervention, may be beneficial for parents who have many necessary skills but have been unable to apply these effectively in their current situation. Unfortunately, this approach precludes the use of behavioral strategies such as modelling, behavioral rehearsal and feedback, which are regarded as powerful techniques for effecting behavior change. Moreover, provision of written materials may be burdensome for parents living in chaotic households or who have poor reading skills. Indeed, a number of our clients prefer to attend clinic therapy sessions because this affords them the chance to spend some time alone together to talk without distraction from other family members. In general, it is recommended that self-help programs be employed only with families experiencing moderate problems and displaying high levels of functioning on initial presentation. For families experiencing severe problems, comorbidity and displaying low levels of child management or other skills at presentation, a more intensive therapy approach is warranted. Research examining the match of therapeutic intervention level with individual stepfamilies is nonexistent and should receive priority in the future.

The value of the therapeutic relationship is gaining greater recognition from behavior therapists (Miller & Prinz, 1990; Motta & Lynch, 1990; Sanders & Lawton, 1993). One of the lessons we learned early in our clinical experience with remarried parents, was the importance of demonstrating sensitivity and understanding of stepfamily life. Although this would seem obvious, we have found many of our clients critical of traditional community services. Specific complaints include therapists' inability to recognise and deal with the unique issues faced by stepfamilies. Sensitivity to stepfamily problems is critical for establishing an effective collaborative relationship with family members. There exists great confusion among remarried parents and their partners about normative functioning in stepfamilies (Keshet, 1990). Therapists can play a vital role in validating the problems experienced by remarried parents (Visher & Visher, 1991). It is essential to avoid employing a nuclear family model of optimal functioning, and to present the stepfamily as a different but acceptable alternative.

The behavioral approaches just discussed, were designed for use with intact two-parent families. As a result there are some assumptions in these approaches that may not be valid for stepfamilies. For example, standard CMT and PST approaches assume that both parents are willing to play an active role in the discipline and parenting of children. This may not be the case in stepfamilies. Step-parents can be reluctant to become more involved with their partner's children. Care needs to be exercised by therapists to avoid implying that there is an optimal form of family organization. Therapy may be facilitated by therapist initiation of discussions concerning issues such as the step-parent's role in the family. Child management strategies can be introduced, not as "parenting strategies" per se but as techniques that all adults who have contact with children (e.g., grandparents, teachers, aunts, step-parents) can and should use to promote healthy child development. Moreover, we actively encourage families to use their growing problem-solving skills to negotiate and develop interaction patterns that best fit their family.

Another area of concern, is the reluctance many remarried families show toward seeking help for their problems. This may stem from a fear of acknowledging that they are failing to cope. It is critical to provide reassurance that many problems are a normal part of remarriage. Being able to provide appropriate stepfamily examples of the benefits gained from implementing behavioral strategies helps to facilitate therapy process. Community education regarding stepfamily development will also prove beneficial for helping remarried families gather the courage to seek professional services.

A final related issue, is the considerable difficulty recruiting stepfamilies for therapy programs. This has been noted by previous researchers (Duncan & Brown, 1992; Esses & Campbell, 1984; Pill, 1981). Duncan and Brown (1992) have suggested that stepfamilies members may be reluctant to identify themselves as experiencing problems for fear of stigmatization. These problems are compounded by the relative invisibility of stepfamilies in the community and there may be a lack of professional awareness of the problems experienced by stepfamilies. Few support or self-help groups exist for stepfamilies, making it hard for researchers and specialist clinicians to access families who may benefit from therapy (Pill, 1981).

ACKNOWLEDGEMENTS

Research for this article was supported by funding from the National Health and Medical Research Council of Australia (Grant No. NHMRC 605-9'2).

We thank two unnamed reviewers for their helpful comments on an earlier draft of this manuscript.

We also thank Leon Slattery for assistance with manuscript preparation.

REFERENCES

- Achenbach and Edelbrock, 1983. T.M. Achenbach and C.S. Edelbrock , Manual for the Child Behavior Checklist and Revised Child Behavior Profile. , Department of Psychiatry University of Vermont, Burlington, VT (1983).
- Ahrons, 1981. C.R. Ahrons , The continuing coparental relationship between divorced spouses. *American Journal of Orthopsychiatry* **51** (1981), pp. 415–429.
- Ahrons and Wallisch, 1987. C.R. Ahrons and L. Wallisch , Parenting in the binuclear family: Relationships between biological and stepparents. In: K. Pasley and M. Ihinger-Tallman, Editors, *Remarriage and stepparenting: Current theory and research*, Guilford Press, New York (1987), pp. 225–256.
- Amato and Ochilree, 1987. P.R. Amato and G. Ochilree , Child and adolescent competence in intact, one-parent and stepfamilies: An Australian study. *Journal of Divorce* **10** (1987), pp. 75–96.
- Anderson and White, 1986. J.Z. Anderson and G.D. White , An empirical investigation of interaction and relationship patterns in functional and dysfunctional nuclear families and stepfamilies. *Family Process* **25** (1986), pp. 407–422.
- Aquilino, 1991. W.S. Aquilino , Family structure and home leaving: A further specification of the relationship. *Journal of Marriage and the Family* **53** (1991), pp. 999–1010.
- Atkeson and Forehand, 1984. B.M. Atkeson and R. Forehand , Conduct disorders. In: E.J. Mash and L.G. Terdal, Editors, *Behavioral assessment of childhood disorders*, Guilford Press, New York (1984), pp. 185–219.
- Beck, 1970. A.T. Beck , Depression: Causes and treatment. , University of Pennsylvania Press, Philadelphia, PA (1970).
- Bielenberg, 1991. L.T. Bielenberg , A task-centered preventive group approach to create cohesion in the new stepfamily: A preliminary evaluation. *Research on Social Work Practice* **1** (1991), pp. 416–433.
- Borrine et al., 1991. M.L. Borrine, P.J. Handal, N.Y. Brown and H.R. Searight , Family conflict and adolescent adjustment in intact, divorced, and blended families. *Journal of Consulting and Clinical Psychology* **59** (1991), pp. 753–755.
- Brady and Ambler, 1982. C.A. Brady and J. Ambler , Use of group educational techniques with remarried couples. *Family Therapy Collections* **2** (1982), pp. 145–157.
- Brady et al., 1986. C.P. Brady, J.H. Bray and L. Zeeb , Behavior problems of clinic children: Relation to parental marital status, age and sex of child. *American Journal of Orthopsychiatry* **56** (1986), pp. 399–412.
- Brand et al., 1988. E. Brand, W.G. Clingempeel and K. Bowen-Woodward , Family relationships and children's psychological adjustment in stepmother and stepfather families. In: E.M. Hetherington and J.D. Arasteh, Editors, *Impact of divorce, single parenting and stepparenting on children*, Erlbaum, Hillsdale, NJ (1988), pp. 299–324.
- Bray, 1988. J.H. Bray , Children's development during early remarriage. In: E.M. Hetherington and J.D. Arasteh, Editors, *Impact of divorce, single parenting and stepparenting on children*, Erlbaum, Hillsdale, NJ (1988), pp. 279–298.
- Brown et al., 1990. A.C. Brown, R.J. Green and J. Druckman , A comparison of stepfamilies with and without child-focused problems. *American Journal of Orthopsychiatry* **60** (1990), pp. 556–566.
- Bumpass et al., 1990. L. Bumpass, J. Sweet and T.C. Martin , Changing patterns of remarriage. *Journal of Marriage and the Family* **52** (1990), pp. 747–756.
- Casey and Burman, 1985. R.J. Casey and J.S. Burman , The outcome of psychotherapy with children. *Psychological Bulletin* **98** (1985), pp. 388–400.
- Chamberlain and Reid, 1987. P. Chamberlain and J.B. Reid , Parent observation and report of child symptoms. *Behavioral Assessment* **9** (1987), pp. 97–109.
- Coopersmith, 1981. S. Coopersmith , SEI—Self Esteem Inventories. , Consulting Psychologists Press, Palo Alto, CA (1981).
- Crosbie-Burnett, 1984. M. Crosbie-Burnett , The centrality of the step relationship: A challenge to family theory and practice. *Family Relations* **33** (1984), pp. 459–463.
- Crosbie-Burnett, 1989. M. Crosbie-Burnett , Application of family stress theory to remarriage: A model for assessing and helping stepfamilies. *Family Relations* **38** (1989), pp. 323–331.

- Dadds, 1987. M.R. Dadds , Families and the origins of child behavior problems. *Family Process* **26** (1987), pp. 341–357.
- Dadds and McHugh, 1992. M.R. Dadds and T.A. McHugh , Social support and treatment outcome in behavioral family therapy for child conduct problems. *Journal of Consulting and Clinical Psychology* **60** (1992), pp. 252–259.
- Dadds and Powell, 1991. M.R. Dadds and M.B. Powell , The relationship of interparental conflict and global marital adjustment to aggression, anxiety, and immaturity in aggressive and nonclinic children. *Journal of Abnormal Child Psychology* **19** (1991), pp. 553–567.
- Dadds et al., 1987. M.R. Dadds, S. Schwartz and M.R. Sanders , Marital discord and treatment outcome in the behavioral treatment of childhood conduct disorders. *Journal of Consulting and Clinical Psychology* **55** (1987), pp. 396–403.
- Dawson, 1991. D. Dawson , Family structure and children's health and well-being: Data from the 1988 National Health Interview Survey on child health. *Journal of Marriage and the Family* **53** (1991), pp. 573–584.
- Dodge, 1985. K.A. Dodge , Attributional bias in aggressive children. In: P.C. Kendall, Editor, *Advances in cognitive-behavioral research and therapy* Vol. 4, Academic Press, Orlando, FL (1985), pp. 73–110.
- Dumas, 1989. J.E. Dumas , Treating antisocial behavior in children: Child and family approaches. *Clinical Psychology Review* **9** (1989), pp. 197–222.
- Dumas and Wahler, 1983. J.E. Dumas and R.G. Wahler , Predictors of treatment outcome in parent training: Mother insularity and socioeconomic disadvantage. *Behavioral Assessment* **5** (1983), pp. 301–313.
- Duncan and Brown, 1992. S.F. Duncan and G. Brown , RENEW: A program for building remarried family strengths. *Families in Society* **73** (1992), pp. 149–158.
- Emery, 1982. R.E. Emery , Interparental conflict and the children of discord and divorce. *Psychological Bulletin* **92** (1982), pp. 310–330.
- Esses and Campbell, 1984. L.M. Esses and R. Campbell , Challenges in researching the remarried. *Family Relations* **33** (1984), pp. 415–424.
- Fauber et al., 1990. R. Fauber, R. Forehand, A. McCombs Thomas and M. Wierson , A mediational model of the impact of marital conflict on adolescent adjustment in intact and divorced families: The role of disrupted parenting. *Child Development* **61** (1990), pp. 1112–1123.
- Featherstone et al., 1992. D.R. Featherstone, B.P. Cundick and L.C. Jensen , Differences in school behavior and achievement between children from intact, reconstituted and single-parent families. *Adolescence* **105** (1992), pp. 1–12.
- Fergusson et al., 1986. D.M. Fergusson, M.E. Dimond and L.J. Horwood , Childhood family placement history and behaviour problems in 6-year-old children. *Journal of Child Psychiatry* **27** (1986), pp. 213–226.
- Fergusson et al., 1985. D.M. Fergusson, L.J. Horwood and M.E. Dimond , A survival analysis of childhood family history. *Journal of Marriage and the Family* **47** (1985), pp. 287–295.
- Fergusson et al., 1988. D.M. Fergusson, L.J. Horwood and J.M. Lawton , The influence of family order and selection factors on the stability of first and second families. , Christchurch Child Development Study, Christchurch School of Medicine, Christchurch, New Zealand (1988).
- Fine et al., 1986. M.A. Fine, B.W. Donnelly and P. Voydanoff , Adjustment and satisfaction of parents: A comparison of intact, single-parent and stepparent families. *Journal of Family Issues* **7** (1986), pp. 391–404.
- Flewelling and Bauman, 1990. R.L. Flewelling and K.E. Bauman , Family structure as a predictor of initial substance use and sexual intercourse in early adolescence. *Journal of Marriage and the Family* **52** (1990), pp. 171–181.
- Forehand and Long, 1988. R.L. Forehand and N. Long , Outpatient treatment of the acting out child: Procedures, long-term follow-up data, and clinical problems. *Advances in Behavior Research and Therapy* **10** (1988), pp. 129–177.
- Forehand and McMahon, 1981. R.L. Forehand and R.J. McMahon , Helping the noncompliant child: A clinician's guide to parent training. , Guilford Press, New York (1981).
- Forgatch and Wieder, 1980. M.S. Forgatch and G. Wieder , Parent/Adolescent Negotiation Interaction Code: PANIC. , Oregon Social Learning Center, Eugene, OR (1980).
- Frick et al., 1992. P.J. Frick, B.B. Lahey, R. Loeber, M. Stouthamer-Loeber, M.A.G. Christ and K. Hanson , Familial risk factors to oppositional defiant disorder and conduct disorder: Parental psychopathology and maternal parenting. *Journal of Consulting and Clinical Psychology* **60** (1992), pp. 49–55.
- Funder, 1991. K. Funder , New partners as co-parents. *Family Matters* **28** (1991), pp. 44–46.
- Funder et al., 1992. K. Funder, S. Kinsella and P. Courtney , Stepfathers in children's lives. *Family Matters* **31** (1992), pp. 14–17.
- | Cited By in Scopus (0)
- Furstenberg, 1987. F.F. Furstenberg, Jr. , The new extended family: The experience of parents and children after remarriage. In: K. Pasley and M. Ihinger-Tallman, Editors, *Remarriage and stepparenting: Current research and theory*, Guilford Press, New York (1987), pp. 42–61.
- Furstenberg and Spanier, 1984. F.F. Furstenberg, Jr. and G.B. Spanier , The risk of dissolution in remarriage: An examination of Cherlin's hypothesis of incomplete institutionalization. *Family Relations* **33** (1984), pp. 433–441.
- Ganong and Coleman, 1989. L.H. Ganong and M. Coleman , Preparing for remarriage: Anticipating the issues, seeking solutions. *Family Relations* **38** (1989), pp. 28–33.
- Gardner, 1984. R.A. Gardner , Counseling children in stepfamilies. *Elementary School Guidance and Counseling* **19** (1984), pp. 40–49.
- Glick, 1989. P.C. Glick , Remarried families, stepfamilies and stepchildren: A brief demographic profile. *Family Relations* **38** (1989), pp. 24–27.

- Goldsmith, 1980. J. Goldsmith , Relationships between former spouses: Descriptive findings. *Journal of Divorce* **4** (1980), pp. 1–20.
- Goodyer, 1990. I.M. Goodyer , Family relationships, life events and childhood psychopathology. *Journal of Child Psychology and Psychiatry* **31** (1990), pp. 161–192.
- Hartin, 1990. W.W. Hartin , Re-marriage—some issues for clients and therapists. *Australian and New Zealand Journal of Family Therapy* **11** (1990), pp. 36–42.
- Hahlweg and Markman, 1988. K. Hahlweg and H.J. Markman , Effectiveness of behavioral marital therapy: Empirical status of behavioral techniques in preventing and alleviating marital distress. *Journal of Consulting and Clinical Psychology* **56** (1988), pp. 440–447.
- Hess and Camara, 1979. R.D. Hess and K.A. Camara , Post-divorce relationships as mediating factors in the consequences of divorce for children. *Journal of Social Issues* **35** (1979), pp. 79–96.
- Hetherington, 1989. E.M. Hetherington , Coping with family transitions: Winners, losers, and survivors. *Child Development* **60** (1989), pp. 1–14.
- Hetherington et al., 1988. E.M. Hetherington, J.D. Arnett and E.A. Hollier , Adjustment of parents and children to remarriage. In: S.A. Wolchik and P. Karoly, Editors, *Children of divorce: Empirical perspectives on adjustment*, Gardner, New York (1988), pp. 67–107.
- Hetherington et al., 1982. E.M. Hetherington, M. Cox and R. Cox , Effects of divorce on parents and young children. In: M. Lamb, Editor, *Nontraditional families: Parenting and child development*, Erlbaum, Hillsdale, NJ (1982), pp. 233–288.
- Hetherington et al., 1985. E.M. Hetherington, M. Cox and R. Cox , Long term effects of divorce and remarriage on the adjustment of children. *Journal of the American Academy of Child Psychiatry* **24** (1985), pp. 518–530.
- Hetherington et al., 1989. E.M. Hetherington, Stanley-Hagan and E.R. Anderson , Marital transitions: A child's perspective. *American Psychologist* **44** (1989), pp. 303–312.
- Hobart, 1991. C. Hobart , Conflict in remarriages. *Journal of Divorce and Remarriage* **15** (1991), pp. 69–86.
- Hoge et al., 1990. R.D. Hoge, D.A. Andrews and D. Robinson , Patterns of child and parenting problems within six family types. *Canadian Journal of Behavioral Science* **22** (1990), pp. 99–109.
- Ihinger-Tallman, 1988. M. Ihinger-Tallman , Research on stepfamilies. *Annual Reviews of Sociology* **14** (1988), pp. 25–48.
- Ihinger-Tallman and Pasley, 1987. M. Ihinger-Tallman and K. Pasley , Remarriage. , Sage, Newbury Park, CA (1987).
- Jacobson and Holtzworth-Munroe, 1986. N.S. Jacobson and A. Holtzworth-Munroe , Marital therapy: A social learning-cognitive perspective. In: N.S. Jacobson and A.S. Gurman, Editors, *Clinical handbook of marital therapy*, Guilford Press, New York (1986), pp. 29–70.
- Johnston et al., 1989. J.R. Johnston, M. Kline and J.M. Tschann , Ongoing postdivorce conflict: Effects on children of joint custody and frequent access. *American Journal of Orthopsychiatry* **59** (1989), pp. 576–592.
- Kalmuss and Seltzer, 1986. D. Kalmuss and J.A. Seltzer , Continuity of marital behavior in remarriage: The case of spouse abuse. *Journal of Marriage and the Family* **48** (1986), pp. 113–120.
- Kazdin, 1987. A.E. Kazdin , Treatment of antisocial behavior in children: Current status and future directions. *Psychological Bulletin* **102** (1987), pp. 187–203.
- Kazdin, 1990. A.E. Kazdin , Premature termination from treatment among children referred for antisocial behavior. *Journal of Child Psychology and Psychiatry* **31** (1990), pp. 415–425.
- Kazdin et al., 1992. A.E. Kazdin, T.C. Siegel and D. Bass , Cognitive problem-solving skills training and parent management training in the treatment of antisocial behavior in children. *Journal of Consulting and Clinical Psychology* **60** (1992), pp. 733–747.
- Kelley, 1992. P. Kelley , Healthy stepfamily functioning. *Families in Society* **73** (1992), pp. 579–587.
- Kelly and Halford, 1993. A. Kelly and W.K. Halford , Adapting behavioural marital therapy to the needs of a secondary marriage: A case evaluation. *Behavioural Psychotherapy* **21** (1993), pp. 115–125.
- Keshet, 1990. J.K. Keshet , Cognitive remodelling of the family: How remarried people view stepfamilies. *American Journal of Orthopsychiatry* **60** (1990), pp. 196–203.
- Koren et al., 1983. P.E. Koren, J.I. Lahti, C.A. Sadler and P.J. Kimboko , The adjustment of new stepfamilies: Characteristics and trends. , Regional Research Institute for Human Studies, Portland, OR (1983).
- Kosinski, 1983. F.A. Kosinski, Jr. , Improving relationships in stepfamilies. *Elementary School Guidance and Counseling* **17** (1983), pp. 200–207.
- Kovacs, 1981. M. Kovacs , Rating scales to assess depression in school-aged children. *Acta Paedopsychiatrica* **46** (1981), pp. 305–315.
- Kurdek, 1989. L.A. Kurdek , Relationship quality for newly married husbands and wives: Marital history, stepchildren, and individual-difference predictors. *Journal of Marriage and the Family* **51** (1989), pp. 1053–1064.
- Larson and Allgood, 1987. J.H. Larson and S.M. Allgood , A comparison of intimacy in first married and remarried couples. *Journal of Family Issues* **8** (1987), pp. 319–331.
- Lawton and Sanders, 1992. J.M. Lawton and M.R. Sanders , Treatment of child behavior problems in remarried families: A therapist manual. , Department of Psychiatry, University of Queensland, Brisbane, Australia (1992).
- Lochman et al., 1991. J.E. Lochman, K.J. White and K.K. Wayland , Cognitive-behavioral assessment and treatment with aggressive children. In: P.C. Kendall, Editor, *Child and adolescent therapy: Cognitive-behavioral procedures*, Guilford Press, New York (1991), pp. 25–65.

- Loeber, 1990. R. Loeber , Development and risk factors of juvenile antisocial behavior and delinquency. *Clinical Psychology Reviews* **10** (1990), pp. 1–41.
- Mandell and Birenzweig, 1990. D. Mandell and E. Birenzweig , Stepfamilies: A model for group work with remarried couples and their children. *Journal of Divorce and Remarriage* **14** (1990), pp. 29–41.
- Markman, 1981. H.J. Markman , Prediction of marital distress: A 5-year follow-up. *Journal of Consulting and Clinical Psychology* **49** (1981), pp. 760–762.
- Markman et al., 1984. H.J. Markman, F.J. Floyd, S.M. Stanley and K. Jamieson , A cognitive-behavioral program for the prevention of marital and family distress: Issues in program development and delivery. In: K. Hahlweg and N.S. Jacobson, Editors, *Marital interaction: Analysis and modification*, Guilford Press, New York (1984), pp. 396–428.
- McFarland, 1992. M. McFarland , On the relationship between depressed maternal cognitions, interaction patterns, and child behaviour problems. *Paper presented at the Fourth World Congress on Behaviour Therapy, July 4–8, 1992, Gold Coast, Australia* (1992).
- McMahon and Forehand, 1983. R.J. McMahon and R.L. Forehand , Consumer satisfaction in behavioral treatment of children: Types, issues and recommendations. *Behavior Therapy* **14** (1983), pp. 209–225.
- McMahon et al., 1981. R.J. McMahon, R. Forehand, D.L. Griest and K.C. Wells , Who drops out of treatment during parent behavioral training. *Behavioral Counseling Quarterly* **1** (1981), pp. 79–85.
- Messinger, 1976. L. Messinger , Remarriage between divorced people with children from previous marriages: A proposal for preparation for remarriage. *Journal of Marriage and Family Counseling* **2** (1976), pp. 193–200.
- Messinger, 1984. L. Messinger , Remarriage: A family affair. , Plenum Press, New York (1984).
- Messinger and Walker, 1981. L. Messinger and K.N. Walker , From marriage breakdown to remarriage: Parental tasks and therapeutic guidelines. *American Journal of Orthopsychiatry* **51** (1981), pp. 429–438.
- Messinger et al., 1978. L. Messinger, K.N. Walker and S.J.J. Freeman , Preparation for remarriage following divorce: The use of group techniques. *American Journal of Orthopsychiatry* **48** (1978), pp. 263–272.
- Miller and Prinz, 1990. G.E. Miller and R.J. Prinz , Enhancement of social learning family interventions for child conduct disorder. *Psychological Bulletin* **108** (1990), pp. 291–307.
- Mills, 1984. D.M. Mills , A model for stepfamily development. *Family Relations* **33** (1984), pp. 365–372.
- Mitchell et al., 1989. B.A. Mitchell, A. Wister and T. Burch , The family environment and leaving the parental home. *Journal of Marriage and the Family* **51** (1989), pp. 605–613.
- Motta and Lynch, 1990. R. Motta and C. Lynch , Therapeutic techniques vs. therapeutic relationships in child behavior therapy. *Psychological Reports* **67** (1990), pp. 315–322.
- Nadler, 1983. J.H. Nadler , Effecting change in stepfamilies: A psychodynamic/behavioral group approach. *American Journal of Psychotherapy* **37** (1983), pp. 100–112.
- Needle et al., 1990. R.H. Needle, S.S. Su and W.J. Doherty , Divorce, remarriage, and adolescent substance use: A prospective longitudinal study. *Journal of Marriage and the Family* **52** (1990), pp. 157–169.
- Newman, 1992. M. Newman , Stepfamily realities: How to overcome difficulties and have a happy family. , Doubleday, Sydney (1992).
- O'Connor, 1989. I. O'Connor , Our homeless children: Their experiences. *Report to the National Inquiry into Homeless Children by the Equal Rights and Equal Opportunity Commission, Sydney* (1989).
- Orleans et al., 1989. M. Orleans, B.J. Palisi and D. Caddell , Marriage adjustment and satisfaction of stepfathers: Their feelings and perceptions of decision making and stepchildren relations. *Family Relations* **38** (1989), pp. 371–377.
- Patterson, 1982. G.R. Patterson , Coercive family process. , Castalia Press, Eugene, OR (1982).
- Patterson et al., 1989. G.R. Patterson, B.D. De Baryshe and E. Ramsey , A developmental perspective on antisocial behavior. *American Psychologist* **44** (1989), pp. 329–335.
- Patterson and Dishion, 1988. G.R. Patterson and T.J. Dishion , Multilevel family process models: Traits, interactions, and relationships. In: R.A. Hinde and J. Stevenson-Hinde, Editors, *Relationships within families: Mutual influences*, Clarendon, Oxford (1988), pp. 283–310.
- Peek et al., 1988. C.W. Peek, N.J. Bell, T. Waldren and G.T. Sorell , Patterns of functioning in families of remarried and first married couples. *Journal of Marriage and the Family* **50** (1988), pp. 699–708.
- Peterson and Zill, 1986. J.L. Peterson and N. Zill , Marital disruption, parent-child relationships, and behavior problems in children. *Journal of Marriage and the Family* **48** (1986), pp. 295–307.
- Pill, 1981. C.J. Pill , A family life education group for working with stepparents. *Social Casework* **62** (1981), pp. 159–166.
- Pill, 1990. C.J. Pill , Stepfamilies: Redefining the family. *Family Relations* **39** (1990), pp. 186–193.
- Pink and Wampler, 1985. J.E.T. Pink and K.S. Wampler , Problem areas in stepfamilies: Cohesion, adaptability, and the stepfather-adolescent relationship. *Family Relations* **34** (1985), pp. 327–335.
- Prinz, 1992. R.J. Prinz , Overview of behavioural family interventions with children: Achievements, limitations and challenges. *Behaviour Change* **9** (1992), pp. 120–125.
- Reynolds and Richmond, 1978. C.R. Reynolds and B.O. Richmond , What I think and feel: A revised measure of children's manifest anxiety. *Journal of Abnormal Child Psychology* **6** (1978), pp. 271–280.
- Robin and Koepke, 1990. A.L. Robin and T. Koepke , Behavioral assessment and treatment of parent-adolescent conflict. *Progress in Behavior Modification* **25** (1990), pp. 178–215.
- Robins, 1991. L.N. Robins , Conduct disorder. *Journal of Child Psychology and Psychiatry* **32** (1991), pp. 193–212.
- Robinson, 1984. B.E. Robinson , The contemporary American stepfather. *Family Relations* **33** (1984), pp. 381–388.

- Sandefur et al., 1992. G.D. Sandefur, S. McLanahan and R.A. Wojtkiewicz , The effects of parental marital status during adolescence on high school graduation. *Social Forces* **71** (1992), pp. 103–121.
- Sanders, 1992a. M.R. Sanders , Enhancing the impact of behavioural family intervention with children: Emerging perspectives. *Behaviour Change* **9** (1992a), pp. 115–119.
- Sanders, 1992b. M.R. Sanders , New directions in behavioural family intervention with children: From clinical management to prevention. *New Zealand Journal of Psychology* **34** (1992b), pp. 53–69.
- Sanders and Dadds, 1992. M.R. Sanders and M.R. Dadds , Behavioural family intervention. , Allyn & Bacon, Needham Heights, MA (1992).
- Sanders et al., 1989. M.R. Sanders, M.R. Dadds and W. Bor , A contextual analysis of oppositional child behavior and maternal aversive behavior in families of conduct disordered children. *Journal of Clinical Child Psychology* **18** (1989), pp. 72–83.
- Sanders and Lawton, 1993. M.R. Sanders and J.M. Lawton , Therapeutic process issues in the assessment of family problems: The guided participation model of information transfer. *Child and Family Behavior Therapy* **15** (1993), pp. 5–35.
- Sanders and Markie-Dadds, 1992. M.R. Sanders and C. Markie-Dadds , Toward a technology of prevention of disruptive behaviour disorders: The role of behavioural family intervention. *Behaviour Change* **9** (1992), pp. 186–200.
- Santrock et al., 1988. J.W. Santrock, K.A. Sitterle and R.A. Warshak , Parent-child relationships in stepfather families. In: P. Bronstein and C. Pape-Cowan, Editors, *Fatherhood today: Men's changing role in the family*, Wiley, New York (1988), pp. 144–165.
- Santrock et al., 1982. J.W. Santrock, R.A. Warshak, C. Lindbergh and L. Meadows , Children's and parents' observed social behavior in stepfather families. *Child Development* **53** (1982), pp. 472–480.
- Spanier, 1976. G.B. Spanier , Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family* **38** (1976), pp. 15–28.
- Tygart, 1990. C.E. Tygart , Self-reported delinquency and natural parents-stepparent youth relations. *Journal of Divorce* **13** (1990), pp. 89–99.
- Vemer et al., 1989. E. Vemer, M. Coleman, L.H. Ganong and H. Cooper , Marital satisfaction in remarriage: A meta-analysis. *Journal of Marriage and the Family* **51** (1989), pp. 713–725.
- Visher and Visher, 1978. E.B. Visher and J.S. Visher , Common problems of stepparents and their spouses. *American Journal of Orthopsychiatry* **48** (1978), pp. 252–262.
- Visher and Visher, 1982. E.B. Visher and J.S. Visher , Stepfamilies in the 1980s. In: L. Messinger and J.C. Hansen, Editors, *Therapy with remarriage families*, Aspen, Rockville, MD (1982), pp. 108–119.
- Visher and Visher, 1989. E.B. Visher and J.S. Visher , Parenting coalitions after remarriage: Dynamics and therapeutic guidelines. *Family Relations* **38** (1989), pp. 65–70.
- Visher and Visher, 1991. J.S. Visher and E.B. Visher , Therapy with stepfamily couples. *Psychiatric Annals* **21** (1991), pp. 462–465.
- Vosler and Proctor, 1991. N.R. Vosler and E.K. Proctor , Family structure and Stressors in a child guidance population. *Families in Society* **72** (1991), pp. 164–173.
- Wadsworth et al., 1983. J. Wadsworth, I. Burnell, B. Taylor and N.R. Butler , Family type and accidents in preschool children. *Epidemiology and Community Health* **37** (1983), pp. 100–104.
- Wadsworth et al., 1985. J. Wadsworth, I. Burnell, B. Taylor and N. Butler , The influence of family type on children's behavior and development at five years. *Journal of Child Psychology and Psychiatry* **26** (1985), pp. 245–254.
- Wahler, 1976. R.G. Wahler , Deviant child behavior within the family: Developmental speculations and behavior change strategies. In: H. Leitenberg, Editor, *Handbook of behavior modification and behavior therapy*, Prentice-Hall, Englewood Cliffs, NJ (1976), pp. 516–543.
- Waldren et al., 1990. T. Waldren, N.J. Bell, C.W. Peek and G. Sorell , Cohesion and adaptability in post-divorce remarried and first married families: Relationships with family stress and coping styles. *Journal of Divorce and Remarriage* **14** (1990), pp. 13–28.
- Wallerstein and Kelly, 1980. J.S. Wallerstein and J.B. Kelly , Surviving the breakup: How children and parents cope with divorce. , Basic Books, New York (1980).
- Webber, 1989. R. Webber , Living in a stepfamily: Stepparents' handbook. , Australian Council for Educational Research, Hawthorne, Victoria (1989).
- Webber et al., 1988. R.P. Webber, C.F. Sharpley and G.L. Rowley , Living in a stepfamily. *Australian Journal of Sex, Marriage and Family* **9** (1988), pp. 21–29.
- Webster-Stratton, 1989. C. Webster-Stratton , Systematic comparison of consumer satisfaction of three cost effective parent training programs for conduct problem children. *Behavior Therapy* **20** (1989), pp. 103–115.
- Webster-Stratton, 1991. C. Webster-Stratton , Annotation: Strategies for helping families with conduct disordered children. *Journal of Psychology and Psychiatry* **32** (1991), pp. 1047–1062.
- Webster-Stratton and Hammond, 1990. C. Webster-Stratton and M. Hammond , Predictors of treatment outcome in parent training for families with conduct problem children. *Behavior Therapy* **21** (1990), pp. 319–337.
- Weiss, 1979. R.S. Weiss , Growing up a little faster: The experience of growing up in a single-parent household. *Journal of Social Issues* **35** (1979), pp. 97–111.
- Weisz et al., 1987. J.R. Weisz, B. Weiss, M.D. Alicka and M.L. Klotz , Effectiveness of psychotherapy with children and adolescents: A meta-analysis for clinicians. *Journal of Consulting and Clinical Psychology* **55** (1987), pp. 542–549.

- White and Booth, 1985. L.K. White and A. Booth , The quality and stability of remarriages: The role of stepchildren. *American Sociological Review* **50** (1985), pp. 689–698.
- Whitsett and Land, 1992. D. Whitsett and H. Land , Role strain, coping, and marital satisfaction of step-parents. *Families in Society* **73** (1992), pp. 79–92.
- Wolpe, 1990. J. Wolpe , The practice of behavior therapy. In: (Fourth edition ed.),, Pergamon, New York (1990).
- Zill, 1988. N. Zill , Behavior, achievement and health problems among children in Stepfamilies. In: E.M. Hetherington and J.D. Arasteh, Editors, *Impact of divorce, single parenting and stepparenting on children*, Erlbaum, Hillsdale, NJ (1988), pp. 325–368.