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Adolescents in Stepfamilies: An Attachment-Based Approach to Therapy

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Abstract
With increasing numbers of stepfamilies, there is a growing need for evidence-based, informed therapeutic treatment. Stepfamilies experience unique challenges, such as grief, depression, adjustment difficulties, and increased family/parental conflict (Jensen et al. Family Process 57:477–495, 2018). Adolescents in stepfamilies have the greatest difficulty adjusting, resulting in attachment-related consequences which can be detrimental to their academic performance, mental health, and overall well-being, such as depression, loyalty conflicts and low academic performance (Jensen et al. Family Process 57:477–495, 2018; Papernow Family Process 57:25–51, 2018). Family therapy can provide an avenue for processing and adapting to the changes that arise in the process of transitioning into stepfamilies for all members of the family, especially adolescents. This article reviews current research on stepfamilies and recommends Attachment Based Family Therapy (ABFT) as a model from which family therapists may draw as they approach treatment of stepfamilies. With a focus on the attachment between family members, especially between adolescents and their parents, ABFT addresses the underlying damages that occur during the many changes in family dynamics and provides a clear avenue to repairing parent-child attachment.

Keywords Adolescence · Attachment-based family therapy · Blended family · Stepfamily

"All [step]families are born of loss" – a stark and mournful statement to the types of loss (whether it be of love, trust, relationships, or security) often associated with stepfamilies (Gonzales, 2009; Miran-Khan, 2017). The prevalence of stepfamilies can be seen with 16% of American children living in stepfamilies and over 40% of American adults having at least one stepparent, stepchild, or step-sibling (Pew Research Center, 2015). Latinx, African American, and White children are twice as likely to be part of a stepfamily compared to Asian American children (Pew Research Center, 2015) and it is estimated that about one quarter of American marriages include stepchildren (Stykes & Guzzo, 2015).

Family therapists need to be well equipped with a treatment framework for addressing the unique challenges stepfamilies face given that creating a new family dynamic imposes stress upon all those involved (Gibson, 2013; Gosselin, 2010) and that subsequent relationships are statistically more likely to end in break-up or divorce (Teachman, 2008). In this paper, we examine the experience of adolescents in stepfamilies through an attachment lens, highlighting Attachment-Based Family Therapy as a recommended treatment framework (Diamond et al., 2014). Following the Sue and Sue (2008) conceptualization for competent counseling, the literature on treating stepfamilies is organized according to the dimensions of clinical knowledge, clinical awareness, and clinical skills/behaviors.

Clinical Knowledge

Stepfamilies

Stepfamilies are defined as a family in which "at least one parent–child relationship precedes the adult couple relationships" (Papernow, 2018, p. 27). The term "blended" will not be used as there is debate in the field indicating this term

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carries a prescriptive connotation implying families need to blend in a particular way, as these families are either ignored by social institutions or viewed as dysfunctional (Ganong & Coleman, 1997). In terms of its parameters, this literature review focuses primarily on stepfamilies created via divorce, given the breadth of literature focused on families with married parents and the added complexity present when working with widowed families - due to the unique attachment consequences of losing a spouse or parent to death (Ennis & Majid, 2020).

In the way of an introduction to socio-demographic patterns, remarriage during the childrearing years is most common for White families, with 19% of White children living with remarried parents (Pew Research Center, 2015). In contrast, seven-to-12% of Latinx, African American, and Asian American families are headed by remarried parents (Pew Research Center, 2015). With the rates of cohabitation increasing, there are many children living in stepfamilies that were not formed by remarriage but by cohabitation. Specifically, 25% of parents in the US are unmarried and 35% of those parents are cohabitating (Pew Research Center, 2018). Of the cohabiting parents, 55% are White, 13% are African American, 25% are Hispanic, and 3% are Asian American (Pew Research Center, 2018). Across the lifespan, however, more African Americans report being in stepfamilies formed due to single parents coupling and parents cohabitating (Pew Research Center, 2018).

Unfortunately, therapists are most often trained to work with first-marriage families, meaning that many will be less familiar with the dynamics unique to stepfamilies (Kumar, 2017). With at least half of American families being remarried or recoupled (San Diego Military Family Collaborative, 2018), it is highly likely that therapists will encounter stepfamilies in their practice. As such, it is important for clinicians to understand the context, dynamics, and best practices in working with this population in order to provide enhanced and appropriate therapeutic services.

Common Presenting Issues

Expectations

Stepfamilies often present for therapy with expectations that are anchored in their perceptions of first-marriage family dynamics (Wood, 2015). For example, new couples may expect a seamless transition into parenting the other partner's children or may anticipate a feeling of wholeness to help compensate for the loss of the original families (Shalay & Brownlee, 2007). This can lead to feelings of failure before the two households even begin to integrate. One of the most universal problems a stepfamily may face is the need to grieve the loss of their first-marriage family (Miran-Khan, 2017; Wood, 2015). Children may experience not only loss, but also feelings of disloyalty to their biological family because that family is now divided into two households (Kumar, 2017).

Stepfamilies may also face expectations held by others outside of the family system. For example, school systems will often flag children of divorced homes as "at-risk" for behavioral, emotional or academic trouble, leading to misconceptions held by school counselors and teachers (Miran-Khan, 2017). While there are many studies that document the negative impact of divorce on academic achievement (e.g., divorced and stepfamily children are more likely to be held back or drop out of high school), the biases held by school staff can sometimes lead to a self-fulfilling prophecy (Potter, 2010). In contrast, it is possible that school personnel might discount the need to attend to children in these situations out of mistaken beliefs that children will quickly move past the emotional turmoil or that teenagers are less affected than younger children by parental divorce (Smith, 2017). Knowing the biases that school personnel may hold can guide therapists in their interactions with the school as they utilize a multisystemic approach in their treatment.

Stepparent Relationships

Stepparents often have difficulty finding a place in the lives of their stepchildren, as they work to negotiate their role with the children's biological parents in the areas of decision making and disciplining (Gibson, 2013). Stepparents entering into this new role may expect to have an equal coparenting relationship with biological parents when it comes to raising children. They may expect to have an immediate and warm relationship with their stepchildren and to take an active part in discipling children. Parents may similarly expect these things (Bray, 1999; Papernow, 2013, 2018). However, as will be discussed later, these expectations about the stepparent's role may cause difficulties with adjustment and attachment. For instance, stepparents and parents may engage in conflict over disciplining children with the stepparent wanting more limits while the parent wants more understanding from the children (Papernow, 2013, 2018). Additionally, stepparents may find that stepchildren, especially adolescents, are not interested in creating a warm relationship. Instead, they may be actively rejecting of stepparents attempts to form an attachment bond.

Instead of focusing on a parent-like disciplinary role, stepparents need to focus on creating a friendly relationship with their stepchildren and leave discipline to the biological parents. Stepparents and parents need to work together, with the stepparent having input, but parents need to maintain the final say on their own children (Papernow, 2013, 2018).

Triangulation frequently comes into play here (defined as a third person being drawn into a dyadic relationship in an effort to balance conflict, distance, or instability), especially as the discrepancy between expectations of parents and stepparents appears more frequently (Kumar, 2017). For example, a child may defy one parent while in their care, citing more lenient expectations at the other parent's household, thereby triangulating between both parents. Stepparents may then feel frustration and hopelessness – emotions that are heightened by stereotypes and/or legal issues that seem to be working against them (e.g. evil stepparent myths, beliefs that stepfamilies are subpar, custody and visitation disagreements; Kumar, 2017).

Teen Mental Health

While younger children (eight and under) often have an easier time adjusting to a new stepfamily, adolescents have been shown to have the hardest time adjusting, especially early adolescent girls (Bray, 1999; Hetherington, 1993, Jensen, 2017; Jensen & Harris, 2017; Papernow, 2013, 2018; van Eeden Moorefield & Pasley, 2012). An adolescent entering into a stepfamily is at an increased risk for a multitude of mental health issues, especially depression and anxiety (D'Onofrio & Emery, 2019) due to shifting expectations, loss of control and stability, and less familiar circumstances. With a "new normal" that arises after forming a stepfamily, adolescents can feel like their world has shifted multiple times (i.e., from happy family to divorced family to stepfamily). This can create a sense of instability and harm the adolescent's attachments. Behavioral problems in the form of delinquent behavior or risky sexual behaviors are other types of difficulties that can result following parental divorce (Nielsen, 2011). Additionally, some scholars have even theorized that entering into a stepfamily can contribute to the persistence of these and other behavioral issues that may have otherwise been resolved after a year post-divorce (Behere et al., 2017). Behere et al. (2017) explain this theory as being related to an increased risk of trauma or abuse, entering into a new family structure, and more parent-child separation.

The transition into a stepfamily can additionally increase the likelihood of adolescents experiencing an attachment injury (Papernow, 2018). Attachment injuries can be defined as a significant disruption in emotionally-significant relationships, where the wound results in short-term and long-term outcomes (e.g., difficulties in forming healthy interpersonal relationships, emotional/mental dysfunction; Cassidy & Shaver, 2016). As parents transition from one relationship to another the adolescent may feel they are losing the attention of and connection to their parent as the parent recouples or allows the stepparent to discipline, resulting in an injury to their attachment (Cartwright, 2008). The rate at which these changes occur can impact adolescent well-being with evidence indicating that the quicker changes happen the more adolescents struggle (Papernow, 2018). Adolescents take time to adjust to changes and may take longer than parents would prefer. As these changes are happening, adolescents in stepfamilies may experience loyalty binds, situations where they feel their loyalty is being pulled such that being loyal to one parent means they are being disloyal to the other (Papernow, 2018). Conflict between parents (due to divorce or a break-up) can increase these conflicting feelings of loyalty in adolescents, especially adolescent girls (Papernow, 2018).

Stepfamilies and Attachment Theory

Children are believed to have an evolutionary instinct to seek protection and comfort from their parents, and attachment level is one of the most common measures of family success in accomplishing this (Cassidy & Shaver, 2016). In brief, there are four main types of attachment which begin to manifest during infancy, including: (a) secure - confident in a parent's availability, protection and comfort as a result of positive past experiences; and three types of insecure attachment: (b) anxious - distressed in a parent's physical or emotional absence and difficult to console when the parent is present, indicating that they are unsure whether their parent will provide protection and comfort; (c) avoidant - cool, somewhat tense and nonchalant towards parents, indicating that their parents' presence has no significant bearing on their emotional state; and (d) disorganized - fearful, disoriented, and highly aggressive, often the result of parental neglect (Cassidy & Shaver, 2016). The ideal secure attachment style is characterized by high levels of parental warmth and accessibility to the child. For simplicity's sake, all forms of attachment that are *not secure* (anxious, avoidant, disorganized) will be referred to as "insecure attachment" in this review.

While attachment develops most easily during infancy between babies and caregivers, it is a key component to all relationships across the entire lifespan (van der Voort et al., 2014); but particularly so in the formative years because a child's attachment informs what they can expect from others throughout their life (Diamond et al., 2014). While secure attachment means a child feels loved and accepted, insecure attachment means that they may feel unloved and rejected (Diamond et al., 2014). The process of restructuring that occurs during divorce and creating a stepfamily can lead children to feel unloved and/or rejected, which can leave them questioning (consciously and unconsciously) their place in their family (Kelly, 1998). Any uncertain environment can lead to attachment injuries that change children's

beliefs about their parents and their own worth (Sayre et al., 2010). Divorce and remarriage are accompanied by a number of uncertainties including: feeling responsible for their parents' separation, losing their identity to a new sibling hierarchy in the remarried family, and feeling left out of the decision-making process (Wood, 2015).

As another important contextual factor, it is important to remember that adolescence (as a life stage) is already accompanied by confusing, anxiety-inducing changes at nearly every level of functioning. Consequently, parental responsiveness to their teens' needs is paramount to healthy coping and security for the developing adolescent (Diamond et al., 2014), but when parents are not as present or involved as their children require, teens begin to feel unsafe or unworthy of love (Diamond et al., 2014). Adolescents may register these instances as a loss of their parent to the stepparent creating emotional distress and causing disruptions to their attachment (Papernow, 2013, 2018). Simultaneously, the parents' own development is not static nor are they immune to their own attachment injuries from the divorce or from the challenges of stepfamily relationships. Furthermore, as explained by their shared membership in a family system, the psychological distress of one family member can negatively impact the functioning of another (Gosselin, 2010). This suggests that the family is experiencing more than just new personalities; they are trying to bond with people who may not attach the same way. Applying this to clinical work, therapists need to remember both the fluidity and the interconnectedness of family members' attachment styles.

Given all the challenges that stepfamilies face, it should not be surprising that adolescents struggle with the transition into a new family structure. Thus, the primary goal of clinical intervention is to re-establish the attachment between biological parent and child while supporting the step couple relationship, and helping the relationship between stepparent and child to develop naturally and over time, rather than imposing or forcing a new stepparent-child relationship (Jensen & Pace, 2016; Miran-Khan, 2017).

Clinical Awareness

Therapists are not immune to personal biases that can significantly hinder the development of the therapeutic working relationship with clients (Yager et al., 2021). Therapists without any personal experience relevant to a client's situation might be unsure of the feelings and struggles that their clients are experiencing, leaving them on unsteady footing as they provide treatment (Kelly & Greene, 2010). Knowing their own personal biases towards stepfamilies will help therapists navigate this territory (Dewane, 2006). Clinicians should regularly monitor their thoughts and valuations of stepfamilies for biases and work to develop more empathy, knowledge, and experience. As therapists better understand their biases, they can self-monitor for personal reactions to families or parents that could potentially limit their maneuverability. Therapists can then consult with supervisors and/or colleagues, engage in personal therapy, become more acquainted with stepfamilies at different stages, and gain more clinical training to better help their clients.

Therapists also need to be aware of attachment when working with stepfamilies. Specifically, there is a need to be informed not only about attachment styles, but also how attachment forms and how different attachment styles can impact relationships, including the parent-child and the couple relationships (Jensen et al., 2015; Sayre et al., 2010; Papernow, 2013, 2018). Therapists need to be able to identify attachment injuries and assess for secure as well as insecure attachment styles from all family members. Attachment information can then more comprehensively guide the therapist to help the family strengthen attachment between biological parents and children, between parents as partners, and between stepparents and stepchildren.

To increase clinical awareness, therapists need to educate themselves on stepfamilies and attachment theory. Therapists can take trainings aimed at sharing research on stepfamily dynamics, read books and articles, such as this one, and communicate with known professionals in the field of family therapy who specialize in treating stepfamilies. Only after increasing their own knowledge will clinicians be better equipped to provide the care stepfamilies need in therapy.

Stepfamily Stereotypes and Stigmas

Awareness of the prevailing stereotypes of stepfamilies will help therapists not only address their personal biases but also assist in empathizing with the families and addressing the consequential issues. A common stereotype perpetuated by popular culture is the image of the evil stepmother, dating back to the Middle Ages (Kumar, 2017; Online Etymology Dictionary, n.d.; Wood, 2015). Young children, in particular, may be wary of introducing a stepparent into their lives because of the popular narrative created by fairy tales of cruel stepmothers or stepsiblings. This stereotype can be reinforced by peers who ask children about their "mean new parent" or by stepsiblings or stepparents who bully their new family members or stepparents who engage in discipline early in the process instead of allowing the biological parent to discipline and focusing on creating a friendly relationship (Teachman, 2008; Wood, 2015).

Another factor to monitor is the pressure to connect as a new family quickly (Teachman, 2008). The media rarely

presents realistic timelines for forming a stepfamily, instead showing either idealized stepfamilies or a dramatized caricature of stereotypes (Leon & Angst, 2005), glossing over the predominant issues that stepfamilies face. In relation to this practice, clinicians can expect to see stepfamilies experiencing stress around the difficulty of creating a stepfamily and should be prepared to help family members set realistic expectations, given estimates by Dupuis (2010) and others that the process of developing a new systemic equilibrium generally takes five to seven years for stepfamilies. Here, it will also be important for therapists to track their own (and the family's) urgency to hurry the process along at a faster rate than is realistic.

Clinical Skills/Behaviors

Working with Stepfamilies

One of the most important aspects of providing effective therapy to stepfamilies is empathy (Martin-Uzzi & Duval-Tsioles, 2013). Through empathy, parents become more unified with each other in the therapy room (Papernow, 2018; Wood, 2015), biological parents and children grow to understand stepparents and stepchildren (Martin-Uzzi & Duval-Tsioles, 2013), and a safe environment to process difficult emotions within the system is fostered (Corrie, 2002). The therapist can model empathy by attending to and validating each family member as they share their emotions (Gonzales, 2009; Martin-Uzzi & Duval-Tsioles, 2013; Wood, 2015) and slowing down the conversation to join with each family member by asking in more detail about their experiences in the family (Papernow, 2018).

In addition to teaching empathy, therapists can empower stepfamilies to accept relationship structures that are both attainable and conducive to developing secure attachments (Miran-Khan, 2017). Throughout the treatment process, each family member should be treated as an expert on their experience and given the space to share (Gibson, 2013; Shalay & Brownlee, 2007). As the family explores their held expectations and the life cycle stage of each family member, they can create a more balanced family system with a more clearly defined place for each person (Wood, 2015). Challenging conversations facilitated through enactments evoke emotion and provide practice in session where the therapist can guide the discussion, so interactions are more likely to be balanced and healthy (Gonzales, 2009; Papernow, 2018). Furthermore, evidence-based psychoeducation on stepfamily development can ease anxiety within the family and provide needed perspective to aid in the development of a new familial equilibrium (Dupuis, 2010; Papernow, 2018; Wood, 2015). One of the most effective ways to empower the clients and facilitate growth is to push them beyond their current comfort zone to help each family member experience some vulnerability (Gibson, 2013). For example, a father may be hesitant to share his personal turmoil about how to balance his new love for a woman (who is not the mother of his children) while worrying that his children will feel that his love for them may have changed. A moment of vulnerability in session, in which the father can express these emotions, would create space for the system to become aware of and respond to him in a loving way. Whatever the approach, the family and therapist should agree on the goals and methods implemented in treatment (Gold, 2016).

Treatment Model and Interventions

A primary goal of family therapy with a stepfamily with an adolescent is to: facilitate a secure attachment with the biological parents, including mending attachment wounds, and to create an environment in which the stepparent is not a threat to that attachment (Cassidy & Shaver, 2016). Adolescents benefit when the adults in their family have a realistic understanding of how stepfamilies work. Stepparents are not often natural attachment figures for teens because they were not a primary caregiver during the infancy period (Cassidy & Shaver, 2016). Rather than attempting to generate a secure attachment that mirrors that of the biological parent-child relationship, therapists can help the stepparent and adolescent focus on getting to know one another. Later, the family can explore what kind of relationship the teen and stepparent hope to achieve (within the realm of possibility).

Attachment-Based Family Therapy

Although not specifically created for stepfamilies, Attachment-Based Family Therapy (ABFT) is designed to increase feelings of attachment security in the teenage client alongside an increased parental attunement to their child's state of mind (Diamond et al., 2014). ABFT, with its step-by-step, task focus can be easily adapted to work with stepfamilies as clinical work with this population needs to proceed in subsystems (i.e. stepcouple and parent-child; Browning & Artfelt, 2012; Papernow, 2013, 2018). The five tasks of ABFT are: (1) relational reframe, (2) alliance with the adolescent, (3) alliance with the parent, (4) repairing attachment, and (5) promoting autonomy (Diamond et al., 2014). Adapting this modality to stepfamilies, the clinician would meet with the adolescent, the step couple, then the parent-child dyad without the stepparent to focus on improving attachment. After time has been spent rebuilding and strengthening attachment, attachment work with the stepparent-stepchild can take place, focusing on creating dialogue, friendship, and vulnerability. Skills to increase responsiveness and

emotional attunement can be taught to stepparents within the context of their unique relationship with the teen (Diamond et al., 2014). Research suggests that in order for attachment to even begin to form with the stepparent, the biological parent should be the decision maker and enforcer of discipline, while the stepparent focuses on forming an alliance with the teen (Miran-Khan, 2017; Papernow, 2018). Fostering a "connection before correction" relationship through empathic listening and expressing warmth and caring can assist the new stepparent-stepchild dyad in developing a deeper relationship (Papernow, 2018, p. 37).

Because the experience of divorce can create attachment shifts in the parent-child relationship (Sroufe & McIntosh, 2011), Diamond et al., (2014) suggest a few guiding principles for implementing ABFT that can be adapted for this population. First, it is important to help the child accurately understand what has taken place within their family and the parent-child relationship through a relational reframe (e.g., "You, the child, did not cause the problem, even though it may feel like you did.") Using age-appropriate explanations with the child can help relieve feelings of anxiety and increase communication on the topic of divorce within the family. Children would need help to tell their story, explaining the way the changes have impacted them to their parent. Parents would then need to hold space to hear their child's pain with the stepparent understanding that their lack of involvement is to help strengthen the parent-child relationship, not to ally against them. Second, the parents should identify the impact of the divorce/remarriage in terms of any increased stress and changes in their own attachment style and parenting. Including the stepparents at this stage can help the parenting team recognize potential obstacles that may arise. Finally, the child and parents should ultimately come together to reconcile around their attachment wounds by resolving past and present conflicts. This provides corrective experiences where the teen can be vulnerable while the parent demonstrates warmth and caring, which is key to developing a secure attachment. Similar interactions can take place with the stepparent and adolescent at this stage. Corrective emotional experiences and guidance for the stepparent to connect, validate, and hear the adolescent's experience would be practiced to strengthen the relationship.

An attachment-based family therapist will center their interventions around each family member's emotional experience (Diamond et al., 2014). The therapist may bring out internalized emotions by asking how each family member's identity or social experience has shifted since the process began. Through reframes, the clients can shift their attributions of the problem, making it more relational and process-driven while decreasing blaming of any specific family members. Enactments are also very useful (according to this model) in facilitating conversations between the teen and stepparent while also promoting healthy communication patterns with their biological parents. Throughout treatment, providing psychoeducation can be helpful in creating a healthy narrative around the new family identity (Diamond et al., 2014). Through these interventions, teens can become more aware and tolerant of their own vulnerable emotions, resulting in increased feelings of security when seeking comfort from their parents.

Case Vignette

Mike and Joanne Palmer (White, middle-class, ages 42 and 40 respectively), presented for therapy six months after getting married. Mike had been divorced for two years while Joanne had never been married. Mike's fifteen-year-old daughter, Mary, joined them. At intake, Mike stated that he was concerned about Mary's mental health, citing worsening grades, decreased interest in her normal activities, and a new "snarky attitude." In response, Mary reported that her father "just doesn't get it" and that she wished he and Joanne would leave her alone. Mary reported spending most of her time in her room, talking with her friends, and avoiding activities with Mike and Joanne. She stated that she "sometimes but not that often" talked back to Mike and Joanne and that she treated both adults the same. Joanne stated that, having never been married or had her own children, she had been excited to have a family and felt disappointed that Mary seemed against developing a closer relationship. The family's primary goal was to facilitate a positive home environment as soon as possible, in order for "things to feel normal."

Task 1: Relational Reframe

The Palmers began working with a therapist who took an attachment-based approach. During the first session, the therapist asked each family member what they believed was the reason for attending therapy. Mary crossed her arms and said, "I'm the problem. They don't know what to do with me, and I wish they'd just leave me alone." Mike sorrowfully attempted to reassure Mary, saying "The new marriage has been a tough transition for all of us, but it's not Mary's fault. I want to know how to reach her." The therapist turned to Joanne, who had been silently staring at the floor. "This isn't how I had imagined my family. I know it takes time, but it's already been six months. What am I doing wrong?" By the end of the first session, the therapist's baseline conceptualization was that of unmet expectations, which were contributing to the family's distress, along with their individual experiences in the new marriage.

As the session ended, the therapist instilled hope by praising the family for seeking help together and reassuring them that much of what they were experiencing was not a sign of "failing" but a result of living in a stepfamily. The therapist empathized with the family and provided some basic information about how parent-child and stepparent-stepchild relationships are different. The therapist also informed the family that adjusting to a new family does take time, and that even if they were doing everything perfectly, they should expect at least a year for everyone to feel more comfortable, and much longer for everyone to feel secure and at ease.

Over the next few weeks, the Palmer family began to shift their expectations of how their family should be and began releasing Mary from the "problem role." Becoming more at peace with stepfamily realities and the more realistic timeline was key in helping Mike and Joanne focus their efforts on how to make their family better for all concerned instead of concentrating on unmet expectations.

Task 2: Alliance with the Adolescent

The therapist conducted two sessions alone with Mary following the intake. The goal of these sessions was to help Mary piece together her own story of her parents' divorce and becoming a stepfamily and to begin unpacking the emotions and narratives she had absorbed along the way. Mary had difficulty with the therapist's questions at first because she had not previously had the space to express her emotions in this way. By having these conversations with Mary on her own, the therapist helped give shape and language to Mary's experience of missing her father. This, in turn, helped Mary to shift from anger and acting out to finding ways to voice her desire to connect with her father. Mary and the therapist were also able to explore Mary's desire for a continued relationship with her biological mother and her fear that Joanne represented competition or even a replacement for her relationship with her biological mother.

Task 3: Alliance with the Parent and Stepparent

The therapist also conducted several sessions with Mike and Joanne. These sessions continued some of the psychoeducation begun in the first session. The therapist shared with the couple how parenting and stepparenting differ, helping Mike step into the disciplinary role and releasing Joanne from this responsibility. The therapist made plenty of space to help both Mike and Joanne identify and express their feelings of surprise and disappointment. The therapist normalized for both Joanne and Mike that stepparents are indeed "outsiders" to the pre-existing parent-child relationship and parents are "insiders." This softened some of Joanne's distress and it provided Mike with insight into Joanne's unique challenges. The therapist then helped Joanne to express some of her experience of being a left out "outsider" to Mike and Mary's pre-existing relationship. Helping Mike to fully empathize with Joanne's sense of feeling left out, instead of defending or explaining, visibly increased her sense of ease and security. Likewise, the therapist helped Mike to express how torn he often felt when Joanne felt left out, and Joanne was helped to empathize. Strengthening the empathic connection between Mike and Joanne helped to lower the couple's distress, freeing Mike to turn more fully toward Mary. The therapist also focused on Mike and Joanne's attachment experiences, using this exploration to help highlight Mary's need for strengthened attachment bonds with her father. This enabled Joanne to process some of her insecurities and feelings about her outsider position as a stepparent.

Task 4: Repairing Attachment

To reinforce a more secure father-daughter relationship, the therapist created opportunities (via enactments) for Mary to share her emotional experience surrounding the divorce and remarriage while Mike comforted her. Although hesitant to share her feelings at first, Mary gradually began to see her father as someone who would be there for her and accept her regardless of her words or actions. Mike reported that hearing Mary's true feelings about the divorce and remarriage was "heartbreaking" and, while initially feeling some hesitancy about comforting her, began to be more confident in his own abilities to express himself and be present for his daughter. He expressed a combination of disbelief and shame as he considered the likelihood that he had caused his daughter pain. However, the therapist provided reframes throughout these interactions to highlight that Mike did not cause the pain; the situation did. Mary's behavior was simply evidence of the turmoil in her life. Mike and Mary reported that seeing their problems in this new light allowed them to see each other as people who were suffering differently but together in a new life situation, reinforcing a more secure father-daughterattachment.

The therapist shared with Mary that Joanne had been encouraged to step back from any disciplinary role and focus on developing a friendship with Mary. Leaving disciplining and primary decision-making to Mike left space for Joanne and Mary to get to know each other slowly. The family came to understand that Mary and Joanne's relationship might be very unlike a biological parent-child relationship but be satisfying and maybe even fun for both of them. Joanne was able to release her self-imposed expectations of what an ideal stepmother should be. Without the pressure of their self-imposed timeline for how their family should look, all three of them were able to relax and create a more comfortable and safer environment, permitting better relationships to develop.

Task 5: Promoting Autonomy

In the last few months of therapy the family was able to establish several clearly-articulated "non-negotiable" expectations such as Mary joining them for dinner and completing all school assignments, and asking for help when she needed it. Toward the end of therapy, with her new focus on being Mary's friend first, Joanne began to form a kind of mentoring relationship with Mary. This relationship took on a shape and color of its own, separate from Mary's relationships with her father and mother. Mary was able to take more responsibility in other areas of her life, such as when and where she completed her homework, allowing for a stronger sense of autonomy. Over time, Mike and Joanne were able to help Mary resolve concerns and express emotions with minimal help from the therapist, indicating that treatment was nearing completion.

Conclusion

Based on our review of studies, there is a lower representation of racial and ethnic minority families within the stepfamily literature. The authors are mindful of this discrepancy and encourage clinicians to adapt the treatment recommendations presented herein to the cultural context each family brings to the therapy room. Further, researchers are encouraged to extend their research and clinical interventions into minority families (including LGBTQ+families) to help lessen the gap in understanding and provide a greater opportunity for these families to receive effective, research-backed treatment.

The implementation of ABFT in the treatment of stepfamilies can be effective and allow for healing and connection. Further research on the effectiveness of this model with stepfamilies (in the form of clinical trials) will provide valuable insight into how they might be adapted for this population. As therapists work with stepfamilies, a key factor in the treatment must be addressing and improving attachment between parents and their children. In addition, re-framing the realities of stepfamily structure frees struggling adolescents from the "problem" role. It also frees stepparents and stepchildren to begin building a positive new relationship where stronger connections can result if they are given the proper tools.

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Declarations

Research Involving Human Participants and/or Animals No human participants or animal subjects were recruited for this research.

Informed Consent Due to there being no research participants or subjects, there was no need to provide informed consent for this research.

Conflict of Interest There are no conflicting interests, financial or non-financial, involved with this research.

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