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## The Long-Term Biopsychosocial Effects of Children Reared in Blended Families

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Kerene Brown

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Walden University  
2020

Abstract

The Long-Term Biopsychosocial Effects of Children Reared in Blended Families

by

Kerene Brown

MSW, Walden University, 2018

BSW, Georgia State University, 2014

Project Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Social Work

Walden University

November 2020

## Abstract

Family dynamics have experienced an immense transformation in the last 4 decades. Children are less likely to live in a 2-parent household with parents that are both biologically related to them due to various factors. Blended families (especially the children) face many adversities during the initial stages of formation and rarely receive specialized intervention when compared to nuclear families. The purpose of this basic qualitative study was to understand the long-term biopsychosocial effects experienced by young adults who lived in a blended family household. In addition, what services or interventions were offered to newly established blended family systems were also explored in this study. Family systems theory was used as the theoretical framework to assist in understanding that families are interconnected, a change in 1 aspect of the family can impact all members, and families can form healthy bonds when they obtain homeostasis. Purposive and snowball sampling were used to recruit 9 participants who were individually interviewed by phone for about 15–20 minutes using a semistructured interview format. Data were transcribed, coded, and arranged by themes to understand how the experience of living in a blended family impacted these young adults in their present lives. The results from the study indicated that families were not offered professional interventions during the initial formation of their family structure due to various barriers. Furthermore, young adults are guarded about intimate relationships and prefer not to have children or are choosing to have children later in life. The results imply a need for specialized interventions to meet the needs of blended families at all systemic levels.

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## Section 1: Foundation of the Study and Literature Review

### **Introduction**

Households with first-time marriages have declined significantly over the past 4 decades, resulting in divorce, remarriages, or cohabitation (Papernow, 2018a). According to the Pew Research Center (2015), 1 in 6 kids residing in the United States live in a blended family (BF) household. Children and other members living in BF households undergo massive changes and adjustments issues (Manning, 2015). Children in BFs are at greater risk of being neglected, mistreated, and having behavioral/mental health issues that can continue throughout adulthood (Manning, 2015).

Additionally, BFs rarely receive community support and interventions targeted towards this family dynamic (Sugimoto & Yokoyama, 2017; Zeleznikow & Zeleznikow, 2015). This results in a need for clinicians specifically educated on the complexities of BFs. I conducted this study to understand the experiences of young adults (i.e., those between the ages of 18–25 years old) who lived in BF households and identify what interventions were made available for this family system.

### **Problem Statement**

The social work problem of concern was that researchers have demonstrated that BF households or stepfamilies create a stressful environment for children (Manning, 2015; Turunen, 2014), often resulting in lower academic outcomes, behavioral problems, depression, anxiety, and isolation (Stanton, 2018). Family structure and dynamics have experienced a significant shift in the past 4 decades (Papernow, 2018a). Children are less likely to live in a household consisting of their biological parents due to an increased in

divorce rates, premarital childbearing, remarriages, and cohabitation (Hadfield, Ungar & Nixon, 2018; Hoenayi & Salifu Yendork, 2018; Pew Research Center, 2015). According to the Pew Research Center (2015), in the United States, 1 in 6 children live in a family setting with a parent not biologically related to them. Throughout this study, the terms BFs and stepfamilies (SFs) assume homogenous meanings (i.e., children living with parents/siblings who are not biologically related to them). Nuclear families (NFs) are those in which both parents are biologically related to the children in the household. The terms *NFs* and *traditional families* are used interchangeably in this study, both indicating the same family structure. In BF households, children are frequently faced with balancing loyalty binds, rapid changes, and an overabundance of losses (Papernow, 2014).

According to a nationally representative survey of children 4–17 years old in Australia, a mental disorder was present in 10.4% of traditional families compared to 20.2% in BFs (Perales et al., 2017). Furthermore, the potential for abuse and neglect are higher in BFs (Hoenayi & Salifu Yendork, 2018). According to the 2011/2012 National Survey of Children's Health, 8.7% of children living in two-parent, SF households had unmet healthcare needs compared to 5.3% of children living with biological or adoptive parents (Irvin, Fahim, Alshehri & Kitsantas, 2018). Without resolution, a dysfunctional family system can result in abuse, neglect, lack of support, and maladaptive coping behaviors in children (Hoenayi & Salifu Yendork, 2018). For example, Pasqualini, Lanari, and Pieroni (2018) found that boys who were exposed to a stepparent in early childhood are more susceptible to early alcohol consumption.

Studies have shown that SFs do not receive the same level of community support and counseling interventions (when compared to nuclear families) to assist with the family's transition to a new family system (Sugimoto & Yokoyama, 2017). Additionally, Zeleznikow and Zeleznikow (2015) cited a research study reporting that nearly half of all the participants in SFs found therapy unhelpful due to the lack of therapist knowledge and education about SF dynamics. As a social worker assisting BFs or SFs, it is often rare to find specialized interventions to support this family type, which warrants further research into this phenomenon (Dacre, 2017; Papernow, 2018a; Zeleznikow & Zeleznikow, 2015).

### **Purpose Statement and Research Questions**

Through this basic qualitative study, I wanted to understand the experiences of young adults (now 18–25 years old) nurtured in BF households, explore if they were provided or offered support or interventions to help the family succeed in the new family structure, and whether there were long-term biopsychosocial effects that impacted their lives due to these experiences. BFs are the fastest growing family structure in the United States (Jensen, Lippold, Mills-Koonce, & Fosco, 2018), and because of their widespread prominence, it is important that social workers and mental health professionals understand the influence this family dynamic has on children and parents alike. Additionally, SFs face a variety of issues that NFs do not, such as trust and boundary issues and relationship conflicts amongst members (Jensen et al., 2018).

The following research questions guided this study:

RQ1: What are the long-term biopsychosocial experiences of children reared in BF households who are now between the ages of 18-25 years old?

RQ2: Were there any services and/or interventions made available to newly formed BFs?

RQ3: What are the perceived barriers inhibiting the BFs from receiving professional interventions from social workers or mental health professionals?

### **Nature of the Study**

To understand the lived experiences of young adults reared in BF or SF households, I employed a basic qualitative approach in this study. Qualitative research is investigative and is used to gain insight into “complex social phenomenon through observation, description and thematic analysis” (Babbie, 2017, p. 67). The data gathered from the participants in this study provided vivid responses about how they ascribe meaning to the idiosyncrasies of living with a step or nonbiological parent (see Ravitch & Carl, 2016).

To capture the experiences and perceptions of the participants, I conducted individual phone interviews and asked semistructured questions. In semistructured interviews, questions are preformulated by the researcher to discuss a specific phenomenon or topic (Ravitch & Carl, 2016). Additionally, Interviews encourage participants to provide in-depth and detailed recollections of their lived experiences as it relates to the research topic or questions (Ravitch & Carl, 2016). The interviews were recorded, transcribed, and investigated to determine common themes and/or categories.

Participants may share a combination of similar or diverging views of their experiences as children reared in BF households. For instance, some participants lived fulltime with a biological mother and a stepfather, and others lived with a father and stepmother. Varying family structure, relationship between parents, socioeconomic status, and individual's gender (and stepparent's gender) are all variables that influence the perceptions of individuals' experiences (Jensen et al., 2018; Pasqualini et al., 2018). I developed the interview questions to gather demographic information and participants' perceptions of their family dynamics, relationship interactions, and types of decisions made during their developmental years (i.e., substance abuse, academic achievement, and partner selection to name a few).

### **Significance**

The findings of this study highlight and provide insightful information into the various nuances and distinctive experiences held by children (who are now young adults) who lived in a BF household. For years, folklore and society have insinuated that living with nonbiological parents results in a life of abuse, misery and neglect (i.e. the stories of Snow White and Cinderella; Blyaert, Van Parys, De Mol, & Buysse, 2016; Coyne, 2015; Hoenayi & Salifu Yendork, 2018). Stepparents, especially stepmothers, have been perceived as evil and wicked, depriving children of much needed care and nurturing that they provide to their biological children (Hoenayi & Salifu Yendork, 2018). Additionally, biological fathers are portrayed as neglectful and enabling of stepmothers to perpetrate these insidious acts on their children (Hoenayi & Salifu Yendork, 2018). Other studies have debunked these arguments inferring that stepparents do not have a negative impact

on the lives of nonbiological children and are considered to be a supportive in nature (Coleman, Ganong, Russell, & Fyre, 2015).

This study is relevant because family dynamics have changed drastically over the past 40 years and have been growing increasingly important for children. Research has shown that only 62% of children currently live in a NF (Hadfield et al., 2018), while 15% of children are living in two-parent households where at least one parent has been married previously (Pew Research Center, 2015). This new family structure is accompanied by complex expectations, responsibilities, and the need for acquiring new attachment styles and familial norms, which Miran-Khan (2017) and Wood (2015) postulated that most family therapist/clinicians overlook.

Many counseling professionals are uneducated about the SF structure and utilize preexisting interventions that are based on the structure of a NF, which are deemed ineffective and problematic (Miran-Khan, 2017; Wood, 2015). By highlighting the gaps in clinical services targeted to SFs, clinician and social workers may be more inclined to researching interventions or techniques tailored to meet the multifaceted needs of SF households.

### **Policy Implications**

Gold (2019) cited that SFs are revolutionizing the concept of family dynamics, soon exceeding the number of intact or nuclear families. Due to this demanding and growing demographic, public and private agencies should require that all clinicians, therapists, and social workers receive specific training or continuing education on providing evidence-based treatment modalities and information of distinctive attributes of



BFs. This policy will not only assist professionals but the children and families involved in this family system to embrace differences, establish values, and identify strengths that will be encountered by all parties (Gold, 2019; Grant & Ray, 2019).

### **Practice Implications**

At some time in their professional careers, social workers and allied disciplines will work with a BF or SF (Gold, 2019). From the information gained in this study, there may be more opportunities for social workers to pursue additional education or research the complexities of this family system and obtain evidence-based interventions to help BFs work through their issues. Gold (2018) noted that although social worker and associated disciplines are aware of the ubiquity of SFs in society, it is often difficult to find a provider who specializes in providing treatment to this family structure.

### **Research Implications**

This research will be beneficial to social workers and mental health professionals providing services to BFs. The findings provide insight into the gaps in appropriate interventions that should be tailored to meet the needs and complexities faced by members of BFs.

### **Social Change**

The social change implications of this study are an increased awareness into the difficulties and challenges experienced by members of BFs (especially children raised in this setting) for social workers, allied professionals, and broader society. This may lead to social workers and mental health professionals seeking to increase their competence and

implement evidence-based interventions to assist members of a BF unit transition into its own entity as opposed to modeling that of the nuclear or first-time family norms.

### **Theoretical Framework**

To understand the experiences of young adults nurtured in an environment with a SF or in BF homes as well as identify if support was offered to the family, I used family systems theory as the theoretical framework. The family systems theory includes the assertion that the family is a system and within it there are subsystems including the stepparent-stepchild dyad and other variants (Jensen, Shafer, & Larson, 2018). The family is interconnected and has clearly outlined rules, boundaries, resources, and roles that impacts everyone (Jensen & Shafer, 2013).

In the family systems theory, it is suggested that families form healthy bonds when they have achieved homeostasis or are in a steady state (Jensen & Shafer, 2013). Consequently, SF formation is a time of prompt changes (i.e., dissolution of marriages, relocation, and forming new relationships) and adjustments that can result in resistance, anxiety, and/or depression of children especially (Jensen & Shafer, 2013; King, Boyd, & Thorsen, 2015). In family systems theory, it is postulated that SFs can overcome barriers to healthy relationships by stabilizing the changes through incorporation of coping mechanisms and flexibility (Jensen & Shafer, 2013). Using this theory helped me to

understand the nuances that occur in SF dynamics that influence family cohesion through the perspective of young adults raised in these homes.

### **Social Work Values and Ethics**

The core of social work practice is to provide advocacy for vulnerable and oppressed populations, ensure that people receive the essentials to meet their basic needs, promote healthy relationships, and make certain that the individual (social worker or clinician) is practicing within his or her scope (NASW, 2017). This study directly aligns with the National Association of Social Workers Code of Ethics due to several reasons that correspond with its values and principles. The goal of this study was to address the lack of and accessibility to evidence-based interventions in the field of social work/mental health designed for SFs. Many SFs and BFs struggle to find providers that are appropriately educated on what it means to be a part of a BF unit (Dacre, 2017, Miran-Khan, 2017, Papernow, 2018, Wood 2015 and Zeleznikow and Zeleznikow, 2015). Additionally, this study may provide awareness and insight into the scarce and deficient treatment modalities offered to BFs. Eliciting the attention of social work and mental health professionals and society at large to incite social change on all systematic levels (i.e., micro, mezzo, and macro; see Yob, 2018).

### **Review of Professional and Academic Literature**

#### **Process and Steps Outlined**

I primarily completed the search for professional and academic literature related to the topic of study through the Google Scholar search engine and the following Walden University Library databases: Thoreau Multidatabase, SocINDEX, PsycINFO, CINAHL

Plus, Academic Search Complete, SAGE Journals, and EBSCO. The literature reviewed were published in peer-reviewed, academic journals with full-text articles between the years of 2014 and 2020, with an emphasis on articles published in the last 5 years. The key terms searched included the following: *prevalence of blended or stepfamily households, therapy and stepfamilies, working with stepfamilies, blended family's challenges, and effects of children living in stepfamilies.*

### **Prevalence of Blended or Stepfamily Households**

Currently, the most dominant family structure in the United States and Australia are SFs or BFs (Manton, 2014). Over the past 40 years, the trajectory of family dynamics have shifted due to increased divorce rates, remarriages, and premarital affairs or sexual relations (Papernow, 2014; Pew Research Center, 2015). The divorce rate in the United States has risen 600% over the last 4 decades (DeLongis & Zwicker, 2017). Presently, in the United States, over 40%–50% of first-time marriages and 60% of second marriages end in divorce (Clyde, Wikle, Hawkins, & James, 2020).

Thomas (2019) cited that 12% of children in the United States live in a BF with siblings to whom they are not biologically related to. Research has suggested that there is no indication that this number will wane anytime soon (Clyde et al., 2020). Forty-two percent of adults in the United States report a close affiliation with a person related by marriage or cohabitation (Bean, Ledermann, Higginbotham, & Galliher 2019; Mikucki-Enyart & Heisdorf, 2020). Further examination of this data revealed that 52% of adults under 30 years old reported being involved in a SF dynamic, while 21% of adults 30–49

years old and 10% of adults 50 years old and up reported the same (Bean et al., 2019; Zelenikow & Zelenikow, 2015).

SFs or BFJs are constructed through legal and nonlegal means and demonstrates that the prevalence of this family structure is underreported (Browning & van Eeden-Moorefield, 2019). For instance, Guzzo (2017), using the 1990 and 2000 censuses, cited that in 1990, only 5% of married couples reported a stepchild in their home, and in 2000, only 4.9% couples reported this information. Cohabiting or unmarried couples reporting stepchildren in the household were 2.9% in 1990 and 4.8% in 2000 (Guzzo, 2017). National surveys and sources rarely include nonresident children living with single parents in SF reports, and this demonstrates the impreciseness in statistics and reports related to SF dynamics.

van Eeden and Malloy (2015) reported approximately 60% of couples living together in metropolitan areas are unmarried, while the national average is less than 40%. A large percentage of these unions involve biological and nonbiological children. In the United States, about 41% of children are born to unmarried couples (Goldberg & Carlson, 2015). Additionally, two thirds of these couples will live apart and start new relationships before their child turns 5 years old (Goldberg & Carlson, 2015). Finally, because of changes in societal norms, increased divorce rates, rapid remarriages, cohabitation, and premarital child births, a “majority of remarriages are stepfamilies, but the majority of women’s stepfamilies are not remarriages due to union formation among never-married parents” (Guzzo, 2017, p. 1).

### **Therapy and Stepfamilies/Working with Stepfamilies**

Studies have demonstrated that SFs and BF's are highly susceptible to a considerable number of stressors and challenges when compared to traditional families or NFs (DeLongis & Zwicker, 2017; Manning, 2015; Stanton, 2018; Stephenson & DeLongis, 2019; Turunen, 2014). Fifty percent of SFs or BF's with children experience divorce or separation in the United States and Western society (Lebow, 2018; Stephenson & DeLongis, 2019). For many years, SFs were considered a version of traditional families, which created a façade that was eventually detrimental for all members (Dacre, 2017 & Miran-Khan, 2017). This unique family structure and clinical population warrants specialized interventions to assist members into successfully taking on and embracing their new roles (Browning & van Eeden-Moorefield, 2019).

SFs are a result of loss due to myriad reasons (i.e., death and divorce) and require the involvement of multiple persons (i.e., nonresident parent, nonresident child, stepparents, and siblings; Browning & van Eeden-Moorefield, 2019). There are stark differences between a first-time marriage and SFs, and traditional family therapy interventions are not equipped to support this family type (Browning & van Eeden-Moorefield, 2019). While traditional family therapy focuses on the inclusion of all family members, clinicians will need to take a different approach for SFs due to the propensity for more complex emotional needs. Practitioners and stepfamilies underrate how instrumental of a role attachment has in working with this family structure (Browning & van Eeden-Moorefield 2019; Miran-Khan, 2017).

**Structural family therapy/subsystems.** In order to work effectively with SFs, researchers suggest that practitioners approach therapy using subsystems (i.e., parent/child, stepcouple, sibling/stepsibling, and ex-spouse or nonresident parent) (Browning, 2017, Papernow, 2015, 2018). Family systems theory emphasizes that a family is a system that is separated into numerous relationships and each member performs a specific role within the larger system (Issitt, 2019; Kwok, Cheng, Chow, & Ling, 2015). Subsystems are interdependent and issues with one subsystem or relationship will transfer to others (Kwok et al., 2015). For relationships in families to become functional and healthy, members should be aware of each other's roles and ensure clearly defined boundaries (Issitt, 2019).

According to Minuchin, in structural family therapy the first system to be recognized in the BF or SF structure is the couple or spousal relationship (Miran-Khan, 2017). Once a couple establishes exclusivity and commitment to each other (and there are children involved), their relationship is deemed as a separate entity, which is considered a marital or spousal subsystem (Miran-Khan, 2017). Studies have demonstrated that marital satisfaction gravely impacts the quality of relationships children have with their parents (Kwok et al., 2015; Liu & Wu, 2018; Young, Riggs, & Kaminski, 2017). In addition to the marital or spousal subsystem, the coparenting subsystem, which is the ability to parent a child together, works in tandem and influences overall development of children and adolescents (Young et al., 2017).

**Coparenting.** For stepfamilies, coparenting can be difficult and challenging with ex-partners and couples who have a tenuous relationship with each other and are unable

to compartmentalize their differences against the needs of the child or children (Young et al., 2017). Researchers have identified that second marriages or BFs are held at a higher standard than traditional families or NFs (Cann-Milland & Round, 2019; Jensen, Shafer, & Holmes, 2015).

The coparenting relationship requires that adults support each other (as parents) in addition to coordinating care and supporting the interest of the child (Repond, Darwiche, Ghaziri, & Antonietti, 2019). Prior to stepparents coparenting with the child's biological parent, a secure attachment needs to be established for the child to embrace or accept the new addition to their parenting team (Miran-Khan, 2017). Stepparents are sometimes considered outsiders, and it is recommended that the child guides the development of the relationship; stepparents should begin as a friend, uncle, or mentor instead of a parental figure (Gates, 2018; Ladier et al., 2017; Miran-Khan, 2017, Wood, 2015). The success of stepparents and children solely depends on the support and cohesion promoted by the biological parents because stepparents do not have legal rights to children (Cann-Milland & Round, 2019).

**Stepparent and stepchild dyad.** The relationship between a stepparent and stepchild are very important to the overall well-being of the stepchild and SF system overall (Jensen & Howard, 2015). Children are directly impacted by the dynamics of the stepparent and biological parent relationships, whether inherently or purposively (Jensen & Howard, 2015). Research has shown that children have a higher relationship quality with their stepparent and biological parent when they can openly communicate and express their voices about their stepparent to the biological parent without resistance or



reproach (Jensen & Howard, 2015). Lower relationship quality between the stepparent and stepchild include verbal and physical insensitivity, low cohesion, and unhealthy boundaries (Jensen & Howard, 2015).

**Sibling dyad.** According to Ruff, Durtschi, and Day (2018), the sibling dyad is a child's introduction to social interaction. The sibling relationship contributes to various forms of development (i.e., cognitive, social, and affective; Ruff et al., 2018). Siblings are a microsystem that influences and plays a significant role in an individual's life, according to social ecological theory (Wright & Benigno, 2019). Additionally, the sibling dynamic is impacted by and influences the family system in whole and part (Wright & Benigno, 2019). As children and adolescents, siblings may experience conflict or rivalry; however, during adulthood, most sibling relationships are characterized by warmth and closeness regardless of geographical distance (Orsmond & Fulford, 2018).

**Parent-child dyad.** The parent-child subsystem is based on a continuum throughout the child's development years (Gao & Cummings, 2019). Younger children have a propensity to be enamored by their parents, viewing them as a symbol of authority and all knowing (Gao & Cummings, 2019). The closeness of older children and adolescents in relation to their parents decreases due to having a broader support system and the influence of their peers (Gao & Cummings, 2019). Parents assign greater responsibilities to older children; however, adolescents may not have the cognitive or emotional acuity to assume their new roles (Gao & Cummings, 2019). Adolescents may start challenging parents and becoming overtly or covertly defiant, which results in

undesirable or negative interactions in the parent-child dynamic (Gao & Cummings, 2019).

As mentioned above, the most widely used treatment modality or theory used for families and SFs is systemic theory, which views the family as a whole unit with various parts or structures (Browning & van Eeden-Moorefield, 2019; Wood, 2015). The problems are entrenched in the family structure because families often try to place blame on one person or system, such as the stepparents, a nonresidential parent, child, or stepchild (Wood, 2015). In addition to subsystems, in systemic theory triangulation is identified as a salient component that impacts the family structure (Wood, 2015). Triangulation is seen in families where conflict is pervasive amongst family members, especially parents (Daniels, 2018). Covert triangulation is a passive-aggressive approach in which two individuals do not openly discuss the problem they are experiencing with each other and may use others (often children) to relay messages (Daniels, 2018). Overt triangulation involves parents or family members candidly voicing their disdain and asking other members to take sides (Daniels, 2018).

**Stepfamily therapy.** Traditional family therapy is not equipped to meet the clinical and multifaceted needs of the SF members who often present with a potential for negativity and violence (Browning & van Eeden-Moorefield, 2019). Browning and Artlett (2012) introduced Stepfamily therapy, which integrates elements of structural family therapy developed by Minuchin (1974) as well as Bowen family systems therapy and strategic family therapy (Browning & van Eeden-Moorefield, 2019). Stepfamily therapy operates under the auspices or guidelines of strategic family therapy in which the

therapist demonstrates to each family member the behavioral transactions that hinders the successful progression of relationships and exacerbates the family's problems (Browning & van Eeden-Moorefield, 2019; Papernow, 2018b). The purpose of this approach is to assist clients in gaining insight into their own maladaptive ways of communicating, which often leads to behavioral changes (Browning & van Eeden-Moorefield, 2019; Miran-Khan, 2017; Papernow, 2018b).

Children especially experience a range of emotions and reactions to the marriage or relationship dissolution of their natural parents and induction into a new family (Metts, Schrodt, & Braithwaite, 2017; Schrodt, 2016). These feelings often include fear, confusion, resentment, anger, and sadness and incite anxiety or anxiousness, which is often difficult for children to navigate (Browning & van Eeden-Moorefield, 2019; Schrodt, 2016).

For parents and stepparents, the emotions embroiled in the SF dynamic are twofold. The biological parents of the child or nonresident parent may encounter feelings of overprotectiveness, jealousy, and bitterness towards the resident parent and stepparent (DeGreeff & Platt, 2016; Metts et al. 2017). Parents and children both require the establishment of trust before the relationship with the outsider (i.e., stepparent) can progress further. Natural parents may view stepparents as a threat to their authority and receiving love and affection from their children (DeGreeff & Platt, 2016).

The role of stepparents are difficult and complex, the expectations of their roles are ambiguous or overwhelming (Riness & Sailor, 2015). For example, stepparents are expected to discipline, and provide support/resources to nonbiological children (DeGreeff

& Platt, 2016; Papernow, 2018b; Riness & Sailor, 2015). However, prior to becoming a disciplinarian it is recommended that stepparents befriend the child and establish a positive rapport (Gates, 2018; Ladier et al., 2017; Miran-Khan, 2017). In their study, Blyaert et al. (2016) identified the experiences of eight stepfathers using a semistructured interview format. Themes uncovered that stepfathers considered themselves as a parental figure, friend but never the father of their stepchildren (Blyaert et al., 2016).

**Narrative therapy.** In narrative therapy, the clinician elicits the viewpoints of each family member or individual surrounding the same event and rationalize the relevance of each person's perspective to the incident (Gold, 2015; Wood, 2015). Narrative therapy asserts that each family member becomes stuck and preoccupied with their own opinions and reaction that they fail to communicate and this resorts to conflict and a breakdown in communication (Gold, 2015). It is through the exploration of each family member's perspective and reconceptualizing the family's issues that centralized solutions can be established to further the family's success and advancement (Gold, 2015). Additionally, the narrative therapy approach underscores the notion that stepfamilies lack adequate support and are influenced by cultural norms (Gold, 2015; Madigan, 2019). Gold (2015) proposes that using this developmental theory intervention helps to place familial experiences in context.

**Solution-focused brief therapy.** Solution-Focused Brief Therapy (SFBT) was originally introduced by practitioners of the Brief Family Therapy Center in 1978 (Choi, 2020). SFBT has its roots in structural and systemic theories to guide dialog and questioning in therapy and emphasizes the interconnectedness of relationships in the

world (Choi, 2020; Franklin *et al.*, 2018). This intervention was intended for families and has been highly recommended and used in psychotherapy for individual clients (Kim, Jordan, Franklin, & Froerer, 2019; Schmit, Schmit, & Lenz, 2016).

Questions such as the miracle, scaling and relationship are used to outline the client's positionality in the family's dynamic (Choi, 2020). SFBT posits that change is destined to occur in the family, in addition to, small changes in each subsystem that affects the whole family unit (Choi, 2020). Wood (2015) cited that a solution-focused approach for stepfamilies used by Ramisch et al. (2009) in which the use of a an altered miracle question and the imagery of a movie set are used to help co-parents (in joint sessions) identify the common goal they have for their children.

**Psychoeducation.** Papernow (2018b) and Wood (2015) affirmed that psychoeducation and provide insight to both stepfamilies and normalize their experiences. Psychoeducation outlines what works and what does not work in this family unit (Papernow, 2018b). Highly conflictual SFs may be a contraindication in psychoeducation due to the challenge of maintaining cohesion in this family dynamic (Wood, 2015). Additionally, in SFs grief is a prevailing emotion that must be addressed amongst family members, Papernow (2018b) encourage constant awareness and resolving of pressing issues (i.e., resentment, bitterness, and loyalty binds) before progressing to the next stage. Psychoeducation aids in deconstructing preexisting assumptions that family members and therapist alike support and offers validation to stepfamilies (Papernow, 2018b; Wood, 2015).

Papernow (2018b) suggest the following when providing psychoeducation to stepfamilies:

“Normalize the insider/outsider challenge, support one-to-one time in subsystems, ease children’s loyalty binds, help late-life recouplers to expect loyalty binds and losses among extended family members, normalize parenting polarities, share what we know about parenting in stepfamilies, change the metaphor (families should not strain to “blend” but get to know each other), and education that becoming a stepfamily is a process, not an event” (p. 60).

**Gestalt perspective/field Theory.** “The Gestalt field perspective is seminal to the stepfamily process” (Manton, 2014, p. 26). The SF dynamic is perceived as a process that takes form overtime and uses a field perspective which emphasizes that people are connected by a field of relationships (Manton, 2014). The Gestalt perspective also includes a developmental model which postulates that the stepfamily functions on a continuum and is nonlinear in nature (Manton, 2014). SF can vacillate between stages which can be triggered by significant family events (Manton, 2014). There are seven stages in the developmental process of a SF, these include fantasy, immersion, and awareness (the early stages), mobilization and action (the middle stages) and contact and resolution (the final stages) (Manton, 2014).

A Gestalt therapist working with SFs will focus on awareness, use a phenomenological approach where all members interactions are presented and viewed in the “here and now” (Manton, 2014). The Gestalt clinician is also expected to be sensitive

to cultural norms, each SFs situation and encourage development and implementation of boundaries amongst stepfamily members (Manton, 2014).

### **Blended Family Challenges**

SFs or BFs experience an overabundance of conflicts, challenges, and difficulties, that are internal and external to the family unit. At the beginning of SF formation, both the children and stepparent are expected to accept and show respect for each other immediately, however, this is a common misconception for SFs (Phillips, 2019). Stanton (2019) emphasize that stress models discuss challenges that stepfamilies encounter such as “moving into a different home, adjusting and learning new rules and procedures, in addition to adapting to new family members”. As suggested above the stepfamily process should not develop prematurely (Choi, 2020; Papernow, 2018b; Phillips, 2019).

Stepfamilies are often compared to nuclear families and greater pressure and emphasis are attributed to this family dynamic (DeGreeff & Platt, 2016; Papernow, 2018b; Riness & Sailor, 2015; Wood, 2015).

The Director of the Institute for Stepfamily Education Papernow outline five major challenges that stepfamilies face in the 2018 *Family Process* article “Clinical Guidelines for Working With Stepfamilies: What Family, Couple, Individual, and Child Therapists Need to Know”:

- Insider/outsider positions
- Children struggling with losses, loyalty binds and change
- Parenting issues and discipline

- Building a new family culture while navigating previously established family cultures
  - Dealing with ex-spouses and other parents outside the household
- (cited in Phillips, 2019).

**Insider/outsider positions.** Intimacy and emotional connections may shift from time to time between parents and children in nuclear families (Papernow, 2018a). However, in SF it is the parent-child relationship that has an established connection and stepparents, or stepchildren are placed in the default outsider position and often become stuck (Gates, 2019; Papernow, 2018a). Overtime, this structure may change in the family, nevertheless can resurface during times that evoke emotions and feelings such as weddings, graduations or even childbirth (Papernow, 2018a). Several cultural norms can exacerbate this challenge in stepfamilies such as same-sex marriages and eastern cultures where the nuclear family remains the dominant family unit (Papernow, 2018a; Gold, 2017).

**Children struggling with losses, loyalty binds and change.** After the dissolution of first-time marriages/relationships, parents eventually recouple, and the family structure expands and becomes more complex (Browning & van Eeden-Moorefield, 2019). Children are now required to interact with individuals whom they share no biological, emotional, or historical connect and often feel guilty when they do (Papernow, 2018b). Jensen et al. (2018) posit that children generally do well in stepfamilies, while more stepparents susceptible to problems assimilating into the new family structure. There are a few common stressors that impact children in SFs' overall



functioning and behaviors such as “loss of contact with one parent, declines in parental support, loss of emotional support, conflict between ex-spouses.” in addition to interparental conflict (Jensen et al., 2018, p. 478). Age and gender play a major role in how easily or quickly children accept this new family dynamic. For instance, studies have shown children under nine are more accepting of a new stepparent and adolescent girls have the most difficult time adjusting (Papernow, 2018a; Goa & Cummings, 2019).

**Parenting issues and discipline.** Stepparents face major challenges with directing and disciplining their stepchildren due to various nuances. The first and most overarching is navigating and trying to establish a relationship with nonresident biological parents (Gates, 2018; Milland & Round, 2019; Papernow, 2018a). Studies have also shown that many stepparents receive little support, and this often results in adverse effects for the stepparent, child and biological parent relationships (Bean et al., 2020; Blyaert et al., 2016; DeGreeff & Platt, 2016; DeLongis & Zwicker, 2017; Gao & Cummings, 2019; Gates, 2018).

According to Gates (2018) stepmothers often perceive themselves as powerless when compared to the child’s biological mother. Additionally, stepmother’s roles lack structure and certainty, and she is often villainized because of her position compared to the biological mother (Avdi, 2015). According to Jensen and Pace (2016) stepfathers are less likely to assume a disciplinary role and stepchildren report higher quality relationships with their stepfathers when stepfathers “offer practical support (i.e., helping with homework and other tasks) and participate in family activities” (p. 660).

**Building a new family culture while navigating previously established family cultures.** Society on a whole and members of SFs have a propensity to compare the experiences and roles of that of a nuclear family household versus a stepfamily household (Papernow, 2018a). However, it is recommended that stepfamilies build or construct their own family norms and rituals (Phillips, 2019; Papernow, 2018a, 2018b; Jensen & Pace, 2016). According to Jayna Haney a Licensed Professional Counselor who is in private practice , couples should work on developing and structuring their relationship before integration of the children into the family dynamic as cited by (Phillips, 2019). For instance, instead of their being a strong of where kids spend holidays, both sets of parents should consider having a celebration of their own (Papernow, 2018a).

**Dealing with ex-spouses and other parents outside the household.** The establishment of a new stepfamily structure presents with histories and present relationships that are either directly or indirectly impacted by the new family form (Gates, 2018; Cann-Milland & Round, 2019; Wood, 2015; Papernow, 2018a, 2018b; Phillips, 2019; Stanton, 2019). For in example, new partners may have children with former spouses that they often must interact with. Additionally, extended family members such as brothers, sisters or parents of stepparents are now involved in the raising or rearing of stepchildren (Browning & van Eeden-Moorefield, 2019).

Ex-partners or nonresidential parents may feel a sense of resentment or jealousy towards the stepparent-stepchild relationship and try to create a rift, resulting in conflict between both biological parents (Browning & van Eeden-Moorefield, 2019).

Additionally, children may be pressured into feeling guilty (by parents) when establishing

their own attachment with stepparents. Stepmothers in a study by Gates (2018) reported feeling as if they were in a triangle with both biological parents resulting in immense communication, boundaries, avoidance, and anger struggles (Gates, 2018, p. 258).

### **Effects of Children Living in Stepfamilies**

Children living in SFs (when compared to children living in first-time marriage or nuclear family households) experience lower academic achievements (Stanton, 2019). Santin and Sicilia (2016) compared academic outcomes of 4-year primary and 2-year secondary students in Spain, living in nuclear and non-nuclear households (e.g., living with adoptive parents or with one nonbiological parent). The testing used logistical regression and a Propensity Scoring Matching method on mathematics scores and grade retention of students (Santin & Sicilia, 2016). The results demonstrated there was a higher rate of retention based on family structure (nonnuclear families) for both grade levels and no significant difference in mathematics scores (Santin and Sicilia, 2016).

Stanton (2019) cite that stepparent/parent style models implies that biological and stepparents invest less time and energy for children in SFs due to prioritizing their new relationship and biological children's needs. In relation to mental and emotional health, Jensen, Shafer, and Holmes (2016) and Perales et al. (2017) posit that divorce and stepfamily formation are significant indicators of mental health pathology in children and young adults living or having experienced a stepfamily dynamic. Studies have also shown that family structure is a predictor of economic stability and food insecurity (Metts, Schrod, Braithwaite, 2017; Balistreri, 2018). The literature is divided on this topic as many studies have been accused of not adequately controlling for variables that

intersect with family structure (i.e., socioeconomic status, culture, educational level etc.; Manning, 2015; Miller, Nepomnyaschy, Ibarra & Garasky, 2014).

Ribar (2015) contend that children living with married biological parents are at less risks of instability and are less exposed to complex living arrangements. For instance, a child who has been reared in a household with his/her biological parents, presumably grew up in a stable environment (Ribar, 2015). Children in two-parent household (with biological parents) are at a greater propensity of having more resources allocated to them. This includes time, health insurance, family support, and access to health insurance (Irvin et al., 2018; Ziol & Dunifon, 2014). Children in stepfamilies are privy to many precursors associated with divorce such as loss of contact with one parent, ambiguity and anxiety about the new family structure which contributes to significant mental health issues and adjustment problems (Jensen et al., 2018). In a longitudinal study of 191 children living in SFs households, Jensen et al. (2018) examined the association between the relationship quality of three stepfamily dyads (stepparent-child, parent-child and stepcouple) and children's internalizing and externalizing problems concurrently and over time. The results indicate that the stepcouple dynamic has no significant effect on child adjustment, "the parent-child dyad had higher levels of parent-child affective quality and are associated with lower levels of children's concurrent internalizing and externalizing problems" (Jensen et al., 2018, p. 486). "Higher levels of stepparent-child affective quality are associated with decreases in children's internalizing and externalizing problems at Wave 2 (6 months beyond baseline), even after controlling

for children's internalizing and externalizing problems at Wave 1 and other covariates" (Jensen et al., 2018, p. 477).

In review of the literature, children reared in BFs have a predisposition to loss (i.e., loss of a parental figure through death or divorce, and financial resources), instability as it relates to their living situations and emotions/behaviors. These experiences may directly impact the decisions surrounding relationship commitment and stability for young adults (Johnston, Cavanagh & Crosnoe, 2020). According to Johnston et al. (2020), young adults who experienced frequent family structure changes hold a distorted view on romantic relationships and are more prone to delaying marriage. There is a dearth of literature that recognizes the SFs after the unit has been formed, however studies have failed to include the courtship process and the inclusion of children to stave negativity and conflict amongst the new family dynamic (Kellas et al., 2014). Additionally, in my literature search, studies have failed to account for BFs who are cohabitating as opposed to being legally married (Browning, & van Eeden-Moorefield, 2019; Guzzo, 2017; van Eeden & Malloy, 2015).

The literature is replete with information about parents and children dynamics that lived within the household, however, did not provide adequate information regarding non-resident parents and children that are impacted by the formation of a new step or blended family. Finally, the during my research, I found very few articles that addressed the stepfamily dynamics through the lens of the Lesbian Gay Bisexual Transgender Queer (LGBTQ) community, more research needs to be conducted to determine how the

sexual orientation of stepparents and parents intersect with the complexities of BFs or SFs.

Finally, Living in a stepfamily dynamic can also present with positive effects. According to Kellas et al. (2014), stepfamilies who included the children in the courtship process report “closeness, friendship and expected ups and downs” (p. 163). Jensen and Pace (2016) assert that it is essential that biological parents foster a gradual relationship between partners and their stepchildren, instead of immediately trying to imitate the parent-child relationship in a nuclear family. Generally, most SFs are more successful when the relationships are met with understanding, a nonauthoritative role by the stepparent and time to become acquainted (Browning & van Eeden-Moorefield, 2019; Gates, 2018; Kellas et al., 2014; Jensen et al., 2018). SFs and BFs create stressful environments for children and parents alike. There is a general lack of support and interventions specifically tailored to meet the needs of this complex family dynamic. It is important that social workers and mental health practitioners advocate for policies and evidence-based interventions to help families transition and maintain a successful BF unit. In section 2, I will discuss the research design, methodology, data analysis and ethical procedures used in the study.

## Section 2: Research Design and Data Collection

### **Introduction**

BFs or SFs have become the most dominant family structure in the United States, Europe, and most countries in the world (Steinbach, Kuhnt, & Knüll, 2016). Studies have highlighted how this family type impacts children well into their adulthood (Jensen et al., 2018; Johnston et al., 2020; Steinbach et al., 2016). The social work problem addressed in this study was that children living in SF or BF households are at greater risk of stress and instability when compared to children living in NFs or with both biological parents. Steinbach et al. (2016) reported that “child-rearing in these families is commonly associated with less favorable cognitive, behavioral, emotional, and social outcomes” (p. 578).

In this section, I discuss the research design used in the study. I also provide a brief overview of the methodology, consisting of 1-hour, individual, telephone interviews with nine individuals. Additionally, the recruitment process of participants and instrumentation or tools used to collect data are described. In the data analysis subsection, I describe how the interviews were analyzed and the methods used to assist in this procedure. Furthermore, the process and methods used to address the rigor of the study are provided. Lastly, I discuss the ethical considerations implemented in the study to ensure the ethical protection of all participants.

## Research Design

I used a basic qualitative research design for this study. Qualitative research is investigative and exploratory in nature and is used to gain understanding of complex social phenomenon through the lived experiences of individuals (see Burkholder, Cox, & Crawford, 2016). Qualitative researchers gain valuable insight from participants who have had personal experiences with the research topic; the goal of using this methodology is to “understand the ways that people see, view, approach, and experience the world and make meaning of their experiences” (Ravitch & Carl, 2016, p. 5).

In qualitative research, the researcher is the primary instrument in the study (Ravitch & Carl, 2016). The researcher ensures that study occurs in the participant’s natural environment as opposed to control settings (Burkholder et al., 2016). Data are collected through a variety of methods, which include videos, audio, pictures, and observation to name a few (Babbie, 2017; Burkholder et al., 2016; Ravitch & Carl, 2016). Data collected from qualitative studies help to provide meaning and build theories to explain a particular social event or phenomenon (Babbie, 2017; Burkholder et al., 2016; Kahlke, 2014; Ravitch & Carl, 2016). Sandelowski (as cited in Kahlke, 2014) asserted that “qualitative description attempts to minimize inferences made to remain ‘closer’ to the original data” (p. 40).

Participants in this study were young adults between the ages of 18–25 years old who had lived in BF households for a minimum of 5 years. The participant pool was selected from local colleges and universities in the metro region of Atlanta, Georgia. After receiving Walden University Institutional Review Board (IRB) approval, I



contacted the department of student affairs at the colleges and universities to inform them of the study being conducted. Then, I asked their permission to advertise at the school for a potential pool of participants. I asked interested participants to provide the following: name, phone number, and e-mail address. Participants were sent an initial e-mail in which I described the study and its purpose and asked them to indicate if they will participate. I placed a follow-up phone call to those who did not respond to the e-mail.

### **Methodology**

In this study, data collection consisted of 1-hour, individual phone interviews with 9 college or university students between the ages of 18–25 years old, so they could share their narrative of living in a BF household and how this family structure has influenced their lives presently. In-depth interviews are more than just normal conversations because they provide researchers with detailed accounts of the participants' experience with the research topic (Rubin & Rubin, 2012). The interviews included participants who had direct or first-hand experience with the topic of interest and can be used a representative sample of a subsection of the population (see Dziak, 2020).

Interviews are the cornerstone of qualitative research because they provide rich, detailed, and individualized data to help researchers understand how they individuals construct meaning and perceive reality in relation to the subject matter (Ravitch & Carl, 2016). I used the semistructured interview format with open-ended questions to solicit participants' experiences living in a SF or BF household. All participants were asked the same questions (ensuring dependability) regarding their first-hand experience with living with nonbiological family members and how this has impacted their decision-making as

adolescents and young adults. Dependability in qualitative research certifies that the data collection, analysis, and reporting are consistent throughout the study (Burkholder et al., 2016).

### **Data Analysis**

Prior to collecting data, I informed participants that the interviews would audio recorded (on my smartphone) and transcribed verbatim. Participants were asked for their permission to record their interviews, and I allowed each individual time to ponder their response. By providing informed consent to potential participants, the researcher is giving the individual the right to voluntarily agree to participate in the study (Burkholder et al., 2016).

The first step in data analysis for interviews is transcribing the information (i.e., the interview questions and answers) word for word (Rubin & Rubin, 2012). Researchers can easily overlook valuable information, such as quotes that support the study, and using memos and relying on memory can create bias results due to the subjective nature of these techniques (Rubin & Rubin, 2012; Saldaña, 2016). To ensure confidentiality and privacy for participants, I had the transcription service sign an agreement to not divulge information that could identify the participants and the audio recording was saved on my password-protected smartphone. If my smartphone would have been stolen, I would have deactivated the service from that device. Once the interviews were transferred into words (i.e., transcribed), I coded the data (i.e., interpreted it by recognizing themes, concepts, events, and examples that helped me to answer the research questions; see Rubin & Rubin, 2012; see Saldaña, 2016). All the transcribed text was hand coded into numeric

data using a combination of Microsoft Word and Microsoft Excel to organize the responses of each participant (see Saldaña, 2016).

After the data were analyzed, I safeguarded the information by using a password-secured flash drive and computer. All e-mail and/or online communications were encrypted, and Internet connections were password secured (with a minimum of eight characters; see Barnhill & Barnhill, 2014). Furthermore, all written information will be saved in file cabinets secured by locks in a safe location for up to a period of 3 years, according to federal regulations as cited in Barnhill and Barnhill (2014).

### **Ethical Procedures**

In *The Belmont Report*, published in 1979, the National Commission for the Protection of Human Subjects in Biomedical and Behavioral Science established three principles when researching human subjects: (a) beneficence, which ensures that research adds to the greater good and well-being of people while reducing harm and risks; (b) respect, or treating people with dignity and self-worth and having regard for their personal and political rights; and (c) justice, or ensuring research does not discriminate against or exploit the individuals who are directly and indirectly impacted (Burkholder et al., 2016; Royse et al., 2016).

Before data collection, I provided participants with a descriptive informed consent form that discussed the purpose of the research study, risks associated with participating in the study, the duration of the study, and what measures I and Walden University implemented to protect and ensure their privacy and confidentiality (e.g., the use of pseudonyms to conceal participant's identity; see Burkholder et al., 2016). Additionally,

the Walden University IRB approval number (06-19-20-0738082) was included in the informed consent form. Participants were required to sign and agree to being audiotaped during the telephone interview for the sole purpose of data collection (see NASW, 2017).

Most importantly, I informed participants that their participation is voluntary, and participation can be discontinued at any time without negative consequences (see Burkholder et al., 2016). Informed consent is an ongoing process that begins at the recruiting phase; any changes that occurred during the study were discussed in a revised informed consent form, which participants were required to sign, verbally agree to, and received a copy of before data collection (see Burkholder et al., 2016; see Royse et al., 2016).

A limitation or risk I foresaw in this study was the potential for questions about living in BF households to trigger childhood trauma in individuals. I was vigilant in addressing any participant concerns involving conflicts of interest and possible emotional issues that occurred during the interview process.

### **Summary**

In the literature review, I explored the experiences of children living in BF or SF households and the resulting biopsychosocial outcomes that had been reported in previous research. It is well documented that the most turbulent times experienced by individuals living in SFs are the first 4 years of the union (Kumar, 2017; Miran-Khan, Papernow, 2018a). Scholars have found that SFs often assume the unrealistic expectations held by society and are constantly being compared to NFs or first-time families (Cann-Milland & Round, 2019). The literature revealed that a majority of

children living in SFs were not involved in the courtship process, which negatively impacts the dynamics of the household (Kellas et al., 2014). Researchers recommended to practitioners providing SF therapy that children should direct the attachment process in the stepparent and stepchild dyad to reduce conflict and resistance in the home (Gates, 2018; Ladier et al., 2017; Miran-Khan, 2017; Wood, 2015).

Children reared in SFs are privy to increased parental conflict due to the divorce and separation of biological parents, struggling with loyalty binds, having a greater risk of instability in their living arrangements, and experiencing significant loss (i.e., family members or resources; Cann-Milland & Round, 2019; Scarf, 2019; Zeleznikow & Zeleznikow, 2015). Additionally, children in SFs are prone to experiencing stress, behavioral problems, and mental health issues (e.g., anxiety and depression; Jensen et al., 2015).

In the literature review, I also discovered a gap in services and interventions specifically tailored to SFs. Scholars identified that practitioners and clinicians are providing traditional family therapies that discount the different complexities and roles that BFs and SFs possess when compared to traditional families and NFs (Browning, & van Eeden-Moorefield, 2019; Cann-Milland & Round, 2019; Dacre, 2017; Miran-Khan, 2017; Papernow, 2018a, 2018b). Additionally, discourse in the SF literature uncovered that many BFs and SFs lack legal protections and have been underreported in studies and surveys due to myriad factors (i.e., not including nonresident parents and children and cohabitation or not being legally married; Goldberg & Carlson, 2015; Guzzo, 2017; van Eeden & Malloy, 2015). Taken together, this research study promotes the principles in

the NASW (2017) Code of Ethics that social workers should uphold in advocacy and practice of helping people in need and addressing social problems, challenging social injustice, and recognizing the importance of social relationships. In Section 3, I present the research findings and data analysis to further explicate the study.

### Section 3: Presentation of Findings

#### **Introduction**

The purpose of this basic qualitative study was to investigate the long-term biopsychosocial effects of young adults who were reared in BF households. In the study, I detailed the lived experiences and perceptions of these individuals (nurtured amongst nonbiological parents) and how their experiences impacted or influence their overall outlook and life trajectory. The individual's perceived treatment by adults (while being raised in a BF household), receiving community or professional support to aid in the transition into a BF household, and the influence this home environment has on lifelong decisions were the specific focus.

Data were collected from participants between the ages of 18–30 years old. Initially, the required age for participation was 18–25 years old; however, I expanded the age due to receiving an influx of interested participants over the age of 25. I consulted with my chair who reviewed my findings with Walden University's Doctor of Social Work (DSW) coordinator. The DSW coordinator eventually approved interviewing participants up to 30 years old. All participants were in college and comprised both males and females. The interviewees completed an audio-recorded, individual phone interview consisting of 10 interview questions, which provided me with a rich description of their experiences. Originally, I intended the interviews to last up to 60 minutes, but on average, the interviews lasted 20–30 minutes.

The data were then analyzed and evaluated to address the following research questions:

RQ1: What are the long-term biopsychosocial experiences of children reared in BF households who are now between the ages of 18–25 years old?

RQ2: Were there any services and/or interventions made available to newly formed BFs?

RQ3: What are the perceived barriers inhibiting the BFs from receiving professional interventions from social workers or mental health professionals?

In Section 3, I describe the process of data collection and analysis, detailing the recruitment procedures and response rates, validation of the findings, and the limitations or problems encountered when conducting the study. I present the basic qualitative findings gathered from participants and categorize the datum into themes. Section 3 concludes with a summary of the research finding and an introduction to Section 4.

### **Data Analysis Techniques**

#### **Time Frame**

After receiving IRB approval (Approval No. 06-19-20-0738082) on June 19, 2020, I began recruitment immediately using purposive and snowball sampling thorough July 13, 2020. I elicited participants by posting in various collegiate and professional Facebook groups. My first interview occurred 3 days after receiving IRB approval and my initial Facebook post. After which, the responses continued; however, a majority of the potential participants relayed that they did not qualify for the study because they were beyond the age range requested (i.e., 18–25 years old). One week after IRB approval and having completed one interview, I contacted my committee chair and shared my concerns of the age limitation being a potential hindrance to the study. She informed me that she



would speak with the university's DSW coordinator, who replied that I could interview individuals up to 30 years old (with most of the interviewees meeting the initial age criteria). Snowball sampling occurred because many of the responders enlisted their children or family members to the study that met the age requirement.

I received a total of 25 responses to my Facebook posts. Of the 25, 15 provided their e-mail address; I sent each of these individual an e-mail with the informed consent form attached. While 10 participants replied with a completed informed consent form, only nine called to complete the interview. The 10th participant and I scheduled a time to complete the interview; however, we did not discuss the time zone difference, which resulted in me missing her call. I e-mailed to reschedule the interview but did not receive a reply. The recruitment and interview process lasted for about 3 weeks.

### **Data Analysis Procedures**

I conducted the interviews using Google Voice, which also included an audio-recording feature. The successfully recorded interviews from Google Voice downloaded as mp3s from my Google account to my laptop computer. They were then uploaded individually into Sonix Transcription Service and transcribed over a period of 2 days. The transcript was then converted to Microsoft Word in which I reviewed and played the audio several times for each transcript to correct the inaccuracies and imperfections that the transcription service did not locate.

After transcription, I delved into analyzing and investigating the interview data. This step is referred to as precoding, which is the process of an individual familiarizing themselves with the data before initiating coding (see Ravitch & Carl, 2016). During this

time, I meticulously read each transcript multiple times to immerse myself in and become acquainted with the data. I also listened to the audio multiple times and aligned each line in the transcribed interviews of the participants with each specific audio file. As I continued to review the data, I began to jot down phrases and participant quotes that I found enlightening or insightful. According to Saldaña (2016), these meaningful pieces of data can be integral in providing evidence to substantiate codes, themes, or theories presented in the study.

Next, I read each participant's transcript, comparing their responses using the method of thematic analysis. After reviewing the participant's answers several times, I started to tag or code their responses using their phrases and words until I could not locate new information from the data. Across the data set or each participant's responses, I discovered emergent themes and patterns that supported the research topic. According to Roberts, Dowell, and Nie (2019), this process entails the location of themes that specifically align with the research questions, research focus, research context, and the theoretical framework (p. 1). Coding starts the process of data analysis, and researchers should be cognizant that it represents one aspect of the analytic process (Ravitch & Carl, 2016).

In the first cycle of coding, I used a descriptive approach or topic coding. Following the second cycle, I used values coding, which describes the participant's worldviews or perspectives about the phenomenon, and in vivo coding, which utilizes the participant's words verbatim to develop themes or categories (see Saldaña, 2016). To sort and analyze the data, I used a combination of a Microsoft Word document and a

Microsoft Excel spreadsheet for data management. As I completed the coding process, I highlighted codes or phrases that captured the experiences of the participants using a variety of colors. Once coding was completed, all codes were organized into categories that were later narrowed down into themes. Furthermore, I kept a count of how frequently codes were identified in the data that assisted in developing categories and themes.

### **Validation Procedures**

The validation procedures that I used in this study included triangulation, reflexivity, and member checking. The use of triangulation in this study included interviewing a diverse set of participants and using the same interview format to answer the research questions. Babbie (2017) stated that triangulation is the use of multiple sources or, in this case, informants to understand a phenomenon. In this study, I used nine participants between the ages of 19–27 years old. Participants ranged in socioeconomic background, gender, race, ethnicity (i.e., White, Middle Eastern, and Afro-Caribbean), and were from different states and regions of the United States (i.e., the West, Midwest, South, Northeast, and Southwest). The participants possessed similarities, including being college educated and raised in a BF household (with an adult relative and one parent unrelated biologically).

While sorting and analyzing data, I wrote memos to document my feelings, thoughts, insights, or any biases I may have while reviewing each transcript in addition to keeping a reflexive journal. According to Ravitch and Carl (2016), memos are instrumental and essential to data analysis because they can serve many purposes, such as helping researchers clarify or investigate data, assisting in chronicling study progress,

and considering specific events or important events, as well as being used as data.

Through journaling, I remained cognizant of the emotions I experienced while reviewing the responses of participants due having to my own experience of living in a BF.

Reflexivity is the constant monitoring and awareness of the researcher's role and influence on the research (Ravitch & Carl, 2016). Babbie (2017) asserted that it is necessary that researchers document their experience throughout the research process.

Member checking invites participants to correct inaccuracies, relay their opinion on the researcher's interpretations and findings, and provide additional information to enhance the study (Chang, 2017). According to Chang (2017), member checking can occur at various stages throughout the research process. I conducted member checking by e-mailing the interview transcripts to all nine participants, asking them to review and verify that their responses were captured verbatim. None of the participants responded to the e-mail with corrections.

### **Limitations**

The first limitation of the study began in the recruitment phase when I encountered a lack of responses from the original age range of 18-25-year-olds. I received many responses from people over 25 years old or individuals that had family members or friends that were in this age group. In the second week of recruitment, I took swift action after noticing this pattern and contacted my committee chair for counsel. My chair conferred with Walden University's DSW coordinator who approved my request to interview participants up to the age 30 years old (with the caveat being that most

participants fall into the original age group). Of the sample of nine participants, five met the original age group requirement.

The second limitation or obstacle I encountered was potential participants expressing interest and after reading the informed consent, no longer being interested due to the lack of compensation or receiving a gift of some kind. I received a few inquiries asking if there would be a small gift for participation and expressed disinterest after the inquirer was informed that there was no compensation being offered. There were a total of seven potential participants that I e-mailed the informed consent form but did not receive a reply to decline or continue participation in the study.

## **Findings**

### **Characteristics of the Sample (Participants)**

The purpose of this basic qualitative study was to investigate the lived experiences of young adults who were raised in a BF household and their understanding of the biopsychosocial effects this living situation has had on their current lives. I used a purposive sample of nine college-educated individuals between the ages of 19–27 years old. The participants were mostly female (i.e., six females and three males), who mostly lived in a BF household for at least 5 years. Two participants lived in Florida, one lived in Minnesota, one lived in Georgia, one lived in Nevada, one lived in Iowa, one lived in Maryland, one lived in Rhode Island, and one lived in Massachusetts. The ethnic groups that were represented included White, Asian, Black, and Afro-Caribbean (i.e., of Haitian descent). Only 1 out of the 9 participants was married and expecting. All others were single or cohabitating with no children.

## Research Questions

I asked participants the following interview questions to address the research questions:

1. What type of BF did you grow up in (i.e., with stepmother/father or a relative that is not your biological parent, such as an aunt or uncle)?
2. How long and from what age did you live in this household?
3. Were their other children related or unrelated in the household? If so, how many?
4. Do you believe that everyone (including other children) were treated equally?
5. Do you remember going to routine doctor's appointments (i.e., dental visits and physical exams)?
6. Do you remember going to counseling or receiving support from your community (i.e., religions affiliations or your school) regarding living in this type household? If so, when?
7. Do you still receive support from your parents or the people that raised you? If so, what kind?
8. Have you made any decisions about life based on your childhood experiences? Please explain.
9. Have you ever sought out professional help for depression, anxiety, or any other mental health issues due to your experiences as a child?
10. What advice would you provide adults raising children that are not biologically related to them based on your experiences?

After careful review and examination of the research data, I have concluded that most participants found that living in a BF household mostly yielded positive experiences, however believed that there were areas of unequal treatment from parents projected amongst the children that lived in the home. Additionally, therapy services or interventions were not a priority (especially not for newly formed (BFs) and support was mainly received from informal sources such as family members, friends, clergy, and schools. Many participants reported that support or services were offered to them after a parental divorce/separation.

Participants also implied that minimalist beliefs of mental health treatment, living in a low-income household, and religious beliefs are all perceived barriers hindering therapy services and interventions for BFs. Albeit the lack of counseling interventions as children living in BFs, as adults many participants have indicated that they have or need medication and therapy services for anxiety and depression due to traumatic experiences from their childhood. Finally, the sample uncovered that participants are reluctant to marry or have children due to fear of divorce/separation and having their children confront similar experiences that they have being nurtured in a BF. Furthermore, there were four primary themes and 12 key terms that emerged from the data (see Table 1). The primary themes consist of social impact, psychological impact, lack of interventions offered to BFs and barriers to interventions offered to BFs. Provided below is a display of the primary themes and key terms discussed: To explicate and contextualize the participants' responses, I have inserted their exact responses verbatim. The research

questions are provided, along with the interview question responses (that closely align with the research questions) from the participants.

Table 1

*Study Results Primary Themes and Key Terminology*

Theme 1: Social Impact	Theme 2: Psychological Impact	Theme 3: Lack of Interventions Offered to Blended Families	Theme 4: Barriers to Interventions for Blended Families
Later Marriage	Depression	Informal support	Unnecessary
Reluctance about having children	Anxiety		Lack of resources
Guarded about relationships	Trauma		Unimportant
Career Focused			Counseling due to divorce of separation

**Theme 1: Social Impact**

RQ1: The responses to this interview question discussed the decisions or perceptions of the world and life based upon the childhood experiences of participants (Question 8 of the interview questions). The overall conclusion from participants reflects that they are delaying marriage (in fear of getting a possible divorce) or guarded about relationships especially those revolving intimacy and commitment, reluctant about having children and very focused on their careers. In addition, many participants reported that they decided to pursue a career in the helping profession because of the treatment or quality of treatment that was received as children living in a BF/SF household. For example:



P1: "I say yes. Career wise I always said I wanted to help with children. Based on what I grew up seeing as a child and I settled into doing early childhood education but even further than that in terms of relationships and even just platonic relationship they've been back and forth I've kept them pretty part of my friends part of my French I've kept them pretty shitty relationships and then had to kind of grow through that and acknowledge my own behaviors and how they were hurting me. Since then I've kind of taken on a lot better role models in terms of relationships."

When asked to further explain the unfavorable relationships she mentioned, Participant 1 then shared:

P1: "I'd say growing up my role even now my mother is an addict and I had a point everyone as a teenager kind of thinks they know everything and I experimented with recreational drugs and stuff and I kept a lot of friendships that were based on that and I kind of just went into a downward spiral in these relationships and it really got me nowhere in the end. And so now I think I'm a little more hesitant to keep those kinds of relationships because I want to be sure that I'm not just being blindsided or whatever I'm just looking past their toxic behaviors just for the sake of it. I'm trying to keep around genuinely good people."

P2: "So I always I always told myself that I would want a different life when I had my kids, when I have them, I don't have any kids right now. And the reason being is, like I always told myself, that I'm going to be financially stable. And when I have a child with someone, I want to make sure that person is right and

that they are going to be in our life as parents. I think there is advantages of having stepparents and stuff like that. But also, I don't want that for someone if I don't have to have it for them. So, I always told myself that I was going to provide a better life for my kids when I have them. And I was one of the reasons why I have not had kids yet.”

P3: “Umm. I was just always cautious about relationships with boys just because I never wanted to. I always said I don’t want to have children before I get married because I never want to put my children into a position where they have to live with family members or I don't have enough to take care of them and they just have to go somewhere else to be taken care of. So, I think that's why I in my life, I'm always so particular. When I make decisions, people are always like, oh you are so perfect? No, it’s not that. I know what I have been through. So, I make my decisions carefully because I know when I have children, what type of life I want for them so we I make decisions based on that, even though I don't have kids yet.”

P4: “That’s why I'm not going to have any kids. I guess that's about it. Yeah, that's the only I am not going to put my children through what I was put through. I don't want the pattern to continue. So, I'm going to stop the pattern. Also, to I am somebody that doesn't believe in divorce. I'm very strong about that. It's not a religious thing. It's just something that I've always told myself when I was younger. When I get married, I'm never going to get a divorce. And I found somebody that feels the same way. So, I guess that's the only thing left as far as an adult. Now, I'm sure there's going to be other stuff in the future. But right now,

where it stands, a young adult, I'm sure things will change. But right now, it doesn't."

P5: "It's definitely made me more aware that. Love isn't forever going to cause that is or money as well. Definitely because my mother was not very money conscious or savvy, I guess its correct word which led to part of the reason why they divorced, from my understanding."

P6 was not very forthcoming with sharing information about life decisions she has made as an adult based on her childhood experiences of being raised in a SF. As the researcher I had to probe to gain more insight. Her initial reply to the question was:

"Yes. When I was younger, my brother and I were, we were part of the system, the child welfare system. So, we experienced trauma in our lives. And to this day, that has influenced me in the field I am in now."

I then asked, what field is that? P6: "Social work." P6 also added that her experiences in a stepfamily impacted "the ability to gain friendships." When asked to elaborate she stated, "Kind of like watching my parents, Interact positively with one another, showed me, like as my stepdad, I call my dad, but kind of like provide empathy and patience and things like that."

P7: "So my fiancé actually has a daughter from his first marriage. And before we had even started dating, I actually had pushed off the decision to date him due to him having a daughter. And even though obviously she's a lot younger than I was when.. when my parents got divorced. It still affects the decision that you make because I did not ever want to get close to her and then feel like I was abandoning

her, even though it had nothing to do with her. So, for me, it definitely it definitely affected my willingness to jump into a relationship with somebody that does have a child from a previous marriage.”

P8: “Yeah. I mean, it definitely makes me realize whoever I marry when I'm older, I gotta make sure there's no one I want to spend the rest of my life with because I wouldn't want to put my kids through that area and have to go through a divorce and all that. Just kind of. It definitely isn't a good thing to go through. So definitely makes me open my eyes a little more. Maybe I'm hanging out with, you know, who I want to spend my life with.”

There were staggering responses from participants stating their fear of divorce and wanting to wait for marriage. Furthermore, either the choice to not have children or reluctance to have children (i.e., none of the participants had children). Only a 27-year-old female participant was pregnant and married at the time of the interview. While some participants were focused on completing their career goals in hopes of creating a better life and experiences for when they decide to have children.

## **Theme 2: Psychological Impact**

RQ1: What are the long-term, biopsychosocial experiences of children reared in blended family households who are now between the ages of 18-25 years old (question 9 of interview questions)? Many participants expressed that they are battling depression, anxiety, and trauma as a result of direct or indirect experiences as a child raised in a BF or SF. Moreover, some participants endorsed an interest in counseling/therapy and taking

prescriptions for mental health issues. The most prominent answers amongst participants included:

P1: “About a year ago I kind of buckled in and started on. The path to finding a good psychologist or therapist or whatever you want to call it. But I did that for maybe a few months before I backpedaled again cause I got really busy with school and stuff. So, kind of again in that same cycle of starting it but never quite finishing it with it comes to therapy.”

When asked if she will continue receiving professional help, P1 replied:

“I definitely definitely would like to. I just relocated recently so I'm open to it. Absolutely. I think everyone could benefit from seeing a therapist and just having someone to listen and validate them. I know validation is everything, but it certainly helps.”

P2: “And I'm actually going to therapy right now just for the way I grew up in kind of the dynamics in my family. I do have a probably a different situation than other people because not only did I have a stepparent, but there was a lot of stuff that went on in my household that is not positive. So, there's so much that I have to deal with inside how I grew up, my parents separating, my dad not being around, and kind of how that influenced my feelings and my behaviors today.”

P3: “I, I have got an anxiety medication during my pregnancy right now. I've always known that I had anxiety problems, but I'm just not somebody who's into medication. But because it got worse during my pregnancy. I had to get on medication for it. P3, also added additional insight about how her upbringing

contributed her anxiety “I think it made me more shy, anxious, just doing stuff, but feeling like I might be doing something wrong. I didn't realize that later on in my life. Just like walking on eggshells around people and just Blending in. And just because I know where I was raised in the household, we just had to make sure everything's put back correctly. So, when I'm around people, even in school. I'm always so anxious to make sure I'm doing something right.”

P4: “Yes. I went through EMDR last year for trauma, and I'm currently going to counseling for depression and anxiety.”

P6 disclosed “Yes, I'm currently seeking therapeutic services for depression and anxiety.”

As mentioned, before she was prompted to share more insight concerning her experience with depression and anxiety being a result of her family dynamic. P6 replied “I mean, there might be some things that I haven't talked about. So, there could be something that is still affecting me, but I necessarily don't know yet. Just kind of starting things and figuring it out.”

P9: reported “I would say maybe a little anxiety. That's it.” However, reported that he has never sought out counseling or professional help because of his experience in a SF.

### **Theme 3: Lack of Interventions Offered to BFs**

RQ2: Question 6 of the interview questions. The response that was ubiquitous amongst participants were that no interventions were offered after the formation of their BF or SF. Many participants noted that they received therapy or counseling during or

after their parents' divorce. Additionally, participants reported receiving informal support from close friends or family. Whereas, others reported indirect support through the school system or religious affiliations (one participant). The participants stated the following:

P1: "I've always grown up in a church and my grandparents are pastors. So, when I was struggling at the very initial start of this household kind of dynamic. I was sent to prayer counseling which is a faith-based counseling through our church. But other than that, I kind of did maybe bursts of counseling every once in a while. But I never really stuck with it. It was mostly just faith based."

P2: "I was in elementary school and I want to say I was in about third or fourth grade. My grandma brought me to counseling for the divorce of my parents and all this stuff going on. So, it was more so like going to counseling to deal with the separation from my parents. But when my parents divorced, you know, my dad was in our life for a little bit and then he left for a while. So, I think it was more services for that."

P3: "No, but I did in the middle school. I had a really nice teacher. So, she was very supportive. And I remember she bought me-she found out where I lived, which is weird and she bought me an Easy Bake Oven. And she left it on my doorstep. And that was like the most support I got out of my household was her."

P4: "No, not for religion or anything like that. I went to counseling when I was a kid for other reasons because of my parents' divorce. But it was nothing for religious reasons or anything like that or blended families. It was more of putting you in counseling because this is what's going on. I struggled a lot when I was a

kid trying to understand how to deal with an American mother and a Persian and Middle Eastern father that saw two different sides.”

P6: “Not really. It was just my stepdad and mom, and maybe some, I guess. Some friends and their parents.”

P7: “I had never gone to counseling after my parents had separated. However, I did have a couple of people that I confided in my actual high school principal. I confided in throughout this process. And then as well as my psychology teacher, which was also my history teacher, I confided in, and then one of my best friends that I had actually confided in and had lived through after a short period of time as well, due to how my parents had reacted to the divorce.”

P8: “I know I spoke with my school counsellor right after we found out about the divorce. I know my mom probably called the school and told them what's going on. I tried to talk to her. I don't really remember the conversation too much, but I remember, her asking me a bunch of questions.”

#### **Theme 4: Barriers to Interventions for BFs**

RQ3: Which relates to question 6 of the interview questions. The data collected from participants deduced the following attitudes towards counseling and therapy: the intervention is unimportant and not a priority of participants and their families and many participants have demonstrated a total disregard for its use. Other barriers included low income and lack of resources. The responses uncovered the following:

P2: “So when I was actually when I went to counseling originally, you know, for all of that stuff, for the divorce of my parents and just kind of like my household



in general, I was put on anti-depressants in fifth grade for depression. But my family didn't want me on them at the time just because I was young. And so, I actually didn't seek out services again until I was close to the end of my bachelors. So, I was about 20 ish.”

P3: No, but I know my cousin did. I think it might be due to my-it was probably due to my legal status, too. When I was younger, I was illegal, so I don't know. If that had to do with the reason why I didn't go to counseling.”

P5: “No, and I don't think it was really needed. I mean, I'm sure maybe at some sometimes when I was angry at my step siblings or for trauma, probably. But it might have been helpful, but I don't believe it was really needed. And no, it didn't happen.”

P6: “Not really just for the-I mean cause our stepsisters were a little bit older than us.

As mentioned previously participant 8 reported that she confided in informal support, implying that her parents did not consider the situation dire enough to seek out professional counseling or therapy services. Generally, most participants reported that therapy was not considered as an intervention utilized to assist BFs with transitioning into this new and ambiguous family structure. P8 insinuates that parents do not consider the feelings of children and expects a seamless transition.

P8 provides his advice to SFs :

“I mean, I would just say definitely it's tough because different situations, obviously. But I would just say don't force the relationship on the kid. I mean, I kind of let it happen. You don't want to force the family because obviously you're

a blended family, but you're not an actual family. And if the kids are so upset about the divorce and stuff, you might feel a certain way about the stepmom or stepdad or whatever. So definitely kind of take a backseat and let the stuff come, come around a little more, but definitely don't force anything upon the family. Just let it happen.”

### **Unexpected Findings**

Albeit having a preconceived understanding of the nuances that accompany involvement in a blended family, this study revealed some very interesting concepts perceived by participants and uncovered by the findings. The first unexpected finding discussed by participants when asked what advice they would offer adults raising children not biologically related to them (question 10 of the interview questions), discovered participants observed that children in this household perceive their feelings as unimportant, felt they were not being validated, and the new BF feels forced from the child's perspective.

P7 retorted:

“It would be that if even regardless of if they're there with another person after their divorce, that if there are children involved, that regardless of the age, the age does affect a little bit. But like with my parents, I feel like they still need to obviously make sure that their children know that they're important and that their significant other should never be chosen over their children, regardless of if it's a current or future relationship.”

P4 answered:

“I recommend the parents listening and educate themselves. We have more people in society today that continue to stereotype and struggle with everyday things from not being aware of and educating themselves about certain things. And because of that, we have the high suicide rates. We have mental health issues. We have depression, anxiety. We have school bullying. We have all these things that everyday kids are having to go through that they shouldn't be going through at a young age. But if we educate ourselves on these topics and don't be so closed minded, then we would be saving more kids.”

P1 responded:

“I'd say patience and listening is really the key. I for a long time felt like I wasn't being listened to and a lot of that came from I was angry with my mother. But living with her parents who they want to see the best in her. So, I went through a long time of feeling like I was being unheard and that I wasn't being validated in the things that happened to me or what she did.”

A second unexpected finding demonstrates that strong maternal bonds mostly equates to a more overall resilience and coping of participants living within BFs (relates to Question 7 of the interview questions). P1 offered her insight “ I was so close to my mom that these other people that were in my life, they didn't affect me that much because I had such a close bond with my mom.” P4 expressed when speaking about the struggle to blend two different religions and family backgrounds “My mom was very when I was

growing up. Do what you want. And she still is from this day. Very supportive.” She also suggest that because of the dynamics of her relationship with her biological mother, she receives the same support from her stepfather.

P7 explained:

“I would say a hundred percent support from my mom. I'm very close with her. We didn't talk for about the first four or five months of the divorce because I always grew up being a daddy's girl. So, when they had first gotten divorced, my mom was actually the one that had left. So, I did love my dad for a short period of time for about six months or so. And my dad had started putting people that he was dating and stuff before me and had I kind of felt like I was pushed off to the side a good amount. I had actually retreated from this situation and that's when I had lived with my mom.”

### **Summary**

This study was conducted to explore the experiences of young adults who lived in a BF/SF household and how their experiences has impacted their lives. The research questions investigated the biopsychosocial effects of living in a BF or SF, identified whether families were offered interventions to help with transitioning to a BF or SF household and discovering the perceived barriers of receiving mental health treatment and interventions. Overall, the findings (based on participant responses) were reflective of the research questions. There were four themes discovered during the study: social impact, psychological impact, lack of interventions offered to BFs, and barriers to interventions for BFs.

The data showed that the social impacts of participants includes reluctance to get married or enter committed relationships in fear of divorce/separation, ambivalence or rejecting the notion of having children and focusing on their careers (primarily in helping professions). The psychological impact included encountering depression, anxiety, and trauma because of childhood experiences and receiving mental health interventions addressing childhood experiences. The barriers to mental health treatment and interventions noted in the findings that participants' parents deeming counseling/therapy as an unimportant or unnecessary intervention to aid in the transition to a BF or SF and having a lack of adequate resources. Finally, the interventions that were provided to participants and families included counseling to children due to parental divorce and receiving informal support from school personnel, family members, friends, or clergy.

Finally, participants reported mostly positive experiences when interacting with their nonbiological and biological parents, however stated shortcomings, or lack of awareness for the treatment imparted on them as children living in the household. These reflections include preferential or partial treatment, differences in disciplinary action amongst children and a disregard for children's feelings regarding joining a BF or SF.

The findings demonstrate that social workers are rarely called upon to provide counseling and interventions to newly formed BFs. The interviews conducted furnished extensive evidence demonstrating the need for social work interventions to assist blended and nontraditional families in achieving homeostasis and becoming a cohesive unit to stymie unpleasant lifelong experiences perceived by children and parents. In Section 4, I will discuss the study's application to professional ethics in social work practice,

recommendations for social work practice, implications for social change, and a summary concluding the study.

## Section 4: Application to Professional Practice and Social Change

### **Introduction**

The aim of this qualitative study was to explore how living in a BF household has impacted young adults (both past and present), identify whether there were interventions offered to children and families as a result of living in a BF, and pinpoint the perceived barriers to receiving interventions from social workers or mental health professionals for BFs or SFs. I selected participants through purposeful and snowball sampling via Facebook groups. Participants were required to have lived in a BF or SF household for a minimum of 5 years and be currently enrolled in college courses. After recruitment, the participant pool consisted of nine participants (i.e., three males and six females) from various races and ethnicities and representing multiple regions of the United States.

In individual interviews, participants provided their perceptions and insights pertaining to residing in home with relatives that are not biologically related or their birth parent (i.e., stepparents, stepsiblings, aunts/uncles, etc.). The findings confirmed that participants and their families were not engaged in interventions to assist with the transition into a BF or while living in this family environment. A majority of participants reported that they received informal support from friends or family, school personnel, or clergy. The barriers to interventions participants listed included not prioritizing the feelings of children, lack of education or resources to support mental health interventions, and receiving therapy for parental divorce/separation in place of receiving services to acclimate to a new family setting.

Participants were affected socially and psychologically by their upbringings. Many stated that they were waiting to get married, guarded about relationships, and reluctant or ambivalent about having children. Additionally, participants asserted that because of their childhood experiences, they are receiving therapy or taking medications for trauma, depression, or anxiety. The findings indicate that there is a gap in services offered to children and families who are entering into a new family structure. There is also a misconception that providing therapeutic interventions to children due to a separation or divorce suffices for the emotional upheavals that they may face adjusting to the dynamics of a new and unfamiliar familial dynamic. Further research should be conducted to investigate specialized interventions that social workers, mental health professionals, community advocates, and the judicial system can offer to help foster education and awareness about the subtle nuances that often plague BFs and SFs.

### **Application for Professional Ethics in Social Work Practice**

#### **NASW Code of Ethics Guiding Clinical Social Work Practice in Study**

The NASW (2017) Code of Ethics provides guidance and directions to all social workers (regardless of tenure and experience) in conducting themselves as efficient and competent professionals in the field of social work. The use of the NASW Code of Ethics is tacit, and social workers are often referred to this resource to ensure accountability and adherence to professional conduct. After careful inspection of the findings in this qualitative study on the long-term biopsychosocial effects of young adults raised in BF households, I have identified three core values relevant to this study: service, importance of human relationships, and competence.



### **NASW Code of Ethics Principles/Values Related to Study**

In terms of service, social workers have an obligation to assist those in need and provide their expertise to address social problems affecting vulnerable populations (NASW, 2017). BFs are vulnerable in the sense that family members rarely share a history and grapple with attaining homeostasis (Jensen & Howard, 2015; Miran-Khan, 2017). Social workers can facilitate collaboration and rally BFs to identify specific needs and ways of coping to address their differences through mental health counseling and systemic interventions (i.e., school interventions and community organizing).

The second core value applicable to the study is the importance of human relationships (NASW, 2017). Social workers are aware that interactions amongst individuals, families, and communities are crucial to the progression of the broader society and social change. BFs are faced with many challenges and barriers (foreign to NFs or first-time families) that can have deleterious impacts on everyone involved in this family system. Therefore, it is important that social workers and mental health professionals cultivate an environment that is conducive to the promotion and maintenance of the health and well-being of BFs.

The third and final core value that resonates with this basic qualitative study is competence. The NASW (2017) Code of Ethics echoes the sentiment that social workers need to continuously enhance their knowledge and skills and apply them to practice. With the prevalence of BFs and ever-evolving family structures, it is imperative that social workers educate themselves on techniques and evidence-based interventions that are most

suited to address the intricacies of a BF/SF system. There is a misconception family therapy interventions and techniques can be used similarly for both family systems (NFs/first-time families and BFs); however, the literature has refuted this claim because BFs are faced with many unique obstacles (i.e., balancing loyalty binds, processing grief/loss, gaining trust, and overcoming stereotypes (Cann-Milland & Round, 2019; Scarf, 2019; Zeleznikow & Zeleznikow, 2015).

The NASW (2017) Code of Ethics guides clinical social work practice around SFs or BFs by ensuring that clinicians are accountable and properly educated on this family organization. Many clinicians working with families attempt to use the same interventions or treatment modalities to tackle nuances that intact or nuclear families often encounter; therefore, the NASW Code of Ethics emphasizes the need to pursue continuing education or specializations to ensure that clinicians are proficient and well equipped with the knowledge and skills necessary to confront BF dynamics.

Additionally, the NASW (2017) Code of Ethics mandates that social workers acknowledge the biopsychosocial and economic impact that living in BF or SF has on individuals, communities, and the broader society. For example, social workers and mental health practitioners will encounter individuals who may have been affected by trauma, anxiety, and other mental health issues because of living with nonbiological parents. It is their duty to serve this population and provide evidence-based interventions that are relevant and applicable to the needs of BFs.

Furthermore, understanding that human relationships are essential to an individual's overall welfare, social workers are tasked with finding interventions that

include eradicating the obstacles that impede BFs from progressing to a health family unit (i.e., adjustment to loss and change, redefining boundaries, and redefining roles and expectations; Browning & van Eeden-Moorefield, 2019). Social workers can use interventions such as SF therapy, which integrates structural family therapy, Bowen family systems therapy, and strategic family therapy (Browning & van Eeden-Moorefield, 2019).

### **How Findings Will Impact Ethical Social Work Practice**

The findings from this study will impact social work practice in relation to professional ethics by ensuring the following:

- **Commitment to clients:** The findings in the study further demonstrate that BFs need therapy services and interventions that social workers and mental health practitioners can provide to ensure families a successful integration into this family structure.
- **Competence:** As the literature review revealed, many mental health clinicians and social workers are not adept in providing interventions to BFs (Miran-Khan, 2017, Papernow, 2018a, 2018b). The findings indicate that when practitioners are working with BFs, they should educate themselves on specialized techniques that are most effective or evidence-based.
- **Cultural awareness and diversity:** The findings show that all family structures possess idiosyncrasies that social workers and mental health clinicians need to be cognizant of; therefore, they should tailor their interventions to address cultural and specific family structure needs.

- Conflicts of interest: When working with multiple family members, it is imperative that social workers clearly outline their role and responsibilities and identify who their client is (NASW, 2017). The study findings indicate that the entire family (not just the children) need therapeutic interventions to achieve cohesion. Social workers should clearly delineate tasks and responsibilities while representing themselves in an objective manner.
- Referral for services: Simply put, as represented in the literature review and research findings, many practitioners demonstrate incompetence as it relates to BFs. Therefore, it is crucial that social workers refer BFs to practitioners that specialize in this family structure to ensure the health and well-being of clients.

### **Recommendations for Social Work Practice**

Based on the research findings and literature review in this project, it is apparent that there is limited number of social workers who are specialized in BF or SF therapy in addition to policies that advocate or protect BF or SF households. Additionally, many families avoid therapy after remarriage, based on many factors, including the belief that children will assimilate automatically into this new family structure or have received adequate services during and after a divorce or separation. Therefore, I am recommending two sets of action steps (i.e., practice and political) to guide clinical practice with BF households.

**Action Steps: Practice**

Social workers will first assess the needs of the family and each member individually to determine the level of treatment and services needed. Next, social workers will assess the level or severity of clinical and social needs comparing this to their own knowledge and expertise. If it is determined that the social worker does not possess the appropriate knowledge and skills, they will recommend or refer the family to an experienced practitioner who is qualified in providing evidence-based interventions to suit the BF structure. The NASW (2017) Code of Ethics states:

“Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required.” (Sec. 1.16a).

Finally, social workers and community leaders should provide free support groups and seminars in the community to provide psychoeducation on the nuances and challenges regularly encountered by BF and SFs. This will help create awareness as well as hold families accountable for their actions and behaviors exhibited amongst each other.

**Action Steps: Policy**

Firstly, one of the most salient factors to garnering support for BFs is having sufficient resources to fund programs and interventions. The NASW (2017) Code of Ethics (2017) behooves social workers to become involved in social and political action,

which would help create equitable opportunities and resources for all especially the most vulnerable populations (Sec. 6.04a). Therefore, social workers should lobby for funding at all legislative levels, local, state, and federal, to enhance the knowledge and awareness surrounding the impacts of living in a BF/SF household.

Secondly, it is important that social workers have a knowledge base of their clientele. Ideally, majoring in a program specialized in meeting the needs of not just families but BFs. Social work practitioners, educators, and students interested in this topic of focus should create a petition for emphasis on BFs/SFs within Counsel on Social Work Education accredited programs. Finally, it is important that social workers receive continuing education and stay abreast of current literature supporting new evidence-based interventions and treatment to use when working with BF/SFs.

### **Impact on Social Work Practice as an Advance Practitioner**

These findings impact my own social work practice as an advance practitioner by providing more insight into and understanding of the role BFs have on young adults who were reared in this type of household. For instance, many of the participants in this study have expressed the fear of commitment or marriage and reluctance to have children. This demonstrates that as a practitioner working with BFs, I have to educate parents (i.e., coparents, stepparents, and biological parents) on how their interactions as a couple can blemish and even spillover into the relationship with children, resulting in children developing healthy or unhealthy coping habits.

The findings of this study also improve the knowledge base on what constitutes a BF. Two of the participants in the study lived with extended family members (i.e., an

aunt and grandparents), which also added another level of complexity due to those individuals being biologically related to the child, however, not being their biological parent. This increased base of knowledge will assist in finding interventions that cater to a diverse range of BFs.

### **Transferability**

The participants in this study were from various ethnicities, races, both genders, socioeconomic backgrounds, geographical locations in the United States and races. This discussion revolved around the lived experiences of young adults who lived in a BF/SF and how their experiences currently impacts lifelong decisions. Each participant was asked the same set of questions, which can be transferred or generalized to various parts of the population, because the questions are inviting the participants' perceptions. For example, there was a participant who was of Haitian descent and lived with her aunt. This individual was female, of Afro Caribbean descent and experience her childhood with a relative who was not her biological parent. Additionally, the findings are transferable to the field of social work because it helps social work practitioner gain varied perspectives on the impacts of living in a BF/SF. With all this in mind, it is my hope that social work practitioners advocate for specialized interventions to enhance their skills and knowledge when working with BFs.

### **Usefulness of Findings**

The study's findings can be useful in many ways to practitioners and the broader society. This study provides insightful information into the past and present lives of young adults who were raised in BF/SF households. The study implies that there is a gap

in services that are especially tailored to BF/SFs. This study also highlights how living in a BF or SF household have significant implications for an individual's mental health, self-worth, overall decision-making and views on family values. The study also reveals the need for community advocates to become involved in assisting BFs in their formation and assimilation. For instance, as stated previously, communities need to provide accessible programs that offer psychoeducation to parents and developmentally appropriate programs to help children understand what is happening in their family and how to cope within this new family dynamic. Further research should be conducted to address varying dimensions to BFs such BF dynamics within the Lesbian Gay Bisexual Transgender Queer Intersex Asexual (LGBTQIA) demographic and cultures abroad. Additionally, it would be interesting to understand the stories of middle-age individuals who have experience living in a BF/SF and how their current lives are impacted by this experience.

### **Limitations Impacting Usefulness**

This study investigates the long-term biopsychosocial effects of young adults reared in blended family households who are now between the ages of 18-25 years old. The first limitation in this study involved the age range. It was very difficult for me initially to recruit participants within this age group; therefore, I was tasked with explaining this to my chair and receiving approval to interview individuals above 25 and under 30 years old. Next, majority of the participants were female (six) and four males. I found that the females contributed more comprehensive and insightful information to the



study. Future research should include a larger sample of male participants that is equivalent to their female counterparts.

### **Recommendations for Further Research**

Albeit having a diverse sample of participants, I did not include participants representing individuals raised in a household with members of the LGBTQIA community and how this experience (on its own) has impacted the experiences of adult children. Finally, the participants in this study were all attending colleges or pursuing higher education. Therefore, further research should be conducted to understand the experiences of individuals who have not attended college and the reasons behind this decision or misfortune. Another recommendation suggested for this study is changing the methodology from in-depth interviews to focus groups to enhance the quality of responses and spark insightful discussion amongst participants which may uncover different categories and themes.

### **Dissemination of Information**

The first method I propose in disseminating the knowledge obtained in this study is submitting an article for publication. The journals I would consider submitting to are the *Journal of Divorce and Remarriage* in addition to the *Journal of Family Issues*. The information from the project will add to the body of literature which reflects the scarcity of appropriate interventions for BF/SFs. The second way to disseminate the findings from this study is by proposing to present at conferences through national boards and organizations (i.e., NASW, National Board-Certified Counselors and American Association of Marriage and Family Therapist). Additionally, I could also submit a

proposal of the curriculum as a continuing education course to national organizations for approval. This would provide social workers and mental health practitioners with the information necessary to work with BF/SF as an alternative to taking a college course or receiving a certification.

### **Implications for Social Change**

#### **Implications for Positive Social Change**

A potential implication for positive social change at the micro or individual level is social workers identifying barriers to treatment and providing appropriate interventions to assist the members of BF/SFs in understanding the nuances and challenges that are often characteristic of BF/SF dynamics. BF/SFs are often formed because of divorce, separation, grief and loss, social workers and mental health practitioners can help restore trust, increase confidence and self-esteem to this often-struggling family unit. On the mezzo level, an implication of positive social change would be agencies, schools and various community organizations requiring that clinician and social workers acquire some skill or education in working with BFs. This will reduce the rarity of clinicians and agencies with adequate knowledge and interventions to assist BF/SFs in transitioning successfully in their newly formed family structure. Finally, on the macro level the findings from the study indicate that social workers should advocate for mental health and community interventions at the national level to bring awareness policy makers and broader society in regard to the challenges and intricacies that confront BF/SFs.

Additionally, social workers should advocate for clinicians to receive mandated and specialized training /education by social work and other professional organizations in

the form of continuing education or course work. The recommendations at all systemic levels have the potential to trigger a shift in paradigm as it relates to society's attitudes, views and understanding of the BF/SF household structure.

### **Summary**

The construction of families in the United States have change drastically over the past 4 decades, creating an environment where children are mostly living with a parent or adult (and other children) who may not be biologically related. The purpose of this study is to understand the experiences of young adults who lived in a BF or SF and how this family unit has impacted their present lives (biopsychosocially) and decision-making. Additionally, the study sought to investigate the lack of specialized interventions tailored to this family unit and whether families were offered any interventions to aid in the transition into a new household, and the perceived barriers to treatment.

The findings indicated that adult children perceived their upbringing with a mix of emotions, feeling invalidated, while some felt accepted and supported by the nonbiological parents, others felt that children in the home were not all treated equally. Many participants informed that they were not offered counseling/interventions by social workers or mental health practitioners while transitioning or living in a BF/SF household. Instead may reported being counseled during or after parental divorce or separation, receiving informal support (i.e., from a friend, school personnel, or clergy), or simply not considering any intervention as an option. The study also indicated that children and young adult's mental health were impacted by living in a BF, which included experiencing depression, trauma, and anxiety. Finally, living in a BF has impacted the

attitudes and values young adults place on intimate relationships, marriage and having children. Young adults in this study are more guarded about entering a serious relationship and having children if any at all. It is our solemn duty as social workers and mental health practitioners to meet the gap that impacts generations of BF/SFs by advocating for specialized training and credentials in clinical practice, providing psychoeducation in communities and ensuring Master of Social Work programs provide courses to students who are interested in marriage and family studies.

This study has highlighted and inspired heightened awareness concerning the challenges and adversities faced by BFs/SFs. The findings from this study can be disseminated to professional journals, national conferences, and continuing education courses to provide edification to practitioners and the broader society on the potential outcomes and influences living in a BF households can have on individuals, families, groups and society on a whole. Additionally, disseminated information in this study will highlight the lack of appropriate evidence-based interventions to address BF/SF issues, and the possible barriers that detracts from forming and maintaining healthy family bonds.

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### Appendix: Interview Guide

Hi, this is Kerene Brown. Thank you so much for agreeing to interview for my study titled *The Long-Term Psychosocial Effects of Children Reared in Blended Family and Blended Families*. This interview should last about 20 to 30 minutes. This interview is being recorded for transcription purposes only. After the interview, I will be examining your answers and I will not identify you in any of my documents. No one should be able to identify you with your answers. You can choose to stop this interview at any time. Do you have any questions? Are you ready to begin?

1. What type of blended family did you grow up in (i.e., with stepmother/father, or a relative that is not your biological parent such as aunt, uncle)?
2. How long and from what age did you live in this household?
3. Were there other children related or unrelated in the household, if so, how many?
4. Do you believe that everyone (including other children) were treated equally?
5. Do you remember going to routine doctor's appointments (i.e., dental visits and physical exams)?
6. Do you remember going to counseling or receiving support from your community (religions affiliations or your school) regarding living in this type household and if so, when?
7. Do you still receive support from your parents or the people that raised you? If so, what kind?
8. Have you made any decisions about life based on your childhood experiences?

Please explain.

9. Have you ever sought out professional help for depression, anxiety, or any other mental health issues due to your experiences as a child?
10. What advice would you provide adults raising children that are not biologically related to them (based on your experiences)?