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Child Planning: A Treatment Planning Overview for Children with Step Family Problems

A Treatment Overview for Children with Step Family Problems

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Duration: 3 hours

Learning Objectives:

Obtain a basic understanding of how to identifying, causes, symptoms of children with lying problems or history, and learn different options to complete a treatment plan that includes:

a. Behavioral Definitions
b. Long Term Goals
c. Short Term Goals
d. Strategies to Achieve Goals
e. DSM V diagnosis Recommendations

***For a full list of 15 short term goals with dozens strategies listed next to each goal check the Child Treatment App for Windows or Apple PC and Android Devices, under our main menu Windows-Apple Apps. Download the Free Demo to Evaluate***
Introduction:

A stepfamily is formed by the marriage or long-term cohabitation of two individuals, when one or both have at least one child from a previous relationship living part-time or full-time in the household. The individual who is not the biological parent of the child or children is referred to as the stepparent. Stepfamilies are also called blended families. Stepfamilies merge unrelated parents and children into a family unit that, with time and emotional work, can function as effectively as a traditional nuclear family. For children previously living in a single-parent family, a stepfamily can provide a more structured family environment with positive influences from two parental figures. For parents, a stepfamily can provide social support for new couples and new, emotionally rewarding relationships with biological and stepchildren.

With the high incidence of divorce and changing patterns of families in the United States, there are increasing numbers of stepfamilies. New stepfamilies face many challenges. Developing good stepfamily relationships takes some work. Each member of the newly blended family has experienced loss and faces adjustments to the new family situation.

When a stepfamily is formed, the members may have no shared family histories or shared ways of doing things, and they may have very different belief systems which may include a different ethnic or educational background, or religion. In addition, a child may feel torn between the parent they live with most (more) of the time and their other parent who they visit (e.g. lives somewhere else). Also, newly married couples may not have had much time
together to adjust to their new relationship.

The members of the new blended family need to build strong bonds among themselves through:

- acknowledging their differences, their personal and family losses, and changes
- developing new skills in making decisions as a family
- fostering and strengthening new relationships between: parents, stepparent and stepchild, and stepsiblings
- supporting one another; and
- maintaining and nurturing original parent-child relationships

While facing these issues may be difficult, most stepfamilies do work out their problems. It may take 1 to 2 years for the blended families fully adjust. Stepfamilies often use grandparents (or other family), clergy, support groups, and other community-based programs to help with the adjustments.

Description of Step Family:

A stepfamily is a family unit in which one or both adult partners have children from a previous relationship. Stepfamilies can be formed after a divorce or death of a parent in a nuclear family or when a single parent chooses a long-term partner. Although in the past, marriage was usually required to define a stepfamily, marriage is not always a prerequisite for parents and children living together in the same household. Many adult partners choose to live together (cohabitation) on a long-term basis rather than marry. Children can be full-time or part-time members of a stepfamily, depending on the custody arrangement between the biological parents. Children may also be part of two stepfamilies if both parents remarry. The following terms are used to define members of a stepfamily:

- stepparent: a non-biological parent
- stepchild: a non-biological child brought into the family by marriage or cohabitation with the biological parent stepsiblings
- stepbrother, stepsister: siblings who are not related biologically, whose parents are married to each other or cohabiting long-term
- custodial parent: the biological parent awarded primary custody by a court during divorce proceedings
Step Family Dynamics:

There are key differences between the dynamics in a stepfamily and the dynamics of a first-time nuclear family. Stepfamilies ultimately result from a loss, death of a parent/spouse, divorce, end of a long-term relationship, changes in lifestyle (e.g., moving, loss of job), and, therefore, involve grief on the part of both parents and children. This grief may remain unresolved and affect stepfamily relationships.

Children in stepfamilies are members of two households and, as a result, may experience confusion, discipline issues, loss of stability, and conflicting feelings of loyalty. The role of the stepparent and status in the family is often unclear with regard to authority, level of involvement with the stepchild, and discipline. In addition, no legal relationship exists between stepparents and stepchildren. Stepparents must assume parental roles before there is an emotional bond with the stepchild and are often required to make instant adjustments to a parental role. In contrast, biological parents bond with their child as the child grows. Stepfamilies must cope with outside influences and ongoing change due to issues with the other biological parent and family members.

According to statistics from the United States Census Bureau and the Stepfamily Foundation, one in three Americans is involved in a stepfamily situation, and 1,300 new stepfamilies form each day. In addition, 50 percent of children under age 13 as of 2004 lived with one biological parent and the parent’s partner. As of 2004, it is estimated that there are more stepfamilies than traditional nuclear families in the United States. The number of stepfamilies is underestimated because the U.S. Census Bureau did not as of 2004 recognize that a child can be a member of two stepfamilies; only the household where the child lives the majority of the time is counted. Because in most divorces, primary custody is awarded to the biological mother, most stepfamilies involve stepfathers who become the full-time stepparent. In rare cases, a biological father is awarded primary custody, and a stepmother can become a full-time stepparent.

Stepfamilies are increasingly referred to as blended families, by the media and others. Stepfamily researchers, family therapists, and the Stepfamily Association of America (SAA) view this term as inaccurate because it infers that members of a stepfamily blend into an
entirely new family unit, losing their individuality and attachment to other outside family members. The term stepfamily is preferred because the derivation of the prefix "step-" originates from the Old English word "steop-" which means "bereave." The term stepchild used to refer to orphans who lost their parents, and stepfather/stepmother used to refer to individuals who became parents to an orphan. Because other family types (biological, single-parent, foster, adoptive) are defined by the parent-child relationship, the SAA believes that the term stepfamily more accurately reflects that relationship and is consistent with other family definitions. Viewing the stepfamily as a blended family can lead to unrealistic expectations, confused and conflicted children, difficult adjustment, and in many cases, failure of the marriage and family.

Precautions When Working with Step Families:

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Divorce, remarriage, and the formation of a stepfamily are traumatic events for children. Transition can be eased by including children in discussions and preparations for the stepfamilies future. For example, for couples getting remarried, children can be included in the actual wedding ceremony (not just as ring bearers and flower girls) and given tokens, like a piece of jewelry or special gift (like the wedding rings that their parents exchange), that symbolize the joining of the new family.

Individual therapy for children whose parents are going through a divorce and remarriage can be helpful. Group family therapy with all members of the stepfamily can help identify issues that may undermine successful family functioning. Because grandparents can influence stepfamily dynamics, educating step grandparents about stepfamily issues can also help. Roles of the non-custodial parent and stepparent must be clearly defined to avoid unnecessary conflicts. Reading information on stepfamilies and joining a stepfamily support group can help ensure future success. With cooperation and understanding among stepfamily members, a stepfamily can function successfully and even heal emotional scars of past divorce.
Step Families Risks:

A National Institutes of Health (NIH) study of stepfamilies found that a stepfamily has a unique natural life cycle, takes several years to develop into a family unit, and is at greatest risk for failure during its first two years. According to U.S. Census Bureau statistics, the average marriage in the United States only lasts seven years, and one of every two marriages ends in divorce. Stepfamilies are at greater risk for failure and broken marriage due to the increased stresses of stepfamily life. These stresses include the unclear role and authority of the stepparent, financial responsibility for stepchildren, conflict between custodial and noncustodial parents, and emotional tensions.

A study by British and Canadian researchers found that children in stepfamilies and single-parent families had more behavioral and emotional problems compared with children in intact biological families and that stresses within the family were more influential than family type in contributing to children’s psychological problems. Adolescents are especially vulnerable to psychological and emotional problems resulting from a combination of puberty and family stresses. Medical professionals, such as pediatricians, psychologists, and therapists, can provide resources and referrals for adolescents requiring treatment and/or therapy for depression, oppositional defiance disorder, and unresolved feelings of anger, resentment, and loss.

Parental Concerns:

While stepmothers face some of the same issues that stepfathers face, both part-time and full-time stepmothers have a more difficult role in the stepfamily and are often expected to be more involved with their stepchild due to socialization pressures (being a mother), societal expectations, and expectations from their husband. Joining a stepmother support group can be helpful in working out frustrations and problems in the stepmother role.

Children in stepfamilies are subject to multiple parental influences and may become confused and conflicted about how they fit into each family and which parent is responsible for discipline. All parents biological and stepparents should strive to work out such issues for the benefit of their children. Minimizing conflicts between all parents can help children adjust to stepfamily life.

For various reasons, society does not always view step parents as having the same responsibilities as biological parents. Employers, other family members, friends, and neighbors may have difficulty understanding and relating to stepfamily issues. One workplace psychologist estimates that businesses in the United States lose more than $10 billion annually due to problems related to stepfamily issues, working parents, and other marital stresses. Although many employers do offer employee assistance programs with substance abuse counseling, child care, and family/marriage counseling, divorced parents, working stepparents, and working live-in partners rarely seek counseling.
Parents and stepparents should be concerned during the first two years after the stepfamily is formed, since this has been identified as a crucial time period for stepfamily success. To help strengthen the stepfamily, parents can establish new and enjoyable family traditions, recognize that children need to stay in touch with non-custodial parents, and focus on being open with family communication. Organizations such as the Stepfamily Association of America offer resources and ideas for building stepfamily bonds, such as celebrating National Stepfamily Day every September and engaging in pleasurable family activities, like movie and pizza night.

Steps to Develop a Treatment Plan:

The foundation of a good treatment plan is based on the gathering of the correct data. This involves following logical steps that build on each other to help give a correct picture of the problem presented by the client or patient:

The mental health clinician must be able to listen, to understand what are the struggles the client faces. This may include:

- issues with family of origin,
- current stressors,
- present and past emotional status,
- present and past social networks,
- present and past coping skills,
- present and past physical health,
- self-esteem,
- interpersonal conflicts
- financial issues
- cultural issues

There are different sources of data that may be obtained from a:

- clinical interview,
- Gathering of social history,
- physical exam,
psychological testing

contact with client’s or patient’s significant others at home, school, or work.

The integration of all this data is very critical for the clinician’s effect in treatment. It is important to understand the client’s or patient’s present awareness and the basis of the client’s struggle, to assure that the treatment plan reflects the present status and needs of the client or patient.

There 5 basic steps to follow that help assure the development of an effective treatment plan based on the collection of assessment data.

Step 1, Problem Selection and Definition:

Even though the client may present different issues during the assessment process is up to the clinician to discern the most significant problems on which to focus during treatment. The primary concern or problem will surface and secondary problems will be evident as the treatment process continues. The clinician may must be able to plan accordingly and set some secondary problems aside, as not urgent enough to require treatment at this time. It is important to remember that an effective treatment plan can only deal with one or a few problems at a time. Focusing in too many problems can lead to the lost of direction and focus in the treatment.

It is important to be clear with the client or patient and include the client’s or patient’s own prioritization of the problems presented. The client’s or patient’s cooperation and motivation to participate in the treatment process is critical. Not aligning the client to participate may exclude some of the client’s or patient’s needs needing immediate attention.

Every individual is unique in how he or she presents behaviorally as to how the problem affects their daily functioning. Any problems selected for treatment will require a clear definition how the problem affects the client or patient.

It is important to identify the symptom patterns as presented by the DSM-5 or Diagnostic and Statistical Manual or the International Classification of Diseases (ICD).

STEP FAMILY PROBLEMS BEHAVIORAL DESCRIPTOR
1. Verbal bullying to the biological parent in regards to going to live with the other parent.

2. Obstruction from the former spouse in daily life in regards to the new family structure.

3. Apprehension and distress by both new partners concerning joining their two families.

4. Obvious disobedience from one or more siblings toward the stepparent.

5. Passive or hidden disobedience from one or more siblings toward the stepparent.

6. No apparent form of communication or duties appointed within the combined family, only causing disorder.

7. Irritation, and discontent with family structure.

8. Children from an earlier marriage are joined into a single family entity, ensuing in interpersonal disagreements, resentment, and aggravation.

9. Opposition and disobedience toward the new stepparent.

10. Open struggles between siblings from different parents now consisting of the same family structure.

Step 2, Long Term Goal Development:

This step requires that the treatment plan includes at least one broad goal that targets the problem and the resolution the problem. These long term goals must be stated in non-measurable terms but instead indicate a desired positive outcome at the end of treatment.

LONG TERM GOALS FOR STEP FAMILY PROBLEMS

1. Institute a new family identity in which each member feels he or she fits in and is appreciated.

2. Accept the new integrated family structure as not lower to the nuclear family, just different.

3. Create a strong bond between the couple as a team that is free from taking sides and able to stabilize the family.

Step 3, Objective or Short Term Goal Construction:
Objectives or short term goals must be stated in measurable terms or language. They must clearly specify when the client or patient can achieve the established objectives. The use of subjective or vague objectives or short term goals is not acceptable. Most or all insurance companies or mental health clinics require measurables objectives or short term goals.

It is important to include the patient’s or client’s input to which objectives are most appropriate for the target problems. Short term goals or objectives must be defined as a number of steps that when completed will help achieve the long-term goal previously stated in none measurable terms. There should be at least two or three objectives or short-term goals for each target problem. This helps assure that the treatment plan remains dynamic and adaptable. It is important to include Target dates. A Target day must be listed for each objective or short-term goal.

If needed, new objectives or short-term goals may be added or modified as treatment progresses. Any changes or modifications must include the client’s or patient’s input. When all the necessary steps required to accomplish the short-term goals or objectives are achieved the client or patient should be able to resolve the target problem or problems.

If required all short term goals or objectives can be easily modify to show evidence based treatment objectives. The goal of evidence based treatment objectives (EBT) is to encourage the use of safe and effective treatments likely to achieve results and lessen the use of unproven, potentially unsafe treatments. To use EBT in treatment planning state restate short term goals in a way that steps to complete that goal and achieve results. For example, the short term goal “13. Increase positive self-descriptive statements.” Can be restated as; “By the end of the session the patient or client will list at least 5 positive self descriptions of himself or herself, and assess how they can help alleviate the presenting problem” Remember, that it must be stated in a way one can measure effectiveness.

It is important to note that traditional therapies usually rely more heavily on the relationship between therapist and patient and less on scientific evidence of proven practices.

SHORT TERM GOALS FOR STEP FAMILY PROBLEMS

1. Have both parents take the main role of disciplining own children.

2. Have family members carry out weekly family meetings in their home to express feelings or any unresolved conflict.

3. Require parents to create and implement new family rituals.

4. Each family member openly shares opinions and feelings concerning the integrated family.
5. Listen and freely partake in play-therapy meetings with the therapist.

Step 4, Strategies or Interventions:

Strategies or interventions are the steps required to help complete the short-term goals and long-term goals. Every short term goal should have at least one strategy. In case, short term goals are not met, new short term goals should be implemented with new strategies or interventions. Interventions should be planned taking into account the client's needs and presenting problem.

INTERVENTIONS FOR STEP FAMILY PROBLEMS

1. Give positive feedback and interject humor whenever appropriate.
2. Refrain from all negative references to former spouses.
3. Recommend parents to attend a parenting group for step parents.
4. Help parents in establishing a weekly family meeting in which issues can be mentioned and solved and where family members are expected to share their thoughts, complaints, and compliments.
5. Implementing daily rituals such as a set dinnertime, bedtime, chores, etc... to assist in providing structure and integration to the new family structure.

Step 5, Diagnosis:

The diagnosis is based on the evaluation of the clients present clinical presentation. When completing diagnosis the clinician must take into account and compare cognitive, behavioral, interpersonal, and emotional symptoms as described on the DSM-5 Diagnostic Manual. A diagnosis is required in order to get reimbursement from a third-party provider. Integrating the information presented by the DSM-5 diagnostic manual and the current client's assessment data will contribute to a more reliable diagnosis. It is important to note that when completing a diagnosis the clinician must have a very clear picture all behavioral indicators as they relate to the DSM-5 diagnostic manual.

DSM V CODE Paired with ICD_9-CM Codes (Parenthesis Represents
ICD-10-CM Codes Effective 10-2014):

Possible Diagnostic Suggestions for Children with Parenting Problems:

Adjustment Disorders Specify whether:
309.0 (F43.21) With depressed mood
309.24 (F43.22) With anxiety
309.28 (F43.23) With mixed anxiety and depressed mood
309.3 (F43.24) With disturbance of conduct
309.4 (F43.25) With mixed disturbance of emotions and conduct
309.9 (F43.20) Unspecified

313.81 (F91.3) Oppositional Defiant Disorder
Specify current severity: Mild, Moderate, Severe
312.34 (F6381) Intermittent Explosive Disorder

Conduct Disorder - Specify whether:
312.81 (F91.1) Childhood-onset type
312.32 (F91.2) Adolescent-onset type
312.89 (F91.9) Unspecified onset
Specify if: With limited prosocial emotions
Specify current severity: Mild, Moderate, Severe

Attention-Deficit/Hyperactivity Disorder Specify whether:
314.01 (F90.2) Combined presentation
314.00 (F90.0) Predominantly inattentive presentation
314.01 (F90.1) Predominantly hyperactive/impulsive presentation
Specify if: In partial remission
Specify current severity: Mild, Moderate, Severe

314.01 (F90.8) Other Specified Attention-Deficit/Hyperactivity Disorder
314.01 (F90.9) Unspecified Attention-Deficit/Hyperactivity Disorder

Problems Related to Family Upbringing

V611.20 (Z62.820) Parent-Child Relational Problem
V61.8 (Z62.891) Sibling Relational Problem
V61.8 (Z62.29) Upbringing Away From Parents
V611.29 (Z62.898) Child Affected by Parental Relationship Distress

Other Problems Related to Primary Support Group

V611.03 (Z63.5) Disruption of Family by Separation or Divorce
V61.8 (Z63.8) High Expressed Emotion Level Within Family

Overall Integration of a Treatment Plan:

Choose one presenting problem. This problem must be identified through the assessment process.

Select at least 1 to 3 behavioral definitions for the presenting problem. If a behavior definition is not listed feel free to define your own behavioral definition.

Select at least long-term goal for the presenting problem.

Select at least two short-term goals or objectives. Add a Target Date or the number of sessions required to meet this sure term goals. If none is listed feel free to include your own.

Based on the short-term goals selected previously choose relevant strategies or interventions related to each short term goal. If no strategy or intervention is listed feel free to include your own.

Review the recommended diagnosis listed. Remember, these are only suggestions. Complete the diagnosis based on the client's assessment data.
Sample Treatment Plan:

Present Behavioral Descriptors of Problem:

- Apprehension and distress by both new partners concerning joining their two families.
- Passive or hidden disobedience from one or more siblings toward the stepparent.

Long Term Goals:

- Institute a new family identity in which each member feels he or she fits in and is appreciated.
- Create a strong bond between the couple as a team that is free from taking sides and able to stabilize the family.

Short Term Goals Objectives:

- Family members experience an improved sense of trust for each other.
- Accomplish a practical level of family accord and synchronization where members support, help, and are concerned for each others well being.

Strategy or Intervention for Goal 1:

- Assist the family on identifying, labeling, and expressing feelings appropriately.
- In a family meeting, ask the members to list their hopes for the new family.
Strategy or Intervention for Goal 2:

Help parents in establishing a weekly family meeting in which issues can be mentioned and solved and where family members are expected to share their thoughts, complaints, and compliments.

Educate family members in constructing negotiating skills, practice these skills during family meetings when conflicts arise.

DSM V Diagnosis:

Adjustment Disorders Specify whether:

309.28 (F43.23) With mixed anxiety and depressed mood

V611.20 (Z62.820) Parent-Child Relational Problem

V61.8 (Z62.891) Sibling Relational Problem