

EFFT AND BLENDED FAMILIES: BUILDING BONDS FROM THE INSIDE OUT

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Stepfamilies face a series of unique opportunities and challenges in their development. This article provides an overview of an emotionally focused family intervention for stepfamilies. Common stepfamily concerns are considered using attachment theory as a relational framework for conceptualizing the impact of structural change and loss on stepfamily adjustment. Problem patterns are understood in the context of an emerging family system where bids for connection may be missed or misinterpreted. Application of the emotionally focused approach demonstrates the role of attachment security in changing patterns of interaction that promote stability in the developing stepfamily system. A case study is presented that illustrates the approach's conceptualization and treatment of a prototypical stepfamily issue.

As a common family form stepfamilies represent a unique and complex family system that is distinct in its composition, structure, and development. Ahrons and Rodgers (1987) coined the phrase “Binuclear Family” to capture the extent to which these families represent a combination of family households who must work together. As such these families possess unique resources and face distinct challenges as they navigate their development as a complex family system (Papernow, 1993). By some estimates a majority of stepfamilies will seek help within the first four years of remarriage (Pasley, Rhoden, Visher, & Visher, 1996) and these families need treatment approaches that are sensitive to their particular challenges and strengths (Michaels, 2000; Pasley, Dollahite, & Ihinger-Tallman, 1993; Visher & Visher, 1996). This article provides an overview of clinical issues relevant to

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stepfamilies and the application of Emotionally Focused Family Therapy (EFFT) to the treatment of stepfamilies. Specific focus is given to the role of emotion and attachment as guiding perspectives in restructuring problem patterns, resolving relational loss, and promoting more secure stepfamily bonds.

UNIQUE NEEDS OF STEPFAMILIES AND CLINICAL CHALLENGES

Remarried families appear to face a greater vulnerability at their inception. Stepfamilies in the earliest stages of development face greater risk for dissolution compared to first-time marriages (Kurdek, 1991; O'Conner, Pickering, Dunn, & Golding, 1999). Couples entering marriage with children from a previous relationship encounter increased demands that often result in greater family tension and conflict (Coleman, Fine, Ganong, Downs, & Pauk, 2001; Tzeng & Mare, 1995). A stepfamily's hope for a "second chance" may be challenged in light of heightened negativity, increased conflict, and less cohesive family bonds (Bray & Berger, 1993; Hetherington, Bridges, & Insabella, 1998; Hetherington & Clingempeel, 1992). The impact of these negative effects is most apparent for stepparents and stepchildren (Hetherington & Jodl, 1994; Jenkins, Simpson, Dunn, Rabash, & O'Connor, 2005). These challenges are best understood as common adjustments that families face in the various phases of marital transition, system reorganization, and stepfamily development (Ahrons & Rodgers, 1987; Hetherington, 1999; Papernow, 1993).

Clinical approaches designed to support stepfamilies should anticipate four primary challenges (Pasley, Rhoden, Visher, & Visher, 1996). First, a stepfamily typically joins one or two families with an existing history, and these past experiences often compete with the family's effort to consolidate its new relational commitments. The remarried couple's attempts to foster a new family identity are met with resistance as loyalty conflicts result in children feeling forced to "choose sides" (Pacey, 2005). These tensions highlight the stepfamily's need to develop "middle ground," where family members are able to invest in new areas of mutual experience and shared values as a reconstituted family (Papernow, 1993). Therapy focused on processing the past and present emotional experience of family members is necessary for promoting middle ground and fostering a new family identity.

A second therapeutic challenge in stepfamily work is clarifying boundaries within the remarried family. Tensions emerge as a remarried couple navigates the co-parenting demands of former spouses and the expectation of biological children who may feel dethroned from the privileged attention afforded in a single parent household. Caught between past family ties and the new commitments, the remarried couple is both highly vulnerable and highly significant to the stepfamily's development. The couple's bond is the glue (Visher & Visher, 1996) that holds the family together while it has time to develop. Co-parenting requires negotiating issues of parental intimacy/affection and power/discipline. These issues

may trigger loyalty conflicts for parents, stepparents, and the children they are raising (Ahrons & Rogers, 1987; Emery & Dillon, 1994; Pacey, 2005). A therapist must help remarried couples clarify boundaries in their family relationships to nurture and affirm the intimacy of the couple's relationship, which is an anchor for stability and security for the changing family.

Third, families formed through remarriage inherit a legacy of loss (Visher, 1994). The urgency felt by some families to move "beyond the past" may leave some loss experiences unresolved. New partners may fulfill the loss of a former spouse, but the presence of the stepparent may complicate a child's grief related to divorce or remarriage. Children may mourn the distance of a previous custodial parent, the loss of a previous extended family, and the death of hope that one day reconciliation and reunion would occur (Riches & Dawson, 2001). Grief work complements the therapist's support of the developing stepfamily identity. Grieving the past and promoting awareness of each individual's loss provides a basis for building coherence between a family's past and future.

A final challenge facing stepfamilies is the integration of differing developmental needs. Stepfamilies are complex family systems that can experience competing developmental needs as they span more than a single life cycle stage (McGoldrick & Carter, 2005). These families must negotiate competing developmental needs and resources. When the joining families include differences in life cycle stages (e.g., adolescent extrusion; Crosby-Burnett, Lewis, Sullivan, Poldosky, Mantella de Sousa, & Mitriani, 2005) or discrepancies in parental experience (Visher & Visher, 1988), the therapist must work with the remarried couple and stepfamily to accept varying developmental demands and the needs that conflict.

Clinical treatment of stepfamilies warrants an awareness of these challenges and an approach to the therapeutic process which promote their resolution. After surveying stepfamilies on their experience of therapy Pasley and colleagues (1996) found that therapy experienced as beneficial included: focusing on emotional support, clarification of problems, and providing a "safe place" for promoting understanding of family members' experience. A therapist's emotional support through evoking and validation of individual's unique family experience enables the client to explore more complex emotional responses to grief. These may include a mix of anger, hurt, and love (Emery & Dillon, 1994). Therapist processing of emotional experience is paramount to strengthening the couple's relationship and helping parents better attend to the developmental needs of children. Many stepchildren are not only adjusting to a new family, but are simultaneously grieving the loss of the world they knew in a previous family (e.g., friends, schools, neighborhoods, and economic status).

ATTACHMENT THEORY AND STEPFAMILY ADJUSTMENT

Attachment theory provides a comprehensive approach to the development, maintenance, and dissolution of attachment relationships (Bowlby, 1979). As such, it

provides a unique perspective on the dynamics of developing stepfamilies (Hazan & Shaver, 1992), where former bonds are broken (biological parents), existing bonds sustained (biological parents and children), and new bonds are formed (re-married couple). These “affectional bonds” provide a “secure base” for exploration and “safe haven” in times of distress. Attachment relationships remain a primary influence from “cradle to grave” (Bowlby, 1979). The continuity and quality of these attachment bonds prove significant in shaping the processing of social experience, emotional regulation, and behavior in family relationships, all of which are relevant to how family members may respond to losses common to stepfamily experience.

After studying childhood grief, Bowlby (1980) proposed an expected patterned response to the loss of an attachment figure. This pattern included a “protest response” often seen in a child’s angry and anxious reactions as the child sought out an attachment figure. This was followed by a period of despair and loss. For those not regaining an attachment connection this despair resulted in detachment often seen in emotional distancing and disengagement. The identification of these prototypical responses to the loss of an attachment figure provide a helpful framework for understanding the impact of the voluntary loss of divorce in adulthood (Hazan & Shaver, 1992), grief reactions to divorce for children (Emery & Dillon, 1994), and the human capacity to adjust to loss and establish new attachments.

Many of the challenges faced in a stepfamily’s development can be understood as a response to attachment insecurity. Both parents and children respond to attachment insecurity in predictable ways including anxious and/or avoidant behaviors, which are informed by a persistent fear of or anticipated loss of an attachment figure. Children often enter stepfamilies with a history of loss (Papernow, 1987). A parent’s divorce may result in the reduction of a parent’s physical and emotional availability, and this loss occurs in the context of a child’s perceived loss of her parent’s original marriage. These loss experiences become more complicated for families where postdivorce parents engage in heightened conflict (Dunn, Davies, O’Conner, & Sturgis, 2000). The unfolding adjustments to change and loss in the family impact a child’s attachment-related behaviors and needs (Lewis, Feiring, & Rosenthal, 2000). For adolescents, the experience of attachment insecurity often leads to an increasing distance from their parents (Maio, Fincham, & Lycett, 2000) and a decreasing range of psychological functioning (Moretti & Holland, 2003). Using Bowlby’s (1979) model of separation distress, the problematic functioning of children and adults in these stages of postdivorce and stepfamily adjustment can be understood as meaningful attempts to respond to attachment insecurity.

Stratton (2003) illustrates how these underlying and unmet emotional needs function to organize relational patterns in a stepfamily. A stepfather may attribute the family’s problems to issues with his stepchildren. The stepchildren respond by internalizing these conflicts thereby reducing the risk of escalating conflict within the vulnerable family. Both actions can be seen as legitimate and problematic attempts to protect the family from aversive conflict. Similar family patterns

prompting emotional disengagement or enmeshment are indicative of unsuccessful family attempts to address the underlying issues of relational insecurity (Byng-Hall, 2001). Clinical intervention designed to address the experience of attachment insecurity in the remarried family offer promise for addressing unresolved issues underlying maladaptive family patterns.

EMOTIONALLY FOCUSED FAMILY THERAPY

Emotionally Focused Family Therapy (EFFT) offers a unique approach designed to promote the development of secure emotional connections between family members (Johnson, 2004; Johnson & Lee, 1999; Johnson, Maddeaux, & Blouin, 1998; Johnson et al., 2005). The EFFT approach uses an “attachment lens” to conceptualize a family’s presenting problem. Family conflicts are seen as relational dilemmas based on the unmet and typically unexpressed attachment needs of family members. For a general description of EFFT, see Palmer and Efron, this issue.

The assumptions and focus of the EFFT approach fit well with the needs of stepfamilies seeking treatment. Divorce and remarriage often heighten family members’ sensitivity to the emotional accessibility and responsiveness of primary relationships (Johnson et al., 2005). Problem patterns emerge in the stepfamily, organized by a climate of negative affect, and bids for attachment security are blocked as a result. The EFFT therapist conceptualizes the family’s problem in terms of these stuck patterns and works to restructure these patterns so parents, partners, and children can strengthen bonds of connection in the remarried family (Furrow, Bradley, & Johnson, 2004).

EFFT sessions focus on accessing and eliciting emotional responses of each family member and promoting the family’s acceptance of these experiences. Developing an awareness of each family member’s unique emotional experience facilitates a stepfamily’s development and functioning (Papernow, 1993). Focusing on attachment-related emotions (e.g., fear, sadness, and loss) enables the EFFT therapist to promote the emotional processing of basic relational needs heightened in the process of marital transition (Emery & Dillon, 1994; Visher & Visher, 1996). The therapist frames the family’s problem pattern within the context of these attachment needs and creates new opportunities for building more secure bonds in the family through the expression of these needs. EFFT follows three general stages of treatment: assessment, de-escalation, and working-through phase.

Assessment: Building a Therapeutic Alliance and Understanding Family Patterns

The first goal in EFFT with stepfamilies is to build a therapeutic alliance with the family that is characterized by a “felt sense” of safety. The initial sessions of EFFT typically include only stepfamily members. This practice makes clear the thera-

pist's commitment to honoring the integrity and identity of the stepfamily by focusing on the immediate family system (Visher & Visher, 1996). This does not dismiss the influence of an ex-spouse on the stepfamily system; rather the exclusive focus on the remarried family is necessary for assuring a more "secure" therapeutic alliance. In these initial sessions, the therapist validates the unique experience of each family member including his or her emotional response to the presenting problem. A therapist's attention and responsiveness to each family member promotes a more secure therapeutic relationship.

A second goal in the assessment phase of treatment is the identification of problematic interactional patterns, which often inform a family's presenting problem. In EFFT, family sessions enable the observation of a family's process as they engage issues related to the presenting problem. The therapist tracks and reflects emerging behavioral patterns that define family members' responses (e.g., avoidance, anxious pursuit). A discussion of the family's problem often elicits these prototypical responses as negative affect is experienced within the session. The therapist responds to the personal reactions of family members by reflecting and validating the varying emotional responses to the family's problem. In EFFT, sessions focus on understanding the relational process that unfolds in session as the family engages a discussion of their presenting concerns.

De-escalation: Reframing the Pattern

The goal of the second phase of treatment is to reframe the family's problem as a pattern that has taken over the family's relationships. The EFFT therapist continues to track a family's pattern placing more emphasis on predictable patterns that emerge in response to the family's experience of attachment insecurity. These patterns become more rigid in the face of ongoing negative affect, so the therapist works with family members to acknowledge their typical responses or positions in the pattern. The EFFT therapist will conceptualize the family's pattern in terms of these positions describing members as being a "withdrawer," "pursuer," "blamer," or "placater." It is important to note that the therapist uses these terms to describe a person's position in the cycle, not the person's role in the family. Family members are not labeled; instead the therapist uses these terms as a way of symbolizing the typical response of family members in the family pattern.

The EFFT therapist reframes the family's pattern through processing the emotional experience of family members as a part of the problematic cycle. Family members' secondary emotional responses (e.g., withdrawal, pursuit) are seen as unsuccessful responses to attachment bonds that are in question. At this stage the therapist focuses on eliciting the underlying emotional experience that colors each person's experience of the family. Accessing these primary emotions (e.g., fear, hurt, protest, anger) is important to de-escalating the family process as these emotions prime more adaptive responses within the family. As family members are better able to connect their emotional responses to the behavioral pattern of the

family problem, the therapist helps the family reframe the problem as a pattern that invades their relationships. The pattern takes over the family leaving some members in distant withdrawn positions seeking safety and others in anxious or angry pursuing responses seeking connection. Either way the pattern keeps the family from the connection that they seek from one another.

The patterns in a stepfamily are complex. Competing attachment needs are characteristic of the earliest stages of a stepfamily's development (Papernow, 1993). Family processes preference biological ties as a primary source of emotional connection at the same time the couple's bond is the most visible and vulnerable relationship (Visher & Visher, 1996). As a result families encountering escalating conflict and loyalty binds both within and between different family systems may enact different positions in the family's emotional dance depending on the relationship (e.g. spouse, parent-child, stepparent-stepchild¹).

Working-Through Phase

As the family pattern and problematic cycle are clarified, the goal of the "working-through" phase includes restructuring the family's pattern to facilitate the sharing and acceptance of family members' attachment-related emotions and needs. The therapist uses evocative interventions to promote a deeper level of emotional processing. This enables family members to connect their primary emotional experiences (e.g., fear of abandonment or rejection) with corresponding attachment-related needs (e.g., reassurance, support, acceptance).

A primary therapeutic task at this stage requires structuring interactions that facilitate family members sharing openly their emotional experience and needs in the context of support and validation from key family members. For example, the therapist would use an enactment where a more withdrawing family member turns toward his or her parent or partner with his or her fear of abandonment and need for reassurance. The therapist supports this risk to reach out to another within the family and helps the other family members respond with support. This is a challenging task as differences in emotional experience can be experienced as a betrayal, a lack of love or caring, abandonment, or rejection. Thus the focus of this stage is helping family members "work through" their fears and connect to one another's needs.

EFFT COMPETENCIES WITH STEPFAMILIES

The primary challenge for the EFFT therapist is to be able to hold the varying attachment pulls in the stepfamily and help the family remain a cohesive unit in

¹Depending on the stage of the stepfamily these attachment needs may be defined by biological relationships or the couple's relationship, but less often by these needs in a stepchild to stepparent relationship (Papernow, 1993).

this time of family transition. The common intervention used in EFFT with stepfamilies includes: validating and normalizing family members' emotional experience without alienating others; reframing the presenting problem within the context of common adjustment issues faced by stepfamilies; identifying and de-escalating the negative interactional cycle both within and between the biological and stepfamily subsystems; facilitating the expression of attachment needs in strengthening the bonds between biological parents and child(ren); and clarifying the relationship between stepparent and child(ren) as this relates to expectations of intimacy and discipline.

CASE STUDY

The following case study illustrates the application of EFFT practices to a stepfamily situation where the identification and restructuring of negative interactional patterns lead to the development of stronger bonds among family members. The family issues faced in this case demonstrate how negative interactional patterns can develop around the structural features unique to stepfamilies. EFFT interventions are described and the repair work between pivotal family members is exemplified. All names and identifying characteristics of the family have been changed.

Family History and Presenting Problem

Susan, age 45, a mother of two adolescent boys, Jason, age 19 and Matt, age 16, requested family counselling for herself, her children, and her new husband of one year, John, age 53. The impetus for counselling followed an altercation between Matt and John over the Thanksgiving holiday. John had requested that Matt not drink the beer in the fridge that was intended for his family, and following the meal and after the guests had left, John confronted Matt over the missing beer. An argument ensued and Matt was not allowed to drive his girlfriend home. Consequently John and Susan left the house to drive the girl home. Upon their return, they found that John's side of the bed had been saturated with urine and Matt had barricaded himself in his bedroom. The altercation that followed resulted in Matt leaving the house to stay with a friend and John and Matt no longer speaking to one another.

Susan was a single mother for ten years prior to meeting John. She had spent this time devoted primarily to parenting and had not dated until she met John. Susan had become tired and somewhat discouraged in her single parenting role. She had had longstanding difficulties in parenting Matt, who had been diagnosed with ADD and had always had problems with his schoolwork and with his peers. Susan stated that she had always been "soft" with Matt and generally gave him the benefit of the doubt. While there had been several incidents of stealing and lying, Susan typically would not believe that Matt had done this. It was only when there was

no other option but to recognize that Matt had been stealing, that Susan would face this. Afterwards she would feel betrayed and disappointed in her son, which gradually eroded the trust she placed in him. Susan understood her treatment of Matt as resulting from her feeling sorry for him because he was rejected by his father. The father had limited involvement with his sons. He did pay attention to Jason around his hockey and would attend Jason's games and talk to him about hockey. Matt was not athletic so there was little point of contact between him and his father.

John had two children from his first marriage who were now grown and living independently. He had been optimistic that he could help Susan in her parenting of her sons and lend her the wisdom of his past experience with his own children. In the beginning of their relationship, while the couple was dating and generally everyone expressed positive feelings about the marriage, John did actually enjoy a positive relationship with Susan's sons. Jason and Matt were supportive of their mother and her marriage to John, as each felt she deserved some happiness. The couple was confident that their marriage would be a positive event in the boys' lives. The Thanksgiving altercation was a shock to John and he was angry and insulted by Matt's behavior whereas Susan was equally shocked but also embarrassed by her son and angry with him. Overall the couple was positive about the warm and intimate relationship they shared and their ability to support and nurture each other. The primary stress in this family was the relationship of stepfather John's and his stepson Matt.

EFFT Treatment Process

Assessment

The initial sessions focused on helping the family identify their negative interactional cycle. The crisis at Thanksgiving crystallized a pattern that began in the earliest day of the remarriage. Matt's negative behavior escalated over time as incidents involving his drinking and smoking marijuana increased. With each incident, John criticized Susan for not taking a "firmer" stance with Matt and would make disparaging remarks regarding Matt and his behavior. Susan would follow John's directives but also resent his comments finding it very difficult to enforce the proposed consequence. When Matt would push his mother for leniency, Susan would rescind the punishment and John in turn would be angry as she did "not follow through." Over time, John assumed more and more of the disciplinary role with Matt and Jason supported the stepfather's efforts because Jason felt unprotected from his younger brother in the past. This alliance created tension between Matt and Jason and the boys spent less and less time together. Furthermore, Jason's stance and John's ousting of the parenting functions reinforced Susan's feelings of incompetence as a parent. Susan felt pulled between her husband and Matt, and she tried to please them both. Matt resented John's intrusion into his life stating: "You're not my father." He also expressed the betrayal he felt from his

mother's support of the stepfather's disciplinarian role. His anger escalated to the point where he was saying he no longer wanted to live at home.

De-escalation

The family's negative cycle was framed as a reaction to the reconfiguration of the family unit. John wanted to support his wife and help her manage her sons. Susan wanted his support because she felt she had failed as a parent in the past and that the boys lacked a strong male figure in their lives. Matt felt displaced by John and rejected by both his mother and his brother. The therapist framed these responses as efforts to make this new family work, but also recognized how negative patterns were creating distance and negative tension in the family. The Thanksgiving crisis was an alarm signaling that the family needed to address each member's underlying feelings and help create a safe haven as a whole.

The Thanksgiving incident was unsettling for Susan as her dream of having a two-parent family was broken. John felt he "had lost face" with both Susan and her sons. Both partners came to their marriage with underlying fears that their marriage might fail again. Given John's two previous marriages, he desperately wanted this family to work. John's fear spurred him to try harder and become more aggressive with Susan and Matt over Matt's behavior. In turn, Susan felt that she had failed as a mother, despite all of her sacrifices of the past, Matt's continuing problems signaled to her that she had failed him. Susan's feelings lead her to withdraw and defer to both her husband and her son. Matt's actions finally reached a point where they could not be ignored and the family acting out behavior communicated his anger in a graphic way that could not be ignored and provided the opportunity for the family to deal directly with their feelings. The cycle was seen clearly with John as the anxious pursuer and Matt the hurt attacker with both responding to Susan's withdrawal.

The primary therapeutic task of working with EFFT is de-escalation of the negative interactional cycle. Identifying the cycle and helping each member become aware of their underlying feelings allowed the therapist to begin restructuring the family's interaction.

Working-Through

As therapy progressed, the therapist worked within dyads to promote the acceptance of the different experiences of family members and to facilitate new interactional responses. A primary task in processing the attachment emotions in a stepfamily is helping family members talk openly about their emotional experiences and helping each member validate each other. Typically this occurs in dyadic sessions as is illustrated by the following examples.

In a later session, Susan and John explored the emotional impact of the negative cycle on their relationship which allowed them to speak more directly about

their parenting roles. Each partner began to acknowledge their insecurities and fears regarding their relationship and received reassurance and validation of their love and caring for one another. This renewed emotional intimacy then allowed them to express specific needs in their relationship. Susan was encouraged to communicate her needs directly to John and not to fall into her pattern of withdrawing and deferring to him. Susan expressed her hope that John would not give up on her son and asked him to “be the adult” in his interactions with the boys as he worked to build a positive relationship with them. She shared how important her relationships with her sons were to her. As John felt more secure in Susan’s love for him, he softened his position and was able to understand Susan’s attachment to her children, ultimately supporting Matt returning home. Susan acknowledged her need to hold expectations for her son that were more age appropriate, knowing now that she could no longer rescue him. John stated that he no longer wanted the role of the “heavy” with the boys and felt he could let that go as long as there were firm guidelines in place for Matt. Both partners were able to communicate directly with each other their need for continued support and reassurance from one another strengthening their relationship and enabling them together to be more effective in their parenting roles.

Sessions with the boys fostered support for their feelings through validation and normalizing of their reactions to the changing family. Both sons had wanted to support their mother’s choice of a mate and they felt she deserved to be happy with John, so they tended to cope with their reservations and reluctance to the remarriage in nondirect ways. Jason was seen as a withdrawer, because he spent more time away from home and avoided family dinners and conversations with anyone in the family. Matt took the position of a pleaser/placater as he stated that he had wanted to please his mother by talking with John and keeping his own feelings to himself. Matt revealed that he not only felt left behind by his brother who was leaving for college but also by his mother who seemed to have little time to spend with him in part because of John.

In session, a stronger bond was made between the brothers as they shared the sadness they felt regarding their biological father and their mutual desires to protect their mother. Jason validated that Matt was getting less positive attention, but he also challenged Matt on his acting out behavior suggesting that just led to more alienation rather than support. In turn, Matt took responsibility for his acting out and expressed a desire to improve his relationship with his brother. The therapist strengthened the alliance between the brothers through identifying their shared experience of the family’s transition and their needs for support and connection.

Additional sessions included only Susan and Matt as the emotional distance in their relationship appeared to be at the core of the family crisis. Their negative pattern prompted discouragement for both, as Susan saw herself as the failing parent and Matt identified himself as the bad son. Susan alternated between rescuing and criticizing Matt while Matt either placated to his mother’s desires or reacted with flagrant disregard in the face of his mother’s disapproval. As the

therapist explored the emotions underlying their placating and distancing positions, each was able to express their experience of the relationship on attachment terms. As Matt began to shake visibly, he said, “I am just bad” and through tears shared his shame and remorse with his mother. Susan was able to reach back directly and comfort her son which helped her to feel more connected to him. Susan related her own disappointment as a parent acknowledging that she had not been there for Matt. In her own words she said, “I am doing a bum job” to which Matt responded by asserting that he still needed her help. As Susan was able to see how her son still needed her, she became more activated and the pair was able to begin to discuss and negotiate reasonable expectations for Matt’s behavior at home.

In review, these dyadic sessions are necessary for creating a secure context where the attachment needs of each relationship can be attended to and nurtured. The cycle is framed as an enemy which serves to block family members from connecting with one another. The problem cycle reinforces negative affect and reduces the family’s resilience and problem solving abilities. The therapist works with the underlying feelings directly and moves the family toward greater accessibility and responsiveness between members. In this case, Susan and Matt reconnected and Susan took more leadership in her parenting role and Matt exercised more responsibility for his behavior. At the end of therapy, Matt had written his mother a lengthy letter, opening up around his past behavior and being transparent in his struggles. He wrote: “I am so sorry for all I have done and I want you to know that I will do my best to make it up to you. Love Matt.”

This case illustrates how EFFT applies to the stepfamily experience. The negative interactional cycle in stepfamilies is more complex given the inside-outside nature of the relationships and the power of framing the cycle as the enemy as opposed to the stepfamily dimensions—“You are not my father”—is both freeing and inspiring for these families. Facilitation of open expression of each member’s attachment needs and the promotion of emotional accessibility and responsiveness restructures and redefines the familial, the romantic, and the affiliate relationships. EFFT makes possible the creation of a safe haven in a family created not out of biology but from the vestiges of loss, renewed love, and the promise of new relationships.

CONCLUSION

This article demonstrates the principles and approach of EFFT to stepfamilies. EFFT offers a non-pathologizing approach that is sensitive to the needs and challenges of families in the midst of marital transitions. Stepfamilies are more likely to seek clinical treatment in the early years of their development, when couple and family bonds are vulnerable to loyalty binds and competing attachments. EFFT offers families a clinical approach that is sensitive to the individual experiences and needs of family members. Applying a systemic and humanistic approach the

model frames the problems families face within the context of members' needs for belonging and intimacy. The case study provides one example of the model and its potential benefit to stepfamilies.

Further study of EFFT and its efficacy with various family forms and backgrounds is warranted. Therapists using this approach with stepfamilies should extend a similar interest and sensitivity to the unique experience and perspectives of families from varying cultural and ethnic backgrounds. While attachment theory provides a heuristic model of human functioning, a therapist's work to restructure patterns of interaction informed by emotional experience and attachment needs will benefit from a respect for and an engagement of culturally specific values. The promise of this approach for stepfamilies is found in part in the model's emphasis on eliciting emotional experience in the context of attachment security. A therapist's accessibility and responsiveness to family members is both means and model for facilitating the connection that many stepfamilies seek.

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