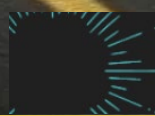




Navigating Stepfamilies Ethically

 stephsternes.com

**Approaching Stepfamilies with Differing
Value Systems**



Closer look at Ethics from Complex Family Systems Perspective

ACA Code of Ethics

- Section A The Counseling Relationship
- Section B Confidentiality and Privacy
- **Section C Professional Responsibility**



Boundaries & Ethics in Session





There are over 67 types of Stepfamilies

Stepfamily Systemic Differences and Culture

- 5 Big Challenges
- New Language
- Common mis-steps- Intuition or “normal” ways to be in family are often not helpful because attachment isn’t mature yet. It takes 2-5 years for family life to become “Normalized” in your body. It can take as long as the body was attached without it. So if a child is 5 it could take 5 years.
- HIGH COMPLEXITY of FOO wounds showing up in stepfamily life- For Steps-Rejection or Abandonment wounds (left out)– For Bio unlearned co regulation skills and communication skills (caught in the middle)

There are over 67 types of Stepfamilies

New Language

- Loyalty Binds-a situation where a child in a stepfamily feels compelled to choose sides or prioritize their loyalty to one parent over the other (including their stepparent), often due to conflict between the parents, making them feel like they cannot fully embrace their relationship with the stepparent without feeling disloyal to their biological parent; essentially, they are "caught in the middle" of the family dynamic.
- Compassion Traps – page 56
- Triangulation – Mom tells kiddos they don't have to listen to stepmom-any adult using a child to transfer over or covert rule/emotions to other household
- Honeymoon Last not first- These families start with children and end with Empty Nest as first time they live alone together without children.
- Attachment blending too fast – The more you push people towards each other the longer it takes to attach
- Expectations not normed- So many ways people do family



4 Reasons To Learn About Stepfamilies

#1. Stepfamily relationships are everywhere.

- One out of three children under 18 lives in a stepfamily.
- One out of four new marriages creates a stepfamily.
- 42% of American adults are currently in a close step relationship.

#2. The challenges are intense.

- The phrase “blended family” does *not* describe the daily experience of most people who live in a stepfamily, especially in the early years.
- The challenges can be overwhelming for both adults and kids.

#3. What works is not intuitive.

Blogs, TikTocs, and Facebook pages are dispensing well-meaning, but all too often, misleading advice.

#4. We do know what works! Get practical, research-informed directions for building a thriving stepfamily:.....Dr. Patricia Papernow



Boundaries & Ethics in Session



So Many Experts

Stepfamily Expert Council

Francesca Adler-Baeder, Ph.D.

Anne Bernstein, Ph.D

Christy Borgeld

Dawn O. Braithwaite, Ph.D.

James H. Bray, Ph.D., Director

Scott Browning, Ph.D

Dora Capelluto, MA

Marilyn Coleman, Ph.D

Ron L. Deal, M.MFT

Elizabeth Einstein, MA/MFT

Margorie Engel, MBA, PhD.

Larry Ganong, Ph.D

Brian Higginbotham, Ph.D.

Mary Ann Mason, J.D., Ph.D.

Patricia Papernow, EdD

Kay Pasley, Ed.D.

Dave Schramm, Ph.D, CFLE

<https://www.stepfamilies.info/about/>

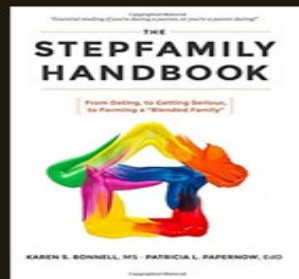
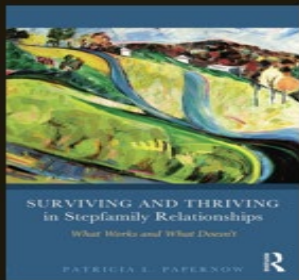


Meet the Worldwide Expert

Dr. Patricia Papernow

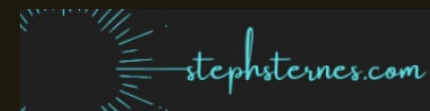


She is a globally recognized expert on blended families with decades of experience in stepfamily relationships. In 2017, she received the Award for Distinguished Contribution to Family Psychology from the APA's Couple and Family Therapy Division.



A Harvard Grad; Her research is the cornerstone for understanding key variables in stepfamily systems.

Internal Family Systems (IFS) and Gestalt Theory

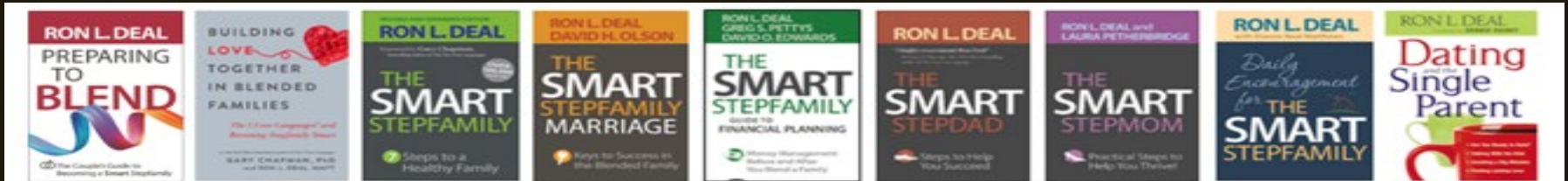




Meet the Expert

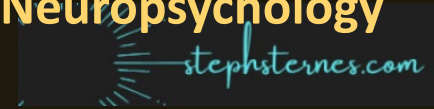
Ron Deal LMSW

Ron L. Deal is a bestselling author, licensed marriage & family therapist, and popular conference speaker. He is a leading expert on blended families and serves as President of Smart Stepfamilies™ and Director of FamilyLife Blended®.



Restoration Therapy (RT)

Based on Attachment Theory, Contextual Family Therapy, and Neuropsychology



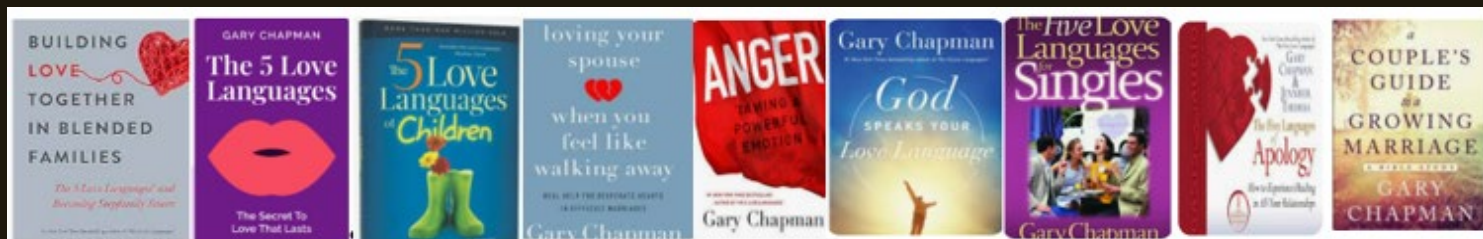
Meet the LOVE Expert

Gary Chapman, PHD

Author, speaker, and counselor, Chapman holds a doctorate in the science of humanity and is dedicated to helping people build lasting relationships. A renowned marriage counselor and director of marriage seminars, he is best known for his bestseller, *The 5 Love Languages*, which has sold over 13 million copies and topped charts for years.



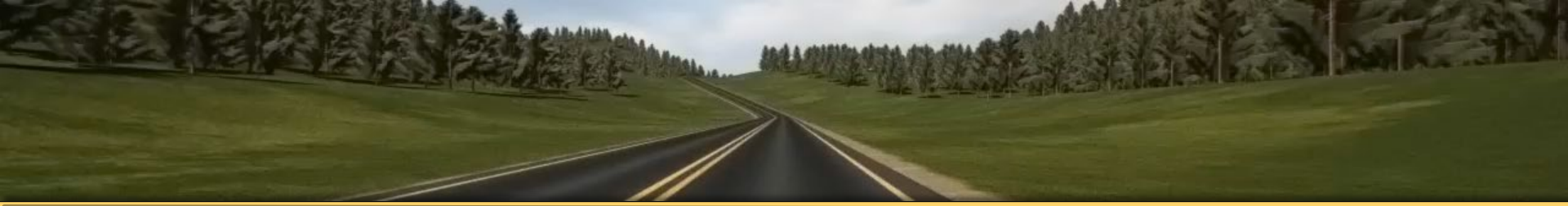
Partner, Pursue, Pace, Patience, Persistence





Boundaries & Ethics in Session





You are the foundation of the work

How Does Your Personal Journey Affect Your Clients?

Think about what your world has taught you **PERSONALLY** about divorce and stepfamilies, adoption, or foster care.

- What was the worst of it?
- What was the hardest?
- What was great?
- What worked?
- Was there shame/guilt?
- What memories stand out?
- What did you need?
- What did the adults need?
- What did the children need?
- What emotions are involved?



You are the foundation of the work

Transference occurs when a client redirects their feelings for someone else onto the therapist. Be Careful with self disclosure in these families. Too many different norms; they might think your way is wrong.

Countertransference happens when a therapist projects their own past/feelings onto a patient. This can occur when a therapist is stressed or has a lot going on in their personal life. It can happen when a therapist uses a lens of personal beliefs and values into the session.

**BOTH ARE COMMON IN THERAPY AND
CAN CREATE CHALLENGES FOR
CLINICIANS AND CLIENTS.**

You are the foundation of the work



- How do we put this all together?
- What is the glue in the session?
- How do we choose professional boundaries in our work?
- How do they assist us in being ethical?
- What is your professional mission statement?

Strong Mind. Strong Life.

BY FEARLESSMOTIVATION.COM

7 TYPES OF LOVE

HOW MANY HAVE YOU KNOWN?

Eros

Burning Passion

Ludus

Playful Love

Pragma

Standing In Love

Agape

Selfless Love

Storge

Unwavering Devotion

Philautia

Self-love

Philia

brotherly love

Agape is the opposite of Countertransference

Boundaries & Ethics in Session



- Mission for Therapeutic Relationship that is Ethical and has identified/expressed Boundaries
- Do you have the competency with Your client and their culture?



- Cultural Awareness of how these families are different than biologically attached families
- You have considered transference risks

- You have considered your risks of countertransference and recognize when you are triggered
- Aware of the possibility you need to do your own work and seek support if need be



Closer look at Ethics from Complex Family Systems Perspective

ACA Code of Ethics

- **Section A The Counseling Relationship**
- Section B Confidentiality and Privacy
- Section C Professional Responsibility

A.1.a. Primary Responsibility The primary responsibility of counselors is to respect the dignity and promote the welfare of clients.

ACA Code of ETHICS - Section A The Counseling Relationship

Sometimes who the client is may not be in the best welfare of the client!



- Individuals
- Couples
- Children
- Families

A.1.a. Primary Responsibility The primary responsibility of counselors is to respect the dignity and promote the welfare of **clients**.

Sometimes it might be in the interest of the child to help the parents



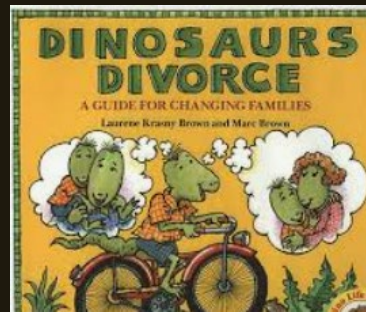
He Needs Counseling!

No Counseling!

Divorce Doesn't End Relationships When There are Children it Highlights Value Differences

A.1.c. Counseling Plans: Counselors and their clients work jointly in devising counseling plans that **offer reasonable promise of success** and are consistent with the abilities, temperament, developmental level, and circumstances of clients. Counselors and clients regularly review and revise counseling plans to assess their continued viability and effectiveness, respecting clients' freedom of choice

ACA Code of ETHICS - Section A The Counseling Relationship



- Goals from each parent
- Goals for rituals to making transitions between homes easier and reduce tension
- Interventions to get parent and child in session to talk about loyalty binds, sadness, loss, and too much change all at once. (The divorce game)

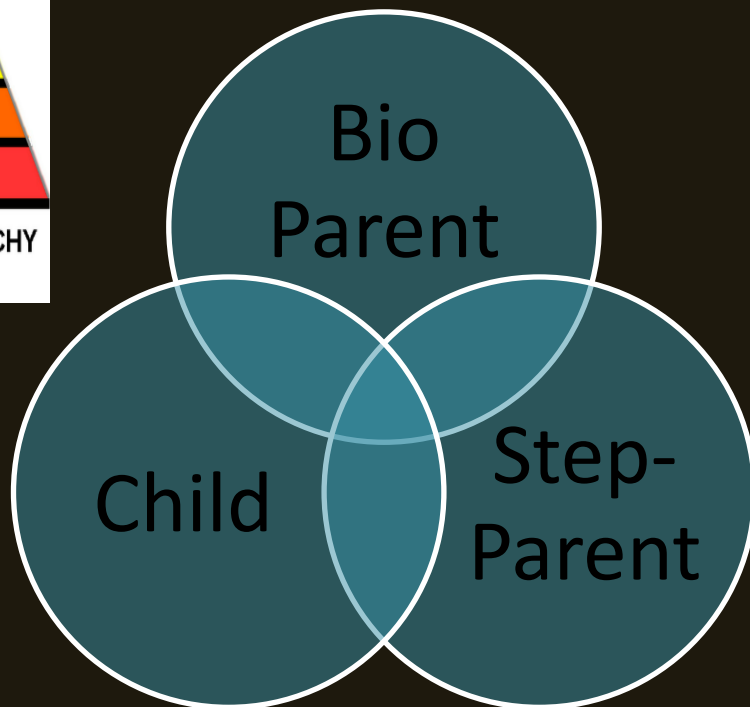


A.1.d. Support Network Involvement Counselors recognize that support networks hold various meanings in the lives of clients and consider enlisting the support, understanding, and involvement of others (e.g., religious/spiritual/community leaders, family members, friends) as positive resources, when appropriate, with client consent.

ACA Code of ETHICS - Section A The Counseling Relationship



It is normal for parents to be stuck in their own pain.



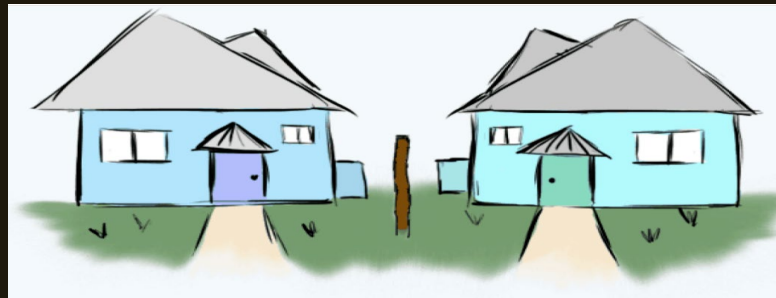
- Children struggle to carry the emotional burden of healing their parents.
- Support for Parents: Divorce care, Individual therapy for loss and grief.
- Support for children at school-divorcee groups
- Facilitating Parent/Child Communication addresses fear and builds support systems

A.2.a. Informed Consent Clients have the freedom to choose whether to enter or remain in a counseling relationship and need adequate information about the counseling process and the counselor. **Counselors have an obligation to review in writing and verbally with clients the rights and responsibilities of both counselors and clients.** Informed consent is an ongoing part of the counseling process, and counselors appropriately document discussions of informed consent throughout the counseling relationship.

ACA Code of ETHICS - Section A The Counseling Relationship



Triangulation & Homeostasis

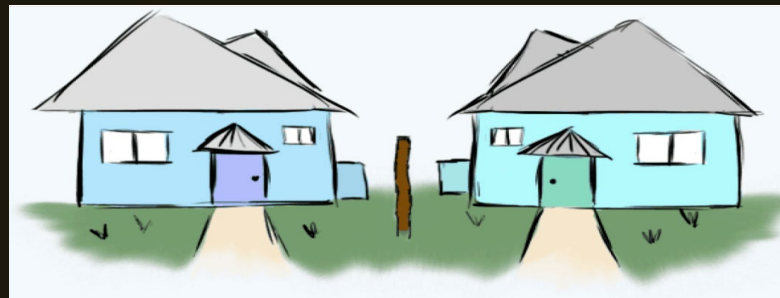


A.2.a. **Informed Consent Clients** have the freedom to choose whether to enter or remain in a counseling relationship and need adequate information about the counseling process and the counselor. **Counselors have an obligation to review in writing and verbally with clients the rights and responsibilities of both counselors and clients.** Informed consent is an ongoing part of the counseling process, and counselors appropriately document discussions of informed consent throughout the counseling relationship.

ACA Code of ETHICS - Section A The Counseling Relationship



Triangulation & Homeostasis





INFORMED CONSENT Divorce/Stepfamily/ 2 or more home systems

Continued A.2.a. **Counselors have an obligation to review in writing and verbally with clients the rights and responsibilities of both counselors and clients.**

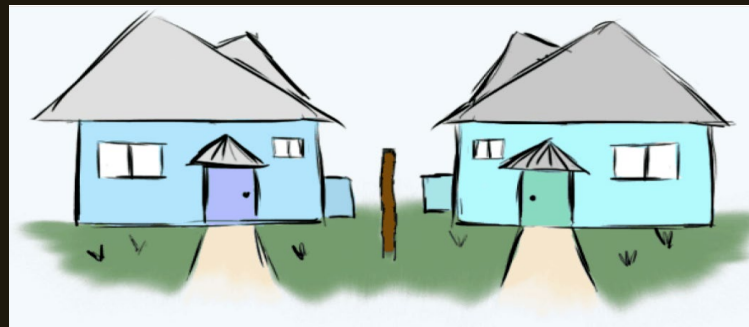
Informed consent is an ongoing part of the counseling process, and counselors appropriately document discussions of informed consent throughout the counseling relationship.

_____ 10. COURT I am a trained therapist and psychotherapy services are what I provide. If your case involves the legal system, or if you believe your case will involve the legal system, I disclose to you there is a \$1200 fee for appearing in court. Preparation of documents you may request to support court proceedings other than your records are billed at \$100 per hour in 15-minute increments.



INFORMED CONSENT Divorce/Stepfamily/ 2 or more home systems

_____ 15. RECORDS If you would like copies of records, I need 2 weeks notice and a request in writing, including all required release of information forms signed by each parent/legal guardian if the client is a minor. I will be disclosing to my client that their records are being requested.



CONTINUING INFORMED CONSENT

A.2.b. Types of Information Needed Counselors explicitly explain to clients the **nature of all services provided**. They inform clients about issues such as, but not limited to, the following: the **purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services**; the counselor's qualifications, credentials, relevant experience, and approach to counseling; continuation of services upon the incapacitation or death of the counselor; the role of technology; and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis and the intended use of tests and reports. Additionally, counselors inform clients about fees and billing arrangements, including procedures for nonpayment of fees. Clients have the right to confidentiality and to be provided with an explanation of its limits (including how supervisors and/or treatment or interdisciplinary team professionals are involved), to obtain clear information about their records, to participate in the ongoing counseling plans, and to refuse any services or modality changes and to be advised of the consequences of such refusal.



11. Complex Family Systems Specialist: I specialize in working with complex family systems, including blended families, stepfamilies, families navigating divorce, high-tension or high-conflict situations, adoption, foster care, and other scenarios where minors may be caught between conflicting values/homes. As a licensed therapist, **my primary goal is to help you navigate these challenges. My approach to working with you is to integrate theory and interventions from Family Systems, Choice Theory, Solution-Focused Therapy, Brainspotting, and the Gottman Framework. My approach is also informed by the work of leading experts such as Dr. Patricia Papernow, Ron Deal, Gary Chapman, and others.**

Research consistently shows that conflict is the most significant detriment to a child's emotional and developmental well-being in these family environments. Reducing this conflict is a collaborative effort, where each adult's ability to manage conflict/pain plays a critical role. The more love and less hate your child grows up with; the better their future. My expertise lies in guiding and supporting you in this process.

Please note that I do not serve as a professional mediator, custody/evaluator of any kind. My counseling focus is solely on providing therapeutic support to help families navigate their challenges and foster healthier relationships.

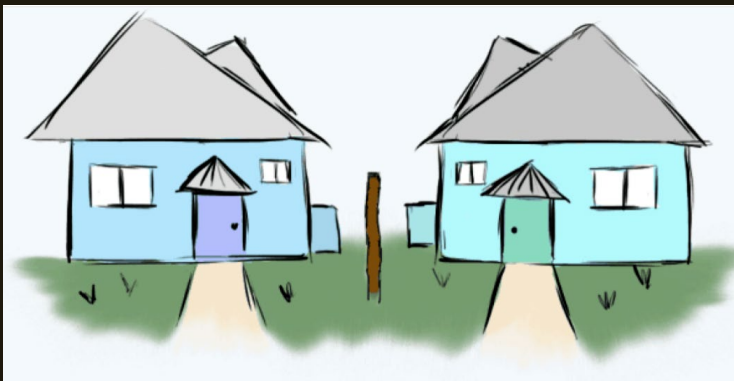
CONTINUING INFORMED CONSENT

A.2.b. Types of Information Needed Counselors explicitly explain to clients the nature of all services provided. They inform clients about issues such as, but not limited to, the following: the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services; the counselor's qualifications, credentials, relevant experience, and approach to counseling; continuation of services upon the incapacitation or death of the counselor; the role of technology; and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis and the intended use of tests and reports. Additionally, counselors inform clients about fees and **billing arrangements**, including procedures for nonpayment of fees. Clients have the right to confidentiality and to be provided with an explanation of its limits (including how supervisors and/or treatment or interdisciplinary team professionals are involved), to obtain clear information about their records, to participate in the ongoing counseling plans, and to refuse any services or modality changes and to be advised of the consequences of such refusal.

CONTINUING INFORMED CONSENT

billing arrangements

- Which Home Carries Insurance (HIPPA info needed)?
- Does the Carrier and the Client Match?
- What are the arrangements for bills /co pays?
- What does the insurance providing parent think about the ex's family therapy?



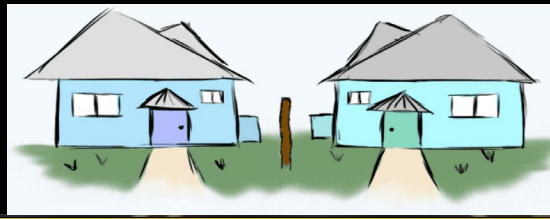
What about these?

- Who is picking the minor up? Written Permission to allow?
- Emergency phones for both homes?
- Which home will apt reminders go to? Both?
- How?
- When?

CONTINUING INFORMED CONSENT

A.2.b. Types of Information Needed Counselors explicitly explain to clients the nature of all services provided. They inform clients about issues such as, but not limited to, the following: the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services; the counselor's qualifications, credentials, relevant experience, and approach to counseling; continuation of services upon the incapacitation or death of the counselor; the role of technology; and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis and the intended use of tests and reports. Additionally, counselors inform clients about fees and billing arrangements, including procedures for nonpayment of fees. **Clients have the right to confidentiality and to be provided with an explanation of its limits** (including how supervisors and/or treatment or interdisciplinary team professionals are involved), to obtain clear information about their records, to participate in the ongoing counseling plans, and to refuse any services or modality changes and to be advised of the consequences of such refusal.





New LAW 2024 Senate Bill 1329

ACA Code of ETHICS - Section A The Counseling Relationship

Informed Consent

Please note that I am not an attorney. It is important for you to conduct your own research and consult with a qualified attorney to fully understand the implications of any new laws. If you have liability insurance through CPH, you may be eligible for up to two hours of free legal consultation each year.

Stephanie Sternes, LMFT, LCPC, NCC

- **NEW: Minors Under the year of 18 NOT 14**
- **Be Proactive engage all bios in auth, planning, consultation if possible**
- **All biological parents have rights to records (unless there is a legal document stating they don't).....Foster Care?**

LEGISLATURE OF THE STATE OF IDAHO
Sixty-seventh Legislature Second Regular Session - 2024

IN THE SENATE

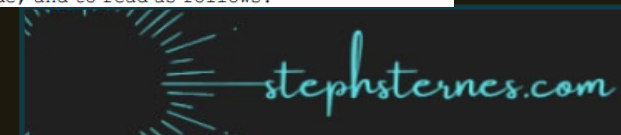
SENATE BILL NO. 1329

BY STATE AFFAIRS COMMITTEE

AN ACT
RELATING TO PARENTAL RIGHTS; AMENDING CHAPTER 10, TITLE 32, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 32-1015, IDAHO CODE, TO ESTABLISH PROVISIONS REGARDING PARENTAL RIGHTS IN MEDICAL DECISION-MAKING, TO DEFINE TERMS, TO ESTABLISH PROVISIONS REGARDING PARENTS' RIGHT TO ACCESS HEALTH INFORMATION, AND TO ESTABLISH PROVISIONS REGARDING A CAUSE OF ACTION; AND DECLARING AN EMERGENCY AND PROVIDING AN EFFECTIVE DATE.

Be It Enacted by the Legislature of the State of Idaho:

SECTION 1. That Chapter 10, Title 32, Idaho Code, be, and the same is hereby amended by the addition thereto of a **NEW SECTION**, to be known and designated as Section 32-1015, Idaho Code, and to read as follows:

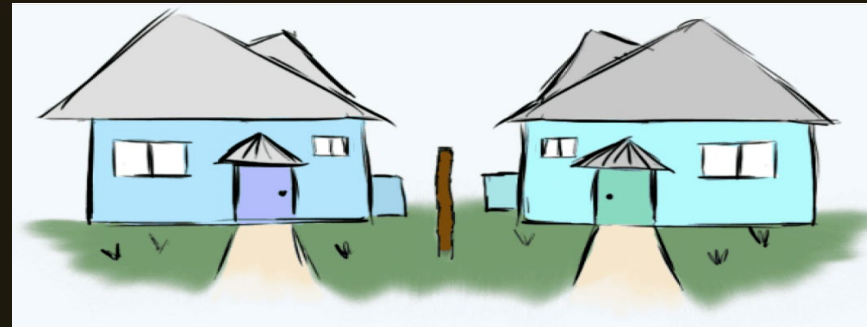


A.2.d. Inability to Give Consent **When counseling minors**, incapacitated adults, or other persons unable to give voluntary consent, **counselors seek the assent of clients to services and include them in decision making as appropriate.** Counselors recognize the need to balance the ethical rights of clients to make choices, their capacity to give consent or assent to receive services, and parental or familial legal rights and responsibilities to protect these clients and make decisions on their behalf.

ACA Code of ETHICS - Section A The Counseling Relationship

Minors New law- under 18 not 14

- ROI's?
- Stepparents, Foster Parents, Health & Welfare, Grandparents, Moms, Dad's, others?
- Who does the minor client want in the room?
- Who is legal to be in session with them and by who's authority?
- If there is family conflict this could be an ethical issue if it backfires. Agreed upon Treatment Plans help reduce risk.



PARENTING PLANS and COURT ORDERS

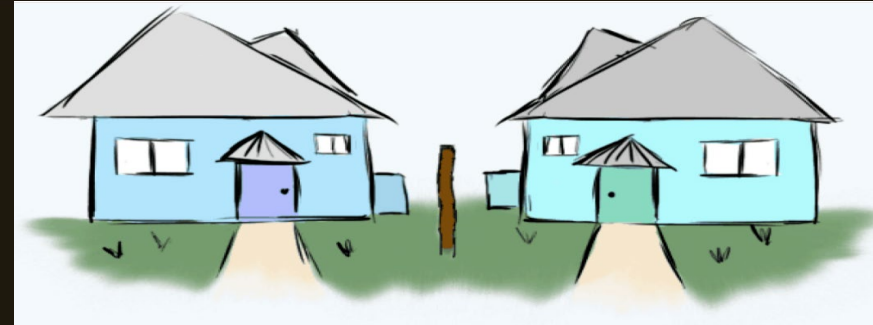


A.2.d. Inability to Give Consent **When counseling minors**, incapacitated adults, or other persons unable to give voluntary consent, counselors seek the assent of clients to services and include them in decision making as appropriate. **Counselors recognize the need to**

balance the ethical rights of clients to make choices, their capacity to give consent or assent to receive services, and parental or familial legal rights and responsibilities to protect

ACA Code of ETHICS - Section A The Counseling Relationship

Who is parental or familial legal rights?



PARENTING PLANS and COURT ORDERS

**Balance Power in 2 Homes with Goals for Both
IE: Engage Both Parents if Possible**

A.3. Clients Served by Others When counselors learn that their clients are in a professional relationship **with other mental health professionals, they request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships.**

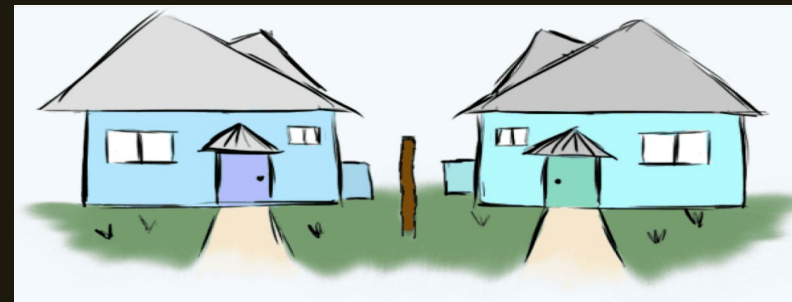
ACA Code of ETHICS - Section A The Counseling Relationship

Med managers, other counselors both school and professional all go without question.

What if the other home has their own counselor involved? What if it is Family Therapy in the other home? Conflict or Not? CONSULT.

Request the ROI and record if they refuse.

ROIROI..... ROIROI.....!



A.4. Avoiding Harm and Imposing Values

ACA Code of ETHICS - Section A The Counseling Relationship

A.4.a. Avoiding Harm Counselors act to avoid harming their clients, trainees, and research participants and to minimize or to remedy unavoidable or unanticipated harm.

A.4.b. Personal Values Counselors are aware of—and avoid imposing—their own values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients, trainees, and research participants and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature.



ACA Code of ETHICS - Section A The Counseling Relationship

A.6.b. Extending Counseling Boundaries Counselors consider the risks and benefits of extending current counseling relationships beyond conventional parameters. Examples include attending a client's formal ceremony (e.g., a wedding/commitment ceremony or graduation), purchasing a service or product provided by a client (excepting unrestricted bartering), and visiting a client's ill family member in the hospital. In extending these boundaries, counselors take appropriate professional precautions such as **informed consent, consultation, supervision, and documentation** to ensure that judgment is not impaired, and no harm occurs.

BOUNDARY CROSSING are INTENTIONAL

Boundary Violation? Probably missed a step!

We are judged by a jury of our peers. It is freeing to ask your peers before other peers judge your behaviors and motives

ASKING
— *for* —
HELP
is OK

stephsternes.com

ACA Code of ETHICS - Section A The Counseling Relationship

A.6.c. Documenting Boundary Extensions If counselors extend boundaries as described in A.6.a. and A.6.b., they must officially document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. When unintentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client, the counselor must show evidence of an attempt to remedy such harm.

BOUNDARY CROSSING are INTENTIONAL

If unintentional harm – must be evidence of remedy

Boundary Violations? Probably missed a step!



ACA Code of ETHICS - Section A The Counseling Relationship

A.8. Multiple Clients When a counselor agrees to provide counseling services to two or more persons who have a relationship, **the counselor clarifies at the outset which person or persons are clients and the nature of the relationships the counselor will have with each involved person.** If it becomes apparent that the counselor may be called upon to perform potentially conflicting roles, the counselor will clarify, adjust, or withdraw from roles appropriately.

A2.b IC & A.8 Nature



Multiple Clients and Nature of Relationships

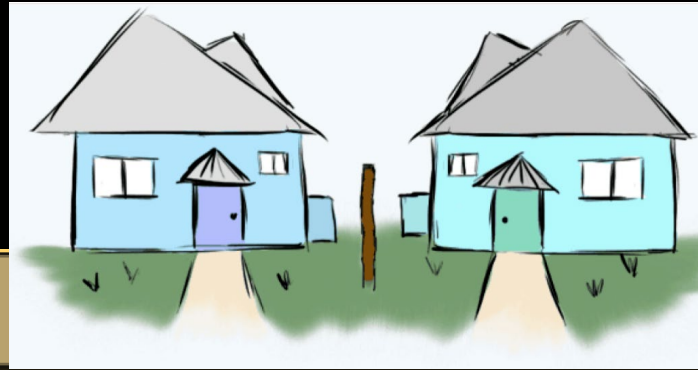
_____17 It is important to me that you are informed of the types of consultation and counseling formats that we provide here at Clarity Counseling Connections. Please read the following information and identify that you understand the process.

The item we mark below are the **original** ways that Clarity Counseling Connections will be providing services.

_____ Consultation, in general:

Is a meeting where I provide information about the counseling process and counseling relationships. During consultation we are talking about counseling not doing counseling. Consultation is aimed at planning for therapy or referral of an individual, couple or family/group. **There is no client in general consultation.** It is information giving aimed at the counseling process and best access to a plan.

Confidentiality limits (not just the limitations of confidentiality)



CONTINUING INFORMED CONSENT

_____ Parent Consultation, in general:

Is work a therapist would do to update a parent/guardian on how their child is progressing in therapy or what additional help/support the child may need from parent/guardian outside of the counseling sessions. **The individual/child is the therapeutic client not the parent/guardian.** Consultation may be done with or without the child client present. **Parents have the right to request their children's records under the age of 18.** Limitations of confidentiality still apply.

_____ Individual therapy, in general:

Is work a client would do around his or her own personal goals. **The individual person is the therapeutic client.** Confidentiality is more manageable with only the limits of confidentiality we have talked about. Limitations of confidentiality still apply.

Couple therapy, in general, is work a couple does together to meet partnership goals. **The relationship between the couple is the client** and not either individual. We may bring in either partner or one at a time during the course of our work. Again we expect and request that confidentiality between couples stay between couples and not be taken outside of the session but obviously there is a risk that either would break confidentiality intentionally or not. Limits of confidentiality still apply.

Confidentiality limits (not just the limitations of confidentiality)



CONTINUING INFORMED CONSENT

Family/Group therapy, in general:

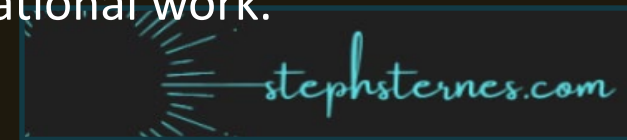
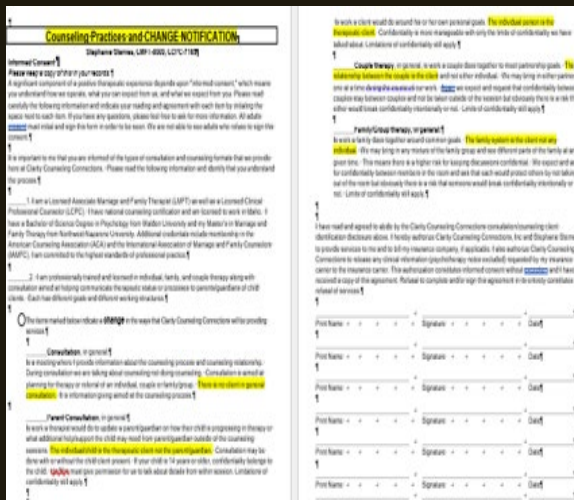
Is work a family does together around common goals. **The family system or group is the client not any individual.** We may bring in any mixture of the family group and see different parts of the family at any given time. This means there is a higher risk for keeping discussions confidential. We expect and ask for confidentiality between members in the room and ask that each would protect others by not talking out of the room but obviously there is a risk that someone would break confidentiality intentionally or not. Limits of confidentiality still apply.

ACA Code of ETHICS - Section A The Counseling Relationship

A.8. Multiple Clients When a counselor agrees to provide counseling services to two or more persons who have a relationship, the counselor clarifies at the outset which person or persons are clients and the nature of the relationships the counselor will have with each involved person. **If it becomes apparent that the counselor may be called upon to perform potentially conflicting roles, the counselor will clarify, adjust, or withdraw from roles appropriately.**

What changed?
Individual to Family?
Couples to Individual? ROI?

There is much flexibility with proper consultation and a foundation of relational work.



Counseling Practices and CHANGE-NOTIFICATION

Stephanie Sterne, LMFT-8003, LCPC-7182

Informed Consent

Please keep a copy of this in your records.

A significant component of a positive therapeutic experience depends upon "informed consent," which means you understand how we operate, what you can expect from us, and what we expect from you. Please read carefully the following information and indicate your reading and agreement with each item by initialing the space next to each item. If you have any questions, please feel free to ask for more information. All adults **must** initial and sign this form in order to be seen. We are not able to see adults who refuse to sign this consent.

It is important to me that you are informed of the types of consultation and counseling formats that we provide here at Clarity Counseling Connections. Please read the following information and identify that you understand the process.

1. I am a Licensed Associate Marriage and Family Therapist (LMFT) as well as a Licensed Clinical Professional Counselor (LCPC). I have national counseling certification and am licensed to work in Idaho. I have a Bachelor of Science Degree in Psychology from Walden University and my Master's in Marriage and Family Therapy from Northwest Nazarene University. Additional credentials include membership in the American Counseling Association (ACA) and the International Association of Marriage and Family Counselors (IAMFC). I am committed to the highest standards of professional practice.

2. I am professionally trained and licensed in individual, family, and couple therapy along with consultation aimed at helping communicate therapeutic status or processes to parents/guardians of child clients. Each has different goals and different working structures.

The item marked below indicates a **change** in the ways that Clarity Counseling Connections will be providing services.

Consultation, in general

It is a meeting where I provide information about the counseling process and counseling relationship. During consultation we are talking about counseling, not doing counseling. Consultation is aimed at planning for therapy or referral of an individual, couple or family/group. **There is no client in general consultation.** This information giving aimed at the counseling process.

Parent Consultation, in general

It is work a therapist would do to update a parent/guardian on how their child is progressing in therapy or what additional help/support the child may need from parent/guardian outside of the counseling sessions. **The individual/child is the therapeutic client not the parent/guardian.** Consultation may be done with or without the child client present. If your child is 14 years or older, confidentiality belongs to the child. **Parents** must give permission for us to talk about details from within session. Limitations of confidentiality still apply.

Individual therapy, in general

It is work a client would do around his or her own personal goals. **The individual person is the therapeutic client.** Confidentiality is more manageable with only the limits of confidentiality we have talked about. Limitations of confidentiality still apply.

Couple therapy, in general, is work a couple does together to meet partnership goals. **The relationship between the couple is the client** and not either individual. We may bring in either partner or one at a time **during the course of our work.** **Consent** we expect and request that confidentiality between couples stay between couples and not be taken outside of the session but obviously there is a risk that either would break confidentiality intentionally or not. Limits of confidentiality still apply.

Family/Group therapy, in general: It is work a family does together and common goals. **The family system is the client not any individual.** We may bring in any mixture of the family group and see different parts of the family at any given time. This means there is a higher risk for keeping discussions confidential. We expect and ask for confidentiality between members in the room and ask that each would protect others by not talking out of the room but obviously there is a risk that someone would break confidentiality intentionally or not. Limits of confidentiality still apply.

I have read and agreed to abide by the Clarity Counseling Connections consultation/counseling client identification/disclosure above. I hereby authorize Clarity Counseling Connections, Inc and Stephanie Sterne, to provide services to me and to bill my insurance company, if applicable. I also authorize Clarity Counseling Connections to release any clinical information (psychotherapy notes excluded) requested by my insurance carrier to the insurance carrier. This authorization constitutes informed consent without **coercion** and I have received a copy of this agreement. Refusal to complete and/or sign this agreement in its entirety constitutes a refusal of services.

Print Name: + + + + + Signature: + + + + + Date:

Print Name: + + + + + Signature: + + + + + Date:

Print Name: + + + + + Signature: + + + + + Date:

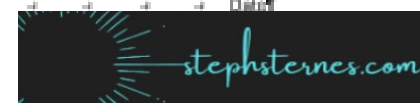
Print Name: + + + + + Signature: + + + + + Date:

Print Name: + + + + + Signature: + + + + + Date:

Print Name: + + + + + Signature: + + + + + Date:

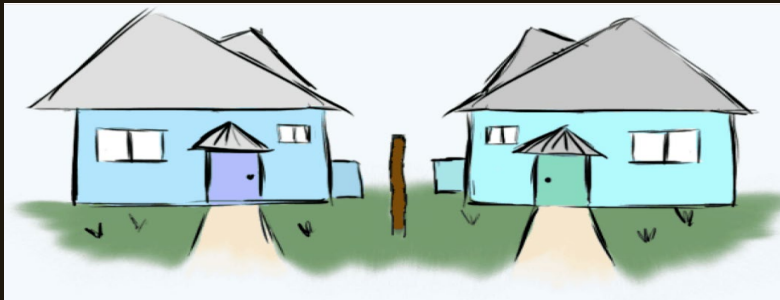
Print Name: + + + + + Signature: + + + + + Date:

Print Name: + + + + + Signature: + + + + + Date:



ACA Code of ETHICS - Section A The Counseling Relationship

A.9. Group Work A.9.a. Screening Counselors screen prospective group counseling/therapy participants. **To the extent possible, counselors select members whose needs and goals are compatible with the goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.** A.9.b. Protecting Clients In a group setting, counselors take reasonable precautions to protect clients from physical, emotional, or psychological trauma.



Although this is talking to Groups, I have learned much about screening from my work with groups. In part it is how I view 1 family 2 homes.

The SCREEING is so important for these families when you are initially setting up who is the client.

ACA Code of ETHICS - Section A The Counseling Relationship

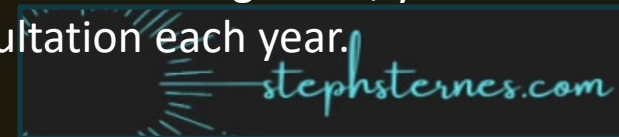
A.11. Termination and Referral A.11.a. Competence Within Termination and Referral If counselors lack the competence to be of professional assistance to clients, they avoid **entering or continuing counseling relationships.** Counselors are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives. If clients decline the suggested referrals, counselors discontinue the relationship.

A.11.b. Values Within Termination and Referral Counselors **refrain from referring prospective and current clients based solely on the counselor's personally held values, attitudes, beliefs, and behaviors.** Counselors respect the diversity of clients and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature.

Informed Consent

NEW LAW 2024 vs Ethics
Please note that I am not an attorney. It is important for you to conduct your own research and consult with a qualified attorney to fully understand the implications of any new laws. If you have liability insurance through CPH, you may be eligible for up to two hours of free legal consultation each year.

Stephanie Sternes, LMFT, LCPC, NCC



SENATE BILL NO. 1352

Counselors may deny service based on SINCERELY HELD PRINCIPLES

LEGISLATURE OF THE STATE OF IDAHO Sixty-seventh Legislature Second Regular Session - 2024
IN THE SENATE BILL NO. 1352 BY HEALTH AND WELFARE COMMITTEE 1 AN ACT 2
RELATING TO COUNSELORS AND THERAPISTS; AMENDING CHAPTER 34, TITLE 54, IDAHO 3
CODE, BY THE ADDITION OF A NEW SECTION 54-3416, IDAHO CODE,

TO PROVIDE THAT **NO PERSON PROVIDING COUNSELING OR THERAPY SERVICES SHALL BE REQUIRED TO COUNSEL OR SERVE A CLIENT IN SUPPORT OF GOALS, OUTCOMES, OR**

BEHAVIORS THAT CONFLICT WITH THE SINCERELY HELD RELIGIOUS,
MORAL, OR ETHICAL PRINCIPLES OF THE COUNSELOR OR THERAPIST; AND DECLARING AN
EMERGENCY AND PROVIDING AN EFFECTIVE DATE.

This section **may not be construed to waive or modify any duty a counselor or therapist may have to provide or facilitate other types of counseling or therapy** that support goals, outcomes, or behaviors that do not violate the counselor's or therapist's conscience.





Closer look at Ethics from Complex Family Systems Perspective

ACA Code of Ethics

- Section A The Counseling Relationship
- **Section B Confidentiality and Privacy**
- Section C Professional Responsibility

Disclosure Between Homes?

ACA Code of ETHICS - Section B Confidentiality and Privacy



B.1. Respecting Client Rights B.1.a. Multicultural/Diversity Consideration Counselors maintain awareness and **sensitivity regarding cultural meanings of confidentiality** and privacy. **Counselors respect differing views toward disclosure of information. Counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared.**

B.1.b. Respect for Privacy Counselors respect the privacy of prospective and current clients. Counselors request private information from clients only when it is beneficial to the counseling process.

B.1.c. Respect for Confidentiality Counselors protect the confidential information of prospective and current clients. Counselors disclose information only with appropriate consent or with sound legal or ethical justification.

B.1.d. Explanation of Limitations At initiation and throughout the counseling process, counselors inform clients of the limitations of confidentiality and seek to identify situations in which confidentiality must be breached.

Careful

Be Preventative

ACA Code of ETHICS - Section B Confidentiality and Privacy

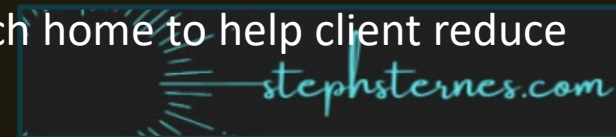
B.2.d. Court-Ordered Disclosure When ordered by a court to release confidential or privileged information without a client's permission, counselors seek to obtain written, informed consent from the client or take steps to **prohibit the disclosure or have it limited as narrowly as possible because of potential harm to the client or counseling relationship.**

B.2.e. Minimal Disclosure To the extent possible, clients are informed before confidential information is disclosed and are involved in the disclosure decision-making process. When circumstances require the disclosure of confidential information, **only essential information is revealed.**

This is where a summary of the work helps!

Aim Treatment plans to be balanced and not easily turned into a weapon for the other parent

Example Goal: Parents will create and maintain routines in each home to help client reduce anxiety between home transitions.



ACA Code of ETHICS - Section B Confidentiality and Privacy

B.4. Groups and Families

B.4.a. Group Work In group work, counselors clearly explain the importance and parameters of confidentiality for the specific group

R

B.4.b. Couples and Family Counseling In couples and family counseling, counselors clearly **define who is considered “the client”** and discuss expectations and limitations of confidentiality. Counselors seek agreement and document in writing such agreement among all involved parties regarding the confidentiality of information. In the absence of an agreement to the contrary, the couple or family is considered to be the client.

Informed Consent, Verbal & Written!

Don't forget to update changes!



Parenting Plans are KEY!

Who has the authority?

ACA Code of Ethics - Section E Confidentiality and Privacy

B.5. Clients Lacking Capacity to Give Informed Consent

B.5.a. Responsibility to Clients When counseling minor clients or adult clients who lack the capacity to give voluntary, informed consent, counselors protect the confidentiality of information received—in any medium—in the counseling relationship as specified by federal and state laws, written codes, and applicable ethical standards.

Temporary Custody is common

B.5.b. Responsibility to Parents and Legal Guardians Counselors inform parents and legal guardians about the role of counselors and the confidential nature of the counseling

relationship, consistent with **current legal and custodial**

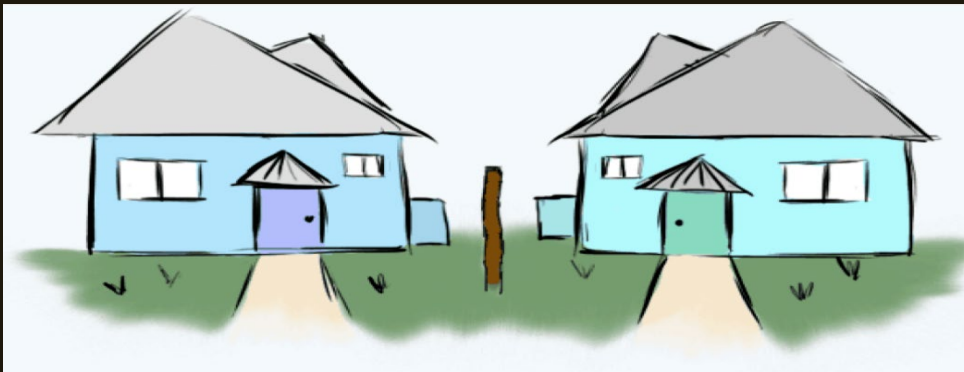
arrangements. Counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians regarding the welfare of their children/charges according to law. **Counselors work to establish,**

as appropriate, collaborative relationships with

parents/guardians to best serve clients.

ACA Code of ETHICS - Section B Confidentiality and Privacy

B.5.c. Release of Confidential Information When **counseling minor clients or adult clients who lack the capacity to give voluntary consent** to release confidential information, counselors seek permission from an appropriate third party to disclose information. In such instances, counselors inform clients consistent with their level of understanding and **take appropriate measures to safeguard client confidentiality.**



ACA Code of ETHICS - Section B Confidentiality and Privacy

B.6. Records and Documentation

B.6.a. Creating and Maintaining Records and Documentation Counselors create and maintain records and documentation necessary for rendering professional services.

B.6.b. Confidentiality of Records and Documentation Counselors ensure that records and documentation kept in any medium are secure and that only authorized persons have access to them.

B.6.c. Permission to Record Counselors obtain permission from clients prior to recording sessions through electronic or other means.

New NCC Ethics for
AI April 12, 2024

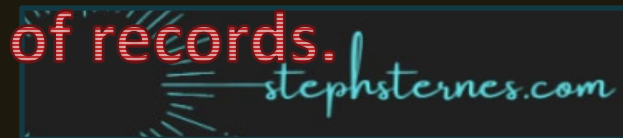


ACA Code of ETHICS - Section B Confidentiality and Privacy

B.6.e. Client Access Counselors provide reasonable access to records and copies of records when requested by competent clients. Counselors limit the access of clients to their records, or portions of their records, only when there is compelling evidence that such access would cause harm to the client. Counselors document the request of clients and the rationale for withholding some or all of the records in the files of clients. **In situations involving multiple clients, counselors provide individual clients with only those parts of records that relate directly to them and do not include confidential information related to any other client.**

B.6.f. Assistance With Records When clients request access to their records, counselors provide assistance and consultation in interpreting counseling records.

Summaries based on BIG 5 Challenges and CLEAR understanding of who the client and what 2 or more homes are legal recipients of records.





February 6th, 2021

CLIENT:
Sample

DIAGNOSIS:
313.89 (F41.1) Generalized An-
disorder (GAD) persisting for r
divorce, changes in home envi
coping style initially presented
during adolescence.

- difficulty sleeping.
- feeling restless, irritabl
- getting tired easily.
- feeling tense.
- stomach problems.
- a more noticeable or u

F43.89 Other Specified Trauma
coping mechanisms as a mean
of 4. These experiences have c
impulsivity, and maladaptive b
with maladaptive conduct to p

These symptoms and behavior

STRESSORS:
Problems with primary suppor
time with friends while at his n
significantly different parentin
social environment: indicated l
town and the other in a city wl
evident, including frequent tar

STRENGTHS:
The client demonstrates natural leadership qualities and is beginning to explore and develop these strengths within a school leadership context. He is gaining self-awareness, recognizing areas where he lacks knowledge and confidence, and identifying role models who inspire him. While he previously exhibited an external locus of control, he is transitioning toward understanding his role in the outcomes of his actions.

The client displays resilience, showing a determination to persevere even in challenging situations. He has a strong sense of empathy, particularly toward animals, and thrives in teamwork settings when his role is clearly defined. He works effectively alongside others, finding purpose and ease in expressing himself verbally during collaborative efforts.

These symptoms and behaviors are clinically significant as evidenced by the symptoms above.

STRESSORS:

Problems with primary support groups: indicated by the client's challenges stemming from the perceived threat of losing time with friends while at his mother's house. These difficulties are compounded by navigating two homes with significantly different parenting styles and a conflictual relationship between biological parents. Problems related to the social environment: indicated by adjustment challenges due to living in two contrasting settings—one in a small rural town and the other in a city where he has more things to do. School problems: indicated by academic challenges are evident, including frequent tardiness to the first class and issues with absenteeism.

STRENGTHS:

The client demonstrates natural leadership qualities and is beginning to explore and develop these strengths within a school leadership context. He is gaining self-awareness, recognizing areas where he lacks knowledge and confidence, and identifying role models who inspire him. While he previously exhibited an external locus of control, he is transitioning toward understanding his role in the outcomes of his actions.



continue developing attachment and relational skills essential for success.

The client is forgiving and work ethic when focused continue developing attachment

HISTORY:

The client's parents divorced. This dynamic has led to the client struggling with work. He continues to display reactive behaviors.

He expresses love for both parents but experiences significant tension when they are in the same space, describing the situation as feeling like he has to "pick sides." In his early years, the client often conformed to others' expectations. By age 14, he began showing increased resistance and oppositional behavior toward both parents.

Despite maintaining a 4.0 GPA, the client has expressed frustration, at times threatening to let his grades drop if he is not granted more freedom to spend time with friends. He frequently seeks opportunities to stay overnight with friends.

TREATMENT:

The client has attended 15 weekly 45-minute individual counseling sessions and a few family sessions as well. Treatment has included encouraging positive transitions as well as to identify his strengths and thinks with goals to improve communication with others and responsibility for that part aimed at remapping his life without the other.

IMPRESSIONS:

The client's behavior is still disorganized attachment. He appears to recognize the logical and operational responsibilities of being part of a community and is starting to explore the emotional responsibility for his actions and their impact on others.

Although the client continues to demonstrate a desire for showing progress in changing core beliefs. He appears to recognize the logical and operational responsibilities of being part of a community and is starting to explore the emotional responsibility for his actions and their impact on others.

The client is practicing and successfully formulating reparative actions, becoming more comfortable verbalizing ruptures and repairs with both parents in both homes. He is gaining confidence in his ability to communicate these dynamics and is working on bridging his strong physical self-confidence to his emotional development.

Notably, the client has not withdrawn to his room in months, even during periods of attachment-related stress. He presents himself as motivated to continue his progress, despite a recent setback following the stressor of his sister moving out. Prior to this adjustment, the client was making significant strides, including discussing his emotions with prompts, a marked improvement from his struggles to express himself earlier. His growth trajectory remains encouraging, and with continued support, further progress is anticipated.

RECOMMENDATIONS:

Recommended Ongoing Counseling and Interventions

HISTORY:

The client's parents divorced when he was two years old. Both parents report ongoing challenges in co-parenting. This dynamic may have led to the client feeling torn between loyalty to his mother and father.

During early childhood, the client struggled with waking up in the mornings, often exhibiting anger and resistance. While this has improved, he continues to display reactive behaviors when tired.

He expresses love for both parents but experiences significant tension when they are in the same space, describing the situation as feeling like he has to "pick sides." In his early years, the client often conformed to others' expectations. By age 14, he began showing increased resistance and oppositional behavior toward both parents.

Despite maintaining a 4.0 GPA, the client has expressed frustration, at times threatening to let his grades drop if he is not granted more freedom to spend time with friends. He frequently seeks opportunities to stay overnight with friends.

TREATMENT:

The client has attended 15 weekly 45-minute individual counseling sessions and a few family sessions as well.



Key areas of focus include:

Continued counseling actions. Effective support that prioritizes early intervention appropriately, and full

Key areas of focus include:

- Expressing Emotions and Managing Anxiety: Continued work to help the client articulate his feelings and manage anxiety in adaptive and respectful ways, fostering confidence and emotional resilience.
- Understanding Sensitivity and Hyperarousal: Addressing the client's heightened sensitivity and hyperarousal to stimuli across the six senses. This includes helping him identify triggers, remain emotionally engaged, and utilize appropriate strategies such as taking intentional time-outs when needed.
- Re-engaging Emotionally After Stress: Developing skills to help the client re-engage emotionally after experiencing stress, enabling smoother transitions back into relational and social interactions.
- Reducing Attachment Breaks and Building Relationship Permanence: Emphasizing the importance of minimizing attachment disruptions and fostering stable, secure relationships that provide a sense of permanence and emotional safety.

Additional Areas of Focus:

- Somatic Grounding: Introducing body-based techniques to help the client stay present, reduce hyperarousal, and manage stress effectively. These practices will enhance his ability to connect with his physical and emotional states in a grounded manner.
- Sleep Hygiene: Reinforcing the importance of consistent, restorative sleep to support emotional regulation, concentration, and overall well-being. This may involve creating bedtime routines, managing screen time, and addressing any sleep disturbances.
- Awareness of Tension and Control: Teaching the client to identify physical signs of tension, understand their sources, and differentiate between what he can and cannot control. This will empower him to make intentional choices and adopt healthier coping mechanisms.

These efforts are designed to work cohesively to strengthen the client's self-awareness, emotional regulation, and relational skills, laying a solid foundation for continued personal growth and long-term success.

Stephanie

Stephanie Sternes, LMV
Idaho License # 8009

Additional Areas of Focus:

- Expressing Emotions and Managing Anxiety: Continued work to help the client articulate his feelings and manage anxiety in adaptive and respectful ways, fostering confidence and emotional resilience.
 - Understanding Sensitivity and Hyperarousal: Addressing the client's heightened sensitivity and hyperarousal to stimuli across the six senses. This includes helping him identify triggers, remain emotionally engaged, and utilize appropriate strategies such as taking intentional time-outs when needed.
 - Re-engaging Emotionally After Stress: Developing skills to help the client re-engage emotionally after experiencing stress, enabling smoother transitions back into relational and social interactions.
 - Reducing Attachment Breaks and Building Relationship Permanence: Emphasizing the importance of minimizing attachment disruptions and fostering stable, secure relationships that provide a sense of permanence and emotional safety.
-
- Somatic Grounding: Introducing body-based techniques to help the client stay present, reduce hyperarousal, and manage stress effectively. These practices will enhance his ability to connect with his physical and emotional states in a grounded manner.
 - Sleep Hygiene: Reinforcing the importance of consistent, restorative sleep to support emotional regulation, concentration, and overall well-being. This may involve creating bedtime routines, managing screen time, and addressing any sleep disturbances.
 - Awareness of Tension and Control: Teaching the client to identify physical signs of tension, understand their sources, and differentiate between what he can and cannot control. This will empower him to make intentional choices and adopt healthier coping mechanisms.

These efforts are designed to work cohesively to strengthen the client's self-awareness, emotional regulation, and relational skills, laying a solid foundation for continued personal growth and long-term success.





Closer look at Ethics from Complex Family Systems Perspective

ACA Code of Ethics

- Section A The Counseling Relationship
- Section B Confidentiality and Privacy
- **Section C Professional Responsibility**



ACA Code of ETHICS - Section C PROFESSIONAL RESPONSIBILITY

Section C Professional Responsibility

C.2. **Professional Competence**

C.2.a. Boundaries of Competence Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Whereas multicultural counseling competency is required across all counseling specialties, counselors gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally competent counselor in working with a diverse client population.

C.2.b. New Specialty Areas of Practice Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and protect others from possible harm.

Attachment is much different in these families

**How much do
you
know?**

ASKING
— for —
HELP
is OK

5 Major Challenges

- 1) INSIDER/OUTSIDER Positions- Feeling left out or stuck in the middle. This is hard and stays for a long time.
- 2) Children- Loss, Transitions, Loyalty Binds, Big T Truth of Different Stages Between Parents and Children Subsets
- 3) Parenting Tasks Polarize the Parents- Norms, Correction Before Connection, Big T Truths About What Works
- 4) Creating New Family Culture – Traditions are High Emotional Connections, They Create Our Big T Truths
- 5) Ex Spouses Part of the Family- Divorce Doesn't End Relationships, It Just Reorganize it and Adds New Conflicting Big T Truths



Skilled Counselors Move From 1 Level to Another

Level 1
Psychoeducation
Teaching Skills

Psycho Ed, Normalizing!

Level 2
Interpersonal Skills
Relational Skills

Basic Joining skills such as **empathy (NOT AGREEMENT)**, **active listening**, **emotional intelligence**, **validation**, and **normalization**.
Counselor Awareness of Parallel Process.

Level 3
Intrapsychic Issues
Trauma Lens

Some typical examples of intrapsychic issues (occurring within the psyche, mind) is Papernow's "bruise" or Triggers, anxiety, trauma, grief, fear, attachment issues and or wounds.

*When do you shift? Spinning and stuck - BRUISES

*Bruises for outsider stepparents-FOO

–Rejection/Unprotected

*Bruises for parents-FOO-Never learned co-regulation

*Turn INSIDE-"What happens inside when you...?"



ACA Code of ETHICS - Section C PROFESSIONAL RESPONSIBILITY

C.2.e. Consultations on Ethical Obligations Counselors take reasonable steps to consult with other counselors, the ACA Ethics and Professional Standards Department, or related professionals when they have questions regarding their ethical obligations or professional practice.

Get Consultation

C.2.f. Continuing Education Counselors recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. Counselors maintain their competence in the skills they use, are open to new procedures, and remain informed regarding best practices for working with diverse populations.

Get Trained

Get HELP

ACA Code of ETHICS - Section C PROFESSIONAL RESPONSIBILITY

C.2.g. Impairment

Counselors monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when impaired. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work. Counselors assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent imminent harm to clients.

- **High reactivity in session?**
- **Body sensations?**
- **Guarded?**
- **Memories of your own story coming up in session?**
- **Triggers? Emotional Changes in Session?**

ASKING
— *for* —
HELP
is OK



stephsternes.com

Road Maps **Ahead**

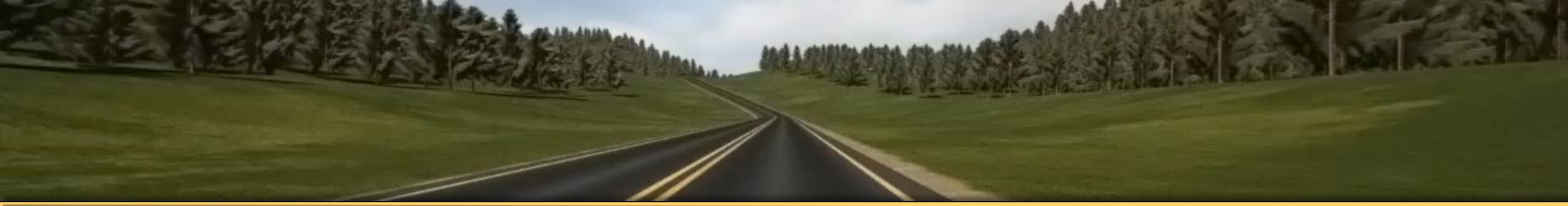
StepFamily Ethical Considerations from Consult to Graduation



From Consult to Termination Blended Family Ethics

- 1) Consult – Assess Family Conflict – Normal Expected Developmental Stage and Greif/Loss Behaviors
- 2) Verify Custody & Authority to make mental health decisions
Documentation – Place in File
- 3) Identify Client – Gain Authorization, attempt to join with biological parents if client is minor
- 4) IC – Court, Records, Insurance/payment/appointments/ multiple contacts/2 homes and Types of Counseling
- 5) Intake – Normalizing, Psycho ed, joining with the team around the client – knowledge and terminology around these systems. Insider/Outsider, Loyalty Binds, Transition Regulation, Polarized Values, 3 level of working with individuals/clients Culturally Join
- 6) Treatment Planning – Goals for Attachment/Family/Sys

ASKING
for
HELP
is OK



From Consult to Termination Blended Family Ethics

7. Documenting and assessing how the system is functioning is a foundational way to keep clients out of the middle . Documenting client behavior within that framework is balanced.
8. Mandated Reporting – Encourage party that disclosed to report in front of you. If client is a child, encourage them to confide with a parent if possible and have them report in session with you. Last resorts is to report as the therapist based on an assessment of doing no harm. This is tricky because of the confidentiality and commonality of loyalty binds in these families.
9. Use of Theory that matches best practice for these family systems. Attachment Theory, Family Systems Theories, Grief and Loss, trauma as well as developmental norms, blended family norms, and self soothing skills. 3 levels of working with clients in these family systems. Experts Dr. Patricia Papernow,

ASKING
— for —
HELP
is OK

From Consult to Termination Blended Family Ethics

10. Minors can be caught in the middle of conflicting parents and stepparents. Thus, their records can be used as weapons. From Treatment Plan, Notes, Updates, Summaries, and Separate but consistent communication to legal (authorized-ROI) parties only. Stay consistent with your therapy and theory. Don't get caught in their family system.
11. Courts- Consult with your attorney - If records are subpoenaed- Balance between by letting the other parent know that there is a request (let them go to their attorney to try to stop the other parent from using the minor records). Again, feeling confident in your plan, notes, summaries that you are recording the behaviors of the minor client based on the family system they are in.
12. Consult, Consult, Consult with a complex family system specialist
13. Graduation and Termination being sure to normalized that they may need help again to process loss and grief in the future as they grow along the lifespan. Divorce is much more like loss in that it isn't an emotion that goes away, we don't get over it or forget it. It is more like loss that becomes apart of your story. One that comes back to be reprocessed, throughout the lifetime. Development stages and life events seem to be sources for divorce loss to resurface. It grows with us in healthy ways or maladaptive ways.

References

- Papernow, P.L. (2013). *Surviving and thriving in stepfamily relationships: What works and what doesn't*. New York: Routledge.
- Papernow, P.L. (2019). *Ask the experts: A baker's dozen tips for parenting, stepparenting, and discipline in stepfamilies*. Association of Family and Conciliation Courts eNews, 14(6).
- Program: *The Smart Stepfamily* DVD ©2009 and *The Smart Stepfamily Participant's Guide* ©2014 by Ron L. Deal. Published by Bethany House. Non-profit private and church use only.
- *Statistics from SmartStepfamilies.com*: Extensive resources for stepfamilies and therapists are available on this platform, including counselor quick links.
- *The Blended Family: Help and Hope* (2014). YouTube video by Ron Deal, published by FamilyLife Blended™.
- The National Stepfamily Resource Center. (n.d.). [Website](#). Offers comprehensive resources for stepfamily education and support.
- Deal, R. (n.d.). Stepfamily Expert and Author. [SmartStepfamilies.com](https://www.smartstepfamilies.com).
- Chapman, G. (1995). *The Five Love Languages: The secret to love that lasts*. Chicago: Northfield Publishing.
- ACA Ethics. (2014). *ACA Code of Ethics*. American Counseling Association.
- ART CHATGPT
- The National Child Traumatic Stress Network - <https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma>
- High Conflict Institute - <https://highconflictinstitute.com/>
- Erasing The Family - <https://erasingfamily.org/>
- The Work of Dan Siegal - <https://drdansiegel.com/>

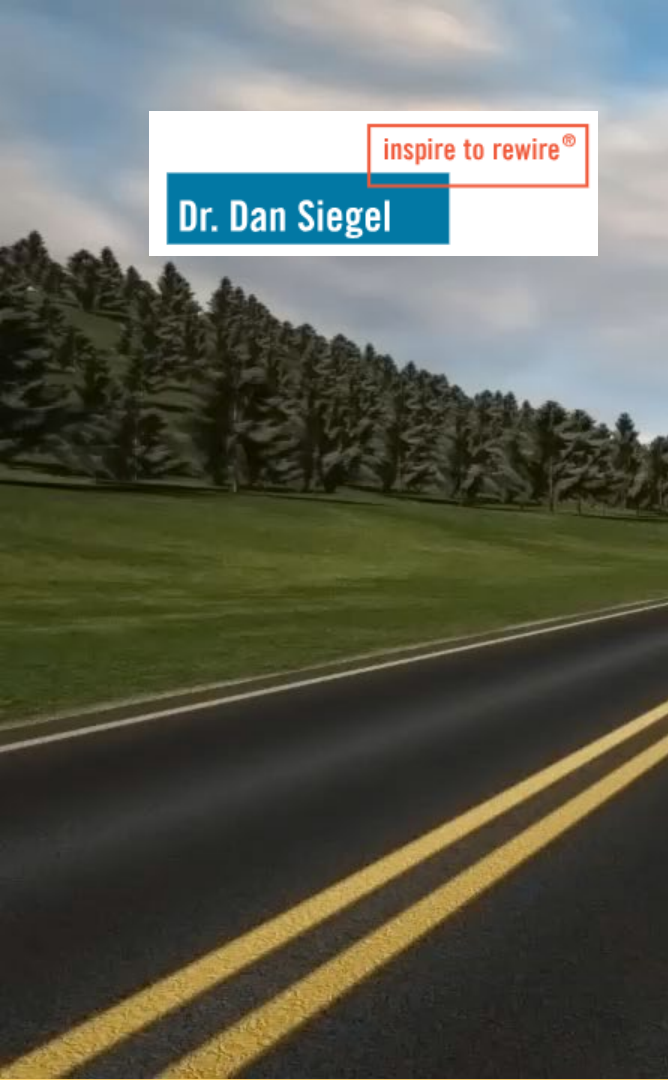


help@StephSternes.com

ASKING
— for —
HELP
is OK

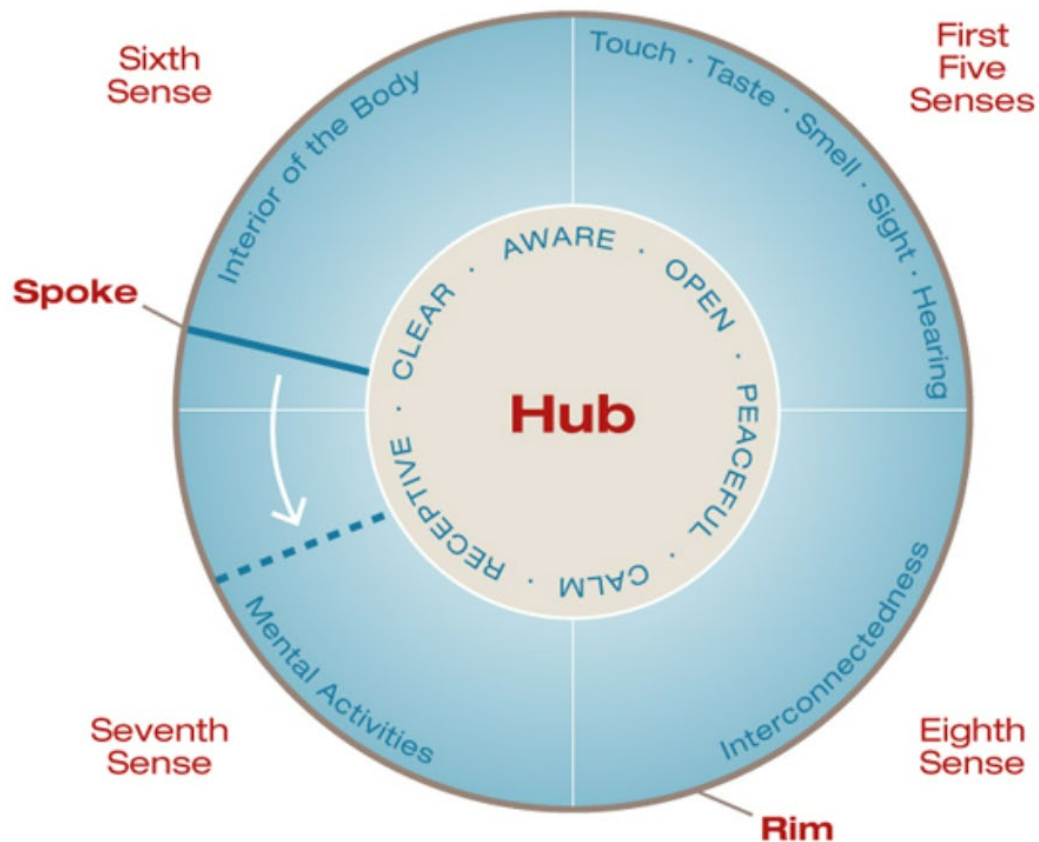


stephsternes.com



inspire to rewire®

Dr. Dan Siegel



© 2007, 2014 Mind Your Brain, Inc.

stephsternes.com

Approaching Stepfamilies with Differing Value Systems