

**REALSELF Integrated Treatment Protocol
Using a Knowledge Translation-Integrated Approach
Aimed at Helping
Blended Families Flourish**

By

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Abstract

There are significant gaps in programming for blended families to reduce their higher risk of marital dissolution and to promote resilience. A Knowledge-Translation Integrated approach (KTI) was carried out to compare three different psychoeducational workshops developed in collaboration with and for blended families (i.e., stakeholders), adapted from family therapy models (Satir, Emotionally Focused Family Therapy, and Rational Emotive Attachment Logotherapy—now called Meaning Mindset Therapy). The KTI methodology included a qualitative needs assessment and the development of psychoeducational workshops based upon the needs assessment and these three therapy approaches. Five specific needs for blended families were derived from the literature review in addition to the needs assessment and were evaluated by the blended family stakeholders. These specific needs foundational to the development of the workshops included: maintaining a solid couple bond and parent coalition; dealing with losses, loyalties and change; managing dividing parenting/stepparenting tasks; building a new family culture and addressing stigma; and acknowledging other parents and relatives as still part of the family. Five exercises were derived from these five specific needs to develop a brief psychoeducational workshop program with each of the three proposed family therapy approaches adapted for blended families. This pilot program evaluation was conducted through three two-part workshops with nine blended families (three families per workshop type) to meet the five specific, evaluated needs from the needs assessment. The psychoeducational workshops were conducted to determine if the three approaches warranted further study or development. The pilot program also measured if meaning, well-being, attachment, and resilience improved after the workshops. Since alliance appeared to be related with meaning, well-being, attachment, and resilience, this pilot-study also accounted for alliance as a possible

explanatory factor, as previous research noted that it can be a key predictor of treatment outcome. With the needs assessment, the stakeholders recommended going ahead with the implementation of the workshops evaluated. They also identified areas of targeted needs beyond the five specific needs from the literature, such as mental health support, family bonding, meaning-making and spirituality, and communication skills. After implementation of the three blended family workshops, meaning and psychological well-being improved from pre-test to post-test in both qualitative and quantitative findings for all three workshops, although alliance may have been a contributor. The qualitative findings suggested that participants wanted longer-lasting support than the conducted two-part workshop. Since all three workshops were associated with promising outcomes, a REALSELF Integrated Treatment Protocol incorporating all five exercises per each of the three workshop models is proposed for future research, after a larger scale study to support preliminary findings. This type of study, using a KTI third wave positive psychology approach with blended families including children, and in a live online format, in Canada and in the world, has never been carried out before. The applied KTI approach helps to integrate expert knowledge and needs from the blended family knowledge users. It may foster new meaning or understanding, or at least deeper collaboration between experts and blended families. In particular, the current research may shed a new light in blended family therapy research and blended family psychoeducational programs as blended families are fast becoming the most predominant form of family in Western society.

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CHAPTER ONE: INTRODUCTION

CHAPTER ONE: INTRODUCTION

Up to 50% of families are blended families (or stepfamilies) in North America and up to 66% of those with children are expected to dissolve (Falke & Larson, 2007; Gonzales, 2009; Kumar, 2017; Papernow, 2018; Stewart, 2007; The Stepfamily Foundation, 2023). In the United States (U.S.) particularly, where most of the research on blended families is conducted, between 2006 and 2012, about two-thirds of second unions and three-quarters of third unions were blended families (Ganong, Coleman et al., 2022). Up to half of U.S. annual marriages involve remarried individuals with half of them dissolving (Browning & Artelt, 2012; Kreider & Ellis, 2011; Reck et al., 2020). By contrast in Canada, about 40% of marriages end in divorce while over one in five second marriages and almost one quarter of third marriages fail (Clark & Crompton, 2008; Department of Justice Canada, 2022). Divorce rates do not account for all couple separations, and post-pandemic data remains limited (Battams, 2022; Bush, 2025). Research on Canadian blended families, particularly on remarriages, is sparse, highlighting the need to explore related risks and resilience.

Blended families are growing globally (Adler-Baeder & Higginbotham, 2020; Bray, 2018, 2019; Sugimoto & Yokoyama, 2017; Walsh, 2020). In Canada, there were 500,000 blended families in 2021, with 12% of couples with children classified as blended (The Vanier Institute of the Family, 2024; Statistics Canada, 2022). Children have been increasingly living in a blended family (Adler-Baeder & Higginbotham, 2020; Bray, 2019; Schoeni et al., 2022). One in ten Canadian children lives in a blended family (Statistics Canada, 2019), comparable to U.S. figures (Ganong, Coleman et al., 2022; Payne, 2019), while one in six does in Quebec (Migneault, 2018). 55% of Canadian stepchildren (Mitchell, 2023) and 44% of U.S. stepchildren

live in unmarried blended families, while 78% of U.S. cohabiting, unmarried couples have stepchildren (Eickmeyer, 2019; Ganong, Coleman et al., 2022; Payne, 2019).

Cohabiting, unmarried blended families face a high risk of dissolution (Statistics Canada, 2022). Family instability, multiple dissolutions, and family restructurings increase the risk of behavioural and learning difficulties in children (Cavanagh & Fomby, 2019; Mitchell, 2023). Children in blended families face higher risks of mental illness (Bray, 2019; Raley & Sweeney, 2020; Saint-Jacques & Parent, 2015), including poorer academic, psychological, and social outcomes (Love & Murdock, 2004; Strawn & Knox, 2007). Blended families generally experience possible greater instability and economic challenges (Reck et al., 2020) and have a higher likelihood of separation than non-blended families (Adler-Baeder & Higginbotham, 2020; Browning & Artelt, 2012; Saint-Jacques et al., 2011).

Separation risk is highest in the first four years of remarriage or cohabitation in a blended family due to vulnerability to loyalty binds and competing attachments (Furrow & Palmer, 2007). With *loyalty binds* (i.e., *loyalty conflicts*), children experience conflict between biological parents and stepparents, which may exacerbate mental health issues (Afifi, 2003; Bonnell & Papernow, 2019; Palmer, 2017). During this period, therapy use increases (Furrow & Palmer, 2007). Despite these challenges, there is little promotion research and programming that addresses blended family concerns, particularly resilience, mental health, and dissolution prevention (Adler-Baeder & Higginbotham, 2020). Evidence-based strategies promoting prevention and family wellness seem underdeveloped yet remain essential for blended families (Adler-Baeder & Higginbotham, 2020; Lucier-Greer et al., 2014; Reck, 2013; Reck et al., 2020; Skogrand, Dansie et al., 2011; Skogrand, Davis, & Higginbotham, 2011; Skogrand et al., 2013, 2014).

Definitions of Blended Families

The term blended family can be considered a synonym for the term stepfamily (Nixon & Hadfield, 2016). A *blended family* (or *stepfamily*) is a family with a couple and at least one child who is the offspring of only one of the two partners in the couple, the other partner being a stepparent (Ganong & Coleman, 2004, 2017; Kumar, 2017; Nixon & Hadfield, 2016; Palmer, 2017; Roper, 2017). This is considered to be a *simple blended family*. Some of these families are stepmother families, others are stepfather families (Browning & Artelt, 2012; Ganong & Coleman, 2017; Higginbotham et al., 2012; Juby et al., 2006).

A *complex blended family* involves at least one additional child that the couple has in common (Larrue & Bellehumeur, 2018; Roper, 2017; Wichmann, 2023). In contrast to these definitions, a report on living arrangements for families for Statistics Canada presented differing definitions on various complex blended family (or complex stepfamily) compositions:

Complex stepfamily: There are three types of complex stepfamilies. First, a couple family in which there is at least one child of both parents and at least one child of only one parent. Secondly, a couple family in which there is at least one child of each parent and no children of both parents. Third, a couple family in which there is at least one child of both parents and at least one child of each parent. (Milan, 2016, Note 20¹)

Thus, blended families come in many forms and have varied definitions, which can create confusion (Australia Bureau of Statistics, 2021; Braithwaite et al., 1998; Bray, 2018; Ganong & Coleman, 2017; Gath, 2016; Gonzales, 2009; Nixon & Hadfield, 2016; Juby et al., 2001; Juby et al., 2006; Papernow, 2018; Public Health Agency of Canada, 2016; Raising Children Network [Australia], 2024). Despite this, repartnered families with stepchildren can all be included under

¹ Note 20 refers to the footnote at the end of the webpage among a long list of footnotes.

the term blended family (Browning & Artelt, 2012; Coleman, Russell, & Ganong, 2013; Ganong & Coleman, 2017; Portrie & Hill, 2005). Additionally, the term *stepcouple* designates the couple in a blended family (Jensen et al., 2018). It can be used alternatively with the term blended family couple.

Some researchers favour the term stepfamily for its inclusivity, but it can also carry stigma (Browning & Artelt, 2012; Coleman, Russell, & Ganong, 2013; Ganong & Coleman, 2017; Hadfield & Nixon, 2013; Kalmijn, 2021; Moral, 2007; Roper, 2017; Saint-Jacques et al., 2020; Statistics Canada, 2022) or a sense of loss (Harper, 2001/2024). The term blended seems more suitable as it emphasizes cohesion, rather than loss. With this term, blended family members can integrate their identities while retaining past attachments (Browning & Artelt, 2012), which should be considered in preventing blended family dissolution.

However, others argue that “blended families do not blend” (Browning & Artelt, 2012, p. 36) due to complex relationships spanning multiple households and parental figures (Deal, 2021; Ganong et al., 1999; Gonzales, 2009). Blended families strive for *cohesion* or “familyness” (Deal, 2021), which involves emotional closeness, alignment, and boundaries (Browning & Artelt, 2012; Deal, 2021; Kumar, 2017; Rew, 2001). Struggles with cohesiveness can impact mental health, highlighting the need for mental health promotion in these families (Kumar, 2017).

Mental Health Promotion

Prevention and family wellness promotion strategies can strengthen blended family wellness and prevent dissolution (Adler-Baeder & Higginbotham, 2020; Garneau & Adler-Baeder, 2015; Higginbotham & Goodey, 2016). *Family wellness* encompasses physical and mental health (Corral-Verdugo et al., 2011; Ramkissoon, 2020; Torres-Soto et al., 2022). *Mental*

health is defined as well-being. *Well-being* constitutes “optimal psychological experience and functioning” (Deci & Ryan, 2008, p. 1), including emotional, psychological, and social well-being (Marconcin et al., 2023).

Prevention and family wellness promotion strategies are part of primary preventative care which protects individuals before mental health issues occur (Singh et al., 2022). *Mental health promotion*, a form of primary prevention, focuses on psychosocial strengths and supportive environments to eliminate health inequalities (Barry, 2019a; Singh et al., 2022). It prevents reliance on *secondary prevention programs* (i.e., screening programs) and *tertiary prevention programs* (i.e., psychotherapy, a reactive approach) (Singh et al., 2022).

Given rising global mental health disorders, promotion strategies are crucial (Barry, 2019b). Mental health promotion (i.e., psychoeducation), instead of tertiary prevention, may be particularly relevant for blended families. Specifically, strengths-based psychoeducational approaches, such as workshops, may offer a cost-effective means of supporting blended families (Adler-Baeder & Higginbotham, 2020; Barry, 2019a; Ganong & Coleman, 2017). This may help blended families to avoid passing on their unique challenges of psychological, social, and economic struggles to future generations (Bray, 2019; Portrie & Hill, 2005; Raley & Sweeney, 2020; Saint-Jacques & Parent, 2015).

Psychoeducational Workshops for Blended Families

Psychoeducation can support blended families as it can enhance understanding of psychological issues while providing a framework and training in problem-solving, communication, emotional regulation, problem-solving and medication management (Adler-Baeder & Higginbotham, 2020; Carr, 2000; Garneau & Adler-Baeder, 2015; Geist et al., 2000; Higginbotham & Goodey, 2016; Lafrance Robinson et al., 2014; Lefley, 2009; McFarlane, 2016;

Reck et al., 2020). It differs from psychotherapy by focusing on education and support rather than on emotional processing (Brouzos et al., 2018; Brown, 2011; DeLucia-Waack, 2006).

Family psychoeducation can entail counseling interventions, skill-building and socioemotional support that can also be found in psychotherapy (Datchi & Sexton, 2016; Dixon et al., 2001; Goldstein & Miklowitz, 1995; Lafrance Robinson et al., 2014; McFarlane, 2016). Family therapy emphasizes improving dynamics, family functioning and wellness (Addis Enterprises, 2024; Cleveland Clinic, 2024; Datchi & Sexton, 2016; Foroughe et al., 2019). Given the scarce research on the family psychoeducation process, findings on the family therapy process may support family psychoeducation research (Datchi & Sexton, 2016; Foroughe et al., 2019; Gehart, 2010/2014).

Blended families require tailored psychoeducation programs addressing their complex dynamics (Adler-Baeder & Higginbotham, 2020; Higginbotham & Skogrand, 2010; Lucier-Greer et al., 2014; Skogrand, Dansie et al., 2011; Skogrand, Davis, & Higginbotham, 2011; Skogrand et al., 2013, 2014). Although psychoeducation can be beneficial, it is less effective for highly distressed stepcouples (Browning, 1994; Browning & Artelt, 2012; Lucier-Greer et al., 2014). Effective programs are *evidence-based*, integrating research, clinical expertise, and client needs (Corcoran, 2003; Datchi & Sexton, 2016; Drisko & Friedman, 2019; Haynes et al., 2020; Lefley, 2009; McFarlane, 2016). Empirically supported treatments (ESTs) must meet rigorous research standards to support therapeutic interventions (Chambless & Hollon, 1998; Drisko & Friedman, 2019; O'Donohue et al., 2000).

A cognitive-behavioural therapy (CBT) approach is the most common evidence-based and empirically supported treatment model for family psychoeducation, particularly regarding mental illness and with blended families (Apsche et al., 2007; Corcoran, 2003; Datchi & Sexton,

2016; Lucier-Greer et al., 2014; McFarlane, 2016). Other empirically supported and evidence-based family psychoeducation models are play- or arts-based therapies (Corcoran, 2003). They are often *integrative* (or *eclectic*) approaches combining multiple theories (Castonguay et al., 2015; Datchi & Sexton, 2016; Pinsof et al., 2018). Integrative models offer flexibility and customization and can be more effective in mental health promotion approaches for families than a model with a more specific focus (Ariel, 2019; Castonguay & Goldfried, 1994; Corcoran, 2003; Goldfried & Castonguay, 1992; Lefley, 2009; Nichols, 2001; Pelak, 2016).

Family psychoeducation programs often have similar or superior outcomes to psychotherapy (Geist et al., 2000; Lefley, 2009; Murray-Swank & Dixon, 2004; Pibernik-Okanovic et al., 2009). These short-term programs provide interventions for families not wishing to engage in family therapy (Lefley, 2009), or who otherwise might have to be on long waiting lists, or may experience therapy as cost prohibitive (Watt, 2020). They are also cost-effective for families (Domínguez-Martínez et al., 2017). Professionals or trained peers administer these psychoeducational programs usually conducted in groups or with couples, and may include workshops (Lefley, 2009; McFarlane, 2016; Murray-Swank & Dixon, 2004). Families can also be *stakeholders* (i.e., the blended family users, or grassroots decision makers affected by outcomes of a program) and participate in the design of a psychoeducation program (American Psychological Association, 2024; Lefley, 2009).

In the U.S., psychoeducational programs for blended families show some success in improving coparenting and relationships (Adler-Baeder & Higginbotham, 2020; Reck, 2013; Reck et al., 2020; National Stepfamily Resource Center, 2024a; Skogrand, Davis, & Higginbotham, 2011). They report better perceived family functioning and relationships (i.e., with the couple and with parenting, including with ex-partners), ameliorated communication,

coping, family cohesion, empathy, harmony, quality time, and finances, and a feeling of normalization and of improved community (Adler-Baeder & Higginbotham, 2020; Lucier-Greer et al., 2014; Skogrand, Dansie et al., 2011; Skogrand et al., 2014). However, they lack long-term evaluations and may be less effective for low-income and ethnically diverse families (Higginbotham & Skogrand, 2010; Lucier-Greer & Adler-Baeder, 2012; Lucier-Greer et al., 2014; Reck et al., 2020; Skogrand, Davis, & Higginbotham, 2011), particularly when stakeholders are not involved in co-creation (Armstrong, 2009, 2011, 2017; Trochim et al., 2015).

In Canada, research on psychoeducation for blended families seems to be limited, and stakeholder engagement is lacking. Effective programs must go beyond information dissemination to reshape beliefs and expectations (Adler-Baeder & Higginbotham, 2020; Browning & Artelt, 2012; Dattilio & Epstein, 2016; Deal, n.d.; Reck et al., 2020; Walsh, 2009a). Psychoeducational programs for blended families should ideally address deeper issues and provide knowledge and skills towards building meaning, well-being, attachment, and resilience to prevent family dissolution (Armstrong, 2016b, 2017; Frankl, 1946/1992; Larrue & Bellehumeur, 2018, 2020; Johnson & Talitman, 2007; Walsh, 2003a, 2009a, 2011, 2016a, 2016b; Watt, 2020; Wong 2016a, 2016b; Wright, 2009). Developing psychoeducational workshops for blended families is essential for promoting mental health and preventing relational and behavioural difficulties. Such programs could serve as a protective factor against dissolution while enhancing well-being and resilience (Armstrong, 2016b, 2017; Johnson & Talitman, 2007; Larrue & Bellehumeur, 2018, 2020; Walsh, 2003a, 2009a, 2011, 2016a, 2016b; Watt, 2020). In particular, a meaning-centred approach may be relevant (Armstrong, 2016b, 2017; Frankl, 1946/1992; Larrue & Bellehumeur, 2018, 2020; Walsh, 2009a; Wright, 2009).

Meaning, Well-Being, Attachment, and Resilience

Flourishing

Blended families tend to experience many losses (Browning & Artelt, 2012; Gonzales, 2009; Larrue & Bellehumeur, 2018, 2020; Visher & Visher, 1996). Notable factors such as meaning in daily life, well-being, family and couple attachment, as well as resilience may protect them from dissolution derived from the distress of these losses (Larrue & Bellehumeur, 2018, 2020; Frankl, 1946/1992; Johnson & Talitman, 2007; Walsh, 2003a, 2009a, 2011, 2016a, 2016b; Watt, 2020; Wong 2016a, 2016b). Aiming to improve blended families' flourishing may also prevent their dissolution. *Flourishing* means to go beyond moments of simple enjoyment to serve a larger purpose or something holding vital meaning (Nakamura & Csikszentmihalyi, 2003). A family would thus go beyond simply surviving, feeling fulfillment (Wong, 2016a). Challenges are a means for growth, to feel connected and creative, which encourages flourishing through resilience, meaning and spirituality (Armstrong & Potter, 2022; Wong & Worth, 2017; Wright, 2009).

Meaning and Spirituality

Meaning. Humans yearn for a meaningful life through a personal moral, religious or spiritual drive, an instinctual need to search for meaning in one's spirituality (Frankl, 1946/1992). *Meaning* can include "purpose or motivation, understanding or knowledge, responsibility or moral action, and enjoyment or affective evaluation" (Jastrzębski, 2023, p. 151; see also Wong, 2012). *Meaning* or *meaning in daily life* is defined as "openness to experience", "agency over thoughts and behaviours", "hope for the future", and "positive self-concept" for family members (Armstrong & Potter, 2022, p. 4; see also Armstrong, 2016a, 2018c; Frankl, 1946/1992; Wong, 2016a, 2016b). The terms meaning and meaning in daily life may be used

interchangeably in this pilot-study. Fulfilling one's meaning involves actualizing one's values, through a goal worthy of oneself, giving meaning to one's life, a life vocation that demands responsibility (Fontes, 1965; Frankl, 1946/1992; Park, 2013). Pathways to this type of meaning are:

- 1) Doing a deed for others or creating a work (e.g., creating something for others; personally valued work; volunteering; baking together for the family),
 - 2) By experiencing something (e.g., engagement in valued personal or shared activities; experiencing nature; participating in mother-infant activities around the city),
 - 3) Encountering someone (secure relationships with others), and
 - 4) Choosing our attitudes (thought-changing).
- (Armstrong, 2018a, pp. 178–179; see also Frankl, 1946/1992)

Meaning or meaning in daily life has since been renamed *meaning mindset*, as part of the emerging third wave of positive psychology (PP3.0) (Armstrong, 2018c, 2023; Willing, 2022). Meaning even in children is predictive of mental health (Armstrong & Potter, 2022; St. John, 2017; St. John et al., 2024) and may be particularly relevant for families. Meaning has been linked to improving resilience for better mental health, fostering better family interactions and functioning, and to deeper relationships (Armstrong, 2016b, 2018a, 2018b, 2018c; Frankl, 1946/1992).

Fostering a meaning mindset may play a major role in blended family coping and diminishing of suffering as it leads to well-being (Frankl, 1946/1992; Larrue & Bellehumeur, 2018, 2020; Walsh, 2009b). Meaning can be understood as the embodied manifestation of one's spirituality (Armstrong & Potter, 2022; Frankl, 1946/1992). It will generally encompass the term spirituality in this pilot-study. Spirituality gives meaning, which helps humans overcome adversity (Jastrzębski, 2023; Walsh, 2012a).

Spirituality and Families. Spirituality is linked to the fundamental meaning of who one is and what one is doing and how one is contributing to the success and benefit of future generations (Beehner, 2019/2024). As linked to meaning, spirituality can be specifically defined as “a will to meaning”, a “primary force” (Frankl, 1946/1992, pp. 104–105), “that which connects one to all that is” (Walsh, 2009b, p. 6; see also Griffith & Elliott Griffith, 2002). Spirituality and meaning are interlinked as both manifesting as a “way individuals seek and express meaning and purpose and... experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred” (Puchalski et al., 2009, p. 887). Canda (1989) further supports the link between spirituality and meaning, defining spirituality as “the basic human drive for meaning, purpose, and moral relatedness among people, with the universe, and with the ground of our being” (p. 573).

Spirituality can therefore be understood as “an overarching construct, refer[ring] to a dimension of human experience involving personal transcendent beliefs and practices, within or outside religion, through family and cultural heritage, and in connection with nature and humanity” (Walsh, 2009b, p. 5). As such, families can find fulfillment, hope, community, healing, and growth in spirituality (Walsh, 2009b), elements that are linked to meaning in life (Armstrong, 2016b; Frankl, 1946/1992; Walsh, 2009b; Wong, 2016a, 2016b). Spirituality is important in family life as it is part of every aspect of it (Walsh, 2009b, 2012a). As a family, it can be experienced, notably, through engagement in communities of faith, religious practice, sharing of humanistic values in family life, communion with nature, social activism and artistic expression (Walsh, 2020).

Spirituality impacts “spiritual beliefs, practices, congregational involvement on family functioning, parenting styles, family dynamics, and intergenerational bonds” (Walsh, 2009b, p.

19). Families can adopt some type of spirituality, whether religious faith or otherwise, either internal or external, towards nourishing and anchoring themselves inwardly and outwardly in their community, and foster deeper connection and transformation (Walsh, 2009b). Shared values and beliefs can help transcend losses and challenges within the family's supportive unit (Walsh, 2012a; Wright, 2009). As well, there is a mutual influence between spirituality and the family: Meaningful spiritual beliefs and practices can strengthen families and their members; in turn, their shared spiritual experiences strengthen members' faith. Likewise, harsh or oppressive spiritual beliefs and practices can wound family members, their spirits, and their relationships. (Walsh, 2009b, p. 19)

The type of values and beliefs matters less than the quality of bonds (i.e., attachment) between family members for the children (Walsh, 2003b, 2009b). "Religion and spirituality profoundly influence individual and family development... [with] dynamic processes that ebb and flow, shifting in meaning over the life course and across... generations" (Walsh, 2009b, p. 20; see also Hood et al., 2003; Worthington, 1989). Couples and parent-child relationships both report benefitting from spiritual bonding, with a more fulfilling relationship (Bailey, 2002; Carothers et al., 2005; Marks, 2004; Walsh, 2009b, 2012a), and creating a life of meaning together. Spirituality can be critical in building family resilience, especially for children of vulnerable families, to improve family well-being and functioning (Beavers & Hampson, 2003; Dillen, 2012; Foy et al., 2011; Pandya, 2017; Satir, 1972/1988; Walsh 2009b, 2012a). Contrary to some literature, spirituality is not to be confused with mental or physical health or well-being, although these can be manifestations of spirituality (Koenig, 2008; Koenig et al., 2001; Koenig & Cohen, 2002). Finally, spirituality can also focus on the development of a higher consciousness towards flourishing (Heaton, 2016).

Well-Being and Family Functioning

Well-Being. *Well-being* relates to a holistic and optimal manner of being and functioning in life; it includes good mental health and good relations, and reduces and transforms negative emotions and symptoms (Deci & Ryan, 2008; Marconcin et al., 2023; Walsh, 2020; Wong, 2016a). *Mental well-being* means to be flexible, adaptable, coherent, energetic and stable (Siegel, 2012). *Personal well-being* is a subjective and evaluative feeling linked to satisfaction in life, meaning and enjoyment, which may encourage an individual's flourishing (Acharya & Plough, 2020). As personal well-being is subjective, *subjective well-being* is likened to psychological well-being (Keyes et al., 2002). As such, mental well-being, subjective well-being and psychological well-being are considered interchangeable (Bellehumeur, 2022). In neurobiological research on well-being, mental health is associated with balanced "relational processes" (Siegel, 2012, p. AI-49);² in other words, healthy social connection and relationships. As such, the terms mental health, well-being, and psychological well-being are considered interchangeable in this current research. The term well-being will most often be the overall encompassing term hereafter. As for *blended family well-being*, it is defined as a combination of stability, partner satisfaction, child and adult well-being (Pryor, 2008b). Moreover, stability, satisfaction, and well-being are critical for family functioning (Botha & Booyesen, 2014; Lavee et al., 1987; Roman et al., 2016; Shek, 1998; Thomas et al., 2017; Walsh, 2020).

Family Functioning. Blended families having experienced psychoeducational programs have reported improved couple and family functioning and better family relationships (Adler-Baeder & Higginbotham, 2020; Reck et al., 2020). The couple is the base of a family and has a direct impact on overall family functioning; as such, supporting couples in families through

² This is the exact page number as printed in Siegel's (2012). *Pocket guide to interpersonal neurobiology: An integrative handbook of the mind*. W. W. Norton and Company.

assessment and interventions is part of family psychological support (Browning & Artelt, 2012; Dattilio & Epstein, 2016; Ganong & Coleman, 2017; Visher & Visher, 1996). *Couple functioning* relates to a partner's perception of "couple satisfaction, communication, conflict, and cohesion" (Melvin et al., 2012, p. 3). *Family functioning* is defined as effectively carrying out daily routines, communicating, problem solving; it relates to feeling like a cohesive unit as family members get along in emotional, physical, and psychological interactions and activities (Dharmaraj & Ng, 2021; Holtom-Viesel & Allan, 2014). Family functioning also includes general satisfaction, applying family values, a sense of cohesion, good quality in family communication, family decision making, and managing conflict (Dattilio & Epstein, 2016; Walsh, 2020). *Psychological functioning* is synonymous with mental health (Deci & Ryan, 2008) and *positive psychological functioning* means to have a:

positive evaluation of oneself and one's past life (Self-Acceptance), a sense of continued growth and development as a person (Personal Growth), the belief that one's life is purposeful and meaningful (Purpose in Life), the possession of quality relations with others (Positive Relations With Others), the capacity to manage effectively one's life and surrounding world (Environmental Mastery), and a sense of self-determination (Autonomy; Ryff & Keyes, 1995, p. 721).

Positive psychological functioning thus relates to mental health, family functioning and positive relationships (Ryff & Keyes, 1995) just as well-being and mental health improve functioning and relationships (Siegel, 2012).

Attachment

One factor associated with family functioning is attachment (Walsh, 2020). Attachment is linked to family and individual well-being (Brumariu, 2015), of particular importance for blended families and is derived from attachment theory (Ainsworth et al., 1978; Bowlby, 1988). *Attachment* is defined as a manner of behaving with others to create a sense of emotional safety (Efron & Bradley, 2007; Furrow & Palmer, 2007, 2011; Johnson et al., 2005; Johnson & Lee, 2000). Further, a strong couple attachment or *couple bond* keeps family relations healthy and is the foundation of the blended family's well-being (Ganong & Coleman, 2017). *Couple attachment* must therefore be considered when working with families (Ganong & Coleman, 2017) and is defined as a couple having secure "affectional bonds" where the family provides a "secure base" for exploration and "safe haven" when feeling emotional distress (Furrow & Palmer, 2007, pp. 46–47; see also Ainsworth et al., 1978; Bowlby, 1988). Attachment supports blended family members in their development and thriving through reinforcing secure attachment and functioning through stronger cohesion (Furrow & Palmer, 2007, 2011; Johnson et al., 2005; Johnson & Lee, 2000).

Family cohesion or *family connectedness* or *family belonging* is another expression for family bonding and attachment and "measures parental involvement and/or children's feelings of closeness to parents" (King et al., 2015, p. 762; see also Brown & Manning, 2009; Cavanagh, 2008; Crosnoe & Elder, 2004). It is considered different from *parent-child relationship quality*, which is "defined as... perceptions of closeness and engagement with each parent in activities and communication" (King et al., 2015, p. 763). Thus, both family belonging and parent-child relationship quality can in all likelihood be included within the process of family bonding and attachment.

Couple adjustment enables the formation of a solid couple bond (or couple attachment) and is a primary predictor of relationship success and well-being for blended families (Ganong & Coleman, 2017; Johnson & Talitman, 2007). Healthy couple adjustment is also an indication of couple satisfaction (Spanier, 1976). Concerning blended family relations, the quality of parental attachment may explain why these family members “do not fare as well psychologically as individuals” (Love & Murdock, 2004, p. 600) compared to non-blended families. Parents with insecure attachment styles tend to recouple a few times, leading to less secure attachment and well-being for all in these multiple blended family unions (Amato & Keith, 1991; Love & Murdock, 2004). Exploring attachment in research for blended families may be beneficial to support these families in their thriving to prevent dissolution and support their resilience (Johnson & Talitman, 2007).

Resilience

Resilience has many definitions in the literature, such as “*good outcomes in spite of serious threats to adaptation or development*” (Masten, 2001, p. 228). Overall resilience means to face adversity through complex processes and obtaining better than expected outcomes (van Breda, 2018). *Family resilience* is “the ability to withstand and rebound from disruptive life challenges” (Walsh, 2012b, p. 399), as the family feels reinforced with new resources (Walsh, 2016c). A resilient family acts as a “functional system, impacted by... stressful events and social contexts... facilitating the... adaptation of all members and strengthening the family” (Walsh, 2016a, p. 313; see also Walsh, 2003a) which can foster family cohesion (Walsh, 2016a, 2016b). Family resilience is about “transformation and growth that can be forged out of adversity” (Walsh, 2011, p. 150), creating a sense of connectedness or attachment (Walsh, 2011, 2016c). Family resilience has six dimensions: “collective confidence, interconnectedness, positive life

view, resourcefulness, open communication patterns and collaborative problem-solving” (Oh & Chang, 2014, p. 982).

Regarding resilience in blended families, blended families can be adaptive and resilient, devising their own way of functioning and fostering psychological well-being (Ganong & Coleman, 2017). Couple resilience is linked to family resilience since the couple is the foundation of the family unit (Ganong & Coleman, 2017; Johnson & Talitman, 2007). *Couple resilience* is “a process in which partners engage in relationship behaviors that support positive adaptation during stressful life situations” (Hiefner, 2021, p. 60; see also Sanford et al., 2016).

Couple resilience is also linked to positive couple adjustment and includes dyadic consensus, satisfaction, cohesion and affectional expression (Spanier, 1976). As such, Skerrett (2015) proposes the notion of couple positivity to nourish their resilience. These dimensions lead to the couple staying together, which links to couple attachment and may prevent family dissolution (Johnson & Talitman, 2007; Spanier, 1976). Couple resilience is a manifestation of *couple satisfaction* (Hiefner, 2021; Johnson & Talitman, 2007; Sanford et al., 2016), as the couple adapts and flourishes despite adversity (Masten, 2001) towards a stronger family foundation (Ganong & Coleman, 2017). Thus, *resilience in blended families* means to prevent blended family dissolution through enhancing couple adjustment, notably with communication and commitment (Saint-Jacques et al., 2011). Further, family resilience involves facilitating the adaptation of all members and strengthening the family, including the mental health of its members (Efron & Bradley, 2007; Walsh, 2016a).

Flourishing, Meaning, Well-Being, Attachment, and Resilience

Many links can be made between meaning, well-being, attachment, and resilience. Profound transformation can arise from adversity when individuals find meaning (Armstrong &

Potter, 2022; Wong & Worth, 2017). Developing meaning fosters resilience and well-being (Armstrong, 2023; Armstrong & Potter, 2022; Frankl, 1946/1992; Wong & Worth, 2017).

Mental health involves “resilience, harmony, and vitality” (Siegel, 2012, p. AI-49),³ connecting resilience and well-being.

Well-being relates to attachment, particularly in blended families (Efron & Bradley, 2007; Furrow & Palmer, 2007, 2011; Johnson et al., 2005; Johnson & Lee, 2000). Finding meaning in challenges enhances openness, mental health, and attachment (Walsh, 2009a, 2012a).

Attachment fosters meaning, resilience, and mental health (Armstrong, 2016b, 2017; 2018a; Armstrong & Potter, 2022; Frankl, 1946/1992; Greenberg, 2004; Johnson & Lee, 2000; Larrue & Bellehumeur, 2018, 2020; Walsh, 2011, 2016c; Watt, 2020; Wong & Worth, 2017). Prevention programs for blended families should address meaning, well-being, and resilience (Armstrong, 2016b, 2017; Walsh, 2003a, 2009a, 2011, 2012a, 2016a, 2016b; Watt, 2020; Wright, 2009).

These could lead to greater life enjoyment (Armstrong & Potter, 2022; Wong, 2016a; Wong & Worth, 2017). And so, flourishing through meaning in daily life, mental health (well-being), secure attachment, and resilience seems to be an important target for health promotion programming for blended families through psychoeducational workshops.

General Characteristics of Blended Families

Blended families face instability, with a higher risk of dissolution due to challenges in raising stepchildren (Browning & Artelt, 2012; Saint-Jacques et al., 2011; Stewart, 2007). Most include a stepfather rather than a stepmother (Browning & Artelt, 2012; Milan, 2016; Stewart, 2007). Accurately studying blended families is complex, as many do not report or perceive themselves as such (Ganong & Coleman, 2017).

³ This is the exact page number as printed in Siegel’s (2012). *Pocket guide to interpersonal neurobiology: An integrative handbook of the mind*. W. W. Norton and Company.

Research has primarily focused on remarried families with full-time children, particularly White middle-class families, while other ethnic groups remain understudied despite high prevalence (Ganong & Coleman, 2017; Papernow, 2018; Smart Stepfamilies, 2022a; Stewart & Limb, 2020). Recruitment challenges and a lack of measurement tools make research costly and time-consuming (Ganong & Coleman, 2017). The U.S. leads research efforts, while studies on blended families in Canada and in other countries are more limited (Ganong & Coleman, 2017; Moral, 2007; Pryor, 2008a; Saint-Jacques et al., 2011; Skogrand et al., 2013; Skogrand et al., 2014).

Blended families can require up to five to seven years to reduce distress (Deal, 2002/2014; Hetherington & Kelly, 2002). Although many achieve stability (Browning & Artelt, 2012; Ganong & Coleman, 2017; Saint-Jacques & Parent, 2015), and experience the honeymoon phase later rather than at the beginning (Deal, 2002/2014; Hetherington & Kelly, 2002; Larrue & Bellehumeur, 2018, 2020). They face three main struggles: family members' mental health, complex subsystems, and challenging dynamics (Browning & Artelt, 2012; Repond & Darwiche, 2016). These factors contribute to weaker ties, higher conflict, fewer problem-solving skills, and poorer communication than in non-blended families (Kumar, 2017; Michaels, 2000).

Today, blended families are simply recouplings rather than replacing a deceased spouse such as in the early twentieth century; this recoupling creates specific challenges such as boundary ambiguity, challenging stepparent–stepchild relationships, and conflicting loyalties (Carroll et al., 2007; Ganong & Coleman, 2004; Kumar, 2017; Michaels, 2000; Moral, 2007). *Boundary ambiguity* means that it is harder for blended families to know who is included in the family and who is not included regarding various activities or decisions (e.g., discipline, limit-setting, rules, structure) (Carroll et al., 2007). These issues arise in non-blended families, but

appear with more frequency and intensity in blended families, possibly fostering family dissolution (Carroll et al., 2007).

Blended families tend to be compared unfavourably in society to non-blended families (Bray, 2019; Kumar, 2017; Moral, 2007; Portrie & Hill, 2005; Stewart, 2007). These families shouldn't be directly compared to non-blended families as the complexity of their challenges far outweighs those of non-blended families (Bray, 2019; Browning & Artelt, 2012; Mills, 1984; Papernow, 2018; Repond & Darwiche, 2016; Stewart, 2007). Blended families are not reconstituted nuclear families; their challenges must be viewed as unique and be considered as a specific form of family (Ganong & Coleman, 2004, 2017; Papernow, 2018; Repond & Darwiche, 2016; Skogrand, Dansie et al., 2011; Stewart, 2007).

Blended families experience weaker parent–stepchild ties and greater emotional distance than non-blended families because of less frequent contact within the family (Coleman & Ganong, 2008; Patterson et al., 2022; Repond & Darwiche, 2016; Schoeni et al., 2022). Attachment in early stages is crucial (Celebi et al., 2017; Furrow & Palmer, 2007; Miller & Cartwright, 2013; Spooner, 2020; Visher & Visher, 1996). Children in blended families struggle during the first two years of the establishment of the new blended family, as relationships between mother and child may tend to be more conflicted (Miller & Cartwright, 2013). They appear to be less secure and more conflicted than children in non-blended families (Bray, 2019; Cadolle, 2006; King et al., 2015; Raley & Sweeney, 2020; Saint-Jacques & Parent, 2015).

Adolescents experience higher stress and conflict in blended families, more so than any other blended family member (Ganong & Coleman, 2004; Raley & Sweeney, 2020; Wilkes & Fromme, 2002). Studies suggest a greater prevalence of child abuse cases in blended families than in non-blended ones (Giles-Sims & Finkelhor, 1984; Gross, 2006; Van Ijzendoorn, 2009).

Couples in blended families report lower satisfaction and more conflict (Larrue & Bellehumeur, 2018; Wilkes & Fromme, 2002).

Papernow's blended family cycle model (1993, 2013) is a classic developmental model for blended families (Browning & Artelt, 2012; Ganong & Coleman, 2017; Stewart, 2007; Visher & Visher, 1996). It describes the process the blended family undergoes to find a certain harmony and equilibrium. There are seven stages: stages one to three (fantasy, immersion and awareness) demonstrate the breaking out of the idealized family and the realization of the differences between family members; stages four to five present the process of addressing and negotiating these conflicts; stages six to seven propose stabilization and resolution, for a workable blended family model (Papernow, 1993, 2013). All throughout these stages, the stepparent may feel like an "intimate outsider" (Stewart, 2007, p. 48). It can take between four to twelve years to complete this cycle (Papernow, 1993, 2013), although some families never complete it. These stages are important in supporting blended families to reach resolution (Papernow, 1993, 2013; Visher & Visher, 1996).

It takes time to create stability in a blended family (Papernow, 1993, 2013). Stability requires clear roles, boundaries, and time (Ganong & Coleman, 2004; Stewart, 2005a). Over time, blended families may view their family similarly to how non-blended families view their family (Browning & Artelt, 2012). A blended family couple begins with a shaky foundation as partners lack time to solidify their bond while they decipher how to improve stepchild–stepparent relationships (Bethenot Auch-Roy, 2009; Larrue & Bellehumeur, 2018). Blended families strengthen their foundation and build their own social norms while diminishing stigma (Ganong & Coleman, 2004; Larrue & Bellehumeur, 2018). Since blended families face unique

challenges, customized support is essential, as traditional family therapy is often ineffective (Browning & Artelt, 2012; Ford Sori & Hecker, 2007; Papernow, 2018; Visher & Visher, 1979).

Specific Needs of Blended Families

Distinctive needs for blended families have been studied by various researchers (Bonnell & Papernow, 2019; Browning & Artelt, 2012; Ganong & Coleman, 2004, 2017; Papernow, 2018, 2023; Stewart, 2007; Visher & Visher, 1996). These specific needs have been grouped into five categories of needs considered “challenges created by stepfamily structure” (Papernow, 2018, p. 27) and are mostly inspired by Papernow’s recent research (Bonnell & Papernow, 2019; Papernow, 2018, 2023), among other researchers (Ganong & Coleman, 2004, 2017; Visher & Visher, 1996). The five specific needs are: 1- maintaining a solid couple bond and parent coalition; 2- dealing with struggles with losses, loyalties and change; 3- managing dividing parenting/stepparenting tasks; 4- building a new family culture and addressing stigma; and 5- acknowledging other parents and relatives as still part of the family (Bonnell & Papernow, 2019; Ganong & Coleman, 2004, 2017; Papernow, 2018, 2023; Visher & Visher, 1996).

Maintaining a Solid Couple Bond and Parent Coalition. Developing a strong couple bond and parent coalition is crucial in blended families (Bethenot Auch-Roy, 2009; Ganong & Coleman, 2017; Gonzales, 2009; Visher & Visher, 1990, 1996). While a solid couple relationship is key in non-blended families, it does not ensure strong stepparent–stepchild bonds in blended families (Papernow, 2018; Visher & Visher, 1996). Blended couples often prioritize children and blending their households over their relationship, leaving little time to bond (Larrue & Bellehumeur, 2018). Their honeymoon phase is brief, disrupted by the complexities of stepparenting (Deal, 2002/2014; Larrue & Bellehumeur, 2018; Stewart, 2007). Blended family

couples disagree more than do non-blended family couples because of the complexities of child-rearing (Ganong & Coleman, 2017).

Stepparent bonding with stepchildren is vital for reducing behavioural issues and enhancing well-being (Browning & Artelt, 2012; Ganong & Coleman, 2017). A strong couple bond may reinforce the stepparent–stepchild relationship and serves as a resilience factor to prevent dissolution (Ganong & Coleman, 2017; Visher & Visher, 1990, 1996). However, the couple’s needs should not outweigh the child’s need for a secure bond with their biological parent (Ganong & Coleman, 2017).

If the blended family couple relationship is strong in the beginning, then there could be more stability and satisfaction for the blended family overall (Ganong & Coleman, 2017). Some argue that the “pivotal relationship” (Ganong & Coleman, 2017, p. 86) in blended families is the stepparent–stepchild bond, as it is a major stress source (Browning & Artelt, 2012; Ganong & Coleman, 2004; Michaels, 2000). A united couple front or *parental coalition* may reduce stress and prevent division among family members (Ganong & Coleman, 2017; Gonzales, 2009; Larrue & Bellehumeur, 2018; Visher & Visher, 1996).

Blended family couples may be unprepared for challenges due to avoidance, naiveté or myths like “marriage makes people significantly happier” (Ganong & Coleman, 2004, p. 70; see also Gonzales, 2009; Kumar, 2017; Stewart, 2007). Parents’ self-esteem and security with their children impact stepparent relationships (Visher & Visher, 1996). Strengthening the couple bond and making joint decisions help reinforce the parent coalition (Ganong & Coleman, 2017; Gonzales, 2009).

Stepparents often feel like outsiders, while the biological parent feel stuck inside the blended family (Papernow, 2018). The biological parent may neglect their new partner when

focusing on their child, leaving the stepparent feeling “rejected, lonely, and invisible” (Papernow, 2018, p. 29). For example, some adolescents do not consider their stepfather as a member of the family (King et al., 2015). The parent in the fixed insider position may feel torn between the children and the new partner, feeling “inadequate and anxious” (Papernow, 2018, p. 29). “Stepparents are not always... accepted as parental figures by stepchildren” (Kumar, 2017, p. 113). Children living full-time at home may feel like insiders, whereas part-time children may feel like outsiders (Papernow, 2018).

A blended family is an intricate “suprafamily system” (Visher & Visher, 1996, p. 19) with different individual, marital, and family life cycles, family histories and complex group dynamics (Ganong & Coleman 2004, 2017; Kumar, 2017; Repond & Darwiche, 2016; Stewart, 2007). Multiple parental figures can lead to emotional tension and power struggles (i.e., boundary issues) (Carroll et al., 2007; Ganong & Coleman, 2017; Repond & Darwiche, 2016; Visher & Visher, 1996). Family members may feel pulled in different directions due to past family expectations (Ganong & Coleman, 2004; Gonzales, 2009; Larrue & Bellehumeur, 2018; Repond & Darwiche, 2016). Couple bonding and parent coalition can help diminish these challenges (Repond & Darwiche, 2016; Visher & Visher, 1990, 1996).

Dealing with Losses, Loyalties and Change. Blended families experience losses and changes due to various transitions (Furrow & Palmer, 2007; Gonzales, 2009; Repond & Darwiche, 2016; Visher & Visher, 1979, 1990). Children face challenges related to “loss, loyalty and lack of control” (Visher & Visher, 1996, p. 150) as blended families foster loss for all family members (Gonzales, 2009; Papernow, 2018). Children often feel these losses more acutely than adults such as a parent living elsewhere or financial losses after separation (Browning & Artelt, 2012; Ford Sori & Hecker, 2007; Ganong & Coleman, 2017; Kumar, 2017; Kushner, 2009;

Stewart, 2007). Parents may also struggle with anxiety or depression post-separation, reducing involvement with their children while adapting to a new recoupling (Gonzales, 2009; Stewart, 2007). These losses affect children's self-worth and activities, yet family members may not fully recognize their impact (Ganong & Coleman, 2017; Gonzales, 2009).

Each blended family is unique, requiring an understanding of structural changes (Browning & Artelt, 2012; Ganong & Coleman, 2004; Skogrand, Dansie et al., 2011). The biological parent-child bond predates the stepparent-stepchild relationship, making adjustment stressful (Browning & Artelt, 2012; Ganong & Coleman, 2004; Repond & Darwiche, 2016; Visher & Visher, 1996). Poor stepparent-stepchild attachment can harm family functioning (Repond & Darwiche, 2016; Stewart, 2007).

Blended families often involve two households that can have a constantly shifting structure (Ganong & Coleman, 2004, 2017; Gonzales, 2009). Their size changes based on custody arrangements (Ganong & Coleman, 2004; Stewart, 2007). This creates boundary ambiguity struggles with confusion in roles (Carroll et al., 2007; Ganong & Coleman, 2017; Visher & Visher, 1996). Flexible scheduling and coordination of children's activities with coparents improve stability (Braithwaite et al., 2003; Visher & Visher, 1996). Due to frequent transitions, children may participate less in extracurricular activities (Kushner, 2009). This represents a significant loss given its protective role in mental health and suicidal ideation (Armstrong, 2011).

Loyalty binds (or loyalty conflicts) and unrealistic expectations can hinder secure attachments (Browning & Artelt, 2012; Ganong & Coleman, 2004, 2017; Papernow, 2018; Repond & Darwiche, 2016). Myths of instant love may create pressure (Coleman et al., 2001; Ganong & Coleman, 2004; Gonzales, 2009; Repond & Darwiche, 2016; Visher & Visher, 1996),

as can cultural expectations to function as a first-time family (Papernow, 2018). Overall, blended families navigate significant losses and changes that complicate daily life and parenting.

Managing Dividing Parenting/Stepparenting Tasks. Blended families function best with authoritative parenting, a warm and democratic yet firm parenting style (Papernow, 2018; Stewart, 2007). However, they often lean towards extremes—either excessive discipline with little warmth (authoritarian parenting) or permissiveness with little control and discipline and possibly high warmth (permissive parenting) (Stewart, 2007). Blended families need more boundaries and rules to make sense of their living situation (Gonzales, 2009; Papernow, 2018; Stewart, 2005a). Stepparents need to “soften up” in their parenting and parents need to “firm up”, allowing mutual influence and balancing of parenting/stepparenting (Papernow, 2018, p. 36).

Stepparents and stepchildren may struggle with unclear obligations, such as financial support, chores, or family contact, leading to boundary conflicts (Carroll et al., 2007; Stewart, 2007; Visher & Visher, 1996). Stepparents may appear disengaged or become involved too soon in discipline, causing “negative backlash from the stepchild” (Stewart, 2007, p. 57; see also Larrue & Bellehumeur, 2020). Stepfathers often may focus on discipline or may minimize their role (Ganong & Coleman, 2017; Higginbotham et al., 2012; Larrue & Bellehumeur, 2020; Stewart, 2007). Meanwhile, stepmothers face high societal expectations and comparisons to biological mothers, making their role particularly challenging (Cadolle, 2013; Christian, 2005; Dainton, 1993; Fine & Kurdek, 1994; Ganong & Coleman, 2017; Gosselin & David, 2005; Gosselin et al., 2007; Kumar, 2017; Larrue & Bellehumeur, 2020; Stewart, 2007; Vallejo & Fronty, 2006). Blended families often feel rushed to bond, although patience and flexibility are key (Ganong & Coleman, 2017; Gonzales, 2009).

Children from separated families frequently experience *parentification* as they may assume household and sibling care responsibilities at the expense of their development and schooling (Ganong & Coleman, 2004; Stewart, 2007). Setting realistic expectations takes time for blended families (Ganong & Coleman, 2017; Kumar, 2017). Parental collaboration on role division is crucial, as expectations are often unrealistic (Gonzales, 2009; Kumar, 2017).

Building a New Family Culture and Addressing Stigma. The absence of clear guidelines makes sustaining a blended family challenging (Gonzales, 2009; Kumar, 2017). Merging two family systems with differing worldviews and family cultures create a “culture shock” (Larrue & Bellehumeur, 2018, p. 246). Previously automatic routines must now be negotiated (Papernow, 2018). This affects daily life and traditions, leading to clashes (Larrue & Bellehumeur, 2018). Communication, cooperation, and creativity help integrate the family into a new meaningful whole (Ganong & Coleman, 2017; Larrue & Bellehumeur, 2018; Saint-Jacques et al., 2011). Blended families must accept their new family configuration and circumstances and establish new traditions and shared positive memories to strengthen family bonds (Braithwaite et al., 1998; Ganong & Coleman, 2017; Larrue & Bellehumeur, 2018; Visher & Visher, 1996).

Blended families may feel unsupported, invisible, or stigmatized by society (Ganong & Coleman, 2004, 2017; Kumar, 2017; Papernow, 2018; Stewart, 2007). They are considered “incomplete institutions” (Ganong & Coleman, 2017, p. 22; see also Cherlin, 1978) and lack clear social roles, support, and problem-solving methods (Kumar, 2017; Fine & Fine, 1992). *Stigma* includes withdrawal of a social network and emotional support, creating isolation, demoralization, loss of self-esteem and poorer quality of life (McFarlane, 2016). Stereotypes on blended families—such as victimized stepchildren, abusive stepfathers, or wicked stepmothers—are reinforced in media (Abignente, 2004; Cadolle, 2013; Christian, 2005; Ganong & Coleman,

1995, 2017; Moral, 2007; Kumar, 2017; Larrue & Bellehumeur, 2020; Schulman, 1972; Stewart, 2007).

Blended families may choose to pass in society as a first marriage family to avoid stigma, although the legal relationship of stepparent–stepchild remains ambiguous (Dupuis, 2010; Ganong & Coleman, 2004, 2017; Papernow, 2018). Over time, challenges ease if strong relationships form early in the child’s development (Browning & Artelt, 2012; Kumar 2017; Papernow, 2013). Frequent shared activities and supportive stepparents reinforce family bonds and counter stigma (Gonzales, 2009; Larrue & Bellehumeur, 2018; Visher & Visher, 1996).

Acknowledging Other Parents and Relatives as Still Part of the Family. A deceased or parent living elsewhere exists in the child’s mind and this can impact the child, even if the parent is inadequate (Ganong & Coleman, 2017; Gonzales, 2009; Papernow, 2018). Multiple sets of grandparents may compete for time with grandchildren (Deal, 2021). Celebrations and events become scheduling challenges (Baxter et al., 1999). Parental conflict over these issues affects blended family members’ well-being (Papernow, 2018).

Children may have past *step-* or *quasi-siblings* (i.e, siblings in a blended family not blood-related) from various family recouplings and multiple grandparents from past unions (Deal, 2021; Ganong & Coleman, 2017). Each blended family is unique, lacking clear norms for roles and responsibilities (Ganong & Coleman, 2004; Skogrand, Dansie et al., 2011). Some blended families have developed coping strategies while others feel more challenged with their differing family life stages and aligning their needs (Larrue & Bellehumeur, 2020; Visher & Visher, 1996). Flexibility and acceptance of household shifts are crucial (Ganong et al., 1999; Visher & Visher, 1996).

Cultural differences between parents' original households add complexity (Stewart, 2007). Authoritative parenting with flexible boundaries may ease parental conflict's impact on children (Papernow, 2018; Stewart, 2007). Supporting coparenting between ex-partners can improve children's well-being and diminish loyalty binds (or loyalty conflicts) (Larrue & Bellehumeur, 2018; Papernow, 2018; Visher & Visher, 1990).

Conclusion on Specific Needs of Blended Families

Issues in blended families, when not addressed, persist and self-reinforce (Kumar, 2017). As noted, addressing the five specific needs of blended families can help them flourish (i.e., 1- maintaining a solid couple bond and parent coalition; 2- dealing with struggles with losses, loyalties and change; 3- managing dividing parenting/stepparenting tasks; 4- building a new family culture and addressing stigma; and 5- acknowledging other parents and relatives as still part of the family (Bonnell & Papernow, 2019; Ganong & Coleman, 2004, 2017; Papernow, 2018, 2023; Visher & Visher, 1996); this can enhance meaning, well-being, as well as attachment and resilience and may prevent blended family dissolution (Armstrong, 2016b, 2017; Larrue & Bellehumeur, 2018, 2020; Johnson & Talitman, 2007; Walsh, 2003a, 2009a, 2011, 2016a, 2016b; Watt, 2020; Wong 2016a, 2016b; Wright, 2009). Therefore, strategies such as psychoeducational workshops derived from selected family therapy models to create frameworks that consider these four factors for flourishing, including the five specific needs of the blended families seem paramount.

Blended Family Research

Blended family research spans over forty years (Ganong & Coleman, 2017, 2018). It was initially shaped by sociological and phenomenological approaches (Visher & Visher, 1979, 1985, 1988, 1996, 2003). Research focused on attachment issues, roles, boundaries, parenting, and risk

and resilience (Afifi & Stacia, 2004; Atalaia, 2019; Boss & Greenberg, 1984; Braithwaite et al., 2008; Braithwaite et al., 2018; Castrén & Widmer, 2015; Favez et al., 2019; Fine & Kurdek, 1994; Ganong, Coleman et al., 2022; Greene, et al., 2012; Papernow, 2012, 2018; Schulman, 1972; Stanish, 2016; Stewart, 2005a, 2005b). There is yet no overarching theoretical framework for blended family research (Ganong & Coleman, 2018; Stewart, 2007).

Visher and Visher (1979, 1985, 1988, 1990, 1996, 2003; Visher et al., 1997) pioneered blended family research and therapy which was the norm for decades (Barrows, 1981; Browning & Artelt, 2012; Ganong & Coleman, 2017). This was influenced by their experience of each blending four children in their joint remarriage (Barrows, 1981). Their blended family therapy model used a normative-adaptive systemic approach focusing on common blended family challenges (Golish, 2003; Visher & Visher, 1979, 1985, 1988, 1990, 1996).

Blending a family is a process rather than an event (Ganong & Coleman, 2017; Papernow, 1993, 2013, 2018). Applying a less linear perspective on blended family development is recommended when working with blended families (Baxter et al., 1999; Braithwaite et al., 2001; Kumar, 2017). There is also still room for theoretical model building with blended family research and therapy (Ganong & Coleman, 2004, 2017). There has been progress in research on blended family structure, stepchildren's well-being, blended family transitions, mental health and stress, and blended family dynamics (Ganong & Coleman, 2017). However, more studies on resilience, behavioural concerns, avoiding dissolution and family wellness promotion and prevention are needed to improve blended family therapy outcomes (Kumar, 2017; Michaels, 2000; Portrie & Hill, 2005).

Therapeutic approaches have evolved little since the 1980s (Ganong & Coleman, 2004). Visher and Visher proposed broad therapy phases—assessment, treatment, and integration—

favouring flexibility over rigid protocols (Browning & Artelt, 2012; Papernow, 2018; Pote et al., 2003). Family therapy can be a loose and flexible type of therapy that works better when grounded from real-life or a “evidence-informed view” practice (Lebow, 2018, p. 5; see also Pote et al., 2003). This type of approach may fit better for blended families than rigidly prescribed family therapy treatment protocols that ignore collaboration with blended families and the therapist’s creativity in choosing interventions and directions for treatment (Armstrong, 2016b, 2017; Browning & Artelt, 2012; Papernow, 2018; Satir et al., 1991; Visher et al., 1997). Systemic and family therapies that include *multimodal* treatment (i.e., with multiple components) with *breadth* (i.e., using a wide-spectrum of approaches), while being technically but not theoretically eclectic, may be more effective than cognitive behavioural therapy (CBT) with families (Armstrong, 2016b, 2017; Browning & Artelt, 2012; Papernow, 2018; Satir et al., 1991; Visher et al., 1997). CBT models have a narrower focus and are stage-based, which may be ineffective for dealing with complex issues, such as with blended families (Browning & Artelt, 2012; Lazarus, 2024; Papernow, 2018; van der Pol et al., 2018; Weisman & Montgomery, 2019).

Blended family therapy aims to support emotional and relational integration (Visher & Visher, 1996) to help blended families thrive and flourish (Furrow & Palmer, 2007; Satir et al., 1991). However, therapy may be impractical or emotionally challenging for some families (Browning & Artelt, 2012; Deal, n.d.; Papernow, 2013, 2018; Stewart, 2007). Psychoeducation programs offer a viable alternative, normalizing experiences and providing practical guidance (Browning & Artelt, 2012; Skogrand et al., 2010; Visher et al., 1997). These family psychoeducation programs are often integrative (or eclectic) (Corcoran, 2003; Lefley, 2009), which may be more effective with blended families (Armstrong, 2016b, 2017; Browning & Artelt, 2012; Papernow, 2018; Satir et al., 1991; Visher et al., 1997).

Meaning, well-being, attachment, and resilience may prevent blended family dissolution and aid flourishing (Armstrong, 2016b, 2018a, 2018b, 2018c; Armstrong & Potter, 2022; Furrow et al., 2019; Hashemabadi et al., 2020; Johnson & Lee, 2000; Johnson & Talitman, 2007; Larrue & Bellehumeur, 2018; Walsh, 2016c; Watt, 2020; Wong & Worth, 2017). There appears to be no psychoeducational programs for blended families that integrate these four factors. Three integrative family therapy approaches appear to address these four factors for blended families: Satir's Family Therapy (Satir et al., 1991), Emotionally Focused Family Therapy (EFFT; Johnson & Lee, 2000), and Rational Emotive Attachment-Based Logotherapy (REAL) Family Therapy (Armstrong, 2016b). They can serve as a foundation to create psychoeducational workshops for blended families.

Addressing Blended Families' Needs with Satir, EFFT and REAL

Both Satir's model and EFFT address the needs of blended families with positive outcomes (Browning & Artelt, 2012; Furrow & Palmer, 2007, 2011; Satir, 1983) such as building self-esteem, family congruence, improved communication, emotional bonding, resilience, well-being and meaning (Banmen, 2008c; Furrow & Palmer, 2007, 2011; Furrow et al., 2019; Johnson et al., 2005; Hashemabadi et al., 2020; Satir et al., 1991). REAL Family Therapy (Armstrong, 2016b, 2018a), a new promising family therapy model, addressed blended family challenges such as conflict, mood instability, and attachment issues. This therapeutic approach has evolved into a Third Wave Positive Psychology framework now called *Meaning Mindset Therapy*. It will be referred to as *REAL Therapy*, as it bore this name during this current research. REAL Therapy has been applied to both blended and non-blended families and promotes meaning in daily life and mental health in parents and children (Watt, 2020). These three family therapy models all improve problem-solving and better functioning, which are

linked to resilience and attachment (Armstrong, 2016b, 2018a, 2018b; Furrow et al., 2019; Hashemabadi et al., 2020).

Other well-known integrative family therapies that were not chosen for this current study were functional family therapy (Weisman & Montgomery, 2019), Bowenian and other psychodynamic family therapies (Gehart, 2010/2014), structural family therapy (Minuchin, 1974), internal family systems therapy (Schwartz, 2023) and attachment-based family therapies such as M-Mat Multi-Modal attachment therapy (Young, 2021), integrative attachment family therapy (Lender, 2023) or attachment-based family therapy (Diamond et al., 2016). These therapies were not selected because there did not appear to be any research validating improvement of meaning, well-being, attachment and resilience for families, and so did not seem relevant in meeting the needs of blended families.

Satir, EFFT and REAL family therapies are integrative models. They were selected for their positive link to meaning, well-being, attachment, and resilience and showed some success with blended families (Furrow & Palmer, 2007, 2011; Satir, 1983; Watt, 2020). Integrative psychoeducation models for families are most effective for blended families to support their complexity (Castonguay & Goldfried, 1994; Corcoran, 2003; Lefley, 2009; Nichols, 2001; Pelak, 2016). The adaptation of these therapies may be helpful when developing psychoeducational workshops for blended families while integrating their five specific needs (see Appendix A).

Satir's Family Therapy Model

The Satir Family Therapy Model (Satir, 1967) is the oldest of the three family therapy models. Virginia Satir (1916–1988), a pioneer in family therapy, developed a holistic and integrative model incorporating systemic, experiential, humanistic, existential, and transpersonal approaches to support families in their flourishing (Banmen, 2008b, 2008c; Banmen & Maki-

Banmen, n.d., 2014; Gomori, 2015; Lee, 2008a; Satir, 1967; Sayles, 2008). The “Satir Model” (Satir et al., 1991) is also called “Satir Transformational Systemic Therapy” (Banmen, 2008a), the “Satir Growth Model” (Gehart, 2010/2014; Wretman, 2016), or the “Satir Communication Family Therapy” model (Hashemabadi et al., 2020). Satir’s model focuses on deep change and transformation, growth, hope, self-esteem and positivity (Banmen, 2008b; Browning & Artelt, 2012; Gomori, 2015; Lewis & Banmen, 2008; Sayles, 2008). It integrates both intrapsychic and interactive dimensions, working with individual and family system resources (Banmen, 2008c; Sayles, 2008).

Congruence and the Intrapsychic/Interactive Systems. Satir’s model is rooted in congruence (Gehart, 2010/2014; Lee, 2008a, 2008b; Lewis & Banmen, 2008; Satir et al., 1991). It involves self-awareness and alignment between self, others, and context (Lewis & Banmen, 2008; Satir et al., 1991). The therapist models congruence and teaches clients the three levels (Satir et al., 1991): self-concept (i.e., “Self I am”; centredness, wholeness, harmony), feelings (awareness, ownership, management, enjoyment), and “Life-Force” (context, universality, spirituality) (Satir et al., 1991, p. 68). In her congruence model, there are three dimensions: the intrapsychic system (i.e., the “Iceberg Metaphor” (Banmen, 2008c, p. 4), the interactive system, and the family-of-origin system (Lee, 2008a, 2008b; Satir et al., 1991).

The intrapsychic system (or *Iceberg Metaphor*) describes the behaviour of the client, reaching progressively deeper layers, from coping behaviours with others (using the survival/communication stances under stress of placating, blaming, computing/being super reasonable, distracting/acting as irrelevant; Banmen, 2008c; Satir et al., 1991), to feelings, to feelings about feelings, to perceptions/beliefs/assumptions/thoughts/values, then expectations, then yearnings within oneself, until reaching the spiritual core of the Self I am, which is the

universal and foundational context. Satir also outlined four “meta-goals” (Banmen, 2008c, pp. 4–5) for positive change: improving self-esteem, encouraging choice making, coaching clients to take responsibility, and strengthening congruence. The interactive system focuses on “sameness and differences” (Banmen, 2008c, p. 6), in relationships rather than on conflict through congruent interaction emphasizing compromise, resolution (win-win) and growth (Banmen, 2008c). The family of origin system uses *family maps* (i.e., a type of genogram), to resolve negative childhood family experiences and restore family resources (Banmen, 2008c).

Growth, Freedom and Self-Esteem. Satir’s Family Therapy Model centres on eight beliefs founded on “human beings, relationships, and change” (Banmen, 2008c, p. 2): 1- changing (feelings, perceptions and expectations); 2- experiential therapy sessions; 3- transforming the way of coping; 4- managing and enjoying feelings for change; 5- setting positive goals to resolve negative experiences; 6- focusing on a systemic view of therapy (intrapsychic and interpersonal); 7- basing therapy on resources for growth and better adapting; 8- choosing the discomfort of changing over familiar ways of coping. Five core freedoms guide personal growth, freeing clients from family of origin rules:

The freedom to see and hear what is here, instead of what should be, was, or will be. The freedom to say what you feel and think, instead of what you should. The freedom to feel what you feel, instead of what you ought. The freedom to ask for what you want, instead of always waiting for permission. The freedom to take risks on your own behalf, instead of choosing to be only ‘secure’ and not rocking the boat. (Satir et al., 1991, p. 62)

Satir’s approach is warm and full of optimism; it values self-actualization and self-esteem through goal-setting (Gomori, 2015). *Self-esteem* acknowledges how a person feels (Satir, 1976) in order “to have a sense of self-confidence and empowerment” (Lum, 2008, p. 191) for a deeper

inner connection. Clients feel more personally integrated and with their family system and social context; they accept their humanness and their changing hurtful family dynamics (Satir et al., 1991).

Family Dynamics. Family roles emerge through the survival/communication stances—placating, blaming, computing/being super reasonable, distracting/acting as irrelevant (Banmen, 2008c; Satir et al., 1991). They bring out “power struggles”, “parental conflicts”, “lack of validation” and “lack of intimacy” (Gehart, 2010/2014, p. 173) and can affect congruence, self-esteem, problem-solving, family functioning and bonding, and resilience. These dysfunctional communication patterns reinforce “visible and invisible” family rules (Yildirim, 2021, p. 13), create family conflicts, and diminish cohesion and well-being (Satir, 1967).

Limitations to Satir’s Family Therapy Model and Implications. Satir’s Family Therapy Model is flexible and widely applicable (Allen et al., 2022; Ahmad-Abadi et al., 2017; Browning & Artelt, 2012; Chung & Leung, 2016; Der Pan, 2000; Erker, 2017; Hashemabadi et al., 2020; Leung et al., 2018; Marroquin et al., 2024; Wong & Ng, 2008; Wretman, 2016; Yildirim, 2021). However, it lacks a well-defined theoretical framework and empirical validation, making it difficult to operationalize (Erker, 2017; Innes, 2002). Though some empirical testing supports aspects of the model, research remains limited, particularly in family contexts (Caston, 2009; Chung & Leung, 2016; Cohen, 2009; Der Pan, 2000; Wretman, 2016). Satir’s model may be also less effective for families with severe psychological disorders or entrenched conflicts (Ahmad-Abadi et al., 2017). Furthermore, this directive model is stage-based, yet the richness of its theoretical framework has demonstrated easy adaptation to psychoeducation and blended family contexts (Cheung, 1997; Satir, 1983). Given all this, the

integrative nature of Satir's model provides a robust framework to support the complex challenges of blended families in a psychoeducational context.

Emotionally Focused Family Therapy – EFFT

EFFT (Emotionally Focused Family Therapy; Johnson et al., 2005; Johnson & Lee, 2000) derives from EFT (Emotionally Focused Therapy) which started with Emotionally Focused Therapy for Couples (now EFCT; Greenberg & Johnson, 1988/2010). A related model, *Emotion-Focused Family Therapy*, follows Greenberg's approach (Lafrance et al., 2020). EFFT is more centred on attachment theory (Ainsworth et al., 1978; Bowlby, 1988) while Emotion-Focused Family Therapy is more based on emotion (Brubacher, 2017). As EFFT is attachment-based, it may be particularly relevant in preventing family dissolution (Johnson & Talitman, 2007).

Johnson and Lee's (2000) EFFT is an integrative, systemic, and humanistic approach (Furrow & Palmer, 2007; Johnson, 1996/2019). It is an experiential, evidence-based, non-pathologizing and person-centred therapy (Furrow & Palmer, 2007; Gehart, 2010/2014; Johnson, 1996/2019; Johnson & Lee, 2000; Willis et al., 2016). EFFT promotes secure emotional bonds, effective communication and problem solving, and addresses hurtful family dynamics (Furrow & Palmer, 2007; Johnson & Lee, 2000; Willis et al., 2016).

Families face unmet attachment needs, intensified by life transitions, which foster insecurity and hinder growth (Furrow & Palmer, 2007; Johnson & Lee, 2000; Palmer & Efron, 2007). Their struggles reflect "stuck patterns" (Furrow & Palmer, 2007, p. 48). EFFT helps families express emotions tied to attachment needs, such as fear and loss, while recognizing relational needs to build secure bonds and interrupt negative interactive family cycles (Furrow & Palmer, 2007; Greenberg, 2004; Johnson & Lee, 2000). This fosters emotional security within

the family and with the therapist, promoting openness and collaboration (Furrow & Palmer, 2007; Johnson, 1996/2019).

EFFT has been widely used for over 20 years, with evidence supporting its emotional safety and effectiveness with families (Efron, 2004; Efron & Bradley, 2007; Johnson & Lee, 2000; Johnson & Wittenborn, 2012; Stavrianopoulos et al., 2014; Willis et al., 2016). It has shown clinical success with children and adolescents, adapting to younger children's developmental needs through play-based interventions (Dhariwal et al., 2020; Efron, 2004; Willis et al., 2016; Stavrianopoulos et al., 2014; Willis et al., 2016; Wittenborn et al., 2006).

EFFT and Attachment Theory. Attachment theory is vital to understanding how relationships develop, are maintained, and dissolve (Furrow & Palmer, 2007). Affectional bonds procure a secure base which allow exploration and a safe haven when experiencing distress (Furrow & Palmer, 2007; Johnson et al., 2005; Johnson et al., 1998; Johnson & Lee, 2000).

An attachment bond... is a set of behaviours that maximizes proximity with irreplaceable others and so creates a felt sense of security. These behaviours are shaped by emotional responses and... schemas concerning the reliability of others and the acceptability of self... [S]eparation from attachment figures or a lack of confidence in their availability and responsiveness is considered a potential lifelong trauma. (Johnson and Lee, 2000, p. 114; see also Efron & Bradley, 2007)

Families' distress often stems from attachment insecurity and predictable reactions to separation (Efron & Bradley, 2007; Furrow & Palmer, 2007; Johnson & Lee, 2000; Stavrianopoulos et al., 2014). Secure bonds rely on emotional accessibility and responsiveness, which EFFT helps restructure (Johnson & Lee, 2000, p. 114). It is important to shape new loving responses by restructuring "key emotional experiences" (Johnson & Lee, 2000, p. 113). Correcting negative

family interactions can foster improved development and autonomy with increased connectedness (Johnson et al., 2005; Johnson et al., 1998; Johnson & Lee, 2000).

Emotions and Attachment in EFFT. Emotion helps organize attachment responses (Brumariu, 2015; Johnson et al., 2005; Johnson et al., 1998; Johnson & Lee, 2000). EFFT applies emotional awareness, validation, and empathy to resolve family distress (Johnson & Lee, 2000; Lafrance Robinson et al., 2014; Lafrance et al., 2020; Stavrianopoulos et al., 2014). Clients learn to process emotions effectively, improving problem-solving and distress regulation (Greenberg, 2004; Johnson, 1996/2019; Palmer & Efron, 2007). Therapists facilitate secure reconnection and help restructure negative family interactions towards breaking the negative cycle of interactions and fostering positive affect and collaboration (Furrow & Palmer, 2007; Johnson et al., 2005; Johnson et al., 1998; Palmer & Efron, 2007).

Secure attachment fosters resilience and trust, strengthening emotional support during transitions (Furrow & Palmer, 2007; Johnson, 1996/2019; Johnson et al., 2005; Johnson & Lee, 2000). Meaning is created through emotional experiences that integrate reason for optimal adaptation (Greenberg, 2004). EFFT is considered a flexible and promising therapy for families, including those with emotional distress (Furrow & Palmer, 2007).

Limitations to EFFT and Implications. Most research on EFT focuses on couples, with limited empirical studies on EFFT (Johnson, 1996/2019; Johnson et al., 1999; Schmittl, 2024; Wittenborn et al., 2006). While EFT has high success rates (i.e., between 70% to 90%) for reducing distress in couples, it can take at least 10 to 12 sessions for a satisfactory recovery and more so with highly distressed couples (Gehart, 2010/2014; Johnson & Wittenborn, 2012). EFFT's effectiveness depends on the family's engagement (Efron, 2004). Sessions may be fragmented, prolonging therapy and possibly diminishing its effectiveness (Efron, 2004).

Ensuring physical safety and emotional security in sessions is key to EFFT's effectiveness (Efron, 2004). In both EFFT and in EFCT, practitioners may find the approach too directive (Efron & Bradley, 2007). EFFT is contraindicated in violent, disengaged or ambivalent families and has been applied successfully to blended families (Brigance & Cottone, 2023; Furrow & Palmer, 2007, 2011; Johnson & Lee, 2000; Schmittl, 2024). EFT is not necessarily contraindicated for consensual non-monogamous couples, as long as there is a strong attachment bond with the primary couple (Edwards et al., 2023).

Rational-Emotive Attachment-Based Logotherapy – REAL Family Therapy

REAL Family Therapy, or Rational-Emotive Attachment-Based Logotherapy, is a recent holistic and integrative approach addressing cognitive, emotional, existential/spiritual, and attachment issues in families including children (Armstrong, 2016b, 2018b). It fosters strong family bonds, resilience, and positive habits through engagement, meaning, and play (Armstrong, 2016b). Challenges affecting attachment security can harm relationships, making healing disconnection and promoting “healthy thinking and behaviour” as key goals (Armstrong, 2018b, pp. 216–217).

As part of second-wave positive psychology (PP2.0), REAL Family Therapy balances challenges with positivity, meaning and growth using a dialectical lens (Armstrong, 2018a, 2018b; Wong, 2011). It has evolved into a third-wave approach (PP3.0; now called Meaning Mindset Therapy), emphasizing interdisciplinary collaboration and diverse perspectives. It focuses on a broader, interconnected, multidisciplinary, multicontextual and transdisciplinary approach where those who are served by research or programming are engaged as co-creators for a better fit (Armstrong, 2023; Willing, 2022). In contrast, PP2.0 focused more on quantitative methods (Armstrong, 2023; Lomas et al., 2021). Thus, REAL Family Therapy robustly embraces

the tenets of a PP3.0 approach to better serve the complex needs of blended families towards well-being (Willing, 2022). It relies on positive attitudes and strengths to overcome difficulties and reinforce attachment to find meaning in both the positive and the negative in one's life and to understand its paradoxes and complexity (Armstrong, 2016b; Wong, 2011). REAL Family Therapy includes components of Rational Emotive Behavioural Therapy, attachment-based therapy, and logotherapy (Armstrong, 2016b).

Rational Emotive Theoretical Components. Rational Emotive Therapy (RET, or Rational Emotive Behavioural Therapy—REBT; Ellis, 2004) develops problem-solving, self-regulation, and bonding, while helping families challenge irrational beliefs (Armstrong, 2016b, 2018a, 2018b). Humour is another skill taught to ameliorate quality of life, aid in transforming negative thinking and enhance family relations (Armstrong, 2018b; Ellis, 2004). RET may be perceived as transforming one's attitude, which is also one of logotherapy's goals (Armstrong, 2016b).

Logotherapy Theoretical Components. Logotherapy (Frankl, 1946/1992) introduces existential and spiritual elements, encouraging meaning-making amid distress and reinforcing values to REAL Family Therapy (Armstrong, 2016b, 2018b; Frankl, 1946/1992). It promotes creativity, hope, and responsible decision making (Armstrong, 2016b; Frankl, 1946/1992). Having power over one's life, being open to new experiences, maintaining purpose and self-esteem are four pathways to meaning (Armstrong, 2016b; Frankl, 1946/1992). Meaning improves resilience, mental health, and secure attachment in family relationships (Armstrong, 2016b, 2018a, 2018b, 2018c; Frankl, 1946/1992).

Attachment-Based Theoretical Components. Securely attached relationships foster better physical health and diminished perceptions of threat as families move away from negative

patterns of interaction, lessening problematic functioning, meaninglessness and despair (Armstrong, 2016b, 2018a, 2018b). Attachment is a pathway to meaning (Frankl 1946/1992): Meaning in daily life is enhanced through bonding and engaging experiences for family thriving (Armstrong, 2016b, 2018a, 2018b). REAL Family Therapy improves emotional literacy and coaching, and strengthens self-awareness and self-regulation through relational attunement and responsiveness, and creativity and playfulness (Armstrong, 2016b, 2018a, 2018b; Lafrance Robinson et al., 2014). Barriers such as addiction and neglect can be mitigated through play and creativity in family interactions (Armstrong, 2018a). Unlike Satir's approach and EFFT, REAL Family Therapy is not a stage-based therapy; it is non-phasal and construed as an integrated collection of progressively developed skills (Armstrong, 2016b, 2018a, 2018b).

Limitations to REAL Family Therapy and Implications. REAL Family Therapy addresses gaps in meaning-based interventions for younger children and blended families (Armstrong, 2016b; Lantz & Harper, 1992). REAL Family Therapy theory and tools show promising results with blended families and children and more particularly through its derived Meaning Mindset psychoeducational mental health promotion program (Armstrong, 2016a, 2017; Armstrong et al., 2019; Armstrong et al., 2020a, 2020b; Armstrong & Potter, 2022; Champaigne-Klassen, 2024; Parrott et al., 2021; Potter, 2022; Watt, 2020). While emerging research supports its effectiveness, empirical validation remains limited for REAL Family Therapy as a family therapy and with blended families (Armstrong, 2016b, 2017; Watt, 2020). Ongoing studies explore its role in promoting connection, meaning and flourishing in families (Armstrong et al., 2019, 2020a, 2020b; Armstrong & Potter, 2022).

How Do these Family Therapy Approaches Address Blended Family Needs?

There is considerable evidence that interventions designed for blended families require approaches that differ from those for other families (Browning & Artelt, 2012; Michaels, 2000; Skogrand, Dansie et al., 2011). Satirian, EFFT, and REAL approaches have been found to improve meaning, well-being, attachment, and resilience (Allen et al., 2022; Armstrong, 2016b, 2018a, 2018b; Furrow & Palmer, 2007; Greenberg, 2004; Hashemabadi et al., 2020; Johnson, 1996/2019; Johnson et al., 2005; Johnson & Lee, 2000; Kang, 2010; Lafrance Robinson et al., 2014; Palmer & Efron, 2007; Watt, 2020). As such, these approaches may be beneficial for the development of psychoeducational workshop programming for blended families (Armstrong & Potter, 2022; Armstrong et al., 2020a, 2020b; Browning & Artelt, 2012; Der Pan, 2000; Furrow & Palmer, 2007; Hashemabadi et al., 2020; Johnson & Lee, 2000; Palmer & Efron, 2007; Watt, 2020). To date, there are few educational workshops for families following these three theoretical frameworks.

These three approaches (Satir, EFFT, REAL) address the five key specific needs identified for blended families (1- maintaining a solid couple bond and parent coalition; 2- dealing with struggles with losses, loyalties and change; 3- managing dividing parenting/stepparenting tasks; 4- building a new family culture and addressing stigma; and 5- acknowledging other parents and relatives as still part of the family; Bonnell & Papernow, 2019; Ganong & Coleman, 2004, 2017; Papernow, 2018, 2023; Visher & Visher, 1996). Their theoretical frameworks have been adapted to these five specific needs to develop psychoeducational workshops for blended families in collaboration with key stakeholders (see Appendix A). Given the lack of psychoeducational program research on blended families' sense of meaning, mental health and well-being, attachment, and resilience, research that aims to

develop this programming based on the specific blended family needs (Adler-Baeder & Higginbotham, 2020) from the three frameworks may be supportive for these families.

Therapeutic Alliance

The therapeutic alliance is a primary factor in psychotherapy effectiveness across approaches (Ardito & Rabellino, 2011; Bordin, 1979; Flückiger et al., 2018; Friedlander et al., 2011; Lambert & Barley, 2001; Martin et al., 2000; Paquin-Boudreau et al., 2021; Pinsof & Catherall, 1986; Rodgers et al., 2010). The *therapeutic alliance*, or working alliance (Bordin, 1979; Crowe & Grenyer, 2008), involves the relationship between the therapist and client in order to collaborate in therapy (Pinsof & Catherall, 1986). It is key to change in therapy as the therapist is the agent of change (Bordin, 1979). Its strength is measured through the goodness of fit of the respective personalities of patient and therapist (Bordin, 1979). The alliance also includes agreement on goals, assigned tasks, and the quality of the bond between therapist and client in all therapeutic approaches (Ardito & Rabellino, 2011; Bordin, 1979; Horvath & Luborsky, 1993; Pinsof & Catherall, 1986).

In conducting therapy or presenting educational workshops for blended families, the therapeutic alliance may thus be an important factor in predicting the therapeutic outcome (Friedlander, Escudero, & Heatherington, 2006; Friedlander et al., 2011; Furrow & Palmer, 2007; Rober et al., 2021). In addition to psychotherapy settings, the therapeutic alliance may also affect outcomes in psychoeducational groups including families (Brouzos et al., 2018; Glueckauf et al., 2002; Smerud & Rosenfarb, 2008). Since there is limited research on the therapeutic alliance for family psychoeducational workshops, research should examine the dynamics of alliance in family therapy to understand family dynamics that also play out in family psychoeducational sessions.

Controlling for the therapeutic alliance is essential when assessing interventions to determine whether positive outcomes stem from the alliance rather than the intervention itself (Klein et al., 2003; Safran et al., 2005). Sometimes a particular intervention may not in fact be effective, but it is simply the alliance that led to positive outcomes (Klein et al., 2003). For example, if therapy approach A is effective and therapy approach B is not found to be effective, but the difference ends up being explained only by the therapeutic alliance, rather than the approach itself, then it would not be helpful to continue to further develop approach A without further research supporting its effectiveness beyond alliance. Since there is sufficient empirical evidence that alliance can influence outcomes in therapeutic sessions with families, then it can be an important control or explanatory factor (Yang, 2023).

Bordin's (1979) theory on the working alliance can also apply to the therapeutic alliance in family therapy (Pinsof & Catherall, 1986). The therapeutic alliance for family therapy considers that the *social field* impacts the alliance in therapy; it includes two systems (i.e., therapist and family systems), not just two individuals, that can both effect change on the therapeutic process (Pinsof, 1983; Pinsof & Catherall, 1986). The therapist joins the family members or connects with them as an additional member of the family system (Davatz, 1981; Minuchin, 1974; Pinsof & Catherall, 1986; Sluzki, 1975). The therapeutic alliance in family therapy functions at three levels: the individual level, with the therapist having an individual alliance with each family member; the subsystem level, where the therapist has an alliance with the members of any subsystem formed during the family therapy, (i.e, subsystem alliances); and the alliance formed by the therapist with the whole of the family, the whole system alliance (Beck et al., 2007; Pinsof & Catherall, 1986).

A family therapy alliance can be either intact or split (Beck et al., 2007; Escudero & Friedlander, 2017; Friedlander et al., 2011; Heatherington & Friedlander, 1990; Pinsof & Catherall, 1986). In an *intact* alliance, all family members feel positive about the therapist; in a split alliance, there are differing opinions about the therapist from the family members (Pinsof & Catherall, 1986). A strong alliance with key subsystems can sustain therapy, while a weak alliance with dominant subsystems may cause failure (Pinsof & Catherall, 1986). There may be positive and negative alliances within the various family subsystems: The overall family alliance can withstand a negative alliance with a teenager as long as there is a positive alliance with the parent subsystem (Pinsof & Catherall, 1986; Robbins et al., 2003). Negative feelings towards the therapist by a close family member not part of the therapy may also negatively impact the alliance and the therapy (the opposite being also true) (Pinsof & Catherall, 1986).

Allegiance (Symonds & Horvath, 2004), also called *within-family alliance* (Pinsof, 1994) or “shared sense of purpose” (Friedlander, Escudero, & Heatherington, 2006, p. 126; see also Beck et al., 2007), measures the degree of collaboration between family members in therapy and their emotional attachment to each other; it differs from the alliance formed with the therapist (Friedlander et al., 2011). Trust, honesty, and confidentiality are crucial, especially for adolescents (Friedlander et al., 2011). The alliance is complex, influenced by family history, hidden agendas, and interpersonal dynamics (Friedlander et al., 2006).

Meta-analyses show that a strong therapeutic alliance predicts positive outcomes, though the effect size is modest (~7% variance explained) (Stubbe, 2018). A meta-analysis found that clients' perceptions of a strong therapeutic alliance contribute to healing and remain stable if established early (Falkenström et al., 2014; Martin et al., 2000). However, alliance effects may be confounded with therapist competence or prior symptom improvement (Falkenström et al.,

2014). Out of 15 studies adjusting for these prior improvements, one-third did not show that alliance had an impact on outcome, potentially due to measurement limitations or a “halo effect” (Falkenström et al., 2014, p. 153). Some studies indicate a reciprocal relationship between alliance and symptom improvement (Falkenström, Granström, & Holmqvist, 2013; Tasca & Lampard, 2012). Controlling for the therapeutic alliance helps with improving the quality of the assessment of intervention effectiveness and supporting the validity of a study (Falkenström et al., 2014; Martin et al., 2000; McBride, 2024).

Alliance as a Covariate

Therapeutic alliance appears to be linked to meaning, well-being, attachment, and resilience. Attachment is connected to alliance through the relational bond, where the therapist serves as an attachment figure, offering an emotional experience that feels corrective for the client (Bordin, 1979; Fried, 2002; Pinsof & Catherall, 1986). This corrective experience would be linked as much to attachment as to well-being, since a *corrective emotional experience* means to have a transformative healing experience of painful maladaptation through the psychotherapeutic relationship, thus leading to improved well-being (Nakamura & Iwakabe, 2018). Moreover, studies have suggested a possible positive link between alliance and well-being (Browne et al., 2019; Falkenström et al., 2014; Sagui-Henson et al., 2022).

Resilience as a psychotherapeutic outcome is “improved mental health recovery, psychological well-being, quality of life, total symptoms, negative symptoms, and disorganized symptoms at the end of treatment” (Browne et al., 2019, p. 1). It is thus related to psychological health and well-being as an outcome with the alliance (Browne et al., 2019). Couples’ resilience may also improve when linked with alliance (Garfield, 2004).

Well-being, attachment, and resilience appear to all be related to alliance. As for meaning, as mentioned, it also relates to well-being, attachment, and resilience. Meaning, which involves agency, hope, self-concept, and goal actualization (Armstrong, 2016a, 2018c; Armstrong & Potter, 2022; Frankl, 1946/1992; Park, 2013; Wong, 2016a, 2016b), can thus relate to alliance and therapeutic outcomes (Bordin, 1979; Hougaard, 1994). More specifically, alliance fosters confidence, compliance, motivation, receptiveness and empathy (Hougaard, 1994), qualities that align with the above concept of meaning. Furthermore, alliance has been linked to positive outcomes through meaningful client interpretation (Manning, 2010), thus making it relatable to meaning. Given these connections, it is important to assess alliance as a potential covariate to these four conceptual variables of meaning, well-being, attachment and resilience.

Gaps in the Literature

Research on blended families primarily examines their development and phenomenology, with limited focus on communication, stability, and flourishing (Portrie & Hill, 2005). Studies on family roles, dynamics, and challenges remain scarce, particularly concerning the five specific needs identified in the literature (Bonnell & Papernow, 2019; Ganong & Coleman, 2004, 2017; Kumar, 2017; Papernow, 2018, 2023; Visher & Visher, 1996). Most research is U.S.-based, with some international studies, including in Canada (Favez et al., 2018; Favez et al., 2019; Gath, 2016; Gosselin, 2010; Gosselin & Rousseau, 2012; Hadfield & Nixon, 2013; Kumar, 2017; Larrue & Bellehumeur, 2018, 2020; Moral, 2007; Nixon & Hadfield, 2016; Parent et al., 2019; Pryor, 2008a; Roigé et al., 2018; Roper, 2017; Rouyer et al., 2018; Saint-Jacques & Parent, 2015; Saint-Jacques et al., 2020; University of Calgary, 2024).

Psychoeducational interventions for blended families have been explored since the late 1970s and focus on coparenting, stepparenting, communication, and finances (Adler-Baeder &

Higginbotham, 2020; Bray, 2019; Skogrand, Davis, & Higginbotham, 2011; Garneau & Adler-Baeder, 2015; Higginbotham & Goodey, 2016; Lucier-Greer et al., 2014; Reck et al., 2020; Santos et al., 2022; Skogrand, Dansie, Higginbotham et al., 2011; Skogrand et al., 2014; Visher & Visher, 1996). Some of these blended family programs were adapted from non-blended family workshops, some were education programs, others were more therapy-based and others still were self-directed education (Bray, 2019). Most approaches address couples, although research suggests that techniques that include children add value (Skogrand, Davis, & Higginbotham, 2011).

There is still little research reviewing the potential long-term impact of these blended family programs after one year (Reck et al., 2020; Skogrand, Davis, & Higginbotham, 2011). Only one study was found presenting one- to two-year follow-ups offered after blended family training, focusing mostly on parenting and stepparenting (Bray, 2019; Forgatch et al., 2005). There appear to be no educational programs for blended families that include stakeholders in their development, which can lead to programs that are a poor fit for the stakeholders' needs (Armstrong, 2009, 2011, 2017; Trochim et al., 2015).

A review of blended family psychoeducational programs in the U.S. seems to suggest that an educational approach based on strengths can be ideal for blended families given their present challenges (Lucier-Greer et al., 2014; Whitton et al., 2008; Whitton, n.d.). These programs appeared to improve blended family functioning and development through relational skills for the couple and the family and should include more ethnically-diverse populations or stepcouples with greater distress and vulnerabilities (Higginbotham & Skogrand, 2010; Lucier-Greer & Adler-Baeder, 2012; Lucier-Greer et al., 2014; Reck et al., 2020). The empirically-supported

Smart Steps program for blended families (Adler-Baeder, 2007/2024) in the U.S. has known some success (National Stepfamily Resource Center, 2024a).

The Smart Steps program has been adapted to an online self-study method for blended families presented by well-known blended family researchers such as Browning, Papernow, Whitton, Ganong and Coleman, and Schramm. It is entitled *Understanding Families* (National Stepfamily Resource Center, 2024b, 2024c) and has been widely evaluated with different U.S. populations (Adler-Baeder & Higginbotham, 2020; Garneau & Adler-Baeder, 2015; Higginbotham & Goodey, 2016; Lucier-Greer et al., 2014; Reck et al., 2020; Skogrand et al., 2014; Vaterlaus et al., 2012). The original interactive program was 12 hours long for parents and youth aged six to 17 years of age, with separate classes for the parents and children and one final joint activity (Higginbotham & Adler-Baeder, 2010). Families learn about blended family development, relations and roles, legal issues, finances, communication and caring. With this program, couples have reported increased couple satisfaction and in their parenting and functioning with their children (Adler-Baeder & Higginbotham, 2020; Higginbotham & Adler-Baeder, 2010; Lucier-Greer & Adler-Baeder, 2012; Lucier-Greer et al., 2014).

Other blended family programs designed independently and evaluated in the U.S. were the *Stepfamily Enrichment* program (Michaels, 2000, 2006), which was a multicouple early intervention pilot program for recently formed couples, focusing on basic blended family knowledge with group discussions and activities on normalization, blended family development, couple bonding, and step/parenting. More recently in the U.S., there is *GSteps*, a “web-based Psychoeducational Simulation Game” (Santos et al, 2022, p. 1) for adults in blended families, with a mental health professional available online for support. It evaluated dyadic adjustment and

interpersonal skills, as well as family functioning and parenting, and showed promising results (Santos et al., 2022). However, these programs did not address what this pilot-study proposes.

In Canada, the Stepfamily Foundation of Alberta (n.d.) seems to be the only organization offering blended family psychoeducation programs. It is associated with the University of Calgary (2024) and offers courses and counseling to stepfamilies based on an eight-session program of two-hour sessions for a maximum of eight couples (i.e., Building Stepfamilies that Work). It addresses blended families challenges in their early stages and a virtual version is also proposed. The organization has developed various assessment tools such as the Stepfamily Stress Index ([SSI]; Nodrick & Nodrick, 2013) and the Stepparent Survey ([SPS]; Nodrick, 2014) for blended families since 1999. It also boasts that over 90% of the couples who have completed their training are still together (Stepfamily Foundation of Alberta, n.d.).

In Quebec (Canada), there exists an online psychoeducational blended family program published in 2017 from the Université Laval (i.e., *La famille recomposée: Une équipe à bâtir*) with four modules on communication, family, couple and parenting. It can be administered by facilitators with a downloadable handbook or blended families can assess the material directly, watch videos and answer surveys. It was developed by a group of blended family experts (i.e., Partenariat de recherche: Séparation parentale, recomposition familiale, n.d.; www.arucfamille.ulaval.ca) at the Université Laval. There does not appear to be any written report of the effectiveness of this psychoeducational online program and it does not address the scope of this study.

Worldwide, a search of grey literature found few English-language workshops for blended families. Research results date from August 31, 2023, with the key search terms: “workshops”, “stepparents”, “stepfamilies” and “blended families”. Workshops were located in

the United States (four), Canada (three), United Kingdom (one), New Zealand, (one); and Australia (one). However, empirical evaluation of the workshops was lacking. Many only presented skill-building components or psychoeducation for parents, and the facilitators were not always psychotherapists nor had they the equivalent of a doctoral degree (Blended Family Success Network, 2013; Family Renewed, 2025; Happy Steps [U. K.], 2024; Journey Counselling, 2023; National Stepfamily Resource Center; 2024c; Smart Stepfamilies, 2022b; Stepfamilies Australia, 2021; The Family Centre, n.d.; The Step and Blended Family Institute, 2024; The StepFamily Center, n.d.; Stepfamily Network, 2023).

The focus on blended family programs and courses has mostly been on couples (Adler-Baeder, 2007/2024; Higginbotham & Adler-Baeder, 2010). Blended family programs that include children can render these programs more effective (Adler-Baeder & Higginbotham, 2004, 2020; Higginbotham et al., 2009; Lucier-Greer et al., 2014), but only this current pilot-study proposes children as stakeholders. There has been no mention of psychoeducational programs for blended families that focused directly on the five specific needs for blended families nor on the four factors of meaning, well-being, attachment, and resilience. Given this, for the current research, a proposed psychoeducational pilot workshop program was developed which considered the specific needs of blended families according to the research literature, thus enriching empirical research in Canada on blended families.

Current Study

Given the associations between Satirian, EFFT, and REAL approaches in relation to meaning, well-being, attachment, and resilience previously discussed, three family therapy models (Satir, EFFT, REAL) which may encourage flourishing through enhancing meaning in daily life, well-being, secure attachment, and resilience were adapted to create psychoeducational

workshops for blended families. The goal of these workshops was to possibly prevent blended families' dissolution and build on their flourishing. The first phase of the research involved a needs assessment centred on user experience interviews with blended families (Study 1) which evaluated blended family needs and the proposed workshops. This phase of the research honoured a PP3.0 approach, engaging stakeholders as co-creators in the workshops. The second phase involved a pilot program evaluation (Study 2) which was implemented following the results of the first study. It examined the effectiveness of two-session workshops based on the three approaches.

It can be difficult to accommodate schedules of blended family households, as noted (Browning & Artelt, 2012; Stewart, 2007). For this reason, the present study implemented short-term psychoeducational workshops over two sessions. In past research with REAL therapy, blended families typically were only able to attend two of the three psychoeducational workshop sessions and were provided with a home visit or detailed at-home activities to make up for missed sessions (Watt, 2020). With the implementation of these three (Satir, EFFT, REAL) two-day psychoeducational workshops, one purpose of the research was to determine which approach appeared to be best for blended families or if they were potentially equally effective. It was also important to examine other possible factors (such as controlling for the therapeutic alliance) which could explain differences between the three models. Studies 1 and 2 applied a Knowledge Translation-Integrated (KTI) approach, a PP3.0 research methodology (Armstrong, 2023).

Applying a Knowledge Translation-Integrated (KTI) Approach

This pilot-study employed a Knowledge Translation-Integrated (KTI) approach (Armstrong, 2017) as its foundational methodology. The KTI approach is described in more detail in the Methodology section, and is briefly described here to inform research questions and

hypotheses. KTI is a third wave positive psychology (PP3.0) participatory action approach relying on a mixed-methods, transdisciplinary and multicontextual methodology and integrating lived experiences (Armstrong, 2023; Willing, 2022). This KTI approach engaged all stakeholders (i.e., blended families including children, experts and decision makers) throughout the needs assessment and preliminary program design (Study 1), and the pilot program evaluation (Study 2).

This KTI research evaluated how to best address the needs of blended family stakeholders through a psychoeducational workshop program. Meaninglessness, poor mental health, insecure attachment, and low family resilience can predict blended family dissolution (Johnson & Lee, 2000; Johnson & Talitman, 2007; Kalantarkouseh et al., 2011; Larrue & Bellehumeur, 2018, 2020; Schulenberg et al., 2010; Walsh, 2009b). This pilot-study assessed if the proposed workshop program may prevent family dissolution by improving meaning, well-being, attachment and family resilience.

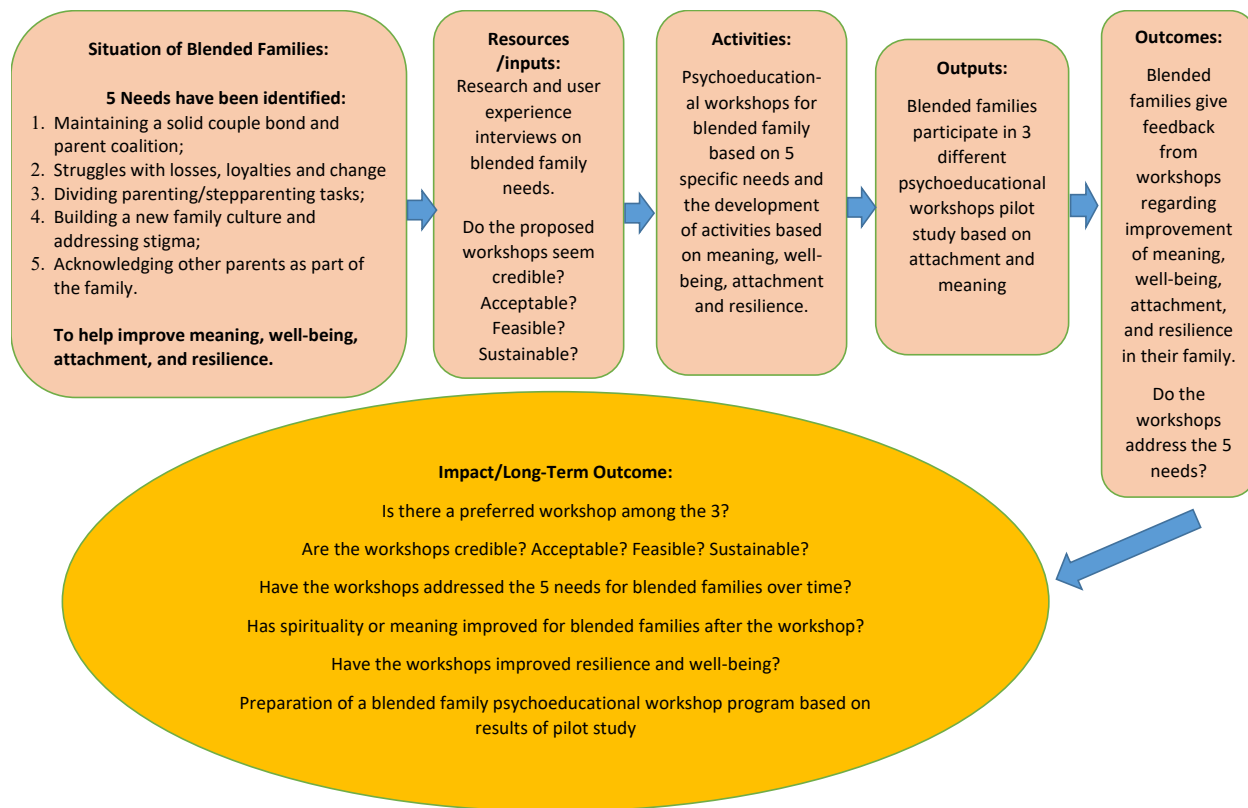
The KTI process included integrating literature (blended family research and three theoretical frameworks) in Study 1 to understand the needs of the stakeholders and develop the psychoeducational workshops with their collaboration in Study 1. Study 2 entailed implementing these revised workshops and evaluating them. Both studies applied scientific standards of community-based health promotion: credibility, acceptability, feasibility, and sustainability (Armstrong, 2017; Joint Committee on Standards for Educational Evaluation, 1994; Judd et al., 2001). The four KTI criteria were defined as follows.

Credibility includes the assessment of face validity measuring if program outcomes appeared to match intended outcomes presented by the logic model according to the stakeholders (Armstrong, 2017) (see Figure 1 below). For example, techniques used in a program have face

validity in addressing the needs described by stakeholders and those described by the literature (Armstrong, 2017; Watt, 2020). When families find that a program appears to meet their needs, there is a greater chance that they will try it (Watt, 2020). *Acceptability* means that the stakeholders, as co-creators and evaluators of the workshop program that integrates the literature, would find their needs met in the workshops (Armstrong, 2017; Fabes, 2020). Participants are more likely to use the workshop program if this were the case (Armstrong, 2009, 2011, 2017; Trochim et al., 2015). *Feasibility* measures whether the workshop program was usable by stakeholders in terms of time, accessibility, financial resources, ease, capability and understanding (Fabes, 2020; Watt, 2020). Participants rate the ease of learning the tools used in workshop exercises. *Sustainability* is the determination of whether families could maintain the workshop program long-term without much external support (Armstrong, 2017; Fabes, 2020). Workshop participants rate the degree to which they would use the strategies in their household and provide suggestions for program improvement.

Figure 1

Logic Model for the Development of Blended Family Workshops



In the logic model, face validity must be met to ensure credibility of the program. In this case, the blended family stakeholders must find that the workshops meet the five specific needs, the four KTI criteria and the outcomes in improvement in meaning, well-being, attachment, and resilience. If this were the case, then blended families would rate the psychoeducational workshops with high satisfaction (Armstrong, 2017). This would mean the workshop program would be considered credible by stakeholders. This type of research, using a KTI approach to develop a workshop program solely for blended families, has never been applied before. However, it has been used in numerous studies to develop educational programming for other populations (e.g., intellectually gifted children, homeless men, families on mental health waitlists, Black mothers, a conflict coaching protocol for ombuds persons), and to develop

measurement instruments (Armstrong et al., 2019; Armstrong & Epperson, 2024; Armstrong & Potter, 2022; Armstrong et al., 2025; Armstrong et al., 2020a, 2020b; Fabes, 2020, 2023; Odenigbo, 2023; Parrott et al., 2021; Watt, 2020).

Originality of Proposed Research

Blended families face unique challenges, especially with today's fast-paced life and frequent break-ups, often navigating second, third, or fourth recouplings (Ganong & Coleman, 2004). Normalizing the blended family experience can improve mental health outcomes (Sherman, 2006). However, attending traditional family therapy is often difficult due to complex schedules and household transitions (Browning & Artelt, 2012; Stewart, 2007). Most existing blended family therapies depend on regular meetings and stage-based models (Browning & Artelt, 2012; Papernow, 2018), which may not suit these families constantly navigating change. Furthermore, there is limited literature applying blended family therapy strategies or developing family therapy models (Browning & Artelt, 2012). Non-phasal, brief psychoeducational workshops could be a better fit (Browning & Artelt, 2012; Borrell-Carrió et al., 2004; Lazarus, 2024).

This proposed research is unique as it focuses on needs-based psychoeducational workshops grounded in three family therapy frameworks (Satir, EFFT, and REAL), integrating stakeholder input throughout the research process using the Knowledge Translation-Integrated (KTI) approach. This method aims to develop a practical model suited to blended families' needs. Unlike traditional therapy, the workshops utilize a holistic and biopsychosocial approach to enhance self-awareness, self-regulation, and dialogical skills, fostering resilience and well-being through meaning-making and attachment (Borrell-Carrió et al., 2004; Pinosof et al., 2018). This is recommended for clinical work with families towards their flourishing (Walsh, 2020). If

successful, these workshops could reduce the need for ongoing therapy by promoting resilience, ultimately supporting family unity (Walsh, 2003b).

Importance of this Research for the Community

The potential community impact of this research lies in filling a gap for evidence-based programs specifically tailored to blended families, particularly in Canada, where few such resources exist. These workshops are distinct for their collaborative creation and integration of meaning-making, well-being, and resilience, and they uniquely involve children in program development. Stakeholder involvement in design, pilot testing, and feedback ensures the program is more relevant and adaptable to real-life needs (Armstrong, 2009, 2011, 2017; Trochim et al., 2015). Using the KTI approach enhances participation by fostering ownership, shared control, and social support, potentially increasing program acceptance and sustainability (Fetterman, Rodríguez-Campos, Wandersman et al., 2018).

Ultimately, this pilot study aims to create a community-based workshop program to strengthen blended families by promoting meaning, well-being, attachment, and resilience, thus contributing to family flourishing. By applying a collaborative KTI approach (Armstrong, 2017) and using a combination of qualitative and quantitative methods, the study maximizes participation, relevance, and long-term viability. The knowledge generated will benefit both research and community practice, with traditional and non-traditional dissemination methods supporting the development of ongoing, impactful programming.

Research Hypotheses

General Research Goal

The overarching goal of the present research was to co-develop psychoeducational workshops with stakeholders for further community programming. This was to build skills for

meaning in daily life, well-being (i.e., mental health), secure attachment, and resilience in blended families, aimed towards flourishing. Specifically, the psychoeducational workshops were grounded in three family therapy theories (Satir, EFFT and REAL) and developed with stakeholder engagement through a Knowledge Translation-Integrated (KTI) approach (Armstrong, 2017) applying the scientific standards of credibility, acceptability, feasibility, and sustainability for assessment purposes of an eventual community program built upon from this study.

Study 1: Needs Assessment – User Experience Interviews

Qualitative Research Questions

Central and Specific Blended Families Needs. Research Question: Five specific needs of blended families were cited from the research literature (1- maintaining a solid couple bond and parent coalition; 2- dealing with struggles with losses, loyalties and change; 3- managing dividing parenting/stepparenting tasks; 4- building a new family culture and addressing stigma; and 5- acknowledging other parents and relatives as still part of the family; Bonnell & Papernow, 2019; Ganong & Coleman, 2004, 2017; Papernow, 2018, 2023; Visher & Visher, 1996). In this current pilot-study, what are the central needs of the Canadian blended families interviewed? How do these central needs align with these five specific needs of blended families from the literature? And since some of the blended family members are therapists themselves, as *knowledge users*, that is, “individual[s] who [are] likely to be able to use research results to make informed decisions about health policies, programs and/or practices” (Canadian Institutes of Health Research, 2016). In this case, these knowledge users have knowledge as both clinicians and as blended family members as they apply their knowledge in both arenas: What do they believe are the central needs of blended families?

Targeted Areas of Needs Identified by Blended Families Beyond the Five Specific Needs. Research Question: As the literature cites five specific needs that are central to blended families (Bonnell & Papernow, 2019; Ganong & Coleman, 2004, 2017; Papernow, 2018, 2023; Visher & Visher, 1996), are there additional needs that are perceived to be important for blended families to prevent dissolution? As stakeholders and knowledge users, do the blended family members identify with other areas of needs?

Evaluation of the Three Workshops. Research Question: In KTI research, where stakeholders are engaged in program co-creation, it is important to get stakeholder feedback and suggestions for the improvement of proposed interventions (Armstrong, 2009, 2017, 2023). What was the initial impression of the blended families of the three proposed workshops? What are their suggestions to improve them?

Manner of Delivery of the Three Workshops. Research Question: Stakeholders in KTI research have also often provided feedback on the manner of delivery (Armstrong, 2017; Potter, 2022; Watt, 2020). What do the blended families think of the manner in which the proposed workshops are meant to be delivered? Do they believe they should be delivered in a live videoconference manner or in a pre-recorded format, or do they have other suggestions?

KTI Criteria and Research Questions. As noted in KTI research, the four criteria of an evaluation study are: credibility, acceptability, feasibility, and acceptability. Given these, the research questions are as follows:

Credibility. Research Question: Are the proposed workshops perceived as credible by the stakeholders? Do they appear to do what they propose to do? Do they match the needs and the outcomes proposed in the logic model (i.e., face validity)?

Acceptability. Research Question: Presuming that the workshops are perceived as credible, are the workshop activities perceived as acceptable or a good fit for the blended families? Do these families suggest potential changes?

Feasibility. Research Question: Do the workshops appear to be easy to participate in for the blended families from a time and resource perspective?

Sustainability. Research Question: How easy would it be to apply the activities in the blended families' own lives? What are their suggestions to enhance the longevity of the workshop program outcomes as well as the administration of the workshop program?

Study 2: Pilot Program Evaluation – Psychoeducational Workshops

Pre-Workshop Research Questions and Hypotheses

Pre-Workshop Qualitative Credibility Research Question. With the presented list of the specific needs of blended families as identified by the literature and blended families (i.e., 1- maintaining a solid couple bond and parent coalition; 2- dealing with struggles with losses, loyalties and change; 3- managing dividing parenting/stepparenting tasks; 4- building a new family culture and addressing stigma; and 5- acknowledging other parents and relatives as still part of the family; Bonnell & Papernow, 2019; Ganong & Coleman, 2004, 2017; Papernow, 2018, 2023; Visher & Visher, 1996), do the workshop participants believe that the workshop they are about to attend will satisfy these needs?

Pre-Workshop Quantitative Research Questions and Hypotheses. Due to the small sample, in the following research questions and accompanying hypotheses, the first two were a priori (i.e., confirmatory) in nature to draw inferences from the hypotheses, and the last two were post-hoc (i.e., exploratory), to potentially help generate new hypotheses to be tested in future research (Potts et al., 2025).

Associations. Research Question: In the research literature, meaning, well-being, attachment, and resilience were associated (Armstrong, 2016b, 2018a, 2018b, 2018c; Armstrong et al., 2020a, 2020b; Frankl, 1946/1992; Jensen et al., 2018; Johnson & Lee, 2000; Kalantarkouseh et al., 2011; Schulenberg et al., 2008, 2010; Walsh, 2003a; Watt, 2020; Wong, 2016a). Therefore, are the variables of meaning, well-being, attachment, and resilience associated?

Hypothesis 1: There would be positive associations between meaning, well-being, attachment, and resilience.

Changes from Pre-Test to Post-Test. Research Question: In the literature addressing Satir, EFFT and REAL therapeutic approaches, the variables of meaning, well-being, attachment, and resilience improved from pre-test to post-test (Ahmad-Abadi et al., 2017; Armstrong, 2018c, 2019; Armstrong & Potter, 2022; Armstrong et al., 2020a, 2020b; Caston, 2009; Chung & Leung, 2016; Hashemabadi et al., 2020; Johnson, 1996/2019; Palmer & Efron, 2007; Spengler et al., 2022; Watt, 2020; Wiebe & Johnson, 2016, 2017). For all three workshops, do the variables of meaning, well-being, attachment, and resilience appear to improve from pre-test to post-test?

Hypothesis 2: All workshop groups would appear to improve in terms of meaning, well-being, attachment, and resilience from pre-test to post-test.

Differences Between the Three Workshops. Research Question: Meaning is a predictor of well-being (Armstrong & Potter, 2022; Frankl, 1946/1992); some literature suggests that Satir, EFFT and REAL therapies enhance meaning, well-being, and attachment (Armstrong & Potter, 2022; Chung & Leung, 2016; Cohen, 2009; Furrow et al., 2019; Hashemabadi et al., 2020; Johnson, 1996/2019; Palmer & Efron, 2007; Watt, 2020); additional literature suggests that EFFT may also ameliorate resilience (Furrow & Palmer, 2007; Johnson & Lee, 2000; Wiebe &

Johnson, 2016, 2017); and attachment is a key pathway to meaning (Armstrong, 2018a, 2016b, 2018b; Frankl, 1946/1992; Johnson, 1996/2019; Palmer & Efron, 2007). Thus, since meaning, well-being, attachment, and resilience seem to be linked and may improve with these three family models, are there differences in the pre-test and post-test outcomes between the three workshop types (Satir, EFFT and REAL)? In other words, does it appear that one workshop has more potential than the other workshops regarding initial outcomes?

Hypothesis 3: There would be differences between the three workshop groups in improvement from pre-test to post-test in terms of meaning, well-being, attachment, and resilience and one workshop would appear to have more potential regarding initial outcomes.

Alliance. Research Question: Alliance can significantly impact treatment and even psychoeducational workshop outcomes (Ardito & Rabellino, 2011; Brouzos et al., 2018; Glueckauf et al., 2002; Smerud & Rosenfarb, 2008). Alliance appears related to meaning, well-being, attachment, and resilience (Bordin, 1979; Browne et al., 2019; Falkenström et al., 2014; Fried, 2002; Garfield, 2004; Hougaard, 1994; Manning, 2010; Nakamura & Iwakabe, 2018; Pinsof & Catherall, 1986; Sagui-Henson et al., 2022). Given these associations, alliance will be used as a covariate (Wysocki et al., 2022). Although alliance differences between groups were likely diminished by having a single therapist deliver all three workshops, can alliance be ruled out regarding workshop effectiveness when controlling for it?

Hypothesis 4: Meaning, well-being, attachment, and resilience variables would seem to significantly improve from pre-test to post-test after controlling for alliance.

Post-Workshop Research Questions and Hypotheses

Post-Workshop Qualitative Credibility Research Question. With the presented list of the specific needs of blended families as identified by the literature and blended families (i.e, 1-

maintaining a solid couple bond and parent coalition; 2- dealing with struggles with losses, loyalties and change; 3- managing dividing parenting/stepparenting tasks; 4- building a new family culture and addressing stigma; and 5- acknowledging other parents and relatives as still part of the family; Bonnell & Papernow, 2019; Ganong & Coleman, 2004, 2017; Papernow, 2018, 2023; Visher & Visher, 1996), do the workshop participants believe that the workshop they attended satisfied these needs?

Post-Workshop Quantitative Research Questions and Hypotheses. Since this pilot-study is a comparison of pre-test and post-test results, the post-workshop quantitative research questions and hypotheses are the same as for the pre-workshop quantitative research questions and hypotheses.

Post-Workshop KTI Criteria Research Questions and Hypotheses. In KTI research, the four criteria of an evaluation study are: credibility, acceptability, feasibility, and acceptability. During post-workshop testing, specific quantitative and qualitative KTI criteria research questions were posed in a Quantitative and Qualitative Satisfaction Questionnaire. The research questions were as follows:

Credibility (Quantitative Only) Research Question: Previous research has found that Satir, EFFT and REAL Family Therapy interventions enhance meaning, well-being, attachment, and resilience (Ahmad-Abadi et al., 2017; Armstrong, 2016b, 2018b; 2018c, 2019; Armstrong & Potter, 2022; Caston, 2009; Chung & Leung, 2016; Furrow & Palmer, 2007; Hashemabadi et al., 2020; Johnson, 1996/2019; Johnson & Lee, 2000; Satir et al., 1991; Spengler et al., 2022; Watt, 2020; Wiebe & Johnson, 2016, 2017). Other research has suggested that blended family psychoeducational programming has positive results, thus supporting its credibility (Adler-Baeder & Higginbotham, 2020; Reck et al., 2020). As such, psychoeducational workshops may

be perceived as a credible program to enhance meaning, well-being, attachment, and resilience in blended families and help blended families flourish. Therefore, after participating in the psychoeducational workshops, did the blended families perceive them as credible and did the workshops appear to satisfy these needs?

Hypothesis 5: All three workshop types would improve from pre-test to post-test regarding meaning, well-being, attachment, and resilience and the workshops would therefore be perceived as credible by the blended family stakeholders.

Acceptability (Qualitative Only) Research Question: Over the years, blended family participants have reported positive outcomes and satisfaction from blended family psychoeducational programming (Adler-Baeder & Higginbotham, 2020; Adler-Baeder et al., 2010; Higginbotham & Adler-Baeder, 2010; Michaels, 2000; Reck et al., 2020; Skogrand et al., 2010). Key stakeholders involved in designing workshop programs affecting them tend to perceive them as acceptable (Armstrong, 2009, 2011, 2017; Billings & Cowley, 1995; Trochim et al., 2015). After the workshops, were the workshops perceived as acceptable or a good fit for the blended families?

Feasibility (Quantitative and Qualitative) Research Question: Given that key stakeholders are involved in designing workshop programs affecting them, workshop programs tend to be perceived as acceptable and feasible (Armstrong, 2009, 2011, 2017; Billings & Cowley, 1995; Trochim et al., 2015). After participating in the psychoeducational workshops, did the blended families believe that the workshops were easy to participate in from a time and resource perspective?

Hypothesis 6: The workshops co-created with the blended families would be satisfactory in terms of feasibility.

Sustainability (Quantitative and Qualitative) Research Question: Key stakeholders involved in designing workshop programs affecting them tend to perceive them as satisfactory (Armstrong, 2009, 2011, 2017; Billings & Cowley, 1995; Trochim et al., 2015). Participants in blended family psychoeducational programming report positive results lasting up to a year (Reck et al., 2020; Skogrand, Dansie et al., 2011). After participating in the workshops, how easy was it to apply the activities in the blended families' own lives? What are suggestions to sustain the workshop program outcomes and its administration?

Hypothesis 7: Blended family workshop participants would find the workshops sustainable.

Summative Conclusion

In this chapter, the following notions were presented:

- the current precarious situation of blended families and growing concern for them
- the definition and choice of the term blended family
- the notion of mental health promotion and its use in prevention of blended family dissolution through psychoeducational workshop programming
- the four variables of meaning, well-being, attachment, and resilience, and related notions and terminology
- the general characteristics of blended families
- the specific needs of blended families
- the current research on blended families
- three family therapy approaches that address blended family needs
- the therapeutic alliance as a control factor and covariate
- the gaps in the literature

- the proposed current pilot-study
- the application of a KTI approach to this pilot-study
- the originality of the proposed research
- the importance of this research for the community
- the research questions and hypotheses

CHAPTER TWO: METHODOLOGY

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Needs Assessment and Pilot Program Evaluation

For this pilot project, a needs assessment was carried out. *Needs assessments* help administrators and practitioners improve service delivery by identifying needs and setting priorities for community action (Billings & Cowley, 1995; Gaber, 2000; Mancini et al., 2005; McKillip, 1998). Sources such as “[c]ensus data, observations, records, and literature reviews” aid in this process (Mancini et al., 2005, p. 283; see also Witkin & Altshuld, 1995).

The results provide valuable feedback for stakeholders, including decision-makers, funders, and clients (Trochim et al., 2015). Engaging stakeholders—those who “fund, administer, provide... [, or] receive services, or are denied access to services”—is vital for developing more effective programs (Mertens & Wilson, 2012, p. 223). Accessing stakeholders to obtain feedback on their needs is essential for better programs and services (Trochim et al., 2015). When conducting a needs assessment, recognizing client needs is essential for appropriate service provision (Billings & Cowley, 1995; Goodwin, 1988). Widely adopted in the 1980s, needs assessments help identify and evaluate the needs of local populations through methods like focus groups, surveys, or user experience interviews (Billings & Cowley, 1995).

A *need* is described as “social, relative and evaluative” (Billings & Cowley, 1995, p. 722; see also Orr, 1985a)—defined by community living (i.e., *social need*), varying between groups (i.e., *relative need*), and shaped by value judgments (i.e., an *evaluative need*). Needs can also be classified as “normative” or “felt” (Billings & Cowley, 1995, p. 722; see also Bradshaw, 1972). *Normative* needs are identified by professionals and may differ from felt needs—those recognized by the target population (Billings & Cowley, 1995; Bradshaw, 1972). Program evaluation researchers argue that prioritizing felt needs leads to more effective community

programming (Billings & Cowley, 1995; Stevens & Gabbay, 1991). Therefore, both normative data from the literature and stakeholder input on felt needs are essential when developing programs.

Needs are often “personal, subjective and variable” (Billings & Cowley, 1995, p. 722), which can complicate research clarity (Billings & Cowley, 1995; Orr, 1985b). Ideally, needs should be defined within a framework of cost-effectiveness and supply-demand balance, but limited resources may require trade-offs (Billings & Cowley, 1995; Culyer, 1976; Donaldson & Mooney, 1991). However, these trade-offs can raise ethical concerns about service quality (Billings & Cowley, 1995; Harris, 1987; Loomes & McKenzie, 1989).

An ethical concern in needs assessments arises when identified community needs go unmet, leading to distrust in the program (Billings & Cowley, 1995). Tokenism is also a risk if community voices feel disregarded (Billings & Cowley, 1995; Wistow et al., 1992). Sometimes assessments fail to lead to service improvements or result in delayed provision, despite clear recommendations (Trochim et al., 2015).

Populations may feel powerless if their feedback doesn't influence services or if they receive no follow-up (Billings & Cowley, 1995; Richardson et al., 1992). Evaluating quality and satisfaction of new services can also be difficult (Billings & Cowley, 1995; Stevens & Gabbay, 1991). Ethically, findings should be accurately shared with all stakeholders to inform programs and policy (Mancini et al., 2005). The terms *population* and *community* can be unclear, referring to “service users, potential users, or... [all] residents in a region” (Billings & Cowley, 1995, p. 723; Orr, 1985b). Collaborative needs assessments should ensure diverse representation, including marginalized groups (Mertens & Wilson, 2012).

Needs assessment typically involves three phases: (1) *preassessment*—reviewing existing data and identifying information gaps; (2) *assessment*—gathering and integrating relevant data; and (3) *post-assessment*—using findings for planning and logic model development (Mancini et al., 2005; Witkin & Altshuld, 1999). As part of program evaluation, needs assessments use formal methods to provide evidence for decision-making, balancing competing stakeholder interests and limited resources (Mertens & Wilson, 2012; Trochim, 1998). Evaluation considers the “merit, worth, or significance” of a program (Scriven, 1998, p. 65; see also Mertens & Wilson, 2012), and is most useful when grounded in stakeholder needs (Mertens & Wilson, 2012; Shadish, 1998).

Theory is essential in evaluation. *Evaluation theory* addresses the purpose—“validation, accountability, monitoring, or improvement and development” (N. L. Smith, 2008, p. 3; see also Mertens & Wilson, 2012), while *program theory* explores mechanisms affecting outcomes of a program represented through logic models (Mertens & Wilson, 2012). *Logic models*, tied to theory-based evaluation, illustrate a program’s theory of change and expected outcomes (Mertens & Wilson, 2012). They answer whether the program’s outcomes align with its intended results (Armstrong, 2017), typically mapping: resources/inputs → activities → outputs → outcomes → impact (Mertens & Wilson, 2012). Developing a logic model that includes needs assessment (i.e., needs in general and initial literature-based proposed program sketch) means that stakeholders are engaged in the process of program development (Armstrong, 2017). This is a core feature of the Knowledge Translation-Integrated (KTI) approach (Armstrong, 2017).

Definition of the Knowledge Translation-Integrated (KTI) Approach

As a specific methodology for program evaluation, including the conducting of a needs assessment, the Knowledge-Translation Integrated (KTI) Approach applied to this pilot-study addressed many of the potential limitations in program development (Armstrong, 2017). KTI is a collaborative, participatory approach engaging stakeholders at all stages of program development and evaluation (Armstrong, 2017). It includes the initial needs assessment stage and ensures ongoing collaboration through the research and program development process (Armstrong, 2017). If stakeholders are not engaged in developing and informing research and programs affecting them, then programs can fail to meet their needs and not be sustainable over the long term, resulting in lessened health or well-being (Armstrong, 2017; Billings & Cowley, 1995; Trochim et al., 2015). Thus, the voices of stakeholders or knowledge users—those benefiting from the program—are crucial (Armstrong, 2023). Through KTI, a key gap in knowledge translation is addressed, since knowledge users are co-creators who can apply research outcomes and make decisions in policy, programs and practice (Canadian Institutes of Health Research, 2016).

The KTI approach is a Third Wave Positive Psychology (PP3.0) perspective (Armstrong, 2023). In first wave Positive Psychology (PP1.0), positivity is the ingredient promoted for optimal functioning, as measured quantitatively (Lomas et al., 2021). In Second Wave Positive Psychology (PP2.0), the importance of all feelings—both positive and challenging feelings—is recognized (Lomas et al., 2021). Specifically, all circumstances offer the potential growth, meaning, and flourishing, as measured quantitatively (Lomas et al., 2021). Building on these waves of Positive Psychology, PP3.0 incorporates socio-cultural factors that are important to this approach, such as well-being, and the inclusion of stakeholder and minority voices, as measured

qualitatively and quantitatively (Armstrong, 2023; Lomas et al., 2021). As a PP3.0 approach, KTI engages stakeholders at every stage of program, measure, or research development and implementation. Needs and existing strengths are both considered. Ultimately, the aim through stakeholder co-creation and engagement is to design research or programming meaningful to those targeted, while being open to equity, diversity, and inclusivity (Armstrong, 2023).

Specifically, Knowledge Translation (KT) is defined as “a conceptual framework for thinking about the process and [for] integrat[ing] the roles of knowledge creation and knowledge application” (I. D. Graham et al., 2006, p. 13). Thus, KT involves knowledge mobilization, knowledge transfer, research utility, utilization-focused, knowledge dissemination, and implementation research (I. D. Graham et al., 2006). Each of these concepts only partly covers KT’s encompassing notion of “‘Knowledge to Action’ process” (I. D. Graham et al., 2006, p. 14; see also Armstrong, 2017).

Knowledge Translation (KT) includes *knowledge creation* and *action* (Armstrong, 2017; Donnelly et al., 2014) but in many research projects, the action phase does not follow once the evaluation or research has been completed, making the research unsustainable over the long term (Armstrong, 2017). KTI applies a pragmatic paradigm in evaluation approaches, emphasizing use and usefulness, focusing “primarily on data that are found to be useful by stakeholders; advocat[ing] for the use of mixed methods” (Mertens & Wilson, 2012, p. 41) towards concrete actions that suit the stakeholders’ needs. By its very nature, KTI research is experimental, with “an intervention designed to create change in knowledge, behavior, attitudes, aptitude, or some other construct.” (Mertens & Wilson, 2012, p. 65)

In KTI research, “[t]he **independent variable** is the program (or policy or process) that is implemented in hopes of seeing a change in knowledge, behavior, attitude, aptitude, or some

other relevant construct (the **dependent variable**).” (Mertens & Wilson, 2012, p. 65) More specifically, KTI is a “program-theory-based approach” (Mertens & Wilson, 2012, p. 43) that mixes various aspects of approaches together, such as being: *inclusive* (i.e., for minorities and marginalized groups); *transformative* (i.e., social justice; Mertens & Wilson, 2012); *utilization-focused* (i.e., meaningful use of findings; Armstrong, 2009); *participatory* (i.e., design and implementation process between stakeholders and evaluators; Zukoski & Bosserman, 2018); *collaborative* (i.e., collaboration between evaluators and stakeholders; Rodríguez-Campos, 2018); *empowerment-oriented* (i.e., findings and techniques “foster improvement and self-determination”; Fetterman & Wandersman, 2018). This integrated approach “may be best to meet the *scientific standards* of community-based health promotion approaches” (Armstrong, 2017, p. 101). It engages stakeholders in the creation of a program, its evaluation and its implementation, and meets their needs in the community, including those of the children (Amsden & VanWynsberghe, 2005; Armstrong, 2017). The factors measured in a KTI approach in program development and evaluation are: credibility, acceptability, sustainability, and feasibility, which were previously presented with the research questions.

Application of the KTI Methodology in the Pilot-Study

A KTI approach was chosen to engage stakeholders in this pilot-study through the scientific standards of community-based health promotion of credibility, acceptability, feasibility and sustainability (Armstrong, 2017; Joint Committee on Standards for Education Evaluation, 1994; Judd et al., 2001). In addition to a KTI approach to assess these scientific standards, other factors needed to be considered. To support credibility, successful outcomes are preferably not explained by a factor outside of the program or approach itself (e.g., therapeutic alliance differences in implementing treatment as usual versus a newly designed approach). To support

acceptability, the program must be deemed credible (Armstrong, 2017). Furthermore, explaining the mechanisms through which a program may lead to successful outcomes was also beneficial (such as improved meaning, well-being, attachment, and resilience in this case) in implementing this research.

The current research also involved the development of workshops aiming to meet the five specific needs of blended families (1- maintaining a solid couple bond and parent coalition; 2- dealing with struggles with losses, loyalties and change; 3- managing dividing parenting/stepparenting tasks; 4- building a new family culture and addressing stigma; and 5- acknowledging other parents and relatives as still part of the family; Bonnell & Papernow, 2019; Ganong & Coleman, 2004, 2017; Papernow, 2018, 2023; Visher & Visher, 1996). The assessment by stakeholders for this pilot-study was completed in two parts: Study 1 and Study 2.

In the Study 1 preliminary needs assessment, the KTI approach engaged all stakeholders throughout the process of development of workshops and integrating the research literature (blended family research and theoretical frameworks of Satir's Family Therapy, EFFT, and REAL Family Therapy). These stakeholders included participants, experts and decision makers (such as therapists, agency managers and blended families including children) to explore needs and provide feedback on the initial literature-based planned workshops. There were nine stakeholders in all that were interviewed online in user experience interviews towards collaboratively developing three workshops based on the three therapy models (Satir, EFFT, REAL; Canadian Institutes of Health Research, 2016; Sharon, 2012; UserTesting, 2020). Decisions from the results of this pilot-research were derived from the stakeholders' experience and expertise towards a satisfying pilot program of psychoeducational workshops. This

constituted the preliminary needs assessment and workshop co-creation of Study 1 before conducting Study 2.

From the findings from the user experience interviews in Study 1, workshops were refined from the direct involvement of blended families for Study 2. Blended family stakeholders were then engaged in participating in the trialing of the three workshop approaches, towards the final stages of pilot evaluation of outcomes, and informing longer-term implementation plans. Study 2 thus involved a pilot program evaluation, with stakeholders providing very early data on potential outcomes of the conducted psychoeducational workshops.

Study 1: Needs Assessment – User Experience Interviews

Procedure (Qualitative User Experience Interviews)

The details for the six stages of the methodological procedure for Study 1 are presented below: stage 1- logic model and workshop design; stage 2- user experience interviews questionnaire design based on research questions; stage 3- sample justification and recruitment for the user experience interviews; stage 4- methodology and implementation of user experience interviews; stage 5- transcription and coding of interviews; and stage 6- revision of workshops from user experience interviewees' feedback. Study 1 serves as the needs assessment and co-creation research to further conduct Study 2 (see further below). During the design, the data collection and the analysis process, participants in Study 1 were interchangeably called stakeholders, participants or user experience interviewees.

Additionally, the utmost care was taken in observing ethical principles, with the lead researcher taking courses in ethics to ensure that participants were protected to build trust (Israel & Hay, 2006). The lead researcher focused on guarding the autonomy, privacy, anonymity and credibility of the participants as the research promoted integrity through continued compliance

with the Tri-Council Policy Statement (Secretariat on Responsible Conduct of Research, 2022). As well, approval and compliance with the Office of Research and Ethics of Saint Paul University, compliance with the Code of Ethics of the College of Registered Psychotherapists of Ontario (2011) and with the Canadian Association for Couple and Family Therapy's (2019) code of ethics for research further ensured the protection of the research subjects. Conflicts of interest were avoided, results remained anonymous and confidential, and findings will be properly destroyed after ten years. There would be "minimal risk to participants" (Mancini et al., 2005, p. 290) who may even benefit from the free family psychoeducational workshops through their collaboration.

Stage 1: Logic Model and Design of Workshops

The first part of the study (Study 1) included designing the workshops and setting up user experience interviews to examine the needs of blended families and the validity of the proposed workshops. A preliminary logic model was developed based on the specific blended family needs presented in the literature (see Figure 1). Once the logic model was created, three workshops were then prepared, founded in the Satir, EFFT and REAL theoretical models and in various derived exercises created by practitioners (Armstrong, 2018a, 2018b, 2019, 2021; Lafrance Robinson et al., 2014; Satir et al., 1991; Tougas et al., 2006; see Appendices B and C). Appendix B presents in detail the source for each workshop exercise. Also, out of the 15 exercises created for the workshops (five exercises per theoretical model), 12 were previously adapted for online classroom activities and published (Armstrong, 2021): the five psychoeducational workshop exercises from Satir and EFFT and two from REAL (3- Managing dividing parenting/stepparenting tasks; 4- Building a new family culture and addressing stigma) to support teachers in developing emotional literacy and problem-solving with their students.

An initial literature review on the three theoretical models was carried out in order to derive initial workshop exercises that may be particularly relevant to blended family needs. More precisely, for the Satir workshop, the exercises were derived from Satir's theoretical framework supported by empirical testing and by various evidence-based exercises that were adapted for this pilot-study (i.e., Buckbee & Dupont, 2016; Carlock, 2013; Caston, 2009; Chung & Leung, 2016; Cohen, 2009; Satir et al., 1991; Tougas et al., 2006). Also, certain exercises were based on family and child therapy theories (Encyclopedia.com, 2019; Goffin et al., 2018; Jansten, 2024; Laukkanen et al., 2014). Three out of the five exercises were adapted from evidence-based activities from various sources and two others were adapted from Tougas et al.'s (2006) handbook of activities based on Satir's model (see Appendix B). Regarding the EFFT workshop, the exercises were derived from Johnson and Lee's (2000) theoretical framework and from Lafrance Robinson et al.'s (2014) evidence-based emotional coaching exercises for families. Various play therapy-inspired tools were adapted that were either evidence-based on or followed family and child therapy theory (see Appendix B). Finally, the REAL workshop exercises were derived from Armstrong's theoretical framework (2016b, 2017, 2018a, 2018b, 2019), which involved exercises that have been empirically-tested with children, as well as with families on mental health waitlists (Armstrong et al., 2019; Parrott et al., 2021; Potter, 2022; Watt, 2020).

Stage 2: User Experience Interviews Questionnaire Design

The five specific blended family needs and potential workshop content were the focus of the user experience interviews. The questionnaire for Study 1 centred on the literature review on the five specific blended family needs, on the KTI methodology conducted by other researchers (Armstrong, 2016a, 2017, 2019; Armstrong et al., 2020a, 2020b; Watt, 2020) and on the logic

model in Figure 1. The questionnaire was sent out after review by the thesis supervisor who acted as member checker.

Questions were sent in advance to ensure the best conditions possible for the interviewees to prepare. This allowed participants time to decide if they wanted to participate. They could also reflect on past experiences and emotionally prepare to recall past challenges and present nuanced answers (Haukås & Tishakov, 2024; Van der Maren, 2010). This approach was designed to make participants feel respected in their knowledge as experts of their experience and as knowledge users, and feel safer and ready for the interviews (Haukås & Tishakov, 2024; Van der Maren, 2010).

Some scholars believe that sending questions in advance affects spontaneity, that the memories presented will not reflect the actual past but be tainted by the present, that replies presented in the interviews may not be what was expected, or that the interviewer may lose control of the interview (Van der Maren, 2010). By contrast, other research suggests that sharing questions in advance may actually empower the interviewees in how they will present their experience (Day & Carroll, 2003; Haukås & Tishakov, 2024; Van der Maren, 2010). This practice also matches the philosophy of the KTI approach of co-construction, collaboration and empowerment (Armstrong, 2017; Fetterman, Rodríguez-Campos, Zukoski et al., 2018; Haukås & Tishakov, 2024) and does not seem to diminish the validity of the quality of the answers (Day & Carroll, 2003; Haukås & Tishakov, 2024; Van der Maren, 2010). Responses can actually be more meaningful this way and rebalance the power imbalance between the interviewees and the researcher during the interview (Haukås & Tishakov, 2024; Vallente, 2020; Van der Maren, 2010).

As noted, questions pertained to blended families' perceived needs. There were also qualitative questions relevant to the four KTI criteria (credibility, acceptability, feasibility and sustainability) (see Appendix E). The goal of the user experience interviews with blended family members was to assess the areas below (see Appendix E).

Research Questions.

Central and Specific Blended Family Needs. Research Question: Blended family stakeholders were asked to identify what needs they noticed in their own families. How do they describe each of these needs as experienced in their everyday life?

Central and Specific Blended Family Needs – Therapists' Views as Knowledge Users. Research Question: How did those who were therapists believe blended families in their practice experienced each specific need identified? In other words, they were asked the same question as a member of a blended family and as a helping professional.

Targeted Areas of Needs Identified by Blended Families Beyond the Five Specific Needs. Research Question: What target areas of needs could be particularly important for intervention in workshops with blended families to help them flourish beyond the five specific needs found in the literature?

Evaluation of the Three Workshops. Research Question: How do blended family members evaluate each workshop? What suggestions can they provide in modifying them or in adding anything to better meet their blended family's needs?

Manner of Delivery of the Three Workshops. Research Question: What is the best way the workshops should be conducted in the future: Either through live videoconferencing workshops for the whole family or through pre-recorded video instructions?

KTI Criteria – Credibility. Research Question: Do the workshops match the specific needs of blended families, as well as the logic model's outcome? Could these workshops reduce the likelihood of dissolution of a blended family and enhance their quality of life?

KTI Criteria – Acceptability. Research Question: Do blended family stakeholders believe that all aspects of the workshops presented were acceptable to them: Were they satisfied with the proposed workshops and what were their suggestions?

KTI Criteria – Feasibility. Research Question: Do the blended family stakeholders find the workshops easy to attend and to participate in. Are the workshop exercises easy to build upon in their life? Do the workshops seem an accessible prevention program? What were their suggestions?

KTI Criteria – Sustainability. Research Question: How sustainable do the workshops seem for pursuing this program in the future? What are the blended family stakeholders' suggestions to enhance sustainability for the ongoing existence of this workshop program? Did they think these proposed workshop activities would improve meaning in daily life, well-being, attachment, and resilience for blended families, and how would these workshops be helpful or not for blended families? Did they believe that there should be training for the facilitators who wish to administer it?

Stage 3: Recruitment for the User Experience Interviews

Sample Size Justification (Qualitative User Experience Interviews). It was challenging to recruit participants during the beginning of the COVID-19 pandemic, which was when this research was conducted. This limited data collection considerably. The sample size included nine participants ($n = 9$) for the qualitative user experience interviews (originally planned to be a single focus group) for Study 1 because of these contextual constraints.

“[R]esource constraints” (Lakens, 2022, p. 3; see also Lakens et al., 2018) and pragmatic reasons can be the justification for a minimum sample size (Giner-Sorolla et al., 2024; Taylor, 2016; Whitehead et al., 2016). Research has suggested that a number between six and 10 participants for a focus group can be considered optimal for a trial study (Billingham et al., 2013; Chioncel et al., 2003; Morgan, 1997).

Sample size justification is important in a study (Billingham et al., 2013; Serdar et al., 2021; Whitehead et al., 2016). Having a sufficient sample size supports significant results to then pursue with a full-scale study (Lakens, 2022; Whitehead et al., 2016). However, formal sample size and power considerations are not deemed necessary for pilot-studies, nor are they necessary for qualitative research (Whitehead et al., 2016). If the sample is very small or if a pilot-study focuses “on processes and methods” such as for this study (Taylor, 2016, p. 23; see also IBM, 2023), sample size calculation is not required, especially for qualitative research (Lakens, 2022).

Recruitment (Qualitative User Experience Interviews). Recruitment began in early Spring 2020, at the beginning of the COVID-19 pandemic. Because of the lockdowns, the interviews were switched to an online platform. The original plan was to conduct a focus group at Saint Paul University’s Counselling Centre with all blended families gathered together (see Appendices F, G and H). During the lockdown, it was not possible to meet interviewees in person. The aim of conducting a focus group originally was to “explore people’s subjective experiences and attitudes... to evaluate health services, to elicit the views of key stakeholders or decision makers” (Carlsen & Glenton, 2011, pp. 1–2). A permission from the Office of Research and Ethics Services of Saint Paul University was granted to transform the focus group to user experience interviews (UserTesting, 2020) with individuals or dyads (see Appendix F).

Recruitment for the in-depth user experience interviews involved emails to distribution lists to mental health allies, professionals, agencies, organizations and associations and their websites in the Ottawa region, on a provincial (Ontario) and national scale, at Saint Paul University's Counselling and Psychotherapy Centre. Recruitment of blended families was challenging during the COVID-19 pandemic. Scheduling conflicts between blended family members prevented certain blended families to participate. This led to the expansion of the inclusion criteria with all types of blended families being acceptable, as long as blended family members could read, write and speak English. Not reading, writing and speaking English, or not being part of a blended family were the only excluding factor. Three participants asked to express themselves in French during the user experience interviews, even though they did read, write and speak English (but not with the same ease as in French), in order to better express themselves concerning complex family dynamics. When content is deemed emotional, research suggests that it is easier for clients to express emotions in their mother tongue (Byford, 2015; Verkerk et al., 2021).

Participants (Qualitative User Experience Interviews). Nine people ($n = 9$) participated in the qualitative needs assessment and initial program development user experience interviews (Study 1). As noted, research has suggested that this sample size is ideal for the qualitative method used for this pilot-study (Billingham et al., 2013; Chioncel et al., 2003; Morgan, 1997). The participants' ages ranged from 18 to 80 years (one was an adult child of 18, four were between the ages of 40 to 45, three participants were in their 50s and one was 80 years old; there were five women, and four men). Eight participants were currently stepparents or biological parents in a blended family and one was an adult child in a blended family. Six in-depth user experience interviews were conducted. As the original plan was a large focus group,

when possible, some participants were grouped together in dyads. Two couples participated each in one interview meeting as a dyad; one of these two couples participated further in the psychoeducational workshops. Three participants from two different households requested to complete the user experience interview in French.

Of the nine participants, four were francophone (three responded in French); seven were of North American heritage and two were of European heritage. Four out of the nine participants were helping professionals. Of these four, two were students in a counseling and psychotherapy M.A. program, one was a retired Masters' level social worker formally head of counseling organizations, and one was in a different helping profession (alternative medicine).

All participants were in blended families. Of the six households who participated in the virtual user experience interviews, three were part of a complex blended family (including the adult child). Three households were simple blended families. The number of children reported per household ranged from one to five. One household had one child; two households had three children; one household had four children; two households had five children. All but one household still had children living at home with them (ages from 10 months to 19 years of age). 13 out of the total of 21 children reported lived at home full-time or part-time.

Stage 4: User Experience Interviews

The questionnaire and the proposed workshops (see Appendices E and C) were presented to the stakeholders during the user experience interviews in Study 1, accompanied by a summary sheet of the pilot-study research protocol (see Appendix D). To diminish the potential negative impact of bias, the lead researcher followed bracketing guidelines (Sorsa et al., 2015; Tufford & Newman, 2012). Bracketing procedures increase validity and reliability for both qualitative and quantitative research (Frost & Bailey-Rodriguez, 2019; Sorsa et al., 2015). For this pilot-study,

bracketing meant noting assumptions, knowledge, experience and *social location* (i.e., one's socioeconomic status, class, gender, ethnicity) in advance to avoid imposing them on the interviewees'. The researcher could thus constantly reflect during interviews to acknowledge their natural subjective bias (Baksh, 2018; Sorsa et al., 2015; Tufford & Newman, 2012). This type of bracketing also matched Braun and Clarke's (2021) reflexive thematic analysis method used in the qualitative analysis of the data.

During the interviews, the researcher's self-awareness was integrated into a *participatory consciousness* with the respondents, defined as a "recognition of kinship and therefore ethics" (Heshusius, 1994, p. 19; see also Freeman & Sullivan, 2019; Shaw, 2019). This method fitted well with the empowerment and collaborative-based KTI approach of recognizing and integrating the researcher's training, experience and knowledge into the research and interview process (Armstrong, 2017; Fetterman & Wandersman, 2018). This particularity of the KTI approach allowed for consideration of multiple perspectives to reduce potential research bias (Zukoski et al., 2018). Patton's (1999) and Morse's (2015) recommendations on reducing unconscious researcher bias through the research process were also useful in maintaining an ethical stance during the interviewing process to ensure scientific rigor. These recommendations also served the analysis afterward.

Namely, Patton's (1999) recommendations entailed examining alternatives and negative responses, triangulation of qualitative analysis methods, data and sources (i.e., literature review, observational data, user experience interview data, comparing blended family answers with helping professionals' as knowledge users' answers), analyst triangulation (i.e., intercoding), theory triangulation (i.e., usage of multiple theoretical perspectives for analysis), evaluator effect (i.e., being aware of the effect of the researcher in collecting data, and of the quality of

researcher training and preparation), and evaluator rigor (i.e., reviewing the data many times). Complementary to Patton's (1999) recommendations, Morris' (2015) additional recommendations were: attaining *rigor* through reliability and validity, that is, achieving *validity* through ensuring accuracy of the description of the phenomenon during the interviews and analysis, and achieving *reliability* through ensuring potential dependability of analysis if research were repeated. More specifically, Morse (2015) also recommended to be aware of only focusing on what is anticipated during the interviews and in interpreting the results, of remaining neutral and not bias results with value-laden interviewing, and of the quality of the sample which may give a limited notion of the phenomenon and have its own inherent bias in its selection and context.

The interviews were conducted with the stakeholders in either an oral virtual format over a secure videoconferencing system (i.e., Zoom for Healthcare Plan) or in written form through Saint Paul University's secure student email system. Switching from a focus group format to user experience interviews seemed to be beneficial. This form of user testing research ensured more focused and in-depth responses regarding the sensitive family issues. The originally planned focus groups may have yielded more superficial answers possibly influenced by group dynamics (Maheshwari, 2019; UserTesting, 2020).

All participants gave their informed consent prior to interviews (see Appendix I). Eight stakeholders participated virtually and one stakeholder participated via email. The facilitator performed direct transcriptions during the online discussions, an acceptable transcription method in the field for conducting and analyzing interviews (Tessier, 2012). Verbatim audio recordings were also made of the interviews as possible back-ups.

The facilitator conducted the user experience interviews using the KTI methodology, following an inclusive, collaborative, participatory, and empowerment approach for evaluation (Armstrong, 2017, 2023; Fetterman, Rodríguez-Campos, Zukoski et al., 2018). The aim was to integrate a participatory consciousness during the interview process while also bracketing, coaching, and assuaging power differences in an ethical stance with receiving data from respondents (Baksh, 2018; Braun & Clarke, 2021; Fetterman & Wandersman, 2018; Freeman & Sullivan, 2019; Heshusius, 1994; Zukoski & Bosserman, 2018). The facilitator, who had been trained in couple and family therapy, conducted the dyadic interviews applying a systemic lens by ensuring equitable participation to each group member (Chouinard, 2018). This method helped to diminish convergence of data gathered from the participants during the dyadic interviews. Convergence of data is always possible in group meetings and can be desirable in community interviewing when looking for data saturation (Benzer et al., 2013; Dick, 1998). Furthermore, participants in the dyads may have been at times inspired by each other's responses to enrich their answers.

The facilitator used encouraging and non-directive probing to create a permissive, empowering atmosphere towards supporting the evaluative approach. The facilitator acted as a coach humbly aware of their knowledge and open to the richness of the participants' experiences, allowing for "subjectivity without prejudice" in a personalized space (Sorsa et al., 2015, p. 10). Questions were written in simple language and a natural flow in the participants' answers unfolded and were rephrased when participants asked. Probing was used to check in with the interviewees to ensure they had fully expressed their opinion and experience. The combined approach of semi-structured interviews and the choice for participants to speak in their

preferred language seemed to offer them a safe space to freely express their feelings, opinions, personal experiences and memories.

While conducting the user experience interviews, the facilitator transcribed responses as faithfully as possible. These direct transcripts were conducted in a “naturalized” manner (Tessier, 2012, p. 449), directly transcribing words without onomatopoeias during the interviews (Bucholtz, 2000; Oliver et al., 2005). When participants agreed with another, had nothing more to add, or felt that they had already responded to the question in a previous answer, the transcription captured information in a “denaturalized” manner (i.e., answers such as “yes”; “agrees”, “same”, “no comment”) (Tessier, 2012, p. 449; see also Bucholtz, 2000; Oliver et al., 2005). To support bracketing, the facilitator’s transcriptions used the third person to diminish bias.

Even though audio recordings appear to be more commonly used today, the method of direct transcriptions written in a naturalized/denaturalized manner in the field for data analysis served well the purpose of this pilot-study. Indeed, since there was a long list of questions for the interviewee stakeholders, choosing this form of data collection was optimal for effective management. Additionally, it made the interpretation of results coherent and plausible thanks to its simplicity, effective data reduction and data display to best access the precise knowledge of the stakeholders (Miles & Huberman, 1994; U.S. National Science Foundation, n.d.; Tessier, 2012).

This hybrid methodology of using direct transcriptions in the field (combining both naturalized and denaturalized transcription) was deemed sufficient, acceptable and effective. The content was richer than content that would have been received from a focus group. This methodology respected the spirit of the KTI’s empowering evaluative approach and process

while ethically displaying when answers had been elaborated upon or not, and when answers seemed to converge.

Stage 5: Transcribing and Coding

The facilitator transcribed each interview into a single document. French language transcripts were translated and backtranslated to assess for accuracy. This document amalgamated all of the stakeholders' transcribed answers for each question (see Appendix J).

The qualitative analysis process applied a collaborative empowerment-based KTI lens (Armstrong, 2017). Using this lens, Braun and Clarke's (2012) thematic analysis methodology was chosen for its robustness and flexibility. The six steps method was applied while being informed by the pilot-study's literature review: 1- familiarization with the data by reading and rereading; 2- generation of initial codes interpreting the interviewees' meaning, looking for trends, and relating to the research questions; 3- identification of patterns in the codes and grouping them into themes; 4- reexamination of themes and searching for data supporting the themes and themes supporting research questions; 5- naming of themes for a coherent picture based on research questions and creating brief summaries to clarify their meaning based on the literature review; 6- production of a report composed from the analytical process.

In generating codes and creating themes, the researcher applied both deductive (top-down) and inductive (bottom-up) analyses to the qualitative data coding (Braun & Clarke, 2012). The top-down approach served to apply the five blended family specific needs (see Appendix J) as categories that fitted subthemes for the first answers. The researcher used a bottom-up approach to induce themes from the material proposed by the participants for the KTI criteria questions as in a grounded theory methodology (Braun & Clarke, 2012). Williams and Moser's (2019) qualitative coding method was also applied to Braun and Clarke's (2012) steps 2, 3 and 4

to further assist with creating and refining codes and themes. This method included open codes, a line-by-line coding approach, axial codes and final selective themes.

The bracketing researcher must remain self-aware that their perspectives and biases may influence data coding, and be conscious of their biases during all phases of the research (Blair, 2015; Frost & Bailey-Rodriguez, 2019; Sorsa et al., 2015; Sullivan, 2019; Tufford & Newman, 2012). The reflexive approach entailed being aware of the researcher's natural bias when working with qualitative findings and turning it into a valuable resource during the data coding (Blair, 2015; Braun & Clarke, 2021). The researcher embraced their subjectivity throughout the research process while also ensuring it enhanced rather than hindered the interviewees' experiences (Braun & Clarke, 2021; Heshusius, 1994; Sorsa et al., 2015).

An intercoding process reinforced the bracketing and reflexive processes during data analysis. Specifically, to minimize potential bias, this involved *three data analysts and a member checker*, in an interweaving of reflections towards final re-coding. The lead researcher conducted coding into possible themes. Two research assistants also reviewed the data and offered proposed themes. The lead researcher's dissertation supervisor served as member checker.

The lead researcher analyzed the full sample while the research assistants independently coded half. The qualitative analysis used color coding, comments in the margin and comments and subthemes written within the text through multiple rereadings of the data. Similar responses were amalgamated into larger themes. Participants' answers supporting the themes were inserted anonymously by the lead researcher.

The two research assistants provided a multi-informant analysis of the themes. The research assistants enriched the lead researcher's reflective process towards a final interpretation of the themes with their own analysis. Using a collaborative approach, the lead researcher

triangulated the themes and provided a final interpretation to the member checker for final validation of the coding. Finally, the lead researcher and thesis supervisor reached a final intercoding agreement through a review of the themes together. After final organization of the data, excerpts were then matched to participants, rewritten in the first person, recoded and assessed for accuracy.

Since the sample was small and the answers were often brief, analyses used all the data. This multilevel analytical approach took into account coding discrepancies. These will be addressed in the Limitations of this Research section, as well as potential rater assumptions and subjectivity in all of the research stages (Morse, 2015; Watt, 2020). The final stage in this analysis developed accurate narratives reflecting the authenticity of interviewees' experiences (Fereday & Muir-Cochrane, 2006).

Stage 6: Revision of Workshops from User Experience Interviewees' Feedback

After compiling the results from Study 1, revisions were made to the workshops. For example, the first exercise for the couple (i.e., 1- maintaining a solid couple bond and parent coalition) for the REAL workshop was adapted to more directly address strengthening the couple bond (see Appendices A, B and K). After revisions, questionnaire design and recruitment could then commence.

Study 2: Pilot Program Evaluation – Psychoeducational Workshops

Procedure (Psychoeducational Workshops)

After completing the needs assessment of Study 1, the findings were used to conduct the pilot program evaluation of Study 2. In this section, the details for the seven stages of the methodological procedure for Study 2 are: stage 1- workshop and study design; stage 2- design of pre-workshop qualitative and quantitative questionnaires based on research questions; stage 3-

sample justification and recruitment for the workshops and selection of measures; stage 4- administration of pre-workshop questionnaires and workshops; stage 5- design and administration of post-workshop questionnaires; stage 6- transcription and coding of questionnaires; stage 7- quantitative analysis procedure in SPSS. During the design, the data collection and the analysis process, participants in Study 2 were interchangeably called stakeholders or workshop participants.

Stage 1: Workshop and Study Design

Study 2 included implementing the workshops after revising them in Study 1 (see Appendix K). A mixed methods approach of quantitative (parametric statistics) and qualitative analyses was chosen for Study 2. Questionnaires were designed to assess blended families' experiences of meaning, well-being, attachment, and resilience, and their responses to the KTI research criteria of credibility, acceptability, feasibility and sustainability, pre-test and post-test.

Stage 2: Workshop Questionnaires

Seven quantitative questionnaires (see Appendix O section) were delivered to the blended families measuring meaning, well-being, attachment, and resilience for pre-test and post-test. They also included controlling for therapeutic alliance in post-test, to assess the quantitative research questions (see Appendices O10 and O11). Participants also answered the Quantitative and Qualitative Satisfaction Questionnaire measuring credibility pre-test and post-test, and the four KTI criteria post-test. The only questionnaires the facilitator completed were the therapeutic alliance questionnaire post-workshop and the KTI satisfaction questionnaire (see Appendices O12 and O13).

Pre-Workshop Qualitative Credibility Research Question. In order to assess the credibility of the workshop program by the stakeholders, research outcomes must: 1- match the

intended outcomes presented in the logic model (see Figure 1); 2- support previous findings from the literature; 3- potentially explain results by the implementation of the workshops or by another factor such as alliance. With the presented list of the specific needs of blended families as identified by the literature and blended families (i.e., 1- maintaining a solid couple bond and parent coalition; 2- dealing with struggles with losses, loyalties and change; 3- managing dividing parenting/stepparenting tasks; 4- building a new family culture and addressing stigma; and 5- acknowledging other parents and relatives as still part of the family; Bonnell & Papernow, 2019; Ganong & Coleman, 2004, 2017; Papernow, 2018, 2023; Visher & Visher, 1996), do the workshop participants believe that the workshop they are about to attend will satisfy these needs (see Appendix O12)?

Pre-Workshop Quantitative Research Questions and Hypotheses. This section summarizes statistical approaches to test each hypothesis. For each hypothesis, the most basic statistic was chosen. Research suggests selecting the most basic statistic that answers and aligns directly with the research question (Hunsley & Mash, 2008). Parametric statistics were chosen because of the small sample (Dancey & Reidy, 2016; Pearson, 1968) over non-parametric statistics, although some non-parametric statistics were also used as an extra check to support the use of parametric statistics, especially when the assumptions testing was not met. The primary risk of non-parametric statistics is a significant reduction in statistical power (Politi et al., 2021), making it more difficult to detect a true relationship between variables, potentially leading to a Type II error where a real effect is missed due to the limited data points (Dancey & Reidy, 2016). Thus, parametric statistics with a small sample size are preferred, if assumptions of normality are met, as these statistics are more sensitive to detecting subtle relationships (Politi et al., 2021).

Associations. Research Question: Are the variables of meaning, well-being, attachment, and resilience associated?

Hypothesis 1: There would be positive associations between meaning, well-being, attachment, and resilience.

Pearson correlations were selected (Field, 2000/2018) to examine relationships between the conceptual variables of meaning, well-being, attachment, and resilience at pre-test and post-test.

Changes from Pre-Test to Post-Test. Research Question: For all three workshops, do the variables of meaning, well-being, attachment, and resilience improve from pre-test to post-test?

Hypothesis 2: All workshop groups would improve in terms of meaning, well-being, attachment, and resilience from pre-test to post-test.

All three workshops were expected to improve from pre-test to post-test for all four variables (meaning, well-being, attachment, and resilience). To analyze if there was an increase in mean scores for the four variables from pre-test to post-test, a series of paired samples *t*-tests was performed (Field, 2000/2018).

Differences Between the Three Workshops. Research Question: Since meaning, well-being, attachment, and resilience seem to be linked and may improve with these three family models, are there differences in the pre-test and post-test outcomes between the three workshop types? In other words, does it appear that one workshop has more potential than the other workshops regarding initial outcomes?

Hypothesis 3: There would be differences between the three workshop groups in improvement from pre-test to post-test in terms of meaning, well-being, attachment, and resilience and one workshop would appear to have more potential regarding initial outcomes.

A mixed model ANOVA test was selected (Dancey & Reidy, 2016) to compare means of the four dependent conceptual variables (meaning, well-being, attachment, and resilience) from pre-test to post-test. This 3 x 2 ANOVA test included one between subject factor (i.e., three (3) workshops: Satir, EFFT, REAL) to measure the differences between these workshop groups (i.e., the independent variables), one within subject factor (i.e., two (2) periods of time: from pre-test to post-test), and the interaction between any improvement and group. Follow-up paired samples *t*-tests assessed the effectiveness of each workshop group individually through differences in outcomes (i.e., mean scores; Field, 2000/2018).

Alliance. Research Question: Alliance can potentially impact treatment outcomes: When controlling for alliance, are there significant pre-test/post-test changes in meaning, well-being, attachment, and resilience?

Hypothesis 4: Meaning, well-being, attachment, and resilience variables would significantly improve from pre-test to post-test after controlling for alliance.

An ANCOVA test was selected to evaluate if alliance accounted for improvements from pre-test to post-test for all four variables after controlling for alliance (Dancey & Reidy, 2016). As previously noted, in the literature, alliance accounted for change in the outcome of group therapy settings, and psychoeducational workshops (Ardito & Rabellino, 2011; Brouzos et al., 2018; Glueckauf et al., 2002; Smerud & Rosenfarb, 2008). It also appeared to be related to the four variables of meaning, well-being, attachment, and resilience (Bordin, 1979; Browne et al., 2019; Falkenström et al., 2014; Fried, 2002; Garfield, 2004; Hougaard, 1994; Manning, 2010; Nakamura & Iwakabe, 2018; Pinsof & Catherall, 1986; Sagui-Henson et al., 2022), so it seemed important to assess for this covariate with this ANCOVA test (Wysocki et al., 2022).

Stage 3: Recruitment for the Workshops

Sample Size Justification (Psychoeducational Workshops). With the challenge of recruiting families due to the COVID-19 pandemic and ensuing lockdowns, three blended families were recruited over one year for each sample workshop group. The original sample size was 25 ($n = 25$). At post-test, the actual total sample size analyzed was 23 ($n = 23$) due to attrition. During the conducting of the workshops, sample size for Satir was $n = 9$; for EFFT, it was $n = 6$; and for REAL, it was $n = 9$. After data collection post-test, for Satir, $n = 10$; for EFFT, $n = 6$; and for REAL, $n = 7$. For the Satir group, one family member did not attend the workshop, but completed pre-test and post-test questionnaires so their data was included in the final analysis. For the REAL group, two participants did not complete post-workshop questionnaires. Sample size is important in clinical research to ensure validity of reported significant results (Cao et al., 2024; Faber & Martins Fonseca, 2014; Giner-Sorolla et al., 2024). A too small sample may foster low statistical power, “limited generalizability, ... random variability, lack of precision and reliability, ... limited exploration of heterogeneity” (Yang & Berdine, 2023, p. 54), and reduce detecting a true effect (Button et al., 2013). As such, the original sample size ($n = 25$) with six to 10 individuals per workshop group could be considered too small.

A small sample can be justified for the following reasons. One reason is that the research is a pilot project for which there has been no *previous work*, that is, the research is a “novel treatment with[no] pre-existing work, and... [with] no reference available for power calculation, making a formal power calculation [is] challenging” (Yang & Berdine, 2023, p. 52). This pilot study constitutes a new treatment and so it is important to test the approach before launching large scale studies involving considerable resources. Another reason, as noted previously, is that in psychological research, practical resource constraints may limit the sample size such as during

the COVID-19 pandemic and the challenge in recruitment, and so there can be contextual reasons to justify a small sample (Lakens, 2022; Lakens et al., 2018; Taylor, 2016; Whitehead et al., 2016). Finally, a small sample size can provide adequate power to detect large effects (Cohen, 1988). Large effects can therefore give some indication of potential effectiveness when using a small sample in a pilot-study (Cohen, 1988).

With a pilot-study, the focus is on “feasibility, exploration, and obtaining initial insights into the research question” (Yang & Berdine, 2023, p. 53). In such a case, it is not necessary to reach statistical significance so much as to learn from the outcomes to refine the design (Yang & Berdine, 2023). Parametric statistics were developed for a small sample (Pearson, 1968). Statistical inference using parametric statistics involves estimating population effects from small samples; therefore, parametric statistics are specifically designed for small sample sizes with reasonably normal distributions and continuous variables (Dancey & Reidy, 2016; Pearson, 1968; Politi et al., 2021).

Recruitment (Psychoeducational Workshops). Recruitment for the psychoeducational workshops used the same channels and content from the recruitment poster (see Appendices L and M). User experience interviewees who had shown interest were also contacted. Correspondence with the selected families was over the University’s secure student email. Recruitment was challenging due to the ongoing COVID-19 pandemic and lockdowns. Issues included scheduling conflicts or children not wishing to attend, or children not having permission to attend from the other biological parent. Criteria were thus widened to include any blended families who could speak, read and write in English (since the measures were in English). Not reading, writing and speaking English was the only excluding factor, in addition to not being part of a blended family. Blended families were placed in a workshop based on availability and

family composition. Blended families could participate even if their children opted out. Families who attended with no children participating were matched with the EFFT workshop which was potentially less family-focused than the Satir or REAL Therapy-inspired workshops. The workshops took place over 11 months, over a total of 36 hours, from July 2020 to June 2021.

Participants (Psychoeducational Workshops). Twenty-five participants from nine blended families were recruited for the workshops, three blended families per workshop group (Satir, EFFT, REAL), with six to 10 participants per workshop. The quantitative analysis was based on the 23 completed questionnaires pre-test/post-test ($n = 23$). Two participants had dropped out, for an attrition rate of 8% (i.e., two drop-outs divided by 23 completed questionnaires), which is considered to be a rather low attrition rate (Nunan et al., 2018). Families reported having from one to five children between them, although no workshop had more than one child who attended (one family had their teenager complete both surveys, in addition to their preschool child, but the teenager did not show up for the two-part workshop). All families had at least one of their children living with them. Table 1 summarizes participant characteristics. As for the coparents who declared “other” regarding their marital status, answers included: divorced (from prior partner), separated (from prior partner), engaged (to current partner), and/or living with new partner. All families were simple blended families, three of the families were stepmother families, four were stepfather families and four families had both parents as stepparents of the other parent’s offspring. Families reported being together less than one year, and up to about seven years together. Three of the families declared that one of the coparents was a practicing therapist.

Table 1*Participant Characteristics*

Group	<i>n</i>	%
Satir	10	43.5
EFFT	6	26.1
REAL	7	30.4
Participating Children's Ages		
Preschool	1	14.3
10-12	2	28.6
13-17	3	42.9
18-20	1	14.3
Children per Workshop		
Satir (age: 3, 10, 13, and 14)	4	57.1
EFFT (none)	0	0.0
REAL (age: 11, 17, and 19)	3	42.9
Ethnicity		
European	13	56.5
Asian/Multi-Racial Asian	5	21.7
Black/Multi-Racial Black	3	13.0
Unknown	2	8.8
Family Location		
Ottawa Region	7	77.8
Greater Toronto	1	11.1
Manitoba	1	11.1
Gender		
Male	13	52.0
Female	12	48.0
Marital Status		
Married	6	33.0
Cohabiting	9	50.0
Other	3	17.0
Therapist Distribution		
Satir	2	66.7
EFFT	1	33.3
REAL	0	0.0

Extraneous and Confounding Variables. Extraneous and confounding variables can diminish the validity of a study as they can both create doubt concerning the possible effect the independent variable can have on the dependent variable (Kamiya & Boyd, 2024; McBride, 2020). Potential participant extraneous variables in this pilot-study were the ethnicity of the

families; the type of blended families (stepmother or stepfather blended family, simple or complex blended families); the composition of the blended families (how many members were involved per family; their age, their level of involvement and interest); and whether they had read and understood the research materials sent to them and prepared for them; their level of psychotherapeutic knowledge; their emotional literacy and emotional-regulation skills; the physical and mental health of the participants at the time of the workshops; and prior symptom improvement. As well, potential extraneous variables related to the situation were the time, the day or the season during which the workshop was administered as these could affect participants' mood or motivation due to contextual conflicts. Given sample size limitations, there were too few data to meaningfully explore these variables as covariates in addition to the alliance.

Finally, concerning the extraneous variables linked to the experiment of the workshops themselves, notably with the facilitator and the risk of therapist allegiance or uneven therapist skill, the facilitator trained themselves in all three theoretical frameworks through couples and family therapy coursework, research, trainings and practice over at least eight years before administering the workshops. The facilitator mitigated possible bias towards a workshop type, an exercise, or a family member by focusing on their training as a family therapist, applying their counseling skills in working with couples, children, youth and families as a whole, and considering a blended family context, as recommended by the literature (Pasley et al., 1996).

The facilitator also focused on building the alliance with each member of the family and particularly with the couples (as per family therapy alliance theory as mentioned above; van Beek et al., 2023), on preparing well for each workshop given, and on bracketing. Also, the facilitator took field notes during the conducting of the workshops and summarized their impressions in the detailed qualitative questionnaire measuring their experience per workshop

and family (see Appendix P). With all these precautions taken towards diminishing the potential impact of the noted extraneous variables, the alliance appeared to be the best controlling factor to mitigate these variables that could have impacted the validity of this pilot-study.

Measures. The measures proposed for this pilot-study addressed the conceptual variables of meaning, well-being, attachment, resilience, and alliance. The measures were administered at both pre-test and post-test (except for the therapeutic alliance measure (SOFTA), only at post-test). All measures were self-reported. Cronbach's alpha coefficients (Cronbach, 1951) were measured and are shown for each scale below: An alpha value of .90 is most recommended for their administration (Nunnally & Bernstein, 1994). These conceptual variables were operationalized in the following way (see also Table 2):

- Meaning was measured by the CHIP and the AIMS scales.
- Well-being was measured by the PWS, the ISA-C, the ISA-A and the ISAC-AC scales.
- Attachment was measured by the FRC scale.
- Resilience was measured by the DAS and the WFRQ scales; and the alliance covariate was measured by the SOFTA Cli. and SOFTA Ther. scales.

The measures are presented below in the order they were administered.

Resilience – Couples: Dyadic Adjustment Scale (DAS). Parents completed the 32-item Dyadic Adjustment Scale (DAS; Spanier, 1976; see Appendix O1) to measure the couple's resilience (couple adjustment). The DAS measures marital satisfaction and consensus in the couple, as a couple's dissolution impacts the family's resilience (Johnson & Talitman, 2007; Spanier, 1976). This measure is a key predictor of relationship success or dissolution (Busby et al., 1995; J. M. Graham et al., 2006; Spanier, 1976; Spanier & Thompson, 1982). It was applied

as a measure of couple satisfaction or couple resilience (Johnson & Talitman, 2007). Sample DAS items address “consensus on matters of importance to marital functioning” (Busby et al., 1995, p. 290), “dyadic consensus”, “dyadic satisfaction”, “dyadic cohesion”, “affectional expression” (Spanier, 1976, p. 15). The DAS is “the most widely used measure of relationship quality in the social and behavioural sciences literature” (J. M. Graham et al., 2006, p. 701). Some of the subscales can be interpreted differently depending on the populations. Responses are more consistent with “non-White, non-married, heterosexual couples and women” (J. M. Graham et al., 2006, pp. 710–711) such as with the Affective Expressive subscale. This can diminish the overall internal consistency. Overall, internal consistency remains high with a meta-analysis reporting a mean reliability score (i.e., Cronbach’s alpha value) of .92 (J. M. Graham et al., 2006). For the current study, the DAS demonstrated $\alpha = .89$ and $.83$ for pre-test and post-test for the couples, respectively.

Attachment – Families (All Participants): Family Relations and Cohesion Scale (FRC).

All participants completed the Family Relations and Cohesion Scale (FRC; Liddle & Rowe, 1998; see Appendix O2). This scale measuring family attachment was chosen for its brevity (6 items) and simplicity of language. It is accessible to children and adults, even though it was designed for parent–young teenager dynamics. It was selected for its measuring of “time spent together and closeness (e.g., communication)” (Center for Substance Abuse Prevention [CSAP], 2003, p. 138) and was developed for ethnically diverse families, thus reaching a wide audience. The FRC addresses close and cohesive family relations through questions focused on responsiveness, cooperation, and closeness. Other similar measures that exist were the Family Cohesion Scale (FCS) (Zahra & Saleem, 2021), which wasn’t available at the time of administration and was designed for teenagers only. There was also the Family Adaptability and

Cohesion Scale (FACES IV—42 to 62 items), which assessed family cohesion and flexibility for older children (Olson et al., 1985). Finally, there was the Structural Family Interaction Scale (SFIS), which measured family functioning, cohesion and adaptability with 68 items, but it was too long (Center for Healthier Children, Families & Communities, 2024). Neither of these scales were appropriate for the study of family relations and cohesion for this current study.

The Social Development Research Group (n.d.) reported Cronbach's alpha values between .50 and .90 depending on the sample. Other reported alphas ranged between .69 for mothers and .80 for their child (CSAP, 2003). In the present pilot-study, Cronbach's alpha value (or alpha coefficient) yielded .85 for both pre-test and post-test results for the couples.

For teens and young adults, $\alpha = .83$ at pre-test, and $\alpha = .96$ at post-test. There were only three children between the ages of two and 11 who completed the pre-test questionnaires and only two of these children completed the post-test questionnaires. The two-year-old child's questionnaires were completed by their parent. Therefore, the alpha values for children were not presented for certain questionnaires in the Measures section because they were non-significant.

Psychological Well-Being – Families (All Participants): Psychological Well-Being Scale (PWS). All participants completed the 18-item Psychological Well-Being Scale (PWS) using a six-point Likert format (short version; Ryff & Keyes, 1995; see Appendix O3). The PWS measures well-being and happiness: Subscales include “self-acceptance”, “environmental mastery”, “positive relations”, “purpose in life”, “personal growth”, and “autonomy” (Ryff, 1989; Ryff & Keyes, 1995). This scale was chosen for its extensive validation across different communities and sample populations, and for its multidimensional model measuring of positive psychological functioning (An & Cooney, 2006; Ryff et al., 2021; Ryff & Keyes, 1995). The 20-item version (Ryff, 1989) “showed high internal consistency and test-retest reliability as well as

convergent and discriminant validity with other measures” (Ryff & Keyes, 1995, p. 720). The PWS yielded high alpha coefficient values with prior happiness and life purpose scales ranging from .86 to .93 and retesting with values ranging between .81 and .88 (Ryff, 1989).

The short PWS 18-item version (Ryff & Keyes, 1995) correlated with the original 20-item scale (Ryff, 1989) and yielded alphas ranging from .70 to .89. The 18-item version also presented “consistency of age and sex differences” on the various subscales (Ryff & Keyes, 1995, p. 734). The short 18-item test version was selected for its brevity for the participants and was also used to further validate the Brief Global Assessment Scale (BGAS), the adult and non-interactive version of the child ISA (ISA-C)—named as the Interactive Symptom Assessment adult (ISA-A) version in this study (short-form; Armstrong et al., 2020b). In this current pilot-study, alpha values were .89 at pre-test and .51 at post-test for the couples. For teens and young adults, the measure yielded $\alpha = .86$ at pre-test and .75 at post-test. In this study, the term “psychological well-being” was used to refer to the PWS scale when referring to the measures.

Well-Being (Mental Health) – Children: Interactive Symptom Assessment (ISA-C—for Children). The Interactive Symptom Assessment (ISA—short-form; Armstrong & Potter, 2022; Armstrong et al., 2019; Armstrong et al., 2020b; Watt, 2020; see Appendix O4) is a 12-item measure of well-being, or optimal psychological and behavioural functioning originally for children six to 12 years of age to assess mental illness symptoms (Watt, 2020). There were three versions: one for children (ISA-C), one for parents, teens and adult children (ISA-A), and one for parents’ perception of their children’s mental illness symptoms (ISA-AC). This scale was chosen to further support the thesis supervisor’s research on meaning mindset and provided an additional measure of well-being for this present pilot-study. The ISA scales (including ISA-A, ISA-C and ISA-AC) were referred to as the Mental Health measures in this research. Their

scores were incorporated in the measuring of the well-being conceptual variable. The ISA scales were also interchangeably referred to as the mental illness symptoms measures. The ISA scale actually assesses mental health with mental illness subscales, evaluating “choice and responsibility over thoughts, feelings and behaviour; [sic]⁴ self-concept, hope for the future, and openness to feelings, learning, social connection, creativity, and engagement in pursuits” (Armstrong et al., 2019, p. 320). More specifically, it measured: “mood and anxiety symptoms, obsessions and compulsions, behavioural symptom [sic]⁵ (attention deficit symptoms, and conduct concerns), and self-esteem (body image, social self-esteem, and satisfaction with one’s accomplishments)” (Armstrong & Potter, 2022, p. 7).

Children received the ISA-C questionnaire in video form. Following each video clip, still images of the characters appeared on screen with a button slider underneath. Here is an example of one of the video questions: “Isa was cheerful this week. // Eibe was grouchy this week.” (Armstrong et al., 2019, p. 321) If a child was completely like Isa this week for this item, this child would move the slider to the far end under Isa (score of 10). If a child was a bit like Isa this week for this item, then this child would click part way down the line under the image of Isa. If they were more like Eibe, then they would be instructed to move the slider under Eibe instead. For children who could read, the item text was also provided under each video recording. Scores for each item ranged from 0 to 10.

“In validation research (Armstrong et al., 2019), the I.S.A. demonstrated good internal consistency reliability ($\alpha = .88$), convergent validity with self-esteem (i.e., measured by the Single Item Self-Esteem Scale [SISE]) and other well-being measures (i.e., Office for National

⁴[sic] – there was a “;” (semi-colon) in the original citation here, whereas the rest of the listing is comprised of “,” (commas).

⁵[sic] – there seems to be a missing “s”.

Statistics [ONS] Personal Well-Being Scale; Short Warwick-Edinburgh Mental Well-Being Scale), and good test-retest reliability, $r = .86, p < .001$.” (Armstrong et al., 2020a, p. 304; see also Armstrong et al., 2020b; Dolan & Metcalfe, 2012; Office for National Statistics [ONS], 2024; Robins et al., 2001; Stewart-Brown et al., 2009). During the COVID-19 pandemic, another study found an alpha of .83 (Armstrong & Potter, 2022; Armstrong et al., 2020b). The ISA measure has mostly been administered to older children such as teens, even though it was originally designed for younger children (Armstrong et al., 2020b; Watt, 2020). In this current research, the ISA-C will be applied to children and pre-teens: Pre-test and post-test results for children yielded $\alpha = .96$. Final ISA-A results in this study included children’s, adults’ and adolescents’ scores. In this research, the term mental health or its counterpart mental illness referred to all ISA measures used.

Well-Being (Mental Health) – Couples, Adult Children and Teens: Interactive

Symptom Assessment (ISA-A—for Adults). An adult version of the child Interactive Symptom Assessment (ISA-A—short-form; Armstrong et al., 2020; Watt, 2020; see Appendix O5) was developed and pilot-validated in previous research (Watt, 2020). It was expected to be validated for convergent validity in the current research with the PWS survey. The adult (ISA-A) measure was nearly identical to the child measure (ISA-C), but it used text instead of video. Some items were slightly re-worded from the child version in collaboration with key stakeholders for a better fit for adults (Watt, 2020). The test was administered in pre-test/post-test for the adult, adult children and teenage (13 years and over) participants. Alpha values yielded .91 at pre-test and .62 at post-test for couples. Teens’ and young adult children’s alpha coefficients were .96 and .93 at pre-test and post-test, respectively. The couples also completed the ISA-AC parent

questionnaires based on their perception of their step/child/ren's mental health (see Appendix O6), yielding $\alpha = .91$ at pre-test and $\alpha = .86$ at post-test.

Meaning – Children: Child Identity and Purpose Questionnaire-Interactive (Ch.I.P.-I or CHIP). The Ch.I.P.-I or CHIP (Armstrong, 2016a; Armstrong et al., 2019; Armstrong & Potter, 2022; Armstrong et al., 2020a; Watt, 2020; see Appendix O7) is a 12-item measure of meaning in daily life originally for children six to 12 years of age (Watt, 2020). It includes items addressing choice and responsibility over thoughts, feelings and behaviour; positive self-concept; hope for the future; and openness. The CHIP measure is reliable and valid for children's coping in everyday life, which can support good mental health for them (Armstrong et al., 2019). It was chosen to support the thesis supervisor's research on meaning mindset. Children received the CHIP questionnaire in video form (as for the ISA-C measure).

Here is an example of one of the video questions: "When Chip has a difficult feeling like sadness, fear, or anger, he finds it easy to think about things to feel a bit better. // When Ceira has a difficult feeling like sadness, fear, or anger, she finds it hard to think about something to feel a bit better." (Armstrong et al., 2019, p. 320) Scores for each item ranged from zero to 10. The original CHIP 20-item version displayed an alpha of .95 for the children participating (Armstrong, 2016a). The shorter 17-item CHIP measure produced an alpha value of .95 (Armstrong et al., 2019, p. 320). A reliability and validity assessment of the 17-item survey presented $\alpha = .82$ and a 12-item version presented $\alpha = .81$ (Armstrong et al., 2020a). These CHIP surveys demonstrated "good criterion-related validity, as the CHIP significantly correlated with agency, self-esteem, hope, and openness to experience... Concerning predictive validity, the CHIP significantly predicted well-being scores... Test-retest reliability over a 1-week period was also assessed and pretest and posttest results were significantly correlated" (Armstrong et al.,

2020a, p. 305). As well, the stakeholders involved in the development of the long and short form measures considered that these measures supported face validity with “good credibility, acceptability, sustainability, and feasibility” (Armstrong et al., 2020a, p. 305).

Convergent and predictive validity were assessed for criterion-related validity using the ISA Interactive Symptom Assessment for various mental health criteria, the Short Warwick-Edinburgh Mental Well-Being Scale for agency (Stewart-Brown et al., 2009), the Single Item Self-Esteem scale for positive self-concept (Robins et al., 2001), the Children’s Hope Scale for hope for the future (Snyder et al., 1997), and the Ten-Item Personality Inventory for openness to experience (Gosling et al., 2003). The CHIP measure has mostly been used with older children such as teens, even though it was originally designed for younger children (Armstrong et al., 2020b; Watt, 2020). In this current research, it was applied to younger children and teenagers. Children’s pre-test and post-test alpha values were .90 and .75, respectively.

Meaning – Adults, Young Adult Children and Teens: Adult Identity and Meaning Scale (AIMS). The AIMS (Armstrong, 2016a; Armstrong, n.d.; Watt, 2020; see Appendix O8) content was nearly identical to the CHIP’s, but included text only. Some items were slightly re-worded from the child version in collaboration with key stakeholders for a better fit for adults. This questionnaire measures meaning in daily life concerning agency, self-esteem, openness to experience, and hope for the future (Armstrong, n.d., 2016a, 2018a; Wong, 2016a, 2016b). The initial validation sample produced an alpha of .96 (Armstrong, n.d.; Watt, 2020). The measure also demonstrated “convergent validity as it was correlated with a related concept (overall meaning in life): $r = .84, p < .001$, as assessed by the Purpose in Life Test ([PIL]; Crumbaugh & Maholick, 1964)” (Watt, 2020, p. 50). The current sample produced a Cronbach’s value of $\alpha = .92$ and $.80$, at pre-test and post-test, respectively, for couples, and $\alpha = .91$ at pre-test and $\alpha = .87$

at post-test for teens and young adult children. Children completed the CHIP measure instead of this one.

Resilience – Families (All Participants): Walsh Family Resilience Questionnaire (WFRQ). The Walsh Family Resilience Questionnaire (WFRQ) (Duncan et al., 2021; Karaminia et al., 2018; Rocchi et al., 2017; Sadia et al., 2020; Walsh, 2002, 2003a, 2012b, 2016b; see Appendix O9) measured the whole family’s resilience. The WFRQ is based on Walsh’s family resilience framework research (1996, 2002, 2003a, 2012b). The 32-item WFRQ uses a five-point Likert scale (Walsh, 2016b) measuring “belief systems[: ...]making meaning of adversity, positive outlook, transcendence and spirituality”; “organizational patterns[: ...]flexibility, connectedness, social and economic resources”; “communication/problem-solving[: ...]clarity, open emotional expression, collaborative problem-solving” (Walsh, 2003a, p. 7). The scale can be administered to pre-teens up until adulthood. Moreover,

[t]his approach affirms the evolutionary and self-healing potential of families to overcome crisis and difficulties in their lives ...characterized by a focus shift, from dysfunction and limitations... to... resourceful capacities, from pathology to functionality, and from a problematic situation to possibility. (Rocchi et al., 2017, p. 2987; see also Walsh, 2003a)

Tucker Sixbey (2005, 2006) developed a family resilience instrument based on Walsh’s family resilience framework (1996, 2002, 2003a, 2012b), entitled the Family Resilience Assessment Scale (67 items; Tucker Sixbey, 2005, 2006), with various deriving scales ranging from 54 items (Gardiner et al., 2019), to 16 items (Chow et al., 2022). Another possible family resilience scale of note was the Individual, Family, and Community Resilience (IFCR) Profile (Distelberg et al., 2015), but it was considered too long (75 items) for this pilot-study. Since this

study is partly based on Walsh's research on resilience in families, it seemed best to choose the WFRQ instrument (Walsh, 2016b).

Rocchi et al. (2017) measured the internal consistency reliability for the Italian WFRQ version with subscales ranging between $\alpha = .57$ and $.93$ and an overall $\alpha = .95$ (Rocchi et al., 2017). Further, the reliability of test/retest displayed “a high and significant correlation ($ICC=0.98-0.99$)” (Rocchi et al., 2017, p. 2997). For the Iranian version of the WFRQ (Karaminia et al., 2018), $\alpha = .70$ or more on each subscale, and the test reliability alpha values ranged between $.70$ and $.79$. In the U.S., alphas ranged from $.85$ to $.90$, depending on the subscales (Duncan et al., 2021). This questionnaire has also shown strong correlation with the Family Adaptability and Cohesion Evaluation Scale III (FACES III RFS—Real Family Scale) “(sum RFS; $r = 0.68$; $p < 0.0001$)” (Rocchi et al., 2017, p. 2995), supporting its reliability.

The present sample produced $\alpha = .97$ for pre-test and $.95$ for post-test for the couples, $\alpha = .99$ and $.98$ for teens and young adults at pre-test and post-test, respectively, and children $\alpha = .98$ at pre-test and $\alpha = .90$ at post-test. Walsh added to the questionnaire an open qualitative question to further assess family members' beliefs and practices about resilience to stressful situations and recommended it for more enriched data (2016b, p. 358). This question was not used for the current survey in order to match the quantitative data from the other surveys. Other studies administering the WFRQ did not always use it either.

Therapeutic Alliance – Couples, Young Adult Children and Teens, and Facilitator: System for Observing Family Therapy Alliances (SOFTA) Scale. The SOFTA-s (Friedlander, Escudero, & Heatherington, 2006; Friedlander, Escudero, Hovarth et al., 2006; SOFTA, 2019; see Appendices O10 and O11) 16-item scale measures safety and shared sense of purpose in treatment. Specifically, it assesses four dimensions: “emotional connection to the therapist”,

“engagement in the therapeutic process”, “safety within the therapeutic system” and “shared sense of purpose within the family” (Friedlander, Escudero, Hovarth et al., 2006, p. 216; see also SOFTA, 2019). Compared to prior measures evaluating therapeutic alliance with families such as Pinsof and Catherall’s (1986) Couple and Family Therapy Alliance Scale (FTAS), the SOFTA measure goes further by including observable behaviour of the families from the family and the facilitator’s point of view, and not just focusing on Bordin’s (1979) working alliance theory (Friedlander, Escudero, Hovarth et al., 2006).

The SOFTA-s measure was administered to both the family members and the facilitator (see Appendices N10 and N11), with each their version. Alpha coefficients yielded .87 for the client and .95 for the facilitator in the English version (SOFTA, 2019). In this current study, $\alpha = .76$ for the couples, $\alpha = .16$ for the teens and adult children, and $\alpha = .91$ for the facilitator. Three adolescents with ages ranging from 13 to 17 years old and one young adult child of 19 years of age completed both pre-test and post-test questionnaires. One of the adolescents (14 years old) did not attend the workshops although they did complete all questionnaires while their father and stepmother participated.

Summary of Workshop Questionnaire Implementation

For blended families (pre-test/post-test):

- Credibility: Pre-test/post-test workshop qualitative credibility question (see Appendix O12)
- Quantitative measures: Pre-test/post-test to measure participant experience of meaning, well-being, attachment, and resilience

For both the facilitator and blended families post-test:

- Quantitative and Qualitative Satisfaction Questionnaire: Measuring the KTI criteria of post-workshop credibility, acceptability, feasibility, and sustainability including measuring alliance from both the facilitator's and the blended families' experience (see Appendices O12 and O13)

Table 2 summarizes what groups completed which measure.

Table 2

Quantitative Measures

Family Sample	Acronym	Construct
Couples ($n = 9$)	DAS	Couple satisfaction or resilience
	FRC	Family relations (attachment)
	PWS	Psychological well-being
	ISA-A	Mental health
	ISA-AC	Parents' view of children's mental health
	AIMS	Meaning
	WFRQ	Family resilience
	SOFTA-Cli	Alliance
Teenagers ($n = 3$), young adults ($n = 1$)	FRC	Family relations (attachment)
	PWS	Psychological well-being
	ISA-A	Mental health
	AIMS	Meaning
	WFRQ	Family resilience
	SOFTA-Cli	Alliance
Children ($n = 3$)	FRC	Family relations (attachment)
	PWS	Psychological well-being
	ISA-C	Mental health
	CHIP	Meaning
	WFRQ	Family resilience
	SOFTA-Cli	Alliance
Facilitator	SOFTA-Ther	Alliance

Stage 4: Implementation of Workshops

With the onset of the COVID-19 pandemic, a request was submitted to the Office of Research and Ethics Services of Saint Paul University to conduct the workshops virtually one family at a time. The new request was granted, replacing the original plan to conduct the workshops in person with all families present, over two weekends, and families accepted the new plan.

Distribution of Pre-Workshop Questionnaires. The potential participants were given a summary of the study, as well as of the workshop scripts (see Appendices D and K), and a list of items to prepare for certain modules over the two-part workshops. Dates for the workshops were selected, data about the family's demographics (i.e., how long has the blended family been living together, age, initials, sex, coordinates) were gathered, and the number of people attending was confirmed for each blended family. Families were sent a separate weblink (before and after the workshops) for each family member to access the informed consent form as well as the selected surveys (or questionnaires) to complete on Survey Monkey (see Appendix N). Each member received the appropriate survey depending on their age and family member status (i.e., step/parent; young child, teen or adult child) and gave their informed consent.

Implementation of Workshops. One clinician facilitated all groups, rather than the co-facilitation originally planned for the in-person workshops. Workshops were not recorded. The facilitator conducted direct transcripts to document complementary information regarding those who attended, including age, and a summary of their experience per each exercise. The nine families participated in the two-part psychoeducational workshops one at a time, on Zoom for Healthcare Plan from summer 2020 to summer 2021.

Workshops covered two dates, with two to four weeks between workshop sessions. The first session was comprised of three modules ranging from 1.25 hours to 3.25 hours. The second session took between 1 hour and 2.25 hours to complete the final two modules.

Stage 5: Post-Workshop Questionnaires

Post-Workshop Qualitative Credibility Research Question. With the presented list of the specific needs of blended families as identified by the literature and blended families (i.e., 1- maintaining a solid couple bond and parent coalition; 2- dealing with struggles with losses, loyalties and change; 3- managing dividing parenting/stepparenting tasks; 4- building a new family culture and addressing stigma; and 5- acknowledging other parents and relatives as still part of the family; Bonnell & Papernow, 2019; Ganong & Coleman, 2004, 2017; Papernow, 2018, 2023; Visher & Visher, 1996), do the workshop participants believe that the workshop they attended satisfied these needs?

Post-Workshop Quantitative Research Questions. The post-workshop quantitative research questions matched the pre-workshop quantitative research questions.

Post-Workshop KTI Criteria Research Questions and Hypotheses. In order to assess the acceptability of the workshops, the participants and the facilitator answered quantitative and qualitative questions in the Quantitative and Qualitative Satisfaction Questionnaire after the workshops. Three quantitative questions of credibility, feasibility and sustainability were posed during the quantitative and qualitative post-test to all blended family members. Each of these questions was ranked on a sliding scale of one to five. To further assess this criterion of acceptability, qualitative questions explored how satisfactory (i.e., acceptable) the workshops were using the KTI criteria of acceptability, feasibility and sustainability. The questions below reflect the research questions.

Quantitative Satisfaction Questionnaire. Credibility Research Question: After participating in the psychoeducational workshops, did the blended families perceive them as credible as meeting promised outcomes of improved meaning, well-being, attachment and resilience? Did they find their outcomes matched the needs and the outcomes proposed in the logic model (i.e., face validity)?

Credibility Quantitative Research Question: To what degree did the program meet your family's needs? Please use the slider to indicate how much it did, from a scale of 1 (*not at all*) to 5 (*very much*).

Hypothesis 5: All three workshop types would improve from pre-test to post-test regarding meaning, well-being, attachment, and resilience and the workshops would therefore be perceived as credible by the blended family stakeholders.

Quantitative Satisfaction Questionnaire. Feasibility Research Question: After participating in the psychoeducational workshops, did the blended families believe that the workshops were easy to participate in from a time and resource perspective and what were their suggestions?

Feasibility Quantitative Research Question: How easy were the workshop tools to use in your household? Please use the slider to indicate how easy they were, from a scale of 1 (*not easy at all*) to 5 (*extremely easy*).

Hypothesis 6: The workshops co-created with the blended families would be satisfactory in terms of feasibility.

Quantitative Satisfaction Questionnaire. Sustainability Research Question: After participating in the workshops, how easy was it to apply the activities in the blended families’

own lives? What are suggestions to sustain the workshop program outcomes and its administration?

Sustainability Quantitative Research Question: To what degree do you think that you're going to use the strategies you learned in your household over the longer term? Please use the slider to indicate how much, from a scale of 1 (*not at all*) to 5 (*all the time*).

Hypothesis 7: Blended family workshop participants would find the workshops sustainable.

Qualitative Satisfaction Questionnaire. Acceptability Research Question: What did you like about the workshops? What do you suggest changing? Please explain.

Qualitative Satisfaction Questionnaire. Feasibility Research Question: Is there anything you suggest that would make the workshop tools easier to use?

Qualitative Satisfaction Questionnaire. Sustainability Research Question: Do you believe that spirituality or developing a sense of meaning has helped your blended family since having participated with the workshops? Please explain.

Qualitative Facilitator Questions. *The same qualitative questions as above were asked to the facilitator, as well as the additional following ones regarding their workshop experience with each family. The last two questions were meant to address sustainability and spirituality.*

Facilitator Credibility Question: Do you find that the blended family workshop program appeared to do what it proposed it would do for your blended family (i.e., support the blended family regarding the five specific needs: 1- maintaining a solid couple bond and parent coalition; 2- dealing with struggles with losses, loyalties and change; 3- managing dividing parenting/stepparenting tasks; 4- building a new family culture and addressing stigma; and 5- acknowledging other parents and relatives as still part of the family)? Please explain.

Facilitator Acceptability Question: Do you believe that the workshops enhanced your blended family's: 1. Well-being; 2. Social connectedness; 3. Attachment towards each other; 4. Resilience; 5. Self-efficacy; 6. Sense of meaning? Please explain for each one.

Facilitator Sustainability Question: Do you believe that these workshops could help reduce the likelihood of blended families dissolving and of enhancing their quality of life? Please explain.

Facilitator Sustainability and Spirituality Question: Do you believe that spirituality or developing a sense of meaning has helped this blended family since having participated with the workshops? Please explain.

Stage 6: Post-Workshop Transcribing and Coding

For the post-test qualitative analysis of the KTI data, all of the data were analyzed and coded. Participants wrote directly in the Qualitative Satisfaction Questionnaire. Similar to Study 1, triangulation of the KTI Qualitative Satisfaction Questionnaire responses involved multiple reviewers to enhance validity and reliability (Creswell, 2014). Member checking determined if certain descriptions or themes were correct. Cross-checking with triangulation of intercoding was applied to further strengthen validity (Creswell, 2014).

The coding process was the same as in Study 1. The qualitative analysis process emphasized a bottom-up approach to induce themes from the material proposed by the participants for the KTI criteria questions. The lead researcher and research assistants independently coded possible themes. The research assistants' analysis was integrated into the lead researcher's analysis using the same reflexive process described for Study 1. The lead researcher triangulated the suggested themes and provided a final interpretation to the thesis supervisor who acted as member checker and collaborated in the final coding validation. This

intercoding process may have diminished potential bias while also acknowledging it in the reflexive process as in Study 1 (Morse, 2015; Patton, 1999).

Stage 7: Quantitative Analysis Procedure in SPSS

Data screening and cleaning of the quantitative data were carried out with SPSS 28.0. Before conducting statistical analyses, the data were examined. The data were assessed for the purpose of investigating invalid scores, identifying whether there were any outliers, reverse coding, addressing missing data and examining assumptions of normality. Specifically, an SPSS frequency analysis was carried out in order to assess whether scores existed beyond minimum or maximum scores allowable by the questionnaires. Data errors such as the latter were addressed by reference to the original questionnaires and inputting of the true values.

Sample and Attrition. There were originally 25 participants enrolled in the workshops. The final sample size n for the quantitative analysis post-test was 23 ($n = 23$). Two participants in the REAL workshop did not complete post-test measures and were removed. As for each workshop group post-test, for the Satir workshop, $n = 10$; for the EFFT workshop, $n = 6$; and for the REAL workshop, $n = 7$. Concerning the final sample size of $n = 23$, since a loss between 5% and 20% can introduce possible bias (Nunan et al., 2018), an attrition analysis is recommended. In this case, first, there were no direct data regarding if the two persons who did not complete the post-test questionnaire applied the communication skills learned in their blended family after the workshop. Second, both of the participants were from the same family and only the other remaining family member answered the pre-test and post-test surveys. Third, the remaining participating family member answered the surveys with lower than average appreciations, which would be congruent with the two other family members dropping out in the post-test questionnaire, possibly due to low satisfaction. Thus, the overall attrition bias was considered

minimal and localised to one family unit, and not a threat to the overall validity of the analysis of the results.

Data Screening and Cleaning. There were some missing data on each scale because participants were allowed to skip questions. A Little's MCAR test on SPSS was performed to verify if the data was missing completely at random using the Missing Value Analysis procedure. This test evaluates if the pattern of missing data is unrelated to the observed and unobserved data. If the p -value obtained is greater than .05, then the data is considered to be MCAR (i.e., Missing Completely At Random; Li, 2013). The result was .61, so the data was perceived as MCAR. In this case, simple mean imputation is recommended.

To retain as much data as possible with the small sample, simple mean imputation was used for missing items, a common method of imputation (Cohen & Cohen, 1975; Tabachnick & Fidell, 1996/2007). However, mean imputation can increase Type I errors (Wicklin, 2017). Since there was a small amount of missing data in some of the individual responses, this risk seemed a better alternative than experiencing a possible Type II error by losing power in already a small sample with the exclusion of the missing data (McNeish, 2016). In the present study, there were six participants whose questionnaires contained partial missing data. Excluding this missing data would have eliminated about 25% of the sample of 23 participants. Therefore, mean imputation was used to allow analyses to retain these individuals in such a small sample.

Skewness and Kurtosis Tests and Normality Testing. Skewness and kurtosis significance tests for normality were carried out on total scores following Tabachnick and Fidell (1996/2019; see also Brookshier & Boyd, n.d.) guidelines. Only one variable had a significant kurtosis over 2 ($z = 3.47$) but it was not significantly skewed, therefore no transformation was necessary. However, with a small sample size, correlations may be slightly attenuated, thus

reducing power (Cohen et al., 2003; Tabachnick & Fidell, 1996/2019). To prevent Type II statistical errors due to potentially attenuated correlations with non-transformed variables, a critical alpha level (α) for analyses was set at .05, rather than a more stringent .01. In order to reduce Type II errors, and given that the sample size was small and even smaller per group (i.e., power may be reduced), the study only had adequate power to detect large effect sizes.

Descriptive statistics (means and standard deviations) for the sample ($n = 23$) were integrated in the skewness and kurtosis significance tests table (see Table 15) and all variables approximated normality.

SPSS 28.0 was then used to conduct all parametric statistical analyses. Pearson correlations were used to examine associations between the variables of meaning, well-being, attachment, and resilience to test hypothesis 1 that there would be positive associations between the four variables of meaning, well-being, attachment, and resilience. Paired samples *t*-tests were conducted to assess changes in the variables between pre-test and post-test to test hypothesis 2 that the workshop groups would appear to improve in terms of the four variables from pre-test to post-test. A 3 x 2 mixed model ANOVA test (with both one between subject factor [i.e., three workshops] and one within subject factor [i.e., two periods of time, pre-test and post-test]) was used to compare: means between the four variables for each workshop group from pre-test and post-test; differences between these three groups; and the interaction between any improvement and group. A follow-up paired samples *t*-test was conducted to measure differences in the outcomes individually for each workshop. Both the ANOVA and the paired samples *t*-test were conducted to support hypothesis 3 that there would be differences between the three groups in improvement from pre-test to post-test in terms of the four variables. An ANCOVA test addressed whether the workshops remained effective after controlling for alliance to test

hypothesis 4 that meaning, well-being, attachment, and resilience variables would significantly improve from pre-test to post-test after controlling for alliance. For each of these statistics, assumptions testing was conducted beforehand (see Chapter Three).

Summative Conclusion

In this chapter, all stages of the methodology procedure were explained for both studies.

For Study 1 (stages 1–6):

- stage 1: logic model and workshop design
- stage 2: user experience interviews questionnaire design
- stage 3: sample justification and recruitment for the user experience interviews
- stage 4: methodology and implementation of user experience interviews
- stage 5: transcription and coding of interviews
- stage 6: revision of workshops from user experience interviewees' feedback

For Study 2 (stages 1–7):

- stage 1: workshop and study design
- stage 2: design of pre-workshop qualitative and quantitative questionnaires based on research questions
- stage 3: sample justification and recruitment for the workshops, extraneous and confounding variables, and selection of measures
- stage 4: administration of pre-workshop questionnaires and workshops
- stage 5: design and administration of post-workshop questionnaires
- stage 6: transcription and coding of questionnaires
- stage 7: quantitative analysis procedure in SPSS

CHAPTER THREE: RESULTS

CHAPTER THREE: RESULTS

Study 1: Results from the User Experience Interviews

Applying Braun and Clarke's 2021 guidelines, the user experience interview transcripts were reviewed and assessed by four knowledge users (i.e., those who could apply the knowledge developed from this research onto blended family programs and interventions). These knowledge users were all mental health practitioners and included the lead researcher, two research assistants as intercoders and the thesis supervisor as member checker. After triangulation of coding outcomes between the intercoders and the lead researcher, the lead researcher selected the final themes, subthemes and codes with the approval of the member checker.

Participants' names were replaced by a coding system, starting with the letter F and then a number. The letter A identified the primary adult respondent in the couple/family unit. The letter B identified the secondary adult respondent in the couple/family. The letters AB identified a couple. AA indicated a biological child of a parent with the matching letter. No letter A or B in the coding meant that the respondent participated alone with no other family member. Tables below present results with certain selected quotes to support the subthemes and codes. Revisions made to the workshops from user experience interviewees' feedback are presented after Study 1 results.

In Study 1, the thematic analysis was broken down into five parts (i.e., the five research questions):

- Central and specific blended family needs, including blended family needs and therapists' views as knowledge users, divided into the five specific blended family needs

- Targeted areas of needs identified by blended families beyond the five specific needs, divided in four sections: mental health support; family bonding; meaning-making and spirituality; and communication skills
- Evaluation of the three workshops, divided into three sections: Satir workshop; EFFT workshop; and REAL workshop
- Manner of delivery of the three workshops
- KTI criteria, divided into four sections: credibility; acceptability; feasibility; and sustainability

Finally, recommendations specific to training facilitators and the revisions made to the workshops from user experience interviewees' feedback can be found at the end of the reported results of Study 1.

Central and Specific Blended Family Needs – Needs Assessment

Research Question: What are the central needs of blended families? How do these central needs align with the needs of blended families presented in the literature?

Stakeholders expressed their view of what they believed were the needs for blended families, then commented on each of the literature's five specific blended family needs (i.e., 1- maintaining a solid couple bond and parent coalition; 2- dealing with struggles with losses, loyalties and change; 3- managing dividing parenting/stepparenting tasks; 4- building a new family culture and addressing stigma; and 5- acknowledging other parents and relatives as still part of the family). Since the blended family members' answers on their own needs matched the literature's, these answers were amalgamated below within the five specific needs. Among the respondents, some were also therapists and mental health professionals (including program directors) and were asked to give their professional sense (therapists' views) in addition to their

views as blended family members. Their answers were included at the end of each specific need in the following tables (see Tables 3–7). Some additional needs were also listed beyond those mentioned in the literature and were presented as targeted needs identified by the stakeholders, presented further below (see Table 8).

Table 3

Results for Maintaining a Solid Couple Bond and Parent Coalition

Theme and Supporting Quotes	Subtheme or Code
<p>Couple bonding with dialogue and patience</p> <ul style="list-style-type: none"> <li data-bbox="201 415 1188 505">• Participant F5: “Time is required for both parents, one from the former union and one to continue in the new blended family. Bonding between the partners can take months and even a year before being able to function as a united couple.” 	<ul style="list-style-type: none"> <li data-bbox="1236 415 1461 440">• Couple self-care <li data-bbox="1236 448 1549 472">• Time for couple bonding <li data-bbox="1236 480 1625 505">• Couple bonding with the family <li data-bbox="1236 513 1656 570">• Balance couple bond with bonding with own children <li data-bbox="1236 578 1671 634">• Patience to balance various bonding processes <li data-bbox="1236 643 1587 667">• Growth with time and effort
<p>New spouse feels like an outsider and fighting over stepparenting</p> <ul style="list-style-type: none"> <li data-bbox="201 724 1178 781">• Participant F3: “When my children from my first marriage would come to see me, my new wife (their stepmom), would not take care of them.” <li data-bbox="201 789 1205 846">• Participant F2AA: “When my half-sister left, the fights diminished between my mom and dad”. 	<ul style="list-style-type: none"> <li data-bbox="1236 699 1661 756">• Stepparent insecurity, how to grow and be respectful <li data-bbox="1236 764 1646 821">• Stepparent as observer of blended family process <li data-bbox="1236 829 1656 854">• Stepparent choosing to be outsider <li data-bbox="1236 862 1619 886">• Stepparent as support to parent <li data-bbox="1236 894 1701 951">• Stepparent not engaging with stepchild as parental figure <li data-bbox="1236 959 1677 1016">• Contrast in raising joint children and each’s stepchildren <li data-bbox="1236 1024 1698 1070">• More fighting over parenting with non joint children

Table 3

Results for Maintaining a Solid Couple Bond and Parent Coalition (Cont.)

Theme and Supporting Quotes	Subtheme or Code
<p>Creating a safe foundation and solid structure</p> <ul style="list-style-type: none"> Participant F1: “[There is a need] in creating a solid structure and routine for a safe foundation for everything... [and] for parents and the couple to be united” 	<ul style="list-style-type: none"> Compassion for development Creating a solid structure and routine for everyday functioning Creating a safe foundation for children and parents to ensure bonding
<p>Therapists’ views as knowledge users</p> <ul style="list-style-type: none"> Participant F5: “My experience with family members of blended families was extremely rewarding in helping couples to establish a solid bond with each other. I remember a couple who disagreed completely, in the beginning of their new relationship, regarding the tasks and the role of the biological parent. Interview after interview, this couple learned to make room for the children of the parent left behind. I realized that a parent really appreciates the acceptance of the children by the new partner.” 	<ul style="list-style-type: none"> Rewarding experience to support couples making room for stepchildren Patience in helping stepparents accept stepchildren

Table 4

Results for Dealing with Losses, Loyalties and Change

Theme and Supporting Quotes	Subtheme or Code
<p>Loss of relationships and grieving</p> <ul style="list-style-type: none"> Participant F2AA: “The relation between my dad and his stepdaughter (my half-sister) was difficult... [she] left to live more with her [own] dad... I was 6 at the time and I missed my half-sister but I didn’t like the tension... Me and my other sister... would fight to spend time with her when she would come over.” 	<ul style="list-style-type: none"> Creating safe spaces for communication and loss Feeling conflicted about grieving departed half-sibling because of parent/stepparent conflict Feeling cut-off from children from first marriage because of parental alienation Grieving lack of emotional security in blended family and couple because of active conflict with ex-partner Needing time and space to grieve and communicate about relationship conflicts and losses due to divorce Feeling shame and sadness inside and outside the blended family about lost family relationships
<p>Lack of clarity over roles</p> <ul style="list-style-type: none"> Participant F4B: “I notice that it’s hard for my stepdaughter on Father’s day. [She] has been clear to me that I am not her father nor her stepfather. I consider myself the stepdad but [she] is still figuring this out.” 	<ul style="list-style-type: none"> Balancing rights and duties of children, parents and stepparents Confusion over stepparenting role and personal identity Stepchild’s and stepparent’s differing view of stepparent’s parenting role and identity
<p>Loyalty binds (or conflicts)</p> <ul style="list-style-type: none"> Participant F2A: “My new spouse thought that I was more strict with our children than with my first child... I felt torn between my children.” 	<ul style="list-style-type: none"> Experiencing loyalty conflicts from children siding with ex-partner Losing influence on children because of children’s loyalty conflict and changes from divorce Torn between parenting styles for children from previous union and from current complex blended family

Table 4

Results for Dealing with Losses, Loyalties and Change (Cont.)

Theme and Supporting Quotes	Subtheme or Code
<p>Confusion, and adjustment to change</p> <ul style="list-style-type: none"> • Participant F4A: "...I have no other comparison; it has been a positive shift, although it has also been a loss for me, because of having been a single parent for 7 years; I have shame and pride regarding this." 	<ul style="list-style-type: none"> • Feeling loss of control and lack of confidence • Dealing with much change, too fast • Major adjustment from single parenthood to blended family
<p>Therapists' views as knowledge users</p> <ul style="list-style-type: none"> • Participant F5: "The steps of grieving take time, energy and capacity of adaptation on all parts concerned. A particular blended family I helped was able to overcome the difficulties related to abandoning old patterns which had contributed to the separation. I motivated this family to look forward and to spend their energy to build a new life." 	<ul style="list-style-type: none"> • Supporting blended families adapting to new lifestyle • Helping blended families taking time to grieve • Acknowledging it takes energy to adapt and supporting building capacity to do so • Accompanying blended families in letting go of old patterns which contributed to the previous separation • Aiding blended families in investing in building a new life and experiencing new meanings

Table 5

Results for Managing Dividing Parenting/Stepparenting Tasks

Theme and Supporting Quotes	Subtheme or Code
<p>Stepparent role</p> <ul style="list-style-type: none"> Participant F2A: “The bond between the child and the stepparent is important, otherwise the family can break apart”. Participant F4B: “Would it be best to get out of the way when it’s about [my partner’s] family, and give them space? Do I belong in a parental role?” Participant F2AA mentioned the challenge of their “big half-sister to listen to her stepfather’s instructions or to accept any discipline he would try to establish.” 	<ul style="list-style-type: none"> Importance of stepparent–stepchild bond Lack of time to clarify and establish roles in blended family Stepparents feeling role and parental confusion Choosing to take a helper role as stepparent Stepchild challenging stepparent’s disciplining
<p>Dealing with differences in households</p> <ul style="list-style-type: none"> Participant F5: “The new household tasks are possibly different from the manner [in which] these were accomplished in the former family”. 	<ul style="list-style-type: none"> Helping children adapt to differences in households through flexibility and patience Helping children adjust to a new safe space and family routine Supporting respectful relationships and coping with conflicting demands Acknowledging children must adapt from habits from previous separated family
<p>Coparenting with the stepparent and differences in parenting styles</p> <ul style="list-style-type: none"> Participant F3: “My new spouse would stay invisible to my first children; I had to focus on my first children on my own without her support.” 	<ul style="list-style-type: none"> Finding balance with differing parenting styles and parental inexperience Stepparents may be more rigid with stepchildren than with joint children in complex blended family Stepparents may disengage from stepparenting role Checking with parent before stepparenting Coparenting discussed not in front of children Lack of clarity over what is overstepping and what is not doing enough as a stepparent
<p>Therapists’ views as knowledge users</p> <ul style="list-style-type: none"> Participant F4A appreciated “the complexity of single parenting and the new parent joining in and integrating into the new blended family.” 	<ul style="list-style-type: none"> Supporting blended families in modifying how they raise their children Helping blended families acknowledge strengths and weaknesses Appreciating the complexity of single parenting and integrating a stepparent into a blended family

Table 6

Results for Building a New Family Culture and Addressing Stigma

Theme and Supporting Quotes	Subtheme or Code
Addressing stigma	
<ul style="list-style-type: none"> Participant F2AA mentioned feeling that her half-sibling was not always acknowledged as she "...did not resemble me or my other big sister; and others (including paternal aunts and uncles) did not accept my half-sister as my sister." 	<ul style="list-style-type: none"> Blended families need support from stigma from society, school or family Stigma not experienced by parent Stigma unto stepchild by family unacknowledged by parent Stigma unto child by stepparent, family and neighbors acknowledged by parent
A new family identity	
<ul style="list-style-type: none"> Participant F2A: "It's important to include the other parent (no longer present)". 	<ul style="list-style-type: none"> Importance of addressing stigma with the whole family Giving new meaning with a space to communicate Creating a new family is a family project, including the ex-partner as parent Strengthening family relations through bonding activities that also support the coparents
Building a new family culture	
<ul style="list-style-type: none"> Participant F4A: "I come from a stepfamily and my dad had another daughter. This gave me proof that stepfamilies could work. I am forming a new family culture and I know what I want, I communicate to keep things open." 	<ul style="list-style-type: none"> Changes in family relationships and family traditions Building a new family with a new culture and traditions Trusting the new family culture would emerge
Therapists' views as knowledge users	
<ul style="list-style-type: none"> Participant F4A: "I can recognize the diversity in families and in couples. I can empathize with the experience of children and how a new family disrupts the bubble from the single parent family relationship." 	<ul style="list-style-type: none"> Acknowledging that blended family stigma is hardest on children Empathizing with children's experience from a single parent family into a blended family Recognizing the diversity in families and couples Assessing the original family culture to adapt to the new one

Table 7

Results for Acknowledging Other Parents and Relatives as Still Part of the Family

Theme and Supporting Quotes	Subtheme or Code
Recognizing and accommodating extended family and ex-partner	
<ul style="list-style-type: none"> Participant F4A: “Should I be initiating a relationship with my daughter’s dad and fostering this? Or [should I be] focusing on the new blended family?” 	<ul style="list-style-type: none"> Acknowledging various emotional and relational family bubbles Recognizing there can be collaborative or parallel coparenting between two households Keeping relationships alive with all family members, including a deceased parent Including all family members as part of the family spirituality
Conflicts and unresolved wounds with ex-partner	
<ul style="list-style-type: none"> Participant F2AA: “My half-sister’s father was always kind to me but I wanted to resent him because he took away my half-sister in my mind.” 	<ul style="list-style-type: none"> Disagreements with and jealousy from ex-partner impeding raising children Drawn out high-conflict divorce can hurt new blended family’s development and relationships
Conflicts with new partner regarding ex-partner	
<ul style="list-style-type: none"> Participant F2A: “The conflict between my first child and her stepdad was caused by the tension my child was experiencing with her dad.” 	<ul style="list-style-type: none"> Disagreements with new partner over time spent in conflict with ex-partner Children projecting conflict with other parent (ex-partner) unto stepparent
Absent ex-partner and loss of extended family bonds	
<ul style="list-style-type: none"> Participant F3: “My son from my second union was aware of having other brothers and sisters but he could not see them because of both stepmoms. I consider that my first children have been cut off from their father-child lineage and bond.” 	<ul style="list-style-type: none"> Absent ex-partner parent of blended family child not supporting parent Half-siblings and parent cut-off from children from previous union because of conflict with ex-partner
Therapists’ views as knowledge users	
<ul style="list-style-type: none"> Participant F1: “[It’s about] keeping the deceased alive in daily life, in stories, in the children’s cellular makeup; [and] integrating this on a regular basis to create harmony and balance [to] address loss and loyalty issues for healing over time.” 	<ul style="list-style-type: none"> Children cutting-off from parents who abandoned them Keeping deceased parents alive in everyday life with the children to address loss and create harmony Creating new meanings and ways to connect with family

Targeted Areas of Needs Identified Beyond the Five Specific Needs

In addition to the themes that emerged that were mapped onto the five specific needs from the literature, new targeted areas of needs were further identified by the stakeholders that were not covered by the five needs addressed in the literature (see Table 8): 1- mental health support; 2- family bonding (14 mentions from the user experience interviews); 3- *meaning-making* (which means to “reinststate an overall meaning when it has been lost... transforming one’s beliefs in order to rekindle or build a sense of understanding”; Larrue & Bellehumeur, 2018, p. 256; see also Park, 2013) and spirituality; and 4- communication skills (nine mentions from user experience interviews). Detailed results follow in Table 8.

Research Question: As stakeholders and knowledge users, do the blended family members identify with other important areas of needs than the five specific blended family needs to prevent blended family dissolution?

Table 8

Results for Targeted Areas of Needs Beyond the Five Needs in the Literature

Theme and Supporting Quotes	Subtheme or Code
<p>Mental Health Support</p> <ul style="list-style-type: none"> • Participant F5: “Based on my experience with blended families, the specific target areas for intervention [are] the following: <ul style="list-style-type: none"> - Preventi[ng]...mental health problems such as depression, anxiety, suicidal ideation, drop-outs from school, stigmatization - ...deal[ing] with alcohol and drug abuse - ...[implementing] self-help groups to facilitate the expression of feelings and emotions... - ...[creating] groups dealing with coping with losses, loyalties and changes - ...[encouraging] blended families to seek support from people living similar family situations” 	<ul style="list-style-type: none"> • Blended families can be affected by depression, anxiety, suicidal ideation, dropping out of school, stigmatization, alcohol or drug abuse • Creating support groups can help blended families express their feelings and address their loss • Dealing with challenging feelings such as loss, loneliness and abandonment
<p>Family Bonding</p> <ul style="list-style-type: none"> • Participant F1: “How [do we] address bonds being or not being created, and creating space for this and accept what is?” 	<ul style="list-style-type: none"> • Strengthening attachment and a sense of belonging for the new blended family • How to address attachment issues with an absent parent • How to nurture the dynamic between new siblings in a blended family • How to nurture the stepparent–stepchild relationship • Accepting each family member’s abilities in task distribution • How to create a space for new bonds and addressing the ones not created • Supporting all family members • Creating new family connections

Table 8

Results for Targeted Areas of Needs Beyond the Five Needs in the Literature (Cont.)

Theme and Supporting Quotes	Subtheme or Code
<p>Meaning-Making and Spirituality</p> <ul style="list-style-type: none"> Participant F1: “Keep those relationships alive, make space for external family, all lineages, keep them alive; the deceased mom is still alive through them (her stepchildren): [This is my] spirituality [for my blended family].” 	<ul style="list-style-type: none"> How to find meaning in the process of creating a new blended family How to address the challenge for family members who are less spiritual Communicating clearly in daily life to create meaning for the family and improve well-being, attachment, and resilience Keeping all family lineages alive for the children Developing a new balance, a new sense of identity and hope
<p>Communication Skills</p> <ul style="list-style-type: none"> Participant F5: “[I believe it’s important] to have a space to express feelings following the separation of the parents and [the feelings] related to the formation of a blended family.” 	<p>How to:</p> <ul style="list-style-type: none"> negotiate assigning tasks broach delicate topics have respectful relationships communicate clearly about family rules adapting communication with each child teach effective communication skills create a safe space to express feelings related to the formation of a blended family

Evaluation of the Three Workshops

Stakeholders were presented with a detailed summary of each of the three workshops (Satir, EFFT and REAL). They were asked what their comments were regarding the workshop program for each of the three workshops and as a whole. Detailed results per workshop follow in Table 9. General comments on all three workshops as a whole follow thereafter. Definitions used for these themes were drawn from Watt's (2020) dissertation using the same KTI approach:

Recommendations can be defined as what the families think they need and what would be helpful for achieving these needs as reported by the participants. *Validations* are what the families report are currently meeting their needs or agreeing that the suggestions made for a program would meet their needs as reported by the participants. *Criticisms* can be defined as what is not currently meeting the needs, would be difficult to meet the needs... (p. 54)

Research Question: What was the initial impression of the blended families of the three proposed workshops? What are their suggestions to improve them?

Table 9

Results for Evaluation of Proposed Satir, EFFT and REAL Workshops

Workshop	Validations	Criticisms	Recommendations
Satir	<p>The exercises seemed:</p> <ul style="list-style-type: none"> to help children express themselves and explore their strengths and weaknesses playful and accessible to aid in improving parent–child relationships Participant F4A: “I like the creativity, I find it organic, open, playful, accessible for kids. These exercises help to develop more ease between parents and children and in finding solutions in their daily life and after in setting them up for the good of all.” 	<ul style="list-style-type: none"> Have alternative options with creative expression exercises Challenging to open up emotionally These exercises are just the beginning to help blended families Participant F2A: “...it can take time for a person to open up: These exercises are only the beginning.” 	<ul style="list-style-type: none"> Grounding the children at the start Beginning with couple/coparent activity Conducting emotional activities after a couple strengthening exercise Keep activities light-hearted Facilitator supporting children’s emotional expression Participant F6B: “It’s important to start with the couple as the foundation; how do you decipher what is the truth with what children share (regarding loyalty binds)? [It’s important to] stay[] lighthearted, to appreciate having fun with the kids...”
EFFT	<p>The exercises seemed:</p> <ul style="list-style-type: none"> interesting, simple and easily engaging to encourage honesty, address challenges, and support family cohesion to support the family through deep emotional experiences and body sensations Participant F4A: “I like that [this workshop] deepens emotions around a situation. I like feeling emotion in the body, I find this useful and supportive of each other (family member).” 	<p>The exercises seemed:</p> <ul style="list-style-type: none"> more heavy and prescribed, less fun than the Satir workshop that Day 1 activities focused too much on the couple, not enough on children that exercise 2 was too challenging (express feelings and throw a ball at the same time) Participant F4A: “It seems heavier, more prescribed than with the Satir workshops, less joyful, less playful. It’s more focused on processing emotions.” 	<ul style="list-style-type: none"> Importance of supporting children’s experiences Participant F3: “It’s important to be attentive to what children are really saying and doing.”

Table 9

Results for Evaluation of Proposed Satir, EFFT and REAL Workshops (Cont.)

Workshop	Validations	Criticisms	Recommendations
REAL	<ul style="list-style-type: none"> Exercises seemed to equalize the experience for all family members Exercises seemed effective in improving quality of bonds Exercise 5 was appreciated for teaching to switch moods rapidly and for linking feelings to thoughts, and for the fun of keeping balloons up in the air Participant F2AA: “I really liked the final (5th) workshop activity: It’s great to realize that you can change your mood.” Participant F4B: “I like the exercise with the balloons thrown in the air. I like the connection between feelings and thoughts; it offers new ways as to how to bridge thoughts and feelings regarding a situation: This is validating.” 	<ul style="list-style-type: none"> Exercises were more focused on coparenting and not enough on family relations Exercises may be challenging for teenagers Participant F6B: “This seems less beneficial because it seems more about coparenting.” Participant F1: “I have some hesitancy for teens to do the exercises.” 	<ul style="list-style-type: none"> Lighten the mood if things get too heavy, especially for teens Have both parents and child give their perspective on stigma with exercise 5 Emphasize fun in the couple relationship Strengthen stepchild–stepparent relationship Participant F6B: “[T]he REAL workshop should be more about being a strong couple. ...It’s important to get the fun back in the couple. I feel our couple has a good parent coalition; I need to know that my kids can trust and respect my new partner.”

Overall Evaluation of Proposed Satir, EFFT and REAL Workshops

Validations. Participants commented that the workshops seemed like a rewarding experience, and seemed complete, well organized and helpful. Participant F3 added that “[t]hese workshops can support children to feel unstuck. They can help families appropriate their new family culture without denigrating it.”

Criticisms. One criticism from Participant F1 was that “[d]oing uncomfortable work is challenging; the comfort level may not be there yet. Some of the activities would be challenging to open up to.”

Recommendations. Participant F1 suggested that “[t]here could be an exercise where you’re honouring new beautiful things you are gifting each other in your life... in the family dynamic. ...So honour each’s ability to show up and share. Recognize a child’s strength in the family: It’s healing...” Participant F2A recommended asking how the blended family members applied the tools they had learned during the workshops and in the next few weeks. Participant F3 suggested to follow up later on to see what impact the workshops had on the blended family members.

Manner of Delivery of the Three Workshops

Research Question: What do the blended families think of the manner in which the proposed workshops are meant to be delivered? Do they believe they should be delivered in a live videoconference manner or in a pre-recorded format or do they have other suggestions?

Live Workshops. Stakeholders mentioned that live workshops were “fundamental” (Participant F2A) and could be “more fun [and] ...interactive” (Participant F6B). Additionally, a live and “neutral facilitator... [could] guide and help the family if there [we]re conflicts or if

difficult feelings” arose (Participant F2AA). The facilitator could also deepen exercises to keep the blended family “on track... [and] more engaged and accountable” (Participant F4A).

Pre-Recorded Segments. Participant F1 suggested doing pre-recorded segments as a manner to best engage teenagers: “kids (i.e., teens) would open more”.

KTI Criteria

Findings from the four KTI research questions follow below in Tables 10–13.

Credibility. Research Question: Are the proposed workshops perceived as credible by the stakeholders? Do they appear to do what they propose to do? Do they match the needs and the outcomes proposed in the logic model (i.e., face validity)?

Acceptability. Research Question: Presuming that the workshops are perceived as credible, are the workshop activities perceived as acceptable or a good fit for the blended families? Do these families suggest potential changes?

Feasibility. Research Question: Do the workshops appear to be easy to participate in for the blended families from a time and resource perspective?

Sustainability. Research Question: How easy would it be to apply the activities in the blended families’ own lives? What are their suggestions to enhance the longevity of the workshop program outcomes as well as the administration of the workshop program?

Table 10

Results for KTI Criteria for User Experience Interviews: Credibility

Validations	Criticisms	Recommendations
<ul style="list-style-type: none"> Exercises seemed to encourage dialogue and finding solutions Family members are feeling heard and having fun Family members can move forward if all are engaged Tools to support families feeling success, staying together and enhance quality of lives Participant F2AA: “These workshops show that [blended family members] can talk to each other and find solutions; that they can be heard and have fun. This can be a vision of the future for the family if everyone puts in the effort.” 	<ul style="list-style-type: none"> Family members may not always be open to hearing issues Challenging to do exercises for some Family members must be engaged in exercises and long term These exercises are only the starting point Teenagers may not want to engage Participant F2A: “The workshops can help; they presuppose that the family is already committed at the start. And that they will remain committed in the long-term.” 	<ul style="list-style-type: none"> Emphasize families can have fun even when there are issues Include the families’ challenges and make plan for concrete resolution Have tools to foster new healthy family dynamics Focus on the importance of family Participant F2AA: “We can have fun as a family; this can be a message for the kids even if things aren’t always going well at home.” Participant F1: “[Important things to keep in mind are:] Showing tools to establish the new dynamics; recogniz[ing] family skills to work on; recogniz[ing] that family is important to all”.

Table 11

Results for KTI Criteria for User Experience Interviews: Acceptability

Validations	Criticisms	Recommendations
<ul style="list-style-type: none"> • All aspects of workshops seemed acceptable and appropriate • Participant F5: “All aspects of the workshops are very acceptable and very appropriate. I’m totally satisfied with the proposed workshops.” 	<ul style="list-style-type: none"> • Some exercises more playful than others • Some exercises may be too introspective • In person workshop would be better than online • Participant F2A: “Certain exercises are less playful than others. Some exercises are more introspective or more explosive—less playful.” 	<ul style="list-style-type: none"> • Emphasize couple bonding in REAL workshop • Stay flexible with exercises: deepen or be more supportive with parents with their children • Add a few more exercises: deepen or be more supportive with parents with their children • Participant F6B: “[Regarding the REAL workshop, i]t would be more acceptable if it were more about couple bonding; it probably would have been more appropriate at the beginning of the[... couple’s] relationship.” • Participant F2A: “Instead of touching upon the five needs(/themes), decompose the workshop with one theme broken up into various specific exercises to reinforce the theme.”

Table 12

Results for KTI Criteria for User Experience Interviews: Feasibility

Validations	Criticisms	Recommendations
<ul style="list-style-type: none"> • Exercises appeared doable, as long as children’s attention is engaged • Two-session offer is ideal to help with processing between sessions • Participant F4A: “Yes. They seem easy to attend, to participate in, and to deliver. ...It’s good that the program is offered over two days; it’s less overwhelming, there’s more time to process between both days.” 	<ul style="list-style-type: none"> • Challenging to attract and engage teens • EFFT workshop may be less accessible than the two others • Participant F1: “Yes; it’s trickier to talk teens into going to these workshops.” • Participant F4A: “I believe that some of the workshops are harder than others, depending on different people. ...It’s pretty accessible: Satir and REAL workshops are more accessible. I find they are more creative and playful, which makes them more accessible.” 	<ul style="list-style-type: none"> • More focus on couple bonding and on stepparent–stepchild attachment • Engage children with fun activities • Separate creative and interactive activities for teens and adding the rest of the family at the end • Making these workshops accessible across Canada • Recruit in stepmom groups • Participant F1: “How to make teens engage? Do teens and parents separately. Then combine them together at the end of the day in the workshop or another time. Or engage them in a social media forum. Or [with] workshops through art and dance for the teens: Give them more freedom.”

Table 13

Results for KTI Criteria for User Experience Interviews: Sustainability

Validations	Criticisms	Recommendations
<ul style="list-style-type: none"> • Of interest to all families • Support blended family development, everyday thriving • Participant F4A: “Yes,... these are common struggles; this program brings awareness to blended families” • Participant F2AA: “...even if the families only practice two workshops (exercises) and apply what they have learned as often as possible, they would function better in their everyday life”. 	<ul style="list-style-type: none"> • Families must recognize their struggles for the workshop to be effective • Focus on the couple in case children cannot engage because of ex-partner • These exercises were only the tip of the iceberg • Participant F6A: “How are the workshops applicable in addressing the five needs? Blended families are complex, this is the tip of the iceberg.” 	<ul style="list-style-type: none"> • Dispense workshop on a longer period for optimal integration • Useful during early family blending • Have tools focus on emotional well-being, dialogue, healing, and resilience for parents • Share results of pilot-study with agencies, schools, social workers, and therapists • Participant F3: “It requires long-term maintenance. This program should be available over time, so it could be redone one year later, for example.” • Participant F5: “Yes. It would be important to continue the workshops for a longer period of time if possible.”

Recommendations Specific to Training Facilitators

Stakeholders recommended that facilitators communicate a framework to the blended families as a guideline to best encompass complex issues (Participant F3): “It would be important to train the facilitator to give a basic framework to the workshops for the family, as blended families are dealing with serious and complex problems.” Further, Participants F5, F6A, and F6B proposed that it would be ideal if facilitators were themselves part of a blended family. Participants F1, F2A, F4A and F4B all mentioned that the facilitator must be well-trained and experienced in family and group dynamics as well as with children.

Workshop Revisions from User Experience Interviewees’ Feedback

The Satir, EFFT and REAL workshops were modified collaboratively with the stakeholders in the following ways:

- Ensured that the first exercise in the REAL workshop is more couples-based to strengthen the couples’ bonding experience.
- Supported couple bonding more strongly in all three workshops.
- Reinforced playfulness and creativity in all three workshops.
- Improved support for participants challenged with expressing deeper needs in all three workshops.
- Highlighted the four new targeted areas of needs identified by the stakeholders in all three workshops beyond the five specific needs.
- Increased assistance to the parents with guiding their children in expressing their feelings and needs in all three workshops.

Study 2: Results from the Psychoeducational Workshops

Results for Study 2 will be presented as such:

- results from the pre-workshop/post-workshop qualitative credibility question
- results from the pre-workshop/post-workshop quantitative research questions, broken down into four parts:
 - associations
 - changes from pre-test to post-test
 - differences between the three workshops
 - alliance
- results from the post-workshop KTI criteria questions from the Quantitative and Qualitative Satisfaction Questionnaire

Pre-Workshop/Post-Workshop Qualitative Credibility Question

For the qualitative results, participants' names were replaced by codes. Family units were numbered from 1 to 9. A letter after the number differentiated each family member. The letter A identified the primary adult respondent in the family unit. The letter B identified the secondary adult respondent. The second letter afterwards identified the child whose letter matched the parent of origin's letter. Details comparing results from the qualitative credibility question pre-workshop/post-workshop are reported in Table 14.

Pre-Workshop Qualitative Credibility Research Question. With the list of the specific needs of blended families as identified by experts and families (i.e., 1- maintaining a solid couple bond and parent coalition; 2- dealing with struggles with losses, loyalties and change; 3- managing dividing parenting/stepparenting tasks; 4- building a new family culture and addressing stigma; and 5- acknowledging other parents and relatives as still part of the family; Bonnell & Papernow, 2019; Ganong & Coleman, 2004, 2017; Papernow, 2018, 2023; Visher &

Visher, 1996), do you believe that the workshop you are about to attend will satisfy these needs? Yes? No? Please explain why.

Post-Workshop Qualitative Credibility Research Question. With the list of the specific needs of blended families as identified by experts and families, do you believe that the workshop you attended satisfied these needs? Yes? No? Please explain why.

Table 14

Results from the Pre-Workshop/Post-Workshop Qualitative Credibility Question

Validations	Criticisms
Pre-Workshop	
<ul style="list-style-type: none"> • Blended families wanting support on the five specific needs as they were unrecognized and unfulfilled • Couples struggling to keep a bond • Needing support with strengthening couple and step/parent–child bonding • Addressing the five specific needs may open communication in the blended family • Needing help with becoming a better coparent • Family Member 1A: “Yes, learning to better coparent and parent stepchildren is important to me.” • Family Member 8A: “Yes, anything to do with attachment would help with bonding between the couple and also with the family.” 	<ul style="list-style-type: none"> • Wanting specific support for New Canadian blended families: Are there specific needs for them? • Family Member 6B: “Yes. The needs are correctly identified. Perhaps what would be interesting in the future ‘needs’ is to look at the aspect of new Canadians: I guess it could be an extension of the culture part.”
Post-Workshop	
<ul style="list-style-type: none"> • Workshop addressed many layers of complexity of blended families • Workshop was overall helpful • Workshop eye-opening in acknowledging the many years it takes to establish a blended family • Workshop provided emotional literacy • Workshop was helpful in improving empathy, expressing feelings, communicating and teaching new ways to address emotions • Appreciation of learning the importance of couple bonding, building new family culture and including external family members and related techniques • Appreciation of exercise of drawing one’s family to notice external family members • Family Member 5A: “This workshop was great with providing emotional literacy—encouraging people to feel their feelings, work to understand them, communicate them, and listen to another’s experience and then respond at an experiential level in an empathic way. I would think this would meet the needs of ANY family—including blended families.” • Family Member 9A: “Yes. We learned the importance and some techniques on how to maintain a solid couple bond, build a new family culture, and acknowledge other parents as part of the family.” 	<ul style="list-style-type: none"> • Workshop was too short • Workshop is only effective if blended family members were conscious and committed • Needs 3- managing dividing parenting/stepparenting tasks (exercise 3); 4- building a new family culture and addressing stigma (exercise 4); and 5- acknowledging other parents and relatives as still part of the family (exercise 5); were not addressed • Family Member 2A: “Number 3 (managing dividing parenting/stepparenting tasks) was not addressed or made clear. I am not sure about addressing stigma (building a new family culture and addressing stigma). This was not applicable to us. Number 5 (acknowledging other parents and relatives as still part of the family) was not discussed.”

Pre-Workshop/Post-Workshop Quantitative Research Questions

Procedure of the Quantitative Analysis. SPSS 28.0 was used to conduct all analyses. As previously noted, data screening and cleaning, assessing normality and outliers, and assumptions testing were conducted first in the quantitative analysis. Pearson correlations were then used to test hypothesis 1: there would be positive associations between the four variables of meaning, well-being, attachment, and resilience. Paired samples *t*-tests were also conducted to test hypothesis 2: the workshop groups would appear to improve the four variables from pre-test to post-test. An ANOVA test and a follow-up paired samples *t*-tests were used to test hypothesis 3: there would be differences between the three groups in improvement from pre-test to post-test in terms of the four variables. An ANCOVA test was finally conducted to test hypothesis 4: the four variables of meaning, well-being, attachment, and resilience would significantly improve from pre-test to post-test after controlling for alliance.

Also as noted, the final sample of $n = 23$ was used, after calculating attrition and conducting mean imputation. To prevent Type II statistical errors due to potentially attenuated correlations with non-transformed variables, a critical alpha level (α) for analyses was set at .05 and only large effect sizes were detected. Table 15 presents skewness and kurtosis for pre-test and post-test results. As shown in the tables, all variables approximated normality. Descriptive statistics (means and standard deviations) for the sample ($n = 23$) are integrated in Table 17.

Table 15*Skewness and Kurtosis of Total Scores of Measures (Pre-Test/Post-Test)*

Total Score	<i>SK</i>	<i>SE</i>	<i>KR</i>	<i>SE</i>
DAS Pre	-1.53	0.54	3.47	1.04
DAS Post	-0.65	0.55	-0.13	1.06
FRC Pre	-0.34	0.47	-0.72	0.92
FRC Post	-0.39	0.49	-0.57	0.95
PWS Pre	1.42	0.47	0.39	0.92
PWS Post	-0.02	0.49	-1.06	0.95
ISA-A Pre	1.04	0.47	0.80	0.92
ISA-A Post	0.58	0.49	0.14	0.95
ISA-AC Pre	0.68	0.54	-0.41	1.04
ISA-AC Post	0.10	0.55	-0.75	1.06
AIMS Pre	0.87	0.47	-0.52	0.92
AIMS Post	-9.82	0.49	0.32	0.95
WFRQ Pre	-0.45	0.47	-0.85	0.92
WFRQ Post	-0.19	0.49	-0.05	0.95
SOFTA Cli Post	0.72	0.51	1.60	0.99
SOFTATher Post	-0.27	0.50	-0.85	0.97

Note. $n = 23$. DAS = Dyadic Adjustment Scale (couple satisfaction/resilience); FRC = Family Relations and Cohesion (attachment); PWS = Psychological Well-Being Scale (well-being); ISA-A = Interactive Symptom Assessment [mental health (well-being); i.e., mental illness symptoms—includes children's, teens', adult children's and adult scores]; ISA-AC = Interactive Symptom Assessment [mental health (well-being); parents' and stepparents' view of their child/ren's mental illness symptoms]; AIMS = Adult Identity and Meaning Scale (meaning—includes children's CHIP measure); WFRQ = Walsh Family Resilience Questionnaire (family resilience); SOFTA Cli = System for Observing Family Therapy Alliances (alliance—participants' perspective); SOFTA Ther = System for Observing Family Therapy Alliances (alliance—facilitator's perspective). Measures are presented in pairs: The first line is pre-test and the second line is post-test. The SOFTA measure only presents post results.

Assumptions Testing

Parametric statistics were used for all statistical testing below, as assumptions were met for most analyses. Additionally, non-parametric statistics were run to support the use of parametric statistics, and results were nearly identical. The primary risk of non-parametric statistics is a significant lowered statistical power (Politi et al., 2021), making it challenging to

detect a true relationship between variables. This could potentially lead to a Type II error where a real effect is missed due to the limited data points (Dancey & Reidy, 2016). Parametric statistics with a small sample size are therefore preferred and were used, if assumptions of normality and other test-specific assumptions are met: These statistics are better at detecting subtle relationships (Politi et al., 2021). The assumptions testing and its limitations are presented below.

Associations. Before conducting the Pearson correlations, the following assumptions were met: The measures were normal and there was no evidence of non-linear relationships between the four conceptual variables of meaning, well-being, attachment, and resilience (Field, 2000/2018).

Changes from Pre-Test to Post-Test. Paired samples *t*-tests were used to examine changes from pre-test to post-test on each of the four variables of meaning, well-being, attachment, and resilience assessed by the eight measures. The primary *t*-test assumption of homogeneity of variances appeared to be violated for the meaning measure as the pre-test and post-test variances scores were considerably unequal. SPSS does not provide an adjustment for the paired samples *t*-tests for the homogeneity of variances so the unadjusted *t*-test is presented (see Table 15). The paired sample *t*-tests scores were still deemed of value to examine changes from pre-test to post-test but the results are interpreted with caution. A non-parametric analysis using a Wilcoxon test was also conducted to verify the results of the parametric testing for the paired samples *t*-test for the meaning variable (see further below) because of the violation of the homogeneity of variances (Dancey & Reidy, 2016).

Differences Between the Three Workshops. Before performing the ANOVA test to compare outcomes between the three workshop groups, the assumptions for normal distribution

with homogeneity of variances and independence of data were met (The Pennsylvania State University, 2024). Variances across the three workshop groups were roughly equal. For all tests (i.e., time and interaction), the Sphericity assumption was met for the ANOVA test (Dancey & Reidy, 2016).

The homogeneity of variances appeared to be met for the paired samples *t*-tests used to follow up on the ANOVA test. Assumptions were thus met for both the ANOVA test and the paired samples *t*-tests to compare workshop groups. Therefore, these parametric tests were chosen over a non-parametric test, since assumptions were met, as they would be more sensitive to detecting smaller effects.

Alliance. The ANCOVA test examined if differences from pre-test to post-test remained significant while controlling for alliance. The assumption of homogeneity of regression of slopes was tested (Field, 2000/2018). The interaction between the alliance covariate and the pre-test/post-test factor was not significant, indicating that the assumption was met.

Results from the Quantitative Analysis

Associations. Research Question: Are the variables meaning, well-being, attachment, and resilience associated?

When performing the Pearson correlations to test for associations, the mental health (ISA-A and ISA-C) and meaning (AIMS and CHIP) scores from all groups' (adults, teens, and children) test surveys were amalgamated together in pre-test and post-test scores under ISA-A and AIMS scores, respectively. Effect sizes were large at $r \geq .45$. Significant findings are reported hereafter. However, interpretations are cautious, given the small sample size.

At pre-test, couple satisfaction (or couple resilience) related to fewer mental illness symptoms, reduced parent perceptions of children's mental illness, less meaning, and greater

family resilience. At post-test, couple satisfaction was related to greater meaning. Stronger quality of family relations (or attachment) at pre-test related to stronger quality of family relations at post-test.

At pre-test and post-test, greater quality of family relations related to greater family resilience. At pre-test, greater family resilience related to lower mental illness symptoms. Greater parent perceptions of children's mental illness symptoms at pre-test related to worse quality of family relations at pre-test. At pre-test, parent perceptions of low children's mental illness symptoms related to better quality of family relations. In pre-test, greater psychological well-being related to greater psychological well-being in post-test. Greater meaning at pre-test was related to greater psychological well-being at pre-test and post-test. Greater meaning at post-test was also related to greater family resilience.

Further, greater meaning at post-test was also related to fewer mental illness symptoms. At pre-test, parents' perception of greater children's mental illness symptoms was linked to greater meaning. To be noted that this result seems anomalous: As this is a small sample, there is a greater possibility of anomalous results. Also, participants with more mental illness symptoms perceived that their children had more mental illness symptoms at both pre-test and post-test.

At post-test, alliance related to higher family resilience. The facilitator's alliance at post-test related to greater couple satisfaction (or resilience) and to participants' perception of fewer mental illness symptoms. The detailed results of the Pearson correlations are presented in Table 16.

Table 16

Pearson Correlations of Total Scores of Measures (Pre-Test/Post-Test)

Measure	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. DAS Pre	–														
2. DAS Post	.01	–													
3. FRC Pre	.19	-.20	–												
4. FRC Post	-.07	-.03	.56**	–											
5. PWS Pre	.07	.34	.03	.20	–										
6. PWS Post	.03	.38	-.21	.16	.71**	–									
7. ISA-A Pre	-.67**	.23	-.32	-.14	-.35	.13	–								
8. ISA-A Post	-.14	-.21	.03	-.14	.08	-.04	.10	–							
9. ISA-AC Pre	-.63**	.35	-.50*	-.53*	.19	.01	.57*	.09	–						
10. ISA-AC Post	.05	-.33	-.11	-.42	.18	-.14	.03	.55*	.08	–					
11. AIMS Pre	-.63**	.23	-.05	.04	.84**	.64**	.07	.16	.80**	.16	–				
12. AIMS Post	-.14	.54*	-.09	.19	.09	-.02	-.20	-.53*	.43	-.44	.02	–			
13. WFRQ Pre	.67**	-.30	.72**	.38	.30	-.04	-.75**	.02	-.80**	.02	-.05	-.13	–		
14. WFRQ Post	.001	.26	.50*	.67**	.06	-.12	-.18	-.21	-.19	-.25	-.06	.53*	.34	–	
15. SOFTA Cli Post	-.01	.47	.25	.38	.27	.12	-.17	.12	.02	-.05	.24	.19	.17	.62**	–
16. SOFTA Ther Post	.49*	.08	-.37	-.33	-.05	.02	-.45*	.09	-.25	.37	-.33	-.21	.19	-.27	.05

Note. $n = 23$. * $p < .05$. ** $p < .01$.

Changes from Pre-Test to Post-Test. Research Question: For all three workshops, do the variables of meaning, well-being, attachment, and resilience improve from pre-test to post-test?

Paired samples *t*-tests were used to examine improvements from pre-test to post-test for the four variables. Table 17 shows significant improvement for meaning and psychological well-being only. For these two significant results, the effect size was large ($d > 1.00$). As the meaning measure demonstrated a violation of the homogeneity of variances assumption, an additional test used the non-parametric Wilcoxon test to clarify findings. This test revealed increased meaning from pre-test to post-test, $W = 3.914, p < .001$, suggesting that both procedures (i.e., parametric and non-parametric) provide consistent results. Results are to be received with caution due to the small sample size.

Table 17

Paired Samples t-Tests of Total Scores of Measures (Pre-Test/Post-Test)

Pair	Total Score	<i>M</i>	<i>SD</i>	<i>SEM</i>	Paired <i>t</i> -test			
					<i>t</i>	<i>df</i>	<i>p</i>	<i>d</i>
1	DAS Pre	111.35	12.15	2.95	-0.45	16	.66	-0.11
	DAS Post	113.29	12.97	3.15				
2	FRC Pre	18.64	2.85	0.61	-1.56	21	.14	-0.33
	FRC Post	19.55	2.99	0.64				
3	PWS Pre	70.64	18.74	3.99	-7.11	21	<.001*	-1.52
	PWS Post	90.60	12.82	2.73				
4	ISA-A Pre	25.64	15.19	3.24	1.47	21	.16	0.31
	ISA-A Post	19.73	12.89	2.75				
5	ISA-AC Pre	27.18	18.57	4.50	0.48	16	.64	0.12
	ISA-AC Post	24.41	16.19	3.93				
6	AIMS Pre	34.68	33.83	7.21	-7.83	21	<.001*	-1.67
	AIMS Post	93.82	11.33	2.42				
7	FRQ Pre	126.27	21.77	4.64	-1.29	21	.21	-0.28
	FRQ Post	132.27	14.87	3.17				

Note. $n = 23$. * $p < .05$.

Differences Between the Three Workshops. Research Question: Are there differences in the pre-test and post-test outcomes between the three workshop types (Satir, EFFT and REAL) and does one workshop have more potential regarding initial outcomes?

ANOVA Test: Differences Between the Three Workshops. A 3 x 2 mixed model ANOVA test compared outcomes between the three workshop groups. The significant changes were that only meaning and psychological well-being measures improved overall. This relationship was previously discussed in relation to the paired *t*-tests. The only other statistically significant relationship was the interaction between time (pre-test/post-test) and workshop group overall regarding the parental perception of their children's mental illness symptoms. This represented an increase in perception of mental illness for the Satir workshop group compared to the EFFT and REAL workshop group mental illness symptoms scores, which were non-significant (see Figure 2 and Table 19).

The detailed results for the ANOVA test are presented in Table 18. When results were statistically significant, the effect sizes were large ($\eta^2 > .14$). As noted, these results are to be viewed with caution due to the small sample size.

Table 18*ANOVA Test with Workshop Group Total Scores of Measures (Pre-Test/Post-Test)*

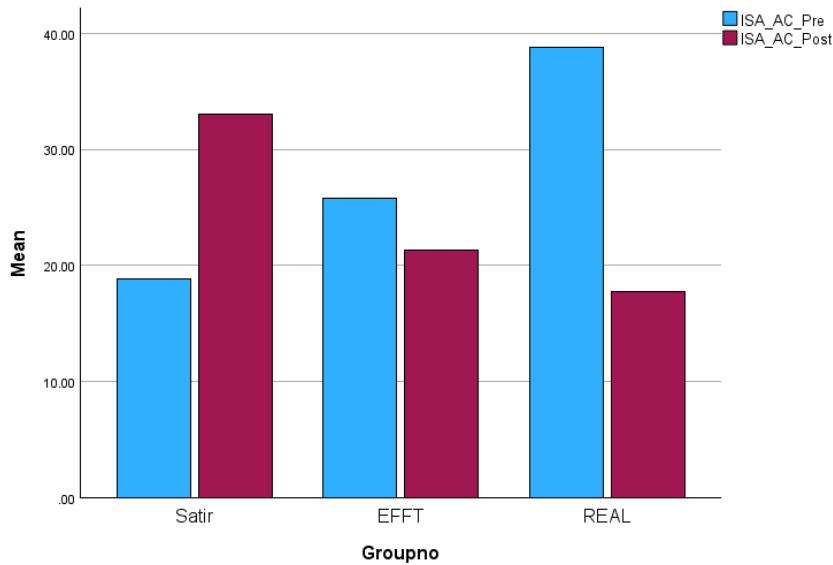
Measure	Effect	<i>F</i>	<i>df</i>	<i>p</i>	ηp^2
DAS	Pre-Post	0.24	1, 14	.634	.017
	Group	0.05	2, 14	.953	.007
	Pre-Post*Group	0.31	2, 14	.742	.042
FRC	Pre-Post	2.08	1, 19	.166	.099
	Group	0.01	2, 19	.995	.001
	Pre-Post*Group	1.64	2, 19	.220	.147
PWS	Pre-Post	56.45	1, 19	<.001*	.748
	Group	1.26	2, 19	.308	.117
	Pre-Post*Group	1.77	2, 19	.197	.157
ISA-A	Pre-Post	2.61	1, 19	.123	.121
	Group	0.28	2, 19	.756	.029
	Pre-Post*Group	0.54	2, 19	.590	.054
ISA-AC	Pre-Post	0.61	1, 14	.450	.041
	Group	0.17	2, 14	.848	.023
	Pre-Post*Group	4.27	2, 14	.036*	.378
AIMS	Pre-Post	63.63	1, 19	<.001*	.770
	Group	1.85	2, 19	.184	.163
	Pre-Post*Group	1.37	2, 19	.278	.126
WFRQ	Pre-Post	1.86	1, 19	.189	.089
	Group	2.72	2, 19	.092	.222
	Pre-Post*Group	0.49	2, 19	.621	.049

Note. $n = 23$. * $p < .05$.

Figure 2 below demonstrates the interaction between the three groups from pre-test to post-test. Higher scores represent more mental illness symptoms, while lower scores represent better mental health. To be noted that only the Satir mean score is significant. However, these results must be interpreted with caution due to the small sample size.

Figure 2

Workshop Group Interactions for Parents' View of Children's Mental Illness Symptoms—ISA-AC Measure (Pre-Test/Post-Test)



Paired Samples t-Tests: Differences Between the Three Workshops. Further, paired samples t-tests were conducted, split by type of workshop for the Satir, the EFFT, and the REAL workshops. This allowed to specifically see significant changes from pre-test to post-test among the three workshops. As shown in Table 19, meaning and psychological well-being scores improved for all three workshops. Parents' perception of children's mental illness symptoms increased only for the Satir workshop. All effect sizes were large ($d > 1.00$). All interpretation of results are to be perceived with caution due to the small sample size.

Table 19

Paired Samples t-Tests by Workshop Type of Total Scores of Measures (Pre-Test/Post-Test)

Group	Pair	Total Score	M	SD	SEM	Paired t-test			
						t	df	p	d
Satir (1)	1	DAS Pre	112.00	10.86	4.34	-0.67	5	.53	-0.27
		DAS Post	114.17	14.74	6.02				
	2	FRC Pre	19.70	1.57	0.50	-1.11	9	.30	-0.35
		FRC Post	20.60	2.12	0.67				
	3	PWS Pre	77.60	22.41	7.09	-3.35	9	.01*	-1.06
		PWS Post	93.10	15.47	4.89				
	4	ISA-A Pre	25.40	12.94	4.09	0.31	9	.76	0.10
		ISA-A Post	23.70	14.59	4.61				
	5	ISA-AC Pre	18.83	7.70	3.15	-3.00	5	.03*	-1.21
		ISA-AC Post	33.00	17.50	7.15				
	6	AIMS Pre	42.30	39.85	12.60	-3.72	9	<.001*	-1.18
		AIMS Post	93.30	11.21	3.54				
	7	FRQ Pre	135.50	12.77	4.04	-0.79	9	.45	-0.25
		FRQ Post	138.00	12.39	3.92				
EFFT (2)	1	DAS Pre	113.50	4.18	1.71	0.41	5	.70	0.17
		DAS Post	111.33	13.74	5.61				
	2	FRC Pre	17.83	3.37	1.38	-0.53	5	.62	-0.22
		FRC Post	18.67	3.20	1.31				
	3	PWS Pre	59.67	5.35	2.19	-11.04	5	<.001*	-4.51
		PWS Post	87.50	9.69	3.96				
	4	ISA-A Pre	26.67	15.47	6.32	1.45	5	.21	0.59
		ISA-A Post	14.67	6.95	2.84				
	5	ISA-AC Pre	25.83	18.44	7.53	0.57	5	.59	0.23
		ISA-AC Post	21.33	12.82	5.23				
	6	AIMS Pre	13.17	6.82	2.79	-12.72	5	<.001*	-5.19
		AIMS Post	92.33	14.60	5.96				
	7	FRQ Pre	124.67	21.60	8.82	-0.27	5	.80	-0.11
		FRQ Post	128.00	19.33	7.89				
REAL (3)	1	DAS Pre	108.00	20.00	8.94	-0.49	4	.65	-0.22
		DAS Post	114.60	12.50	5.60				
	2	FRC Pre	17.67	3.78	1.54	-1.12	5	.31	-0.46
		FRC Post	18.67	3.88	1.58				
	3	PWS Pre	70.00	17.32	7.07	-3.47	5	.02*	-1.42
		PWS Post	89.50	11.81	4.82				
	4	ISA-A Pre	25.00	20.66	8.43	0.78	5	.47	0.32
		ISA-A Post	18.17	14.19	5.79				
	5	ISA-AC Pre	38.80	24.57	10.99	1.71	4	.16	0.76
		ISA-AC Post	17.80	16.77	7.50				
	6	AIMS Pre	43.50	33.73	13.77	-4.11	5	.01*	-1.68
		AIMS Post	96.17	9.50	3.88				
	7	FRQ Pre	113.33	29.57	12.07	-1.25	5	.27	-0.51
		FRQ Post	127.00	12.57	5.13				

Note. n = 10 for Satir; n = 6 for EFFT; n = 7 for REAL. *p < .05.

Alliance. Research Question: If the meaning, well-being, attachment, and resilience variables significantly changed from pre-test to post-test, did alliance account for this change?

An ANCOVA test was used to assess if alliance accounted for the changes from pre-test to post-test. Findings for the alliance as a covariate were not significant. Following the addition of alliance as a covariate, the previously significant effects for meaning and psychological well-being were reduced to non-significance making findings less conclusive (see details in Table 20). However, interpretations are cautious, due to the small sample size. As the same facilitator ran all three groups, alliance was not assessed as accounting for differences between workshop types.

Table 20

ANCOVA Test with Alliance (SOFTA Measure) for Total Scores of Measures (Pre-Test/Post-Test)

Measure	Effect	<i>F</i>	<i>df</i>	<i>p</i>	η^2
DAS	Pre-Post	1.95	1, 15	.183	.115
	Alliance	0.05	1, 15	.165	.124
FRC	Pre-Post	0.27	1, 18	.608	.015
	Alliance	2.57	1, 18	.127	.125
PWS	Pre-Post	3.26	1, 18	.088	.153
	Alliance	0.96	1, 18	.342	.050
ISA-A	Pre-Post	1.17	1, 18	.293	.061
	Alliance	0.08	1, 18	.778	.005
ISA-AC	Pre-Post	0.02	1, 15	.899	.001
	Alliance	0.00	1, 15	.948	.000
AIMS	Pre-Post	2.87	1, 18	.107	.138
	Alliance	1.61	1, 18	.222	.082
WFRQ	Pre-Post	0.90	1, 18	.356	.047
	Alliance	3.79	1, 18	.067	.174

Note. $n = 23$. $p < .05$.

Post-Workshop KTI Criteria Questions**Quantitative Satisfaction Questionnaire.**

Credibility. Research Question: To what degree did the workshop program meet your family's needs? Please use the slider to indicate how much it did, from a scale of 1 (*not at all*) to 5 (*very much*).

From the 17 adults' responses to this question, the average was 4 out of 5. The answers of the four children and youth also averaged 4 out of 5. The total average of the 21 respondents was therefore 4 out of 5, meaning that participants *mostly* found the program met their family's needs.

Feasibility. Research Question: How easy were the workshop tools to use in your household? Please use the slider to indicate how easy they were, from a scale of 1 (not easy at all) to 5 (extremely easy).

From the 17 adults' replies to this question, the average was 3 out of 5. The answers of the four children and youth also averaged 3 out of 5. The total average of the 21 respondents was therefore 3 out of 5, meaning that participants rated the workshop tools as *somewhat* easy to use.

Sustainability. Research Question: To what degree do you think that you're going to use the strategies you learned in your household over the longer term? Please use the slider to indicate how much, from a scale of 1 (not at all) to 5 (all the time).

From the 17 adults' answers, the average was 4 out of 5. The answers of the four children and youth averaged 3 out of 5. The total average of the 21 respondents was therefore 4 out of 5, meaning that participants *mostly* considered they would use the strategies over the long term.

Qualitative Satisfaction Questionnaire. To complete the Quantitative and Qualitative Satisfaction Questionnaire, the participants answered in written form three of the four KTI

criteria: acceptability, feasibility, and sustainability. The first criterion of credibility was addressed above with the Pre-Workshop/Post-Workshop Credibility Research Questions, and the Quantitative Satisfaction Questionnaire. The participants' responses were transcribed as is, with only minimal spelling and grammar corrected. They were reviewed and assessed by three knowledge users who were mental health practitioners (the lead researcher, one research assistant and the thesis supervisor). After triangulation of agreement between these knowledge users with the thesis supervisor acting as member checker, the thematic analysis was broken down into the themes of acceptability, feasibility, and sustainability. The facilitator's answers to the same questions can be found at the end in Appendix P and are beyond the scope of this present study, except for those on sustainability and training, which are presented in Tables 21–24.

Acceptability. Research Question: What did you like about the workshops? What do you suggest changing? Please explain.

Feasibility. Research Question: Is there anything you suggest that would make the workshop tools easier to use?

Sustainability Question on Spirituality and a Sense of Meaning. Research Question: Do you believe that spirituality or developing a sense of meaning has helped your blended family since having participated with the workshops? Please explain.

Sustainability Question on Facilitation Training (Facilitator Only). Research Question: Do you believe there should be training for other facilitators to conduct these workshops for other blended families? Please explain.

Table 21

Results for KTI Criteria for Qualitative Satisfaction Questionnaire: Acceptability

Validations	Criticisms	Recommendations
Exercises:		
<ul style="list-style-type: none"> • were tactile, appropriate for all and fun • were experiential, interactive, practical and useful • created a space for dialogue through activities • were eye-opening for parent-teen relations 	<ul style="list-style-type: none"> • Exercises could be more customized per family’s needs • Instructions could be more clear • Unclear on how this was helpful for blended families 	<ul style="list-style-type: none"> • Exercises should tend equally to adult children’s and younger children’s needs • Prolong the workshop
<ul style="list-style-type: none"> • Family Member 3A: “I liked how creative the exercises were, involving tactile materials - this was age appropriate for all. I also liked how the themes were woven into each exercise and the way content was elicited was fun.” • Family Member 8B: “ I really enjoyed talking about how difficult blended families is for teenagers. It has opened my eyes to dealing with situations that I am having with my teenager son the workshop was such a great resource and would not change anything.” 	<ul style="list-style-type: none"> • Family Member 1B: “It is still unclear to me how this helps with blended family challenges.” • Family Member 2A: “I would have liked for the therapist to get to know a bit more about our individual needs.” • Family Member 3B: “Sometimes the process was not clear, but Zoom makes everything harder.” 	<ul style="list-style-type: none"> • Family Member 8A: “It would be great if there were more workshops.” • Family Member 6A: “The survey questions may need to be reviewed to represent views of the participants. For example, some of the questions did not apply to me. It may also be good to include questions that represent adult children.”

Table 22

Results for KTI Criteria for Qualitative Satisfaction Questionnaire: Feasibility

Validations	Criticisms	Recommendations
<ul style="list-style-type: none"> • Tools seemed to work well and easy to use online • Workshop effective online and probably even more effective in person 	<ul style="list-style-type: none"> • Some steps were confusing to follow 	<ul style="list-style-type: none"> • Clearer instructions • Conduct workshops in person • Add possibility for families to propose issues anonymously to diminish defensiveness
<ul style="list-style-type: none"> • Family Member 6B: “Nothing I can think of as it was already easy to use!” • Family Member 8B: “I would not change anything, the workshop was designed in a way that made it easy for us to use tools during the session.” 	<ul style="list-style-type: none"> • Family Member 3A: “[S]ome of the instructions being clearer might help.” • Family Member 3B: “[W]e sometimes were a bit confused with the steps”. 	<ul style="list-style-type: none"> • Family Member 1A: “Perhaps also including a method to voice a concern or issue anonymously could be helpful in larger families? So the topic could be addressed and discussed as a scenario. I think it could help reduce the risk of defensive reactions.” • Family Member 3B: “It would be that much easier and more effective in person.”

Table 23

Results for KTI Criteria for Qualitative Satisfaction Questionnaire: Sustainability: Spirituality and Sense of Meaning

Validations	Criticisms	Recommendations
<ul style="list-style-type: none"> • Appreciated conversations slowed down for deeper meaning to emerge • Exercises fostered togetherness and supported meaningful parent-child communication • Exercises strengthened connection, hope, and faith in adversity • Exercises were spiritually supportive to couples • Family Member 9A: “Yes. That helps us to emotionally connect with each other more deeply. Also, that strengthens our faith in the family future during difficult times.” • Family Member 5A: “I think we have a deeper understanding of slowing the conversation to explore our own reactions and the reactions of the other creates deeper meaning in each conversation... I do think that there were moments of "felt experience" in the workshop that embedded the value of slow and deep conversations.” 	<ul style="list-style-type: none"> • No impact on family spirituality • Spirituality not discussed in workshop • Family sufficiently spiritually supported in their dynamic beforehand through closeness and family activities • Family Member 1A: “No. Our spirituality hasn't changed since participating in the workshop.” 	<ul style="list-style-type: none"> • N/A

Table 24

Results for KTI Criteria for Qualitative Satisfaction Questionnaire: Sustainability: Facilitation

Training (Facilitator Response)

Validations	Criticisms	Recommendations
N/A	N/A	Facilitators should be: <ul style="list-style-type: none"> • psychotherapists trained in couples and families to better support families when feeling stuck in workshop exercises • family therapists knowledgeable in specific blended family issues • trained in Emotion Focused Couples Therapy • trained for the workshops • Facilitator: “Yes - couple and family therapy training first, then learning theory of each therapy, then the theory behind the 5 needs and characteristics of blended families = train in the (workshop) exercises.”

Summative Conclusion

In summary, the following findings were reviewed from Study 1:

- feedback on the proposed five specific needs for blended families
- additional targeted areas of needs beyond the five specific needs
- feedback on the three proposed workshops
- feedback on the delivery of the workshops
- feedback of the psychoeducational workshop program using the KTI criteria

Recommendations for facilitators and revisions of the workshops by the stakeholders then ensued.

In Study 2, the following findings were reviewed:

- feedback on the pre-workshop and post-workshop qualitative credibility question

- quantitative findings of the workshop experience of the participants regarding meaning, well-being, attachment, and resilience
- feedback on the four KTI criteria in the post-workshop Quantitative and Qualitative Satisfaction Questionnaire

CHAPTER FOUR: DISCUSSION

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General Research Goal

The overarching goal of this research was to develop psychoeducational workshops through knowledge user and stakeholder co-creation. These may help blended families in preventing family dissolution and foster possible flourishing using the KTI methodology. Studies 1 and 2 were meant to explore if the five specific needs for blended families appeared to be met for the stakeholders and if their meaning, well-being, attachment, and resilience improved after conducting psychoeducational workshops. It was expected that user experience interviewees' co-creative collaboration in the research and design of the workshops in Study 1 would enhance the probability of the workshops' acceptability in Study 2. The conducting of workshops in Study 2 with both quantitative and qualitative feedback from participating blended families (pre-test/post-test) further explored the effectiveness and potential of these workshops towards the general research goal. Ultimately, Studies 1 and 2 aimed to gather feedback and pilot-test programming so that it could be further developed for future research.

Knowledge Users

In this pilot-study overall, participants were referred to as stakeholders or blended family participants in Study 1 and Study 2. As stakeholders and blended family members, they were personal and professional experts with lived experience and possible end users of the proposed program. In this Discussion section, when discussing overall results of both studies, blended families will be referred to as knowledge users (i.e., as noted, those who are likely to use the research results for policy, health programs and practices; Canadian Institutes of Health Research, 2016) as the pilot-study's findings can be used by them and by other families, therapists and program directors. When specifically referring to Study 1, the term user

experience interviewees will be used, alternatively with the term blended family participants. When specifically referring to Study 2, the term workshop participants will be used.

Study 1: Discussion of Results from the User Experience Interviews

Central and Specific Blended Family Needs

Research Question: What are the central needs of blended families and how do these central needs align with the five specific needs of blended families (i.e., 1- maintaining a solid couple bond and parent coalition; 2- dealing with struggles with losses, loyalties and change; 3- managing dividing parenting/stepparenting tasks; 4- building a new family culture and addressing stigma; and 5- acknowledging other parents and relatives as still part of the family; Bonnell & Papernow, 2019; Ganong & Coleman, 2004, 2017; Papernow, 2018, 2023; Visher & Visher, 1996), as family members and as therapists?

Maintaining a Solid Couple Bond and Parent Coalition. User experience interviewees expressed the following specific subthemes: couple bonding with dialogue and patience; new spouse feeling like an outsider and fighting over stepparenting; creating a safe foundation and solid structure. These subthemes align with existing research (Bonnell & Papernow, 2019; Ganong & Coleman, 2017; Papernow, 2018, 2023). Concerning couple bonding with dialogue and patience, user experience interviewees reported feeling challenged to build a strong couple bond while also forming a strong family bond, which supports the research (Bray, 2018, 2019; Coleman, Russell, & Ganong, 2013; Ganong & Coleman, 2017; Gold, 2017). In a quantitative study measuring stepcouples' bond with 122 stepcouples over 2.5 years, findings suggested that the stability and satisfaction of these relationships were linked to couple and blended family bonds (Slattery et al., 2011). User experience interviewees also reported that perseverant

dialoguing and mutual listening and empathy between partners helped strengthen the couple and family bond, as noted in the literature (Bonnell & Papernow, 2019).

As for stepparents feeling like an outsider and fighting over stepparenting, a qualitative study on the experience of 15 stepcouples found that stepparents felt their needs were not prioritized and that the parent of origin felt caught between the child and the stepparent (Martin-Uzzi & Duval-Tsioles, 2013). Blended family couple participants in the current study reported having trouble negotiating parent–stepparenting boundaries and roles, and tended to experience more couple and family conflict. This is supported by the literature (Ganong, Coleman et al., 2022). User experience interviewees also mentioned couple distress from high-conflict divorce, which fostered distress in the children and negatively impacted the couples' functioning and parenting. This was also consistent with the literature (Bray, 2019). No matter the level of conflict, stepparents in the pilot-study reported feeling like an outsider in their blended family, which the research supported (Bonnell & Papernow, 2019; Papernow, 2018, 2023).

User experience interviewees also mentioned the importance of creating a safe foundation and solid structure for their blended family, including a secure couple and family bond and a reliable routine. Children in blended families fare better when the couple and the family have a good relationship (Bonnell & Papernow, 2019; Bray, 2019; Jensen & Lippold, 2018; Jensen et al., 2018). In Coleman, Ganong and Russell (2013)'s research on what entails the *structure* of a blended family, this included a balanced integration of new family members, new family roles, merging of family cultures and congruent life trajectories. Family structure also includes composition (including child custody arrangements) (Fang et al., 2025). In a quantitative study with over 800 blended family members, those with a more challenging structure and less time with the children reported less cohesion than those with simpler family configurations and full-

time child custody (Fang et al., 2025). As such, a solid family foundation may be derived from a solid structure and routine which may aid in family cohesion, attachment, and functioning, thus diminishing blended family dissolution (Fang et al., 2025). In this pilot-study, blended family participants supported these findings: They reported taking care of the couple, the family and each member's development and needs for a solid foundation in which the family could thrive.

Dealing with Losses, Loyalties and Change. User experience interviewees reported the following findings: loss of relationships and grieving; lack of clarity over roles; loyalty binds (or loyalty conflicts); and confusion and adjustment to change. These elements were supported by the research literature (Bonnell & Papernow, 2019; Bray, 1988, 2018, 2019; Larrue & Bellehumeur, 2018, 2020; Papernow, 2018; Stewart, 2007). Grieving the loss of relationships was an important challenge for the blended family participants. “[A]mbiguous loss” is difficult for blended families (Metts et al., 2017, p. 30): It results from couple separation, unresolved wounds from past family relationships, and navigating changes in the new family (Metts et al., 2017) and is hardest for the children (Papernow, 2018). In a quantitative study on predictors of child satisfaction in a blended family following a divorce with 152 young adult respondents reflecting on their childhood experience, findings suggested that the anger derived from the children's feeling of loss can cause them to be in conflict with blended family coparents (Metts et al., 2017). User experience interviewees reflected these hardships: They mentioned feeling long-lasting, unresolved emotional pain and loss, creating long-term difficulties (Martin-Uzzi & Duval-Tsioles, 2013; Larrue & Bellehumeur, 2018; Papernow, 2018, Stewart, 2007). The coparents in the current study reported wanting to assist with children's challenges and strengthen attachment, well-being and resilience. They also cited giving space to the loss and

confusion with living in a new blended family, and being present and empathetic to the diversity of family members' experience, which aligns with the research (Deal, 2021).

As for the lack of clarity over roles, and loyalty binds (or loyalty conflicts), most blended family respondents reported experiencing these issues. A qualitative study with 28 adult stepchildren by Braithwaite et al. (2008) suggested that an antidote to loyalty binds was through no interference from the other household. Effective coparenting between parents of origin in two households could also entail satisfying relationships with the child (Braithwaite et al., 2003; Braithwaite et al., 2008). User experience interviewees reported being unclear on blended family members' responsibilities, and that conflict and confusion stemmed from different perceptions, expectations, and roles within the blended family and with the ex-partner, as noted in the literature (Bonnell & Papernow, 2019; Ganong & Coleman, 2017; Larrue & Bellehumeur, 2018, 2020; Papernow, 2018; Stewart, 2007). This supports findings from a qualitative study with 15 stepcouples on how stepparents experienced role confusion and frustration while their partners felt guilt, diminishing satisfaction in the blended family (Martin-Uzzi & Duval-Tsioles, 2013).

Regarding feeling confusion and adjusting to change, user experience interviewees indicated that children of divorce had a difficult time transitioning into a new family life. This seems consistent with Metts et al. (2017)'s findings on children's experiences in a blended family after divorce. In preparing their children for blended family living, parents are challenged with giving enough time and attention to children, adjusting to the new stepparent role, and focusing on building the stepparent–stepchild relationship (Cartwright, 2012; Gath, 2022). Blended family participants in the current study mentioned how transitioning into a blended family tended to increase children's and adolescents' problem behaviours. This was supported by a longitudinal qualitative study on the stress and decrease in physical and mental health on

children, adolescents and adults with over 17,000 blended family members (Gath, 2022).

Another qualitative study on post-divorce adolescents in blended families also supported these findings suggesting that teens experienced negative feelings about the ambiguity of relations, roles and boundaries they experienced in the new blended family (Fang & Zartler, 2024).

Managing Dividing Parenting/Stepparenting Tasks. Regarding managing dividing parenting/stepparenting tasks, these subthemes emerged: figuring out the stepparent's role; dealing with differences in the ex-couple's households; coparenting with the stepparent and managing diverging parenting styles. With figuring out the role of the stepparent, user experience interviewees reported the complexity of coparenting with stepparents. They conveyed that the role and position of the stepparent is unclear, with unrealistic expectations, in accordance with the literature (Coleman, Russell, & Ganong, 2013; Deal, 2021). The newly formed couple bond is important to build a united front for best coparenting (Ganong & Coleman, 2017, Ganong et al., 2025; Larrue & Bellehumeur, 2018). A study on effecting blended family coparenting suggests that managing parental roles in blended families is stressful and that the coparents need guidance to feel more effective (Sanner et al., 2022). Blended family participants also noted that children were especially reactive to a strong disciplinarian role given to the stepparent, especially in the first years, negatively impacting the stepparent–stepchild relationship, which was supported by the literature (Bonnell & Papernow, 2019; Bray, 2019; Ganong & Coleman, 2017; Ganong, Coleman et al., 2022; Papernow, 2018). It can take at least one year with the stepparent functioning as a friend to the stepchild to create a bond before the stepparent takes on a more disciplinarian role (Bray, 2019). A stepparent is effective when they show flexibility and play a secondary role in children's discipline to foster quality stepchild–stepparent relations in an affinity-seeking approach (Bray, 2019; Coleman, Russell, & Ganong,

2013; Ganong, Coleman et al., 2022). Ganong et al. (2025) have also found that the following stepparent interventions with the stepchild enhanced effective stepparenting: spending time and working with the stepchild, interacting one-on-one and doing fun activities, showing care and support, advocating for the stepchild and communicating effectively, communicating positive messages and vulnerability, and keeping everyday communication open. These elements of stepparent–stepchild interactions were encouraged during the workshop exercises. Finally, Sanner et al.’s (2022) meta-analysis study shows that empowered blended family coparenting means to manage competing needs between various relationships in the family and boundaries. This was addressed in each workshop (i.e., in exercises 2- dealing with struggles with losses, loyalties and change and 3- managing dividing parenting/stepparenting tasks) and could be more precisely addressed in further workshop development.

As for dealing with differences in rules, values and routines in households, user experience interviewees reported that this was a challenge and was consistent with the literature (Deal, 2021). Ganong et al. (2025) noted that ex-partners and newly formed blended family couples are figuring out functioning in their household while coexisting in two parental subsystems. Having the support of the parent of origin can help with overall blended family relations and cohesion (Bray, 2019). Blended family participants agreed that when there was no support from the parent of origin, this could generate more conflict with the children and stepparent, as noted in the literature (Papernow, 2018). As such, certain user experience interviewees emphasized centring on blended family members’ strengths and assisting them in breaking old patterns to better adapt. A meta-analysis on coparenting between separated parents found that cordial and cooperative relationships based on the child’s needs and ignoring conflicts fostered the most effective coparenting (Ganong, Sanner et al., 2022).

Coparenting with the stepparent and differences in parenting styles were often brought up by user experience interviewees. Ganong et al.'s (2025) meta-research suggested that blended families benefit when the quality of the stepparent–stepchild relationship is good. However, user experience interviewees mentioned having trouble with establishing the stepparent in the blended family, and with developing a healthy stepparent–stepchild relationship. Research suggests that coparents must accept each other's unique parenting style and collaborate as allies while remaining child-centred (Bonnell & Papernow, 2019; Papernow, 2018). The authoritative (i.e., democratic) parenting style appears to be the most effective style, with active monitoring of the children (Bray, 2019; Stewart, 2007). Blended family participants mentioned this was challenging in the early onset of the blended family when children tend to rebuff the stepparent. This matched the literature (Bray, 2019). Ganong et al. (2025) have found that each blended family must show flexibility and adapt to their unique situation, developing multiple stepparent roles, such as a parental role, a supportive friend, another parental figure, a mentor, a casual acquaintance, or a distant stranger. These roles were also noted by the blended family participants. Additionally, blended family participants reported a dilemma between prioritizing the new couple or the children: This was supported by the literature as a “both/and” approach, rather than an “either/or” approach can help assuage these tensions (Papernow, 2018, p. 43).

Building a New Family Culture and Addressing Stigma. User experience interviewees' answers regarding building a new family culture and addressing stigma were grouped under the following subthemes: addressing stigma, creating a new family identity, and building a new family culture. Stigma is particularly understudied in blended family research (Kalmijn, 2021). It may derive from culture or media (Bray, 2019). User experience interviewees were mixed on the matter of stigma: Some had felt particularly stigmatized and others not at all.

However, all mentioned focusing on building their new blended family identity and family culture. These findings matched the literature (Ganong & Coleman, 2017; Jensen et al., 2017; Larrue & Bellehumeur, 2018). Being a stepchild can be stigmatizing and hiding one's status may discourage external support, as research suggests (Ganong & Coleman, 2017). Perceptions of stepfamilies, stepparents and stepchildren were viewed less favourably than parents and children in non-blended families in a meta-analysis spanning 20 years (Walter, 2019). To avoid feeling stigmatized and strengthen the stepchild–stepparent relationship, blended family participants reported centring on safe dialogue, bonding, playful activities and traditions. These are supported by the literature and can be considered meaningful antidotes to external stigma (Armstrong, 2016b, 2021; Bray, 2019; Ganong et al., 2025; Ganong, Coleman et al., 2022; Pylyser et al., 2020; Spooner, 2020).

User experience interviewees recognized the importance of building a new family identity to assuage identity tensions. Each blended family member has their own family history, other familial bonds, and varying life cycles that impact developmental needs: It is challenging to balance the family's attachment needs with prioritizing the child–parent bond for blended family cohesion (Andolfi, 2017; Armstrong, 2016b; Bonnell & Papernow, 2019; Ganong & Coleman, 2017). User experience interviewees reported honouring each family member's life stage to reinforce family bonding and security. Research suggests that empathy, listening and understanding from the stepcouple can attenuate tensions (Andolfi, 2017; Bonnell & Papernow, 2019; Larrue & Bellehumeur, 2018, 2020; Papernow; 2018). Meta-research by Ganong et al (2025) has indicated that confidence, hope for the future, openness, cognitive flexibility, trust, loyalty, effective self-regulation and perseverance were important ingredients in the identity of the blended family couple. Many of these elements are similar to meaning mindset (Armstrong et

al., 2025). User experience interviewees also mentioned including the parent of origin in this new identity, which is supported by the literature (Bonnell & Papernow, 2019; Bray, 2018; Coleman, Russell, & Ganong, 2013; Everett, 1993). Pylyser et al. (2018) argue that although the blended family may resemble over time a non-blended family, it retains specific characteristics in its identity such as the parent of origin being the leader in the co-construction of the new family and holding hope for a secure future for their biological child. Moreover, the authors add that a blended family needs to consider accepting their past, anchoring the present and investing in the future for a successful blended family formation.

Regarding building a new family culture, user experience interviewees acknowledged doing so. However, there was little mention of how, apart from appreciating that the workshops could contribute to this need. Ganong et al. (2025) suggest that building a new family culture means to bring “*two established cultures together*” (p. 249), that of the parent of origin and child, and that of the stepparent. Coleman, Ganong and Russell (2013) state that merging two family cultures means to bring together “different values, rituals, and beliefs about how everyday life should be lived” (p. 89). Research indicates including the stepparent’s culture and history, family members’ strengths, and sharing notable moments together (Bonnell & Papernow, 2019; Larrue & Bellehumeur, 2018). A new family culture could also integrate multicultural traditions in the household: Creating specific rituals and traditions unique to the new blended family may foster new shared stories, for a more cohesive and shared identity (Galvin et al., 2019; Ganong & Coleman, 2017; Larrue & Bellehumeur, 2018). Blended family participants reported trusting the process of a new family culture emerging. In his longstanding research on blended families, Deal (2002/2014) identifies spiritual integrity, compassion, listening, understanding, perseverance,

commitment, patience, flexibility, and humour to support the blended family culture. These aspects were mirrored through the user experience interviews.

Acknowledging Other Parents and Relatives as Still Part of the Family. User experience interviewees reported acknowledging that other parents and relatives were still part of the family. Their answers were grouped under these subthemes: recognizing and accommodating the extended family and ex-partner; conflicts and unresolved wounds with the ex-partner; conflicts with the new partner regarding the ex-partner; an absent ex-partner; and the loss of extended family bonds. Blended family participants reported recognizing the extended family and ex-partner as still part of the family. This is consistent with the literature which suggests smoothing extended family and blended family tensions to heal unresolved loss (Bonnell & Papernow, 2019; Bray, 2018; Coleman, Russell, & Ganong, 2013; Everett, 1993). Blended family participants mentioned keeping these external family relationships alive and honouring the deceased. The literature also supported this (Deal, 2002/2014). User experience interviewees wondered how much effort to maintain contact for the child with an uninterested ex-partner. Cartwright and Gibson (2013), in their study on relationships between ex-spouses and blended families, found that positive coparenting support from an ex-partner has a positive effect on the repartnered parent in the blended family, whereas lack of collaboration from the ex-partner created more stress for the blended family.

Regarding conflicts and unresolved wounds with an ex-partner and how it may foster conflict with the new partner, user experience interviewees reported having been affected by open conflict with ex-spouses and parental alienation. They perceived this impacting their children's or family's well-being or functioning, and overall bonding and dynamics. These findings align with current research (Ganong & Coleman, 2018). A qualitative study on

stepcouples' experiences after remarriage found that antagonism with the ex-spouse entailed powerlessness and frustration, although it could also make the stepcouple closer (Martin-Uzzi & Duval-Tsioles, 2013). Collaborating well with ex-spouses is recommended, as interpersonal conflicts are the main challenge for children's well-being in blended families (Braithwaite et al., 2008; Bray, 2019; Papernow 2018). In the case of a deceased biological parent, blended family members mentioned increasing meaning, attachment and developing a spiritual bond in the new family to heal loss and confusion felt by the children. This was also consistent with the literature (Deal, 2002/2014; Ganong & Coleman, 2017). Additionally, setting clear boundaries with each household and external family members is reportedly critical to supporting blended families (Bray, 2019; Ganong & Coleman, 2017).

As for dealing with an absent ex-partner and the loss of extended family bonds, user experience interviewees reported how this was challenging, which aligned with the literature (Papernow, 2018). Blended family participants mentioned how this affected the new couple's relationship, their coparenting, the step/parent-child relationship, and the stepparent if targeted by the ex-spouse. This is consistent with research (Cartwright & Gibson, 2013). A study on repartnered couples and their ex-spouses found that the reason for an absent ex-partner still alive is often financial as the ex-partner cannot sustain financial engagements with the blended family, possibly due to being repartnered themselves (Cartwright & Gibson, 2013). These findings mirror those from a study on the quality of biological and nonresidential parental relationships with stepparents that suggest how important these can be in blended family satisfaction (Metts et al., 2017). Finally, given that the present research supported the five blended family needs in the literature, psychoeducational programs for blended families should address these needs in future

research. However, additional needs were also identified by the participants. Further research with a wider sample is needed to consolidate these findings.

Targeted Needs Beyond Specific Needs in the Literature – Novel Contributions

Research Question: Are there other needs that are important for blended families to prevent dissolution?

User experience interviewees identified four additional targeted needs beyond the five specific needs previously identified in the literature. These were: mental health support; family bonding; meaning-making and spirituality; and communication skills. Although these weren't among the five needs listed for blended families, these four additional needs appear to be supported by the research literature (Bonnell & Papernow, 2019; Bray, 2019; Furrow & Palmer, 2007, 2011; Ganong & Coleman, 2017; Jensen & Lippold, 2018; Larrue & Bellehumeur, 2018; Walsh, 2009a, 2016b). In the current study, these needs were also considered felt needs by the user experience interviewees. They could also be considered overarching needs for providing effective services in the community for blended families in future research.

Mental Health Support. Given the rise in mental health concerns for children and their families that have emerged during the pandemic (Armstrong & Potter, 2022; Cost et al., 2021; Fegert et al., 2020; Fineberg et al., 2020), it is no wonder that user experience interviewees expressed the need for more support with blended family mental health. This is mirrored by the research literature (Bray, 2019; Jensen et al.; 2017, 2018; Kristiansen et al., 2020). A user experience interviewee who was a therapist and community program director, mentioned that blended families needed support groups because of “depression, anxiety, suicidal ideation, drop-outs from school, stigmatization,... alcohol and drug abuse”. According to a longitudinal study on physical health, distress and stress in blended families, these parents have a lower capacity for

adapting than in non-blended families (Gath, 2022). Parents', children's and adolescents' mental health is negatively impacted by living in a blended family, with teenagers having the most distress due to blended family conflicts (Gath, 2022). Therefore, it seems that the targeted area of need of mental health proposed by the blended family participants is important to address in further research on blended families.

Family Bonding. User experience interviewees reported they needed more support in strengthening blended family bonds, which coincides with the research (Cavanagh, 2008; King et al., 2015). Blended family bonds pertain to feeling included and understood, having fun with other family members and receiving attention (Cavanagh, 2008; King et al., 2015). Meaningful activities that can enhance bonding include playing together as a family (Armstrong, 2016b, 2018a, 2018b; Bray, 2019; Ganong, Coleman et al., 2022; Malchiodi & Crenshaw, 2014; Plylyser et al., 2020; Spooner, 2020). Given this, many of the activities included in the workshops involved play activities for the family.

Bonding is important to stepchildren's development and overall well-being (Cavanagh, 2008; Cherlin, 1978; King et al., 2015; Sweeney, 2010). As such, a good relationship with the stepcouple enhances the quality of the home environment, improving a sense of belonging (King et al., 2015). According to a longitudinal study on the impact of quality relations with the stepcouple and the children, the quality of blended family relations may also be important in supporting good physical and mental health, and emotional healing (Jensen et al., 2018). Further, a quantitative study on adolescents' perceptions of family belonging suggested that a teenager in a blended family may have higher well-being when experiencing a sense of belonging (King et al., 2015). Moreover, the mother figure appears to have a primordial role in ensuring this sense in the blended family (King et al., 2015; Leake, 2007; Marsiglio, 1992; M. Smith, 2008).

Spirituality, religion and religiosity may also help strengthen family bonding and family belonging (King, 2010; King et al., 2014, King et al., 2015).

Meaning-Making and Spirituality. Meaning-making seemed to occur naturally during the user experience interviews as the participants appeared to be digging deep into their experiences to make sense of them. “Human beings are, by nature, meaning-seeking and meaning-making creatures who constantly make sense of their experiences in real life” (Wong, 2017, p. 210). User experience interviewees acknowledged that daily clear communication could contribute to meaning-making, as well as well-being, attachment and resilience. Meaning-making can be an important source of healing for blended families’ loss of meaning and helplessness, and an important factor in developing social and emotional literacy with children (Armstrong, 2016b, 2018b; Armstrong & Potter, 2022; Ganong & Coleman, 2017; Larrue & Bellehumeur, 2018; Mohandas, 2008; Parrott et al., 2021).

Meaning mindset involves openness to experience, hope for the future, positive self-concept, and agency over thoughts and behaviours and can be taught through mental health education programming (Armstrong et al., 2025). A study on positive coping during a crisis and meaning mindset for children seemed to indicate that experiencing meaning and having a meaning mindset is linked with diminished mental illness and greater well-being in children, and supports positive coping in adversity and spiritual growth (Armstrong & Potter, 2022). This appears to also hold true for youth and adults, and may lead to flourishing (Armstrong et al., 2019; Armstrong et al., 2025; Arslan & Yildirim, 2021; Lomas & Ivztan, 2016; Parrott et al., 2021; St. John, 2017; Wong, 2017). Given that a sense of meaning is an important identified need for blended families, these findings support that psychoeducational programming for blended families should include a meaning-based component in order to address this need.

In addition to meaning, user experience interviewees emphasized the importance of spirituality for their blended family, in line with the research literature (Beavers & Hamson, 2003; Miller, 2015; Stinnett & DeFrain, 1985; Walsh, 2009a, 2016b). In Walsh's (2009a, 2016b) research, spirituality can strengthen family bonds, resilience, well-being, identity and generate healthy functioning in the family. In neurobiology, spirituality can have positive and negative effects on physical and mental health, as well as on coping (Mohandas, 2008). It can also decrease depression and anxiety or generate psychosis (Mohandas, 2008). Research has suggested that developing playful activities and fond memories as a new blended family may create new shared interests to counterbalance tensions and loss of meaning towards a newfound family dynamic and history (Bonnell & Papernow, 2019; Gilson & Abela, 2021; Gonzales, 2009; Larrue & Bellehumeur, 2018; Spooner, 2020). Resilience-building programs developed for blended families should recognize that spirituality and play can be important for these families.

Communication Skills. Improving communication skills was an important concern for the user experience interviewees, especially between new partners, and between stepparent and stepchild. Ganong et al's (2025) meta-research indicated effective communication strategies for blended families: clear communication on expectations in everyday life and assumptions, demonstrating empathy in listening and responding, and being comforting, open, positive, and effective in problem solving and in setting boundaries. Blended family participants reported struggling with communication while also finding it essential in creating a strong blended family identity. They also mentioned needing help with negotiating and assigning tasks. In blended family research, additional recommendations on communication included learning and applying authentic, positive and empowering dialogue to enhance flourishing and harmony (Bonnell &

Papernow, 2019; Galvin et al., 2019; Ganong & Coleman, 2017; Papernow, 2018; Pylyser et al., 2020; Stiffelman, 2015).

User experience interviewees also mentioned addressing mental health and behavioural issues via meaningful conversation. This aligns with research literature on effective communication in families, since healthy communication can support physical and mental health, as well as happiness and healthy behaviours (Galvin et al., 2019). In Ganong et al.'s (2025) meta-research on what makes blended families work, having early conversations on integrating stepchildren into the stepcouple's relationship, and negotiating blended family life at the beginning may improve bonding and adaptation in moments of adversity. A qualitative study using children's narratives about their blended family indicated that they were more satisfied when feeling part of the experience from the beginning in a warm and friendly manner, and when made to expect highs and lows (Koenig Kellas et al., 2014). In this respect, in a qualitative study with eight focus groups, research suggests that parents must learn what information to divulge for the child's level, while maintaining transparency and proper boundaries (Braithwaite et al., 2008).

In all three workshops, blended couples and families were supported in expressing their feelings and needs to each other. They practiced authentic and empathetic listening, non-judging and validating towards problem-solving. This relates to the literature on parental skills in developing healthy emotional communication and emotion coaching through modeling, and in developing emotional awareness and competence for the children (Goldsmith & Domann-Scholz, 2013; Hashemabadi et al., 2020; Havighurst et al., 2020; Lafrance Robinson et al., 2014).

Communication in families helps with “navigating differences”, “overcom[ing] social identity differences”, and “maintain[ing] family harmony” (Galvin et al., 2019, pp. 118–119):

These are concepts familiar to blended families. Only focusing on communication skills to ensure relationship success is not deemed sufficient with families (Gottman & Silver, 1999; Mahaffey & Wubbolding, 2016). Teaching communication skills must be accompanied by proper insight, motivation and education with practice in daily life (Mahaffey & Wubbolding, 2016). In Ganong et al.'s (2025) meta-research on effective communication in blended families, showing affection, trust, reassurance and regulating emotions, as well as empathic responding and positive messages in coparenting towards positive problem-solving were considered essential. Conflict can also be an opportunity for blended families to have thoughtful discussions in problem-solving (Braithwaite et al, 2018; Coleman et al., 2001). The present research suggests securely managing conflict, and seeing it as an opportunity for growth, can support blended families. These aspects were addressed in all three workshops as workshop participants presented challenging situations within a warm and responsive context.

Evaluation of the Three Workshops

Research Question: What do the blended families think of the three proposed workshops? What are their suggestions to improve them?

Evaluation of Proposed Satir Workshop. User experience interviewees appreciated how playful the Satir workshop was and how well it integrated the children in addressing family dynamics and roles. They recommended more flexibility with the activities when engaging teens to express themselves, as family therapy interventions can be more challenging for them, which was consistent with the literature (Gilson & Abela, 2021). User experience interviewees also recommended that the workshop focus on the coparents' bonding first to consolidate them as a team to effectively guide the children in the exercises.

Evaluation of Proposed EFFT Workshop. User experience interviewees reported appreciating that the EFFT workshop proposed deepening emotions to reinforce family dialogue, cohesion and honesty. Some participants wondered how feasible certain activities would be, such as in the activity of having family members throw a ball and deepen feelings at the same time (i.e., exercise 2- dealing with struggles with losses, loyalties and change). Blended family participants also wondered how to best engage children in more couple-focused activities or in smaller families. They added that the workshop content might not be playful enough. They recommended paying special attention to what children are really trying to communicate through these emotionally-laden exercises.

Evaluation of Proposed REAL Workshop. User experience interviewees appreciated the playfulness, the linking of thoughts and feelings, the emphasis on having control over changing one's mood, and the equal playing field for children and parents in the REAL workshop. They wondered if teens would engage in emotion-based exercises and recommended helping teenagers with shifting out of difficult emotions, and keeping things light. They also proposed that the couple support their children when expressing their experience, adding more opportunity for couples to build their own emotional bond, and strengthening the stepchild–stepparent bond.

Recommendations. Overall, user experience interviewees recommended creating the psychoeducational program for all families (blended and non-blended), even if the program aims to address blended family needs. Some couples asked for more attention with addressing stigma, relations with external family members, and spirituality. Other participants asked for a follow-up to these workshops or to prolong them with more modules for added support over a longer duration of time.

Manner of Delivery of the Three Workshops

Research Question: Do the blended families believe the workshops should be delivered in a live videoconference manner or in a pre-recorded format, or do they have other suggestions?

All but one user experience interviewee agreed that delivering the workshops online live would be best, as opposed to being pre-recorded, as families needed to be guided through the exercises. Some families mentioned needing help expressing and processing needs, feelings and experiences. One participant suggested that live workshops may also assist families in staying “engaged and accountable”. However, contrasting with most findings, another participant recommended pre-recorded workshops as more attuned to teenagers’ needs. This was supported by the literature as it would give teens more flexibility, and better consider their unique psychological, social, familial, and developmental challenges (Diamond et al., 2014).

KTI Criteria

Credibility. Research Question: Are the proposed workshops perceived as credible by the blended family members and appear to do what they propose? Do they match the needs and outcomes in the logic model (i.e., face validity)?

All user experience interviewees validated the workshops and believed that they seemed to do what they promised to do. They appeared generally enthusiastic about the workshop activities’ promise to support blended families with their challenges. Some user experience interviewees mentioned that certain participants may have difficulty expressing feelings during the workshops or staying engaged. Studies indicate that this could be particularly challenging for teenagers (Gilson & Abela, 2021; Jensen & Lippold, 2018; Jensen et al., 2018). Blended family participants also recommended focusing on family fun and using specific tools to foster healthy

family dynamics. Certain participants wondered if the workshops alone were sufficient to help blended families with all their challenges.

Acceptability. Research Question: Presuming that the workshops are perceived as credible, are they perceived as acceptable or a good fit for the blended families? What are their suggested changes?

User experience interviewees found overall that the proposed content of the workshops seemed acceptable, mentioning that the workshops appeared creative and comprehensive. They indicated that the workshops should centre on client needs and emphasize dialogue, attunement and responsiveness for blended family members. They also mentioned wanting more focus on couple bonding, which is mirrored in research (Ganong & Coleman, 2017). Some blended family participants wondered if there could be more support for the parents to help the child's verbal expression. One participant suggested adding more exercises in the workshops for each of the five specific blended family needs.

Feasibility. Research Question: Do the workshops appear to be easy to participate in for the blended families from a time and resource perspective?

User experience interviewees responded that they felt the workshops were doable and easily accessible. They appreciated that the workshops were in two parts, over two days, which would help sustain children's attention. They wondered how to engage those who felt challenged with emotionally-centred exercises and suggested swapping these exercises for play-based exercises: Recent research indicates that play-based family therapy may improve connection (Gilson & Abela, 2021; Spooner, 2020). Some user experience interviewees wished for more couple-oriented exercises to strengthen their bond, as well as more exercises focused on stepparent–stepchild attachment: Research maintains that reinforcing the couple and the

stepparent–stepchild bond is beneficial for blended families’ stability (Browning & Artelt, 2012; Burgess Moser et al., 2016; Furrow & Palmer, 2011; Ganong & Coleman, 2017; Ganong et al., 2025; Gold, 2017).

Sustainability. Research Question: How sustainable is it for blended families to apply the activities in their own lives? What are their suggestions to enhance the longevity of the workshop program outcomes as well as the administration of the program?

User experience interviewees mentioned that the workshops appear to enhance blended families’ awareness, especially through the first years and that they could benefit all families. These observations were supported by the literature (Furrow & Palmer, 2007). Blended family participants also recommended focusing the exercises on emotional well-being, dialogue, healing and resilience. They added that long-term support through follow-up modules could assist blended families, since their needs are complex, which is consistent with the literature (Ganong & Coleman, 2017; Gold, 2017). Certain user experience interviewees suggested sharing these workshops with various agencies and professionals, such as school counsellors and social workers.

Sustainability and Training Facilitators: Recommendations. User experience interviewees recommended that facilitators have a strong foundation in blended family theories (which is supported by the literature; Browning & Artelt, 2012; Pasley et al., 1996), have personal experience with living in a blended family, and training with working with children and families as therapists. Research on training mental health clinicians suggests that mental health treatment is most optimal in community settings after therapists were trained in an evidence-based intervention with training follow-ups (Frank et al., 2020). Therefore, either lived

experience or knowledge training in blended family situations with follow-up consultations with the trainer may be beneficial when delivering evidence-based interventions for blended families.

Discussion of Overall Results from Study 1 Needs Assessment Review

User experience interviewees' needs appeared to closely match the five specific blended family needs highlighted by the research literature (Bonnell & Papernow, 2019; Ganong & Coleman, 2004, 2017; Papernow, 2018, 2023; Visher & Visher, 1996). User experience interviewees also added to the current research their own targeted areas of needs, beyond the five specific needs (i.e., mental health support, family bonding, meaning-making and spirituality, and communication skills), appearing to support the research literature as noted. This current research seems to contribute to the literature on blended family needs, as further research and clinical applications could address the four new targeted areas of needs with blended families. Given the small sample size, these findings are preliminary. A larger sample would present more conclusive evidence.

Additionally, the proposed workshop psychoeducational program thus seemed to meet the general scientific standards for a good program (Trochim et al., 2015), as user experience interviewees appeared to find the workshops generally credible, acceptable, feasible, and sustainable. Areas for improvement of the workshops included making it a longer program to further meet family needs, deepening various couple and family issues (bonding, communication, emotional literacy, spirituality), and further strengthening attachment and resilience as linked to meaning and well-being. The results of Study 1's needs assessment thus appeared to support conducting the second phase, the pilot program evaluation (Study 2), with the proposed adjustments to the workshops.

Study 2: Discussion of Results from the Psychoeducational Workshops***Pre-Workshop/Post-Workshop Qualitative Credibility Question***

Pre-Workshop Qualitative Credibility. Research Question. Before the workshop, did the participants believe that the workshop they were about to attend would satisfy the five specific blended family needs?

Before attending the workshops, the participants agreed that the presented workshops they were about to attend addressed the five specific needs of blended families, would be helpful with coparenting, and could improve communication and attachment in the family relationships. Communication and attachment needs appeared to closely match what the user experience interviewees had reported in Study 1. These needs were most closely linked to the exercises for need 1- maintaining a solid couple bond and parent coalition; and need 3- managing their parenting/stepparenting tasks.

Post-Workshop Qualitative Credibility. Research Question. After the workshop, did the participants believe that the workshop satisfied the five specific blended family needs?

After attending the workshops, participants found that they had been helpful overall with the tools and skills provided. They reported appreciating the exercises in emotional literacy, improving empathy, expressing feelings and developing new communication skills and better couple bonding. Some also mentioned that certain needs were not effectively addressed for them or did not concern them (i.e., 3- managing dividing parenting/stepparenting tasks; 4- building a new family culture and addressing stigma; and 5- acknowledging other parents and relatives as still part of the family). Others mentioned wanting more support after the workshops since some of the skills may be difficult to continue applying. This could mean that the program may need to be longer (i.e., with more modules or sessions), to be effective in the long run for blended

families. Workshop participants generally perceived that the workshops met their blended family needs, and so the workshops appeared to be credible overall, although these findings are preliminary as the sample was small.

Pre-Workshop/Post-Workshop Quantitative Research Questions and Hypotheses

Associations. Research Question: Are the variables of meaning, well-being, attachment, and resilience associated?

Hypothesis 1: There would be positive associations between meaning, well-being, attachment, and resilience.

Results supported the hypothesis that there were positive associations between meaning, well-being, attachment, and resilience. Despite the small sample size, every one of these four core variables was associated with at least one or more of the other variables. One interesting finding that was not predicted was that perceptions of stronger alliance related to more family resilience. Additionally, stronger facilitator alliance related to greater couple satisfaction (or resilience) and perceptions of lesser mental illness. This supported the literature that alliance was associated with positive outcomes (Falkenström, Granström, & Holmqvist, 2013; Falkenström et al., 2014; Martin et al., 2000; Tasca & Lampard, 2012) and resilience through couple satisfaction [or resilience] and family resilience (Browne et al., 2019; Garfield, 2004; Gilson & Abela, 2021; Symonds & Horvarth, 2004; van Beek et al., 2023). All of these findings are to be interpreted with caution due to the small sample size.

Changes from Pre-Test to Post-Test. Research Question: For all three workshops, do the variables of meaning, well-being, attachment, and resilience improve from pre-test to post-test?

Hypothesis 2: All workshop groups would improve in terms of meaning, well-being, attachment, and resilience from pre-test to post-test.

Findings partially supported the hypothesis that overall, meaning and psychological well-being positively changed for all three workshops (Satir, EFFT and REAL). Mental health, which was also part of well-being, did not change. There was also no improvement for the two other variables of attachment resilience from pre-test to post-test, according to the paired samples *t*-tests. These results show promise that all three workshops produced positive outcomes, at least in terms of meaning and psychological well-being. These findings are preliminary and the sample was very small.

Attachment and resilience did not improve even though they are associated with meaning and well-being (Armstrong, 2018c; Armstrong & Potter, 2022; Frankl, 1946/1992; Pandya, 2017). Meaning and psychological well-being may be more sensitive to change on a shorter term (e.g., Cloutier et al., 2021) since the workshops were conducted in only two sessions. Previous applications of the REAL approach found that meaning and well-being improved after brief mental health workshops (Watt, 2020). Even a single session can enhance meaning (Fabes, 2023).

Attachment and resilience may take more time (i.e., more sessions) to be experienced by families supported by psychological services. For example, it can take from four to twelve 30-minute sessions (Pandya, 2017), or six times 90-minute modules (Cloutier et al., 2021), or between four to 20 sessions for Emotionally-Focused Therapy (Johnson, 1996/2019) to report positive outcomes for attachment or resilience. Attachment and resilience may be linked and may strengthen through coping skills and self-regulation for children, adolescents and couples (Godor et al., 2023; Wiebe & Johnson, 2016, 2017).

Differences Between the Three Workshops. Research Question: Since meaning, well-being, attachment, and resilience seem to be linked and may improve with these three family models, are there differences in the pre-test and post-test outcomes between the three workshop types? Does it appear that one workshop has more potential than the other workshops regarding initial outcomes?

Hypothesis 3: There would be differences between the three groups in improvement from pre-test to post-test in terms of meaning, well-being, attachment, and resilience, and one workshop would appear to have more potential regarding initial outcomes.

The hypothesis was supported only regarding improvements in meaning and psychological well-being overall from pre-test-to post-test for the three workshop groups. There were also differences in findings between the three groups. The mental health measures, which are part of well-being, did not show any significant change except for the Satir workshop score regarding parents' view of the children's mental health (or mental illness symptoms).

The parents' perception of their children's mental illness symptoms following the Satir workshop worsened, while the results were non-significant for the EFFT and REAL workshops. It is unclear whether these findings were spurious as the sample sizes became exceptionally small when the data was divided by workshop type (four children in Satir's workshop, no children in EFFT, and three children in the REAL workshop). However, the qualitative analysis responses seemed to indicate that the outcomes of the workshops were satisfactory overall, and particularly with the Satir workshop. This contrasts with these quantitative outcomes for mental health for Satir, EFFT and REAL.

Further research is needed to best understand the outcomes for each workshop group concerning mental health (i.e., mental illness symptoms). Regarding mental health and well-

being overall, only the psychological well-being scores improved for the three workshops but not specifically for the mental health scales (i.e., the mental illness symptoms measures). These conclusions should, however, be tempered given the small sample sizes as only very large effect sizes can be detected.

Alliance. Research Question: Can alliance be ruled out regarding workshop effectiveness when controlling for it?

Hypothesis 4: Meaning, well-being, attachment, and resilience variables would significantly improve from pre-test to post-test after controlling for alliance.

After inclusion of alliance as a covariate with the four variables, findings for meaning and psychological well-being were non-significant. Results indicated that meaning, well-being, attachment, and resilience did not improve after controlling for alliance. The hypothesis was not supported. There were no differences for the four variables between pre-test and post-test when controlling for alliance. This does not support the research literature that suggested correlations between the four variables.

With the Pearson correlations, perceptions of stronger alliance related to more family resilience for the participants and stronger facilitator alliance related to greater couple satisfaction (or resilience) and perceptions of fewer mental illness symptoms. This was consistent with the literature that therapy outcomes depend on alliance and alliance-building activities (Tasca & Lampard, 2012). It may be possible that the activities from the workshops were alliance-building and, thus, lead to positive outcomes in meaning and psychological well-being in the workshops.

Alliance was non-significant in the ANCOVA analysis and was not significantly correlated to the variables apart from family resilience for the participants in the Pearson's

correlations test. It is unclear what role alliance plays as a covariate in this pilot-study. In other words, it is unclear what caused the improvements for meaning and psychological well-being in the workshops. Was it the alliance, the workshops, or some unknown factor?

Large scale studies would be more useful to address the importance of alliance. In a small sample such as this, covariate analyses of this nature often do not detect effects due to low statistical power, so interpretations are cautious. Further research is needed, including potentially statistical modelling with the workshop groups to predict alliance, then outcomes, to estimate the possible indirect effect of alliance on the outcomes.

Post-Workshop KTI Criteria Research Questions and Hypotheses

Credibility (Quantitative Only). Research Question: After participating in the psychoeducational workshops, did the blended families perceive them as credible as meeting promised outcomes of improved meaning, well-being, attachment and resilience? Did they find their outcomes matched the needs and the outcomes proposed in the logic model (i.e., face validity)?

Hypothesis 5: All three workshop would be perceived as credible by the blended family members.

As expected, the findings supported the hypothesis that the participants would find all three workshops credible. Workshop participants answered that the workshops “mostly” satisfied their blended family’s needs. This finding supports the face validity and thus the credibility of the workshops.

Acceptability (Qualitative Only). Research Question: After the workshops, were the workshops perceived as acceptable or a good fit for the blended families?

Workshop participants appreciated the workshops for their experiential aspect and felt invited into a playful and supportive collaboration. They reported finding the exercises helpful in developing emotional literacy and improving communication skills. They also found that the workshops brought them new meaning and open dialogue, which improved both family and couple bonds. Additionally, they appreciated the new insights and the immediate applicability of the tools provided.

Some workshop participants would have appreciated a more customized fit for their specific needs. By having a longer workshop program with more modules or sessions, it may be easier to address this concern. As reported in the quantitative analysis, participants' overall sense of meaning and psychological well-being improved after the workshops, although interpretation is cautious due to the small sample size. It is safe to believe that the blended families found the workshop activities acceptable overall. This finding supports results from the user experience interviewees and quantitative and qualitative post-workshop findings.

Feasibility (Quantitative and Qualitative). Research Question: After participating in the psychoeducational workshops, did the blended families believe that the workshops were easy to participate in from a time and resource perspective and what were their suggestions?

Hypothesis 6: The workshops co-created with the blended families would be satisfactory in terms of feasibility.

The results from the Quantitative Satisfaction Questionnaire partially supported the hypothesis that the workshops would be perceived as feasible by the workshop participants. As such, the workshop participants reported that the workshop tools were only "somewhat" easy to apply during the workshops online. This may be related to some of the participants sharing that

they had found some of the instructions unclear since it was delivered online when the workshops had been originally planned to be delivered in person.

With the results from the Qualitative Satisfaction Questionnaire, workshop participants reported finding the exercises feasible to engage in overall and gave specific recommendations to improve the workshops. They suggested ensuring the instructions be more clear, that the workshops could be given in person and that topics be brought up anonymously by the participants to create more emotional safety. Participants also mentioned having learned important dialogue skills to apply longer-term at home to create playful, safe and open spaces for communication, focusing on each family member's needs. Additionally, one exercise in the REAL workshop didn't seem to work as well as the others (i.e., 5- acknowledging other parents and relatives as still part of the family). It could be consolidated to appear less fragmented and jarring for the families. One appreciative workshop participant commented that the workshop could be even more effective in person.

Sustainability (Quantitative and Qualitative). Research Question: After participating in the workshops, how easy was it to apply the activities in the blended families' own lives? What are suggestions to sustain the workshop program outcomes and its administration?

Hypothesis 7: Blended family workshop participants would find the workshops sustainable.

Findings in the Quantitative Satisfaction Questionnaire supported the hypothesis that the participants would find the workshops sustainable. As such, workshop participants believed that the skills learned were deemed to be "mostly" usable in the long term, even though some may have appreciated follow-up sessions. This result matched closely with the workshop participants'

qualitative answers as they reported being satisfied with their experience of feeling closeness, hope, and understanding.

In the Qualitative Satisfaction Questionnaire, the sustainability question was more geared towards linking sustainability with spirituality. *Sustainability* can also mean to meet the needs of present and future generations (Beehner, 2019/2024). Sustainability and spirituality can be mutually supportive and interdependent, and are considered beneficial (Beehner, 2019/2024): “[S]pirituality enhanc[es] efforts to act in a sustainably responsible manner, and sustainability reinforc[es] the connectedness of all life” (Beehner, 2019/2024, p. 1).

Regarding sustainability as linked to spirituality, some workshop participants found the workshops were spiritually supportive for the couples and the families, helping them connect to each other with deeper meaning. Sustainability and spirituality are interrelated, according to the literature, and both can call upon higher purpose, a sense of meaning, as well as positive well-being, a sense of connectedness, harmony, wholeness and integration (Beehner, 2019/2024; Heaton, 2016). These aspects mirror the current study’s findings. Some research links spirituality to happiness, towards generating sustainability (Ulluwishewa, 2016): This could be studied in further research. However, some workshop participants did not see any connection between their workshop experience and their spirituality.

Concerning sustainability and training from the facilitator’s perspective, the facilitator believed that it was important to be particularly present and supportive when participants felt stuck during an exercise. The facilitator also recommended that additional facilitators be trained in couple and family therapy, in blended family theory and in emotionally-focused therapy for more effectiveness and sustainability in supporting blended families in the long run. These recommendations are supported by the research literature (Browning & Artelt, 2012; Pasley et

al., 1996). Additionally, the facilitator noted that it may be best if the facilitators had lived experience with blended families.

Discussion of Overall Results from Study 2 Pilot Program Evaluation

Overall in Study 2, workshop feedback seemed to mirror findings from the user experience interview findings from Study 1, particularly with the KTI criteria. All three workshops appeared to lead to similar outcomes overall. However, because of the small sample size, it is unclear whether any of the models were more effective than the others. As such, all findings in Study 2 should be interpreted with caution given the small sample size. Also, given that multiple analyses were conducted, there is a risk of making Type I errors or false positives (Simmons et al., 2011). No adjustments were used due to the offsetting concerns with Type II errors or false negatives increasing. Given the small size, Type II errors were already a concern, so decisions were made to prioritize discovery (Giner-Sorolla et al., 2024).

Quantitative results contributed new data in the literature concerning the outcomes of the measures of meaning in daily life (i.e., meaning mindset) and psychological well-being of blended family members. Consistent with previous research, meaning, psychological well-being, attachment, and resilience were positively associated, although the sample was small and requires a wider sample to support these correlations. Meaning and psychological well-being improved for the workshop participants as expected, in all three workshops (Satir, EFFT or REAL). Mental health scores either were non-significant or showed a decrease as with the parental perception of children's mental health in the Satir workshop (perception of mental health worsening for the children). Also, attachment and resilience did not improve after workshop participation. This suggests these factors may need more time to develop than provided in two-session workshops. This is consistent with previous work in emotionally-

focused therapy, as noted. As for the alliance, for the participants, there was only a significant correlation between alliance and family resilience out of the four variables. Alliance's role was unclear in the workshops and may or may not have had a role in the improvement of meaning and psychological well-being. Given the small sample size and non-significant results, a larger scale study would need to be conducted for more definite results.

Results in Study 2 are nonetheless promising for further pilot-testing of a possible workshop program for blended families. The data suggested that the workshops met the KTI criteria of credibility, acceptability, feasibility and sustainability through qualitative and quantitative pre-test and post-test findings. For example, the workshops presented various coping and self-regulation skills such as asserting one's feelings, transforming problem thinking, expressing needs, co-regulating, empathizing, and problem-solving as found in the qualitative findings that were deemed helpful by the workshop participants.

These notions may support couple resilience, which is important for blended families staying together (i.e., prevent family dissolution; Ganong & Coleman, 2017; Johnson & Talitman, 2007; Spanier, 1976). Couple resilience includes positive marital interactions, empowerment and confidence, among others (Skerrett, 2015). Since these workshops were meant to help blended families stay together and flourish, and particularly couples (i.e., couple satisfaction or couple resilience), focusing on strengthening couple and family attachment and resilience is essential. A possible longer version of a psychoeducational workshop program may be needed to assess improvements in attachment and resilience, since shorter psychoeducation programs (e.g., six weeks or less) may be considered less effective (Lefley, 2009).

Overall KTI Evaluation of Pilot Psychoeducational Workshop Program

Credibility

To meet the credibility criterion of this particular KTI methodology (i.e., face validity of the program), findings must support the five specific needs of blended families, the KTI criteria, and improvement in outcomes for meaning, well-being, attachment, and resilience, while controlling for alliance as a covariate. In Study 1, there is qualitative evidence that the blended family participants supported the five specific needs, that they considered that the workshops reflecting these needs met their needs, and that these workshops were sufficiently credible, acceptable, feasible, and sustainable to further move to Study 2's pilot program evaluation of the workshops. However, these findings are limited to a small sample.

In Study 2, there is qualitative evidence that the workshops were perceived as credible, and overall acceptable, feasible, and sustainable. There was quantitative evidence that the meaning and psychological well-being variables had improved (but not mental health, nor attachment nor resilience), and that the KTI criteria of credibility, feasibility and sustainability in the Quantitative Satisfaction Questionnaire were generally met. There was no quantitative question addressing acceptability, and findings on the role of alliance were inconclusive. The credibility criteria towards overall face validity were mostly met, thus supporting the logic model (see Figure 1), albeit the sample was small and so findings must be interpreted with caution.

Acceptability

Acceptability for the knowledge users meant that the workshop program would be satisfactory and implementable. This was the case with the qualitative findings from Studies 1 and 2 overall. Also, given that knowledge users involved in designing programs that affect them tend to consider that these programs are acceptable, it was predicted that the workshop participants would find the workshops acceptable. Some knowledge users in Studies 1 and 2 did suggest some changes, particularly prolonging the program, allowing for an eventual increased

acceptability in the workshop program. As noted, this possible prolongation to the program could allow for possible improvement in attachment and resilience, thus reinforcing the credibility and acceptability criteria. Given this, the acceptability criterion was mostly satisfied in the KTI methodology of this current research.

Feasibility

Knowledge users assessed if the workshops were feasible. In Study 1, qualitative findings suggested that user experience interviewees believed that the proposed workshops were generally feasible. Revisions to the proposed workshops, such as adding more couple bonding and stepparent–stepchild exercises were made. Study 2 qualitative findings also supported the feasibility criterion, as workshop participants found the workshops effective and mostly easy to execute online with the help of the facilitator. Study 2’s quantitative findings partly supported the feasibility criterion, finding the workshops were mostly feasible, as some workshop participants would have appreciated clearer instructions.

Sustainability

In Study 1, user experience interviewees found the proposed workshops sustainable overall. In Study 2, qualitative findings found that the workshops were considered sustainable when linked to spirituality as they fostered meaning, togetherness, faith, hope and spiritual support for families and couples. To be noted that the qualitative question of sustainability in Study 2 was linked to spirituality and sense of meaning, contrary to the qualitative sustainability question in Study 1. Quantitative KTI data from Study 2 supported the qualitative KTI findings of Studies 1 and 2 that the workshops showed promise of being sustainable. User experience interviewees had also recommended longer term support with the workshop program in Study 1, which could make results more long lasting and sustainable. Since all four KTI criteria of

credibility, acceptability, feasibility and sustainability were generally met for this workshop program, this supports further that this pilot-study was credible and had face validity. Of course, all of these KTI results in Studies 1 and 2 are from a very small sample; widening to a larger sample may best support this interpretation.

Implications of this Research

Meaning and Well-Being, and Spirituality and Sustainability

Findings indicate that this workshop program increased blended family meaning and psychological well-being, which are much needed according to the literature (Larrue & Bellehumeur, 2018; Stewart, 2007; Watt, 2020). Since meaning and spirituality are also linked (Frankl, 1946/1992), the workshops provided spiritual support through building a stronger sense of meaning in daily life and well-being. However, the present research did not measure spirituality in depth. Future research would be required to establish this relationship. Some workshop participants felt their spirituality had been enhanced by the workshops. Others felt it had not really changed, although this may stem from an unclear definition of spirituality in the workshop instructions and in the surveys afterwards. Some user experience interviewees had suggested that blended families found spirituality to be important to support blended families: Spirituality became one of the additional targeted areas of needs identified by the blended family participants. According to the literature, spirituality may help families with problem solving and coping, and with improving well-being (Okur, 2020, p. 47; Walsh, 2009b).

Meaning and spirituality may also help build resilience, prevent family dissolution, and foster sustainability. This supports the literature that meaning has been associated with lower risk of couple dissolution, as well as with attachment (Armstrong, 2018c; Beehner, 2019/2024; Johnson & Talitman, 2007; Pandya, 2017). “Spirituality and religion can be significant resources

in individual and family resilience” (Caldwell & Senter, 2013, p. 441). During the workshops, certain knowledge users indicated that meaning emerged from deeper connection and that they felt hope in the face of adversity. Given this, some blended families felt more resilient moving forward in their lives with this renewed sense of meaning and togetherness generated from the workshops. Caldwell and Senter (2013) cited various studies suggesting how spirituality and religion have contributed to resilience with families, such as in the case of domestic violence and divorce, and that spirituality and religion can improve parent–child relations. Since spirituality is linked to sustainability and family resilience (Beehner, 2019/2024; Caldwell & Senter, 2013; Walsh, 2003a, 2009a, 2011, 2016a, 2016b), it may deter family dissolution, and potentially pave the way to family flourishing (Arslan & Yildirim, 2021; Lomas & Ivztan, 2016; Mohandas, 2008; Parrott et al., 2021; St. John, 2017; Walsh, 2009a, 2016b; Wong, 2017).

Couple and Family Attachment and Bonding, and Sustainability

Knowledge users mentioned appreciating reinforcing couple bonding activities in the pre-workshop qualitative findings in Studies 1 and 2. This is consistent with the research literature (Ganong & Coleman, 2017; Ganong et al., 2025). After the workshops, some participants mentioned having experienced more closeness with their family in the qualitative findings. Certain tasks in therapy with couples can help develop the intimate relational couple bond such as: “curiosity”, “mentalizing feelings and behavior”, “focusing on specific moments, yet promoting intimacy over time”, “encouraging negotiations”, “identifying and strengthening relational processes”, and “exploring complex emotional blocks” (Scheinkman, 2019, pp. 565–566; see also Johnson, 2008). These tasks were applied throughout the three workshops and can be more clearly identified and practiced in any further adjusted and prolonged workshop program as suggested. Couple bonding supports family stability and prevents couple and family

dissolution (Ganong & Coleman, 2017; Johnson & Talitman, 2007; Spanier, 1976). Research conducted by Ganong et al. (2019) supports improved couple relationship quality and stepparent–stepchild quality with improved couple functioning, harmony and cohesion (see also Skerrett, 2015). This could lead to couple and blended family stability and sustainability. After the workshops, more quantitative data is needed to conclude on couple bonding in this present research, although there were some qualitative results regarding family bonding and attachment which supported the sustainability of this program, as noted.

Playfulness and Sustainability

According to the knowledge users, in the qualitative findings in Studies 1 and 2, playfulness was an important ingredient in the success of these workshops. *Playfulness* can be described as “an atmosphere, attitude or mood that could be invited into the therapeutic space... it requires an amount of freedom and willingness to grasp what(ever) lies before the[therapist], such as the particular metaphors clients use, the therapist’s own sudden thoughts” (Veirmeire & Van den Berge, 2021, pp. 331, 339). This aligns with the qualitative findings of creativity, ingenuity, spontaneity, flow, openness and fun that were mentioned and appreciated by the knowledge users in Studies 1 and 2.

Playfulness with children and families reinforces effectiveness in therapy as well as attachment in families (Armstrong, 2018a, 2018b, 2021; Gonzales, 2009; Malchiodi & Crenshaw, 2014; Milteer & Ginsburg, 2012; Spooner, 2020). In all three workshops, there were many playful activities, such as the family sculptures in exercise 1 (1- maintaining a solid couple bond and parent coalition) in the Satir workshop, throwing the ball in a circle while telling a story and expressing feelings and needs in exercise 2 (2- dealing with struggles with losses, loyalties and change) in the EFFT workshop, and hot and cold guessing of feelings and needs in

a child's narration to their parents in exercise 3 (3- managing dividing parenting/stepparenting tasks) in the REAL workshop. A study by Willis et al. (2014) found that single session family therapy with play improved positive emotions, communication, family cohesion and bonding, child engagement, and understanding. Playfulness can also strengthen therapeutic alliance, as well as safety, attachment and well-being in families, particularly with children and teenagers (Gonzales, 2009; Milteer & Ginsburg, 2012; Schaefer, 1993; Spooner, 2020).

As user experience interviewees had emphasized in Study 1 the need for levity and improved family communication before the workshops, a playful tone was implemented in the workshops in a secure manner, especially with more challenging, conflictual or contradictory topics. Playfulness can promote well-being and attachment (Ariel, 2019; Armstrong, 2021; Gonzales, 2009; Milteer & Ginsburg, 2012; Spooner, 2020), which are linked to meaning and resilience. Pleasure and enjoyment are important in adult psychological and physical healing, and may strengthen attachment, as well as well-being (Bellehumeur & Malette, 2022; Saint-Arnaud, 2002). According to the qualitative findings, workshop participants reported experiencing fun and enjoyment through the workshop exercises. Ensuring that play and playfulness endure in any further applications of a sustainable program is strongly recommended.

Developing a REALSELF Integrated Treatment Protocol for Blended Families

As mentioned, blended families experienced only two psychoeducational workshop sessions each, for a total of four to six hours per two-session workshop, in which they reported improved meaning and psychological well-being. As noted, meaning and psychological well-being easily changed in the short-term in a two-session workshop. With brief, two-session workshops, the short-term goals in the logic model should be meaning and psychological well-being. Resilience and attachment could be set as potential medium-term goals under such circumstances, as they are linked to meaning and psychological well-being, and take longer to change, as noted. Knowledge users indicated that they would like more than the five exercises in a workshop in the qualitative findings of both Studies 1 and 2 such as a prolonged workshop. This could be conducted after a wider scale study first to support the pilot findings.

This proposed prolonged program could be called the *REALSELF Integrated Treatment Protocol for Blended Families*. The acronym *REALSELF* comes from: *REAL* for the REAL workshop, *S* for the Satir workshop, and *ELF* letters drawn from the EFFT – *Emotionally Focused Family Therapy* workshop (not to confuse with Emotion Focused Therapy that has no letter *ls*). *REALSELF Integrated Treatment Protocol for Blended Families* could be comprised of 15 exercises including three exercises per each specified blended family need for a total of five sessions (three exercises per session, for a possible total duration of about 15 hours).

This treatment protocol would propose an enriched blended family treatment grounded from the theory of the five specific blended family needs and the three therapy models used in this research. It would apply the KTI approach and may better serve the needs of blended families towards enhancing their flourishing than existing blended family psychoeducational programs. The *REALSELF* program could ensure the inclusion of knowledge users'

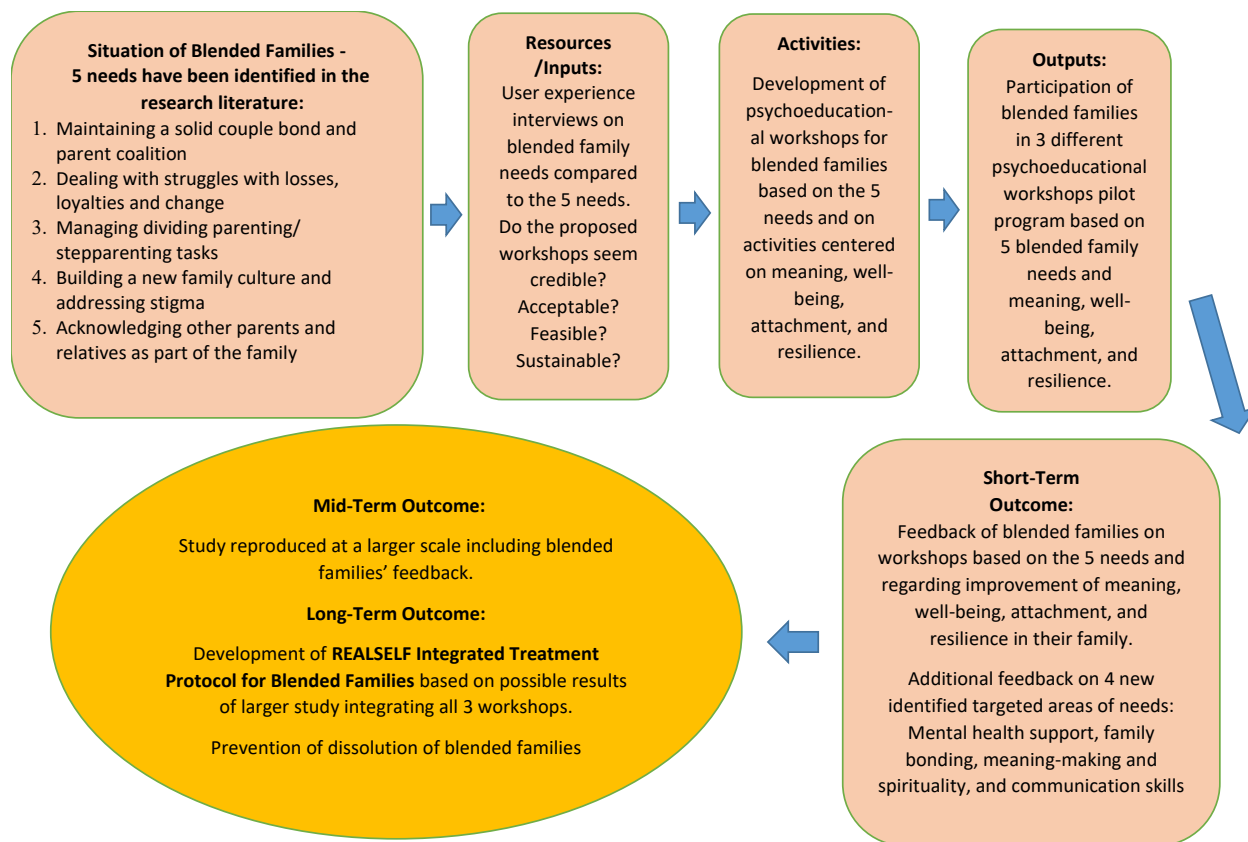
recommendations. The 15 exercises would also address the new targeted areas of needs that emerged (see Figure 3 below). Ongoing collaboration with knowledge users will be important to assess whether this proposed program layout would be a good fit.

Revised Logic Model

After reviewing overall results, research implications and reflecting on the possibility of developing a REALSELF Integrated Treatment Protocol for Blended Families, a second revised logic model was created from the knowledge users' feedback (see Figure 3). Overall results show enough promise to reproduce this pilot-study at a larger scale. It would integrate the feedback received from the knowledge users regarding targeted revisions to the workshop exercises. If findings seemed significant with this larger scale study and if they support the possibility of a longer program, then a longer version program (i.e., possibly the REALSELF Integrated Treatment Protocol for Blended Families) could be developed, including any relevant new feedback from knowledge users.

Figure 3

Logic Model Post-Study: REALSELF Logic Model for Blended Families



Delivery of the Workshop Program

Given the overall positive evaluation of this pilot program, a question remained if further application of this program should be implemented in person or online. The original workshops were designed to be conducted in person with a number of families at the same time. They were finally conducted online one family at a time, with the family taking responsibility towards gathering the needed material for the exercises using what they had at home, instead of the facilitator providing materials in an in-person format. Online therapy or psychoeducation can be as effective with families as in-person family therapy or psychoeducational interventions can be (Barak et al., 2008; Potter, 2022; Smith et al., 2023; Veirmeire & Van den Berge, 2021; Watt,

2020). It is possible to foster a good working alliance online with families, and online family therapy and psychoeducation can be empowering since family members must develop more agency as the therapist is not physically present (McCoyd et al., 2022; Smith et al., 2023; Veirmeire & Van den Berge, 2021).

Communicating Results to Knowledge Users

Participants and other potential knowledge users will be made aware of the results of the pilot-study through a short, written report, or through emails, Power Point presentations or oral presentations. Since the current pilot-study findings are promising, it is therefore ethical to inform stakeholders of the potential effectiveness of the program (Mancini et al., 2005). They would also be informed if it goes into a second phase testing with a wider audience, and that there will be a more in-depth evaluation with a larger sample. Finally, it will be important to disclose results for publication, both positive and negative results, to ensure the research remains ethical (Creswell, 2014), enriching community knowledge in family and in blended family therapy and psychoeducation.

Strengths and Limitations of this Research

Strengths of this Research

This pilot-study has shown to have certain strengths, such as it has successfully followed the steps outlined by the original logic model (see Figure 1) from needs assessment to psychoeducational workshop program evaluation. In effect, first, the user experience interviewees and workshop participants validated the five specific blended family needs found in the literary review; second, they added four more targeted needs beyond the five specific needs in the literature; third, they found the workshops implementable with only small adjustments. As for the workshop participants, first, the hypothesis that meaning, psychological well-being,

attachment, and resilience were correlated was validated; second meaning and psychological well-being positively changed from pre-test to post-test and working alliance was not found to be an explanatory factor for changes in meaning and psychological well-being. Overall, both groups from each study deemed that the workshops had face validity and met all four KTI criteria.

In addition to the positive findings above, it is important to note that it was possible to recruit nine user experience interviewees from different blended families, plus 25 workshop participants, all during a global pandemic. The overall richness of the results in the user experience interviewees' answers and the experiences and feedback of the workshop attendees show promise in further developing the program to meet the needs of blended families. Although the pilot sample was fairly small, it included a diverse group in age (from age 2 to over 80 years of age), various ethnicities, differing marital statuses and durations of blended family life, which added to the credibility and validity of the pilot-study results, or wider applicability to diverse blended families.

Other strengths of the current study are the originality of the KTI approach itself, which was a first with blended families, including children of all ages (both minors and adults) to ensure that the program would be a good fit for them (i.e., that it would be credible, acceptable, feasible and sustainable). It was also a first that this KTI methodology was conducted live online with only blended families, and while being in a global pandemic. As well, the fact that the study evolved into a live online format because of the COVID 19 pandemic helped blended families access services that were no longer available during this worldwide context or more difficult to attend or access. An online format may have encouraged families to participate in the workshops when they may not have had in person because of scheduling challenges to attend in person, and in person sessions were difficult to access during the succession of lockdowns during the

pandemic. Additionally, it was the first time that blended families in mostly the Eastern part of Canada had access to attending free psychoeducational workshops based on three family therapy models; the fact that they reported improved meaning and psychological well-being is a success in helping these blended families strengthen their resilience.

As well, findings from this pilot-study served to consolidate the research literature on blended families' needs from what emerged from the responses in Study 1. As such, four new targeted needs were proposed concerning needing more mental health support, strengthening their family bonding, enhancing their meaning-making and spirituality, and improving communication skills. Another key strength was the fact that the lead researcher had multiple raters for both studies. Their suggested interpretations greatly enriched the analysis and potentially minimized bias in the final analysis of responses.

Finally, the utmost care was taken in observing ethical principles, with the lead researcher taking courses in ethics to ensure that participants were protected to build trust (Israel & Hay, 2006) while guarding their autonomy, privacy, anonymity and credibility, and that the research promoted integrity through continued compliance with the Tri-Council Policy Statement (Secretariat on Responsible Conduct of Research, 2022). Approval and compliance with the Office of Research and Ethics of Saint Paul University, compliance with the Code of Ethics of the College of Registered Psychotherapists of Ontario (2011) and with the Canadian Association for Couple and Family Therapy's (2019) code of ethics for research further ensured the protection of the research subjects. Conflicts of interest were avoided, results remained anonymous and confidential, and proper means to destroy the data after the number of years promised will be put into action. The research design was thought-out to avoid "minimal risk to participants" (Mancini et al., 2005, p. 290) with their collaboration, as it is important to

demonstrate to them that there is significant benefit in being part of the study with little risk from the research with possibly benefitting from the free family psychoeducational workshops.

Limitations of this Research

Although there were many strengths with the process and outcome of this pilot-study, there were also limitations to this type of collaborative and participatory program evaluation research (Fetterman, Rodríguez-Campos, Wandersman et al., 2018). The small sample size of the study did not allow for certain expected correlations, such as a correlation between one measure of mental health (mental illness symptoms) with the meaning measure, as had been the case in past research involving these measures (Armstrong, 2017; Armstrong et al., 2019; Armstrong et al., 2020a, 2020b; Parrott et al., 2021; Watt, 2020). The reliability of this mental health measure may have been affected by the global pandemic. For instance, the answer to the question about concern with dirt and germs during the COVID-19 pandemic in the mental health measure was endorsed by most workshop participants. This may have skewed results and reduced the reliability and validity of this measure with a small sample. However, the meaning measure was associated with a different measure, that of psychological well-being in the present study. As such, the lack of some expected correlations may have been explained by the context of the pandemic or the small sample size, as one outlying or extreme item in a scale can have a potential significant effect on the full data set. In fact, the psychological well-being measure was not associated with the mental health measure, likely because of the one elevated item for most participants (on this brief measure) related to the pandemic.

Also, regarding questionnaire design, the questions in the satisfaction questionnaires did not always perfectly match the research questions or hypotheses. For example, the feasibility questions' wording was simplified for the knowledge users in the post-test satisfaction

questionnaire. As for the questions on sustainability in the Qualitative Satisfaction Questionnaire, it focused more on spirituality and meaning, rather than on suggestions as to how to make the workshop more sustainable or on suggestions regarding facilitation. Also, it was not clearly labeled as a sustainability question for respondents but was analyzed as such. This may have affected the interpretation of findings on meaning and spirituality as linked to sustainability. To be noted that there was also a question on sustainability in the user experience interview questionnaire which more closely matched the research question. Additionally, among the KTI criteria in post-test, acceptability was only measured qualitatively and not quantitatively. This decision was made in an effort to diminish the number of questions for participants, given it was assumed that the rest of the KTI criteria measures would support the acceptability criterion. Finally, since findings point to having a prolonged workshop program, it appeared to be a limitation to only conduct two sessions with the family as this did not appear to be sufficient to measure attachment and resilience. Further, a follow-up a few months or a year later could have been helpful to determine the sustainability of the skills learned and the outcomes reported. These issues should be remedied in further research.

There are also challenges for external validity as with any small sample study (Faber & Martins Fonseca, 2014). A “lack of an adequate sample is a validity issue” (Morse, 2015, p. 1214). Small samplings can give imprecise results. It is unclear how the present findings would apply to a broader range of blended families. A larger-scale study with a more diverse representation of participants would be beneficial and may support present findings.

Selection bias is another possible limitation as certain families chose not to participate citing lacking time or energy. Difficulties coordinating participation of children who lived with a family part-time may have introduced additional biases. To diminish these biases, the facilitator

was flexible in scheduling, adhering to each family's schedule seven days a week and during evenings. Dual relationships also occurred with the selected knowledge users. As recruitment was challenging during the COVID-19 pandemic, some of the knowledge users were acquaintances. However, there was no prior detailed knowledge of their blended family experience. Additionally, given the constraints of the pandemic, the lead researcher recruited most families through direct email contact or referral, usually from a community centre or professional association. This may also have led to a possible referral bias.

In research in collaborative and participatory program evaluation, participant variability or differences in knowledge users' background (age, culture, socio-economic status, lifestyle, number of kids, values...) may affect results (Fetterman, Rodríguez-Campos, Wandersman et al., 2018). This could also be the case with the results of this pilot-study. The sample was homogenous even though there was diversity in ethnic backgrounds. Blended families were from similar socio-economic backgrounds, and family compositions were from middle-class and upper middle-class backgrounds with post-high school education. The majority were simple blended families (all but three families in Study 1), with most parents in their forties. Future work should use a broader sense of blended families. For example, no same-sex couples participated in the study. This further limits external validity.

Inconsistency in the duration of the blended families' unions (from less than six months to over six years) may have also affected results. Children's participation was also inconsistent because of the wide range in age (from two years old to the end of adolescence) and in engagement. The children's wide age range in already a small children sample may have also impacted results.

There was also no control group. However, in a pre-test to post-test design, each participants' pre-test measure effectively served as the control. Also, since the workshop groups were all different, each group served as a control group to the others. This design thus removed the need for a control group.

Other limitations inherent to this type of program evaluation research may be that the quality of the results is based on workshop participation and on the quality of delivery of the workshops (Fetterman, Rodríguez-Campos, Wandersman et al., 2018). Some participants seemed less engaged, enthused, interested or skilled than others during the delivery of the workshops. Although the same facilitator conducted all nine workshops, these were three different therapy models. The facilitator's skill in delivering the workshops may have varied. It is also possible that workshop delivery changed over the year of data collection as the facilitator gained more experience with the approaches. Online delivery during the pandemic lockdown limited the ability to train a cofacilitator. As such, and contrary to the original plan, only one facilitator conducted all of the user experience interviews and the workshops. There was thus no second facilitator to mitigate challenges in clarity of delivery or in participation in a specific exercise by the family members.

To minimize potential biases related to sole facilitation, direct transcripts were made from the participants' comments during the conducting of the workshops. The facilitator also completed a questionnaire of each workshop experience for each family, to further enrich data, before reading participants' post-test responses. Workshop participants' responses were collected only once the workshops had been completed to not bias the facilitator while still conducting workshops. During the user experience interviews, there may also have been potential bias from using the direct transcripts instead of the audio recordings. Even though bracketing was applied,

these transcripts may have been missing certain elements of the user experience interviewers' discourse.

With the pandemic necessitating exclusively online engagement, there were issues addressing technological communication challenges and finding proper materials required by the participants to attend the workshops. Some families did not obtain in advance the required materials despite several reminders, so some of the exercises had to be adapted in the moment. This likely contributed to inconsistency in workshop delivery. There were also issues with some family members completing questionnaires within the correct time periods, resulting in several late responses.

Regarding the quality of responses, the user experience interviews and workshops were mostly conducted live. There may have been some convergence with the conducting of certain dyadic interviews. Also, user experience interviewees' questionnaires were long. Workshop participants had to respond to a large number of surveys with over 100 questions before and after the workshops. The participants may have lacked time to reflect in depth when responding to the questions and questionnaires. Further research should consider fewer pre-test and post-test questionnaires.

Concerning attrition, no families dropped out. However, one father and child did not complete post-test measures; one youth completed all of the questionnaires without participating in any workshops; three families participated without their children; and one family only had one child out of three participate. The EFFT workshop did not include any child participation, which may have also skewed results.

When reviewing potential rater bias, some bias may have been linked to research members lacking lived or professional experience or training with blended families. Also, as it

was challenging to find research assistants during the COVID-19 pandemic, those who were selected did not have any family therapy training. These researchers may have missed nuances in the blended families' reported experiences. Other potential bias may be that the lead researcher had experience with living in a blended family and professional experience and training with blended families. Having a mix of researchers with and without experience with blended families may have helped assuage biases. As well, since the blended family members were of different age groups, regions and ethnic backgrounds, and some were therapists themselves, the lead researcher and facilitator may have had more affinities with those who matched their own ethnic or cultural background and profession. The intercoding system may have aided in diminishing biases thanks to reviewers of varying backgrounds and theoretical orientations (McGue, 2001). Another possible limitation related to bias is that the research literature was mostly based on findings in the United States, which could foster a cultural bias in this research (Adler-Baeder & Higginbotham, 2020).

Regarding the notion of spirituality, this term was not clearly defined or clearly addressed in the workshops and in the accompanying materials, nor was it clearly linked to meaning. This should be remedied in further research as research suggests the importance of assessing clients' spirituality in a clinical setting (Walsh, 2009c). As for blended families flourishing, it was not directly measured in the pilot-study. Any interpretations linking it to this current research are inconclusive at this point. It is also important to be cautious and not presume that families who report resilience will flourish whereas the others will not (Walsh, 2016c). A multilevel approach working within a larger social system would best support blended families towards flourishing (Walsh, 2016c), with the possible further implementation of this pilot-study program.

Directions for Further Research

Given the initial promising pilot-study outcomes, as noted, a larger scale study addressing the limitations of the current study with a more diversified sample would further the research. If findings are supported with a larger sample, then it could be possible to adapt findings into the proposed REALSELF Integrated Treatment Protocol. This program would include longer-term support for blended families spanning about eight months for longer-scale support. It could be applied on a small scale at first, over 10 to 12 sessions possibly. Then it may be potentially extended to a group setting every two weeks for families sharing custody and to allow time to integrate and apply skills learned. Pre-recorded modules and facilitator follow-ups could then be added, as well as live recorded online sessions.

A potential hybrid program with an in-person integrated protocol easily adaptable online when need be, and some pre-recorded elements could be created. If implemented with a larger group of participants, many blended families may have difficulty attending regular sessions, given differing shared custody arrangements, and activities. Thus, future developments, after furthering this pilot-research with a larger sample, could include: a treatment protocol for family psychoeducation and therapy carried out one-on-one with blended families; an educational program with pre-recorded elements and carried out at families' convenience, with follow-up clinician support at various points to strengthen sustainability and address specific challenges more fully; or a live in-person or virtual workshop that could be recorded for participants who missed the session following the success of the D.R.E.A.M. Online-Live Hybrid Model derived from the REAL Family Therapy model (Armstrong, 2017, 2018a, 2018b; Armstrong et al., 2019; Parrott et al., 2021; Potter, 2022). Past REAL research with families found that a live program with recordings for those who missed a session had led to positive meaning and mental health outcomes (Potter, 2022). These various proposed methods of interventions (i.e., evidence-based,

online self-help audiovisual materials, guidance with group programs) support the World Health Organization's (2017) published research on scalability for populations experiencing adversity, such as blended families.

Next steps could be to apply this proposed program on a larger scale in person, probably through community agencies in the Ottawa region, in English, and in French, and then, once results are in, in other settings or municipalities. It will be important to continue controlling for alliance with a larger sample size as well. Additional research could be pursued to further differentiate between meaning and spirituality and the family therapeutic alliance in family psychoeducation with blended families, and with non-blended families.

Further research could also include the other parent (ex-partner) in order to apply skills in both households to support the wider blended family dynamic. This could allow "larger webs of interdependency" (Pylyser et al., 2020, p. 380), and enhance resilience and flourishing. Another area of future research would be blended families with same sex partners. Other specialized groups for research could be with pre-teens, teenagers or young adults living in blended families, to explore and learn about their unique perspective and give them extra support, as suggested in the literature (Braithwaite et al., 2008). A study that compares simple blended families to complex blended families could also be of worth in order to tailor approaches to differing needs of various blended family compositions. Studying blended families dealing with possible challenges such as attention-deficit/hyperactivity disorder (ADHD), addictions or with family members being on the autism spectrum could be another research direction, as these families may also have unique needs, strengths and stressors. Additional workshop modules could be designed just for blended family couples to teach couple bonding skills, as requested by knowledge users and as consistent with the literature (Scheinkman, 2019), or just for the

stepparents, or for the stepparent–stepchild relationship. Other possible areas of research may include exploring further the variables of meaning, spirituality, well-being, attachment, resilience, playfulness, and communication skills as effectively supportive for blended families.

There is also more research to do in validating the additional four targeted needs brought forward by the knowledge users beyond the five specific needs. Further research could also be conducted on meaning mindset as an effective framework to support blended families. As for training therapists to widen the scope of the program, research has found that family psychoeducation programs were effective if the trainers were family therapists (Bray, 2019). Creating an online train-the-trainer program and an online treatment protocol may be next steps as well, using the KTI methodology.

Finally, there is still space for more theory building on blended families' realities, challenges and values (Ganong & Coleman, 2017). For such a complex system as the blended family, a mixed method seems most appropriate to understand their resilience while applying dynamic, multilevel and longitudinal methodologies involving a process framework with a socio-developmental lens (Borge et al., 2016; Walsh, 2016c, 2020). Adding a longitudinal dimension to the KTI approach and scaling the proposed further research over years by studying blended family subgroups and their overall relation to the main family could certainly respect these recommendations.

Conclusion

In North America and Europe, blended families are growing fast (Eurostat, 2015; Jensen et al., 2018; Walsh, 2020). There is a need for a prevention approach for blended family dissolution such as through workshops that teach skills for resilience through psychoeducation. The current study is a first in conducting a program evaluation involving a needs assessment,

using the KTI approach for blended families. Since it is not best practice to apply non-blended family therapy to blended families, three proposed approaches (Satir, EFFT and REAL) were adapted as a psychoeducational program to meet the targeted five specific needs for blended families from the literature review and compared. Quantitative and qualitative results point to some effectiveness of these workshops, particularly in improving meaning and psychological well-being, although the findings are preliminary and concern a small sample.

Overall, this pilot-study shed a new light in blended family therapy research and in blended family psychoeducational programming. The applied Knowledge-Translation Integrated (KTI) approach helped integrate expert evidence-based knowledge with the knowledge users'. It has also fostered new meaning or understanding, as well as collaboration between experts and blended families.

The study did not add more understanding concerning the therapeutic alliance as findings were inconclusive. It has, though, enriched understanding of the links between meaning, well-being, attachment, and resilience for blended families. Family therapists could eventually be trained in the application of the possibly new emerging and proposed REALSELF Integrated Treatment Protocol for blended families, if findings are conclusive on a wider sample.

As blended families become the predominant family (Gold, 2017) in Western society, this present research and its further study implications partake in clinicians' responsibility to best support these families and understand their unique richness, challenges and capacity for resilience. Ultimately, this pilot-study program of psychoeducational workshops may be a good start to help blended families in becoming aware of needing support in reinforcing their meaning mindset and spirituality, their well-being, their attachment to one another, and their overall resilience towards building a life of fulfillment and flourishing.

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**Appendix A: Three Family Therapy Models Applied to the Five Specific
Blended Family Needs**

Satir’s Family Therapy Model Integrating the Five Specific Blended Family Needs

Specific Blended Family Need	Satir Model Intervention/Task
1- Maintaining a Solid Couple Bond and Parent Coalition	1- Expressing feelings, thoughts and needs towards developing a couple foundation with safe and congruent dialogue and behaviours
2- Dealing with Losses, Loyalties and Change	2- Recognizing coping patterns and improving all family members’ self-esteem
3- Managing Dividing Parenting/Stepparenting Tasks	3- Identifying and negotiating roles and developing safe family dialogue
4- Building a New Family Culture and Addressing Stigma	4- Recognizing similarities and differences in needs and identifying and negotiating rules
5- Acknowledging that Other Parents and Relatives as Still Part of the Family	5- Developing family congruence and honouring the freedom to act responsibly

EFFT Model Integrating the Five Specific Blended Family Needs

Specific Blended Family Need	EFFT Model Intervention/Task
1- Maintaining a Solid Couple Bond and Parent Coalition	1- Empowering the couple in a positive cycle of interaction which includes accessibility and responsiveness
2- Dealing with Losses, Loyalties and Change	2- Naming losses and distress and expressing needs securely and with empathy
3- Managing Dividing Parenting/Stepparenting Tasks	3- Developing positive self-regulation and emotional regulation for safe dialogue and negotiation
4- Building a New Family Culture and Addressing Stigma	4- Creating a secure base and safe haven for the couple, the children and other family members
5- Acknowledging that Other Parents and Relatives as Still Part of the Family	5- Strengthening secure family attachment bonds and positive co-parenting bonds

REAL Family Therapy Model Integrating the Five Specific Blended Family Needs

Specific Blended Family Need	REAL Model Intervention/Task
1- Maintaining a Solid Couple Bond and Parent Coalition	1- Creating a meaningful couple bond with responsible, responsive and attuned parenting through identifying challenging thoughts, feelings and behaviours
2- Dealing with Losses, Loyalties and Change	2- Addressing loss of meaning from these struggles through identifying challenging thoughts, feelings and behaviours of children
3- Managing Dividing Parenting/Stepparenting Tasks	3- Building mutual attunement between the parent and stepparent
4- Building a New Family Culture and Addressing Stigma	4- Applying emotional coaching towards secure attachment bonds through playful, creative family activities
5- Acknowledging that Other Parents and Relatives as Still Part of the Family	5- Choosing new thoughts and behaviours and opening up to new experiences, while building positive co-parenting

**Appendix B: Empirical and Evidence-Based Grounding for
Each Psychoeducational Workshop**

Workshop Exercises	Satir	EFFT	REAL
1- Maintaining a solid couple bond and parent coalition	Exercise based on the integration of Satir's Communication stances model and the Iceberg model, empirically tested on individuals by Cohen (2009), Caston (2009), and Chung and Leung (2016), and adapted by Tougas et al. (2006) from which this exercise was derived.	Exercise grounded in empirically-tested EFFT theoretical framework (Johnson & Lee, 2000), applying emotional skills building tool adapted from Lafrance Robinson et al. (2014) and from a popular children's game (The Telephone Game) used in group setting, child therapy and classrooms (Ayuning Tiyas, 2024; Samora, 2023).	Exercise grounded in Armstrong's theoretical framework for REAL Family Therapy (2016b, 2017, 2018a, 2018b, 2019), with this specific exercise adapted from Armstrong (2019). In the revised version of the workshop, the exercise was based on mutual eye-gazing adapted from Tatkin (2018; see also PACT Institute, 2024), grounded in Armstrong's theoretical framework.
2- Dealing with struggles with losses, loyalties and change	Exercise based on Satir's Five freedoms theory (Satir et al., 1991) and adapted from Tougas et al. (2006)'s exercise derived from this theory.	Exercise grounded in empirically-tested EFFT theoretical framework (Johnson & Lee, 2000), applying emotional skills building tools adapted from Lafrance Robinson et al. (2014). The use of the feelings ball is a common family and child therapy tool (Catholic Family & Child Service, n.d.; T. T. S. Group, n.d.). The use of play is strongly recommended to help families bond (Milteer et al., 2012; Spooner, 2020) and in EFFT with younger children or when emotional expression is challenging (Hirschfeld & Wittenborn, 2016; Wittenborn et al., 2006).	Exercise grounded in Armstrong's theoretical framework for REAL Family Therapy (2016b, 2017, 2018a, 2018b, 2019), with this specific exercise adapted from Armstrong (2019). The use of the feelings ball is a common family and child therapy tool (Catholic Family & Child Service, n.d.; T. T. S. Group, n.d.). The use of play is strongly recommended to help families bond with younger children or when emotional expression is challenging (Hirschfeld & Wittenborn, 2016; Milteer et al., 2012; Spooner, 2020; Wittenborn et al., 2006).

Workshop Exercises	Satir	EFFT	REAL
3- Managing dividing parenting/ stepparenting tasks	Exercise based on Satir's family roles (communication stances) and family rules theories (Satir, 1967; Satir et al., 1991; Yildirim, 2021), tested by Caston (2009); adapted for this study to clarify parenting roles and parent-child relations and attachment (Encyclopedia.com, 2019; Goffin et al., 2018; Jansten, 2024; Laukkanen et al., 2014).	Exercise grounded in empirically-tested EFFT theoretical framework (Johnson & Lee, 2000); emotional skills building tool adapted from Lafrance Robinson et al. (2014). The use of subjective units of distress (or disturbance) was added to help guide the participants with emotional self-awareness with anxiety and is derived from empirically tested cognitive behavioural therapy and is deemed effective with youth (Benjamin et al., 2010; Kendall & Hedtke, 2006; Kiyimba & O'Reilly, 2020; The Lincoln Center for Family and Youth, 2023).	Exercise grounded in Armstrong's theoretical framework for REAL Family Therapy (2016b, 2017, 2018a, 2018b, 2019), with this specific exercise adapted from Armstrong (2018a, 2018b, 2019).
4- Building a new family culture and addressing stigma	Exercise based on Satir's theory of similarities and differences (Banmen, 2008b; Satir et al., 1991) as well as Satir's family rules theory (Satir, 1967; Yildirim, 2021), and adapted from Tougas et al. (2006)'s exercise derived from these theories.	Exercise grounded in empirically-tested EFFT theoretical framework (Johnson & Lee, 2000); emotional skills building tool adapted from Lafrance Robinson et al. (2014) to which was added the tool of the story based on an exercise for families taken from Armstrong's clinical practice (n.d.). Family storytelling is considered therapeutic and is recommended for families in therapy (Freedman, 2014; Kiser et al., 2010).	Exercise grounded in Armstrong's theoretical framework for REAL Family Therapy (2016b, 2017, 2018a, 2018b, 2019), with this specific exercise adapted from Lowenstein (2006) into the REAL theoretical framework.
5- Acknowledging other parents and relatives as still part of the family	Exercise based on Satir's I AM Mandala (Satir et al., 1991), tested by Caston (2009), and adapted by Tougas et al. (2006), Carlock (2013), and Buckbee and Dupont (2016) from which this exercise was derived.	Exercise grounded in empirically-tested EFFT theoretical framework (Johnson & Lee, 2000); based on an exercise for families taken from Armstrong's clinical practice (n.d.), derived from the family circle method assessment tool (Thrower et al., 1982).	Exercise grounded in Armstrong's theoretical framework for REAL Family Therapy (2016b, 2017, 2018a, 2018b, 2019), with this specific exercise adapted from Armstrong (2018a, 2018b), including attachment theory with the notion of attuned parenting and responsiveness (Brumariu, 2015; Goffin et al., 2018) to secure children's emotional regulation.

Appendix C: Psychoeducational Workshops Program

Summary of Workshop Activities: Three Psychoeducational Blended Family Workshops

By Stephanie Larrue, PhD. (Cand.)

Thesis Supervisor: Dr. Laura Armstrong, C. Psych.

Workshop 1: Satir's Family Therapy Model

DAY 1

A. Solid Couple Bond and Parent Coalition

Goal: Expressing feelings, thoughts and needs towards developing a couple foundation with safe and congruent dialogue and behaviours.

The family will be presented with Satir's four coping stances (blaming, placating, super-reasonable and irrelevant). Their child/ren will mime each one with the help of the facilitator to teach them all. Each parent will then be asked to sculpt their blended family into the coping stances (using other participants or the facilitators to play certain family members if need be).

If the children are young (i.e., 14 years and under), after each parent creates a family sculpture, they snap a picture of each of them with their cell phones. The pictures are shown to everyone so all can comment on the differences between the two, then each parent answers the questions from Satir's iceberg model:

- 1- When seeing this sculpture and how it reflects your day to day life, how would you typically cope? (choose one of the four stances reflected in each of these sculptures)
- 2- When seeing each of these sculptures, how do you feel when looking at each one?
- 3- When seeing these sculptures, how do you feel about the way your family members say that they are feeling?
- 4- When seeing each of these sculptures, what expectations are you having; what beliefs and thoughts are you having?
- 5- When seeing these sculptures, what do you think your family wants or really needs?
- 6- What did this discussion and these sculptures teach me about who I am?

Children can comment as well after each parent's comments. (Each parent answers questions on their own picture/family sculpture only)

If children are older, then it is recommended that they hold the pose while the parents answer the questions without the children commenting during the process. A picture can be taken of each sculpture so children can see them at the end before passing on to the next step.

Afterwards, parents are asked to create an alternate sculpture of their ideal blended family, based on their discussion about the two sculptures, by sculpting the participating sculptures into new

ideal poses. A picture is taken of the new sculpture and all the family can comment on the before and after shots together.

Conclusion: Parents in blended families can have two differing realities of how they are experiencing the blended family which can touch upon their own family values, wounds and expectations. It is challenging for the biological parent to make the stepparent feel welcome and for the stepparent to not stir things up too much with new expectations and views on how things should be done. A strong parental coalition will help with creating a good foundation for all in the blended family through the expression and listening of thoughts and feelings and the minding of one's attitudes, expectations and behaviours towards better outcomes.

B. Struggles with Losses, Loyalties and Change

Goal: Recognizing coping patterns and improving all family members' self-esteem.

Each child (each their turn) will choose a situation in their blended family where they feel sad about something they no longer have or experience. They will write a poem, a short rhyme, story, or song about it that they will read to the parents or draw a picture about it that they will explain to their parents. Children would have a small window of time to accomplish this and may have to present it unfinished.

Then, the parents will ask them the following questions, in turn (pulled from Satir's Five Freedoms) regarding the situation the child is describing through the poem/picture:

In this situation where your child is sad:

- 1- Parent 1- What is it that you see or hear?
- 2- Parent 2- What is it that you feel and think about this situation?
- 3- Parent 1- How do you feel about what you feel?
- 4- Parent 2- What do want and need to feel better?
- 5- Parent 1- What kind of risk are you willing to take to get what you want or need?

Repeat the exercise with other child/ren if need be. (Toys, drawing and game will be available for children who need some entertainment while waiting for other groups).

Conclusion: Children are the most touched with loss when blending a new family. All family members are dealing with losses, and feel conflicted about change and loyalty conflicts in blended families. These challenges can affect everyone's self-esteem, especially that of the children, and they do not feel that they have a secure space in the family to express these complicated and sad feelings. Using the Five freedoms can be a way to give permission to feel and think through the situation to find a solution with the support of encouraging family members. This can help increase everyone's self-esteem

C. Dividing Parenting/Stepparenting Tasks

Goal: Identifying and negotiating roles and developing safe family dialogue.

The child/ren are asked (all together if more than one child) a series in front of the parents regarding what are the different roles they see their blended family parents holding. Here are some sample prompting questions; of the two parents,

- 1- Who cooks?
- 2- Who is the fun parent?
- 3- Who drives you to activities?
- 4- Who makes sure you get to school on time?
- 5- Who picks you up after school? Or: Which parent is home first when you get home?
- 6- Who takes care of you when you are sick?
- 7- Who helps you with your homework?
- 8- Who is more strict?
- 9- Who is easiest to talk to?
- 10- Who encourages you towards succeeding at something?

As the parents learn of all the answers, they write down those they do not agree with.

They will then create a quick skit together where they will invert the roles they do not agree with, or choose together which roles they will invert and they will play out the skit in front of the child/ren.

Afterwards, they will ask the child/ren what they thought of the new roles they played and how they felt about it. They will then also express how they felt about playing a different role than usual. There will also be exploration on any confusion over roles described by any family member. The parents can then agree with the children on at least one role trade at least once in the week between both parents to try out.

Conclusion: It can be easy for blended family members to feel confusion or frustration about roles as there are many changes from the original family in blended families. Letting all family members express these feelings is important towards creating more harmony for all. Child/ren's feedback can help parents acknowledge what needs adjusting and open up conversations with each other about this in a more equal partnership that satisfies both parents and the child/ren.

DAY CONCLUSION: GROUP DEBRIEF FROM FAMILY MEMBERS IF NEEDED TO CONCLUDE THE DAY.

DAY 2

D. Building a New Family Culture and Addressing Stigma

Goal: Acknowledging similarities and differences in needs and identifying and negotiating rules.

Everyone writes out three personal strengths (“things I’m good at”) and weaknesses (“things I could be better at”) each on a different colored cardboard paper. All of the pieces of cardboard are thrown into a hat. Each member has a bristol board stuck on the wall. Then each family member pulls out 3 cardboard pieces. And the rest must guess whose strengths and weaknesses they, and the family alternates every 3 cardboard draws from the hat until the pieces are all guessed. For each weakness or strength guessed, the one who guesses right sticks the cardboard piece on that family member’s cardboard. Then, altogether, the family is asked to write the names of any other family member who has the same strength or weakness besides the ones written on the Bristol posters.

Then each family member vocalizes one rule that they are not comfortable with that comes from another family member, based on the strengths or weaknesses written on the posters. Examples of rules: We always have dinner as a family. We should never be late. It’s important to do well in school. Getting a good night’s sleep is the best medicine. I must take my time getting out the door in the morning. I must be first to get in the car. Everything should be fair for everyone all the time. Everyone should be consulted.

Each family member then explains why that rule is uncomfortable for them regarding their experiences outside of the home. They vocalize their need and propose a rewrite of that rule to better suit their needs (parents can do this by also proposing a rewrite that suits everyone’s needs better). No one comments on each’s presentation.

Conclusion: Blended families must create a new family rule book from scratch, although there were original family rules before. It can be tricky for blended families to be able to suit everyone’s needs with family members having varying needs regarding their age and context. Acknowledging each’s strengths and weaknesses as well as similarities and differences can help families better understand each other towards more effective dialoguing and negotiating of rules and family member needs, especially when these rules get in the way of how family members feel perceived by outsiders in a negative way.

E. Other Parents and Relatives Still Part of the Family

Goal: Developing family congruence and honouring the freedom to act responsibly.

Family members will be invited to create a family collage using the 8 spheres of resources of Satir’s I AM Mandala (WHO AM I?): My Body (physical), My Feelings (emotional), My Mind/My Brain (intellectual), My Relationships (interactional), My Five Senses: I see, I hear, I smell, I taste, I touch (sensual), My Home(s)/My School/My Work/My Hobbies/My Sports/My Environment/Nature (contextual), My Eating/My Drinking (nutritional), My Spirituality (spiritual). They will be given a big Bristol board onto which they will cut out pictures from magazines and stick them for each of the 8 spheres. A list of key words for each category will be given to them to aid them in understanding what each sphere entails and to help with inspiration.

They will then each be asked about outside family members’ tastes, habits, beliefs for each of these 8 spheres, and how they feel about this, if they agree or not, and why.

Conclusion: Blended families exist as part of a greater whole. A larger family exists surrounding this newly formed family which influences them. Keeping dialogue open as to how each feel about these influences can help strengthen their family unit as well as honour family differences and influences towards greater flexibility and understanding, thus encouraging more coherent behaviours and interactions in the immediate and greater family.

FINAL DEBRIEF –

GROUP QUESTIONS AND ANSWERS ABOUT THE WORKSHOP AND FEEDBACK FROM THE LEARNINGS FROM THE WORKSHOP FROM DAY 1 AS APPLIED AT HOME

Workshop 2: Emotionally Focused Family Therapy (EFFT) Model

DAY 1

A. Solid Couple Bond and Parent Coalition

Goal: Empowering the couple in a positive cycle of interaction which includes accessibility and responsiveness.

The family sits in a circle with the parents sitting beside each other and the child/ren forming the rest of the circle. One parent expresses an “I feel” statement about a family situation in which he or she can feel excluded, misunderstood or dismissed at times. It is expressed in a short sentence. Example: I feel alone sometimes when you go and tuck the kids to bed without me. The sentence must not rate more than a 4 out of 10 in discomfort. The parent says this sentence to the first child in his or her ear. Then the child whispers this into the ear of the other child (or the parent, if the only child) and so on to the other parent.

The receiving parent then repeats the sentence back to the emitting parent. And then repeats and affirms the sentence to the emitting parent in a “You feel” statement towards validating the emitter. The emitting parent is asked to confirm if the receiving parent understood the message. The emitting parent confirms or adjusts the message if not.

If there is an adjustment in the message, the receiving parent is asked to restate back the message to the emitter while holding hands with the other parent.

The child/ren are then asked if the restatement is correct and to restate the message in their own words.

Then the parents alternate and the process is repeated.

Afterwards, each child is encouraged to do the same and express his or her experience, feelings and impressions about one slightly problematic family issue to both parents who will hold hands while listening together. Each parent will then restate in their own words what the child has said to the child, and the child can confirm or correct as needed, and the parent will adjust as needed as per above.

Conclusion: Blended families can feel stuck sometimes and need reassurance that they are being heard. Oftentimes, they may have trouble expressing what they are feeling and having supportive family members who can really listen can make the family feel closer and more at ease about expressing any issue. Partners need to create this ease of secure listening for each other and model it for the children. They must feel on equal footing when addressing their child/ren's needs together. Each family member must feel that others are there for them. Partners must feel that the couple is a secure foundation for them and can be solid and validating enough to address their child/ren's concerns as a team.

B. Struggles with Losses, Loyalties and Change

Goal: Naming losses and distress and expressing needs securely and with empathy.

The family stands in a circle. One parent volunteers to bring up a situation which deals with either loss, change or loyalty conflict in their blended family, speaking in "I feel" statements while holding a ball. Then he or she throws the ball to another family member when finished. The family member must reflect back what was heard, then throws the ball back to the parent. The parent adds to the sentence another feeling and throws the ball to another family member who restates it back to the parent, and so on, until all family members have had a turn or until a certain number of turns, and until the parent has expressed a need to help resolve the situation. Then repeat with their child/ren.

Here is an example of what a scenario would be:

Parent: I feel stressed when we're running late getting out the door in the morning. I was always used to being on time before.

Reflection: You feel stressed when we might be late in the morning. You used to always be on time.

Parent: Yes. That's right. If we're running late, I then sometimes get mad because I appreciate being on time.

Reflection: When you're stressed about being late, you feel mad because you like being on time.

Parent: Yes, I feel mad and I sometimes yell. Then, I feel upset with myself for yelling and not handling things better.

Reflection: You get upset with yourself for not handling things as well as you'd like.

Parent: I'd like everyone's help so that the mornings aren't so stressful.

Reflection: If we helped in the mornings then it wouldn't be so stressful.

Conclusion: Blended families experience many levels of losses and distress which need to be acknowledged by other family members in a safe way. When a family member feels distressed or sad, it is important that they feel they can securely express their feelings and feel heard while also learn to identify their need and feel welcomed with having expressed it.

C. Dividing Parenting/Stepparenting Tasks

Goal: Developing positive self-regulation and emotional regulation for safe dialogue and negotiation.

The couple models the exercise first while children observe. One parent expresses a distressing feeling (at a level of 6 out of 10) to the other parent about their co-parenting. Once it is expressed, the partner then describes how he or she is feeling in his or her body (tightness, faintness, palpitations, shortness of breath, pains...) after expressing what he or she did. The other partner then states back the original feelings with the description of the accompanying sensations to the partner. Once the message has been confirmed by the emitting partner, the listening partner then expresses the feelings and sensations he or she is feeling from hearing the other's distress. Either partner is encouraged to breathe slowly and to focus on their feet on the ground if the feelings and sensations become too intense. Then they take each other's hands and gaze at each other. And together they say to each other: we are a team, we will find a solution good for all of us. They can also hug if they wish afterwards.

Then the couple alternates.

The exercise is then repeated with the child/ren who express their distress (at a level of 6 out of 10) about a co-parenting issue which includes both parents present. This time, the parents will take each other's hands as well as the child/ren's hands in a closed circle and as they all look at each other, they say: "We are a team, we will find a solution that is good for all of us." They can also hug if they wish afterwards.

Conclusion: Blended family members must feel safe enough to bring up co-parenting issues that can be tricky to speak of with other blended family members. Parents can have opposing parenting styles which can create distress in the family. When family members really listen to each other with care and empathy, it is easier to express these challenging feelings. These feelings can be so difficult to express that there can be sensations that can make the message hard to express or hear. Becoming aware of the sensations and regulating them each through breathing, grounding, validating each's experience, as well as holding hands, gazing and hugging are ways to regulate and calm these difficult feelings and sensations towards opening up to dialogue to find a solution together that will be suitable for all (win-win solution).

DAY CONCLUSION: GROUP DEBRIEF FROM FAMILY MEMBERS IF NEEDED TO CONCLUDE THE DAY.

DAY 2

D. Building a New Family Culture and Addressing Stigma

Goal: Creating a secure base and safe haven for the couple, the children and other family members.

A story will have been prepared in advance of a child in a blended family who experiences four feelings within a given scenario regarding feeling family stigmatized because of being part of a blended family: fear, sadness, anger and shame. The child's parents will be involved with the situation and will interact with the child regarding these feelings, by validating

the four feelings, empathizing with them and guessing why the child is feeling the way he or she feels.

For example: “You feel sad because you were made fun of for having to miss a sleep over invitation because you had to come home to your other parent’s house because of the joint custody.” “You feel ashamed that you were made fun of in front of the other kids.” “You feel angry that you had to miss the sleepover.” “You feel afraid that you may have to miss out on many friend activities and lose your friends.”

Each family member takes their turn in reading one line of the story until the end of it.

Then, as a team, they are asked to generate a solution together that would be good for all of the family members. Everyone can propose ideas, no ideas are dismissed or criticized. They are all validated and taken into account until they reach an agreement towards a solution that is good for everyone.

Conclusion: Blended families often feel stigmatized for their situation. Although blended families are becoming more and more common, it is important to acknowledge that stigma towards blended families is real and family members can feel vulnerable and hurt. The blended family that has created a secure space to express feelings and find solutions together can address these issues as a family to lessen hurt feelings and build resilience together as a new family unit.

E. Other Parents and Relatives Still Part of the Family

Goal: Strengthening secure family attachment bonds and positive co-parenting bonds.

The Circle Method

Instructions for all family members:

- Take a sheet of paper for each family member. Draw a circle on each that takes up about half of the paper.
- Place your family on the paper. You can put them outside or inside the circle. You can make them big or make them little.
- Do it without looking at each other.
- Look at who you all put on the pictures, who was left out, who is big, who is little

The family is asked to describe what they see in each other’s pictures without any further comment (non-interpretive): “I see that you and your mother are the largest figures on the paper.” “I notice you put your stepfather outside the circle.” “I don’t see your father on the picture.” “I notice you have everyone inside the circle, no one is outside.”

Afterwards, family can congratulate each other on their drawings, express admiration or compliment each other on specific aspects that they liked of the drawings (of others and of their own).

Conclusion: Normalizing how complicated it can feel at times to live in a blended family with outer family members also influencing the blended family is important. Parents can stay

open to the children's feelings and experiences about these challenges and help them validate their feelings and thoughts about them while also encouraging the children to express their needs and find solutions with them that they can feel secure with.

FINAL DEBRIEF –

GROUP QUESTIONS AND ANSWERS ABOUT THE WORKSHOP AND FEEDBACK FROM THE LEARNINGS FROM THE WORKSHOP FROM DAY 1 AS APPLIED AT HOME.

Workshop 3: Rational Emotive Attachment-Based Logotherapy (R.E.A.L.) Family Therapy Model

DAY 1

A. Solid Couple Bond and Parent Coalition

Goal: Create a meaningful couple bond with responsible, responsive and attuned parenting through identifying challenging thoughts, feelings and behaviours.

A deck of cards with feelings printed on them is presented to each family.

Parents pick one card from the deck and must then prepare (30 seconds to discuss) a quick scenario linked to blended family parenting to play out the feeling that they will then improvise (without naming the feeling) in front of the child/ren who will guess what feeling it is. Parents can play children from the blended family.

Ideally, the child/ren team up together while the parents stay together as well. If there is only one child, then each parent can play once with the child as well, until there have been at least 4 turns. The child/ren can play the parents when improving. When the child/ren improve, the parents remain empathetic, encouraging and responsive towards the child AND encourage each other while they are guessing to strengthen their sense of being a team.

Conclusion: It's important to acknowledge and name feelings. Feelings are sign posts regarding what's going on. Close parental cooperating will support children in expressing their feelings and finding solutions as a team all together to strengthen family cohesion. Group debrief from family members if needed.

B. Struggles with Losses, Loyalties and Change

Goal: Address loss of meaning from struggles through identifying challenging thoughts, feelings and behaviours of children.

Beach Ball Empathy Exercise

The family is given a blown up beach ball on which various feelings have been written (e.g., joyful, lonely, silly, sad, etc.). The beach ball is tossed back and forth between family members. When a family member catches a ball, he or she must think of a time when they felt

the feeling they read facing them on the ball in their blended family. The family then asks, while putting hands their head and heart: “What are you feeling?” The family member responds. Then, they point to their head: “What are you thinking?” The family member responds. Then all family members are asked if there are other ways one could have felt in that same situation. As a family, they brainstorm as many possibilities that they can.

Conclusion: Acknowledging child/ren’s difficult feelings and thoughts surrounding loss is important to encourage as well as being supportive of their expression and resolution as best as possible with collaboration from all. Group debrief from family members if needed.

C. Dividing Parenting/Stepparenting Tasks

Goal: Building mutual attunement between the parent and stepparent.

A child chooses a scenario regarding a blended family parenting issue. He or she comes up with the feeling with one of the parents (while the other has walked out of the room), and what the stinky thought might have been that lead to that feeling.

The other parent returns and hears about the scenario and the challenging feeling and tries to guess the stinky thought. The child then says hot or cold, warmer or cooler depending on how close the parent is getting to the answer.

Once the feeling, thought and scenario have been guessed, the family as a whole can come up with various ways the scenario could be resolved, including how one might feel and think differently.

Conclusion: It can be challenging sometimes to divvy up tasks between parent and stepparent. They can have different upbringing, values, agendas, feelings and opinions. It is important for them to respect each’s point of view and feelings while also keeping in mind the well-being of all, parents and child/ren.

DAY CONCLUSION: GROUP DEBRIEF FROM FAMILY MEMBERS IF NEEDED TO CONCLUDE THE DAY.

DAY 2

D. Building a New Family Culture and Addressing Stigma

Goal: Applying emotional coaching towards secure attachment bonds through playful, creative family activities.

The family is asked to create a collective gift for themselves as a family. The reason for this gift is to celebrate their family even though others may believe that they are “not a real” family, or that they are a “broken” family, or that they are “not related”, etc.

The gift should address what they hear that may hurt their feelings or that may put into question their family to make them feel better as a family, celebrating what makes them a unique and special family.

Instructions for the facilitator: « The Family Gift »:

- Gather a variety of art supplies and a gift bag
- Explain to the family (or couple) that they are going to create a gift from the materials provided and that it's a gift for the whole family that everyone wants
- They must decide together on the gift and how it can be used within their family
- 30 minutes to decide on the gift and craft it
- Once they've created the gift, they have to place it in the gift bag

A discussion ensues where the family describe their gift, what it addressed and how each felt while making the gift: Who makes the decisions? How were disagreements handled? How can the gift help your family? Did you learn anything else that can help your family? What are the strengths of the family members that came through while making this gift? What's so special about your family?

Conclusion: Blended families must learn to celebrate new family activities and memories, and appreciate what each brings to these activities; this helps strengthen families in front of external challenges and create new family history. Group debrief from family members if needed.

E. Other Parents and Relatives Still Part of the Family

Goal: Choosing new thoughts and behaviours and opening up to new experiences, while building positive co-parenting.

Note: Both parents remain responsive and empathetic to the child/ren's feelings and thoughts throughout the exercise. Each member of the family starts out with two mini-snack packets. Each parent is given a list of various tasks to do linked to: Leave the room, come back, give 1 or 2 snacks to the children, take 1, 2 or all snacks from the children, give the children your snacks. They will switch up between them. Each time they fulfill a task, parents alternate asking how the child feels and why, as well as rate the intensity of their feeling on a scale of 1 to 10.

Then the family is asked to close their eyes and pay attention to one particular uncomfortable feeling they had during the exercise and rate the intensity of it on a scale of 1 to 10.

Then a visualization is proposed with each family member asked to become a straight, hard spaghetti which then hops into a pot of hot water and becomes soft and loose.

Family members are then asked to keep blown-up balloons up in the air for 1 full minute, picking up any balloons that fall to the ground to keep them all up in the air.

After the minute has passed, they are asked to name the feeling they are now having and to rate it on a scale of 1 to 10.

Conclusion: Blended families face daily changes that they do not always control or like, and may feel pulled by different family members. Challenging thoughts and feelings will come and go as days go by with these events. Using relaxing visualization like the spaghetti dance and/or a fun, distracting activity like the balloons game can transform stinky thoughts and feelings into more pleasant and supportive ones. This can aid in strengthening the blended family cohesion when family members are feeling vulnerable, towards finding new meaning as a reconstituted family with many caregivers, activities and interests as family members support each other in finding solutions to their challenges.

FINAL DEBRIEF –

**GROUP QUESTIONS AND ANSWERS ABOUT THE WORKSHOP AND
FEEDBACK FROM THE LEARNINGS FROM THE WORKSHOP FROM DAY 1 AS
APPLIED AT HOME.**

Appendix D: Summary Sheet of Pilot-Study**Pilot-Study of Three Psycho-Educational Blended Family Therapy Workshops****Lead Researcher: Stephanie Larrue, MA, RP, CCC, PhD. (Cand.)****Thesis Supervisor: Dr. Laura Armstrong, Clin. Psych.**

There are more and more blended families in the U.S. and Canada and the majority of these family units are likely to dissolve (The Stepfamily Foundation, 2020). Children in blended families are at particular risk for behavioural and mental health concerns in comparison to their peers in other types of family units, such as nuclear or single parent families (Cadolle, 2006).

There is limited research on helping blended families (Portrie & Hill, 2005). Mental illness prevention programs addressing meaning and attachment can promote mental health and resilience in families (Armstrong, 2016b). Meaning-making plays a significant role in family coping and diminishment of suffering (Walsh, 2009) and involves a sense of hope for the future; openness to feelings and connection with others; strong self-esteem; and a sense of responsibility (Armstrong, 2016a). Addressing meaning, including building better relationships, promotes mental health in families (Armstrong, 2016b).

The goal of the present research is to build skills for resilience addressing these behavioural and mental health concerns in blended families through psycho-educational workshops. These workshops are being developed inspired by three family therapy theories and involve stakeholders' (blended families, agency heads, mental health experts) opinions in their development (Armstrong, 2017). Psycho-educational workshops can support blended families in managing common challenges (Chen & George, 2005).

Three family therapy models that address meaning will be adapted to create workshops that include practical tools for blended families. Theoretical foundations of these workshops are grounded in:

- a- Satir's Family Therapy model (Satir, Banmen, Gerber, & Gomori, 1991), a well-recognized pioneering holistic model focused on self-esteem and dialogue;
- b- Emotionally-Focused Family Therapy (Johnson & Lee, 2000), a more recently established model developed to build secure connections with others; and,
- c- R.E.A.L. Therapy – Rational Emotive Attachment Logotherapy for Families (Armstrong, 2016b), a new holistic family therapy model based on meaning and attachment.

As well, research (Ganong & Coleman, 2017; Kumar, 2017; Papernow, 2018; Visher & Visher, 1996) has shown that blended families seem to have these specific challenges:

- 1- Maintaining a solid couple bond and parent coalition;
- 2- Struggles with losses, loyalties and change;
- 3- Dividing parenting/stepparenting tasks;

- 4- Building a new family culture and addressing stigma;
- 5- Acknowledging other parents and relatives as part of the family.

This pilot-study will propose one of three workshops to blended families over two one-day sessions to find out which workshop best suits their specific needs.

Appendix E: User Experience Interview Questionnaire

Using a Knowledge Translation-Integrated (KTI) Approach To Develop Workshops Aimed at Helping Blended Families Flourish

By Stephanie Larrue, PhD. (Cand.)
Thesis Supervisor: Dr. Laura Armstrong

Name (**Initials only**): _____

Age (or decade): _____

Role [Blended Family Member (BFM) or Therapist/Worker in Mental Health

(T/WMH)]: _____

Questions for the User Experience Interview

PART 1 – Please read 1- the document on the pilot-study (needs/workshops) and 2- the document entitled “Logic Model”.

I- What do you believe are the central needs of blended families?

- 1.
- 2.
- 3.
- 4.
- 5.

II- Reflecting on the needs of blended families in blended family research (Ganong & Coleman, 2017; Kumar, 2017; Papernow, 2018; Visher & Visher, 1996):

- A-Maintaining a solid couple bond and parent coalition;
- B-Struggles with losses, loyalties and change;
- C-Dividing parenting/stepparenting tasks;
- D-Building a new family culture and addressing stigma;
- E-Acknowledging that other parents are still part of the family

a- As a blended family member, how are **each** (A, B, C, D, E) of these needs lived in your daily life?

- A.
- B.
- C.
- D.
- E.

- b- As a therapist who has worked or works with family members part of a blended family, how do you believe a blended family experiences **each** (A, B, C, D, E) of these needs in their daily life?

A.

B.

C.

D.

E.

- III- Based on the needs that you have identified that are central for blended families, and the existing research literature (A-solid couple bond and parent coalition; B-struggles with losses, loyalties and change; C-dividing parenting/stepparenting tasks; D-building a new family culture and addressing stigma; E-other parents still part of the family), what do you suggest that could be particularly important and/or specific target areas for intervention in workshops with blended families to help them flourish?**

PART 2 – Please read the document entitled “Summary of Workshop Activities”

- IV- Here are some specific proposed workshops for blended families, based on the research literature. See separate document on Psychoeducational Workshops for Blended families.**

- 1. How could these workshops be modified to better meet your family’s needs (or a blended family’s needs)?**
 - 1.1. Satir**
 - 1.2. EFFT**
 - 1.3. REAL**
- 2. Is there anything important missing in these proposed workshops?**
- 3. What are your thoughts on these workshops being proposed in an online fashion, given the present pandemic? There are 2 possible options:**
 - a. Live videoconferencing workshops for the whole family (in real time)**
 - b. Prerecorded video instructions for the whole family (in segments)**

KTI research questions such as the following:

V. *Credibility:*

For each proposed workshop in which a preliminary template of activities has been provided,

- a. Do you believe that the workshop has face validity (i.e., does it appear to do what it is proposed to do; does it match the needs and outcomes presented in the preliminary logic model)?
- b. Do you believe that this program could reduce the likelihood of dissolution of a blended family and that it could enhance the quality of life of its members?

VI. *Acceptability:* Do you believe that all aspects of the workshops are acceptable? Specifically, are you satisfied with the proposed workshops? What suggestions for improvement do you propose?**VII. *Feasibility:***

- a. Do the proposed workshops seem easy to attend, participate in, and deliver? If no, please explain.
- b. Do you have suggestions that would improve feasibility when building upon the workshop for a more in-depth clinical intervention or prevention program?
- c. How accessible do the workshops seem to blended families? Do you have suggestions to make it more widely accessible for blended families?

VIII. *Sustainability:*

- a. How sustainable do you believe are these workshops or future clinical interventions? Please explain why.
- b. Do you think that train-the-trainer courses would be required to administer this workshop program?
- c. Do you think the workshop program would appear to end when the research ends? In what way might you suggest enhancing sustainability for the further, ongoing existence of such this workshop approach?
- d. Do you think that these proposed workshop activities, if addressed, will improve resilience, well-being, attachment and meaning for blended families? How would they be helpful for your/a family? In what ways would they be less helpful?

Thank you for your participation!

If you believe you would like to participate in the blended family workshops, please contact Stephanie Larrue to see if you meet the criteria at XXX.

Appendix F: Research Ethics Board Certificates



UNIVERSITÉ
SAINT-PAUL
UNIVERSITY

03-03-2020
dd-mm-yyyy

Bureau de la recherche et de la déontologie
Office of Research and Ethics

Comité de la déontologie | Certificat d'éthique Research Ethics Board | Ethics Certificate

REB File Number 1360.31/19

<u>Last name</u>	<u>Name</u>	<u>Affiliation</u>	<u>Role</u>
Larrue	Stephanie	Faculty of Human Sciences	Student-Principal Investigator
Armstrong	Laura	Faculty of Human Sciences	Thesis Supervisor

Type of project PhD Project

Title Using a Knowledge Translation-Integrated Approach to Develop Workshops Aimed at Helping Blended Families Flourish.

<u>Approval date</u>	<u>Expiry Date</u>	<u>Decision</u>
03-03-2020 (dd-mm-yyyy)	02-03-2021 (dd-mm-yyyy)	1 (Approved)

Committee comments

The Research Ethics Board (REB) approved the project.

The researcher is invited to use the reference number 1360.31/19 when recruiting participants.

1. In accordance with the [Tri-Council Policy Statement](#), the Saint Paul University Research Ethics Board (REB) has examined and approved the application for an ethics certificate for this project for the period indicated and subject to the conditions listed above.
2. The research protocol may not be modified without prior written approval from the REB. This includes, among others, the extension of the research, additional recruitment for the inclusion of new participants, changes in location of the fieldwork, any stage where a research permit is required, such as work in schools. Minor administrative changes are allowed.
3. The REB must be notified of all changes or unanticipated circumstances that have a serious impact on the conduct of the research, that relate to the risk to participants and their safety.
4. Modifications to the project, information, consent and recruitment documentation must be submitted to the Office of Research and Ethics for approval by the REB.
5. The investigator must submit a report four weeks prior to the expiry date of the certificate stated above requesting an extension or that the file be closed.
6. Documents relating to publicity, recruitment and consent of participants should bear the file number of the certificate. They must also indicate the coordinates of the investigator should participants have questions related to the research project. In which case, the documents will refer to the Chair of the REB and provide the coordinates of the Office of Research and Ethics.

Louis Perron
Chair
Research Ethics Board

1/1



UNIVERSITÉ
SAINT-PAUL
UNIVERSITY

03-03-2020
dd-mm-yyyy

Bureau de la recherche et de la déontologie
Office of Research and Ethics

Comité de la déontologie | Certificat d'éthique
Research Ethics Board | Ethics Certificate

REB File Number 1360.31/19

<u>Last name</u>	<u>Name</u>	<u>Affiliation</u>	<u>Role</u>
Larrue	Stephanie	Faculty of Human Sciences	Student-Principal Investigator
Armstrong	Laura	Faculty of Human Sciences	Thesis Supervisor

Type of project PhD Project

Title Using a Knowledge Translation-Integrated Approach to Develop Workshops Aimed at Helping Blended Families Flourish.

	<u>Approval date</u>	<u>Expiry Date</u>	
Modification #1	19-03-2020	02-03-2021	1 (Approved)
Initial approval	03-03-2020	02-03-2021	
	<i>dd-mm-yyyy</i>	<i>dd-mm-yyyy</i>	

Committee comments

The Research Ethics Board (REB) approved the project.
The researcher is invited to use the reference number 1360.31/19 when recruiting participants.

- In accordance with the [Tri-Council Policy Statement](#), the Saint Paul University Research Ethics Board (REB) has examined and approved the application for an ethics certificate for this project for the period indicated and subject to the conditions listed above.
- The research protocol may not be modified without prior written approval from the REB. This includes, among others, the extension of the research, additional recruitment for the inclusion of new participants, changes in location of the fieldwork, any stage where a research permit is required, such as work in schools. Minor administrative changes are allowed.
- The REB must be notified of all changes or unanticipated circumstances that have a serious impact on the conduct of the research, that relate to the risk to participants and their safety.
- Modifications to the project, information, consent and recruitment documentation must be submitted to the Office of Research and Ethics for approval by the REB.
- The investigator must submit a report four weeks prior to the expiry date of the certificate stated above requesting an extension or that the file be closed.
- Documents relating to publicity, recruitment and consent of participants should bear the file number of the certificate. They must also indicate the coordinates of the investigator should participants have questions

related to the research project. In which case, the documents will refer to the Chair of the REB and provide the coordinates of the Office of Research and Ethics.

Louis Perron
Chair
Research Ethics Board



CERTIFICAT D'ÉTHIQUE | ETHICS CERTIFICATE

SPU-REB Protocol # 1360.31/19

<u>Last Name</u>	<u>First Name</u>	<u>Affiliation</u>	<u>Role</u>
Larrue	Stephanie	Faculty of Human Sciences	Student-Principal Investigator
Armstrong	Laura	Faculty of Human Sciences	Thesis Supervisor

Type of project Doctoral Thesis

Title Using a Knowledge Translation-Integrated Approach to Develop Workshops Aimed at Helping Blended Families Flourish.

	<u>Approval date</u> dd-mm-yyyy	<u>Expiry Date</u> dd-mm-yyyy	<u>Decision (*)</u>
Ethics Renewal	19-01-2022	18-01-2023	1 (Approved)
<i>Modification #2</i>	02-07-2020	02-03-2021	
<i>Modification #1</i>	19-03-2020	02-03-2021	
<i>Initial Approval</i>	03-03-2020	02-03-2021	

(*) Approved:
 The Research Ethics Board (REB) approved the renewal of the project. Recruitment and data collection may continue as outlined in the application. Please use the **REB Protocol 1360.31/19**.
 The ethics approval applies for one year. However, any [modification to the project](#) must first be approved by the REB before the changes can be implemented. An [annual renewal report](#) for ongoing projects must be submitted. The researcher must provide a [final report](#) for projects that have been approved by the Research Ethics Board (REB) in order to close all REB-approved files.

1. In accordance with the [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2](#), the Saint Paul University Research Ethics Board (REB) has examined and approved the application for an ethics certificate for this project for the period indicated and subject to the conditions listed above.
2. The research protocol may not be modified without prior written approval from the REB. This includes, among others, the extension of the research, additional recruitment for the inclusion of new participants, changes in location of the fieldwork, any stage where a research permit is required, such as work in schools. Minor administrative changes are allowed.
3. The REB must be notified of all changes or unanticipated circumstances that have a serious impact on the conduct of the research, that relate to the risk to participants and their safety.
4. Modifications to the project, information, consent and recruitment documentation must be submitted to the Office of Research and Ethics for approval by the REB.
5. The investigator must submit a report four weeks prior to the expiry date of the certificate stated above requesting an extension or that the file be closed.



6. Documents relating to publicity, recruitment and consent of participants should bear the file number of the certificate. They must also indicate the coordinates of the investigator should participants have questions related to the research project. In which case, the documents will refer to the Chair of the REB and provide the coordinates of the Office of Research and Ethics.

Louis Perron, Ph.D.
Chair
SPU Research Ethics Board (REB)



CERTIFICAT D'ÉTHIQUE | ETHICS CERTIFICATE

SPU-REB Protocol # 1360.31/19

<u>Last Name</u>	<u>First Name</u>	<u>Affiliation</u>	<u>Role</u>
Larrue	Stéphanie	Faculty of Human Sciences	PhD Student-Principal Investigator
Armstrong	Laura	Faculty of Human Sciences	Thesis Supervisor

Type of project Doctoral Thesis

Title Using a Knowledge Translation-Integrated Approach to Develop Workshops Aimed at Helping Blended Families Flourish.

	<u>Approval date</u> dd-mm-yyyy	<u>Expiry Date</u> dd-mm-yyyy	<u>Decision</u> (*)
Ethics Renewal # 2	27-02-2023	26-02-2024	1 (Approved)
<i>Ethics Renewal #1</i>	<i>19-01-2022</i>	<i>18-01-2023</i>	
<i>Modification #2</i>	<i>02-07-2020</i>	<i>02-03-2021</i>	
<i>Modification #1</i>	<i>19-03-2020</i>	<i>02-03-2021</i>	
<i>Initial Approval</i>	<i>03-03-2020</i>	<i>02-03-2021</i>	

(*) Approved:

The Saint Paul University Research Ethics Board (REB) approved the project. Recruitment and data collection may begin as outlined in the application. Please use the **REB Protocol 1360.31/19**.

The ethics approval applies for one term. However, any [modification to the project](#) must first be approved by the REB before the changes can be implemented. The REB must be notified of all changes or unanticipated circumstances ([Unanticipated issues / adverse events report](#)) that have a serious impact on the conduct of the research, that relate to the risk to participants and their safety. An [annual renewal report](#) for ongoing projects must be submitted. The researcher must provide a [final report](#) for projects that have been approved by the Research Ethics Board (REB) in order to close all REB-approved files.

In accordance with the [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2](#) and other applicable laws and regulations, the Saint Paul University Research Ethics Board (REB) has examined and approved the application for an ethics certificate for this project for the period indicated and subject to the conditions listed above.

Ethics approval is valid for the period indicated above and is subject to the conditions listed in the section entitled "Special Conditions or Comments". The "Renewal/Project Closure" form must be completed four weeks before the above-referenced expiry date to request a renewal of this ethics approval or closure of the file.

Any changes made to the project must be approved by the REB before being implemented, except when necessary to remove participants from immediate endangerment or when the modification(s) only pertain to administrative or logistical components of the project. Investigators must also promptly alert the REB of any changes that increase the risk to participant(s), any changes that considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project or the safety of the participant(s).

Louis Perron, Ph.D.
Chair
SPU Research Ethics Board (REB)



Appendix G: User Experience Interview Recruitment Poster

**STUDY ON
BLENDED FAMILIES
ARE YOU PART OF
A BLENDED FAMILY?
DO YOU WORK
WITH BLENDED FAMILIES?
PARTICIPANTS NEEDED:**

**Using a Knowledge Translation-Integrated (KTI) Approach to
Develop Workshops Aimed at Helping
Blended Families Flourish**

Stephanie Larrue (Ph.D Candidate), under the supervision of Dr. Laura Armstrong (Ph.D., Clinical Psychologist), is developing workshops to help blended families be more resilient and flourish in their lives.

What is involved? Blended families and mental health professionals working with blended families or individuals part of blended families will be asked to participate in a focus group discussion in order to support the design of workshops for blended families' well-being.

Heterosexual blended families who have been together between 2 to 5 years and have at least one stepchild living with them at least part-time will then be offered the opportunity to partake in a trial run of the new workshops.

When will the study take place? Saturday afternoon April 4th 2020 from 12:00-1:00pm. A light meal will be provided.

Where will the study take place? Saint Paul University's Counselling and Psychotherapy Centre, Saint Paul University Residence, 150 Hazel St., Second floor K1S 5T8.

How long will it take? Participation may take approximately 60 minutes.

Interested? Please contact: Stephanie Larrue at XXX.

Research Ethics Board # 1360.31/19 – Contact person: Louis Perron, Chair of the Office of Research and Ethics, Saint Paul University, 613-236-1393, ext. 2453.

Appendix H: User Experience Interview Recruitment Letter

March 1, 2020

Julie Daigle, Administrative Coordinator
And Stephanie Yamin, Director
Counselling and Psychotherapy Centre
Saint Paul University
223 Main St.
Ottawa (ON) K1S 5T8

Object: Using a Knowledge Translation-Integrated Approach to Develop Workshops Aimed at Helping Blended Families Flourish

Dear Mrs. Daigle and Dr. Yamin,

I am Stephanie Larrue, Ph.D candidate in Counselling and Spirituality at Saint Paul University, supervised by Dr. Laura Armstrong. I am carrying out a research study to help blended families flourish since blended families are at a higher risk of dissolving than other families and their children can develop more behavioural and mental health concerns. Addressing meaning through mental health programs, including building better relationships, promotes mental health and resilience in families and fosters family coping and less suffering.

As well, research has shown that blended families have specific challenges that will be addressed through the development of customized workshops for blended families based on three family therapy approaches (Satir Family Therapy, Emotionally-Focused Family Therapy, Rational-Emotive Attachment-Based Logotherapy (R.E.A.L.) Family Therapy) and involving stakeholders' (blended families, agency heads, mental health experts) opinions in their development through a focus group. Once the results of the focus group are collected, they will aid in creating the workshops for blended families that will be held in May-June.

I would like to use your facilities to meet with the participants of the focus group (to be held on Saturday, March 28 at noon for approximately 60 minutes) and to also hold the three workshops for blended families, which will be co-facilitated with two family therapists (to be held over 6 Saturdays in May and June).

I am attaching to this letter more detailed information on the focus group and the workshops (see summary), as well as the recruitment posters that I am asking you to post in your Centre in order to recruit participants. This pilot-study has been approved by Saint Paul University's Ethics Committee and I hope that I can count on your participation in reserving rooms for the conducting

of the activities as well as for helping with the recruitment of potential participants for the focus group and the workshops. As such, I am looking for therapists and mental health administrators to participate in the focus group if you are interested or if you could identify or recommend people who would be. I am also making the request if you could disseminate these recruitment posters through your contacts (pending ethics approval).

I would appreciate if we could meet regarding this project to confirm and coordinate the type of collaboration we can develop for this pilot project to help blended families since little support is currently available to them. I would love to give you any further information you would need.

I thank you for your collaboration,

Stephanie Larrue, MA, RP, PhD. (Cand.)
School of Counselling, Psychotherapy and Spirituality
Saint Paul University
(613) XXX-XXXX

Appendix I: User Experience Interview Consent Form



Using a Knowledge Translation-Integrated Approach to Develop Workshops Aimed at Helping Blended Families Flourish

Purpose of the Study

Stephanie Larrue, Ph.D candidate in Counselling and Spirituality at Saint Paul University, supervised by Dr. Laura Armstrong, is carrying out a research study to help blended families flourish since blended families are at a higher risk of dissolving than other families and their children can develop more behavioural and mental health concerns. Addressing meaning through mental health programs, including building better relationships, promotes mental health and resilience in families and fosters family coping and less suffering.

As well, research has shown that blended families have specific challenges that will be addressed through the development of customized workshops for blended families based on three family therapy approaches (Satir Family Therapy, Emotionally-Focused Family Therapy, Rational-Emotive Attachment-Based Logotherapy (R.E.A.L.) Family Therapy) and involving stakeholders' (blended families, agency heads, mental health experts) opinions in their development through a focus group.

Procedure

If you (and your family members, if that's the case) are interested in taking part in the focus group, you will be presented with a series of questions including a preliminary plan for each of the three workshops. Your responses to these questions will help us to incorporate the lived experiences and needs of blended families directly into our program in order to better meet their needs. The focus group will be auditory-recorded so that the content may be further referenced for accuracy. Following the completion of the focus group, at a later date (May-June), you may be invited to participate in one of the three blended family workshops program if you meet the criteria.

If you or your family members feel uncomfortable answering any of the questions, then you or they may refrain from doing so. Participation in the focus group may take approximately 60 minutes of your time.

Rights of Participants

If you or your family decide to participate, you will be free to withdraw at any time. In addition, you are free to refuse to answer any question during the focus group. Participation in the study is fully voluntary. The information that you provide will help greatly in our understanding of blended family meaning, attachment and resilience as it relates to reducing mental health symptoms and enhancing blended family coping. All information collected from the focus group will remain completely confidential and will be stored in a locked cabinet and/or on an encrypted, password protected computer for a limited time and then will be securely destroyed. Questionnaires will be number or letter coded and anonymous. Answers will remain confidential

and will be used for research purposes only. If consent for participation is withdrawn, then your data will not be included in our analyses and will be securely deleted.

Limits to Confidentiality and Benefits of Participation

Although participation risk is minimal, anonymity isn't guaranteed due to the nature of group-meeting. However, participants may benefit from meeting others experiencing similar concerns. For research purposes, anonymity is guaranteed in all publications, as data will be number coded.

Furthermore, you will have an opportunity, if you choose, to participate in a new program based on tested family therapy approaches and the latest research on blended families that have been shown to promote family coherence, better functioning, resilience, reducing of symptoms of mental illness in addition to the new blended family workshops developed based on your feedback. Given this, participation may be beneficial for you, your child and/or your family. A light lunch will be available during the focus group.

Contact Information

This research has been reviewed by the Saint Paul Research Ethics Committee. This committee helps ensure and protect the rights and welfare of those participating in research. If you have any other concerns or questions, they can be directed to PhD. Candidate Stephanie Larrue at XXX-XXX-XXXX or Dr. Laura Armstrong at 613-236-1393, ext. 2341. The chair of research and ethics can also be reached at 613-236-1393.

Please sign below to provide your consent (and the consent of your child/ren if need be) to participate.

<u> X </u>	Name: _____
(Child? Y/N) Date: _____	
<u> X </u>	Name: _____
(Child? Y/N) Date: _____	
<u> X </u>	Name: _____
(Child? Y/N) Date: _____	
<u> X </u>	Name: _____
(Child? Y/N) Date: _____	
<u> X </u>	Name: _____
(Child? Y/N) Date: _____	

Research Ethics Board # 1360.31/19 – Contact person: Louis Perron, Chair of the Office of Research and Ethics, Saint Paul University, 613-236-1393, ext. 2453.

Appendix J: User Experience Interview Grouped Answers

User Experience Interviews – Final Coding (August 15, 2021)

I. What do you believe are the central needs of blended families?

(PARTICIPANT 6A) 1- complexity of levels of roles, meaning, parenting
 (PARTICIPANT 6A) 2- complexity of ongoing divorce, \$170 000 litigation
 (PARTICIPANT 6A) 3- complex blended family
 (PARTICIPANT 6A) 4- lack of support of other original biological parent
 (PARTICIPANT 6A) 5- financial challenges

(PARTICIPANT 5): 1- To talk about their experience of living with a new spouse, a new parent and additional children from a former union
 (PARTICIPANT 5): 2- To gain respect from the new comers in the family and continue to respect those who continue et be present
 (PARTICIPANT 5): 3- To learn how to accept each other and to share the household tasks according to the abilities of each person
 (PARTICIPANT 5): 4- To express feelings following the separation of the parents and feelings related to the formation of a blended family
 (PARTICIPANT 5): 5- To have support to face criticism and « relative » stigmatization (less and less nowadays) from society in general and particularly the peers in schools or friends in the neighbourhood
 (PARTICIPANT 5): 6- To recognize the extended family members as being part of this new blended family.

(PARTICIPANT 2AA): 1- Relation with stepdad and stepdaughter is difficult, tension; her half-sister who was the stepdaughter left to live more with her dad; reducing the shared custody when she was around 12 or 13 years of age. PARTICIPANT 2AA was 6 at the time and she missed her half-sister but she didn't like the tension. She feels she doesn't know her half-sister.
 (PARTICIPANT 2AA): 2- She and her big sister put their half-sister, who was their big sister, on a pedestal; and they both would fight to spend time with her when she would come over.
 (PARTICIPANT 2AA): 3- There was an unease in speaking about her half-sister with her own father (who was in a tense relationship with the half-sister).
 (PARTICIPANT 2AA): 4- She would have liked to have had a closer relationship with her half-sister and that would have reduced the fights with her other older sister.

(PARTICIPANT 1): 1- Finding our place in relationship to each other in the family.
 (PARTICIPANT 1): 2- Defining roles, adjusting to them.
 (PARTICIPANT 1): 3- Bridge the communication with the kids of different ages; develop communication skills.
 (PARTICIPANT 1): 4- Creating a space for communication skills, how to address shame, grieving, sadness outside and in family units.
 (PARTICIPANT 1): 5- How to address bonds being or not being created and creating space for this and accept what is.
 (PARTICIPANT 1): 6- Paying attention to child-child dynamic and stepchild/stepparent dynamic.
 (PARTICIPANT 1): 7. Finding time for each other and focus on each's needs with you own child and the stepchildren.

(PARTICIPANT 3): 1- Differences in parenting styles of each parent.
 (PARTICIPANT 3): 2- Loss of authority over children after the divorce.
 (PARTICIPANT 3): 3- Biological mother too involved in children's lives; parental alienation; loyalty conflicts.
 (PARTICIPANT 3): 4- Loss of daily contact with children after the divorce.

(PARTICIPANT 2A): 1- Recognizes the 5 needs presented.

(PARTICIPANT 4B): 1- He feels he is not able to help enough as a stepparent, he does not feel useful enough.

(PARTICIPANT 4B): 2- Would it be best to get out of the way when it's about PARTICIPANT 4A's family, and give them space? Should he get out of the way? Does he belong in the parental role?

(PARTICIPANT 4A): 1- How to cultivate belonging and empowerment in stepparent role and make it palatable for children? How to cultivate middle ground role for the stepparent (not be too outside, nor be too authoritative)?

(PARTICIPANT 4A): 2- Should she be initiating a relationship with her daughter's dad and fostering this? Or focusing on the new blended family?

II. Reflecting on the needs of blended families in blended family research

a. As a blended family, how are each of the 5 blended family needs lived in your daily life?

A. Maintaining a solid couple bond and parent coalition

(PARTICIPANT 6B) Still focusing on divorce battle, while he is also building a new family

(PARTICIPANT 6A) feels put aside because of the divorce battle; observing it only

(PARTICIPANT 5) Time is required for both parents, one from the former union and one continuing in the new blended family. Bonding between the partners can take months and even a year before being able to function as a united couple. Coalition of parents in this new life with children is an objective to obtain with dialogue, patience, compromising and love.

(PARTICIPANT 2AA): When her half-sister left, the fights diminished between her mom and dad.

(PARTICIPANT 1): creating a solid structure and routine for a safe foundation for everything else; need for parents and the couple to be united.

(PARTICIPANT 2A): Yes. At the beginning, everything is OK, but only with the children that they have in common; aggressivity of her spouse (with regard to his stepchild) and difficulty communicating about the stepchild.

(PARTICIPANT 3): When his children from his first marriage would come to see him, his new wife (their stepmom), would not take care of them.

(PARTICIPANT 4A): Maintain a strong couple bond. She's been a single parent for 7 years. She recognizes PARTICIPANT 4B acting in a parental role when she is not around.

(PARTICIPANT 4B): He stays on the outside, doesn't take on a parental role; he supports her where he can. He differs from PARTICIPANT 4A as he has never been a parent; he is OK with not assuming a parental role. Both relationships are separate for him (he and PARTICIPANT 4A and she and her daughter). PARTICIPANT 4A consults with PARTICIPANT 4B for advice on parenting.

B. Struggles with losses, loyalties and change

(PARTICIPANT 6A) who am I? How to parent 3 children? Not clear on her role; loyalty binds, ex-wife not recognizing her; things moving too fast; grieving what could have been

(PARTICIPANT 5): Both partners have separated from their original partners for different reasons. It will take time to grieve the first relationships. Depending on the degree of attachment to the former partner and the adaptation to the new partner, the struggle with losses can affect the new family life for a certain time. Children's loyalty towards the parent left behind may affect them to various degrees. Accepting the stepfather or the stepmother will possibly require quite some time.

(PARTICIPANT 2AA): There was a competition with her sister regarding who would most resemble their big half-sister.

(PARTICIPANT 1): Creating a space for that, finding communication ways to address those issues; be careful of not crossing loyalty with respect to parent-child bond.

(PARTICIPANT 2A): Her new spouse thought that she was more strict with their children than with her child from her original union; there were tensions once their two children were born (she felt torn between her children).

(PARTICIPANT 3): He had less influence on his children after the divorce, had to deal with healing the children's wounds from the divorce; loyalty conflicts and dealing with much change.

(PARTICIPANT 4A): Her daughter's dad is inactive in parenting as he lives in another country. Her daughter only met him through video twice. She is a single parent raising her daughter without a dad and three years together with PARTICIPANT 4B. She doesn't believe her daughter has felt the loss of not having a dad in the last 3 years since PARTICIPANT 4B has been with them. PARTICIPANT 4A and PARTICIPANT 4B have formed a family. She has no other comparison; it has been a positive shift, although it has also been a loss for PARTICIPANT 4A, because of having been a single parent for 7 years, she has shame and pride regarding this.

(PARTICIPANT 4B): He notices that it is hard for her stepdaughter on father's day. The daughter has been clear to him that he is not her father nor her stepfather. PARTICIPANT 4B considers him the stepdad and the daughter is still figuring this out. PARTICIPANT 4A's is still getting used to PARTICIPANT 4B taking on parental tasks; she needs to be told in advance when he will be doing so.

C. Dividing parenting/stepparenting tasks

(PARTICIPANT 6A): no time to establish roles; difficult to raise ex-wife's children even though she loves them.

(PARTICIPANT 5): The new household tasks are possibly different from the manner these were accomplished in the former family. The parent and the stepparent have to contribute according to their preferences and abilities. Flexibility and patience will determine the degree they adapt to the demanding tasks especially if the child or children can adjust easily or not to this new environment.

(PARTICIPANT 2AA): It was a challenge for a big half-sister to listen to her stepfather's instructions or to any discipline he would try to establish.

(PARTICIPANT 1): Growing and evolving issue with respect to parent-child bond; constant checking in with other parent.

Each parent monitors their own kids at this point.

Support each other as parents behind closed doors and support each other.

(PARTICIPANT 2A): Rigid discipline from her new spouse towards her first child although he had a different attitude with the children they had in common (less rigid).

(PARTICIPANT 3): His new spouse would stay invisible to his first children; he had to focus on his first children on his own without her support.

(PARTICIPANT 4B): PARTICIPANT 4A does all the parenting and he will step in if she's away as a "babysitter". He believes that PARTICIPANT 4A finds PARTICIPANT 4B is more involved with homework help, especially math.

D. Building a new family culture and addressing stigma

(PARTICIPANT 6A) acknowledges the stigma from external family, from ex-wife, from the court and from the new family

(PARTICIPANT 6B): Create own culture (blending family traditions); now they are a complex blended family

(PARTICIPANT 5): It would be a mistake to try to reproduce or to repeat the same model or culture as the one in the latter relationship. Progressively, a different culture will emerge over a period of time. To build a new culture will depend of the maturity and creativity of all family members, particularly the parents. The new partners may be tempted to compare each other's behaviour with the former spouse. Nowadays less and less people in society tend to stigmatized blended families. After a separation or a divorce, many families blend very frequently.

(PARTICIPANT 2AA): Her half-sister was still part of her family, even though she wasn't "her real sister", and her half-sister's father was from another culture, so her half-sister did not resemble her or her other big sister; and others did not accept her half-sister as her sister.

(PARTICIPANT 1): Address stigma but not too much attention (letting go); have awareness that it is affecting many people, friends, family; recognizes emotions, positive change; you are not replacing anyone; new relationships are being formed; don't need to create relationships with all those previous people; focus on family dynamic as first priority.

(PARTICIPANT 2A): She did not feel there were any concerns with stigma; she was able to build a new family culture while integrating the culture of the family of her first child as both the fathers of her children have different cultures.

(PARTICIPANT 3): His son from his new family was called a bastard; his ex-spouse's neighbours fueled the stigmatization towards him.

(PARTICIPANT 4A): Things got more real when they moved into a new home all together for her daughter: a new home now where she has more abundance, more than what her friends have who are in the same socioeconomic status as she (she now lives in the Glebe).

PARTICIPANT 4A comes from a stepfamily and her dad had another daughter. This gave her proof that stepfamilies could work.

She is forming a new family culture and knows what she wants, communicates to keep things open. She felt stigmatized as a single mother.

(PARTICIPANT 4B): He doesn't feel any stigma concerning their blended family or from his family. He finds he is not quite comfortable with his role as a parent.

E. Acknowledging that other parents and relatives are still part of the family

(PARTICIPANT 6B) Sharing custody-divorce battle about custody; their bubble, his ex's bubble and his ex's partner's bubble are all related (emotionally and with COVID-19); considers himself the pivot between the ex-family and the new blended family.

(PARTICIPANT 5): The bonds with the other parents vary from a family to another. The biological father and mother hopefully will continue to play their role after the separation. Often unresolved disagreements and grievances between the first partners may forbid one or the other to continue to be responsible towards their children. The new partner may object to the other parent's involvement if it's perceived as invasive or a way to remain in touch with the first spouse. Sometimes, a spouse can still feel love for the ex-partner. Depending on who initiated the separation, jealousy may prevent the acknowledgment that the other parent remains involved.

(PARTICIPANT 2AA): Her half-sister's father was always kind to her but she wanted to resent him because he took away her half-sister in her mind. Her half-sister is close to one of AP's cousins; AP's aunts and uncles on her father's side have mentioned that her half-sister was not part of the family. She felt hurt by this.

(PARTICIPANT 1): Keep those relationships alive, make space for external family, all lineages, keep them alive; deceased mom still alive through them (keep the deceased family members alive in daily life, blend them in everyday life): spirituality.

(PARTICIPANT 2A): Her first child's father accepted her new spouse: there was no conflict between them.

Her first child experienced more of the tension with regard to keeping her room in order at her dad's: she reacted to his strict discipline by having a disorderly room at her mom's, which created tension with her stepdad. The conflict between her first child and her stepdad was caused by the tension her child was experiencing with her dad.

(PARTICIPANT 3): His son from his second union was aware of having other brothers and sisters but he could not see them because of both stepmom's.

He considers that his first children have been cut off from their father-child lineage/bond.

His first children had a certain link with his family for a while but now that connection has been severed by their mom.

His ex-in-laws fueled the hostility from his ex-spouse towards him.

(PARTICIPANT 4A): The biological dad is not present; he got married, had a child, then got divorced and remarried. He has contact with her daughter's sibling and the mom to keep the relationship for her daughter. There is no relationship with the dad. He remains unknown and mysterious for her daughter and if there will be a connection with her ex-partner and his family. At least her daughter has met her half-sibling and PARTICIPANT 4A can be friends with the mom.

(PARTICIPANT 4B): He does not really have a relationship with his parents and... His relationships are with his sister and stepdaughter.

b. As a therapist who has worked or works with family members part of a blended family, how do you believe a blended family experiences each of these 5 needs in their daily life?

A. Maintaining a solid couple bond and parent coalition

(PARTICIPANT 6A) complexity.

(PARTICIPANT 5): My experience with family members of blended families was extremely rewarding in helping couples to establish a solid bond with each other. I remember a couple who disagreed completely, in the beginning of their new relationship, regarding the tasks and the role of the biological parent. Interview after interview, this couple learned to make room for the children of the parent left behind. I realized that a parent really appreciates the acceptance of the children by the new partner. The perception that the other parents can threaten the building of a new blended family tended to disappear with time and counselling.

(PARTICIPANT 4A): She does not have much experience yet. She is starting couples counselling with the theory course in the spring of May 2020.

B. Struggles with losses, loyalties and change

(PARTICIPANT 6A) Blended families have special needs in general

(PARTICIPANT 5): Struggles with losses, loyalties and change can represent a real challenge for a blended family. Both spouses and children as well have to deal with a loss of a partner and a parent. The steps of grieving take time, energy and capacity of adaptation on all parts concerned. A particular blended family I helped was able to overcome the difficulties related to abandoning old patterns which had contributed to the separation. I motivated this family to look forward and to spend their energy to build a new life.

(PARTICIPANT 4A): She has grown up in a blended family with her dad whose new wife had strong rules; she felt as if she was living in her house not their house.

C. Dividing parenting/stepparenting tasks

(PARTICIPANT 5): Short term counselling sessions served to help parents as well as stepparents to modify the old pattern of raising and educating their children. I helped those parents to become conscious and aware of their strengths as well as their weaknesses. My goal was to reinforce their positive points and help them develop new

abilities. After a few sessions, they were capable in many instances to realize what did not function and what they were determined to change.

(PARTICIPANT 4A): She can appreciate the complexity of single parenting and the new parent joining in and integrating into the new blended family.

D. Building a new family culture and addressing stigma

(PARTICIPANT 5): Before trying to build a new family culture, the members of a blended family must evaluate the former family culture in order to build on the positive points of the past relationships. And also to modify what did not work. Children as well as parents may resist to focus on building a new family culture if their former experience made them suffer. Addressing stigma may need some time before give it a try. Possibly children are more affected than adults by the stigmatization.

(PARTICIPANT 4A): She can recognize the diversity in families and in couples. She can empathize with the experience of a children and how a new family disrupts the bubble from the single parent family relationship.

E. Acknowledging that other parents and relatives are still part of the family

(PARTICIPANT 5): Children who felt abandoned by the other parent may avoid maintaining a close contact with that parent in order to prevent more suffering should another separation to occur. Consciously or not, they protect themselves from accepting and acknowledging that other relatives are still part of the family.

(PARTICIPANT 1): Keeping the deceased alive in daily life, in stories, in children's cellular makeup; integrating on a regular basis to create harmony and balance; address loss and loyalty issues for healing over time.

(PARTICIPANT 4A): She has a half-sibling from the same dad, with 14 years' difference with her half-sister.

III. Based on the needs that you have identified that are central for blended families, and the existing research literature, what do you suggest that could be particularly important and/or specific target areas for intervention in workshops with blended families to help them flourish?

(PARTICIPANT 6B): How to have functional and civil relations with ex-wife and her partner; coparenting with other people vs. parallel parenting in 2 households: How to communicate healthily in the best interest of their children?

(PARTICIPANT 6A/PARTICIPANT 6B): strengthen the core of the identity of the new family

(PARTICIPANT 6B): How to realize this special new relationship; how to not dissolve the couple? How to do self-care of their relationship? Considers he has found the perfect partner but the present situation is challenging.

(PARTICIPANT 5): Based on my experience with members of families and members of blended families, the specific target areas for intervention concern the following (including parents, young children and adolescents):

- Prevention of mental health problems such as depression, anxiety, suicidal ideation, drop-outs from school, stigmatisation
- Therapy to deal with alcohol and drug abuse
- Marital counselling
- Attachment to the absent parent and problems of re-attachment to the new family members
- Meaning-making or Spirituality / Search for meaning or sense of the new reality caused by the coming together of members in the family
- Individual and / or group therapy or self-help groups to facilitate the expression of feelings and emotions in order to prevent the depression
- Self-esteem groups dealing with coping with losses, loyalties and changes
- Sense of responsibilities and balance-seeking between rights and duties
- Prevention of the dissolution of blended families through meetings with 2 other blended families to seek support from people living similar family situations
- Negotiation regarding the tasks to perform.

(PARTICIPANT 2AA): Create a good relationship between non-biological children and stepparents: create a relationship based on trust.

(PARTICIPANT 1):

- Communication skills
- Finding ways to approach all of these new things
- Address stigma with the whole family
- Normalize blended family, more acceptance from family of all ages; normalizing fears and issues
- Acknowledge other parents and extended family members.

(PARTICIPANT 3): keep the communication healthy between ex-spouses for the good of the children.

(PARTICIPANT 2A): Marriage becomes a decision between her, the partner and her first child: the new family becomes a common project, and it's important to include the other parent.
The bond between the child and the stepparent is important otherwise the family can break apart.
Agreeing on the roles of the parents and stepparents concerning the children.
It's important that children can confide in someone.

(PARTICIPANT 4B):

- Belonging
- Roles

(PARTICIPANT 4A): Communication can foster openness.

There is a lack of clarity of relationship with the biological parent, with her own dad.

She believes in reinforcing the biological parent, to maintain the parenting role.

Communication with more clarity for the child as to what are the rules of the house from the biological parent.

Bonding activities as a family help strengthen the family relations. Including parent/stepchild relations, and supports the parent.

IV. Here are some specific proposed workshops for blended families, based on the research literature.

1. How could these workshops be modified to better meet your family's needs (or a blended family's needs)?

1.1. Satir

(PARTICIPANT 6B): it's important to start with the couple as the foundation; how do you decipher what is the truth with what children share (loyalty binds): staying lighthearted; appreciate having fun with the kids; focus on this blended family

(PARTICIPANT 5): No modification

(PARTICIPANT 2AA): She liked the third workshop, on parenting roles: it's a good way to identify problems. It would allow children to express themselves and to be heard; it's a chance for them to be honest.
The workshops seem good and fun.

(PARTICIPANT 1): Writing poetry could be challenging for teens; have different creative options for them (i.e., painting).

Role playing is funny.

She likes how both strengths and weaknesses expressed in the workshop.

(PARTICIPANT 3): Parents must encourage the thoughts and emotions of their children and recognize the difference in what the child says and what s/he feels and/or really needs. He liked the second exercise.

It's interesting the way it's presented as to how to support the parents and the children to express themselves.

The parent must exercise critical thinking with regards to what the child says.

These exercises help to develop more ease between parents and children and in finding solutions in their daily life and after in setting them up for the good of all.

(PARTICIPANT 2A): These exercises are a good way to start communication in the family, to help bring out feelings; it can take time for a person to open up: these exercises are only the beginning.

She liked the exercises that were proposed.

She finds that the playful aspect of the exercises is fundamental: be careful to keep a distance between real life and play.

And let's not get lost in the game either.

Ensure it remains grounded in reality.

It would be important that the exercises remain guided in reality so as not to fall into fantasy or phantasm which could block the outcome of the exercise.

(PARTICIPANT 4A): She likes the creativity, she finds it organic, open, playful, accessible for kids.

(PARTICIPANT 4B): Fun. Proposes to reverse the order, to start with parenting/stepparenting activities then do the more emotional activities.

He finds the activities open, an interactive process to open a side conversation or dialogue.

(PARTICIPANT 4A): It's about making meaning together; maybe it's harder with people who are less creative or more analytical. It might be good to have prompts for those who have trouble with trusting what comes first for them.

1.2. EFFT

(PARTICIPANT 6B/PARTICIPANT 6A): no comment

(PARTICIPANT 5): No modification

(PARTICIPANT 2AA): Very interesting.

The activities will allow to do things and remain honest, while addressing challenges without being aware of them directly.

(PARTICIPANT 1): She likes that it gets into the nitty-gritty of emotions.

Simple.

Easy to engage in.

(PARTICIPANT 2A): Children could be tempted to change the message just for fun in the first exercise.

The challenge with the first exercise is that it might be difficult to formulate an unease.

In the second exercise with the family standing in a circle and throwing the ball, it might be difficult to formulate or to deepen feelings.

(PARTICIPANT 3): He believes that the spouse must collaborate.

He considers the workshops as seeming positive for the families; he has never experienced these kinds of exercises, why not? He has only known mediation with his ex-spouse.

He likes how the ball exercise to express emotions is a good way to deepen them.

It's important to be attentive to what children are really saying and doing.

(PARTICIPANT 2A): She likes the exercise with the fictional story.

(PARTICIPANT 2A): She likes the concept of recognizing each's outer family.

(PARTICIPANT 3): He likes the exercise with the fictional story.

(PARTICIPANT 3): He believes that these workshops can help support family cohesion.

(PARTICIPANT 4B): It's harder for kids to engage in day 1 than in day 2 because it is more couple-focused. It might work better with larger families (with regard to the telephone game).

(PARTICIPANT 4A): It seems heavier, more prescribed than with the Satir workshops, less joyful, less playful. It's more focused on processing emotions.

The circle drawing exercise is accessible to all.

The throwing ball exercise: he is wondering about the ability to express feelings and use skills without being defensive?

She likes to deepen emotions around a situation.

She likes feeling emotion in the body, she finds this useful and supportive of each other.

1.3. REAL

(PARTICIPANT 6B): This seems less beneficial because it seems more about coparenting.

(PARTICIPANT 6A): Would have been more beneficial at the beginning of their relationship; she is the strict parent (PARTICIPANT 6B is more the fun parent; although he was more strict with his ex-wife)

(PARTICIPANT 5): No modification.

(PARTICIPANT 2AA): She really liked the final (5th) workshop activity: it's great to realize that you can change your mood.

The third workshop is good for children so they can speak about their difficult feelings and thoughts to their parents: if children don't talk about these, it can go far with feelings and thoughts not being expressed.

Play is important for kids; it makes the workshops easier to do.

(PARTICIPANT 1): Some hesitancy for teens to do the exercises.

Switch up emotions, you don't have to be stuck in difficult feelings: it's OK to shift out (for teens especially).

(PARTICIPANT 2A): She likes the final exercise where it's important to explain after that it's always possible to change your mood.

She likes the exercise with the beach ball even though it can be difficult to express emotions with words: children may have trouble doing this and may hesitate.

When one feels stuck with an emotion, one becomes reactive. These exercises teach families to understand their emotions and to rationalize, to take some distance from them: this is fundamental.

(PARTICIPANT 3): In each house, there are different rules; with regard to the exercises about step/parenting, and building a family culture and addressing stigma, it's good to express feelings and to have the support of the parent to help the child in clarifying their thoughts.

In the exercise on building a family culture and addressing stigma, it's a good idea to do a recap of the story by the parent: this helps in reframing the children's story through the parent's view (this enables to let the child recognize that both parents have their own way of parenting).

(PARTICIPANT 2A): She likes the idea that play can strengthen bonds in a family.

(PARTICIPANT 4B): She finds it interesting because it's open, she likes connection with feelings and thoughts.

She likes child-centric activities.

She likes the balloons thrown up in the air.

She likes the randomness of the exercise with a beach ball.

(PARTICIPANT 4A): He also likes the exercise with the balloons thrown in the air.

He likes the connection between feelings and thoughts; it offers new ways as to how to bridge thoughts and feelings with regard to a situation: this is validating.

He finds the workshops engaging, playful: it equalizes the playing field between parents and child.

He likes the game of charades.

He believes you can get meaningful work as in EFFT but in a more playful, light way.

2. Is there anything important missing in these proposed workshops?

(PARTICIPANT 6B): The first 2 workshops are about a strong couple; the third one is about better coparenting; the REAL workshop should be more about being a strong couple.

He thinks that all three are beneficial; thinks that the first 2 are more helpful because he needs support with his couple.

It's important to get the fun back in the couple. He feels his couple has a good parent coalition; he needs to know that his kids can trust and respect his new partner.

He needs more early communication skills to diminish resentment and to support each other as well as express things that need to be said early on.

These workshops could work also for first families.

(PARTICIPANT 5): I think these proposed workshops are complete and well structured to really help blended families.

(PARTICIPANT 2AA): no.

(PARTICIPANT 1): Lots of things touched upon; that's good.

There could be an exercise were you're honouring new beautiful things you are gifting each other in your life: recognize the gifts each brings in the family dynamic.

Doing uncomfortable work is challenging, comfort level may not be there yet.

Some of the activities would be challenging to open up to. So honour each's ability to show up and share.

Recognize a child's strength in the family: it's healing, after going through so much.

(PARTICIPANT 2A): Considers that if she probably only would like to take out 2 or 3 items from these proposed workshops, so she considers that these would be a success.

At what point can people assimilate all that they would learn in these workshops and what would they apply?

Proposing a summary at the end of the key points to be applied as a reminder would be a good idea.

(PARTICIPANT 3): He proposes that one does a follow-up with the families after the workshops to see if they have helped them.

These workshops can support children to feel unstuck.

They can help families appropriate their new family culture without denigrating it.

(PARTICIPANT 2A): She suggests to verify with participants in general to see what they liked and have them mention 1 or 2 things that really helped them.

She suggests that participants are asked how they could change a past situation with one of the new tools they have learned as well as how they would use these tools in the future (in the next week), so they can apply right away and probably more correctly than if they waited: A child could choose a situation in which he could apply the new tool s/he has learned.

(PARTICIPANT 4B): All three workshops seem like a rewarding experience. She likes the third one as it feels more positive.

3. What are your thoughts of these workshops being proposed in an online fashion, given the present pandemic? 2 possible options:**a. Live videoconferencing workshops for the whole family (in real time)**

(PARTICIPANT 6B) prefers: more fun; more interactive

(PARTICIPANT 6A) agrees.

(PARTICIPANT 5): I suggest this option.

(PARTICIPANT 2AA): It would be better this way because it's best to have a neutral facilitator present to guide and help the family if there are conflicts or difficult feelings.

(PARTICIPANT 1): Trickier to engage for teens.

(PARTICIPANT 2A): The facilitator must be present on screen; this is fundamental. Or within the pandemic context, the workshops could be done outside with social distancing.

(PARTICIPANT 3): Agrees.

(PARTICIPANT 4A): She prefers the first option with the facilitator to deepen the exercise, keeps the workshop on track; keeps people more engaged and accountable.

(PARTICIPANT 4B): The facilitator adds guidance along the way. The facilitator can observe and helps with inner comparability.

b. Pre-recorded video instructions for the whole family (in segments)

(PARTICIPANT 1): Kids may open up more.
Trainer wouldn't see how it goes.

KTI Research Questions:

V. Credibility:

For each proposed workshop in which a template of activities has been provided:

a. Do you believe that the workshop has face validity (i.e., does it appear to do what it is proposed to do; does it match the needs and outcomes presented in the preliminary logic model)?

(PARTICIPANT 6A): Yes.

(PARTICIPANT 6B): Yes.

(PARTICIPANT 5): Completely...I think.

(PARTICIPANT 2AA): Yes, this could work, but only if family members want to help each other. These workshops show that they can talk to each other and find solutions; that they can be heard and have fun. This can be a vision of the future for the family if everyone puts in the effort.

(PARTICIPANT 1): An entry point, otherwise it would be deep therapy with the family later.
Showing tools then it would be to establish the new dynamics
Recognize family skills to work on
Recognize that family is important to all
Some teens would not engage.

(PARTICIPANT 2A): This is a good effort to help blended families. There are so many other factors that come into play in what helps a blended family.

(PARTICIPANT 3): Yes, it would be good to make a plan to take into consideration the difficulties brought up by the families in their lives: It would be good if the families could commit to resolving these problems brought up (such as apply the skills learned; commit in correcting difficult behaviours). The point is to have a concrete outcome.

(PARTICIPANT 4A): Yes.

(PARTICIPANT 4B): Yes.

b. Do you believe that this program could reduce the likelihood of dissolution of a blended family and that it could enhance the quality of life of its members?

(PARTICIPANT 6B): Yes: It gives tools for more successful families.

(PARTICIPANT 6A): yes, it seems beneficial.

(PARTICIPANT 5): It could possibly reduce the likelihood of dissolution of a blended family but it's impossible to predict for sure an eventual dissolution. I'm sure they could enhance the quality of life of its members.

(PARTICIPANT 2AA): Yes, if everyone is well equipped with the needed communication tools for a better life together. For example, accepting what others have to say. We can have fun as a family, this can be a message for the kids, even if things aren't always going well at home.

(PARTICIPANT 1): Yes, for the likelihood of reducing couple dissolution.
Yes, for the likelihood that it would enhance the quality of life of its members.

(PARTICIPANT 2A): The workshops can help; they presuppose that the family is already committed at the start. And that they will remain committed in the long-term.
The workshops themselves are not sufficient without commitment from the families.

(PARTICIPANT 3): (see answer above, recopied hereafter): (PARTICIPANT 3): Yes, it would be good to make a plan to take into consideration the difficulties brought up by the families in their lives: It would be good if the families could commit to resolving these problems brought up (such as apply the skills learned; commit in correcting difficult behaviours). The point is to have a concrete outcome.

(PARTICIPANT 4A): Yes.

(PARTICIPANT 4B): Yes.

c. Acceptability: Do you believe that all aspects of the workshops are acceptable? Specifically, are you satisfied with the proposed workshops? What suggestions for improvement do you propose?

(PARTICIPANT 6B): REAL: It would be more acceptable if it were more about couple bonding; it probably would have been more appropriate at the beginning of their relationship. He still believes that the REAL workshop is acceptable, but he does believe that the Satir and EFFT workshops are more appropriate and acceptable to them now as a couple.

(PARTICIPANT 6A): no comment.

(PARTICIPANT 5): All aspects of the workshops are very acceptable and very appropriate. I'm totally satisfied with the proposed workshops.

(PARTICIPANT 2AA): It's too bad that the workshops cannot be done in person because it would make a difference to do them in person.
She has no thoughts on what could be missing with these workshops.

(PARTICIPANT 1): Acceptable – see suggestions previously in Credibility – a. (face validity).

(PARTICIPANT 3): Be mindful of what the child says and reframe.
Be careful to listen to parents as well.
Work on one exercise more than on another depending on the needs of the families.

(PARTICIPANT 2A): Instead of touching upon the 5 needs(/themes), decompose the workshop with 1 theme broken up into various specific exercises to reinforce the theme.

Certain exercises are less playful than others.

Some exercises are more introspective or more explosive (less playful).

Ensure there is a follow-up, reinforcing the concrete outcomes for families after the workshops.

(PARTICIPANT 4A): Yes. All aspects of the workshops are acceptable.

(PARTICIPANT 4B): Yes. Same.

(PARTICIPANT 4A): See previous comments regarding suggestions.

(PARTICIPANT 4B): Same.

VI. Feasibility

a. Do the proposed workshops seem easy to attend, participate in, and deliver? If no, please explain.

(PARTICIPANT 6A): She believes that it will be an extra challenge with the COVID-19 pandemic, but otherwise, yes.

(PARTICIPANT 5): I think so.

(PARTICIPANT 2AA): Yes.

(PARTICIPANT 1): Yes; it's trickier to talk teens into going to these workshops.

(PARTICIPANT 2A): Yes.

(PARTICIPANT 3): Yes.

(PARTICIPANT 4A): Yes. They seem easy to attend, to participate in, and to deliver. She believes that some of the workshops are harder than others, depending on different people.

(PARTICIPANT 4B): Yes. They seem easy to attend, to participate in, and to deliver

b. Do you have suggestions that would improve feasibility when building upon the workshop for a more in-depth clinical intervention or prevention program?

(PARTICIPANT 6A): They seem family-oriented – not enough revolving around the couple – when is it about the stepparent and the couple and not so much revolving around the children? How to have a balanced life? How to attach to stepchildren that are different from your own children?

(PARTICIPANT 5): I cannot think of any.

(PARTICIPANT 2AA): If the children are young; then it might be good to add elements to ensure they enjoy themselves and have fun so they don't get tired and to keep them busy.

(PARTICIPANT 1): How to make teens engage? Do teens and parents separately.
Then combine them together at the end of the day in the workshop or another time.
Or engage them in social media forum.
Or workshops through art and dance for the teens: give them more freedom.

(PARTICIPANT 4B): See suggestions presented in the answers on Credibility and Acceptability.

(PARTICIPANT 4B): Same.

VII. How accessible do the workshops seem to blended families? Do you have suggestions to make it more widely accessible for blended families?

(PARTICIPANT 6B): How to help blended families?:

Train other people and therapists so it's offered everywhere in Canada.

Support group for stepmoms.

Why not take out some time to do these workshops? How to advertise? Access stepmom groups.

(PARTICIPANT 5): The workshops should be offered in the evening because of the non-availability of parents and children during the day. Most of these young parents work on a full-time basis.

(PARTICIPANT 2AA): Yes. It's important to maintain the attention of the younger children.

(PARTICIPANT 1): Dependent on each family dynamic.

(PARTICIPANT 2A): Yes.

(PARTICIPANT 3): Yes.

(PARTICIPANT 4A): It's pretty accessible: Satir and REAL workshops are more accessible. She finds them more creative and playful, which makes them more accessible.

(PARTICIPANT 4A): It's good that the program is offered over 2 days; it's less overwhelming, there's more time to process between both days.

(PARTICIPANT 4B): The EFFT workshop is easier if properly used by the family/the individuals or the couples in therapy.

VIII. Sustainability

a. How sustainable do you believe are these workshops or future clinical interventions? Please explain why.

(PARTICIPANT 6B): see PARTICIPANT 6B's last answers.

(PARTICIPANT 6A): yes, she believes it's sustainable.

(PARTICIPANT 5): No idea about this one.

(PARTICIPANT 2AA): Yes, super. If people are capable of doing it (if they have access or the capability to put into practice the skills learned).

(PARTICIPANT 1): Adapt to different age groups.

- Engage parents to work out these issues without the kids.
- It could go long term and grow

(PARTICIPANT 3): Requires long-term maintenance.

(PARTICIPANT 2A): Agrees.

(PARTICIPANT 3): This program should be available over time, so it could be redone 1 year later, for example.

(PARTICIPANT 2A): The family problems are universal: Even non-blended families could participate.

(PARTICIPANT 4B): Yes, there is a need. Word of mouth is a great expression for the family. There are so many families that would relate to these exercises, not just blended families.

(PARTICIPANT 4A): Yes,, there is a need, these are common struggles; this program brings awareness to blended families, these are shared struggles for different families.

b. Do you think the train-the-trainer courses would be required to administer this workshop program?

(PARTICIPANT 6B): people who should already be part of a blended family

(PARTICIPANT 6A): personal experience in a blended family would be best.

(PARTICIPANT 5): Preferably yes.

(PARTICIPANT 2AA): It would be useful to ensure that the trainee interprets well what's going on but it is also feasible without a facilitator, although in that case it would be harder for the families.

(PARTICIPANT 1): A facilitator to take it more seriously, and to be supported throughout, get through the more difficult feelings.

(PARTICIPANT 3): It would be important to train the facilitator to give a basic framework to the workshops for the family, as blended families are dealing with serious and complex problems.

(PARTICIPANT 2A): Yes.

It's important that the facilitators perceive the dynamic of the families when family members feel stuck.

(PARTICIPANT 4A): The facilitator needs training, it takes many years to handle a group.

(PARTICIPANT 4B): It would be hard to do without a trained facilitator who needs to know how to take care of the children.

c. Do you think the workshop program would appear to end when the research ends? In that way might you suggest enhancing sustainability for further ongoing existence of this workshop approach?

(PARTICIPANT 6B): A way to help blended families is to move forward. There is a big need with blended families.

(PARTICIPANT 5): Yes. It would be important to continue the workshops for a longer period of time if possible.

(PARTICIPANT 2AA): either the families do it themselves at home with access to a website with the workshops on there plus life skills, where it would be suggested that the workshops would be done at home as a family on a weekly basis, or the families go to an institute and do the workshop with a facilitator on-site.

(PARTICIPANT 1): Yes, we need more of these kind of things for blended families.

(PARTICIPANT 2A): I believe there is a future for this program, as there are many blended families who have many problems.

(PARTICIPANT 3): Yes, there is a future for this program.

It would be good to adjust the workshops to better adapt to each family's problems.

(PARTICIPANT 4A/ PARTICIPANT 4B): If the results are shared with agencies, this would be useful in schools, for social workers, and therapists.

d. Do you think that these proposed workshop activities, if addressed, will improve resilience, well-being, attachment and meaning for blended families? How would they be helpful for you/a family? In what ways would they be less helpful?

(PARTICIPANT 6A): Clarify how to express things: can improve well-being and attachment; which would enhance meaning and resilience: this would be helpful.

(PARTICIPANT 6B): Considers that the emphasis should be on helping the couple improve their relationship.

(PARTICIPANT 6A): How are the workshops applicable in addressing the 5 needs? PARTICIPANT 3 ended families are complex, this is the tip of the iceberg.

(PARTICIPANT 6B) AND (PARTICIPANT 6A): Both are interested in participating in the workshops but are not sure that the children will be able to because of the ex-wife's needed approval.

(PARTICIPANT 5): The workshop activities would most likely improve the resilience, the well-being, the attachment and meaning for blended families. Sharing important ideas, feelings regarding major issues among each member of the family may effectively be helpful.

(PARTICIPANT 2AA): Yes, there may not be an immediate impact necessarily; even if the families only practice 2 workshops (modules) and apply what they have learned as often as possible, they would function better in their everyday life.
Knowing that families must always make an effort so they can better function together.

(PARTICIPANT 1): Yes, any activity together is a bonding moment.
Tools of sharing emotional skills: helpful to make that more accessible for the family
Enhance well-being by learning these skills and to help dialogue in families and healing for all.
Resilience training for parents in blended families.

(PARTICIPANT 3): Yes, this could help through games and communication exercises.

(PARTICIPANT 2A): Yes, she agrees, absolutely.
Just the fact that the family is willing to engage into doing the workshops is a message to other family members.

(PARTICIPANT 4B): Yes, especially in early stages in a family blending. Yes, it would be helpful for their blended family.

(PARTICIPANT 4A): How to manifest it for later stages in blended families? It would be helpful for her family of origin and for her new blended family.
She finds it's less helpful for families thinking there are no problems in their family. It could disrupt the flow of the family.

PARTICIPANT 4A is interested in participating in the workshops, she will check with her daughter.

Appendix K: Revised Psychoeducational Workshops Program

Three Psychoeducational Blended Family Workshops

By Stephanie Larrue, PhD. (Cand.)
Thesis Supervisor: Dr. Laura Armstrong, C. Psych.

Workshops Conducted Online

Workshop 1: Satir's Family Therapy Model

DAY 1

A. Solid Couple Bond and Parent Coalition

Goal: Expressing feelings, thoughts and needs towards developing a couple foundation with safe and congruent dialogue and behaviours.

Materials: A cellular phone or tablet that can take a picture; paper and pen for those who wish to take notes.

Instructions: The family will be presented with Satir's four coping stances (blaming, placating, super-reasonable and irrelevant). Their child/ren will mime each one with the help of the facilitator to teach them all. Each parent will then be asked to sculpt their blended family into the coping stances (using other participants or the facilitators to play certain family members if need be).

If the children are young (i.e, 14 years and under), after each parent creates a family sculpture, they snap a picture of each of them with their cell phones. The pictures are shown to everyone so all can comment on the differences between the two, then each parent answers the questions from Satir's iceberg model:

- 1- When seeing this sculpture and how it reflects your day-to-day life, how would you typically cope? (choose one of the four stances reflected in each of these sculptures)
- 2- When seeing each of these sculptures, how do you feel when looking at each one?
- 3- When seeing these sculpture, how do you feel about the way your family members say that they are feeling?
- 4- When seeing each of these sculptures, what expectations are you having; what beliefs and thoughts are you having?
- 5- When seeing these sculptures, what do you think your family wants or really needs?
- 6- What did this discussion and these sculptures teach me about who I am?

Children can comment as well after each parent's comments. (Each parent answers questions on their own picture/family sculpture only)

If children are older, then it is recommended that they hold the pose while the parents answer the questions without the children commenting during the process. A picture can be taken of each sculpture so children can see them at the end before passing on to the next step.

Afterwards, parents are asked to create an alternate sculpture of their ideal blended family, based on their discussion about the two sculptures, by sculpting the participating sculptures into new ideal poses. A picture is taken of the new sculpture and all the family can comment on the before and after shots together.

Conclusion: Parents in blended families can have two differing realities of how they are experiencing the blended family which can touch upon their own family values, wounds and expectations. It is challenging for the biological parent to make the stepparent feel welcome and for the stepparent to not stir things up too much with new expectations and views on how things should be done. A strong parental coalition will help with creating a good foundation for all in the blended family through the expression and listening of thoughts and feelings and the minding of one's attitudes, expectations and behaviours towards better outcomes. Group debrief from family members if needed.

B. Struggles with Losses, Loyalties and Change

Goal: Recognizing coping patterns and improving all family members' self-esteem.

Materials: Paper, pencils, pens, crayons, colored markers, coloring pencils, or some form of electronic tablet per child to draw/write on; paper and pen for those who wish to take notes.

Instructions: Each child (each their turn) will choose a situation in their blended family where they feel sad about something they no longer have or experience. They will write a poem, a short rhyme, story, or song about it that they will read to the parents or draw a picture about it that they will explain to their parents. Children would have a small window of time to accomplish this and may have to present it unfinished.

Then, the parents will ask them the following questions, in turn (pulled from Satir's Five Freedoms) regarding the situation the child is describing through the poem/picture:

In this situation where your child is sad:

- 1- Parent 1- What is it that you see or hear?
- 2- Parent 2- What is it that you feel and think about this situation?
- 3- Parent 1- How do you feel about what you feel?
- 4- Parent 2- What do want and need to feel better?
- 5- Parent 1- What kind of risk are you willing to take to get what you want or need?

Repeat the exercise with other child/ren if need be. (Toys, drawing and game will be available for children who need some entertainment while waiting for other groups).

Conclusion: Children are the most touched with loss when blending a new family. All family members are dealing with losses, and feel conflicted about change and loyalty conflicts in blended families. These challenges can affect everyone's self-esteem, especially that of the children, and they do not feel that they have a secure space in the family to express these complicated and sad feelings. Using the Five freedoms can be a way to give permission to feel and think through the situation to find a solution with the support of encouraging family members. This can help increase everyone's self-esteem. Group debrief from family members if needed.

C. Dividing Parenting/Stepparenting Tasks

Goal: Identifying and negotiating roles and developing safe family dialogue.

Materials: Paper and pen for those who wish to take notes.

Instructions: The child/ren are asked (all together if more than one child) a series in front of the parents regarding what are the different roles they see their blended family parents holding. Here is a list of prompting questions (parents can add more if they wish or change some); of the two parents,

- 1- Who cooks?
- 2- Who is the fun parent?
- 3- Who drives you to activities?
- 4- Who makes sure you get to school on time?
- 5- Who picks you up after school? Or: Which parent is home first when you get home?
- 6- Who takes care of you when you are sick?
- 7- Who helps you with your homework?
- 8- Who is more strict?
- 9- Who is easiest to talk to?
- 10- Who encourages you towards succeeding at something?

As the parents learn of all the answers, they write down those they do not agree with.

They will then create a quick skit together where they will invert the roles they do not agree with, or choose together which roles they will invert and they will play out the skit in front of the child/ren.

Afterwards, they will ask the child/ren what they thought of the new roles they played and how they felt about it. They will then also express how they felt about playing a different role than usual. There will also be exploration on any confusion over roles described by any family member. The parents can then agree with the children on at least one role trade at least once in the week between both parents to try out.

Conclusion: It can be easy for blended family members to feel confusion or frustration about roles as there are many changes from the original family in blended families. Letting all family members express these feelings is important towards creating more harmony for all. Child/ren's feedback can help parents acknowledge what needs adjusting and open up

conversations with each other about this in a more equal partnership that satisfies both parents and the child/ren. Group debrief from family members if needed.

DAY CONCLUSION: GROUP DEBRIEF FROM FAMILY MEMBERS IF NEEDED TO CONCLUDE THE DAY.

DAY 2

D. Building a New Family Culture and Addressing Stigma

Goal: Acknowledging similarities and differences in needs and identifying and negotiating rules.

Materials: Each family member has 6 - 5 x 8 cm cardboard rectangles from a different colored construction paper sheet; scissors to cut the sheets into the rectangles; 1 small black permanent marker per family member; a hat, bowl or similar sized container; 1 (ideally) different colored Bristol board per family member stuck on the wall with their name clearly written on it in permanent marker; adhesive tape, glue or blue sticky gum to stick the cardboard rectangles on the Bristol boards; paper and pen for those who wish to take notes.

Instructions: Everyone writes out three personal strengths (“things I’m good at”) and weaknesses (“things I could be better at”) each on a different colored cardboard paper. All of the pieces of cardboard are thrown into a hat. Each member has a Bristol board stuck on the wall. Then each family member pulls out 3 cardboard pieces. And the rest must guess whose strengths and weaknesses they, and the family alternates every 3 cardboard draws from the hat until the pieces are all guessed. For each weakness or strength guessed, the one who guesses right sticks the cardboard piece on that family member’s Bristol board. Then, altogether, the family is asked to write the names of any other family member who has the same strength or weakness besides the ones written on the Bristol posters.

Then each family member vocalizes one rule that they are not comfortable with that comes from another family member, based on the strengths or weaknesses written on the posters.

Examples of rules: We always have dinner as a family. We should never be late. It’s important to do well in school. Getting a good night’s sleep is the best medicine. I must take my time getting out the door in the morning. I must be first to get in the car. Everything should be fair for everyone all the time. Everyone should be consulted.

Each family member then explains why that rule is uncomfortable for them with regard to their experiences outside of the home. They vocalize their need and propose a rewrite of that rule to better suit their needs (parents can do this by also proposing a rewrite that suits everyone’s needs better). No one comments on each’s presentation.

Conclusion: Blended families must create a new family rule book from scratch, although there were original family rules before. It can be tricky for blended families to be able to suit everyone’s needs with family members having varying needs with regard to their age and context. Acknowledging each’s strengths and weaknesses as well as similarities and differences

can help families better understand each other towards more effective dialoguing and negotiating of rules and family member needs, especially when these rules get in the way of how family members feel perceived by outsiders in a negative way. Group debrief from family members if needed.

E. Other Parents and Relatives Still Part of the Family

Goal: Developing family congruence and honouring the freedom to act responsibly.

Materials: 1 thick permanent marker, 1 or 2 Bristol boards with a giant circle drawn on it/them divided into 8 pie pieces with the title WHO AM I? written in thick permanent marker (titles for the 8 pie pieces: **My Feelings, My Mind/My Brain, My Relationships, My Five Senses: I see, I hear, I smell, I taste, I touch, My Home(s)/My School/My Work/My Hobbies/My Sports/My Environment/Nature, My Eating/My Drinking, My Spirituality**); at least 5 magazines to cut up ideally on different topics; adhesive tape, glue or blue sticky gum to stick the Bristol board on the wall; paper and pen for those who wish to take notes.

Instructions: Family members will be invited to create a family collage using the 8 spheres of resources of Satir's I AM Mandala (**WHO AM I?**): **My Body** (physical), **My Feelings** (emotional), **My Mind/My Brain** (intellectual), **My Relationships** (interactional), **My Five Senses: I see, I hear, I smell, I taste, I touch** (sensual), **My Home(s)/My School/My Work/My Hobbies/My Sports/My Environment/Nature** (contextual), **My Eating/My Drinking** (nutritional), **My Spirituality** (spiritual). Family members will cut out pictures from magazines and stick them on the Bristol board for each of the 8 spheres. They can add key words in any category that they can either write or cut out of the magazines.

They will then each be asked about outside family members' tastes, habits, beliefs for each of these 8 spheres, and how they feel about this, if they agree or not, and why.

Conclusion: Blended families exist as part of a greater whole. A larger family exists surrounding this newly formed family which influences them. Keeping dialogue open as to how each feel about these influences can help strengthen their family unit as well as honour family differences and influences towards greater flexibility and understanding, thus encouraging more coherent behaviours and interactions in the immediate and greater family. Group debrief from family members if needed.

**FINAL DEBRIEF –
GROUP QUESTIONS AND ANSWERS ABOUT THE WORKSHOP AND
FEEDBACK FROM THE LEARNINGS FROM THE WORKSHOP FROM DAY 1 AS
APPLIED AT HOME**

Workshop 2: Emotionally Focused Family Therapy (EFFT) Model

DAY 1

A. Solid Couple Bond and Parent Coalition

Goal: Empowering the couple in a positive cycle of interaction which includes accessibility and responsiveness.

Materials: Paper and pen for those who wish to take notes.

Instructions: The family sits in a circle with the parents sitting beside each other and the child/ren forming the rest of the circle. One parent expresses an “I feel” statement about a family situation in which he or she can feel excluded, misunderstood or dismissed at times. It is expressed in a short sentence. Example: I feel alone sometimes when you go and tuck the kids to bed without me. The sentence must not rate more than a 4 out of 10 in discomfort. The parent says this sentence to the first child in his or her ear. Then the child whispers this into the ear of the other child (or the parent, if the only child) and so on to the other parent.

The receiving parent then repeats the sentence back to the emitting parent. And then repeats and affirms the sentence to the emitting parent in a “You feel” statement towards validating the emitter. The emitting parent is asked to confirm if the receiving parent understood the message. The emitting parent confirms or adjusts the message if not.

If there is an adjustment in the message, the receiving parent is asked to restate back the message to the emitter while holding hands with the other parent.

The child/ren are then asked if the restatement is correct and to restate the message in their own words.

Then the parents alternate and the process is repeated.

Afterwards, each child is encouraged to do the same and express his or her experience, feelings and impressions about one slightly problematic family issue to both parents who will hold hands while listening together. Each parent will then restate in their own words what the child has said to the child, and the child can confirm or correct as needed, and the parent will adjust as needed as per above.

Conclusion: Blended families can feel stuck sometimes and need reassurance that they are being heard. Oftentimes, they may have trouble expressing what they are feeling and having supportive family members who can really listen can make the family feel closer and more at ease about expressing any issue. Partners need to create this ease of secure listening for each other and model it for the children. They must feel on equal footing when addressing their child/ren’s needs together. Each family member must feel that others are there for them. Partners must feel that the couple is a secure foundation for them and can be solid and validating enough to address their child/ren’s concerns as a team. Group debrief from family members if needed.

B. Struggles with Losses, Loyalties and Change

Goal: Naming losses and distress and expressing needs securely and with empathy.

Materials: A medium sized light ball (about 25 cm in diameter); paper and pen for those who wish to take notes.

Instructions: The family stands in a circle. One parent volunteers to bring up a situation which deals with either loss, change or loyalty conflict in their blended family, speaking in “I feel” statements while holding a ball. Then he or she throws the ball to another family member when finished. The family member must reflect back what was heard, then throws the ball back to the parent. The parent adds to the sentence another feeling and throws the ball to another family member who restates it back to the parent, and so on, until all family members have had a turn or until a certain number of turns, and until the parent has expressed a need to help resolve the situation. Then repeat with their child/ren.

Here is an example of what a scenario would be:

Parent: I feel stressed when we’re running late getting out the door in the morning. I was always used to being on time before.

Reflection: You feel stressed when we might be late in the morning. You used to always be on time.

Parent: Yes. That’s right. If we’re running late, I then sometimes get mad because I appreciate being on time.

Reflection: When you’re stressed about being late, you feel mad because you like being on time.

Parent: Yes, I feel mad and I sometimes yell. Then, I feel upset with myself for yelling and not handling things better.

Reflection: You get upset with yourself for not handling things as well as you’d like.

Parent: I’d like everyone’s help so that the mornings aren’t so stressful.

Reflection: If we helped in the mornings then it wouldn’t be so stressful.

Conclusion: Blended families experience many levels of losses and distress which need to be acknowledged by other family members in a safe way. When a family member feels distressed or sad, it is important that they feel they can securely express their feelings and feel heard while also learn to identify their need and feel welcomed with having expressed it. Group debrief from family members if needed.

C. Dividing Parenting/Stepparenting Tasks

Goal: Developing positive self-regulation and emotional regulation for safe dialogue and negotiation.

Materials: Paper and pen for those who wish to take notes.

Instructions: The couple models the exercise first while children observe. One parent expresses a distressing feeling (at a level of 6 out of 10) to the other parent about their co-parenting. Once it is expressed, the partner then describes how he or she is feeling in his or her body (tightness, faintness, palpitations, shortness of breath, pains...) after expressing what he or she did. The other partner then states back the original feelings with the description of the accompanying sensations to the partner. Once the message has been confirmed by the emitting partner, the listening partner then expresses the feelings and sensations he or she is feeling from hearing the other’s distress. Either partner is encouraged to breathe slowly and to focus on their feet on the ground if the feelings and sensations become too intense. Then they take each other’s

hands and gaze at each other. And together they say to each other: we are a team, we will find a solution good for all of us. They can also hug if they wish afterwards.

Then the couple alternates.

The exercise is then repeated with the child/ren who express their distress (at a level of 6 out of 10) about a co-parenting issue which includes both parents present. This time, the parents will take each other's hands as well as the child/ren's hands in a closed circle and as they all look at each other, they say: "We are a team, we will find a solution that is good for all of us." They can also hug if they wish afterwards.

Conclusion: Blended family members must feel safe enough to bring up co-parenting issues that can be tricky to speak of with other blended family members. Parents can have opposing parenting styles which can create distress in the family. When family members really listen to each other with care and empathy, it is easier to express these challenging feelings. These feelings can be so difficult to express that there can be sensations that can make the message hard to express or hear. Becoming aware of the sensations and regulating them each through breathing, grounding, validating each's experience, as well as holding hands, gazing and hugging are ways to regulate and calm these difficult feelings and sensations towards opening up to dialogue to find a solution together that will be suitable for all (win-win solution). Group debrief from family members if needed.

DAY CONCLUSION: GROUP DEBRIEF FROM FAMILY MEMBERS IF NEEDED TO CONCLUDE THE DAY.

DAY 2

D. Building a New Family Culture and Addressing Stigma

Goal: Creating a secure base and safe haven for the couple, the children and other family members.

Materials: A story will be provided for the family to read; paper and pen for those who wish to take notes.

Instructions: A story will have been prepared in advance of a child in a blended family who experiences four feelings within a given scenario regarding feeling family stigmatized because of being part of a blended family: fear, sadness, anger and shame. The child's parents will be involved with the situation and will interact with the child regarding these feelings, by validating the four feelings, empathizing with them and guessing why the child is feeling the way he or she feels.

For example: "You feel sad because you were made fun of for having to miss a sleep over invitation because you had to come home to your other parent's house because of the joint custody." "You feel ashamed that you were made fun of in front of the other kids." "You feel

angry that you had to miss the sleepover.” “You feel afraid that you may have to miss out on many friend activities and lose your friends.”

Each family member takes their turn in reading one line of the story until the end of it.

EFFT Story

Once upon a time there was a young girl (or boy) who lived in a blended family. S/he felt loved by her family, and especially loved to spend time with her friends. One time, she heard her friends sounding excited about a get together and how it was going to be fun to sleep over. S/he was very happy to hear about this event and came in closer to learn more about it. As she approached her dear friends to learn more about this exciting get together they were all going to, expecting to receive the details to join them, instead, she confusedly watched her friends dissipate when they saw her approaching. As each friend saw her face, they quickly turned away their gaze one after another and hurriedly walked away, mumbling, as if they had something urgent to attend to. The young girl (or boy) felt surprised. S/he felt a cringing in her body and a tightness all over. S/he could hardly breathe. As it was time to go, s/he found herself (or himself) getting home on her (or his) own as all of her (or his) friends had seemingly disappeared. At home, s/he locked herself (or himself) into her (or his) room until dinner time. At dinner time, as s/he was sitting at the table, feeling grumpy and hurt, with her mind full of questions, angry thoughts and rambling scenarios, her parents noticed that s/he wasn't happy and asked her (or him). S/he then described to them what had just happened that afternoon full of emotions such as sadness, anger, shame and fear. Her (or his) parents responded (using EFFT emotional coaching):

Instructions: The child's parents will be involved with the situation and will interact with the child regarding these feelings, by validating the four feelings, empathizing with them and guessing why the child is feeling the way he or she feels using the feelings of fear, sadness, anger and shame:

For example:

“You feel **sad** because you were made fun of for having to miss a sleep over invitation because you had to come home to your other parent's house because of the joint custody.”

“You feel **ashamed** that you were made fun of in front of the other kids.”

“You feel **angry** that you had to miss the sleepover.”

“You feel **afraid** that you may have to miss out on many friend activities and lose your friends.”

Then, as a team, they are asked to generate a solution together that would be good for all of the family members. Everyone can propose ideas, no ideas are dismissed or criticized. They are all validated and taken into account until they reach an agreement towards a solution that is good for everyone.

Conclusion: Blended families often feel stigmatized for their situation. Although blended families are becoming more and more common, it is important to acknowledge that stigma towards blended families is real and family members can feel vulnerable and hurt. The blended family that has created a secure space to express feelings and find solutions together can address these issues as a family to lessen hurt feelings and build resilience together as a new family unit. Group debrief from family members if needed.

E. Other Parents and Relatives Still Part of the Family

Goal: Strengthening secure family attachment bonds and positive co-parenting bonds.

Materials: A blank sheet of paper for each family member; 6-12 colored permanent markers; paper and pen for those who wish to take notes.

Instructions: The Circle Method

- Take a sheet of paper for each family member. Draw a circle on each that takes up about half of the paper.
- Place your family on the paper. You can put them outside or inside the circle. You can make them big or make them little.
- Do it without looking at each other.
- Look at who you all put on the pictures, who was left out, who is big, who is little

The family is asked to describe what they see in each other's pictures without any further comment (non-interpretive): "I see that you and your mother are the largest figures on the paper." "I notice you put your stepfather outside the circle." "I don't see your father on the picture." "I notice you have everyone inside the circle, no one is outside."

Afterwards, family can congratulate each other on their drawings, express admiration or compliment each other on specific aspects that they liked of the drawings (of others and of their own).

Conclusion: Normalizing how complicated it can feel at times to live in a blended family with outer family members also influencing the blended family is important. Parents can stay open to the children's feelings and experiences about these challenges and help them validate their feelings and thoughts about them while also encouraging the children to express their needs and find solutions with them that they can feel secure with. Group debrief from family members if needed.

FINAL DEBRIEF –

**GROUP QUESTIONS AND ANSWERS ABOUT THE WORKSHOP AND
FEEDBACK FROM THE LEARNINGS FROM THE WORKSHOP FROM DAY 1 AS
APPLIED AT HOME.**

Workshop 3: Rational Emotive Attachment-Based Logotherapy (R.E.A.L.) Family Therapy Model

DAY 1

A. Solid Couple Bond and Parent Coalition

Goal: Create a meaningful couple bond with responsible, responsive and attuned parenting through identifying challenging thoughts, feelings and behaviours.

Materials: Paper and pen for those who wish to take notes.

Instructions: Practicing attunement (and gratitude). While the child/ren observe, the parents sit face to face with their partner, knees touching, and follow the instructions. **1.** They are asked to look into each other's eyes and notice the colors and details in their partner's eyes, including the length of lashes, the white of the eyeball, the lines around the eyes (1 minute). **2.** They are asked to also pay attention to the movements their partner makes as he or she sits in the chair and to hear the breaths of the partner. **3.** They are asked to slowly take in the details of the partner's face, observing the ridges of the bone structure, the shape of the nose, the softness of the lips, the smoothness of the forehead, the texture of the partner's hair. **4.** They are asked to feel the firmness of their partner's knees upon their own. **5.** They are asked to take their partner's hands and notice the feel of the partner's hands, the softness or roughness of the palms and fingers, and to observe the lines and the details of the hands. **6.** They are asked to think about what each appreciates about their partner as their return attention to their partner's eyes (1 minute).

At the end of the exercise, the parents are asked to gently return their attention to the room around them and express what this experience was like for them to their partner and their children. What were you thinking? What were you feeling? Did you notice anything different than you do in your everyday interactions with your partner?

Children can then do the same exercise with either a parent or a sibling.

Conclusion: It's important to take the time to really acknowledge each other, tune in to the other, and name feelings. This exercise highlights attunement, observation and deep connection towards family members, and the empathy, appreciation and gratitude that can ensue from presence with each other. Feelings are sign posts regarding what's going on. Parents who model attunement can also attune their children so parental and family bonding can enhance empathy and listening to strengthen family cohesion towards better problem solving. Group debrief from family members if needed.

B. Struggles with Losses, Loyalties and Change

Goal: Address loss of meaning from struggles through identifying challenging thoughts, feelings and behaviours of children.

Materials: A standard size beach ball on which it has been written a variety of feelings on each sliver with a wide black permanent marker (e.g., joyful, lonely, silly, sad, etc.); paper and pen for those who wish to take notes.

Instructions: Beach Ball Empathy Exercise.

The family takes a blown-up beach ball on which various feelings have been written. The beach ball is tossed back and forth between family members. When a family member catches a ball, he or she must think of a time when they felt the feeling they read facing them on the ball in their blended family. The family then asks, while putting hands their head and heart: “What are you feeling?” The family member responds. Then, they point to their head: “What are you thinking?” The family member responds. Then all family members are asked if there are other ways one could have felt in that same situation. As a family, they brainstorm as many possibilities as they can.

Conclusion: Acknowledging child/ren’s difficult feelings and thoughts surrounding loss is important to encourage as well as being supportive of their expression and resolution as best as possible with collaboration from all. Group debrief from family members if needed.

C. Dividing Parenting/Stepparenting Tasks

Goal: Building mutual attunement between the parent and stepparent.

Materials: Paper and pen for those who wish to take notes.

Instructions: A child chooses a scenario regarding a blended family parenting issue. He or she comes up with the feeling with one of the parents (while the other has walked out of the room), and what the stinky thought might have been that lead to that feeling.

The other parent returns and hears about the scenario and the challenging feeling and tries to guess the stinky thought. The child then says hot or cold, warmer or cooler depending on how close the parent is getting to the answer.

Once the feeling, thought and scenario have been guessed, the family as a whole can come up with various ways the scenario could be resolved, including how one might feel and think differently.

Conclusion: It can be challenging sometimes to divvy up tasks between parent and stepparent. They can have different upbringings, values, agendas, feelings and opinions. It is important for them to respect each’s point of view and feelings while also keeping in mind the well-being of all, parents and child/ren. Group debrief from family members if needed.

DAY CONCLUSION: GROUP DEBRIEF FROM FAMILY MEMBERS IF NEEDED TO CONCLUDE THE DAY.

DAY 2

D. Building a New Family Culture and Addressing Stigma

Goal: Developing secure attachment bonds and emotional coaching through playful, creative family activities.

Materials: A variety of art supplies, a medium to large-size gift bag; various types of paper (wrapping, construction paper, ribbons, 3-D stickers...); scissors, glue, adhesive tape, 1 black permanent marker. Supplies can be recycled or used objects from home or bought at a Dollar store.

Instructions: The family is asked to create a collective gift for themselves as a family. The reason for this gift is to celebrate their family even though others may believe that they are “not a real” family, or that they are a “broken” family, or that they are “not related”, etc.

The gift should address what they hear that may hurt their feelings or that may put into question their family to make them feel better as a family, celebrating what makes them a unique and special family.

Instructions for the facilitator: « The Family Gift »:

- Gather a variety of art supplies and a gift bag
- Explain to the family (or couple) that they are going to create a gift from the materials provided and that it’s a gift for the whole family that everyone wants
- They must decide together on the gift and how it can be used within their family
- 30 minutes to decide on the gift and craft it
- Once they’ve created the gift, they have to place it in the gift bag
- A discussion ensues where the family describe their gift, what it addressed and how each felt while making the gift: Who makes the decisions? How were disagreements handled? How can the gift help your family? Did you learn anything else that can help your family? What are the strengths of the family members that came through while making this gift? What’s so special about your family? Have each family member express themselves or support another family member with emotional coaching (I/you feel.../because...) at least once.

Conclusion: Blended families must learn to celebrate new family activities and memories and appreciate what each brings to these activities; this helps strengthen families in front of external challenges and create new family history. Group debrief from family members if needed.

E. Other Parents and Relatives Still Part of the Family

Goal: Choosing new thoughts and behaviours and opening up to new experiences, while building positive co-parenting.

Materials: A total of 2 packaged mini-snacks per family member (granola or candy bars, peanut, pretzel or raisin packets, mini bags of crisps...); 12 blown up balloons or 12 soft balls; paper and pen for those who wish to take notes.

Note: Both parents remain responsive and empathetic to the child/ren's feelings and thoughts throughout the exercise. Each member of the family starts out with 2 mini-snack packets. Each parent is given a list of various tasks to do. Each time a parent fulfills a task, the parents alternate asking how the child feels and why, as well as ask the child to rate the intensity of their feeling on a scale of 1 to 10.

List of tasks: **1.** Parent 1 leaves the room; **2.** Parent 1 comes back and gives 1 or 2 snacks to the child/ren (it can be different for each child; if only 1 child, other parent steps in as other child), Parent 2 takes at least 1 snack in total from the child/ren and leaves the room; **3.** Parent 2 comes back and gives at least 1 snack to a different child, creating unfair distribution of snacks between the child/ren; **4.** Both parents leave, taking all snacks from the children; **5.** Parents come back and eat snack in front of kids, giving them half of 1 each.

Then the family is asked to close their eyes and pay attention to one particular uncomfortable feeling they had during the exercise and rate the intensity of it on a scale of 1 to 10.

Then a visualization is proposed with each family member asked to become a straight, hard spaghetti which then hops into a pot of hot water and becomes soft and loose.

Family members are then asked to keep blown-up balloons up in the air for 1 full minute, picking up any balloons that fall to the ground to keep them all up in the air.

After the minute has passed, they are asked to name the feeling they are now having and to rate it on a scale of 1 to 10.

Conclusion: Blended families face daily changes that they do not always control or like and may feel pulled by different family members. Challenging thoughts and feelings will come and go as days go by with these events. Using relaxing visualization like the spaghetti dance and/or a fun, distracting activity like the balloons game can transform stinky thoughts and feelings into more pleasant and supportive ones. This can aid in strengthening the blended family cohesion when family members are feeling vulnerable, towards finding new meaning as a reconstituted family with many caregivers, activities and interests as family members support each other in finding solutions to their challenges. Group debrief from family members if needed.

**FINAL DEBRIEF –
GROUP QUESTIONS AND ANSWERS ABOUT THE WORKSHOP AND
FEEDBACK FROM THE LEARNINGS FROM THE WORKSHOP FROM DAY 1 AS
APPLIED AT HOME.**

Appendix L: Psychoeducational Workshops Recruitment Poster



STUDY ON BLENDED FAMILIES: FREE WORKSHOPS FOR BLENDED FAMILIES

**ARE YOU PART OF
A BLENDED FAMILY?**

Are you part of a heterosexual blended family that has been together between 2 and 5 years and have a least one stepchild living with you at least part-time?

PARTICIPANTS NEEDED:

Using a Knowledge Translation-Integrated (KTI) Approach to Develop Workshops Aimed at Helping Blended Families Flourish

Stephanie Larrue (Ph.D Candidate), under the supervision of Dr. Laura Armstrong (Ph.D., Clinical Psychologist), is developing workshops to help blended families be more resilient and flourish in their lives.

What is involved? These blended families will be asked to participate in a free online 2-half day workshop during the summer and fall of 2020 in order to support the design of workshops for blended families' well-being.

When will the study take place? Two half-days (2-3 hours each) in **summer and fall 2020**. Make your appointment at your convenience!

Where will the study take place? Live **online** (videoconference) with the facilitator.

Interested? Please contact: Stephanie Larrue at XXX.

Research Ethics Board # 1360.31/19 – Contact person: Louis Perron, Chair of the Office of Research and Ethics, Saint Paul University, 613-236-1393, ext. 2453

Appendix M: Psychoeducational Workshops Recruitment Email Letter

(Included as attached documents in email: Recruitment Poster and Summary Sheet of Pilot- Study)

Hello,

Please circulate the following to those who may be interested:

I am recruiting **blended (step)families** to participate in **free online psychoeducational workshops** designed to help their **stepfamilies flourish** in the context of a pilot-study.

Spots reserved on a first come, first served basis. These workshops are conducted virtually through **videoconferencing** in the comfort of the **family's home** at their convenience.

For more information, please contact **Stephanie Larrue, MA, RP, MFT, CCC, PhD. (Cand.)**, under the supervision of Dr. Laura Armstrong, C. Psych., School of Counselling, Psychotherapy and Spirituality, Saint Paul University.

Cell. XXX XXX-XXXX or at XXX.

Appendix N: Online Psychoeducational Workshops Consent Form**CONSENT FORM****Using a Knowledge Translation-Integrated Approach to Develop Workshops Aimed at Helping Blended Families Flourish**Purpose of the Study

Stephanie Larrue, Ph.D candidate in Counselling and Spirituality at Saint Paul University, supervised by Dr. Laura Armstrong, is carrying out a research study to help blended families flourish since blended families are at a higher risk of dissolving than other families and their children can develop more behavioural and mental health concerns. Addressing meaning through mental health programs, including building better relationships, promotes mental health and resilience in families and fosters family coping and less suffering.

As well, research has shown that blended families have specific challenges that will be addressed through the development of customized workshops for blended families based on three family therapy approaches (Satir Family Therapy, Emotionally-Focused Family Therapy, Rational-Emotive Attachment-Based Logotherapy (R.E.A.L.) Family Therapy) and involving stakeholders' (blended families, agency heads, mental health experts) opinions in their development through a focus group. We are looking to learn if these workshops are helpful for heterosexual blended families who have been together between 2 and 5 years with a least one stepchild living with them at least part-time.

Procedure

If you and your family are interested in taking part in this program through participating in one of the three workshops, it will take place as two on-line meetings with the facilitator. You will be presented with a series of questions before and after the workshop you will participate in with your family, along with other families, in order to learn about your experience from the workshop and on how it helps your family. Your responses to these questions will help us to incorporate the lived experiences and needs of blended families directly into our program in order to better meet their needs. The workshops will be held during the summer and fall of 2020, for a few hours each.

If you or your family members feel uncomfortable answering any of the questions, then you or they may refrain from doing so.

Rights of Participants

If you or your family decide to participate, you will be free to withdraw at any time. In addition, you are free to refuse to participate in any of the workshop exercises at any time. Participation in the study is fully voluntary. The information that you provide will help greatly in our understanding of blended family meaning, attachment and resilience as it relates to reducing mental health symptoms and enhancing blended family coping. All information collected from the workshop

study will remain completely confidential and will be stored in a locked cabinet and/or on an encrypted, password protected computer for 10 years and then will be securely destroyed (shredded and/or electronically deleted). Questionnaires will be number or letter coded and anonymous. Answers will remain confidential and will be used for research purposes only. If consent for participation is withdrawn, then your data will not be included in our analyses and will be securely deleted.

Limits to Confidentiality and Benefits of Participation

Although participation risk is minimal, anonymity isn't guaranteed due to the nature of group-meeting. However, participants may benefit from meeting others experiencing similar concerns. For research purposes, anonymity is guaranteed in all publications, as data will be number coded.

Furthermore, you will have an opportunity, if you choose, to participate in a new program based on tested family therapy approaches and the latest research on blended families that have been shown to promote family coherence, better functioning, resilience, reducing of symptoms of mental illness in addition to the new blended family workshops developed based on your feedback. Given this, participation may be beneficial for you, your child and/or your family.

Contact Information

This research has been reviewed by the Saint Paul Research Ethics Committee. This committee helps ensure and protect the rights and welfare of those participating in research. If you have any other concerns or questions, they can be directed to PhD. Candidate Stephanie Larrue at XXX-XXX-XXXX, or Dr. Laura Armstrong at 613-236-1393, ext. 2341. The chair of research and ethics can also be reached at 613-236-1393, ext. 2453. Saint Paul University's Counselling and Psychotherapy Centre can be reached at 613-782-3022.

Please sign below to provide your consent (and the consent of your child/ren if need be) to participate.

<input checked="" type="checkbox"/>	_____	Name: _____
(Child? Y/N)	Date: _____	
<input checked="" type="checkbox"/>	_____	Name: _____
(Child? Y/N)	Date: _____	
<input checked="" type="checkbox"/>	_____	Name: _____
(Child? Y/N)	Date: _____	
<input checked="" type="checkbox"/>	_____	Name: _____
(Child? Y/N)	Date: _____	

This document is signed in two copies, one kept by the participant, and the other by the researcher.

Research Ethics Board # 1360.31/19 – Contact person: Louis Perron, Chair of the Office of Research and Ethics, Saint Paul University, 613-236-1393, ext. 2453.

Appendix O: Pre-Test and Post-Test Measures (Questionnaires)

Appendix O1: Dyadic Adjustment Scale (Step/Parental Couples Only)

D A S		Graham B. Spanier, Ph.D.	
Client ID _____		Sex	M F
Age _____		Marital Status _____	
<p>Most people have disagreements. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list. Circle only one star for each item.</p>			
		Always Agree	Almost Always Agree
		Occasionally Disagree	Frequently Disagree
		Almost Always Disagree	Always Disagree
1. Handling family finances		*	*
2. Matters of recreation		*	*
3. Religious matters		*	*
4. Demonstrations of affection		*	*
5. Friends		*	*
6. Sex relations		*	*
7. Conventionality (correct or proper behavior)		*	*
8. Philosophy of life		*	*
9. Ways of dealing with parents or in-laws		*	*
10. Aims, goals, and things believed important		*	*
11. Amount of time spent together		*	*
12. Making major decisions		*	*
13. Household tasks		*	*
14. Leisure time interests and activities		*	*
15. Career decisions		*	*
		All the Time	Most of the Time
		More Often Than Not	Occasionally
		Rarely	Never
16. How often do you discuss or have you considered divorce, separation, or termination of your relationship?		*	*
17. How often do you or your mate leave the house after a fight?		*	*
18. In general, how often do you think that things between you and your partner are going well?		*	*
19. Do you confide in your mate?		*	*
20. Do you ever regret that you married (or lived together)?		*	*
21. How often do you and your partner quarrel?		*	*
22. How often do you and your mate get on each others' nerves?		*	*
		Every Day	Almost Every Day
		Occasionally	Rarely
		Never	Never
23. Do you kiss your mate?		*	*
		All of Them	Most of Them
		Some of Them	Very Few of Them
		None of Them	None of Them
24. Do you and your mate engage in outside interests together?		*	*
How often do the following occur between you and your mate?		Never	Less Than Once a Month
		Once or Twice a Month	Once or Twice a Week
		Once a Day	More Often
25. Have a stimulating exchange of ideas		*	*
26. Laugh together		*	*
27. Calmly discuss something		*	*
28. Work together on a project		*	*
<p>These are some things about which couples sometimes agree or disagree. Indicate if either item caused differences of opinions or were problems in the past few weeks.</p>			
29. Being too tired for sex		Yes	No
30. Not showing love		Yes	No
<p>31. The stars on the following line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Circle the star below the phrase which best describes the degree of happiness, all things considered, of your relationship.</p>			
	Extremely Unhappy	Fairly Unhappy	A Little Unhappy
	Happy	Very Happy	Extremely Happy
	Perfect		
	*	*	*
	*	*	*
	*	*	*
	*	*	*
	*	*	*
	*	*	*
32. Which of the following statements best describes how you feel about the future of your relationship? Write the statement number in the box.			
	5 I want desperately for my relationship to succeed, and would go to almost any length to see that it does.		
	4 I want very much for my relationship to succeed, and will do all I can to see that it does.		
	3 I want very much for my relationship to succeed, and will do my fair share to see that it does.		
	2 It would be nice if my relationship succeeded, but I can't do much more than I am doing now to keep the relationship going.		
	1 It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.		
	0 My relationship can never succeed, and there is no more that I can do to keep the relationship going.		

Appendix O2: Family Relations and Cohesion Scale (Step/Parents, Teens/Adult Children, Children)

CONSTRUCT: Effective Parenting

Scale Name: Family Relations and Cohesion (Student Instrument)

Developers: Social Development Research Group, University of Washington

Rating Scale:

1= Not true

2= Hardly true or sometimes

3= True a lot of the time

4= Always true or almost always

Items:

1. I'm available when others in the family want to talk with me.
2. I listen to what other family members have to say, even when I disagree.
3. Family members ask each other for help.
4. Family members like to spend free time with each other.
5. Family members feel very close to each other.
6. We can easily think of things to do together as a family.

Scoring:

- Sum all item ratings together.
- Higher scale scores indicate closer, more cohesive family relations.

Appendix O3: Psychological Well-Being Scale (Step/Parents, Teens/Adult Children, Children)

Psychological Well-Being (18 items)

Age: Adult

Duration: 3-5 minutes

Reading Level: 6th to 8th grade

Number of items: 18

Answer Format: 1 = strongly agree; 2 = somewhat agree; 3 = a little agree; 4 = neither agree or disagree; 5 = a little disagree; 6 = somewhat disagree; 7 = strongly disagree.

Instructions: Circle one response below each statement to indicate how much you agree or disagree.

1. "I like most parts of my personality."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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2. "When I look at the story of my life, I am pleased with how things have turned out so far."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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3. "Some people wander aimlessly through life, but I am not one of them."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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4. "The demands of everyday life often get me down."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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5. "In many ways I feel disappointed about my achievements in life."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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6. "Maintaining close relationships has been difficult and frustrating for me."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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7. "I live life one day at a time and don't really think about the future."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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8. "In general, I feel I am in charge of the situation in which I live."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
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9. "I am good at managing the responsibilities of daily life."

	Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
10. "I sometimes feel as if I've done all there is to do in life."	Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
11. "For me, life has been a continuous process of learning, changing, and growth."	Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
12. "I think it is important to have new experiences that challenge how I think about myself and the world."	Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
13. "People would describe me as a giving person, willing to share my time with others."	Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
14. "I gave up trying to make big improvements or changes in my life a long time ago"	Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
15. "I tend to be influenced by people with strong opinions"	Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
16. "I have not experienced many warm and trusting relationships with others."	Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
17. "I have confidence in my own opinions, even if they are different from the way most other people think."	Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree
18. "I judge myself by what I think is important, not by the values of what others think is important."	Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

Appendix O4: Interactive Symptom Assessment – Interactive (Children)

I.S.A. Child Form
1) Isa felt good about the friends in her life this week / Eibe didn't feel good about the friends in his life this week**
2) Eibe felt that he did many things well this week / Isa felt that she didn't do anything well this week**
3) Eibe is feeling happy. Over the past week, he has been feeling happy most of the time / Isa is feeling sad. Over the past week, she has been feeling sad most of the time**
4) This week, Isa wanted to do many fun things / Eibe did not feel like doing much this week**
5) Isa didn't lie to anyone this week / Eibe told many lies this week**
6) Isa was cheerful this week / Eibe was grouchy this week**
7) Isa did not have arguments or fights with her family or friends this week / Eibe often had arguments with his family or friends this week**
8) Eibe was not worried this week / Isa was feeling worried a lot this week **
9) Eibe didn't worry about dirt, germs or getting sick this week / Isa was worried about dirt, germs, or getting sick this week**
10) Eibe was nice to everyone this week / Isa said mean things to someone this week**
11) Isa found it easy to sit still in class this week / Eibe found it hard to sit still in class this week**
12) Eibe looked in the mirror this week and felt good about what he saw / Isa looked in the mirror and did not feel good about what she saw**

****10 point likert scale**

Appendix O5: Interactive Symptom Assessment (Step/Parents, Teens/Adult Children)

I.S.A. Parent/Adult Form
1) I felt cared about by the friends in my life this week / I didn't feel cared about by the friends in my life this week**
2) I felt I did many things well this week / I felt I didn't do anything well this week**
3) Over the past week, I've been feeling happy most of the time / Over the past week, I've been feeling sad most of the time**
4) This week, I wanted to do many things that I enjoy doing / I did not feel like doing much at all this week**
5) I was honest to everyone this week / I told lies or withheld important information this week**
6) I was cheerful this week / I was irritable this week**
7) I did not have arguments or fights with family or friends this week / I often had arguments with family or friends this week**
8) I was not worried or fearful this week / I was feeling worried or fearful a lot this week**
9) I didn't worry about dirt, germs or something bad happening to myself or someone I love this week / I worried about dirt, germs, or something bad happening to myself or someone I love this week**
10) I was nice to everyone this week / I said hurtful things to some people this week**
11) I found it easy to concentrate and focus this week / I found it hard to concentrate and focus this week**
12) I looked in the mirror this week and felt good about what I saw / I looked in the mirror and did not feel good about what I saw**

****10 point likert scale**

Appendix O6: Interactive Symptom Assessment (Step/Parents' View of their Children)

I.S.A. Parent Form	
1)	My child felt good about the friends in his/her life this week / My child didn't feel good about the friends in his/her life this week**
2)	My child felt that he/she did many things well this week / My child felt that he/she didn't do anything well this week**
3)	Over the past week, my child has been feeling happy most of the time / Over the past week, my child has been feeling sad most of the time**
4)	This week, my child wanted to do many fun things / My child did not feel like doing much at all this week**
5)	My child didn't lie to anyone this week / My child told many lies this week**
6)	My child was cheerful this week / My child was irritable this week**
7)	My child did not have arguments or fights with family or friends this week / My child often had arguments with family or friends this week**
8)	My child was not worried or fearful this week / My child was feeling worried or fearful a lot this week**
9)	My child didn't worry about dirt, germs or getting sick this week / My child was worried about dirt, germs, or getting sick this week**
10)	My child was nice to everyone this week / My child said mean things to some people this week**
11)	My child found it easy to sit still (in class or at home) this week / My child found it hard to sit still (in class or at home) this week**
12)	My child looked in the mirror this week and felt good about what he/she saw / My child looked in the mirror and did not feel good about what he/she saw**

****10 point likert scale**

Appendix O7: Child Identity and Purpose Questionnaire – Interactive (Children)

Child Identity and Purpose Questionnaire (Ch.I.P.) - Interactive
Croyances de l'Enfant: l'Identite et une Raison d'être pour Aujourd'hui
CEIRA

We are going to play a game called Chip and Ceira. Chip and Ceira feel, think, or act in ways that you may or may not feel, think, or act.

QUESTIONS FOR YOU:

When Chip has a difficult feeling like sadness, fear, or anger, he finds it easy to think about things to feel a bit better

When Ceira has a difficult feeling like sadness, fear, or anger, she finds it hard to think about something to feel a bit better

Chip	I'm like	←														→	I'm like Ceira
------	----------	---	--	--	--	--	--	--	--	--	--	--	--	--	--	---	-------------------

When Ceira has a difficult feeling like sadness, fear, or anger, she talks to someone or plays with someone

When Chip has a difficult feeling like sadness, fear, or anger, he doesn't talk to someone or play with someone

Ceira	I'm like	←														→	I'm like Chip
-------	----------	---	--	--	--	--	--	--	--	--	--	--	--	--	--	---	------------------

When Chip has a difficult feeling like sadness, fear, or anger, he choses to relax, have fun, or create something

When Ceira has a difficult feeling like sadness, fear, or anger, she chooses not to do much of anything

Chip	I'm like	←														→	I'm like Ceira
------	----------	---	--	--	--	--	--	--	--	--	--	--	--	--	--	---	-------------------

Chip is happy to be Chip

Ceira wishes that she were a different person

Chip	I'm like	←														→	I'm like Ceira
------	----------	---	--	--	--	--	--	--	--	--	--	--	--	--	--	---	-------------------

Chip thinks that he is important to other people

Ceira thinks that she is not important to other people

Chip	I'm like	←														→	I'm like Ceira
------	----------	---	--	--	--	--	--	--	--	--	--	--	--	--	--	---	-------------------

Ceira thinks that she has done many things to be proud of

Chip thinks that he has not done many things to be proud of

Ceira	I'm like	←														→	I'm like	Chip
-------	----------	---	--	--	--	--	--	--	--	--	--	--	--	--	--	---	----------	------

Ceira knows that good things will happen in her life as she grows up

Chip doesn't know if good things will happen in his life as he grows up

Ceira	I'm like	←														→	I'm like	Chip
-------	----------	---	--	--	--	--	--	--	--	--	--	--	--	--	--	---	----------	------

Chip believes that his life is important

Ceira believes that her life doesn't matter

Chip	I'm like	←														→	I'm like	Ceira
------	----------	---	--	--	--	--	--	--	--	--	--	--	--	--	--	---	----------	-------

Ceira knows that she can find ways to get something that is important to her

Chip doesn't know if he can find ways to get things that are important to him

Ceira	I'm like	←														→	I'm like	Chip
-------	----------	---	--	--	--	--	--	--	--	--	--	--	--	--	--	---	----------	------

Ceira is interested in watching her feelings as well as other people's feelings

Chip is more interested in what he can see, feel, hear, taste, and touch, rather than feelings

Chip	I'm like	←														→	I'm like	Ceira
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Chip likes to try new things and learn new things

Ceira likes to stick with things that she knows

Chip	I'm like	←														→	I'm like	Ceira
------	----------	---	--	--	--	--	--	--	--	--	--	--	--	--	--	---	----------	-------

Ceira often participates in a very fun activity with other children and one or more adult leaders

Chip does not often participate in a very fun activity with other children and one or more adult leaders

Ceira	I'm like	←														→	I'm like	Chip
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Appendix O8: Adult Identity and Meaning Scale (Step/Parents, Teens/Adult Children)

A.I.M.S. Parent/Adult Form
1) When I experience difficult feelings like sadness, fear, or anger, I am able to change my attitude toward the situation so I feel a bit better. / When I experience difficult feelings like sadness, fear, or anger, I am not able to change my attitude toward the situation.**
2) When I have a difficult feeling like sadness, fear, or anger, I have a meaningful person in my life whom I like to talk to. / When I have a difficult feeling like sadness, fear, or anger, I don't tend to talk to anyone.**
3) When I have a difficult feeling like sadness, fear, or anger, I often choose to relax, have fun, or create something to feel a bit better. / When I have a difficult feeling like sadness, fear, or anger, I often choose not to do much of anything.**
4) I am happy to be me. / I wish that I was a different person.**
5) I think that I am valued by other people. / I don't think that I am valued by other people.**
6) I think that I do many things to be proud of. / I don't think that I do many things to be proud of.**
7) I know that good things will happen in my life. / I do not expect good things will happen in my life.**
8) I know that I can find ways to get something that is important to me. / I don't know that I can find ways to get things that are important to me.**
9) I am interested in noticing my own feelings as well as other people's feelings. / I am more interested in what I can see, feel, hear, taste, and touch, rather than noticing feelings.**
10) I like to try new things and learn new things. / I prefer to stick with things that I know.**
11) I participate in regular, meaningful leisure activities. / I don't participate in regular, meaningful leisure activities.**

****10 point likert scale**

Appendix O9: Walsh Family Resilience Questionnaire (Step/ /Adult Parents, Teens Children, Children)

We are interested in your family’s experience with your highly stressful situation. Please share your view on how your family deals with crises and ongoing challenges. Read each statement below and circle a number, 1-5, to indicate how much this is true for your family.

Rarely/Never (1); Not often (2); Sometimes (3); Often (4); Almost always (5).

Walsh Family Resilience Questionnaire
1) Our family faces difficulties together as a team, rather than individually.
2) We view distress with our situation as common, understandable.
3) We approach a crisis as a challenge we can manage and master with shared efforts.
4) We try to make sense of a stressful situation and focus on our options
5) We keep hopeful and confident that we will overcome difficulties.
6) We encourage each other and build on our strengths.
7) We seize opportunities, take action, and persist in our efforts.
8) We focus on possibilities and try to accept what we can't change.
9) We share important values and life purpose that help us rise above difficulties.
10) We draw on spiritual resources (religious or non-religious) to help us cope well.
11) Our challenges inspire creativity, more meaningful priorities, and stronger bonds.
12) Our hardship has increased our compassion and desire to help others.
13) We believe we can learn and become stronger from our challenges.
14) We are flexible in adapting to new challenges.
15) We provide stability and reliability to buffer stresses for family members.
16) Strong leadership by parents / caregivers provides warm nurturing, guidance, & security.
17) We can count on family members to help each other in difficulty.
18) Our family respects our individual needs and differences.
19) In our immediate and extended family, we have positive role models and mentors.

20) We can rely on the support of friends and our community.
21) We have economic security to be able to get through hard times.
22) We can access community resources to help our family through difficult times.
23) We try to clarify information about our stressful situation and our options.
24) In our family, we are clear and consistent in what we say and do.
25) We can express our opinions and be truthful with each other.
26) We can share difficult negative feelings (e.g., sadness, anger, fears).
27) We show each other understanding and avoid blame.
28) We can share positive feelings, appreciation, humor, and fun, and find relief from difficulties.
29) We collaborate in discussing and making decisions, and we handle disagreements fairly.
30) We focus on our goals and take steps to reach them.
31) We celebrate successes and learn from mistakes.
32) We plan and prepare for the future and try to prevent crises.

Appendix O10: System for Observing Family Therapy Alliance (Step/Parents, Teens/Adult Children)

SOFTA-s (client)

Evaluate the following phrases and indicate your level of agreement by circling the appropriate number:

	Not at all	A little	Moderately	A lot	Very Much
1. What happens in therapy can solve our problems.	1	2	3	4	5
2. The therapist understands me.	1	2	3	4	5
3. The therapy sessions help me open up (share my feelings, try new things...).	1	2	3	4	5
4. All my family members who come for therapy want the best for our family and to resolve our problems.	1	2	3	4	5
5. It is hard for me to discuss with the therapist what we should work on in therapy.	1	2	3	4	5
6. The therapist is doing everything possible to help me.	1	2	3	4	5
7. I feel comfortable and relaxed in the therapy sessions.	1	2	3	4	5
8. All of us who come for therapy sessions value the time and effort we all put in.	1	2	3	4	5
9. The therapist and I work together as a team.	1	2	3	4	5
10. The therapist has become an important person in my life.	1	2	3	4	5
11. There are some topics I am afraid to discuss in therapy.	1	2	3	4	5
12. Some members of the family don't agree with others about the goals of the therapy.	1	2	3	4	5
13. I understand what is being done in therapy.	1	2	3	4	5
14. The therapist lacks the knowledge and skills to help me.	1	2	3	4	5
15. At times I feel on the defensive in therapy.	1	2	3	4	5
16. Each of us in the family helps the others get what they want out of therapy.	1	2	3	4	5

Appendix O11: System for Observing Family Therapy Alliances (Facilitator)

SOFTA-S

SOFTA-S (counselor version)

Code:

Date:

Evaluate the following phrases and indicate your level of agreement by circling the appropriate number:

	Not at all	A little	Moderately	A lot	Very Much
1. What happens in counseling can solve this family's problems.	1	2	3	4	5
2. I understand this family.	1	2	3	4	5
3. The counseling sessions are helping family members to open up (share feelings, try new things ...).	1	2	3	4	5
4. All of the family members who are coming for counseling want the best for the family and to resolve their problems.	1	2	3	4	5
5. It is hard for me and the family to discuss together what we should work on in counseling.	1	2	3	4	5
6. I am doing everything possible to help this family.	1	2	3	4	5
7. Family members feel comfortable and relaxed in the counseling sessions.	1	2	3	4	5
8. All of those who come for counseling sessions value the time and effort the others put in.	1	2	3	4	5
9. The family and I are working together as a team.	1	2	3	4	5
10. I have become an important person in this family's life.	1	2	3	4	5
11. There are some topics that the family members are afraid to discuss in counseling.	1	2	3	4	5
12. Some members of the family don't agree with others about the goals of the counseling.	1	2	3	4	5
13. What this family and I are doing in counseling makes sense to me.	1	2	3	4	5
14. I lack the knowledge and skills to help this family.	1	2	3	4	5
15. At times some family members feel on the defensive in counseling.	1	2	3	4	5
16. Each person in the family helps the others get what they want out of counseling.	1	2	3	4	5

Appendix O12: Pre-Test and Post-Test Knowledge Translation-Integrated Approach

Satisfaction Questionnaire (Step/Parents, Teens/Adult Children)

Pre-Test Question:

With the list of the specific needs of blended families as identified by experts and families above, do you believe that the workshop you are about to attend will satisfy these needs (see also the document sent to you via email with the description of the workshops)? Yes? No? Please explain why.

Post-Test Questions:

1. With the list of the specific needs of blended families as identified by experts and families above, do you believe that the workshop you attended satisfied these needs? Yes? No? Please explain why.
2. **Credibility:** To what degree did the program meet your family's needs? Please use the slider to indicate how much it did, from a scale of 1 (not at all) to 5 (very much).
3. **Acceptability:** What did you like about the workshops? What do you suggest changing? Please explain.
4. **Sustainability:** To what degree do you think that you're going to use the strategies you learned in your household over the longer term? Please use the slider to indicate how much, from a scale of 1 (not at all) to 5 (all the time).
5. **Feasibility:** How easy were the workshop tools to use in your household? Please use the slider to indicate how easy they were, from a scale of 1 (not easy at all) to 5 (extremely easy).
6. **Feasibility:** Is there anything you suggest that would make the workshop tools easier to use?
7. Do you believe that spirituality or developing a sense of meaning has helped your blended family since having participated with the workshops? Please explain.

Appendix O13: Post-Test Knowledge Translation-Integrated Approach Satisfaction**Questionnaire (Facilitator)**

For which family are you responding to this survey? Write the initials of the main contact person.

1. With the list of the specific needs of blended families as identified by experts and families above, do you believe that the workshop you have just conducted satisfied these needs? Yes? No? Please explain why.
2. **Credibility:** To what degree did the program meet the family's needs? Please use the slider to indicate how much it did, from a scale of 1 (not at all) to 5 (very much).
3. **Acceptability:** What did you like about the workshops? What do you suggest changing? Please explain.
4. **Sustainability:** To what degree do you think the family is going to use the strategies learned in their household over the longer term? Please use the slider to indicate how much, from a scale of 1 (not at all) to 5 (all the time).
5. **Feasibility:** How easy were the workshop tools to use for the family in their household? Please use the slider to indicate how easy they were, from a scale of 1 (not easy at all) to 5 (extremely easy).
6. **Feasibility:** Is there anything you suggest that would make the workshop tools easier to use?
7. **Sustainability:** Do you believe there should be training for other facilitators to conduct these workshops for other blended families? Please explain.
8. **Credibility:** Do you find that the blended family workshop program appeared to do what it proposed it would do for your blended family (i.e., support the family's flourishing regarding five specific needs: 1- Maintaining a solid couple bond and parent coalition; 2- Struggling with losses, loyalties and change; 3- Dividing parenting/stepparenting tasks; 4- Building a new family culture and addressing stigma; 5- Acknowledging other parents and relatives as part of the family.)? Please explain.
9. Do you believe that the workshops enhance your blended family's: 1. Well-being; 2. Social connectedness; 3. Attachment towards each other; 4. Resilience; 5. Self-efficacy; 6. Sense of meaning. Please explain for each one.
10. Do you believe that these workshops could help reduce the likelihood of blended families dissolving and of enhancing their quality of life? Please explain.
11. Do you believe that spirituality or developing a sense of meaning has helped this blended family since having participated with the workshops? Please explain.

Appendix P: Psychoeducational Workshops Grouped Answers**Workshops Qualitative and Quantitative Data – KTI – First Draft**
Organizing Results**Coparents - Pre-Test**

- 1. With the list of the specific needs of blended families as identified by experts and families above, do you believe that the workshop you are about to attend will satisfy these needs (see also the document sent to you via email with the description of the workshops)? Yes? No? Please explain why.**

Validations

FAMILY 1B: Yes, learning to better co-parent and parent step-children is important to me.

FAMILY 2B: yes. currently, we are lacking in the specific needs and struggling to maintain a bond.

FAMILY 6B: Yes. The needs are correctly identified. Perhaps what would interesting in future "needs" is to look at the aspect of new Canadians (I guess it could be an extension of the culture part).

FAMILY 3A: Yes, I think it might help open up communication between us all and create new connections so that these needs may be addressed.

FAMILY 8A: yes, anything to do with attachment would help with bonding between the couple and also with the family

Coparents – Post-Test

- 1. With the list of the specific needs of blended families as identified by experts and families above, do you believe that the workshop you attended satisfied these needs? Yes? No? Please explain why.**

Validations

FAMILY 6B: The family circle exercise was definitely a revelation for me. It is surprising to see how easy it is to overlook other parents and relatives!!!

FAMILY 5A: This workshop was great with providing emotional literacy--encouraging people to feel their feelings, work to understand them, communicate them, and listen to another's experience and then respond at an experiential level in an empathic way. I would think this would meet the needs of ANY family--including blended families.

FAMILY 5B: The workshop was good. There were tools given that can be taken away and used. Obviously, no workshop can satisfy all the needs of a blended family, but this was a good one.

FAMILY 8B: Yes. With so many moving parts when blending two families it was an eye-opener for myself to take a lot into consideration especially with the older kids I did not realize it could take multiple years to finally settle into a blended family.

FAMILY 9A: Yes. We learned the importance and some techniques on how to maintain a solid couple bond, build a new family culture, and acknowledge other parents as part of the family.

Criticisms

FAMILY 1B: yes, however the short workshop didn't permit us to see the full extent of how it could truly help.

FAMILY 2A: Number 3 was not addressed or made clear. I am not sure about addressing stigma. this was not applicable to us. number 5 was not discussed.

FAMILY 3B: Yes, as a start down a longer road with more consciousness and commitment.

2. Credibility: To what degree did the program meet your family's needs? Please use the slider to indicate how much it did, from a scale of 1 (not at all) to 5 (very much). (Changed to scale of 1-100 on Survey Monkey)

FAMILY 2B: DID NOT PARTICIPATE IN POST

FAMILY 1A: 0
 FAMILY 1B: 65
 FAMILY 2A: 40
 FAMILY 6A: 100
 FAMILY 6B: 90
 FAMILY 3A: 94
 FAMILY 3B: 75
 FAMILY 4A: 100
 FAMILY 4B: 46
 FAMILY 5A : 62
 FAMILY 5B : 49
 FAMILY 7A: 98
 FAMILY 7B: 90
 FAMILY 8A: 61
 FAMILY 8B: 100
 FAMILY 9A: 92
 FAMILY 9B: 94

3. Acceptability: What did you like about the workshops? What do you suggest changing? Please explain.

Validations

FAMILY 3A: I liked how creative the exercises were, involving tactile materials - this was age appropriate for all. I also liked how the themes were woven into each exercise and the way content was elicited was fun. I appreciate how challenging delivering these workshops must have been online, and perhaps this is why at times further clarification on instructions were needed.

FAMILY 5A : The workshop was experiential...we can get the needed information from a book, but the workshop gave us something a book could never give. We have some very practical things that came out of the exercises, and some tools that we can use in the future to better understand each other.

FAMILY 7A: I liked how it created space for dialogue in ways that were not so much through Q&A but rather through activities.

FAMILY 8B: I really enjoyed talking about how difficult Blended families is for teenagers it has opened my eyes to dealing with situations but I am having with my teenager son the workshop was such a great resource and would not change anything.

Criticisms

FAMILY 2A: activities - I would have liked for the therapist to get to know a bit more about our individual needs.

FAMILY 3A: I appreciate how challenging delivering these workshops must have been online, and perhaps this is why at times further clarification on instructions were needed.

Recommendations

FAMILY 6A: It may also be good to include questions that represent adult children.

- 4. Sustainability: To what degree do you think that you're going to use the strategies you learned in your household over the longer term? Please use the slider to indicate how much, from a scale of 1 (not at all) to 5 (all the time). (Changed to scale of 1-100 on Survey Monkey)**

FAMILY 2B: DID NOT PARTICIPATE IN POST.

FAMILY 1A: 15

FAMILY 1B: 51

FAMILY 2A: 60

FAMILY 6A: 95

FAMILY 6B: 95

FAMILY 3A: 67

FAMILY 3B: 57

FAMILY 4A: 51

FAMILY 4B: 75

FAMILY 5A : 75

FAMILY 5B : 29

FAMILY 7A: 84

FAMILY 7B: 80

FAMILY 8A: 58

FAMILY 8B: 100

FAMILY 9A : 99

FAMILY 9B : 80

- 5. Feasibility: How easy were the workshop tools to use in your household? Please use the slider to indicate how easy they were, from a scale of 1 (not easy at all) to 5 (extremely easy). (Changed to scale of 1-100 on Survey Monkey)**

FAMILY 2B: DID NOT PARTICIPATE IN POST.

FAMILY 1A: 30

FAMILY 1B: 68

FAMILY 2A: 60

FAMILY 6A: 95

FAMILY 6B: 100

FAMILY 3A: 97

FAMILY 3B: 80

FAMILY 4A: 52

FAMILY 4B: 73

FAMILY 5A : 75

FAMILY 5B : 25

FAMILY 7A: 100
FAMILY 7B: 100
FAMILY 8A: 74
FAMILY 8B: 100
FAMILY 9A : 97
FAMILY 9B : 85

6. Feasibility: Is there anything you suggest that would make the workshop tools easier to use?

Validations

FAMILY 6A: The tools worked well.

FAMILY 3B: amazing how well this worked for a virtual session, and it would be that much easier and more effective in person.

FAMILY 8B: I would not change anything the workshop was designed in a way that made it easy for us to use tools during the session.

Criticisms

FAMILY 3B: we sometimes were a bit confused with the steps

Recommendations

FAMILY 1B: Perhaps also including a method to voice a concern or issue anonymously could be helpful in larger families? So the topic could be addressed and discussed as a scenario. I think it could help reduce the risk of defensive reactions.

FAMILY 3A: just the point about some of the instructions being clearer might help.

FAMILY 3B: it would be that much easier and more effective in person.

7. Do you believe that spirituality or developing a sense of meaning has helped your blended family since having participated with the workshops? Please explain.

Validations

FAMILY 5A: Hmm...that's hard to say. I think we have a deeper understanding of slowing the conversation to explore our own reactions and the reactions of the other creates deeper meaning in each conversation. The challenge will be to hold this at times we need to use this. I do think that there were moments of "felt experience" in the workshop that embedded the value of slow and deep conversations.

FAMILY 7A: yes, I think that some of the activities helped create and solidify a sense of family unit and togetherness rather than thinking that it is a relationship of adults and a teen.

FAMILY 8B: Yes I do believe that the workshop has helped me spiritually and developing tools I can use with my teenage son on the blending of my family with my partner there was so much I did not know or to take in consideration for my teenage son.

FAMILY 9A: Yes. That helps us to emotionally connect with each other more deeply. Also, that strengthens our faith in the family future during difficult times.

Invalidations

FAMILY 1B: No. Our spirituality hasn't changed since participating in the workshop.

FAMILY 2A: I did not pick this up from the workshop. it was not a topic discussed.

FAMILY 4A: I feel like we had this in our inner dynamic already.

FAMILY 4B: Not really.

Criticisms

FAMILY 2A: I did not pick this up from the workshop. it was not a topic discussed.

Teens-Young Adult Children – Post-Test

- 8. With the list of the specific needs of blended families as identified by experts and families above, do you believe that the workshop you attended will satisfy these needs? Yes? No? Please explain why.**

Validations

FAMILY 7BB: 2,4

FAMILY 8BB: Yes having a better idea on dealing with emotions during the blending of two families.

No answer

Family 4BB: No answer.

Family 9AA: No answer.

- 9. Credibility: To what degree did the program meet your family's needs? Please use the slider to indicate how much it did, from a scale of 1 (not at all) to 5 (very much). (Changed to scale of 1-100 on Survey Monkey)**

FAMILY 4BB: 56

FAMILY 7BB: 67

FAMILY 8BB: 84

FAMILY 9AA: 100

- 10. Acceptability: What did you like about the workshops? What do you suggest changing? Please explain.**

Validations

FAMILY 7BB: Other family members can see each other's point of view.

FAMILY 8BB: As I did not fully attend I found some of the topics that I discussed with my dad helpful on dealing with my feelings

No answer

FAMILY 4BB: No answer.

FAMILY 9AA: No answer.

- 11. Sustainability: To what degree do you think that you're going to use the strategies your learned in your household over the longer term? Please use the slider to indicate how much, from a scale of 1 (not at all) to 5 (all the time). (Changed to scale of 1-100 on Survey Monkey)**

FAMILY 4BB: 59

FAMILY 7BB: 63

FAMILY 8BB: 50

FAMILY 9AA: 100

- 12. Feasibility: How easy were the workshop tools to use in your household? Please use the slider to indicate how easy they were, from a scale of 1 (not easy at all) to 5 (extremely easy). (Changed to scale of 1-100 on Survey Monkey)**

FAMILY 4BB: 68

FAMILY 7BB: 43

FAMILY 8BB: 36

FAMILY 9AA 100

- 13. Feasibility: Is there anything you suggest that would make the workshop tools easier to use?**

FAMILY 4BB: NO ANSWER.

FAMILY 7BB: I DON'T KNOW.

FAMILY 8BB: NOTHING TO SUGGEST.

FAMILY 9AA: NO ANSWER.

- 14. Do you believe that spirituality or developing a sense of meaning has helped your blended family since having participated with the workshops? Please explain.**

Validations

FAMILY 8BB: I do think it has helped my dad in developing more meaningful discussions with me.

Invalidations

FAMILY 7BB: No.

No answer

FAMILY 4BB: NO ANSWER.

FAMILY 9AA: NO ANSWER.

Children – Post-Test

1. What did you like about the workshop exercises?

FAMILY 3AA-2: I liked when we got to do a collage and it was fun.

FAMILY 8AA: (mom answered for her child): R. liked talking with Stephanie (the facilitator).

2. What would you suggest changing with the exercises?

FAMILY 3AA-2: Nothing

FAMILY 8AA: (mom answered for her child): The exercises were great, no change suggested.

3. Do you believe that the workshops helped make you feel more hopeful about living in your blended family? Yes or no? Please explain.

FAMILY 3AA-2: No, I think this because me, Shawn and my mom were already close as a blended family and we like to do fun activity's

FAMILY 8AA: (mom answered for her child): Yes, was helpful in understanding each other more.

Facilitator – Post-Test

1. With the list of the specific needs of blended families as identified by experts and families above, do you believe that the workshop you have just conducted will satisfy these needs (see also the document sent to you via email with the description of the workshops)? Yes? No? Please explain why.

Validations

For family 5: yes, helps understand each's needs, and support each other on them, plus expressing feelings and understanding how the sensations inform of us of unsaid feelings and needs. Strengthen their relationship and trust to express needs and feelings in safe supportive dialogue and negotiation.

For family 8: yes, needs 1 and 2 emerged specifically during the workshop, and needs 4-5 brought joy to the couple. Need 3 was less of an issue since there seems to be clarity at this point towards this although it was clearly addressed.

Criticisms

For family 2: workshop on need 5 didn't seem to connect with the reality of other parents and relatives.

For family 7: blended family stigma does not seem to be an issue for this family.

2. Credibility: To what degree did the program meet the family's needs? Please use the slider to indicate how much it did, from a scale of 1 (not at all) to 5 (very much). (Changed to scale of 1-100 on Survey Monkey)

For family 1: 80
 For family 2: 58
 For family 6: 97
 For family 3: 90
 For family 4: 74
 For family 5: 95
 For family 7: 94
 For family 8: 87
 For family 9: 64

3. Acceptability: What did you like about the workshops? What do you suggest changing? Please explain.

Validations

For family 3: I like how they accepted each's limitations and hesitations and worked together, supporting each other and praising each other.

For family 4: They liked guessing each other's strengths and weaknesses and using the workshops to discuss feelings, values, expectations and having a dialogue about it, and realizing their strengths as a family.

For family 7: The family would spontaneously use each exercise to delve into family issues, especially the daughter. The rest of the family members would support her and help process the feelings to find some level of resolution. The daughter was encouraged to express her feelings, especially celebrated in her efforts by her stepmother, while her dad would do his best to work through the issue with her. The workshops allowed for this space to have these dialogues.

Criticisms

For family 2: The final exercise of day 2 created a lot of frustration and brought up underlying resentments which cancelled the point of the exercise. The exercise became about repairing this and linking to what the exercise was originally about even though it didn't happen for them (finish on a joyful note).

For family 5: It was more pressure on the husband because feelings and sensations are challenging for him to express.

Recommendations

For family 5: The last workshop exercise, he suggested mentioning that they can take their time to do the drawing.

For family 9: the final workshop on absent relatives as part of the family needs to be adjusted to fit both families with young and adult children

4. Sustainability: To what degree do you think the family is going to use the strategies learned in their household over the longer term? Please use the slider to indicate how much, from a scale of 1 (not at all) to 5 (all the time). (Changed to scale of 1-100 on Survey Monkey)

For family 1: 62
 For family 2: 60
 For family 6: 100
 For family 3: 90

For family 4: 68
 For family 5: 97
 For family 7: 89
 For family 8: 81
 For family 9: 80

5. Feasibility: How easy were the workshop tools to use for the family in their household? Please use the slider to indicate how easy they were, from a scale of 1 (not easy at all) to 5 (extremely easy). (Changed to scale of 1-100 on Survey Monkey)

For family 1: 91
 For family 2: 67
 For family 6: 85
 For family 3: 81
 For family 4: 80
 For family 5: 73
 For family 7: 84
 For family 6: 85
 For family 9: 86

6. Feasibility: Is there anything you suggest that would make the workshop tools easier to use?

Criticisms

For family 2: The final exercise from REAL therapy with the snacks and the spaghetti dance then the balloons was hard for them to transfer from one part of the exercise to another. They felt frustrated at the end.

Recommendations

For family 4: less focus on values, feelings and dialogue, more on play and family creativity.

For family 5: Using the other partner to support the partner who has difficulty expressing feelings.

For family 9: if keeping the ball throwing exercise, make it with scrunched up paper balls instead for the final workshop exercise, and streamline that exercise to make it simpler, less disjointed.

7. Sustainability: Do you believe there should be training for other facilitators to conduct these workshops for other blended families? Please explain.

Validations

For family 3: Yes. To be able to use therapist skills when clients feel stuck, unable or unwilling to do an exercise - to support them and find a way for them to get something out of the exercise.

For family 4: Yes, to balance out the interactions between the daughter and the parents.

Recommendations

For family 5: Yes, some EFT couples training would be helpful.

For family 7: Yes, being a family therapist is essential, at least. Knowing about blended family issues would be a plus.

- 8. Credibility: Do you find that the blended family workshop program appeared to do what it proposed it would do for your blended family (i.e., support the family's flourishing with regard to five specific needs: 1- Maintaining a solid couple bond and parent coalition; 2- Struggling with losses, loyalties and change; 3- Dividing parenting/stepparenting tasks; 4- Building a new family culture and addressing stigma; 5- Acknowledging other parents and relatives as part of the family.) ? Please explain.**

Validations

For family 1: 1 yes, 2, yes, 3 yes, 4 no, 5 yes but not enough.

For family 2: Others, yes, except for stigma (but OK for family culture).

For family 9: Yes. On the second part of the workshop, the mother/stepmother reported finding one of the resources on the blended family life cycle by Papernow, helpful to enable to accept her partner's ex-wife as part of his life in the coparenting of his 2 young boys. So this touched upon 3. and 5., as well as 1. and 2., and then subsequently 4. The workshop also helped the stepmother/mother find new meaning in her new family, recognizing everyone's strengths and accepting each's imperfections.

Criticisms

For family 3: 3. was the one that I felt was less touched by the exercise. It didn't seem to delve enough into the dividing of parenting tasks issue.

For family 4: yes, although it seemed that family stigma wasn't an issue and acknowledging other parents and relatives was a given for this family. Coparenting became about sharing parenting responsibilities with other relatives.

For family 9: 3. was less applied since the adult child did not have any issues and the co-parents did not present any coparenting issues but spoke more of the general role of the mother/stepmother and asked for specific resources for her instead.

- 9. Credibility: Do you believe that the workshops enhance your blended family's:1. well-being, 2. social connectedness3. attachment towards each other 4. resilience 5. self-efficacy6. sense of meaning. Please explain for each one.**

All 6 of them

For family 4: 1 - yes with dialogue about values 2, 3 - enhances what they already have 4, 5 - yes it was brought up as the parents model resilience and self-efficacy for the daughter 6 - sense of meaning: being a model for the daughter, teaching her values of connectedness, dialoguing, expressing feelings, resourcefulness

For family 7: yes, in all areas. The family seemed to strengthen their awareness of each other's need, to openly express misunderstandings and hurts, to bond on certain unresolved hurts, to celebrate each's expression of needs. The workshop seemed to really give a voice to the daughter's needs and a means to resolve them with her father, while strengthening her relationship with her stepmother who got a clearer sense of what her role was in the family and how she could add meaning to it. While the father got support in feeling more effective in relating and bonding with his daughter.

For family 8: yes, it seemed that way. the couple seemed that they were feeling closer, had new tools for better resilience and self efficacy, more understanding of underlying issues and challenges, more meaning towards how to keep their relationship strong.

Criticisms

For family 2: yes; although their self efficacy was enhanced in workshop 4 and then decreased in workshop 5, which lead to a loss of meaning and well-being which the facilitator tried to enhance at the end.

10. Credibility: Do you believe that these workshops could help reduce the likelihood of blended families dissolving and of enhancing their quality of life? Please explain.

Validations

For family 4: yes, as it spells out their strengths and helps open up a safe dialogue about weaknesses to harvest support from other family members.

For family 5: Yes, strengthens their sense of attachment and self-efficacy in doing so.

For family 7: yes, for the reasons stated above. It gives a chance to the child to express unresolved issues in a safe environment and encourage the family in being able to continue these dialogues after the workshop. The parents were confirmed in their bond, the bonds between the daughter and the father and stepmother seemed to have deepened as well.

For family 9: Yes. It helps with strengthening couple bond, resilience, acceptance, meaning, creating a new family, dialogue, openness to change, recognition of challenges with support to each family member.

11. Do you believe that spirituality or developing a sense of meaning has helped this blended family since having participated with the workshops? Please explain.

Validations

For family 2: Yes, I believe they developed a deeper sense of belonging and appreciation for each other and the richness they all bring.

For family 3: Yes, their togetherness, their openness to listening and to change to support others' needs, their connection to their wider family as well as part of them and influencing the family's identity.

For family 4: Yes, it has strengthened their sense of connectedness, their values of supporting family members and being a model for their daughter, of being resilient and open.

For family 9: Yes, stepmom/mother believes in God. Overall support between each family member, openness to listen, dialogue, support and accept. Willingness to bond with each other and to find meaning in support as new family. Much gratitude, joy, enthusiasm, willing to serve each other, to accommodate. Mother/stepmom has a better notion of her role, more clarity and gratitude/acceptance for this and enthusiasm for her new family and experiencing love for all through meaningful actions and support. Helping all family members flourish through understanding and support of each's needs.