



The Associates: The Community Education Program of the Training Institute for Mental Health
 22 West 21 Street, 10th Floor, New York NY 10010-6904 212-627-8181 ▲ www.timh.org
Hillary G. Volper, LCSW, President
Dale B. Schneitzer, LCSW, Director of Membership

Friday, January 11, 2008 7:30 P.M.

Keeping Step With Stepfamilies: What Works and What Doesn't

Presenter: Brenda Rodstrom, LCSW



What does it take for a stepfamily to become a high functioning family? Join stepfamily specialist Brenda Rodstrom, as she introduces new tools and techniques that have helped many people in stepfamilies understand their uniqueness and their difficulties.

It is estimated that 50% of families in this country are stepfamilies — and that 62% of second marriages with children from a prior relationship end in divorce. The good news is that with the right knowledge and skill, these statistics can turn around.

Brenda is a lively speaker, and her talk is appropriate for professionals and people who are part of a stepfamily.

Brenda Rodstrom, LCSW, is a psychotherapist in private practice in New York City. She started her quest to learn more about stepfamilies when she became a stepmother 18 years ago. Her journey led her to the Stepfamily Association of America, where she is a professional affiliate, and the National Stepfamily Resource Center, which is part of Auburn University. She has served as NYC Director of the Stepfamily Association. In 2006 she founded Stepfamily Dynamics: Counseling and Coaching. She invites you to visit her website, www.stepfamilydynamics.com.

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- I would like to join/renew my membership* for the '07/08 season, and I will _____ will not _____ attend on Friday, 1/11/08 at 7:30 P.M.
 Membership Fees: General Membership: \$95.00 Senior Membership: \$45.00 (Over 65 with ID) Student Membership: \$45.00 (with ID)
- I am not interested in joining but would like to attend on Friday, 1/11/08 at 7:30 P.M.
 Non-members per program: Regular: \$15.00 Senior: \$12.00 (Over 65 with ID) Student: \$12.00 (with ID)

Enclosed is my check for \$_____ made **payable to: Associates of Training Institute**. **Send to:** Associates of Training Institute
 22 West 21 St 10th Fl
 New York NY 10010-6904

Please note: **Reserved seating** can only be made **by prepaying in advance by mail. Seats will be held until 7:20 P.M.** and then released to walk-ins. No tickets will be sent; names of registrants will be at door. Please, no phone reservations. No refunds will be given – your good intentions will become donations to the Institute. Continuing Education hours verification may be obtained when you check in at the program. Each program is 2 C.E.U.

* **Members of the Associates of the Training Institute** are admitted free to programs but must advise us **by mail if they wish to have their seats reserved** for particular program(s) until 7:20 P.M. Note: Membership will run from October '07 through April '08.

**Keeping Step
With
Stepfamilies**
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Name _____ Occupation _____
 Address _____ Apt or Box # _____ City _____ State _____ Zip _____
 Email Address _____ Business Phone () _____ Home Phone () _____