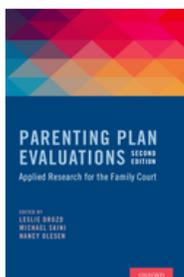


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Considerations for Step-Up Planning: When and How to Determine the “Right” Time [a](#)

Chapter:

(p. 535) Considerations for Step-Up Planning: When and How to Determine the “Right” Time

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Considerations for Step-Up Planning: When and How to Determine the “Right” Time

Key Points

- Children and families develop over time, requiring changes to parenting plans.
- Risk and stability factors are the first considerations when weighing modifications or step-ups to a parenting plan.
- Child, parent, and co-parent factors must all be considered when assessing the effectiveness and durability of step-up plans.
- Time alone cannot be the determinative factor to consider when looking into whether it would be best for the child to do a “step-up” or to wait. Other variables that involve proactive accountability by the parents and careful awareness of child responses are equally important.
- When there are potential or actual problems with a step-up plan, gathering as much neutrally sourced behavioral information as possible aids decision making. Putting appropriate resources and supports into place maximizes the likelihood of achieving success or appropriate remediation of the step-up plan.

Introduction

I cannot say whether things will get better if we change; what I can say is they must change if they are to get better.

—G. C. Lichtenberg

When the authors of this clinical piece first started developing shared parenting interventions, about 30 years ago, the common wisdom of the day held that the (p. 536) legal system should have swift and final involvement in a family’s life. It was taken for granted that it was in a family’s best interests to have the legal system be the arbiter of decision making when the family couldn’t and to then send them on their way to figure it out from there, rather than have continued legal intervention rife with possibilities for further conflict and undermining of parental authority. Not everyone agreed that a fast and final solution solved the family’s problems. There were questions raised from mental health professionals about whether regular legal checkups, such as doctor visits, should be an integral part of preventive care for the families. But, others argued back, that is not the role of the legal system. A generation later, the debate does not center on *whether* continued legal involvement should occur, but *how* it will occur. We have learned that some families don’t move on as we would hope, and the conflicts continue to require third-party intervention, often with the full power of legal authority behind such intervention to make it “stick.”

Once it became clear the legal system would continue to be called upon for assistance in negotiating family transitions, even within the same families over time, the urgent questions became in what ways a change will benefit the child, how to determine when the child or family

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was ready for the next transition, and how change should be mandated over one parent’s wishes while still promoting children’s and family’s interests. The family court finds itself back in a *parens patriae* role, and the question is one of remarkable metaphoric similarity with decisions parents make every day. How do you know what is safe for a child to do X, and what safeguards must be in place to maximize the likelihood that such actions will stimulate growth and development and build resilience instead of backslide, cause injury, or in the worst-case scenario, traumatize the child? How do you know when a child is ready to cross the street herself? To ride her bike to school on her own? To be dropped off at the movie theater with friends? To drive a long distance alone on the highway? The truth is, you often don’t. But you weigh the best evidence you have in front of you, like a judge does, and you put every safeguard into place, and sometimes you go with your instinct after you have rationally considered every known angle. And depending on how clear your child’s communication is, how well you know your child, and—not least of all—what your own motives are for saying yes or no, the decision usually works out. But sometimes it doesn’t, and then we step down until there are clearer signs that the child is indeed ready to *step-up*.

Step-up, in family law vernacular, means increasing one parent’s access to a child, from nothing to something, from daytimes to overnights, from supervised to unrestricted access, from less to more contact in a week. The step-up becomes invoked when one parent, usually the less-seen or nonresidential parent, requests a change in parenting access, time, and/or decision making. The process that ensues of sorting out whether the request is in the child’s best interests, and posed at an opportune time in the child’s developmental trajectory, is difficult enough when parents agree on the situation or when one parent defers to the other’s wish or decision. When parents actively disagree, the situation becomes infinitely more difficult. Like we see elsewhere in this book (see Chapters 3–7 and 13) and when similar kinds of considerations are made about shared parenting decisions in specific instances such as very young children and overnights (McIntosh, Pruett, & Kelly, 2014), when parents disagree, untangling their competing requests or stories will inevitably come down to a more conservative and confining decision than parents (p. 537) can make on their own. There is nothing fair about the process when one parent slows down a step-up process that is the other parent’s deepest desire, and potentially in the child’s best interests, but the parent resists the process (e.g., becomes an inhibitory “gatekeeper,” as discussed in Austin, Pruett, Kirkpatrick, Flens, & Gould, 2013) for reasons based on personal feelings and concerns that are more imagined than real; are rooted in old wounds rather than recent ones; and spill from fears or anxieties rather than observations and understanding of the child. The major work for the clinician in these cases is to figure out how much the resisting parent can tolerate and support without bringing about the collapse of the fragile family peace or developmental scaffolding that has been painstakingly erected. And it is the work of the clinician to help the healthier parent understand that once parents make the choice to have a child together, mental health vulnerabilities or problems of the other parent cannot be sidestepped or ignored. They become part of the co-parenting landscape as long as both parents choose to be involved in the child’s life. The parenting cannot be torn asunder if the child is to thrive, except in situations when it becomes clear that the child’s development would best be served living completely separate from—or having no contact with—one of the parents for at least a time. But more typically, it becomes incumbent upon the parent wishing for the step-up to accept a cautious route to shared parenting that moves forward only when the path is clearer than it has to be in less fraught or conflictual situations. It is these kinds of decisions that form

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the basis for our thinking in this consideration of when and how to make step-up decisions about shared parenting.

Toward this goal, we offer a decision-making chart with steps beginning with the process of early considerations to initiate a step up through reconsiderations when a step-up plan has been implemented that at least one parent does not believe is working well. The chart (Form 18.1) details questions to ask to carefully and thoughtfully obtain clear information about child, parental, and co-parental domains, in order to help the decision maker(s) contemplate the unique family situation under consideration.

Form 18.1 Step-Up Decision Planning 

Initial Considerations

The ultimate concern when first considering a step-up plan is whether the child and all family members are safe if the step-up is to be attempted. Four areas of major concern, and frequent implication in cases that require ongoing legal intervention, are situations of *intimate partner violence, child abuse or neglect, parental substance abuse, and parental mental health issues*. In addition, we advise canvassing the broader context of the family and social world surrounding the child to determine if there are other serious problems in those contexts that could cause safety concerns leading to greater caution about step-ups. Examples of these types of issues might include the presence of a substance-using new boyfriend/girlfriend in the home, a life-threatening illness the child has that requires vigilance in physical care and medication monitoring, a volatile neighborhood, or a school bullying occurrence affected by the step-up decision. Table 18.1 sets forth fundamental risks to consider as the idea of a step-up is first under consideration.

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Table 18.1 Initial Considerations: Fundamental Risks

Fundamental Risks				
No.	Fundamental Risks (in the past 6 months)	Yes, corroborated. Please explain.	No, Corroborated. Please explain.	Unknown. Please explain.
1	Is there current intimate partner (domestic) violence in the home?			
2	Is there a risk of abduction?			
3	Is there current substance abuse by a parent or anyone living in the home?			
4	Is there current child abuse, maltreatment, or neglect in the home?			
5	Are there current unmanaged or untreated mental illness issues in the home?			
6	Are there aspects of the child’s world outside the family that raise safety concerns that would undercut a step-up plan?			

The presence of any of these areas raises a red flag. The issue is not just whether any of the factors are present, but whether they interfere with the child’s safety, (p. 538) (p. 539) consistent and sensitive parenting, and adequate co-parenting. If the details gleaned do not

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present a clear picture, then the assistance of a highly trained mental health clinician is warranted. If the family is already engaging the services of a clinician and determinations about the child’s well-being still appear murky, then the step-up is not appropriate. A second opinion with a clinician competent in specific areas of concern might be in order. Regardless, any serious doubt is best heeded as a stop sign. The younger the child, the more likely it is that clarity will be difficult to obtain. That is why slower step-ups are recommended for those youngest and most vulnerable, typically understood as age 3 years or younger.

Once safety is determined as present and secure, the second fundamental safeguard is a rendering of the stability surrounding the period in a child’s life when step-ups are being considered. We designate 2 months as a cautious but reasonable period of time from which to examine whether the child’s daycare or schooling and activities have been stable, for example, to avoid adding additional stress to the beginning of a new school year or change in day care. Significant events within the family and changes in family composition such as new partners, new children, or the loss of a beloved grandparent require developmental adaptation. Parenting availability may alter as a result of changes in work life, health, and so on. Children and families manage such changes on a regular basis. The changes often produce temporary stressors, the management of which can lead to significant growth and coping ability. However, positive adaptation requires time, energy, and focus. The younger the child, and the greater the parental divide on major issues, the more such normative changes become risk factors. For example, Austin (2008) describes how residential mobility does not constitute a significant risk factor for children in intact families, but it does so for children in separated families. It is the impending, recent or unresolved separation that often compels frightened and grieving parents to push for change quickly, in order to ensure that neither physical nor emotional distance will come between parent and child. However, from a child’s perspective, changes need to be digested, and they can often be more easily integrated sequentially rather than simultaneously, so that the child can integrate each one. At certain developmental eras, not only infancy but also in adolescence, for example, step-ups made in the wake of other major life changes sometimes get drowned by a tidal wave of emotion or coping that overwhelms the child’s capacity to navigate through the rough waters. Thus, a calm period of 2 months or more optimizes the chances of a step-up becoming a welcomed and resilience-building context for children undergoing a number of changes, often in a condensed period of time. Table 18.2 contains a question regarding the current level of stability, as well as changes that have occurred, in the family when a step-up is under consideration.

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Table 18.2 Initial Considerations: Stability or Change

Stability or Change				
No.		Yes, corroborated? Please explain	No, corroborated? Please explain.	Unknown. Please explain the information needed.
7	Have there been any changes in the child’s world (e.g. school, family composition, significant family events, parent availability as a result of work, health or other changes) within the past 4 months (2 months if the child is under age 3)?			

Decision to Do a Step-up

Once safety and stability are confirmed, the step-up becomes a real possibility. Analysis of the origins of the request for a step-up determines the possibility of the parents making a decision together with or without the support of professionals. Documenting who is making the request and the other parent’s reaction, particularly the type and level of resistance expressed, provides the basis for the next step in decision making. Table 18.3 contains questions relevant to the decision-making process about the potential step-up.

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Table 18.3 Initiation of Step-up

No.		One or both parents, court, or other professional. Please explain	Unknown. Please explain the information needed.
1	Who is advocating for the step-up?		
2	Who is resisting the step-up?		

(p. 540) When Parents Are Split on the Decision

When parents split on the decision, two focal points for scrutiny are salient. The first is the child’s behavior. In order to fence off parental projections about what the child feels, needs, and thinks from the child’s actual experience, observable behaviors should take primary focus. Attention is paid to how the child behaves with each parent and with other caregivers, in day care or school, and with extended family and friends. The key questions are as follows:

- What are parents and professionals seeing that is developmentally appropriate?
- What is concerning?
- How long have the concerning behaviors lasted?
- In what contexts are the behaviors occurring?
- What is the child saying about his or her thoughts and feelings to parents as well as other adults involved in his or her care and education?

The second focal point is the resident parent’s support of or resistance to the step-up. Understanding what the resistance is about enables an analysis of resources that need to be put into place to support the parent, allaying realistic fears and concerns and bolstering the parent’s ability to cope with unfounded concerns or plaguing uncertainty. The support might take the form of making sure someone else is present or available when the child is with the other parent, (p. 541) a precaution that would be put into place for a specified time period. Or such support might require coaching or counseling to help the parent come to terms with the appropriateness of the change request. Supportive counseling resources may have to be encouraged or mandated for a time before the case is considered again. In all situations, specifying what protections and supports are being put into place, and determining a period of time until they are revisited, helps alleviate anxieties and forestalls endless legal posturing in order to get the process moving again when it comes to a standstill. Preventing ambiguity in terms of what will constitute readiness or how much time must pass before a next step is considered and readiness reevaluated is crucial in this phase. Specifying what will happen next,

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and when, is in itself an intervention that provokes behaviors that indicate where readiness and resistances lie. Imagine if you were diagnosed with serious illness and told you will have another appointment, but it could not be set and you weren't sure when you would actually see the doctor again. Stress from the illness, and perhaps symptoms of the illness itself, would be exacerbated by the ambiguity.

Assessing the Step-up

The step-up is explicated with consideration for the potential risks of stepping up weighed in juxtaposition to the potential benefits of the step-up and the risks of *not* stepping up. A risk may be that the child with organizational challenges has to move clothes and gear between houses in a more complicated fashion, but the child will now have access to both parents during the week, and the non resident's new partner will have more opportunity to consider the child as part of the new family system that is about to be expanded with a new infant. Action as well as inaction has its risks, and both are considered.

Once a step-up is put into place, follow-up should be scheduled. If the concern is low, scheduling the follow-up 1 month out for children under 2 years, 2 months out for children under 3 years, and 3–4 months out for older children offers a rule of thumb. However, if the level of concern about the step-up's feasibility or suitability is high, shorter follow-up times may be desirable.

If One Parent Raises Issues About the Step-up Not Working: Assessing the Step-Up

When one parent makes objections, the task moves to figuring out which kinds of resources can be helpful to whom, and determining a reasonable amount of time to find out if and how the resources can provide support to assist the family in making the transition successfully. Form 18.1 explicates problem areas as well as areas of potential strength to be considered, with questions to ask, and resources or supports that can be put into place to help provide the environment that will bolster a child's or parent's readiness for or acceptance of proposed changes. The form is organized according to three areas of focus: child, parental, and co-parental.

(p. 542) Child

The child is the first focus of inquiry. Symptoms that have lasted more than 2 weeks spanning major areas of functioning—cognitive, physical, emotional, and social—provide reason for concern. The child's comfort with and ability to make transitions commensurate with the frequency and spacing at which they are scheduled is a pivotal sign that the child has mastered the schedule as it existed and may be ready to cope with a change. Table 18.4 includes areas to explore, questions to ask, and resources needed to assess the child's readiness for step-up measures.

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Table 18.4 Assessing the Step-up: Areas to Explore, Questions to ask, and Resources Needed: Child

No.	Areas to Explore/ Questions to Ask	Yes. Corroboration? Please explain.	No. Corroboration? Please explain.	Unknown. Please explain.	Resources Needed
Child					
1	Is the child symptomatic (duration greater than 2 weeks): sleep or eating disruptions or dysregulation, social withdrawal, increased aggression, decreased concentration, school problem				<ul style="list-style-type: none"> • Pediatric consultation and Mental health treatment (individual for child and/or family or parent-child)
2	Is child stressed by the frequency or spacing of the transitions?				<ul style="list-style-type: none"> • Co-parenting counseling • Mediation • Parenting coordination

Parents

Various aspects of parental capacity comprise a second area of focus. Parental symptoms such as depression, anxiety, or impulsivity are central concerns. Substance abuse is considered on its own merits, as such behaviors often signal and create many other kinds of problems in the family system, and the risks are of a high order of magnitude. Harsh disciplinary styles indicate a parenting style that is related to poor child outcomes and parental conflict. Role reversal, characterized as inappropriate use of the child for support by a parent, manifests as a parental vulnerability that pressures the child to take care of the parent and resist change and may make it difficult for that parent to allow the child more time away from him or her. A parent’s denial of

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the child’s participation in activities or support for homework has serious consequences for the child’s social relationships and school achievement and is an indicator that parenting is either a low priority or an ineffectual area of competence. Finally, parents with widely divergent parenting styles who are not able to integrate them sufficiently to offer consistent and predictable care or provide support for the other one’s parenting approaches pose serious risks for a step-up into a higher level of shared parenting. Table 18.5 shows areas to explore, questions to ask, and resources needed to maximize each parent’s ability to support the step-up so that it is a positive experience for the child.

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Table 18.5 Assessing the Step-up: Areas to Explore, Questions to ask, and Resources Needed: Parents

No.	Areas to Explore/ Questions to Ask	Yes. Corroboration? Please explain.	No. Corroboration? Please explain.	Unknown. Please explain.	Resources Needed
Parents					
3	Is either parent symptomatic: depression, increased substance use, heightened fears/anxiety, cognitive disorganization, or increased impulsivity?				<ul style="list-style-type: none"> • Individual mental health treatment
4	Is either parent engaging in substance abuse that interferes with sensitive and consistent parenting?				<ul style="list-style-type: none"> • Substance abuse assessment & treatment • Temporary step-down until treatment is established and progressing

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5	Is either parent using the child as a confidante or support in an age-inappropriate manner: to keep them company, share secrets, provide information about the other parent?				<ul style="list-style-type: none"> • Parent coaching • Co-parenting counseling • Individual mental health treatment for parent
6	Is the parent’s disciplinary style overly harsh, rigid, authoritarian?				<ul style="list-style-type: none"> • Parent coaching
7	Is either parent denying the child participation in regular activities or not supporting homework during parenting time?				<ul style="list-style-type: none"> • Parent coaching • Mediation • Parenting coordination
8	Are the parents’ childrearing practices so divergent the child is not receiving predictable, coherent care?				<ul style="list-style-type: none"> • Co-parenting counseling • Mediation or • Parenting coordination

Co-parents

The co-parental relationship provides a third area of focus crucial to child development and the potential success of a step-up plan, in particular. Children’s direct exposure to parental conflict is the most obvious barrier to a step-up. However, more subtle forms of co-parental conflict or resistance must also be elicited. Inability or unwillingness to communicate about the child creates challenges for shared parenting, the depth of which is determined by the child’s age, sensitivity to parental asynchrony due to developmental or temperamental needs, and factors such as the complexity of the child’s and family’s schedule. The parents’ flexibility with that schedule versus rigid adherence expands or decreases the family’s ability to roll with changing demands of everyday life (p. 543) (p. 544) (p. 545) that impact the child on a regular basis. Other forms of co-parental subterranean conflict might include interference with the quantity or quality of the other parent’s time with the child, or a disavowal of the shared parenting experience by downplaying or prohibiting the child’s acknowledgment of her experience with the other parent. Transition points made difficult will complicate the child’s desire and ability to move between parents and homes. Lastly, interference with extended family in order to limit the child’s sense of belongingness is a common clinical phenomenon designed to minimize the other parent’s influence, involvement, or very presence. Such behaviors constitute risk factors likely to undermine step-up plans unless safeguards are in place consistent with separating the parents from one another and providing the child with two different home environments that are not reliant on each other. Such separations work best for school-age and older children, who have social and emotional outlets outside of the family. But they can backfire on any age child, forcing choices children may not want to make or may resent later in life. Table 18.6 shows areas to explore, questions to ask, and resources needed to develop and enhance a positive co-parenting relationship.

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Table 18.6 Assessing the Step-Up: Areas to Explore, Questions to Ask, and Resources Needed: Co-Parents

No.	Areas to Explore/ Questions to Ask	Yes. Corroboration? Please explain.	No. Corroboration? Please explain.	Unknown. Please explain.	Resources Needed
Co-Parents					
9	Do the parents expose the child directly to their conflict:observing arguments, negative or denigrating comments made to the other parent?				<ul style="list-style-type: none"> • Parent coaching • Co-parent counseling • High-conflict parent group
10	Are parents unable to communicate effectively in a respectful, business-like manner about the child’s activities, behaviors, health, and schooling? Eating, sleeping, and developmental gains are specific areas to be inquired about for infants and toddlers.				<ul style="list-style-type: none"> • Co-parent counseling • High-conflict Parent group • Mediation • Parenting coordination

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11	Is the parenting time schedule adhered to rigidly, with inadequate flexibility to allow for occasional changes, as needed by the child or either parent?				<ul style="list-style-type: none"> • Co-parent counseling • High-conflict parent group • Mediation • Parenting coordinator
12	Is either parent preventing or limiting the child’s access to the other parent: parenting time is sabotaged; phoning/texting the other parent during parenting time is not allowed; parent communicates with child so frequently during other parent’s time that child has difficulty settling into the other parent’s routines and caregiving?				<ul style="list-style-type: none"> • Parent coaching • Co-parent counseling • High-conflict parent group • Mediation • Parenting coordinator • Court involvement

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13	Do parents make transitions difficult: not cordial to other parent; raise sensitive, non-transition topics during transition times; create logistical roadblocks that hinder smooth transitions?				<ul style="list-style-type: none"> • Co-parent counseling • Mediation • Parenting coordinator
14	Does either parent prohibit the child from discussing activities or experiences with the other parent: child’s experience is ignored and closed down?				<ul style="list-style-type: none"> • Parent coaching • Co-parent counseling
15	Does either parent restrict the child’s access to extended family members?				<ul style="list-style-type: none"> • Parent coaching • Co-parent counseling • Mediation • Parenting coordinator

Importance of Monitoring

As with all parenting, the decision is generally the easy part. The difficult part is the follow-up: vigilance to ascertain that the plan is working for the good of the child, working to do all one parent can to enhance the positive experience for the child regardless of the other parent’s role, and being willing to make small corrective changes as well as larger ones to fit the experience to the child. Although it can feel undermining to a parent eager for a quicker change, monitoring is part of any security system or any evaluation or any new path taken to ensure the direction is the one you want to go in as you learn more about the trail. When a step-up is effected, with or

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without supports, check-ins to see how that change is being received are a major part of follow-up. They should be arranged before each step. The cost is a preventive one, and prevention saves time and money, even if it can't be quantified.

Summary and Implications

There is nothing permanent except change.

—*Heraclitus*

Clearly there are many ways to inhibit the other parent's proposal for a step-up. However, with supports in place, many parents are successful at learning to recognize and block step-ups that will undermine child well-being, while allowing and supporting those that are unwanted but are reluctantly understood as inevitable changes that become part of the fabric of the separation or divorce. The focus in this chapter is on identifying areas which signal changes likely to harm a child and distinguish them from changes that aren't truly harmful but are not desirable. In the (p. 546) (p. 547) latter case, resources that shore up behavioral or familial weaknesses are critical, but each parent must also be able to manage his or her own attitudes and behaviors to keep the child's future health and happiness at the forefront of schedule changes, bearing in mind how those changes may enhance relationships with the other parent and between parents. Managing one's attitudes and behaviors means appropriately shielding the child from sharing what the parent feels so that the child can have his or her own opinions and draw his or her own conclusions. In the best outcome, it means the parent getting the personal or therapeutic supports necessary to allow for the possibility of forgiving past affronts and allowing more positive attitudes and behaviors to seep in and exude outward from a co-parenting position of strength and generosity. It allows for the necessity of ongoing vigilance and protectiveness, without those stances eclipsing any possibility for real and worthy change. Positivity of this sort benefits family members in terms of mental health and well-being.

That children will change is a developmental given. Many parents negotiate these changes on their own or with a modicum of assistance. Others have a more difficult time reaching agreement about how family members have changed and what those changes mean in terms of a potential modifications in schedule and access. To offer some guidance to these families, and the professionals who work with them, we propose a model based on considerations of risk and stability. While individual components of the model are based upon solid developmental theory and research, the overall model is theoretically and clinically derived and has not to date been tested empirically.

When families separate or divorce, one of the difficult decisions they face is how to share the upbringing of their children in two homes. Often the parenting plans they create in the midst of the separation stress, family circumstances, and ages of the children at that time are not ones that would best represent the families' needs years later—not simply because conditions in the family have settled down and stressors or risk factors have resolved, but also because the children are older and their needs have evolved. It is at that point that a change may be needed in the parenting plan that once worked well or seemed most appropriate at the time of separation. A step-up or a step-down in the time share or access plan may be necessary or desirable. Many of the elements to consider when crafting changes in the parenting plan are included in this chapter.

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Clinicians, evaluators, attorneys, mediators, and judges are often called upon to help a family consider, negotiate, or order changes to the parenting plan. When there are concerns or disputes about the suitability of the proposed changes, we propose areas to explore and resources to support change.

Given that consumers of the model will find that no one family, no one set of parents, and no two children are the same, the model is best used as a guide and not a formula. Some factors should be given more weight than other factors in any particular case, dependent upon individual factors about the child or one or both of the parents. While safety always comes first, we believe step-up plans are often inevitable, and usually desirable, for at least some family members, and should be given serious consideration when risk factors are absent and foundational milestones are present. (p. 548) (p. 549) (p. 550) (p. 551) (p. 552) (p. 553) (p. 554)

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