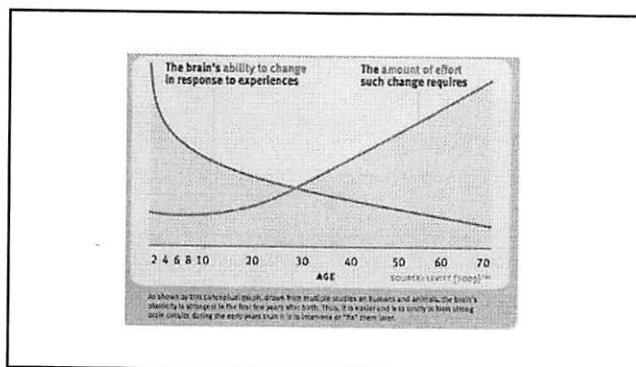


Will the Entire Family Please Step Up?

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AFCC-OR April 13, 2018
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POINTS OF CONSENSUS
FROM *Child Development Research and Clinical Wisdom
(Inferential and Circumstantial Evidence)*

KLINE PRUETT, MCINTOSH AND KELLY, FAMILY COURT REVIEW, 2014

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#7: Critical variables in considering readiness for and the likely impact of overlength schedules include parents' psychological resources, parental conflict and communication, and the nature and quality of each parent-child relationship prior to separation.

#6: The small group of relevant studies to date substantiates caution about high frequency overnight time schedules in the 0-3 year period, particularly when the child's security with a parent is undermined, or parents cannot agree on how to share care of the child. Equally true, clinical and theoretical arguments have not yet emerged. Care during the first three years have not been subgrouped.

Parents' environment supports the child's attachment relationships more than one available care-giver. An optimal goal is a healthy co-operative arrangement from at least one, and most preferably, two parents. Involvement is rearranged. The young child needs early, secure both continuity and an expanding caring environment that includes family, community, educational and cultural connections.

#3: Similarly, healthy development rests on the capacity of caregivers to stimulate and support the child's independent exploration and learning and to handle the extremes of aggression and anger. Learning to handle the child's independence that accompanies the process of discovery.

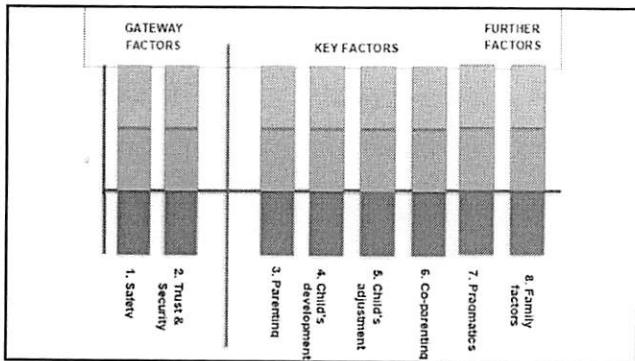
#2: Across all family structures, healthy development in the young child rests on the capacity of caregivers to protect the child from physical harm and undue stress by being a consistent, responsive presence.

#1: Early childhood (0-3 years inclusive) is a period critical to subsequent emotional and planning in family law matters. Of special attention and planning in family law matters.

Considerations (in order of importance)	Rare/No overnights indicated	Lower frequency overnights indicated (1-4 per month)	Higher Frequency overnights indicated (5+ per month)
1. Safety The child is safe in the care of each parent: A) The child is safe in the care of each parent. B) Parents are safe with each other.	A & B are absent	A is established; B is separation-related & non-threatening or endangering	A and B are established
2. The child's trust and security with each parent: The young child: A) is continuing an established, trusting relationship (of 4 months or more) with a parent when resident parent is not present; the young child: B) seeks comfort from and is soothed by the other parent C) finds support for exploration with the other parent	A & C are absent; B is present	A is established, B & Care emerging	A, B and Care established
3. Parent mental health: The parent: A) is able to identify & recognize and meeting child's needs B) has no or well managed drug and alcohol issues C) has no or well managed mental health issues	A, C are absent; B is present	A and Care emerging	A and Care established
4. Health and development: The young child: A) has significant developmental or medical needs B) has needs that are well-supported in the proposed arrangement C) Whether or not mom is breast-feeding; the infant will accept a bottle	A is present; B & C are absent	A is present but B is emerging/ established; and/or C is established	A is present but B is established; C is established

Considerations (in order of importance)	Rare/No overnights indicated	Lower frequency overnights indicated (1-4 per month)	Higher frequency overnights indicated (5+ per month)
1. Behavioral adjustment: Relative to temperament and stage of development, the child shows any of the following persistent behaviors (i.e., over 3-4 weeks): A) irritability; frequently unsettled, without medical cause B) excessive clinging on separation C) frequent crying or other intense upset; D) aggressive behavior, including self-harming behavior E) regression in established behaviors (e.g. toileting, eating, sleeping) F) low persistence in play and learning G) any regressions or difficulties in the above are short lived and readily resolved	Any of A-F are present; G is absent	Any of A-F are absent or occasional and G is established	Any of A-F are absent; G is established
2. Co-parental relationship: Parents are able to: A) communicate clearly about and plan for their young child together B) manage conflicts arising, using interventions as needed C) be consistently responsive with the schedule D) value or at least accept the child's relationship with the other parent E) put their child's needs before their own wishes for time/contact F) demonstrate the importance of family relationships	Most of A-F are absent	A-F are emerging or established	A-F are established

Considerations (in order of importance)	Rare/No overnights indicated	Lower frequency overnights indicated (1-4 per month)	Higher frequency overnights indicated (5+ per month)
1. Pragmatic resources to support sharing of overnights: Parents: A) can be the main care giver for the young child during scheduled overnight and majority of scheduled day time (excluding work time) B) live within a manageable commute of each other C) when a parent cannot personally care for the child overnight, care by the other parent is prioritized	B, C and Care absent	A and B are established, and C is emerging	A-Care established
2. Family factors: A) Older siblings sharing the same overnight schedule are a source of security to the young child B) Overnight arrangements would enable maintenance of other relationships that are sources of security to the child; e.g., grandparents, and/or enable exposure to important elements of each parents' cultural or religious practices.		A is present if applicable; B is emerging or established	A is present if applicable; B is established



CONSIDERATIONS FOR STEP-UP PLANNING

WHEN AND HOW TO
DETERMINE THE RIGHT TIME

Pruett, M.K., Deutsch, R.M. & Drozd, L. (2016)

When and how to do step-ups
in shared parenting arrangements.

In L. Drozd, M. Saini & N. Diesen (Eds.),
Parenting Plan Evaluations:
APPLIED RESEARCH FOR THE FAMILY COURT (2nd EDITION).
Oxford, U.K.: Oxford University Press

SECTIONS INCLUDE: Fundamental Risks Stability or Change Initiation of Step-up Areas to Explore	
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Fundamental Risks to the Child's Safety: 1 Is there current substance abuse (alcohol or violence) in the home? <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NO 2 Is there a risk of abduction? <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NO 3 Is there current substance abuse by a parent or anyone living in the home? <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NO 4 Is there current child abuse, maltreatment, or neglect in the home? <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NO 5 Are there current unengaged or untreated mental illness issues in the home? <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NO 6 Are there aspects of the child's world outside the family that raise safety concerns that would indicate a step-up plan? <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NO If any of these considerations are present, a step-up is not appropriate at this time. → 	Consideration ? Please Explain:
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Stability or Change 7 Have there been any changes in the child's world (e.g., school, family composition, significant family events, and 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)? <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NO If there are significant changes, that disrupt stability, a step-up may not be appropriate at this time. → 	Consideration ? Please Explain:
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<p>Action is Taken: Step-Up begins, and then one of the parents says it is not working</p> <p>ASSESSING THE STEP-UP: AREAS TO EXPLORE, QUESTIONS TO ASK, AND RESOURCES NEEDED</p> <p>CHILD</p> <p>Areas to Explore/Questions to Ask Collaboration? Please Explain Resource Level</p> <p>1 Is the child symptomatic (changes greater than 2 weeks) sleep or eating disruptions or dysregulation, social withdrawal, increased aggression, decreased concentration, school problems?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/></p> <p>Public health and mental health treatment individual for child and/or family or parent child</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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CHILD

Areas to Explore/Questions to Ask Corroboration? Please Explain Resource Needed

3 Does child have a preference for a change? Consider relative to age, developmental status

YES <input type="checkbox"/>	Parent-Child therapy
NO <input type="checkbox"/>	Family therapy
UNKNOWN <input type="checkbox"/>	

PARENTS

Areas to Explore/Questions to Ask Corroboration? Please Explain Resource Needed

4 Is either parent symptomatic: depression, increased substance use, heightened fears/ anxiety, cognitive disorganization, and/or increased impulsivity?

YES <input type="checkbox"/>	Individual mental health treatment
NO <input type="checkbox"/>	
UNKNOWN <input type="checkbox"/>	

PARENTS

Areas to Explore/Questions to Ask Corroboration? Please Explain Resource Needed

5 Is either parent engaging in substance abuse that interferes with sensitive and consistent parenting?

YES <input type="checkbox"/>	Substance abuse assessment & treatment
NO <input type="checkbox"/>	
UNKNOWN <input type="checkbox"/>	Temporary step-down and treatment is established and progressing

PARENTS

Areas to Explore/Questions to Ask Collaboration? Please Explain Resources Needed

6 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?

YES <input type="checkbox"/>	Parent coaching
NO <input type="checkbox"/>	Coparenting counseling
UNKNOWN <input type="checkbox"/>	Individual mental health treatment for parent

PARENTS

Areas to Explore/Questions to Ask Collaboration? Please Explain Resources Needed

7 Is the parent's disciplinary style overly harsh, rigid, and authoritarian?

YES <input type="checkbox"/>	Parent coaching
NO <input type="checkbox"/>	
UNKNOWN <input type="checkbox"/>	

PARENTS

Areas to Explore/Questions to Ask Collaboration? Please Explain Resources Needed

8 Is either parent interfering with the child participation in regular activities or not supporting homework during parenting time?

YES <input type="checkbox"/>	Parent coaching
NO <input type="checkbox"/>	Mediation
UNKNOWN <input type="checkbox"/>	Parenting coordination

PARENTS	
<i>Areas to Explore/Questions to Ask</i>	<i>Conclusion? Please Explain Resources Needed</i>
<p>9 Are the parents' childrearing practices so divergent the child is not receiving predictable, coherent care?</p>	
YES <input type="checkbox"/>	Parent coaching
NO <input type="checkbox"/>	Mediation
UNKNOWN <input type="checkbox"/>	Parenting coordination

COPARENTS	
<i>Areas to Explore/Questions to Ask</i>	<i>Conclusion? Please Explain Resources Needed</i>
<p>10 Do the parents expose the child directly to their conflict: observing arguments, negative or denigrating comments made to the other parent?</p>	
YES <input type="checkbox"/>	Parent coaching
NO <input type="checkbox"/>	Coparent counseling
UNKNOWN <input type="checkbox"/>	High conflict parent group

COPARENTS	
<i>Areas to Explore/Questions to Ask</i>	<i>Conclusion? Please Explain Resources Needed</i>
<p>11 Are parents unable to communicate effectively in a respectful, business-like manner about the child's activities, behaviors, health, and scheduling? Eating, sleeping, and developmental gains are specific areas to be inquired about for infants and toddlers.</p>	
YES <input type="checkbox"/>	Coparent counseling
NO <input type="checkbox"/>	High conflict parent group
UNKNOWN <input type="checkbox"/>	Mediation Parenting coordination

COPARENTS

Areas to Explore/Questions to Ask Collaboration? Please Explain Resources Needed

12. Is the parenting time schedule adhered to rigidly, with inadequate flexibility to allow for occasional changes, as needed by the child or either parent?

 YES NO UNKNOWN

Coparent
counseling

High conflict
parent group

Mediation

Parenting
coordination

COPARENTS

Areas to Explore/Questions to Ask Collaboration? Please Explain Resources Needed

13. Is either parent preventing or limiting the child's access to the other parent's parenting time by sabotaging parenting/ testing the other parent during parenting time to not allow parent to communicate with child so frequently during other parent's time that child has difficulty settling into the other parent's routines and caregivers?

 YES NO UNKNOWN

Parent coaching

Coparent
counseling

High conflict
parent group

Mediation

Parenting
coordination

Court
involvement

COPARENTS

Areas to Explore/Questions to Ask Collaboration? Please Explain Resources Needed

14. Do parents make transitions difficult: not cordial to other parent; raise sensitive topics during transition times; create logistical roadblocks that hinder smooth transitions?

 YES NO UNKNOWN

Coparent
counseling

Mediation

Parenting
coordination

COPARENTS

Areas to Explore/Questions to Ask Corroboration? Please Explain Resources Needed

15 Does either parent prohibit the child from discussing activities or experiences with the other parent: child's experience is ignored or closed down?

YES <input type="checkbox"/>	Parent coaching
NO <input type="checkbox"/>	
UNKNOWN <input type="checkbox"/>	Coparent counseling

COPARENTS

Areas to Explore/Questions to Ask Corroboration? Please Explain Resources Needed

16 Does either parent restrict the child's access to extended family members?

YES <input type="checkbox"/>	Parent coaching
NO <input type="checkbox"/>	Coparent counseling
UNKNOWN <input type="checkbox"/>	Medication
	Parenting conferences

If concerns are present and corroborated, then supportive resources must be put in place. Modifications can be set out and tried while the resources are employed.

→ ①

The main consideration is whether the step-up is serving the child's growth and healthy development at the present time. If the child is showing a high level of stress that is interfering with school, behavioral, or emotional functioning, then step-down and make a plan to reassess in months.

→ ②

If concerns are not corroborated or do not reach a level of a time set for reassessment.

→ ③

BOTTOM LINE**THE GOALS IN CONSIDERING THE STEP-UP ARE:**

- A. To consider the potential risks and potential benefits to the child foremost and the parents secondarily;
- B. Put into place resources/supports that are needed to support the family in a successful step-up; and
- C. To set a time frame to reassess or try the step-up again.

To learn more...

- Pruett, M.K., McIntosh, J.E., & Kelly, J.B. (2014). Parental separation and overnight care of young children Part I: Consensus through theoretical and empirical integration. *Family Court Review*, 52(2), 256-262.
- McIntosh, J.E., Pruett, M.K., & Kelly, J.B. (2014). Parental separation and overnight care of young children Part II: Putting theory into practice. *Family Court Review*, 52(2), 240-255.
- Pruett, M.K., & DiFonzo, H.J. (2014). Closing the Gap: Research, Policy, Practice and Shared Parenting AFCC Think Tank Final Report. *Family Court Review*, 52(2), 152-174.
- Pruett, M.K., Drozd, L., & Deutsch, R. (2016). When and how to do step-ups in shared parenting arrangements. In L.Drozd, M. Saini, & N. Olesen (Eds.), *Parenting plan evaluations: Applied research for the family court* (2nd edition). New York: Oxford University Press.