

PARENTAL SEPARATION AND OVERNIGHT CARE OF YOUNG CHILDREN, PART II: PUTTING THEORY INTO PRACTICE

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Given “the need for developmentally sensitive resolutions that protect both the vulnerabilities of early childhood and support lifelong parent–child relationships, whenever possible.”

There are two mutually reinforcing responsibilities that exist in creating parenting plans for young children: “We take the view that parenting orders or plans for young children have twin and mutually reinforcing responsibilities”

- (i) the first to foster developmental well-being during the first three years, and
- (ii) the second to support the health of each parent–child relationship, now and into the future.

Key points:

- (i) Parenting orders or plans for young children should foster both developmental security and the health of each parent–child relationship, now and into the future.
- (ii) From a position of theoretical and empirical consensus, we provide an integrated set of assumptions and considerations to guide decision making about overnight parenting plans.
- (iii) These considerations apply equally to planning in the individual case and to policy level decisions.

There is no one set formula for crafting parenting plans for young children though there are some a set of core assumptions that provide a context for the decision-making in crafting parenting plans.

- **This approach in determining what is the best parenting plan for a young child is based upon the prioritization of both**
 - **attachment organization**
 - and**
 - **joint parental involvement****whenever the conditions of safety and the minimization of stress are met.**
- Under such conditions, a responsive parenting plan would allow the child to benefit from the ways that parent-child relationships in early childhood differ normatively, and enable access to the full complement of emotional, cognitive, family, social and economic resources each parent can offer.

Pre years 0–3 includes a **pre-existing relationship with the nonresident parent, generally for at least six months, in which the infant has been safe and felt comforted.**

Hence, early overnights are more likely to occur with parents who have lived together through pregnancy and in the early months of the child’s life, or by non-cohabiting parents who are cooperative and mutually invested in the child’s relationship with both parents. In all contexts, it is important that parents monitor their child for signs of overload, and respond accordingly.

#	Pre-Existing Conditions for Overnight Shared Care	____Family Parent A__ Examples	____Family Parent B__ Examples
1.	Pre-existing parent-child relationship. Has there been a pre-existing parent-child relationship for 6 months in which the infant has been safe and has felt comforted?		
2.	Co-habitation. Did the parents live together during pregnancy and early months of child’s life or were the parents cooperative and mutually invested in the child having a relationship with both parents?		
3.	Responsive. Has each parent monitored the child for signs of overload and responded accordingly?		

- The development of a parenting plan for young children is based upon three assumptions:
 - (i) First level assumptions. Parenting plans and orders made for young children are developmentally supportive when they provide for a caregiving environment in which:

Level One Assumptions

#	Level One Assumption	____Family Parent A__ Examples	____Family Parent B__ Examples
1.1	Is the young child safe with the parent ?		
	Can the young child be comforted by the parent?		
1.2	Is the young child protected from harmful levels of stress by the parent?		

(ii) Second level assumptions: When level one assumptions are met, parenting plans:

Level Two Assumptions

#	Level Two Assumption	____Family Parent A____ Examples	____Family Parent B____ Examples
2.1	Support the development of organized attachments to each parent/caregiver wherever parenting opportunities and capacities permit.		
2.2	Encourage parenting interactions that support the development and maintenance of attachments with each parent. These interactions: a) provide regular opportunities for direct care from each parent, involving <ul style="list-style-type: none"> • soothing and • settling, • teaching and • playing, • maintenance of important routines throughout the day and night, and • support to explore the wider world outside of the home and the immediate family; and b) provide the young child with support to transition between parents, including comfort and reassurance as needed	<hr/> soothing: <hr/> settling: <hr/> teaching: <hr/> playing <hr/> maintenance routines <hr/> explore world <hr/> Support at transitions	<hr/> soothing: <hr/> settling: <hr/> teaching: <hr/> playing <hr/> maintenance routines <hr/> explore world <hr/> Support at transitions
2.3	Anticipate changes in the parenting plan through a series of well articulated step-ups, to be implemented at a pace and level determined by the young child's responses to each	Process in place to implement step-ups at pace best for child	Process in place to implement step-ups at pace best for child

#	Level Two Assumption	<u>Family Parent A</u> Examples	<u>Family Parent B</u> Examples
	step, and each parent’s ongoing ability to effectively enact the proposed plan individually, and preferably, in concert.		
2.4	Reflect practical considerations. The arrangements are adequately supported by <ul style="list-style-type: none"> • individual and relationship resources, • including realities of parents’ proximity to each other, • work-life schedules and flexibility, or lack of the same, and • support networks. 	<div style="background-color: #cccccc; height: 40px; width: 100%;"></div> Individual/relationship relationship resources <hr/> Proximity <hr/> Work schedule/flexibility <hr/> Support network	<div style="background-color: #cccccc; height: 40px; width: 100%;"></div> Individual/relationship relationship resources <hr/> Proximity <hr/> Work schedule/flexibility <hr/> Support network
2.5	Maximize the amount of time the young child is cared for by a parent, or when a parent is otherwise unavailable, a family member or other person trusted by both parents. Parents consider the child’s other parent as a first port of call when child care is needed.	<div style="background-color: #cccccc; height: 40px; width: 100%;"></div> Use of other parent as first port of call for childcare when not available	<div style="background-color: #cccccc; height: 40px; width: 100%;"></div> Use of other parent as first port of call for childcare when not available
2.6	Encourage shared decisions about major child-related issues, with effective use of mediation, co-parenting counseling, and related programs as needed.	History of shared decisions <hr/> Use of mediation, co-parenting counseling, etc.	History of shared decisions <hr/> Use of mediation, co-parenting counseling, etc.

- (iii) **Third level assumptions.** When level one assumptions are *not* met:
- (3.1) The priority is to ensure that one organized attachment relationship is formed (with practical and therapeutic support as needed), even if that results in delaying time with the other parent.
- (3.2) Such circumstances may reflect characteristics or chronic behaviors of one or both parents (e.g., neglect, current violence, severe personality disorders, mental illness) or factors within the parental relationship (violence, high conflict, geographic distance) that render two organized attachment relationships difficult to foster or sustain.
- (3.3) Some infants and toddlers will have two parents with a history of psychiatric problems, substance abuse, poor parenting, and troubled relationships. Unaided, the infant may not be able to form an organized attachment with either parent within a timeframe that is developmentally useful to the child. Ongoing therapeutic support and parenting education in these cases are of critical importance.

Level Three Assumptions

#	Level Three Assumption	____Family Parent A____ Examples	____Family Parent B____ Examples
	When level one assumptions are <i>not</i> met	Are Level One assumptions met for this parent?	Are Level One assumptions met for this parent?
3.1	The priority is to ensure that one organized attachment relationship is formed (with practical and therapeutic support as needed), even if that results in delaying time with the other parent.		
3.2	Such circumstances may reflect characteristics or chronic behaviors of one or both parents (e.g., neglect, current violence, severe personality disorders, mental illness) or factors within the parental relationship (violence, high conflict, geographic distance) that render two organized attachment relationships difficult to foster or sustain.	Does this parent have characteristics or chronic behaviors that would impede an organized attachment?	Does this parent have characteristics or chronic behaviors that would impede an organized attachment?
3.3	Some infants and toddlers will have two parents with a history of psychiatric problems, substance abuse, poor parenting, and troubled relationships. Unaided, the infant may not be able to form an organized attachment with either parent within a timeframe that is developmentally useful to the child. Ongoing therapeutic support and parenting education in these cases are of critical importance.	Is this a family where both parents have a history of problems that preclude the infant forming an organized attachment with either parent?	Is this a family where both parents have a history of problems that preclude the infant forming an organized attachment with either parent?

Questions to Ask Regarding Overnights for Young Children

1. Safety			
#	Information to Obtain	____ Family Parent A__ Examples	____ Family Parent B__ Examples
1A.	Is the child safe in this parent's care?		
1B.	Are the parents safe with each other?		
2. Child's Trust and Security with Each Parent			
#	Information to Obtain	____ Family Parent A__ Examples	____ Family Parent B__ Examples
2A.	Is the young child continuing an established, trusting relationship with this parent of 6 months or more?		
2B.	Does the child seek comfort from and is soothed by this parent when the other parent is not present?		
2C.	Does the child find support for exploration from this parent when the other parent is not present?		
3. Parent Mental Health			
#	Information to Obtain	____ Family Parent A__ Examples	____ Family Parent B__ Examples
3A.	Does the parent have sensitivity in recognizing and meeting the child's needs?		
3B.	Does the parent have no or well-managed drug or alcohol issues?		
3C.	Does the parent have no or well-managed mental health issues?		
4. Health and Development			
#	Information to Obtain	____ Family Parent A__ Examples	____ Family Parent B__ Examples
4A.	Does the young child has significant developmental or medical needs?		
4B.	Are such needs well supported in the proposed parenting plan?		
4C.	Is the infant exclusively breast-feeding or will not yet accept a bottle?		

5. Behavioral Adjustment

Relative to temperament and stage of development, the child shows.....

#	Information to Obtain	____Family Parent A__ Examples	____Family Parent B__ Examples
5A.	Does the child show irritability, frequently unsettled, without medical cause?		
5B.	Does the child show excessive clinging on separation?		
5C.	Does the child engage in frequent crying or other intense upset?		
5D.	Does the child engage in aggressive behavior, including self-harming behavior		
5E.	Has the child shown regression in established behaviors, e.g. toileting, eating, sleeping?		
5F.	Does the child show low persistence in play and learning?		
5G.	Have any regressions or difficulties in the above are short lived and readily resolved?		

6. Co-Parental Relationship

Parents are able to.....

#	Information to Obtain	____Family Parent A__ Examples	____Family Parent B__ Examples
6A.	Are the parents able to communicate civilly and plan for their child together?		
6B.	Are the parents able to manage conflicts arising, using interventions as needed?		
6C.	Are the parents able to be consistent yet responsive with the schedule?		
6D.	Are the parents able to value or at least accept the child's relationship with the other parent?		

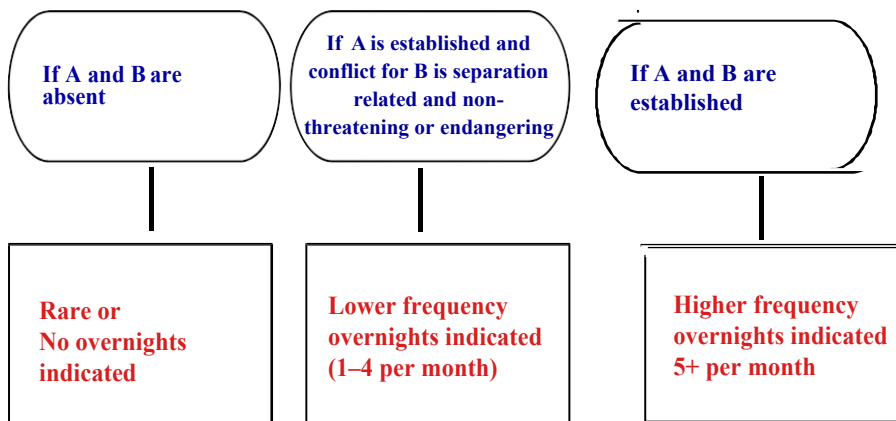
#	Information to Obtain	____Family Parent A__ Examples	____Family Parent B__ Examples
6E.	Are the parents able to put their child's needs before their own wishes for time/contact?		
6F.	Are the parents able to ensure low stress exchange of the child at transitions?		
7. Pragmatic resources to support sharing of overnights			
Parents.....			
#	Information to Obtain	____Family Parent A__ Examples	____Family Parent B__ Examples
7A.	Can the parent be the main caregiver for the young child during scheduled overnight and majority of scheduled day time (excluding work time)?		
7B.	Does the parent live within a manageable commute of the other parent?		
7C.	When the parent cannot personally care for the child overnight, is care by the other parent prioritized?		
8. Family factors.			
#	Information to Obtain	____Family Parent A__ Examples	____Family Parent B__ Examples
8A.	Does the arrangement reflect the status quo and/or older siblings sharing the same overnight schedule as a source of security to the young child?		
8B.	Does the overnight arrangement enable the 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?		

Decision Trees for Making Decisions About Overnights for Young Children

1. Safety			
#	Information to Obtain	____ Family Parent A__ Examples	____ Family Parent B__ Examples
1A.	Is the child safe in this parent's care?		
1B.	Are the parents safe with each other?		

Decision Tree: Safety

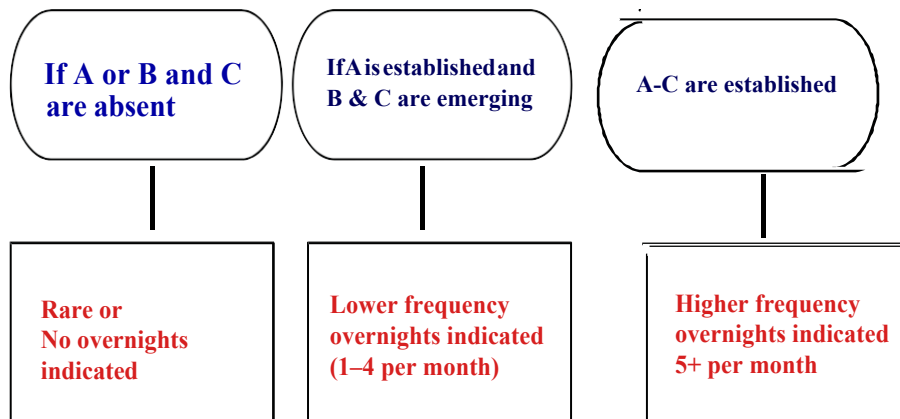
1. Safety



2. Child's Trust and Security with Each Parent			
#	Information to Obtain	____Family Parent A__ Examples	____Family Parent B__ Examples
2A.	Is the young child continuing an established, trusting relationship with this parent of 6 months or more?		
2B.	Does the child seek comfort from and is soothed by this parent when the other parent is not present?		
2C.	Does the child find support for exploration from this parent when the other parent is not present?		

Decision Tree: Child's Trust and Security with Each Parent

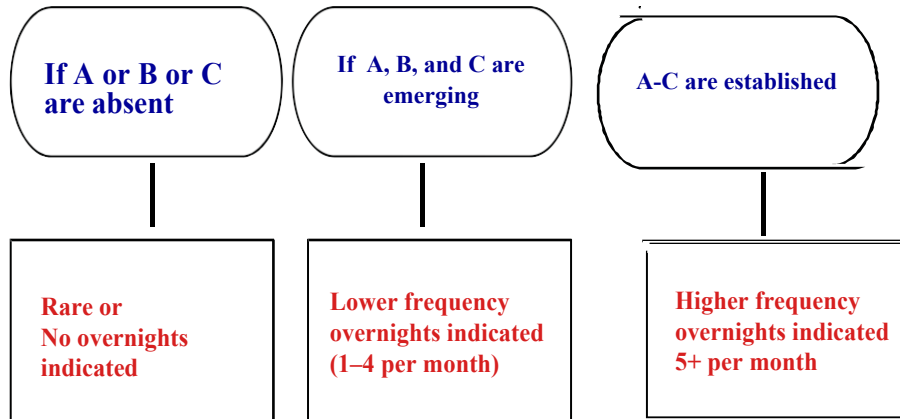
2. Child's Trust and Security with Each Parent



3. Parent Mental Health			
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Decision Tree: Parent Mental Health

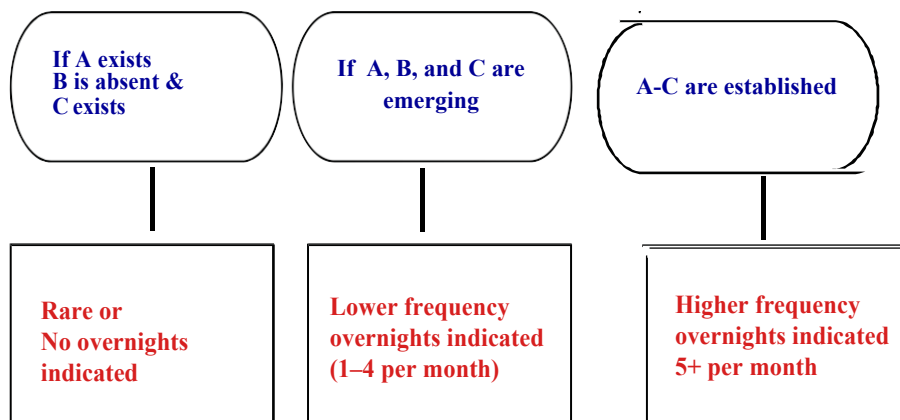
3. Parent Mental Health



4. Health and Development			
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4A.	Does the young child has significant developmental or medical needs?		
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4C.	Is the infant or young child exclusively breast-feeding or will not yet accept a bottle?		

Decision Tree: Health and Development

4. Health and Development



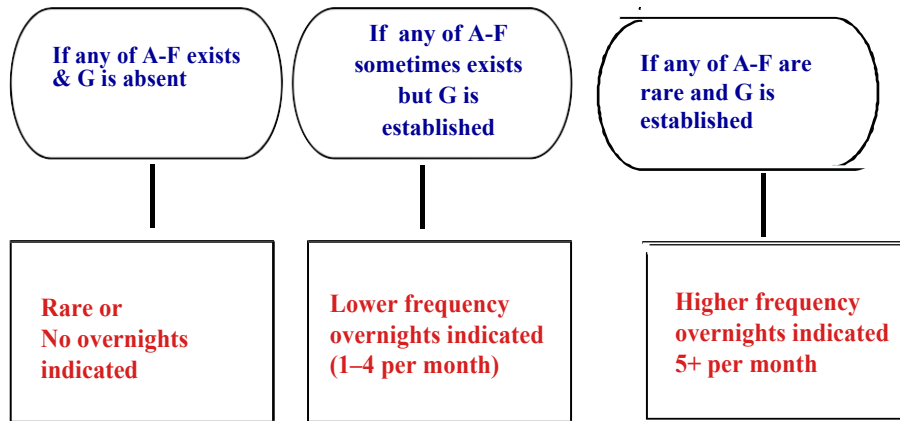
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Decision Tree: Behavioral Adjustment

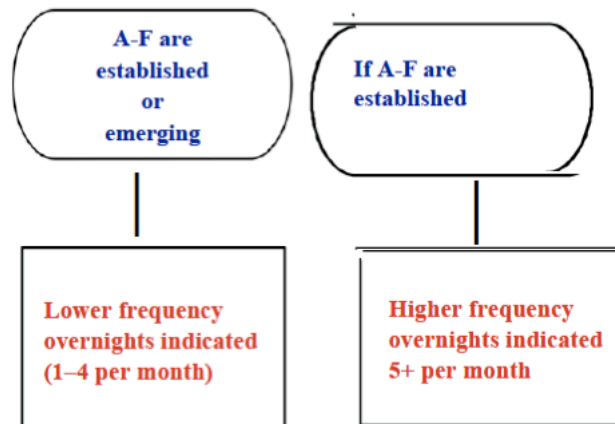
5. Behavioral Adjustment



6. Co-Parental Relationship Parents are able to.....			
6A.	Are the parents able to communicate civilly and plan for their child together?		
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6C.	Are the parents able to be consistent yet responsive with the schedule?		
6D.	Are the parents able to value or at least accept the child's relationship with the other parent?		

Decision Tree: Co-Parenting Relationship

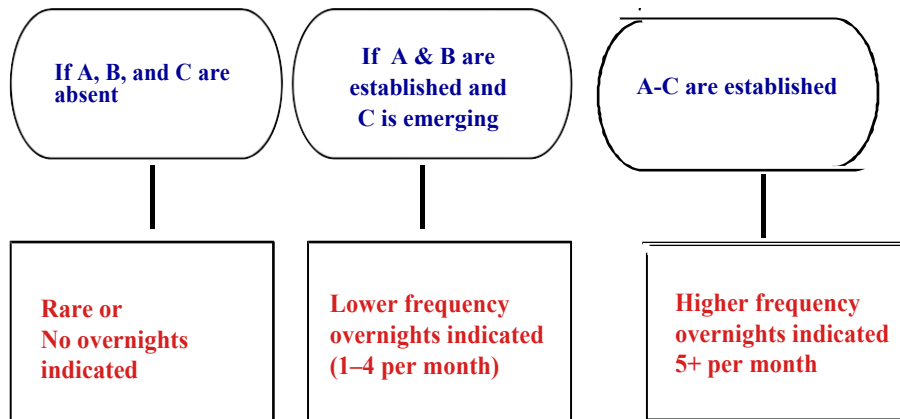
6. Co-Parental Relationship



7. Pragmatic resources to support sharing of overnights		
Parents.....		
7A.	Can the parent be the main caregiver for the young child during scheduled overnight and majority of scheduled day time (excluding work time)?	
7B.	Does the parent live within a manageable commute of the other parent?	
7C.	When the parent cannot personally care for the child overnight, is care by the other parent prioritized?	

Decision Tree: Pragmatic resources to support sharing of overnight

7. Pragmatic resources to support sharing of overnights



8. Family factors.		
8A.	Does the arrangement reflect the status quo and/or older siblings sharing the same overnight schedule as a source of security to the young child?	
8B.	Does the overnight arrangement enable the 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?	

Decision Tree: Family Factors

8. Family Factors

