

Parenting Plans for Young Children Ages Birth Through Three

- **Protecting Attachment & Strengthening Relationships for Young Children**
- Full Materials Link:
- **<http://courts.oregon.gov/OJD/OSCA/JFCPD/Pages/FLP/Birth-Through-Three.aspx>**

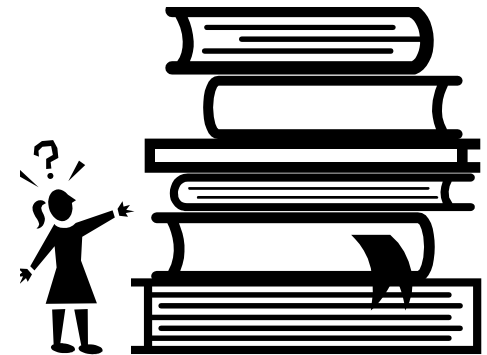
“Birth Through Three” Defined

- “Birth Through Three” refers in the cited literature and this presentation to children under the age of four.
- *Chronological age* is not the only determinant of children’s status and abilities.
- *Developmental age* is also a factor for consideration.

Background: Two Research Tracks...

- ❖ 40 years of research supports:
 - ❖ phenomenon of infant attachment
 - ❖ protective factors associated with attachment
 - ❖ importance of early childhood development

- ❖ 40 years of research explores:
 - ❖ impact of divorce and separation on children
 - ❖ impact of divorce & separation on fathering
 - ❖ protective factors associated with fathering



Background: Lingerin Questions

- ❖ How does divorce/separation impact developing attachment in young children?
- ❖ How do parents/professionals balance the importance of attachment with parental involvement?



Historical Tension Points

Attachment Theory

- Attachment forms hierarchically from a primary attachment to one person and to others later in life
- Primary attachment is an overarching protective factor
- Interfering with primary attachment is more harmful than disrupting the relationship with the other parent
- Research conducted primarily on mothers is sufficient to understand attachment mechanisms and function



Parental Involvement Research

- Multiple attachments form concurrently – there is no such thing as primary attachment
- Involvement of both parents is an overarching protective factor
- Interfering with parental involvement is more harmful than disrupting attachment to the primary parent
- Research focused primarily on fathers, which frequently excluded fathers with problems, is sufficient to generalize to overnights & other special circumstances

Historical Paradigm

- Binary
- Dichotomous
- Either/Or

MY TIME

vs.

YOUR TIME

**CUSTODIAL
PARENT**

vs.

**VISITING
PARENT**

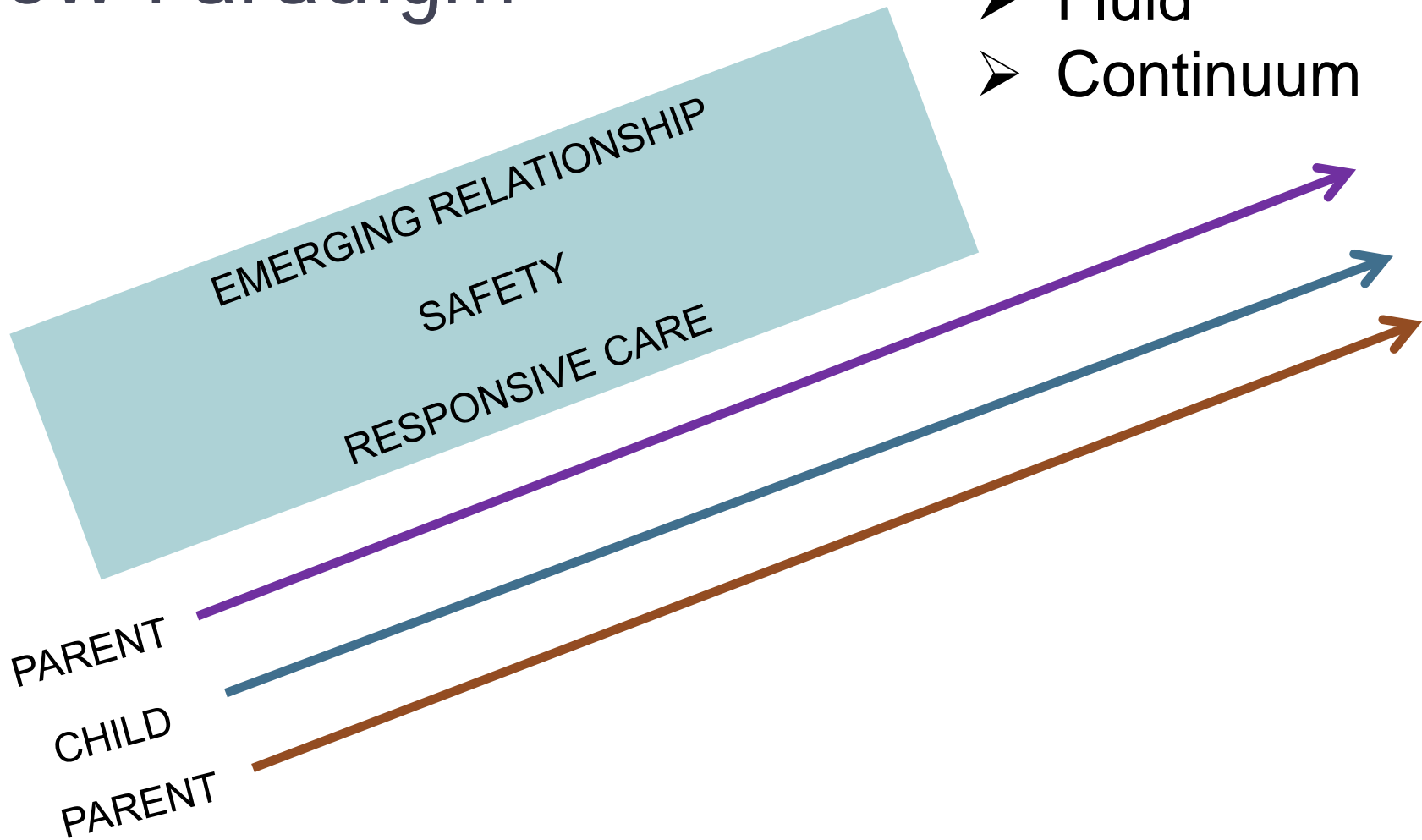
**MALE/
FATHER**

vs.

**FEMALE/
MOTHER**

New Paradigm

- Dynamic
- Fluid
- Continuum



Finding Balance

“Reliance on *either* attachment theory or joint parental involvement research, as if these two strands of development are not overlapping and inextricably related, has in our view, fostered polarizations in legal and academic thinking and practice, impeding thoughtful integration of the existing reliable knowledge bases.”

*Marsha Pruett, Jennifer McIntosh &
Joan Kelly, Family Court Review April 2014*



3/31/2017



Consensus 2014

- AFCC Think Tank (2014)
- SFLAC Parental Involvement & Outreach Subcommittee

Materials for Practitioners

- **AFCC 2014 Consensus Articles**
- **Birth Through Three Guide (updated 2016)**
- **Oregon Birth Through Three Parenting Time Tool**

Unpacking Attachment

Defining Attachment



Attachment is the deep and abiding emotional relationship between an infant and her caregiver.

It is more than a bond, as it is characterized by the sensitive attunement of the caregiver to the infant's nonverbal cues, and the emotional satisfaction and safety experienced by the infant.

Distinguishing Attachment

Bonding & Attachment are Not Equivalent

Qualities of Bonding

- Strength of adult's feeling of connection to the child
- Care giving is focused on completing the tasks of providing care to the child
- Caregiver sets pace for interaction
- Child withholds distress response until contact with an attachment figure
- Relationship is goal oriented (future focused)

Qualities of Attachment

- Quality of child's emotional connection to caregiver
- Care giving is focused on meeting the expressed needs of the child (attunement)
- Child initiates interaction and adult responds (reciprocity)
- Child freely expresses distress, openly & without reservation
- Relationship is interpersonally oriented (present focused)

Aspects of Attachment

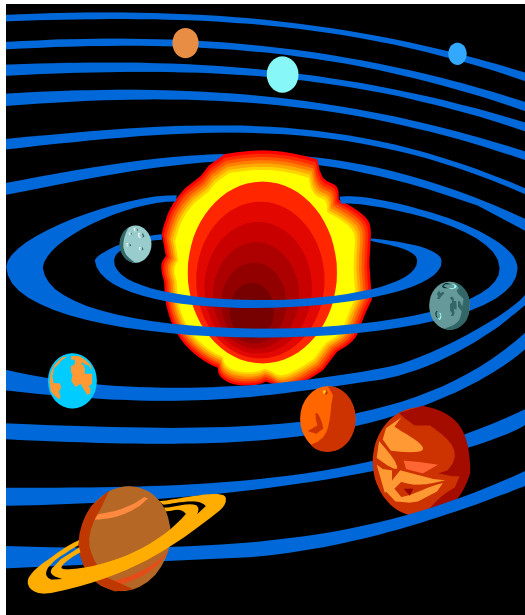


1. Attachment is ***created***

Consistent, warm, responsive care that is attuned to the physical and emotional signals of the child creates secure attachment.

Aspects of Attachment

2. Secure attachment creates a ***system*** for:



- Development of critical neural connections
- Managing internal states, i.e. ***emotional co-regulation***
- Developing self-awareness
- Building meaningful relationships with others
- Feeling secure enough to explore
- Caring about the feelings of others

Emotional Regulation 101

- ***Emotional Regulation*** is the ability to identify, manage and recover from strong feelings.
- ***Repeat experiences of emotional regulation*** allow a child to understand and accept his own feelings, use healthy ways to handle them, and keep going even under stress.
- ***Chronic, unresolved emotional dysregulation*** exposes the infant/young child's brain to damaging stress hormones during critical developmental periods.

Emotional regulation in infancy is a critical component of ***healthy brain development***

Aspects of Attachment

3. Attachment is a ***process***, not a state

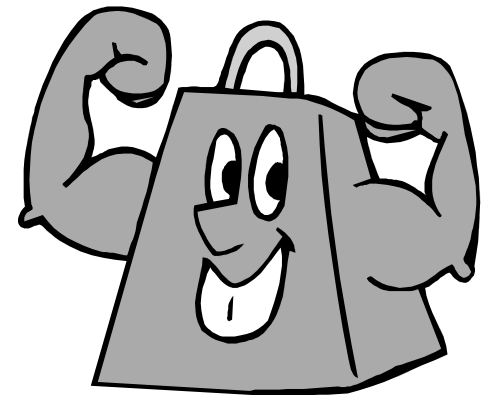
- Develops and changes over the lifespan
- Can be strengthened and reinforced through responsive care



Aspects of Attachment

4. Attachment security = attachment *resiliency*

- Secure attachment creates a base for developing other attachments
- Secure attachment allows for repair after disruption/breach of relationship
- Secure attachment increases adaptive capacities of child to deal with stress



Key Concepts

Secure Attachment to at Least One Caregiver



Emotionally Regulated Infant



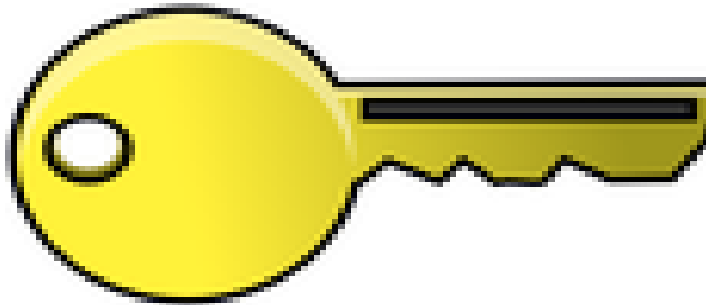
Healthy Brain Development



Healthy Adult Functioning

Attachment and Separating Parents

Supporting Attachment to Both Parents



- ***The key to building and maintaining attachment is to focus on the child's experience and needs, as opposed to the parents' desire for fairness.***

Encouraging Attachment

- **Provide responsive care**
 - Feeding
 - Comforting
 - Sleeping or napping
- **Reduce Parental Anxiety**
 - Primary Residential Parent
 - Other Parent
- Create opportunities to build attachment without chronically distressing the child

Families are Changing

- More than 40% of parents are not married.
- 16% of all same sex couples in the US are raising children together.
- The rate of adoption by same sex couples has doubled since 2000.
- Multigenerational families in one household are increasing for the first time in decades.
- Nearly 10% more grandparents are raising children now than in 2000.

Same sex co-parenting relationships and an ever-increasing number of never married parents add dimension which cannot be encompassed within a traditional binary model.

Jane Parisi Mosher

Young Children and Intimate Partner Violence (IPV)

- Children under the age of 6 are at a higher risk than older children for exposure to IPV
- IPV often occurs during pregnancy
- Perception exists that younger children are not as affected by witnessing IPV. However developmental models suggest that there may be devastating effects on neurological, emotional and other realms of development as well as threats to an infant's and a young child's sense of security and wellbeing.

Young Children and IPV

Children who live in an environment of IPV are at increased risk for:

- **becoming direct victims of child abuse**
- **poor school performance**
- **structural and physiological changes in the brain**
- **higher rates of mental health problems than children who are directly abused**
- **long-term effects including physical health problems, behavioral problems in adolescence and emotional difficulties in adulthood**

Young Children and IPV

Reactions to DV for children birth to 5:

- Sleep and/or eating disruptions
- Withdrawal/lack of responsiveness
- Intense/pronounced separation anxiety
- Inconsolable crying
- Developmental regression, loss of acquired skills
- Intense anxiety, worries and/or new fears
- Increased aggression and/or impulsive behavior.
- Disruptions in attachment and bonding occur as children focus on survival

Young Children and IPV

Children can be exposed and impacted on many levels:

- visually or audibly witnessing violence
- seeing the physical aftermath (bruises, wounds, holes in walls, etc.)
- interaction with social and medical services
- impact to a parent's mental health may negatively affect their ability to parent the child in a warm and sensitive way

“Children may learn that it is acceptable to exert control or relieve stress by using violence, or that violence is linked to expressions of intimacy and affection.”

Young Children and IPV

- References

- 1. California Attorney General's Office (2008) First Impressions: Exposure to Violence and a Child's Developing Brain.
- 2. Carpenter, G. & Stacks, A. (2009). Development Effects of Exposure to Intimate Partner Violence in Early Childhood: A Review of the Literature. *Children and Youth Services Review*, 31 831-839.
- 3. Children and Domestic Violence. National Child Traumatic Stress Network. Retrieved 8/6/2015 from <http://www.nctsn.org/content/children-and-domestic-violence>

Co-Parenting & Domestic Violence...

Mutually Exclusive Paradigms

Coercive Worldview

- I am entitled to more respect than others.
- My needs are more important than others.
- I try to get what I need/want through violence, threats, or intimidation.
- There is one right way to solve a problem, my way.
- Children are an extension of the parent – their needs mirror mine & are otherwise less important.



Collaborative Worldview

- Others are entitled to equal respect.
- Other people's needs are equally important.
- I negotiate and problem-solve to try to get what I need.
- There are many ways to solve a problem.
- Children are unique individuals – their needs are separate from mine & of equal importance.

Principles of DV Screening

- Get appropriate training.
- Screen everyone & screen often.
- Always consult with experts.
- Understand lethality indicators (*Jacque Campbell Danger Assessment*):
 - Presence of a weapon,
 - Recent attempts to leave,
 - Extreme jealousy/control,
 - Threats to kill/harm,
 - Chronic, long-term unemployment, and
 - Victim beliefs about danger.
- Include all forms of violence, e.g. emotional, verbal, economic, sexual, physical.

Source: Practice Guides for Family Court Decision-Making in Domestic Abuse-Related Child Custody Matters, Battered Women's Justice Project, Davis and Frederick, 2014

DV Screening Materials for Professionals

- **Domestic Abuse Information for Oregon Family Law Practitioners**
- <http://www.courts.oregon.gov/OJD/OSCA/JFCPD/Pages/FLP/SFLAC-Subcommittees.aspx>
- **Domestic Abuse * Information for Child Custody and Parenting Time Evaluators**
- <http://www.courts.oregon.gov/OJD/OSCA/JFCPD/Pages/FLP/SFLAC-Subcommittees.aspx>

Tools for Professionals



The Issues

- Determining Safety
- Supporting existing attachment
- Building attachment
- Exploring the right frequency of contact
- Considering overnights

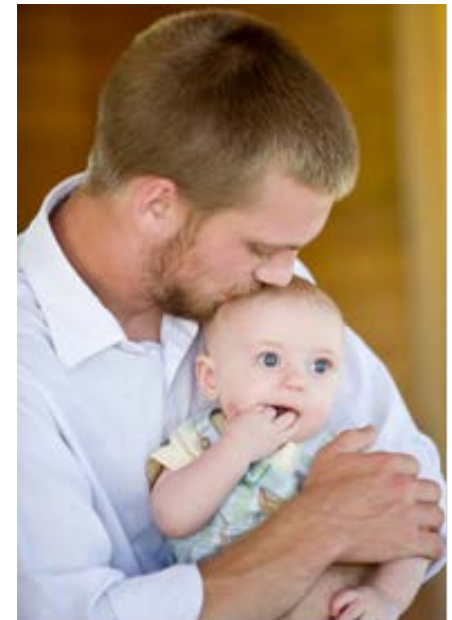
Pruett, McIntosh & Kelly, ^{3/31/2017} 2014



- The consensus of the authors regarding research on attachment:
“Children form concurrent attachments to caregivers but still prefer proximity to one or the other at different ages.”

- *Thus the goal of parenting plans for young children is:*

“to foster both developmental security and the health of each parent-child relationship, now and into the future.”



Matrix for Overnights

McIntosh, Pruett & Kelly 2014 & 2015

GATEWAY FACTORS

- 1. Safety**
- 2. Trust & Security w/Each Parent**

KEY FACTORS

- 3. Parent Mental Health**
- 4. Child Health & Development**
- 5. Behavioral Adjustment**
- 6. Co-Parent Relationship**
- 7. Pragmatic Resources**

FURTHER CONSIDERATIONS

- 8. Family Factors**

Oregon SFLAC Birth through Three Parenting Time Tool



Birth Through Three Parenting Time Tool – Checklist

Consideration	Parent A Note if Present, Absent or Emerging	Parent B Note if Present, Absent or Emerging
1. Gateway Factor: Safety	*	*
A. Child is safe in the care of the parent.		
B. Parent does not present a danger to the other parent.		
2. Gateway Factor: Child's Trust/Security	*	*
A. Child is continuing an established relationship with the parent.		
B. Child seeks comfort from and can be soothed by the parent.		
C. Child is supported in exploration by the parent.		
*No overnights are indicated when a Gateway Factor is absent for one parent.		
3. Parent Mental Health		
A. Parent is sensitive in recognizing and meeting the child's needs.		
B. Parent has no or well-managed chemical dependency issues.		
C. Parent has no or well managed mental health issues.		
4. Child Health and Development		
A. Child has no significant medical or developmental needs, or such needs are well supported by both parents.		
B. Infant is exclusively breastfeeding or will not take a bottle.		
5. Child's Behavioral Adjustment		
A. Absence of persistent (>3-4 weeks) signs of maladjustment: irritability, excessive clinging, intense crying/upset, aggressive or self-harm behavior, regression, low persistence in learning/play.		
6. Co-Parent Relationship: parents can		
A. Communicate and plan together.		
B. Manage conflicts and seek intervention when needed.		
C. Be consistent yet responsive with schedules.		
D. Value the child's relationship with the other parent.		
E. Put child's needs before their own.		
F. Ensure low stress during transitions.		
7. Practical Resources		
A. Parent can provide overnight care.		
B. Manageable commute between parents.		
C. When a parent can't care for child overnight, care by other parent is prioritized.		
D. Supportive relationship between siblings.		

Overnight Considerations - Highlights

- An existing relationship of at least 6 months is a critical first level assumption for overnights.
- Children *and* parents must be safe (Gateway Factors).
- The presence of conflict in itself is not prohibitive – *frequency and intensity* of conflict are factors.
- “Step up” plans and activities to increase parental capacity make sense and should be supported where appropriate.
- Signs of distress can be normal, but significant and/or prolonged distress should be addressed (*See Birth Through Three, p.21*).

Overnight Considerations - Caveats

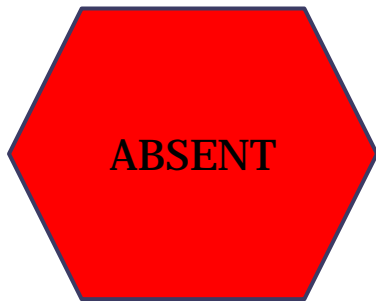
- *“Even when all parenting conditions are met, higher frequency overnights* are not generally indicated for infants 0-18 months”*

McIntosh, Pruett & Kelly 2014

- When uncertain about the outcome for a child, do the least harm – conservative approach
- Generally, deference to parental discretion and joint decisions is recommended

* *More than one per week*

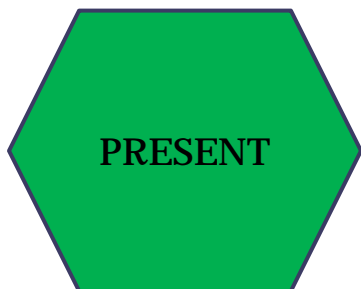
Analysis of Factors



= Terms that maintain safety & create opportunity for skills/ conditions to emerge.



= Terms that support and increase parent's emerging skills/conditions.



= Terms that allow parent to continue to meet the child's needs.

Scenario 1: Christian & Mandy

Christian and Mandy started dating when they were both 16. Two months later Mandy learned she was pregnant. Mandy dropped out of high school in her second trimester. She gave birth to a baby boy, Alex, who is now 5 months old. He is healthy and developmentally on target. He is securely attached to Mandy and her mother.

Christian graduated high school and is working a minimum wage job. Mandy applied for state assistance and 3 months ago the state established paternity and issued a child support order against Christian. Christian had no contact with Mandy from the time she dropped out of school until paternity was established. He did not contribute to Mandy's or Alex's expenses before the order, but has paid child support regularly since the order was established. Christian also took a parenting class for teens during his last semester at school.

Christian and his family have been persistent in their attempts to spend time with Alex since paternity was established. Mandy rarely responds to Christian's texts or emails or phone calls from the paternal grandmother. Two months ago she agreed to allow Christian and his mother to meet Alex in her home. She told Christian he could see Alex for one hour per week but that visits had to be supervised by her or her mother at her home. Christian agreed and showed up for six consecutive weeks. Parenting time went well, and Alex was beginning to recognize and reach for Christian.

The last two weeks Christian has not visited Alex. He says he is uncomfortable in Mandy's home and sees no reason Alex cannot come to his home. He says his mother is willing to help him during his parenting time and that he has set up a play area and gathered baby supplies for Alex at his home. He would like to have Alex three days a week, including overnights. Christian says he has a big extended family which gets together regularly and is eager to meet Alex.

Mandy does not agree to Christian taking Alex to his home. She says she barely knows him and doesn't trust he knows how to parent. She states that Christian texts or plays video games on his phone almost the entire time he is supposed to be playing with Alex and she worries he won't watch the baby closely if he is not supervised. Mandy says Christian used drugs in high school (pot mostly) and she is

concerned that he may still use drugs, although she has not seen any sign of it when he has parenting time. She also says his mother hates her and will do whatever she can to turn the baby against her.

Christian shares his concern that Mandy often posts pictures on Facebook of herself holding a beer bong and claims to have a new boyfriend every other week. He is afraid she is trying to erase him from Alex's life and find his son a new daddy. Mandy has returned to school to earn her GED and works part-time. She relies on her mother to care for Alex about 15 hours each week. Alex is able to take a bottle from Mandy's mother. Neither parent drives and it takes 90 minutes to get from Mandy's home to Christian's home on public transportation.

Scenario 1

(Large Group)

Tools:

- Birth Through Three Parenting Time Tool
 - Birth Through Three Guide

Consideration 1

Safety (*Gateway Factor*)

1. Gateway Factor: Safety	*	*
<p>Note: If domestic violence is present, seek additional resources. For example: safety provisions on page 3 (section 1B) of this tool, Oregon Judicial Department Safety Focused Parenting Plan and Domestic Violence Bench Card.</p>		
A. Child is safe in the care of the parent.		
B. Parent does not present a danger to the other parent.		

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Consideration 2

Child Trust and Security

(Gateway Factor)

Consideration	Parent A Note if Present, Emerging or Absent	Parent B Note if Present, Emerging or Absent
2. Gateway Factor: Child's Trust/Security	*	*
A. Child is continuing an established relationship with the parent.		
B. Child seeks comfort from and can be soothed by the parent.		
C. Child is supported in exploration by the parent.		

*** Consider limited or no overnights when a Gateway Factor is absent for one parent.**

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Consideration 3

Parent Capacity

Consideration	Parent A Note if Present , Emerging or Absent	Parent B Note if Present , Emerging or Absent
3. Parental Capacity		
A. Parent is sensitive to, responds to, and is able to meet the child's needs.		
B. Parent has no or well-managed chemical dependency/abuse issues.		
C. Parent has no or well-managed mental health issues.		

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Consideration 4

Child Health & Development

Consideration	Parent A Note if Present, Emerging or Absent	Parent B Note if Present, Emerging or Absent
4. Child Health and Development		
A. Child has no significant medical or developmental needs, or such needs are well supported by both parents.		
B. Infant is not exclusively dependent on breastfeeding.		

Consideration 5

Child Behavioral Adjustment

Consideration	Parent A Note if Present , Emerging or Absent	Parent B Note if Present , Emerging or Absent
5. Child's Behavioral Adjustment		
A. Absence of persistent (>3-4 weeks) signs of maladjustment: Irritability, excessive clinging, intense crying/upset, aggressive or self-harm behavior, regression, low persistence in learning/play.		

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Consideration 6

Co-parent Relationship

Consideration	Parent A Note if P resent, E merging or A bsent	Parent B Note if P resent, E merging or A bsent
6. Co-Parent Relationship: parents can		
A. Communicate and plan together.		
B. Manage conflicts and seek intervention when needed.		
C. Be consistent yet responsive with schedules.		
D. Value the child's relationship with the other parent.		
E. Put child's needs before their own.		
F. Ensure low stress during transitions.		

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Consideration 7

Practical Resources

Consideration	Parent A Note if Present, Emerging or Absent	Parent B Note if Present, Emerging or Absent
7. Practical Resources		
A. Parent can provide overnight care.		
B. Manageable commute between parents.		
C. When a parent can't care for child overnight, care by other parent is prioritized.		

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Consideration 8

Family Factors

Consideration	Parent A Note if P resent, E merging or A bsent	Parent B Note if P resent, E merging or A bsent
8. Family Factors		
A. Child has an existing relationship with a sibling or other close family member who is a source of security and who can be present during the parenting time.		
B. The cultural or religious practices of the child's family can enrich the child's development.		

Scenario 2

(Small Groups)

Scenario 2: Esther & Sylvia

3/31/2017

Sylvia and Esther have been together for 10 years as domestic partners, and legally married in 2014. Together they decided to become parents, and Esther became pregnant through donor insemination with an anonymous donor. Their son, Jason, is now almost 3 years old.

Both parents had time off from work during Jason's first three months and provided a great deal of direct care for him. When their son was four months old, Esther started working an afternoon and evening shift and cared for Jason in the mornings. Sylvia began working a morning and afternoon shift and cared for Jason in the afternoon and evenings. Jason currently is in day care from 12:00 until 3:00 pm each weekday. On the weekends, they continue this shared care schedule. Sylvia is responsible for Jason's evening routine (dinner, bath and bedtime), while Esther is responsible for Jason's morning routine (wake up, dressing and breakfast).

Esther's work, often and unpredictably, requires her to work overtime and when this happens Esther does not get home until early in the morning. Frequently, Esther "winds down" when she comes home by having several drinks. Sylvia reports she has had to care for Jason in the mornings on more than a few occasions, and that has made her late for work. She is concerned that when they are living separately, Esther will not be reliable to care for Jason in the mornings.

Both parents provide day-to-day care for their son, and he is bonded to them. When both are present, Jason prefers Esther to comfort him when he is upset. In parenting style, Sylvia tends to be somewhat rigid and Esther more nurturing. Sylvia is in a new relationship, and her girlfriend is not comfortable around children. A few times, Sylvia has asked Esther to care for Jason during her scheduled time so that Jason is not around her girlfriend. While Esther is fine with this, she wonders how Sylvia will handle it when they are living separately.

To save money, Esther and Sylvia continue to live in their joint house, and plan to do so until it is sold. It is on the market and expected to sell quickly and they need to make arrangements for their separation and create a parenting plan, especially since tensions between them are rising. When Esther drinks, Sylvia confronts her and the parties argue intensely, with accusations, tears, yelling, and slammed doors.

Scenario 3: Robert and Katie

3/31/2017

Robert and Katie are a couple in mediation. They have a 2 1/2 year old son, James, and are looking for help designing an appropriate parenting plan for his care. They say that James is very comfortable with both parents, and that both have taken turns being a stay-at-home parent during his infancy. Neither parent expresses any concern about substance abuse or violence in the home. They agree that they want to share custody and parenting time, but need some guidance as James spends more time with Robert out of the family home. They wish to work together in co-parenting their son as he grows up.

Robert has recently moved to a nearby apartment, but has yet to introduce James to that environment. To date, the parents have worked flexibly to arrange for Robert to spend time with James in the family home, an arrangement they feel is growing increasingly stressful.

Katie's main concern is that James has not spent overnights away from home. She feels confident that James feels comfortable in his father's care, but is concerned about the disruption that moving to a shared parenting plan might cause. Katie would like a very structured plan with predictable overnight care for James, including weekends.

Robert's goal is to design a plan that would gradually work toward overnight care for James at his apartment. He reports that his employment as a musician affords him lots of flexibility during the week, but that he is often busy during the weekends, sometimes on short notice.

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Materials Link:

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