**The Cost of Delay: A Critical Analysis of Competing Parenting Plans**

The following outlines the delays inherent in Christine’s plan compared to the milestones Robert has already achieved. This phase-by-phase breakdown highlights the compounding nature of Christine’s restrictions and the unnecessary extension of monitoring requirements

**Phase I:**  
Fully supervised visitation, restricted to **2-3 visits per week for 2-3 hours per visit** in a neutral location under professional supervision, with no overnight contact or flexibility permitted.

* **No Credit:** Requires up to **6 months**, ending in **May 2025** if starting fresh today.
* **With Credit:** Supervised visitation began in **March 2024** and, based on 14 months of successful visits, should have been completed by **September 2024**.
* **Effective Difference:** **8 months** delay.

**Phase I** represents the most immediate and concerning restriction in Christine's plan. Under her proposal, contact remains fully supervised and severely limited to 2-3 visits per week for 2-3 hours per visit, with all visits occurring in a neutral location under professional supervision. Without acknowledging Robert's documented progress, this phase alone requires up to 6 months of fully supervised visitation, delaying completion to May 2025. This directly contradicts established progress - supervised visitation began in March 2024 and, based on 14 months of documented successful visits, should have been completed by September 2024. The effective 8-month delay creates an immediate setback in parent-child relationship building.

**Phase II:**  
Limited unsupervised visitation, capped at **6 hours per visit on 2 days per week.** No overnight visits are allowed, and weekends are split, preventing any continuous or meaningful parenting time.

* **No Credit:** Requires **4 months**, ending in **September 2025**.
* **With Credit:** Unsupervised visits should have commenced by **October 2024**, transitioning to overnights by **January 2025**.
* **Effective Difference:** **12 months** delay (compounding from Phase I).

**Phase II**'s limitations on unsupervised visitation further compound these delays. While introducing unsupervised contact, the plan caps visits at 6 hours per visit on 2 days per week, prohibits overnight visits, and splits weekends in a way that prevents meaningful continuous parenting time. Without credit for established progress, this phase requires an additional 120 days (4 months) of limited unsupervised visits, pushing completion to September 2025. Given Robert's demonstrated stability, unsupervised visits should have commenced by October 2024, with a natural progression to overnights by January 2025. This creates an effective 12-month delay, building upon the initial Phase I setback.

**Phase III:**  
Overnight visits are allowed **once per week**, but limited to a single overnight (e.g., Saturday evening to Sunday morning), with other visits capped at **8 hours per day.** No full weekends or extended overnights permitted.

* **No Credit:** Requires **8 months**, delaying overnights until **May 2026**.
* **With Credit:** Overnight visits should have commenced by **January 2025**, progressing toward regular overnights by **July 2025**.
* **Effective Difference:** **16 months** delay.

**Phase III** introduces minimal overnight visits but maintains significant restrictions that impede relationship building. While allowing single overnight visits once per week (Saturday evening to Sunday morning), other visits remain capped at 8 hours per day, and full weekends or extended overnights are still prohibited. Without credit for prior progress, this arrangement requires an additional 240 days (8 months) before even limited overnight visits can begin, delaying implementation until May 2026. Based on Robert's documented stability and compliance, overnight visits should have commenced by January 2025, progressing toward regular overnights by July 2025. The effective 16-month delay at this stage represents a significant barrier to normalizing the parent-child relationship.

**Phase IV:**  
Extended overnights and shared holidays introduced only after **16+ months** of restricted parenting time. Continuous time (e.g., full weekends or multi-day holidays) only allowed at this stage.

* **No Credit:** Begins in **January 2027.**
* **With Credit:** Full overnights, holidays, and regular summer vacations should have been implemented by **July 2025.**
* **Effective Difference:** **18+ months** delay.

**Phase IV** finally permits extended overnights and shared holidays, but only after completing more than 16 months of restricted parenting time. Continuous time, including full weekends and multi-day holidays, becomes available only at this late stage. Without credit for established progress, these expanded opportunities wouldn't begin until January 2027. Given Robert's demonstrated compliance and stability, full overnights, holidays, and regular summer vacations should have been implemented by July 2025, creating an effective delay of more than 18 months.

**Monitoring Requirements:** Extensive and indefinite oversight including **quarterly hair follicle testing**, **four-times-daily Soberlink monitoring**, and **random UAs**, with no flexibility or reduction pathway regardless of compliance.

* **No Credit:** Requires **16+ months** of intensive monitoring, continuing through **January 2026**.
* **With Credit:** Monitoring should have been significantly reduced by **March 2024**, based on:
  + **14 months** of successful supervised visitation
  + **Three years** of verified sobriety through ETG testing
  + Consistent Soberlink compliance
  + Verified Vivitrol treatment adherence
* **Effective Difference:** **16+ months** unnecessary extension.

The **Monitoring Requirements** in Christine's plan impose an excessive and unjustified burden of oversight that completely disregards Robert's documented progress. The plan mandates an intensive testing regime - including quarterly hair follicle testing (despite known limitations for certain substances), four-times-daily Soberlink monitoring with no flexibility, and random UAs - without any pathway for reduction based on compliance. This differs sharply from standard practices that adjust monitoring based on demonstrated stability. Without credit for prior compliance, these requirements would extend unnecessarily for at least 16+ months, ignoring Robert's verified three-year sobriety, consistent treatment adherence, and 14 months of successful supervised visitation. The effective 16+ month extension creates not only significant logistical complications but also imposes substantial financial burdens that divert resources away from meaningful parent-child activities. This approach appears particularly punitive given the complete absence of substance use concerns in professional evaluations and Robert's demonstrated commitment to maintaining sobriety through multiple verification methods.

**Professional Recommendations and Plan Alignment**

The stark contrast between professional recommendations and Christine's plan raises serious concerns about its appropriateness and effectiveness:

Jennifer Keilin specifically recommended:

* Adding a minimum of 2 more contacts of 2-4 hours per week to support reunification
* Monitoring requirements that reflect actual risk and achieved milestones
* Emphasis on proportionality to support reunification goals

Dr. Brown's evaluation found:

* No evidence of substance use concerns
* Previously close bond between Robert and Adrian
* Need for increased parenting time to rebuild trust
* Focus should be on increasing contact, not additional monitoring

Christine's plan deviates significantly from these professional recommendations, providing far less contact than recommended while imposing excessive monitoring requirements without supporting evidence.

**Key Issues and Concerns**

1. **Deviation from Professional Guidance:**

* Parenting time falls well below recommended thresholds
* Monitoring requirements exceed professional recommendations
* Fails to incorporate therapeutic insights and recommendations

1. **Failure to Account for Progress:**

* Ignores 14 months of successful supervised visitation
* Disregards verified sobriety and treatment compliance
* Resets progress without justification

1. **Impact on Child-Centered Goals:**

* Delays harm trust-building efforts
* Risks further estrangement, particularly with Adrian
* Creates unnecessary barriers to relationship maintenance

1. **Financial and Logistical Burden:**

* Excessive monitoring creates financial strain
* Complex scheduling requirements impact family stability
* Resources diverted from meaningful parent-child interaction

**Legal Framework and Justification**

Washington State law provides clear guidance through:

RCW 26.09.002: Requiring parenting plans to:

* Be practical and workable
* Promote cooperative parenting
* Minimize conflict
* Prioritize children's best interests

RCW 26.09.187: Mandating that plans:

* Prioritize meaningful relationships
* Ensure gradual progress tied to verifiable compliance
* Support children's emotional stability

Christine's plan appears to contradict these legal mandates by imposing arbitrary delays and restrictions despite Robert's demonstrated compliance and progress.

**Conclusion**

The extensive delays and restrictions in Christine's plan create unnecessary barriers to maintaining and strengthening the parent-child relationship. The plan's failure to account for Robert's documented progress and its deviation from professional recommendations suggest a need for significant revision to better serve the children's best interests and comply with legal requirements.