**Executive Summary**

Parenting plans are meant to foster stability, trust, and growth for children while ensuring they maintain meaningful relationships with both parents. Both proposals adopt phased approaches to address transitions for Adrian and Max. However, their underlying goals and methods diverge significantly.

Robert’s plan is guided by professional recommendations and aligns with Washington State legal standards, including **RCW 26.09.002**, which emphasizes that "the best interests of the child shall be the standard by which the court determines and allocates parental responsibilities." It prioritizes frequent, consistent contact, scaled monitoring that reflects verified progress, and therapy designed to heal strained relationships and support emotional well-being.

In contrast, Christine’s plan includes excessive restrictions, arbitrary delays, and requirements that undermine these priorities. Her approach limits the children’s relationship with Robert and introduces logistical and financial hurdles that risk harming their emotional and developmental needs.

This document examines both proposals, highlighting how Robert’s plan offers a clear path forward by focusing on the children’s well-being, trust-building, and a return to stability.

**Introduction + Professional Framework**

Parenting plans should reflect both the best interests of the children and the professional insights of those who understand their unique needs. **RCW 26.09.002** underscores that "parents have the responsibility to make decisions and perform other parental functions necessary for the care and growth of their children." Furthermore, **RCW 26.09.187** emphasizes that residential provisions in a parenting plan "shall encourage each parent to maintain a loving, stable, and nurturing relationship with the child, consistent with the child’s developmental level and the family’s social and economic circumstances."

Jennifer Keilin’s September 2024 report highlights the importance of frequent, consistent contact for Adrian and Max with both parents. She recommends two contacts per week of 2–4 hours each, progressing toward unsupervised time within 60–90 days based on demonstrated stability. Additionally, she underscores therapy as essential to addressing Adrian’s anxiety and Max’s resistance, calling out the risks of limiting their relationship with Robert.

Robert’s proposed parenting plan reflects these professional recommendations and legal guidelines. It creates a structured path toward healing and stability while addressing the children’s needs through therapy, consistent contact, and proportional monitoring. By contrast, Christine’s plan introduces restrictive measures and delays that run counter to these recommendations, creating barriers to the children’s emotional and developmental progress.

**Plan Comparison**

A comparison of the proposed parenting plans highlights stark differences in priorities and approaches. Christine’s plan introduces restrictive measures that hinder progress and create unnecessary barriers, while Robert’s plan aligns with professional recommendations, legal standards, and the children’s developmental needs.

**Parenting Time**

* **Christine’s Plan**:  
  Limits Robert to alternating weekends and one weekday, all supervised during the early stages. Progression requires 120-day phases regardless of demonstrated stability or professional recommendations.
* **Robert’s Plan**:  
  Proposes two visits per week (2–4 hours each) in line with Jennifer Keilin’s recommendations, with progression to unsupervised time within 60–90 days based on stability. This approach aligns with **RCW 26.09.187**, which prioritizes "residential provisions that encourage each parent to maintain a loving, stable, and nurturing relationship with the child."

**Decision-Making Authority**

* **Christine’s Plan**:  
  Asserts sole decision-making authority over education, medical care, and extracurricular activities, excluding Robert from meaningful participation.
* **Robert’s Plan**:  
  Proposes shared decision-making, consistent with **RCW 26.09.184(5)**, which mandates that parenting plans "shall allocate decision-making authority to one or both parents regarding the child's education, health care, and religious upbringing."

**Monitoring**

* **Christine’s Plan**:  
  Requires four-times-daily Soberlink testing and quarterly hair follicle testing, despite three years of verified sobriety and no evidence of relapse.
* **Robert’s Plan**:  
  Advocates for proportional monitoring, reducing Soberlink to three times daily and eliminating hair follicle testing, which is both unreliable and unnecessary. This approach reflects accountability while adhering to **RCW 26.09.002**, which requires parenting plans to foster stability and proportionality in measures affecting parental responsibilities.

**Therapy**

* **Christine’s Plan**:  
  Minimally integrates therapy, failing to prioritize family sessions or individual counseling to address the children’s challenges.
* **Robert’s Plan**:  
  Centers therapy as a core component, including family therapy for Adrian to reduce situational anxiety and individual counseling for Max to address resistance and external influences. This approach aligns with professional recommendations and **RCW 26.09.187**, which states, "residential provisions shall encourage each parent to maintain a loving, stable, and nurturing relationship with the child, consistent with the child's developmental level and the family's social and economic circumstances."

This comparison underscores that Robert’s plan is practical, child-centered, and fully aligned with legal standards and professional guidance. Christine’s plan, by contrast, creates barriers that delay progress and risk long-term harm to Adrian and Max’s emotional well-being.

**Children’s Best Interests Analysis**

The best interests of the children must take precedence in any parenting plan. Adrian and Max are at critical developmental stages, and their emotional, psychological, and relational needs require thoughtful consideration. This analysis evaluates the impact of each plan on their well-being, drawing on professional recommendations, research-backed principles, and Washington State legal standards.

**Adrian: Trust and Anxiety Management**

* **Professional Recommendations**:  
  Jennifer Keilin emphasizes that Adrian benefits from structured, consistent interactions with Robert to rebuild trust and reduce situational anxiety. She recommends family therapy to support Adrian’s emotional well-being and secure attachment with both parents.
* **Impact of Christine’s Plan**:  
  Prolonged separation and limited contact risk exacerbating Adrian’s anxiety, delaying trust-building and attachment with Robert. The absence of a robust therapy plan fails to address his emotional challenges.
* **Impact of Robert’s Plan**:  
  By prioritizing frequent contact, family therapy, and a structured progression to unsupervised parenting time, Robert’s plan creates a stable environment that addresses Adrian’s needs. This approach aligns with **RCW 26.09.187**, which requires parenting plans to "encourage each parent to maintain a loving, stable, and nurturing relationship with the child."

**Max: Resistance and Reconciliation**

* **Professional Recommendations**:  
  Targeted individual counseling is critical to help Max overcome resistance and counteract external influences that have strained his relationship with Robert. Therapy also provides a pathway to emotional reconciliation and long-term stability.
* **Impact of Christine’s Plan**:  
  Minimal therapy integration and restrictive measures reinforce Max’s resistance, potentially solidifying estrangement and undermining opportunities for positive relationship-building.
* **Impact of Robert’s Plan**:  
  By integrating individual therapy and creating opportunities for organic interactions, Robert’s plan fosters reconciliation and trust. Research supports therapeutic intervention to repair strained parent-child relationships and mitigate the negative effects of alienation.

**Broader Research and Legal Standards**

* **Research Evidence**: Studies demonstrate that prolonged separation and restrictive measures can lead to toxic stress, negatively impacting brain development and emotional health in children.
* **Legal Guidance**: **RCW 26.09.187** explicitly prioritizes plans that promote "stability, emotional growth, and meaningful relationships with both parents." Christine’s plan fails to meet these criteria, while Robert’s plan is fully aligned with these principles.

This analysis demonstrates that Robert’s parenting plan directly addresses the unique needs of Adrian and Max, supporting their long-term well-being. Christine’s plan, by contrast, risks compounding existing challenges, delaying healing, and undermining the children’s emotional development.

**Executive Summary**

I’ve reviewed both parenting plans and agree that a phased approach is a thoughtful way to structure transitions for Adrian and Max. Over the past year, I’ve demonstrated significant progress, suggesting we’re already well into advanced phases of this framework. My proposals prioritize the children’s well-being by focusing on stability, trust-building, and therapy, all while aligning with Washington’s legal guidelines (RCW 26.09.002).

In contrast, Christine’s plan introduces excessive monitoring requirements, ignores professional recommendations for therapy, and imposes arbitrary delays that harm the children’s relationship with me. These measures reflect patterns of control and alienation that have contributed to the boys’ current challenges. Moving forward, I’m ready to collaborate on a plan that meets the children’s needs, but accountability and alignment with professional advice must be central to this process.

**Demonstrated Progress and Phase Alignment**

The implementation timeline must reflect the significant progress already achieved:

**Verified Sobriety and Compliance**

* Over one year of consistent compliance with three-times-daily Soberlink testing.
* No violations or failed tests reported.
* Clear demonstration of commitment to sobriety protocols.

**Parenting Time Success**

* Since October 2023, demonstrated successful parenting ability through:
  + Documented solo parenting periods.
  + Consistent supervised visits with positive witness feedback.
  + No reported safety or behavioral concerns.

**Proactive Treatment Engagement**

* Voluntary enrollment in a DV class without court prompting.
* Regular participation in required therapy sessions.
* Demonstrated commitment to addressing court concerns proactively.

**Phase Implementation Modifications**

**Accelerated Phase Implementation**

Based on demonstrated progress and stability, implementation should begin at an advanced phase:

1. **Current Status Alignment**
   * Current demonstrated progress meets or exceeds Phase III requirements.
   * Verified compliance period exceeds standard phase progression timelines.
   * Professional recommendations support accelerated implementation.
2. **Modified Timeline Structure**
   * Immediate implementation of Phase III residential schedule:
     + Alternating weekends (Saturday noon to Sunday noon).
     + Weekly Wednesday visits.
   * 60-day observation period instead of 120 days.
   * Progression to Phase IV based on continued stability rather than arbitrary waiting periods.
3. **Professional Oversight**
   * Continued monitoring by parenting coordinator.
   * Regular assessment by children’s therapist.
   * Ability to adjust timeline based on children’s adjustment and needs.

**Legal Framework Support**

The accelerated implementation aligns with Washington State legal requirements:

**RCW 26.09.187 Compliance**

* Promotes frequent and meaningful contact with both parents.
* Supports stability and emotional growth.
* Reflects demonstrated parental capability.

**Professional Recommendations**

* Jennifer Keilin’s guidance supports progression to unsupervised time within 60–90 days.
* Current progress exceeds baseline recommendations.
* Therapeutic goals align with increased parenting time.

**Best Interests Standard**

* Minimizes unnecessary delays in parent-child relationship building.
* Maintains appropriate safety measures while recognizing progress.
* Balances supervision needs with demonstrated stability.

**Recommendations**

**Immediate Actions**

1. **Begin Phase III Residential Schedule**:
   * Alternating weekends (Saturday noon to Sunday noon).
   * Weekly Wednesday visits.
   * Continued sobriety monitoring at current levels.
2. **Establish 60-Day Review Period**:
   * Assessment by parenting coordinator.
   * Input from children’s therapist.
   * Evaluation of adjustment and stability.

**Phase IV Transition**

1. **Clear Criteria for Progression**:
   * Based on demonstrated success rather than fixed timelines.
   * Flexibility to adjust based on children’s needs.

**Safety and Monitoring**

* Maintain existing safety measures while recognizing progress:
  + Continue current Soberlink testing protocol.
  + Regular therapeutic assessment.
  + Parenting coordinator oversight.
  + Clear communication protocols through Our Family Wizard.

**Final Position**

The phased approach provides a solid framework, but it must reflect the progress I’ve already made and the children’s current needs. Arbitrary delays reset the clock unnecessarily, undermining the purpose of the framework. My proposed accelerated implementation aligns with Washington State legal standards (RCW 26.09.002, RCW 26.09.184, RCW 26.09.187), professional recommendations, and the children’s best interests.

By building on demonstrated success, maintaining proportional safety measures, and fostering consistency, we can create a plan that prioritizes stability, emotional growth, and meaningful relationships for Adrian and Max.