**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 Recommendations**

Jennifer Keilin’s September 2024 report highlights the importance of frequent, consistent contact for Adrian and Max with both parents. Her key findings include:

* **Parenting Time**: Two visits per week (2–4 hours each), progressing toward unsupervised time within 60–90 days, contingent on demonstrated stability.
* **Therapy**: Therapy is essential to addressing Adrian’s anxiety and Max’s resistance, with both family sessions and individual counseling highlighted as critical interventions.
* **Concerns About Restrictive Measures**: Restrictive measures, such as prolonged supervised contact, create barriers to trust and relationship-building, delaying progress and exacerbating emotional challenges.

**Plan Alignment**

* **Robert’s Plan**: Reflects professional recommendations and legal guidelines, prioritizing consistent contact, structured therapy, and a phased approach tied to demonstrated stability.
* **Christine’s Plan**: Introduces restrictive measures and arbitrary delays, directly contradicting professional recommendations and hindering 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.

| **Category** | **Christine’s Plan** | **Robert’s Plan** |
| --- | --- | --- |
| **Parenting Time** | Limits Robert to alternating weekends and one weekday, all supervised. Requires 120-day phases. | Aligns with Keilin’s recommendation of 2–4 hours, twice weekly, progressing to unsupervised time within 60–90 days. |
| **Decision-Making** | Grants Christine sole authority over education, medical, and extracurricular activities. | Proposes shared decision-making, consistent with RCW 26.09.184(5). |
| **Monitoring** | Requires four-times-daily Soberlink checks and quarterly hair follicle testing, despite verified sobriety. | Advocates for proportional monitoring: three-times-daily Soberlink, no hair follicle testing, reflecting RCW 26.09.002. |
| **Therapy** | Minimally prioritizes therapy, excluding key recommendations for family and individual sessions. | Centralizes therapy: family therapy for Adrian, individual counseling for Max, aligned with RCW 26.09.187. |
| **Financial Impact** | Creates financial strain through excessive testing and prolonged supervision. | Streamlines costs to prioritize therapy and support for children. |
| **Progression Timeline** | Delays progression with arbitrary 120-day phases. | Allows progression based on stability and therapeutic milestones. |

**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.

**Recommendations + Implementation**

The following recommendations are designed to create a balanced parenting plan that prioritizes Adrian and Max’s emotional and developmental needs. These recommendations align with professional guidance, Washington State legal standards, and Robert’s demonstrated progress, while addressing barriers introduced by Christine’s plan.

**Immediate Changes Needed**

1. **Parenting Time**
   * Implement a phased schedule consistent with Jennifer Keilin’s recommendations:
     + Begin with two visits per week (2–4 hours each), transitioning to unsupervised parenting time within 60–90 days based on demonstrated stability.
     + Introduce overnight visits as trust and attachment strengthen, following clear milestones.
   * Eliminate Christine’s arbitrary 120-day progression requirement, which lacks professional or legal justification.
   * This approach aligns with **RCW 26.09.187**, which states that parenting plans must "encourage each parent to maintain a loving, stable, and nurturing relationship with the child."
2. **Monitoring**
   * Reduce Soberlink testing to three times daily, reflecting Robert’s verified sobriety and compliance.
   * Eliminate quarterly hair follicle testing due to its unreliability and lack of necessity based on Robert’s consistent track record.
   * Periodically review monitoring requirements to ensure proportionality and relevance, consistent with **RCW 26.09.002**, which emphasizes fostering stability in parenting plans.
3. **Therapy**
   * Mandate family therapy for Adrian and Robert to rebuild trust and reduce situational anxiety.
   * Require individual counseling for Max to address resistance and foster reconciliation.
   * Establish clear therapeutic milestones to guide the progression of parenting time and co-parenting collaboration.

**Longer-Term Recommendations**

1. **Decision-Making Authority**
   * Transition to shared decision-making for major aspects of the children’s lives, 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."
   * Appoint a neutral parenting coordinator to mediate disputes and ensure decisions prioritize the children’s best interests.
2. **Financial and Logistical Adjustments**
   * Streamline logistical requirements to minimize unnecessary burdens on both parents.
   * Avoid redundant or excessive supervision costs, redirecting resources to therapy and other essential needs.
3. **Co-Parenting Collaboration**
   * Require both parents to participate in co-parenting workshops or counseling to improve communication and reduce conflict.
   * Use shared parenting apps for better coordination and transparency.

**Accountability Requirements**

1. **Christine’s Role in Supporting Progress**
   * Actively participate in therapy to address behaviors contributing to alienation and trust-building barriers.
   * Cease narratives that undermine Robert’s relationship with the children, instead supporting therapeutic goals.
2. **Commitment to Professional Guidance**
   * Align parenting actions with recommendations from professionals such as Jennifer Keilin.
   * Demonstrate willingness to adjust restrictive measures based on the children’s progress and needs.

**Clear Path Forward**

These recommendations provide a roadmap for healing and stability, ensuring Adrian and Max have consistent opportunities to rebuild their relationships with both parents. Robert’s proposed plan reflects the principles outlined in **RCW 26.09.187**, fostering meaningful parent-child relationships, emotional growth, and stability.

Adopting these measures will not only resolve current conflicts but also establish a framework that supports Adrian and Max’s growth, stability, and emotional health moving forward.

**Acknowledgment of Robert’s Progress**

It is critical to acknowledge that Robert has met all the criteria to start at Stage IV in Christine’s plan. His demonstrated progress, verified sobriety, and compliance with court orders and treatment requirements warrant immediate alignment with the advanced phase of the parenting plan. This acknowledgment ensures that the children’s needs for stability, trust, and consistent contact with both parents are prioritized without unnecessary delays.