**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."* Over the past year, Robert has exceeded the expectations for Phase III outlined in Christine’s plan and currently demonstrates the stability, compliance, and parenting ability associated with Phase IV. Resetting the clock on this progress is not only unnecessary but counterproductive, as it undermines the very principles of stability and trust that these plans are meant to foster.

In contrast, Christine’s plan introduces excessive restrictions, arbitrary delays, and requirements that fail to account for Robert’s documented progress. Her approach would unjustly reset the timeline, limiting the children’s relationship with him and introducing 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. It demonstrates why an accelerated timeline reflecting Robert’s established progress is not only justified but necessary to support Adrian and Max’s long-term growth.

**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."*

**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 added to program, 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. |

**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. This has been an consistent approach since abandoning Dr Brown’s plan in March.

**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.

**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**: Months ago she suggested adding two additional visits per week , 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. This has continued to cause regressions, mistrust and alienation.

**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.

**Therapy Milestones:** Success in therapy for Adrian and Max should be measured by specific, observable outcomes that support their emotional stability and strengthen their relationships with both parents. These milestones can guide the progression of parenting time and align with Robert’s proposed timeline:

1. **Adrian’s Therapy Goals:**

* **Initial Success Indicators:** Demonstrated reduction in situational anxiety during family therapy sessions with Robert.
* **Midpoint Milestones:** Increased openness to consistent, unsupervised interactions and active participation in therapeutic activities aimed at trust-building.
* **Long-Term Goals:** Rebuilding a secure attachment with Robert and displaying reduced resistance to parenting time transitions.

1. **Max’s Therapy Goals:**

* **Initial Success Indicators:** Engagement in individual therapy sessions addressing resistance and external influences.
* **Midpoint Milestones:** Improved emotional regulation and willingness to participate in family therapy or supervised interactions.
* **Long-Term Goals:** Organic reconciliation with Robert through positive, unsupervised interactions and consistent progress in therapy.

**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.

**Acknowledgment of Robert's Progress**

Robert's progress since **January 2023** (twenty-three months) demonstrates stability, compliance, and parenting ability that exceeds the basic requirements for advanced phase implementation. Professionals consistently highlight his strengths and readiness for increased parenting responsibilities.

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.

Robert’s documented consistency aligns with or exceeds the stability requirements outlined in **RCW 26.09.260(1)**, which establishes the basis for modification when *"a substantial change has occurred in the circumstances of the child or the nonmoving party and that the modification is in the best interest of the child and is necessary to serve the best interests of the child."*

**Transition to Implementation**

Given Robert's documented progress and compliance, the implementation timeline should reflect his current achievements rather than imposing artificial delays. The extensive evidence of stability and positive engagement supports an accelerated approach that maintains appropriate safeguards while recognizing the substantial groundwork already established.

**Implementation Timeline**

The implementation timeline should reflect Robert's current status rather than resetting progress. The following accelerated schedule aligns with demonstrated stability:

* **Phase III implementation should begin immediately**, with a 60-day observation period rather than the proposed 120 days. This timeline reflects Robert's existing compliance since October 2023, which already satisfies the stability requirements typically observed during initial phases.
* The parenting coordinator can assess progress at 30-day intervals, with the ability to recommend progression to Phase IV based on continued stability rather than arbitrary timeframes.

This accelerated approach maintains appropriate safeguards while recognizing the extensive groundwork already established through verified sobriety, successful supervised visits, and consistent therapeutic engagement. It aligns with Jennifer Keilin's recommended 60-90 day progression timeline while accounting for progress already achieved.

**Alignment with Proposed Timeline:**

* **Phase III:** Therapy begins with supervised family sessions for Adrian and individual counseling for Max. Parenting time increases as initial goals are met.
* **Phase IV:** Successful completion of midpoint milestones supports progression to unsupervised parenting time and overnight visits. Continued therapy ensures emotional stability during transitions.
* **Beyond Phase IV:** Therapy continues as needed to support long-term emotional growth and relationship-building, with regular check-ins by the parenting coordinator and therapists.

**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. Robert has paid ten months of supervised visits despite his recent history. The financial burden would be shared if there was not a demonstrable reason for this.
   * 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.

**Appendix:**

**Robert According to the Experts**

Dr. Wider's psychological evaluation commends Robert’s openness and honesty, noting, "His openness to the testing suggests that if he is now sober and in recovery, he is demonstrating a good degree of honesty and is able to acknowledge his problems." The evaluation also underscores his parenting capacity: "He showed normal levels of dominance, suggesting the ability to set limits and structure, and to assertively, but not aggressively, advocate for his children’s care," while describing Robert’s emotional connection as "warmth at normal levels, suggesting the capacity to attach and bond, empathize, and value harmony."

Couples counselor Debbie Bayer reports Christine acknowledging that "he’s a good dad" while noting concerns that she "weaponized the children." Children’s therapist Kari Betts described Robert as "very stable," adding, "I don’t see risk with him." Parent coach Leah Koenig observed, "Robert was eager to connect with Adrian and sought help to better align their activities to reduce resistance."

Reunification counselor Jennifer Keilin emphasized the importance of strengthening Robert’s relationship with Adrian: "Frequent contact between Adrian and his father is essential to maintaining and building their relationship," cautioning that "limited contact keeps their relationship on life support."

These professional insights affirm Robert’s readiness for more advanced parenting phases, highlighting his stability, emotional awareness, and commitment to his children.

The evidence of stability and progress includes:

* Most of 2023 as primary caregiver including international trips and 66 solo parenting days
* XXXX consecutive successful supervised visits between March 2023 and December 2024
* Fourteen months of consistent compliance with three-times-daily Soberlink testing
* Voluntarily attending domestic violence treatment program with positive provider feedback
* Regular participation in weekly therapy sessions with documented progress
* Proactive enrollment and participation in additional parenting programs

**Dr. Brown's Recommendations (December to March)**

Dr. Brown's recommendations from December to March have consistently emphasized the need for a more integrated and child-focused parenting plan. Dr. Brown has highlighted the following key points:

* **Consistency and Frequency of Contact**: Dr. Brown has repeatedly stressed the importance of consistent and frequent contact between Robert and the children to foster trust and reduce anxiety. She recommended increasing the frequency of visits and gradually transitioning to unsupervised time.
* **Therapeutic Interventions**: Dr. Brown has underscored the necessity of therapeutic interventions, including family therapy for Adrian and individual counseling for Max. She emphasized that these therapies are critical for addressing the children's emotional and psychological needs.
* **Reduction of Restrictive Measures**: Dr. Brown has cautioned against the use of excessive restrictive measures, such as prolonged supervised contact, as they can hinder trust-building and exacerbate emotional challenges. She advocated for a phased approach based on demonstrated stability and progress.
* **Shared Decision-Making**: Dr. Brown has recommended shared decision-making for major aspects of the children's lives, including education, health care, and extracurricular activities. She believes that this approach fosters a collaborative environment that prioritizes the children's best interests.

**Impact of Ignoring Professional Recommendations**

The failure to implement Dr. Brown's recommendations has had a significant negative impact on the children's emotional and psychological well-being. The alienation of Robert from the children has been exacerbated by the lack of consistent and frequent contact, as well as the continued use of restrictive measures. This has led to:

* **Increased Anxiety and Resistance**: Adrian's anxiety and Max's resistance have escalated due to the inconsistent and limited contact with Robert. The lack of a structured therapeutic plan has further hindered their emotional development.
* **Delayed Trust-Building**: The prolonged use of supervised contact has delayed the trust-building process between Robert and the children. This has resulted in a lack of emotional connection and a sense of security for the children.
* **Alienation and Estrangement**: The children's relationship with Robert has suffered significantly, leading to feelings of alienation and estrangement. This has had a detrimental effect on their overall well-being and sense of stability.

**GAL Report as a Snapshot After the Fact**

The GAL report, while providing a snapshot of the current situation, fails to acknowledge the earlier professional guidance that could have prevented the current state of alienation. The GAL report describes the "pile of burning rubble" without noting that someone had previously recommended the installation of sprinklers.

* **Limited Perspective**: The GAL report focuses on the current state of the children's relationship with Robert without considering the professional recommendations that were ignored. This limited perspective fails to provide a comprehensive view of the situation.
* **After-the-Fact Analysis**: The GAL report serves as an after-the-fact analysis, describing the consequences of ignoring professional recommendations without addressing the root cause of the problem. This approach does not offer a solution to the ongoing issues but rather highlights the damage that has already been done.

**Connor’s Limited Engagement with Dr. Brown’s Recommendations**

Connor’s report does mention Dr. Brown's four-month engagement with the Moyer family, but does not give significant weight to her recommendations. While he acknowledges that she worked with the family from September 2023 to February 2024 on developing a parenting plan, he minimizes her involvement by emphasizing that:

* Her suggestions were not legally binding.
* A formal parenting plan was never agreed upon and implemented by both parents.

Connor primarily uses Dr. Brown's observations about the children's feelings and statements about the mother's anxiety to support his own conclusions, without addressing her specific recommendations or the rationale behind them.

* Connor cites Adrian's expression of uncertainty about trusting his father, but doesn't address Dr. Brown's observation that the mother’s anxiety was the primary factor influencing family dynamics and that she did not see a malicious effort to alienate the children.
* He mentions Max's statement that he did not want to see his father anymore, but doesn't discuss Dr. Brown's recommendations for a structured reunification process or a phased-in custody schedule that could have addressed these concerns.

Connor also omits key details about Christine's rejection of Dr. Brown’s plan, framing it as a lack of agreement rather than a unilateral decision by the mother.

* He states that "a formal parenting plan was never agreed upon and implemented by both parents", but doesn't mention Christine's decision to disregard the plan after initially agreeing to it.
* He focuses on the lack of a legally binding agreement without acknowledging that Christine’s rejection of Dr. Brown’s recommendations prevented the development of a formal, court-approved parenting plan.

This selective use of information creates a skewed perspective that downplays Dr. Brown's professional expertise and minimizes the impact of Christine’s actions on the father-child relationship. It reinforces the idea that the existing restrictions on Robert's parenting time are justified, despite the lack of evidence to support this conclusion.

The sources also highlight several instances where Connor appears to have overlooked or misrepresented crucial information from Dr. Brown and other professionals, further diminishing the weight given to their recommendations.

This pattern of overlooking key information raises concerns about the thoroughness and impartiality of Connor’s evaluation, suggesting that he may have prioritized supporting Christine's narrative over conducting a balanced assessment of the family.

**Conclusion**

The failure to implement Dr. Brown's recommendations has had a profound impact on the children's emotional and psychological well-being. The alienation of Robert from the children could have been mitigated with consistent and frequent contact, therapeutic interventions, and a reduction of restrictive measures. The GAL report, while providing a snapshot of the current situation, fails to acknowledge the earlier professional guidance that could have prevented the current state of alienation.

By incorporating this detailed analysis, you provide a comprehensive view of how Connor's limited engagement with Dr. Brown's recommendations has skewed the perspective and minimized the impact of Christine's actions on the father-child relationship. This addition strengthens the argument and underscores the need for a more integrated and child-focused parenting plan.