



**Child-Centered
Residential
Schedules**

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PREFACE

The issue of how our society can support children through the process of family transitions is of paramount importance. This comprehensive manual, developed for the County of Spokane, is a landmark document. As I have both conducted research on the topic of parent-child attachment, as well as advised family courts and lawyers on this topic, I commend the authors of this document for the care with which they have characterized the numerous issues involved in healthy decision-making for children and families. These schedules succinctly summarize the developmental needs of children and make sensible and healthy recommendations for residential arrangements between parents or caregivers who no longer reside together.

To my knowledge, these guidelines for parents and the court are unique in terms of the use of basic developmental research, as well as their thoroughness and practicality. If parents and caregivers were to follow these schedules, the trauma to children in these relationships would be greatly reduced. Further, if these guidelines were known to parents and their advocates during the process, it is likely that numerous problems might be prevented for the children, family, and courts.

The authors of this document are to be commended for calling upon the expertise of the foremost experts in the field of infant and child development. This document carefully utilizes the past several decades of research in the area of the developmental needs of children. The experts represented in this document are among the leaders around the globe in this field of study. As such, this document is a unique collaboration and might well serve as a model for other documents on how legal and social decision and policy-making can benefit children and families.

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Dr. Greenberg is a Professor of Developmental and Clinical Psychology at the University of Washington, where he has taught for 19 years. He has published extensively on how insecure attachment relationships in childhood are related to the development of psychopathology. For the past five years, Dr. Greenberg has directed a multi-site project on the prevention of delinquency and violence in childhood through school, family, and community interventions.

PREAMBLE

The Superior Court Guardian Ad Litem Committee has drafted suggested child-centered residential schedules for families which require intervention by the courts to assist them with residential placement of their children. The committee is comprised of family law attorneys, psychologists and child development specialists in the Spokane area and received input from child development specialists throughout the United States, England and Canada.

The Superior Court judges and commissioners have reviewed the residential schedules and have approved this document as an educational tool for Guardians ad Litem in Spokane County and parents who attend parenting seminars. These schedules provide information in regard to the developmental needs of children at different ages and give suggestions for residential schedules which are based upon the child's needs. The schedules will be referenced in the local rules and are available in the Spokane County Bar Association office.

The Superior Court Guardian Ad Litem Committee is concerned about these schedules being applied rigidly. The Superior Court judges and commissioners share the committee's concern and have expressly declined to present the schedules in the form of a local rule. The placement of children is to be reviewed on a case by case basis. There are a multitude of factors to be considered. These schedules are in no way meant to dampen the creativity necessary in fashioning a parenting plan which addresses the particular needs of a family. The schedules do provide information in regard to developmental needs of children who face the trauma of their parents separating.

Two notes of caution: 1) The concepts within this document represent a necessary complexity concerning the issues involved in the interface of divorce, child development, and parental availability. It is therefore imperative that all of those utilizing this document familiarize themselves with the full spectrum of what is presented in the pages that follow; 2) These residential schedules are not intended to be used as an adversarial tool to promote the interests of one parent over the other. They are being presented to provide education regarding the developmental needs of children when their parents reside in different households.

These schedules are based upon child development research and will be revised periodically as more is learned about how to best serve children when their parents are no longer able to reside in the same household.

The Honorable Tari S. Eitzen
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ACKNOWLEDGMENTS

The authors of this document gratefully acknowledge the following child development researchers and experts who have provided the principal input and consultation in the formation of these residential schedules:

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The following developmental researchers and experts have reviewed the document and provided valuable suggestions:

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INTRODUCTION

"Successful parenting is a principle key to the mental health of the next generation."

--John Bowlby, MD

Because of the emerging body of research on the negative impact of divorce on children, a committee of child development experts, infant and child psychologists and therapists, family mediators and family lawyers have developed the following guidelines to aid the Court and attorneys who represent parties in matters involving children.

This document is designed to benefit the child's sense of emotional security and his/her current and future mental health within the very difficult context of divorce. The best circumstances for enhancing security involve a positive and familiar relationship with both parents. Therefore, continued, consistent and reliable contact with both parents is not only the parents' right, but the child's. Every child has a right to have a healthy relationship with each parent. Thus, it can be harmful for a child to be kept away from a parent that seeks to make consistent contact.

Likewise, it is harmful if the parents do not come to understand the developmental needs of the child. An understanding of the developmental needs of a particular child by both the parents, the bench and counsel would help the parties work together to achieve the least harmful disruption to that child.

The ideal parenting plan is created by both parents, acknowledging their child's developmental needs in the context of their family's uniqueness, with the flexibility to take into account their family's individual situation. When parents actively participate in the development of their parenting plan, they maintain their parental roles of affecting their child's future without relinquishing parental power to the legal system. The child and the family is better served when the residential schedule is tailored to accommodate their individual circumstances, needs and resources within the parameters set forth in the Child-Centered Residential Schedules.

Unfortunately, the focus can often shift to "the rights" of the parents over the needs of the child. If a parent prevails in getting his/her "entitled share of time" with the child and the child is damaged as a result, everyone loses. To damage a child is to damage the relationship with the parent and increase the likelihood of damaging the child's own children in the future.

The authors would like to acknowledge the special contribution of the following:

Glen Cooper, M.A.; David Erb, Ph.D.; Carole Hemmingway, J.D.; Richard Kayne, J.D.; Barbara Lakewold, Director CASA Program, Spokane County Juvenile Court; Michael Manz, M.D.; Betty McQuirk, M.S.; Lin O'Dell, J.D.; Sandra Powell, M.S.; Gary Stenzel, J.D.; The Honorable Joseph F. Valente, Superior Court Commissioner; Gonzaga University Legal Assistance Program; Members of the Spokane County Superior Court Guardian Ad Litem Committee; The Spokane County Bar Association

The authors acknowledge their indebtedness to the format and recommendations of:

The King County Family Court Services Access Guidelines

The consequences of early damage to a child may be profound and tragic in adolescence, resulting in such problems as difficult peer and teacher relationships, suicidal ideation and attempts, running away from home, drug abuse, pregnancy and/or criminal behavior. It is in the best interest of all involved to focus on the child's needs first.

These residential schedules focus on the child's need for both parents within a context of honoring the specific developmental needs of the child at specific ages. They should not be applied without giving due consideration to a range of factors, including:

1. The existence of conditions of abuse and neglect which may require restriction of access pursuant to RCW 26.09.191 (see Addendum);
2. The quality of the relationship between the children and each parent as well as the history of parenting;
3. The ability of the parents to cooperate with each other;
4. The unique cultural and circumstantial needs of families.

THE CHILD'S NEEDS

The developmental cornerstone of every child's mental health is the experience of a primary caregiving relationship based on predictable responses, especially during times of physical and emotional distress. Ideally these predictable responses will be ones of availability, comfort and support which allow the child to establish a secure primary attachment based upon trust. This primary attachment becomes a secure base from which the child can venture into other healthy relationships, explore his/her world and become a more self-reliant person.

The more this primary relationship can be enhanced, the more secure the child becomes and the greater the child's capacity for healthy relationships later in life. Primary relationship means foundational, not favorite. The primary attachment figure is the one a child turns to in times of stress. When a child is under stress and in need, a sense of security is supported and strengthened by access to the primary individual the child trusts. To permanently separate the young child from the primary attachment figure has severe consequences for the child's developing sense of internal security—a security that is the foundation of the child's mental health. There are certainly severe conditions that require a child's removal from the custody of the primary attachment figure. However, it should be known that those conditions need to be ones of severe physical, emotional, and sexual abuse and/or risk to the child's life. It should also be known that removal will invariably increase the risk of emotional damage, even though it may be necessary and also appropriate.

Depending upon the age of the child, to repeatedly move the child as though both parents are equal attachment figures will significantly increase the likelihood of damage to the child's security. Hence the dilemma: On the one hand, the child has a need to have access to the primary attachment figure; on the other hand, it is important that a significant relationship be maintained with the nonresidential parent. Of paramount importance and key to resolving this dilemma are the following conditions:

1. Each case is unique and must be reviewed within the context of the individuals involved.
2. The child must remain in a familiar environment, with familiar and caring people (e.g., the primary attachment figure, frequent and consistent contact with the nonresidential parent and/or family members, consistent day care), and with a familiar routine. The "Rosetta Stone" of this document is a child's need for familiarity with and trust in his/her caregivers. Thus when a nonresidential parent has

been a consistent and reliable resource in a child's life, increased flexibility in residential schedules can begin to be considered. When both parents are able to openly communicate about the child's care without conflict, flexibility is strongly suggested. (For a more detailed description of conditions suggesting flexibility, see the following "Creating Child-Centered Residential Schedules, A Continuum.")

In circumstances where the level of parental conflict is high, it is important that the nonresidential parent understand that current limitation will result in future gains for the child and for him/herself. The more the child can be allowed access to his/her primary attachment figure, while maintaining frequent and consistent contact with the nonresidential parent, the more secure the child will be with both parents and in future relationships. It is, therefore, very important for the child to establish and maintain familiarity with the nonresidential parent. The key is in finding ways to allow for frequent and consistent contact that do not disrupt the child's routine.

CREATING CHILD-CENTERED RESIDENTIAL SCHEDULES

A Continuum:

The child residential schedules in this document are to be considered on a case by case basis. To simply apply these schedules as a formula, according to the child's age, could be potentially damaging to the child and to the relationship already established between the child and the parents. The challenge is to creatively fashion a parenting plan which takes into account the particular circumstances of the family and allows as much access as possible between the child and each of his/her parents, without harming the child's need to maintain a secure attachment to the primary caregiver.

To assist the court in a consideration of these schedules, it is suggested that residential time between the nonresidential parent and the child be considered along a continuum. The residential schedules that follow are meant to represent a midpoint along this continuum and will, with minor case specific modifications, apply to most families residing in separate households. This suggested midpoint is so because most court related custody struggles include a history of conflict and a lack of cooperation between the parents. In cases involving conflict, the child has an increased need for a sense of constancy and familiarity within relationships and routines. It is precisely for children with such a need that the residential schedules suggested in this document were created.

There are extreme conditions on both ends of this continuum that require additional consideration. On one end of the continuum are situations where one parent has not established a relationship with the child. These suggested residential schedules assume an established relationship with both parents. When that is not the case, it is recommended that a relationship be established initially within the context of counseling. Residential time should be gradually increased and should be consistent.

These residential schedules also do not apply when there is a basis for restricting access by a parent to the child. When there are credible allegations of physical abuse, sexual abuse, neglect or domestic violence, some residential time can, in many cases, be maintained, but only within the context of counseling and only under supervised conditions (see Addendum). Upon the discretion of mental health professionals, residential time may be gradually increased until a more standard residential schedule is established.

On the other extreme, there are circumstances where these suggested residential schedules would inhibit healthy and secure relationships already established between the child and the nonresidential parent. When the following conditions are present, children are at lower risk and may tolerate more flexibility in residential time:

1. The child is familiar with and has a relatively secure relationship with both parents.
2. The child is supported in maintaining a familiar and consistent routine.
3. There is a high level of communication between the parents about the child's care.
4. There is little or no conflict between the parents, especially in the presence of the child.
5. Each parent supports the other in parenting the child and recognizes that it is in the child's best interest to have as healthy a relationship as possible with the other parent.
6. There is a commitment on the part of both parents to help the child's relationship with the other parent by not expressing negativity or distress to the child, including times of transition (e.g., non-verbal signals, cold silence, verbal disapproval and/or alarm).

HOW TO IDENTIFY THE PRIMARY ATTACHMENT FIGURE

Within the context of this document it is important to establish which parent is the primary attachment figure. The focus in determining the primary attachment figure is the child, not the parent. This is not a process of deciding who is the better parent. It is an assessment to discern whom the child has chosen to be the primary attachment figure.

The following are key considerations:

1. When the baby or young child is upset, sick, hurt or cranky, given the option of both parents, which parent is sought out as his/her primary caregiver? Whose lap, physical presence or visual queuing is primarily sought out at these times? This does not mean that the other parent does not provide support and is not sought out in times of distress or that the primary attachment figure is the one considered the most enjoyable. It is possible for a child to seek one parent over another for social play, while at the same time maintaining a primary attachment with the other parent. Fundamentally, regardless of the age of the child, the attachment is recognized to be most significant and most noticeable in times of stress for the child.
2. The initial period of bonding in the first year is the time when the baby's primary attachment is consolidated. Of the two parents, which was the more physically and emotionally available to the child in this first year of life? Which parent typically provided care during night feedings, times of illness, and episodes of difficulty for the child? If there is any question or contention about these issues, consult the child's history, i.e., during times of distress, as the child was establishing a primary attachment, to whom did the baby most often turn for comfort and protection?
3. As the child gets older (eight and beyond) and/or has spent time with several caregivers, it may be more difficult to determine which parent is recognized as the primary attachment figure. It then becomes necessary to consult a qualified child mental health specialist. It is important to: 1) interview each parent to learn the child's caregiving history; i.e., what is each parent's actual and long term history of availability and concern for the child? 2) interview people that know this child and have observed his/her attachment behavior over an extended period of time; 3) observe the child with each parent and discern which parent the child is utilizing to facilitate his/her development; i.e., with which parent does the child feel safe enough to risk exploring the next phases of development? 4) observe the child with each parent (and, if possible, with both parents simultaneously) assessing the nature of the interaction between the child and each parent. Consideration

needs to be given to how the child utilizes each parent as a resource under conditions of difficulty; for example, separations, reunions, fatigue, unfamiliar circumstances; 5) observe whom the child turns to or speaks of as a resource when he/she accesses current pain; for example, upset concerning the divorce; 6) consider the child's perception of the caregiving relationship with each parent. This needs to be done through the use of age appropriate assessment techniques.

THE TRAUMA OF DIVORCE

All parents need to know that divorce is, by itself, traumatic for children, regardless of the level of goodwill and cooperation between the parents. Separation and divorce will inevitably result in behavioral and emotional reactions by the child, which may have nothing to do with either parent. Parental separation constitutes a catastrophe for the child that shakes the child's perception of security, constancy and safety. Children may react to this experience with fussiness, anger, regression, phobias, sleep disorders, depression and withdrawal. It is a mistake to automatically assume that these reactions are due to negative parenting on the part of either parent.

Studies indicate that exposing children to chronic parental conflict, whether within or without the context of marriage, is detrimental to children. Divorce may, in some cases, be the only solution to reducing such conflict.

Unresolved conflict between parents is disruptive to children of all ages. Children have difficulty when they love both parents but perceive the parents dislike each other. A child may attempt to resolve this dilemma by trying to get his/her parents to reunite. Or the child may feel internal pressure to make an alignment with one parent or the other (i.e., to choose sides) to the detriment of the child's relationship with one or both parents. In choosing a side, children will tend to identify with and, in some instances, parrot the attitudes and beliefs of the parent with whom they have aligned. They will often express disaffection, anger or other negative feelings toward the other parent. This can result in an escalating dispute between the parents, with one parent claiming (incorrectly) that the child is reacting to the negative aspects of the other parent, while the other parent claims "brainwashing" or parental alienation. If parents quit fighting or putting each other down, children do not need to choose sides and everybody wins.

Parents need to be aware of the damage done to children when they put a child in the position of taking care of a parent. Parents need to get help in dealing

with their overwhelming feelings of hurt, rejection, confusion, depression, etc., in counseling or other support, rather than burden the child with parental feelings, expecting the child to soothe the parent or to take the parent's side. It may be useful for the child to know that the parent is sad about the divorce, too. But it is not useful for him or her to hear that the parent's feelings have been hurt, that the parent finds it hard to go on, etc.

It is also important for the parents to help a child with his/her feelings about the divorce; for example, to explain the divorce in age-appropriate ways to the child, to be especially sensitive to the child's need to ask questions, to express his/her own fears and concerns, and to be reassured.

Divorce is less traumatic when, in restructuring the relationships, the parents are consistent; for example, the parents arrange residential time in advance and adhere to those arrangements. The parents should never withdraw permission for contacts as part of discipline (overt punishment or "too much homework"). It would be ideal for both parents, on occasion, to appear together at special activities (e.g., award ceremonies, sporting events). It is also important to keep the children out of the middle of divorce by not asking them to carry messages from parent to parent, not involving them in financial disputes, and not asking them about the other parent's activities.

It may seem that divorce would be easier for older children; however, research indicates that teenage children have less time to recover and adjust. Teenagers are entering a difficult developmental stage--adolescence. The disorganization of divorce often leaves the teen with less structure and attention at a time when he/she definitely needs both. Parents need to be alert to the problems of their teenage children.

At every age for the child, both parents need to help him/her know that it is normal and healthy to feel positively about and enjoy time with each parent. It is essential that each parent support the child's relationship with the other parent. A child must consistently be reminded that he/she is in no way responsible for the conflict and divorce of the parents. Likewise, a child needs to be told that there is nothing that he/she can do to create a marital reconciliation.

RESIDENTIAL EXCHANGES

Transitions from one parent to another can be among times of greatest distress for the child. The child is likely to experience conflicting emotions related to simultaneously losing one parent and reuniting with the other. Parents can help

by being especially nurturing and understanding of the child's needs at these times by arranging transitions to minimize distress and maximize support for the child. The importance of a child's comfort object (teddy bear, blanket, etc.) during times of transitions cannot be overstated. Reentry activities, like engaging in a familiar game, singing or listening to familiar songs, or having favorite stories read and reread, can smooth transitions and bring comfort. For older children such activities as tossing a ball, walking the dog or watching a video with family members may help make the transitions less disruptive.

Situations that are likely to increase security at transitions are:

1. Modeling parental cooperation and avoiding conflict:
Parents need to communicate in a positive manner in the child's presence and focus on co-parenting rather than their own unresolved issues.
2. Supporting the other parent:
It is important for the relinquishing caregiver to provide support for the receiving caregiver by not signaling distress, negativity and/or conflict to the child and by cordially exchanging information about the child's current condition and needs. The receiving parent, in turn, needs to be attentive and cooperative; for example, by following helpful suggestions regarding feelings, medication, schoolwork, etc.
3. Being sensitive to the child's needs or feelings:
The focus should be on making the transition as positive an experience as possible for the child by separating from and receiving the child in a sensitive and responsive manner. It is important for parents to avoid broadcasting their own negative feelings about transferring the child or about the other parent to the child. If parents are not sensitive and careful, the child may become confused, torn between loyalties, afraid of one parent, or feel responsible for parental emotions. The child needs to be able to freely express love for both parents without worrying about one or the other parent's feelings.

Note: A display of negativity on the part of the child upon reunion may well be a healthy sign, signaling a release of hidden, normal tensions upon being reunited with the primary source of attachment. This does not necessarily imply either a bad experience while being with the nonresidential parent or a negative view of the primary attachment figure. Likewise, an increase in overt signs of distress with both parents can be a good sign. It may, in particular children, indicate increased trust ("I can fall apart with either parent now, as I have come to see that both are able and available to comfort me.").

When Transitions Become a Problem:

It is recognized that transitions from one parent to the other are potentially times of high stress for children, since the transition is a replay of the parental separation or divorce. The stress of the transition is exacerbated by tensions between the parents or by open expressions of anger, disagreement and conflicts that the children observe. This dictates that the transitions be handled with great care and especially that they be arranged in such a way that trauma and tensions for the children are minimized. This may be done by ensuring that both parents handle the transition without conflicted discussion or by having a neutral third party manage the transition in order to reduce the distress to the child.

At times, there is a need for reducing the absolute number of transitions to benefit the child which may modify the schedule of time that child is away from the primary parent and with the nonresidential parent. Where the child is aware of the parent's anger and disagreement, or is exposed to it directly, frequent brief contacts may need to be modified by making the contacts less brief and less frequent. For example, for elementary school age children where the schedule might reasonably include alternating full weekends and one night during the week, it may be advantageous for the nonresidential parent to have the child an extra day or two on one end of the weekend residential time, rather than subjecting the child to additional transitions during the week.

CHILD CARE

The goal in child care is the same as it is in all facets of a young child's life: to maintain the child in a familiar environment, with a familiar routine, with familiar, caring and competent people.

Child care for infants and young children is best done in the child's home with someone who will provide consistency. Regardless of where it is done, it is best that it include a regular, expectable schedule with a few familiar and caring people.

Nonresidential parents can provide child care as long as they are able and prepared to provide the consistent nurturing and predictability that characterizes good care. An advantage of child care being provided by the nonresidential parent is that such care incorporates the parent's residential time with the child, reducing the number of changes in the child's life. It may also provide a better opportunity for developing an attachment between child and that parent.

The disadvantage of child care being provided by the nonresidential parent would be in circumstances where that parent is not already familiar and/or would not be able to commit to long term, consistent availability.

When non-parental child care is established prior to the residential schedule, it is recommended that such child care be maintained to provide the child with the security and stability of a familiar environment and structure with familiar caregiving people while the child is subjected to the disruption, trauma and distress of parental conflict, separation and divorce. Child care can be the one aspect of the child's life that remains constant. During the stress of the separation and divorce, it is important to minimize adjustments and disruptions in care. The schedule can be gradually adjusted to accommodate the parent-child relationship and the child's access to the non-residential parent. This can be done by increasing that parent's role as the first child care option when the child's environment has stabilized and when the child has adjusted to the post-divorce arrangements, thus no longer needing the stability of the familiar environment. Ideally, the child's need of continued non-parental child care (due to familiarity, possible subsidiary relationships, or developmental benefits) will be balanced with the child's access to the non-residential parent.

SIGNIFICANT ATTACHMENT FIGURES IN A CHILD'S LIFE

Significant relationships central to a child's life exist beyond that child's relationship with his/her parents (e.g., grandparents and other extended family members, siblings, half-siblings, step-parents, a parent's significant other, child care providers). Such relationships have attachment components and may be characterized by a high degree of familiarity, common background, shared history, and emotional closeness that are beneficial to the child's growth and development. Significant relationship figures are not interchangeable. Such figures can be utilized by a child as a source of security and comfort. Loss of a significant relationship may cause distress and grief.

Separation and divorce are traumatic for a child, threatening security. Maintaining regular contact with significant relationship figures provides a child with comfort and support, helping him/her cope with and diminish the stress of parental conflict, separation and divorce. To substantially decrease access or permanently separate a child from such relationships may cause additional trauma and distress.

Sibling Groups:

For younger children, altering the parenting plan based upon the presence of an older sibling should be assessed on a case by case basis including consideration of the following criteria:

1. How close are the children emotionally?
2. How central is the older sibling in the life of the younger child?
3. How available will the older sibling be during their time together?
4. How willing or capable is the older sibling as a transitional attachment figure?
5. What is the quality of the relationship between the nonresidential parent and the older sibling? Will there be support for being a support to the younger sibling?
6. What is the quality of the relationship between the nonresidential parent and the younger child? What is the level of familiarity and comfort currently established?

In certain circumstances, the presence of an older sibling or sibling group might extend the tolerance of a younger child with respect to separations from the primary attachment figure. However, if the younger child shows symptoms of distress, the extension of time should be reassessed.

REVIEW OF PARENTING PLAN

As overnight residential time commences or increases in frequency, a system must be established to review the child's level of stress. Criteria to be considered include:

1. Significant/sustained regression in skills (e.g., toileting, speech, etc.);
2. Recurrent nightmares pre and post visitation;
3. Increased resistance to separation;
4. Eating problems;
5. Signs of lethargy, non-responsiveness, withdrawal or inexplicable agitation;
6. An increased need to please and/or be excessively "good";
7. A significant increase in angry, punitive behavior;
8. A significant amount of controlling behavior toward caregivers, teachers and other children.

If the above conditions exist, the parents need to agree to decrease the overnight residential time and increase daytime contact as they work on establishing

conditions that would allow for less anxiety for the child. Those conditions may well include the utilization of professional help in the areas of decreasing conflict and increasing communication about the child between the parents.

Because the child's stress can result from a variety of factors, issues to be explored with the qualified child mental health professional need to include:

1. Any of the emotional, behavioral, or interactive concerns raised in this document;
2. The recommendation that residential schedules for young children be reviewed at eighteen months, three years and prior to entering school;
3. The possibility of either parent manipulating the situation to gain more time with the child or exclude the other parent from seeing the child. There is the potential for the primary attachment figure to use this document destructively by deliberately finding ways to continue parental conflict in order to reduce the child's time with the nonresidential parent. Likewise, the other parent may try to separate the child from his/her primary attachment figure by discrediting that relationship or the primary attachment figure. If there is indication of such manipulation on the part of either parent, a qualified mental health professional skilled in both marriage and family therapy and mediation will be a necessary component of the residential plan;
4. Situations where the child may resist separation from one parent and/or be unwilling to go home with the other parent for residential time. Forced contact may be detrimental to the child's emotional health and relationship with both parents. Consultation with a qualified child mental health professional becomes necessary to identify and address the source of the child's feelings and to work towards arrangements the child can comfortably accept;
5. Additional concerns as identified in consultation with all professionals involved;
6. Concerns raised in the "Residential Exchanges" section.

CHILD-CENTERED RESIDENTIAL SCHEDULES BIRTH TO AGE EIGHTEEN

INFANTS—BIRTH TO 12 MONTHS:

Developmental Tasks:

The child's essential developmental tasks are 1) to differentiate between key caregivers and all others and 2) to consolidate a secure attachment with one primary attachment figure. A secure attachment can also be formed with a secondary caregiver. Central to this phase is the child's need to have access to a familiar environment, with a familiar daily routine, with familiar and caring people (e.g., the primary attachment figure; consistent day care; consistent contact with the nonresidential parent and/or family members). The most important need is for the child to have access to the primary attachment figure as often as possible, especially in times of stress. Within such a context of accessibility, the other parent is encouraged to be as available as is workable for that parent, in a way that maintains the child's routine and does not place undue stress on the child. This is the time when a child learns the dependability and stability of relationships and develops a sense of trust.

Developmental Risks:

The infant is settling into a core relationship with a primary attachment figure. It is important for the child to be able to initiate contact as much as possible whenever the need for emotional connection is experienced. The risk is that the child's capacity to initiate a connection with the primary caregiver will be blocked by a loss of that caregiver's availability. Such loss will constitute a significant risk to the child's ability to establish a core sense of security based upon the child's initiative and the caregiver's response to that initiative. The result may be limitations in the child's ability to build healthy relationships.

At the same time, establishing and maintaining familiarity with the nonresidential parent is very important. Finding ways to allow for frequent contact, that do not disrupt the child's routine, can help support a growing attachment for the child in this very important relationship.

Parental conflict, lack of continuity of care, unavailability of the primary caretaker, and transferring the child back and forth between parents disrupts and can undermine the baby's ability to establish a growing trust with a primary attachment figure and thus ultimately with others.

Effective Parenting:

The role of the primary attachment figure is to provide a steady base of security for the child by consistently and predictably responding to the child's needs. This is the time when a child learns the dependability and stability of relationships and develops a sense of trust. For this reason, consistent interactions that can be counted on each day (e.g., routines of soothing, cuddling, feeding, bedtime and play) become the building blocks of a healthy personality. The role of the other important attachment figure is to: 1) become as familiar to the baby as is possible by providing frequent and consistent contact with the infant; 2) honor the child's need for a consistent daily routine; and 3) support the infant's need to be dependent upon the primary attachment figure and the primary caregiving environment (e.g., primary home, day care providers, and routines). Recognizing and supporting the child's needs for the primary parent figure, especially when emotionally or physically distressed (e.g., sick, hungry, bedtime) are critical. This phase of development provides the necessary groundwork for later independence and a greater capacity for a more secure relationship with the other important parent figure.

Child-Centered Residential Guidelines:

Frequent contacts with the other parent (e.g., two times per week to daily), initially in the presence of the primary attachment figure or routine caregiving environment, are strongly encouraged. At first, an infant is most likely to securely bond with the other parent when the primary attachment figure or routine caregiving environment is present. When sights, sounds, and smells are familiar, the infant will focus on bonding and exploration.

Disruptions in the caregiving patterns and overnight contacts away from the primary attachment figure will be traumatic and damaging to the child and are, therefore, strongly discouraged. Because nights are times of a child's greatest vulnerability, it is recommended that the nonresidential parent have contact in the daytime and early evening. At this age, times of distress necessitate contact with a very familiar caregiver. Breast feeding schedules should not be compromised.

Initially, when the primary attachment figure or routine caregiving environment is unavailable or the parents' relationship is hostile, the contacts should be limited to two to four hours duration. As the nonresidential parent becomes a part of the child's familiar caregiving routine, the length of these contacts may be increased.

Red Flags:

Sleeping, crying, and eating problems signal distress. Severe cases may exhibit lethargy, non-responsiveness, withdrawal or inexplicable agitation. The infant's distress probably is a response to an interruption in care and separation from the primary attachment figure.

What Can Be Done:

Provide nurturing and reassurance through holding and comforting closeness. Keep caregiving patterns and familiar objects consistent between caregivers (e.g., blanket, teddy bear, pacifier, stories, songs, clothes). If stress symptoms continue:

1. Review "Residential Exchanges" section.
2. Consider decreasing the duration of separations from the primary attachment figure and increasing the frequency of contact with the other parent to ensure that the child does not associate loss of security with the nonresidential parent. If change in these areas does not reduce the child's symptoms, it becomes important to consult with a qualified child mental health professional.

TODDLERS—12 TO 24 MONTHS:

Developmental Tasks:

The infant uses the primary attachment figure as a secure base from which to explore the world and to return for comfort and support when distressed. Much research has shown that it is crucial during this period that the toddler have a sense of control over this process for separation and reunion. This necessitates the availability of the primary caregiver.

At the same time, the importance of maintaining familiarity with an already familiar nonresidential parent cannot be overstated. To the degree that this parent has become a part of the child's routine caregiving environment, he/she can also help the child deal with separations and reunions.

Developmental Risks:

The world of relationships will not be experienced as safe and trustworthy if the child is exposed to parental conflict, experiences lack of continuity of care or is deprived of availability to the primary attachment figure during this phase of development. However, when that availability is provided, the child will then welcome an increased relationship with the nonresidential parent. Combined with frequent and consistent contact, this support of the child's primary attachment can translate into a secure relationship between the child and the

nonresidential parent. It can also lead to an increased capacity for the child to spend greater amounts of time with this parent.

Child's Sense of Time:

To a twelve to twenty-four month old child, a period of time greater than six to eight hours away from the primary attachment figure is an exceedingly long period of time and may, in fact, be too much for many twelve to twenty-four month old children. This sense of distress can be minimized when separation is part of routine care with familiar and consistent people (e.g., frequent contact with the nonresidential parent, relatives or day care) and when conditions regarding quality communication and non-conflict are met. Separation for longer periods or at night increases the child's risk of being severely stressed.

Effective Parenting:

The role of the primary attachment figure is to remain a steady base of security as the toddler begins to explore autonomy. This is a time when the toddler experiences increased vulnerability to separations. Hence, the primary attachment figure becomes the needed resource to help the toddler to modulate feelings and responses to separation. The toddler continues to require the primary attachment figure to help feel safe enough to explore the difficult, yet essential, task of becoming autonomous. The role of the other important parent figure is to understand and support the toddler's need to negotiate independence with the primary attachment figure. Honoring the toddler's increased vulnerability to separations from the primary caregiver during this phase allows the toddler to feel more secure and thus better able to relate to the other parent and future relationships.

Child-Centered Residential Guidelines:

Although the toddler can handle longer separations than the infant, lengthy separations and overnight contacts away from the primary attachment figure are strongly discouraged. For a child age twelve to eighteen months, daytime contacts of four to six hours duration are recommended one to two days a week (more often, if possible, without placing undo stress upon the child). For a child age eighteen to twenty-four months, daytime contacts from six hours to twelve hours, one to two days per week is recommended. Contacts away from the primary attachment figure on consecutive days and those that interfere with the routine caregiving environment are strongly discouraged.

The greater the familiarity experienced by the young child with the nonresidential parent, the greater the amount of time this child can spend away from the primary attachment figure. This necessitates a commitment to frequent and consistent contact and a sense of cooperation between the parents.

Red Flags:

Unusual or numerous fears, irritability, withdrawal, anxiety, anger or clinginess, and regression to earlier-age behaviors may signal distress. Excessive fear of separation is exhibited in crying, clinginess and prolonged inability (more than twenty minutes) to be consoled after transitions.

What Can Be Done:

Provide nurturing and reassurance through holding and comforting closeness. Keep caregiving patterns and familiar objects consistent between caregivers (e.g., teddy bear, blanket, pacifier, stories, songs, clothes). If stress symptoms continue:

1. Review "Residential Exchanges" section.
2. Consider decreasing the duration of separations from the primary attachment figure and increasing the frequency of contact with the other parent to ensure that the child does not associate loss of security with the nonresidential parent. If change in these areas does not reduce the child's symptoms, it becomes important to consult with a qualified child mental health professional.

TODDLERS--24 TO 36 MONTHS:

Developmental Tasks:

At this stage the toddler is actively negotiating autonomy and the need to be separate. This negotiation is based largely upon gradually increasing the length of time away from the primary attachment figure, (e.g. in a different room) while at the same time having access to that person when distressed.

To the degree that the nonresidential parent has become a part of the familiar caregiving routine, the child can also utilize this parent in the negotiation of independence.

Developmental Risks:

Parental conflict, lack of continuity of care and separation stress cause a disruption in the child's ability to accomplish the above developmental tasks. Such stressors will increase the risk of home and school-based behavioral problems, difficulties in the formation of healthy relationships, and a decreased capacity to become self-reliant.

Child's Sense of Time:

A twenty-four month old child is likely to experience extreme stress when separated from the primary attachment figure for more than twelve hours. For

a thirty-six month old, twenty-four hours defines the limits of the child's tolerance. Note: Some twenty-four to thirty-six month old children can handle more time away; some, less. Separation for longer periods increases the child's risk of being distressed. This sense of distress can be lessened to the degree that the nonresidential parent is part of the daily and routine caregiving environment and conditions regarding quality communication and non-conflict are met.

Effective Parenting:

Both parents can become more actively involved in the child's life if they can:

1. Continue to provide the child with a secure base.
2. Teach the child how to give and take within a relationship.
3. Keep their own personal conflict from disrupting the child.

The child continues to need substantial contact with a primary attachment figure. The child remains vulnerable to separation stress and needs to have the security of one key person with whom to negotiate increasing experiments in separation. The fundamental concern at this age is learning that independence is a positive experience. For this to be so, the child must feel the availability and support of the one from whom he/she is being separated. Genuine independence requires a well established source of security.

Within the context of this understanding, it is possible for the nonresidential parent to become a significant attachment figure from which also to deal with issues of separation. This requires that parent being a familiar and consistent part of the child's routine caregiving environment.

Throughout this age, the task of the other parent is to continue to support the child's need for access to his/her primary source of security. The ability of the parents to honor how difficult the task of separation is for the child will bring greater security, more authentic autonomy and a more fulfilling relationship for all concerned in the future (especially during adolescence). Both parents must model for the child a healthy capacity for negotiation of anger. At this age the child will be seeking and establishing role models for how to deal with aggression and issues of stress.

Child-Centered Residential Guidelines:

Most two-year old children can handle daytime contacts up to twelve hours. Overnights still are not recommended. However, if the nonresidential parent is a familiar and consistent part of the child's routine caregiving environment, an overnight at this age can be handled but might be stressful. For children closer to three years, only when the nonresidential parent has been a regular and

significant caretaker, one or two overnights per week can be possible once the child has become accustomed to the other parent's surroundings. Two overnights in a row are not recommended.

Red Flags:

Unusual or numerous fears, irritability, withdrawal, anxiety, anger or clinginess, and regression to earlier-age behaviors may signal distress. Excessive fear of separation is exhibited in crying, clinginess and prolonged inability (more than twenty minutes) to be consoled after transitions.

What Can Be Done:

Provide nurturing and reassurance through holding and comforting closeness. Keep caregiving patterns and familiar objects consistent between caregivers (e.g., teddy bear, blanket, pacifier, stories, songs, clothes). If stress symptoms continue:

1. Review "Residential Exchanges" section.
2. Consider decreasing the duration of separations from the primary attachment figure and increasing the frequency of contact with the other parent to ensure that the child does not associate loss of security with the nonresidential parent. If change in these areas does not reduce the child's symptoms, it becomes important to consult with a qualified child mental health professional.

PRESCHOOLERS--3 TO 5 YEARS:

Developmental Tasks:

Within the context of the primary relationship, the child has begun to take initiative, to become more autonomous, to develop peer relationships and to identify with his/her sex. From ages three to five, these skills are now being taken into the outside world of relationships. Because of increased social and cognitive skills, the child can now spend increasing amounts of time away from the primary attachment figure without losing a sense of security. The child begins to develop internal controls for his/her impulses, aided by consistent parental limit setting. Limits continue to be based on keeping the child safe and helping him/her adapt to social norms.

Developmental Risks:

Parental conflict and separation stress continue to cause a disruption in the child's ability to accomplish these developmental tasks. Emotional chaos delays learning of basic physical and intellectual skills necessary for the child to master

early school tasks. Such stress will also increase the risk of home and school-based behavioral problems and difficulties in the development of healthy relationships and the ability to be self-reliant.

Effective Parenting:

The role of the parents is to provide support and opportunities for the child to develop more autonomy and mastery. Parents need to provide consistent guidelines to assist the child as he/she becomes more autonomous in a social context. For preschoolers, the most common reactions to divorce are fear of losing both parents, confusion about rules and feelings of guilt and responsibility for the breakup. Parents need to reassure the child that the divorce is not his/her fault and to explain what is happening in very concrete terms (e.g., make a map of where mom lives and where dad lives). Parents may also need to be clear that just as children do not cause divorce, they cannot fix or undo the divorce either. The parents need to reassure the child that they will be able to resolve the adult problems (e.g., finances, moving) and will be able to take care of the child. Conflict between parents is extremely stressful to young children and can create major behavioral and emotional difficulties. It is important to reassure the child of ongoing parental love.

Child-Centered Residential Guidelines:

The greater the familiarity experienced by the child with the nonresidential parent, the greater the amount of time this child can spend away from the primary attachment figure. Within a relationship based upon frequent and consistent contact, access may consist of two non-consecutive overnights for younger preschoolers (three to four years). Full weekends for older preschoolers (four to five years), generally every other weekend throughout the year, are recommended. Week-long contacts for holidays and summer vacations can be handled as well by older preschoolers. If greater lengths of time appear necessary due to distance, they may be very stressful and need to be handled carefully. Provisions should be made for telephone contact between the child and residential parent during longer periods of time. When the child is trying to achieve autonomy, it is a difficult time to be away from the secure base.

Red Flags:

Children of this age most often express insecurity, anxiety and distress through behavioral problems, anger and regression to earlier behaviors. The child may seem anxious, irritable, clinging, afraid of separation, become controlling and show signs of blaming self for problems in the family. It should be noted that the place the child is most likely to express anger and other behavior problems will be with the parent with whom he/she is most bonded or secure. This leads to situations where a young child may express anger or aggressiveness towards

the residential parent because of his/her distress about the way the situation is being managed. This should not automatically be interpreted as there being something amiss in the relationship with either parent. Persistent symptoms such as sleep disturbance, reverting to bed-wetting, baby talk, stubborn acting out and attempts toward compliance and being "too good" or withdrawing should be carefully assessed.

What Can Be Done:

When the child expresses the above symptoms of distress, it is important that there be a careful assessment of the child, including possible reactions to the residential schedule and transitions, so that adjustments can be made where needed. Ideally, both parents will cooperate to reduce the stress on the child and provide needed reassurance to the child by holding, nurturing, cuddling, anticipating some regression and keeping routines and discipline consistent. If the distress continues:

1. Review "Residential Exchanges" section.
2. Consider decreasing the duration of separations from the primary attachment figure and increasing the frequency of contact with the other parent to ensure that the child does not associate loss of security with the nonresidential parent. If change in these areas does not reduce the child's symptoms, it becomes important to consult with a qualified child mental health professional.

YOUNG CHILDREN--5 TO 8 YEARS:

Developmental Tasks:

At this age the child's primary tasks are to distinguish between reality and fantasy, to expand knowledge of the social and physical environment and to develop sexual identification. The child is also increasing his/her capacity to know a parent or other person exists, even when that person is not visible or present. The child continues to develop a sense of security and to increasingly make distinctions between feelings, thoughts and actions. Attachments expand and deepen with other people, including siblings, peers, teachers, etc. In divorce situations, it is critical that the child's sense of security and attachment with both parents be nurtured and maintained while continuing to honor the importance of the primary attachment.

Developmental Risks:

The risks at this age are: 1) exposure of the child to experiences for which they are not prepared; 2) stunting the child's ability and willingness to explore/expand

his/her interests and relationships. Children have difficulty mastering the necessary skills for successful school performance when their energy is focused on coping with the stress of conflict and confusion at home.

Effective Parenting:

The parent provides basic protection and security, along with training regarding limits and safety. The parent also permits and encourages the child to expand his/her skills, interests and relationships. The child's attitudes toward autonomy, exploration and change are being formed. It is important for the child to feel free to love both parents, as well as other significant people in his/her life.

The nonresidential parent needs to recognize the importance of being there for the child by attending sports and other activities, by calling regularly and by acknowledging accomplishments and special events, like birthdays. Likewise, this parent needs to stand by his/her commitments to a residential schedule. Consistency and predictability are the cornerstone of what a child needs from the nonresidential parent.

Children at this age need to be reminded that the divorce is not their fault and that there is nothing they can do to create a marital reconciliation. Each parent needs to be careful not to manipulate the child's behavior or emotions as a way to indirectly affect or "get back at" the other parent. Using children as "pawns" within a divorce will be destructive to a child's personality identity as well as an ability to trust in the viability of healthy relationships.

Child-Centered Residential Guidelines:

At this age, a child is capable of overnight and weekend contacts with the non-residential parent. Most children do well with every other weekend visits. A mid-week or overnight visit is tolerated well by many children, particularly if there is little conflict between the parents and the child is not struggling at school. The length of these contacts will be determined by the child's sense of security and history of contact with the nonresidential parent. For many children, vacation residential contacts can increase from one week (age five) to four weeks (age seven), but only if the nonresidential parent is a familiar and trusted caregiver. When possible, these weeks should not be consecutive. Provisions should be made for brief personal or telephone contact between the child and the residential parent during longer periods of contacts.

Phone contact by the non-residential parent should be predictable (set day and time) and respectful of the other parent's household routines. One or two phone contacts per week are recommended. The child should be allowed to call the non-residential parent at will.

Red Flags:

Children of this age most often express distress through behavioral problems, anger, regression and delays in developmental tasks. It should be noted that the place the child is most likely to express anger and other behavior problems will be with the parent with whom he/she is most bonded and secure. This leads to situations where a young child may express anger or aggressiveness towards the residential parent because of his/her distress about the way that the situation is being managed. This should not be automatically interpreted as there being something amiss in the relationship with that parent. Persistent symptoms such as sleep disturbance, reverting to bed-wetting, baby talk or other regressions should be carefully assessed.

What Can Be Done:

When the child expresses the above symptoms of distress, it is important that there be a careful assessment of the child, including possible reactions to the residential schedule and transitions, so that adjustments can be made where needed. Ideally, both parents will cooperate to reduce the stress on the child and provide needed reassurance to the child by holding, listening, and talking about the difficulties. It is important to anticipate some regression and keep routines and discipline consistent. Positive family rituals in each household can provide increased security. If the distress continues:

1. Review "Residential Exchanges" section.
2. Consider decreasing the duration of separations from the primary attachment figure and increasing the frequency of contact with the other parent to ensure that the child does not associate loss of security with the nonresidential parent. If change in these areas does not reduce the child's symptoms, it becomes important to consult with a qualified child mental health professional.

CHILDREN--8 TO 12 YEARS:

Developmental Tasks:

The child begins to develop a sense of accomplishment which focuses on mastering skills in regard to physical development, peer relations, self-control and self-management. Examples include skills related to grooming and appearance, maintaining friends and activities, dealing with anger, and developing self-reliance. The child begins to develop and test values and beliefs that will guide future decisions and behaviors.

Developmental Risks:

The child at this age needs to feel a sense of accomplishment in his/her own emerging capacities, including mastering skills and self-reliance. This will be

undermined if there is lingering parental conflict which could lead to an insecure support system resulting in self-blame. Children have difficulty mastering the necessary skills for successful school performance when their energy is focused on coping with the stress of conflict and confusion at home.

Excessive concerns about performance and competition, especially in school and sports, may result in rebellion, teasing and somatic complaints. The child should be encouraged to foster appropriate same-age peer relationships and avoid inappropriate relationships, especially with older peers and adults.

Effective Parenting:

Excessive conflict between parents is stressful to young children and can preclude healthy emotional development. The parents will need to find ways to negotiate conflict away from the child's presence. Children need to be given encouragement and permission to love both parents without feeling pressured to be loyal to one or the other.

The nonresidential parent needs to recognize the importance of being there for the child by attending sports and other activities, by calling regularly and by acknowledging accomplishments and special events, like birthdays. Likewise, this parent needs to stand by his/her commitments to a residential schedule. Consistency and predictability are the cornerstone of what a child needs from the nonresidential parent.

The parents must consistently stress the fact that the child is in no way responsible for their conflict and divorce, and that there is nothing the child can do to create a marital reconciliation.

A child needs to build and sustain a positive concept about both parents no matter how much conflict is occurring. The child identifies with both parents in regard to development of self-esteem and self-concept. For this reason, it is essential that each parent refrain from criticizing the other parent in the child's presence.

Each parent needs to be careful not to manipulate the child's behavior or emotions as a way to indirectly affect or "get back at" the other parent. Using children as "pawns" within a divorce will be destructive to a child's personal identity as well as to his/her ability to trust in the viability of healthy relationships.

The role of the parents is to set reasonable limits and to be tolerant without over-reacting to the child's behavior. Since divorce is usually experienced as

a shattering experience for the child, some acting-out behavior is to be expected. It is important to allow expression of negative emotions while maintaining limits. Parents need to be available to listen and answer questions about human development and other issues pertinent to the child. The child's cognitive level is at the concrete stage, therefore, straightforward and succinct answers are sufficient.

Child-Centered Residential Guidelines:

The schedule should allow extended residential contacts with the non-residential parent while allowing the child to continue with his/her activities and relationships. Flexibility is critical given the increased involvement in activities.

Most children do well with every other weekend visits and some can tolerate a third weekend per month. A mid-week or overnight visit is tolerated well by many children, particularly if there is little conflict between the parents and the child is not struggling at school. Depending on the age of the child, he/she may be able to handle four to six weeks of visitation during the summer months, but not necessarily taken all at one time. Visits with the residential parent should be arranged when possible during an extended period with the non-residential parent (e.g., every other weekend). If not possible, frequent telephone contact should always be encouraged.

Phone contact by the non-residential parent should be predictable (set day and time) and respectful of the other parent's household routine. One or two phone calls per week are recommended. The child should be able to call the non-residential parent at will.

Red Flags:

Children of this age may exhibit physical complaints (e.g., stomach ulcers, headaches) when there is hostility and bitterness exhibited by the parents. Other red flags include social withdrawal, excessive isolation from family or peers, depression and excessive rebellion. Things such as sleep disturbance, reverting to bed-wetting, baby talk, stubborn acting out and attempts to be overly compliant ("too good") should be carefully assessed in the context of the residential schedule and adjustments made when needed.

What Can Be Done:

Avoid being judgmental and provide consistent emotional support in regard to the child's feelings of being out of control about the divorce and breakup of the family (often expressed as "back talk"). This is a difficult time as the child begins to sense his/her world is falling apart as a result of the changes.

Consistent routines and positive family rituals at each home are helpful for continuity. When appropriate, utilize professional help. Pay attention to the child's statements and non-verbal behavior. Review "Residential Exchanges" section.

EARLY ADOLESCENTS--12 TO 15 YEARS:

Developmental Tasks:

Adolescence is the transition from childhood to adulthood. The major developmental tasks for adolescents are to develop a social and personal identity and to further explore autonomy and individuation from primary attachment figures. In order to do this, young teens need to come to terms with their changing bodies and sexual selves, to develop a sense of moral values and to accept responsibility for their own behavior. A sense of belonging to a peer group is the bridge between earlier total dependence on parents and true autonomy and it is the basis for maintaining committed adult relationships. However, staying connected to biological parents is important during this stage of development and perceived parental abandonment can be devastating to the young teen.

Developmental Risks:

Excessive stress from parental conflict and/or physical or emotional abandonment combined with the stressors of adolescence can cause the young teen major confusion and setbacks in developing a personal identity and healthy relationships. When children are brought into the parental conflict, they may feel torn by conflicts of loyalty, may feel responsible for many of the problems arising from the divorce and may experience much guilt. Experiencing chronic stress and negative feelings may increase the risk for the young teen to seek stress relief by turning to alcohol, drugs, sexual relationships and acting out behaviors.

Effective Parenting:

The role of the parents is to provide a secure base (structure, clear limits, emotional support) and to allow for increasing experiences that encourage autonomy based on the child's maturity and ability to be responsible. Limits need to be clear and firm with reasonable flexibility and with reasonable consequences for inappropriate behavior. In divorce situations, teens may try to play one parent against the other to get what they want or to avoid negative consequences. It is important for parents to work together to focus on what is best for the child. It is also important for a parent who is angry and frustrated at the child's behavior to avoid "rejecting" the child by sending him/her to the

other parent's house. The child may perceive this as being "kicked out" and may use this as fuel for more anger and rebellion. The parent needs to let the child know that the two of them will be able to resolve their problems, if necessary, with outside assistance (counseling, school conferences, etc.). The decision to change residences should not be framed in the context of "You're so awful, let someone else try." Nor should the child be allowed to easily escape to the other parent when things are not going his/her way. Parents need to be supportive of the child's working out conflicts with the other parent.

Even though the adolescent may appear very independent, parents need to recognize the importance of being there for the child by attending sports or other activities, by calling consistently and by acknowledging accomplishments and special events, like birthdays. Adolescents have a difficult time with perceived parental abandonment, just as parents may feel rejected as the child asserts his/her independence.

It is important for parents to support the child's need to become more independent of them, to spend more time with peers (including telephone time) and to conform with reasonable peer norms (e.g., dress, music). With the increased development of abstract thinking, it is normal for the child to thrive on arguments and discussions and to assert independence of thought. It is important for parents to listen and to encourage such independence rather than put down the child's ideas. If parents can understand adolescent anger as frustration (rather than disrespect) and respond with neutrality and reason, the adolescent is more likely to learn how to control his/her anger rather than responding in blind rage or submission.

Children at this age still need to be reminded that the divorce is not their fault and that there is nothing they can do to create a marital reconciliation. Each parent needs to be careful not to manipulate the child's behavior or emotions as a way to indirectly affect or "get back at" the other parent. Using children as "pawns" within a divorce will be destructive to a child's personal identity as well as his/her ability to trust in the viability of healthy relationships.

Both parents need to stand by their commitment to a residential schedule. Consistency and predictability are the cornerstones of what a child needs from his/her parents.

Child-Centered Residential Guidelines:

Children this age are still not mature enough to make decisions about where to live and the responsibility for such a decision would put undue pressure on the child. Most adolescents are capable of spending extended time away from the

residential parent (e.g., much of the summer); however, the child's activities and peer involvement need to be taken into consideration when developing a parenting plan. At this age, depending on the circumstances of the family and the child's activities, the teen can generally tolerate every weekend away; therefore, weekend visits may be more frequent than two times per month. Mid-week visitations may be more frequent and flexible, particularly if there is little conflict between the parents and the child is not struggling at school.

Phone contact by the non-residential parent should be predictable (set day and time) and respectful of the other parent's household routine. One or two phone calls per week are recommended. The child should be able to call the non-residential parent at will.

Under certain circumstances, a child's need for contact with the non-residential parent increases. This may precipitate a consideration of a change in the primary residence in some situations. If this becomes a reality, the child's emotional adjustment and school performance needs to be closely monitored. Parents need to be aware that a teenage child, in his/her struggle for independence and identity, may legitimately seek to change residences; however, this may not be in his/her best interest. Reasons that might be problematic include the child's desire for more lenient rules or for a connection with an idealized absent parent.

Red Flags:

Stress from being torn by loyalty to both parents or by feeling "abandoned" by one parent may be expressed as excessive anger and negativity. Although isolation (being alone in one's room) and depression resulting from relational difficulties are not uncommon at this age, parents need to be alert to excessive isolation, depression, attempts to be compliant ("too good"), difficulties at school or with peers, use of alcohol/drugs and defiance of reasonable rules. Persisting problems may require professional help.

What Can Be Done:

Listen to your child and be aware of what is happening regarding school work and peer activities. Work on maintaining a good relationship with your child; for example, by taking time to do things with your child that he/she still wants to do with you. A good relationship will enable the parent to better negotiate with the teen regarding independence. Again, parents need to work with each other, support each other, support the child's relationship with the other parent and avoid denigrating the other parent. Review "Residential Exchanges" section.

ADOLESCENTS--15 TO 18 YEARS:

Developmental Tasks:

At this age, the child's developmental tasks are basically centered around developing competencies and autonomy. The stress of divorce may interfere with the child achieving this balance. The child's world has shifted from being primarily focused on the nuclear family to a primary focus on peers, peer relationships and peer activities.

Developmental Risks:

The major risks for children at this point are on both sides of the balance between compliance and autonomy. If the child is over-controlled and thwarted in efforts to build an identity and relationship with peers, the child may either rebel and become prone to antisocial/defiant activities or may not develop appropriate independence. This is not to say that children of this age do not continue to need guidance, but that the balance has shifted to allow the child more latitude in making his/her own decisions and encourage him/her in developing a sense of competency and independence. If the child is given responsibility and freedom beyond his/her competency, he/she develops an anxious pseudo-maturity and becomes overly dependent on peers and peer culture.

Effective Parenting:

Effective parenting basically involves maintaining appropriate support, guidance and limits with the child, while allowing the child to expand his/her independence, decision making and sense of identity. It is important that the parents understand that peer activities will have a paramount importance for the child of this age and while this does not mean that other family needs be disregarded, it does mean that these needs for peer association and activities must be taken into account.

The nonresidential parent needs to recognize the importance of being there for the child by attending sports and other activities, by calling regularly and by acknowledging accomplishments and special events, like birthdays. Likewise, both parents need to stand by their commitments to a residential schedule. Consistency and predictability are the cornerstone of what a child needs from his/her parents.

Children at this age need to be reminded that the divorce is not their fault and that there is nothing they can do to create a marital reconciliation. Each parent needs to be careful not to manipulate the child's behavior or emotions as a way to indirectly affect or "get back at" the other parent. Using children as "pawns"

within a divorce will be destructive to a child's personal identity as well as his/her ability to trust in the viability of healthy relationships.

Child-Centered Residential Guidelines:

At this age, children can tolerate separation from the residential parent for periods up to the entire summer. Emotionally healthy adolescents are capable of providing substantial input into the development of the parenting plan. Arrangements regarding the residential time with each parent again needs to take into account the child's need to maintain continuity with peers and/or the child's wish to be employed or have other ongoing commitments such as sports or other peer related activities. At this age, depending on the circumstances of the family and the child's activities, the teen can generally tolerate every weekend away; therefore, weekend visits may be more frequent than two times per month. Mid-week visitations may be more frequent and flexible, particularly if there is little conflict between the parents and the child is not struggling at school.

Phone contact by the non-residential parent should be predictable (set day and time) and respectful of the other parent's household routine. One or two phone calls per week are recommended. The child should be able to call the non-residential parent at will.

Under certain circumstances, a child's need for contact with the non-residential parent increases. This may precipitate a consideration of a change in the primary residence in some situations. If this becomes a reality, the child's emotional adjustment and school performance needs to be closely monitored. Parents need to be aware that a teenage child, in his/her struggle for independence and identity, may legitimately seek to change residences; however, this may not be in his/her best interest. Reasons that might be problematic include the child's desire for more lenient rules or for a connection with an idealized absent parent.

Red Flags:

Red flags at this age primarily will have to do with the child being either: 1) depressed and withdrawn; 2) becoming rebellious and antisocial, for example drug abuse or sexual promiscuity; or 3) an overemphasis upon compliant, perfectionist behavior, attempting to be "too good".

What Can Be Done:

Parents will need to be aware of adolescent splitting behavior where the child elicits competition between the parent for such things as granting favors. To deal with this, parents must be able to communicate enough to deal with special

requests and have a generally congruent set of rules and expectations. In the event that the child is showing symptoms as outlined under Red Flags, the child should be professionally assessed. Teens may be able to resolve some of their issues and extract themselves from the parents' issues and competition through the use of a neutral counselor. Review "Residential Exchanges" section.

ADDENDUM

Sexual Abuse:

Credible allegations of sexual abuse should be immediately reported to Child Protective Services (CPS). Arrangements should be made through CPS to have the child interviewed at the Regional Center for Child Abuse and Neglect (RCCAN) and examined by a medical doctor recommended by the Center.

If, after the child is interviewed by RCCAN, it appears that the allegations are credible, the Guardian ad Litem should immediately file a motion for a Temporary Restraining Order pursuant to RCW 26.44 et seq. The Motion for Temporary Restraining Order should request that the alleged sex offender be evaluated by a certified sex offender therapist, including a psychosexual evaluation, and that the alleged sex offender follow any treatment recommendations made by the therapist. The child should also receive age-appropriate therapy. There should be no contact between the alleged sex offender and the child victim unless recommended by the certified sex offender therapist, child therapist and Guardian ad Litem. Any contact between the alleged sex offender and child should initially be supervised as recommended by the therapists.

Physical Abuse:

Credible allegations of physical abuse should be immediately reported to Child Protective Services (CPS). Arrangements should be made through CPS to have the child interviewed at the Regional Center for Child Abuse and Neglect (RCCAN) and examined by a medical doctor recommended by the Center.

If, after the child is interviewed by RCCAN, it appears that the allegations are credible, the Guardian ad Litem should immediately file a motion for a Temporary Restraining Order pursuant to RCW 26.44 et seq. The Motion for Temporary Restraining Order should request that the alleged perpetrator be psychologically evaluated and follow any treatment recommendations made by the therapist. The child should also receive age-appropriate therapy. Depending upon the severity of the abuse, there should be no contact between the alleged perpetrator and the child victim unless recommended by the alleged perpetrator's therapist, child therapist and Guardian ad Litem. Any contact between the alleged perpetrator and child should initially be supervised as recommended by the therapists.

Family Violence:

Children are the neglected victims of domestic violence. Children residing in homes marked by violence between the parents may themselves become the targets of that violence. For children, simply witnessing violence against another adult in the home can often produce psychological damage, especially if it occurs frequently. Such children are more likely to be abusive as adults, to become victims of abuse themselves, or to view violence against partners as perfectly normal adult behavior.

Children raised in homes characterized by domestic violence, whether abused directly or not, are at risk of serious behavioral and emotional problems. The child's psychological existence is shaken when violence occurs between parents. The child may then be shaped by such destructive expressions of anger and distorted or negative views toward women and by learning that only violence resolves conflict.

Some short-term effects identified may include:

- emotional reactions ranging from inhibition to impulsivity and aggression.
- tendency for children to bully, intimidate and threaten others, leading to social isolation.
- under-achievement in school, inability to concentrate and learn.
- lack of initiative, assertiveness, ability to protect self.
- ineffectual relationships, inadequate communication.
- living in constant fear, a sense of loss and trust.
- low self-esteem, lack of empathy for others, unresolved grief, depression.
- development of inappropriate caretaking role of parent(s) and siblings.
- anger at both parents for the violence and failure to protect the child.
- self-blame for the violence and guilt at not being able to prevent it.

Some long-term effects identified may include:

- inter-generational transmission of patterns of violence.
- internalizing rigid and dysfunctional gender role models.
- identification with either or both the victim or batterer.
- assimilation of values and attitudes that sanction violence.
- inappropriate attitudes towards one's own and the opposite sex.
- delinquent behavior, i.e. truancy, gang involvement, physical or sexual assault.
- development of serious psychiatric disorders, i.e. post traumatic stress disorder, depression.

Washington law places restrictions on batterers when establishing parenting plans for their children. The primary placement of the child should not be with the batterer. To avoid contacts between the parents, exchanges for the child's residential times should be reduced as much as feasible with exchanges taking place in public places or supervised by neutral third parties. The children in such homes, as well as both parents, should be advised to seek appropriate counseling by a therapist with expertise and experience in family violence. In severe instances, contacts should be supervised pending successful completion of counseling by parties with a qualified therapist.

Parental Alienation:

Parental alienation occurs when a child is coerced by a parent subtly or overtly to form a loyalty to one parent and feel disdain for the other. This often occurs in bitter custody battles where many children are "brainwashed" in one form or the other or when there are sexual abuse allegations.

It is incumbent upon the professionals to educate the parents in regard to the tremendous undue pressure this puts on the child. Additionally, the long-term damage impacts the child's self-esteem, often irreversibly. Therefore, when parental alienation occurs, the parent responsible for this should be advised that he/she could lose primary custody and/or have less or restricted residential time with the child.

The alienation tears down the child's self-esteem since the child identifies with both parents in regard to ego strength and identity issues and self-esteem. Additionally, the child will likely have problematic relationships with other males or females in the future depending on which parent is doing the "brainwashing."

Parental alienation occurs when the alienating parent makes no distinction between his/her own needs, feelings, and perceptions compared to the child's. Parental alienation can result in loss of the relationship of one of the parents and cause damage to the child.

26.09.191. Restrictions in temporary or permanent parenting plans

(1) The permanent parenting plan shall not require mutual decision-making or designation of a dispute resolution process other than court action if it is found that a parent has engaged in any of the following conduct: (a) Willful abandonment that continues for an extended period of time or substantial refusal to perform parenting functions; (b) physical, sexual, or a pattern of emotional abuse of a child; or (c) a history of acts of domestic violence as defined in RCW 26.50.010(1) or an assault or sexual assault which causes grievous bodily harm or the fear of such harm.

(2)(a) The parent's residential time with the child shall be limited if it is found that the parent has engaged in any of the following conduct: (i) Willful abandonment that continues for an extended period of time or substantial refusal to perform parenting functions; (ii) physical, sexual, or a pattern of emotional abuse of a child; or (iii) a history of acts of domestic violence as defined in RCW 26.50.010(1) or an assault or sexual assault which causes grievous bodily harm or the fear of such harm. This subsection shall not apply when (c) of this subsection applies.

(b) The parent's residential time with the child shall be limited if it is found that the parent resides with a person who has engaged in any of the following conduct: (i) Physical, sexual, or a pattern of emotional abuse of a child; or (ii) a history of acts of domestic violence as defined in RCW 26.50.010(1) or an assault or sexual assault that causes grievous bodily harm or the fear of such harm. This subsection (2)(b) shall not apply when (c) of this subsection applies.

(c) If a parent has been convicted as an adult of a sexual offense under RCW 9A.64.020 or chapter 9.68A or 9A.44 RCW, or has been found to be a sexual predator under chapter 71.09 RCW, the court shall restrain the parent from contact with a child that would otherwise be allowed under this chapter. If a parent resides with an adult who has been convicted, or with a juvenile who has been adjudicated, of a sexual offense under RCW 9A.64.020 or chapter 9.68A or 9A.44 RCW, or who has been found to be a sexual predator under chapter 71.09 RCW, the court shall restrain the parent from contact with the parent's child except contact that occurs outside that person's presence.

(d)(i) The limitations imposed by the court under (a) or (b) of this subsection shall be reasonably calculated to protect the child from physical, sexual, or emotional abuse or harm that could result if the child has contact with the parent requesting residential time. If the court expressly finds based on the evidence that limitation on the residential time with the child will not adequately protect the child from the harm or abuse that could result if the child has contact

with the parent requesting residential time, the court shall restrain the parent requesting residential time from all contact with the child.

(ii) The court shall not enter an order under (a) of this subsection allowing a parent to have contact with a child if the parent has been found by clear and convincing evidence in a civil action or by a preponderance of the evidence in a dependency action to have sexually abused the child, except upon recommendation by an evaluator or therapist for the child that the child is ready for contact with the parent and will not be harmed by the contact. The court shall not enter an order allowing a parent to have contact with the child if the parent resides with a person who has been found by clear and convincing evidence in a civil action or by a preponderance of the evidence in a dependency action to have sexually abused a child, unless the court finds that the parent accepts that the person engaged in the harmful conduct and the parent is willing to and capable of protecting the child from harm from the person.

(iii) If the court limits residential time under (a) or (b) of this subsection to require supervised contact between the child and the parent, the court shall not approve of a supervisor for contact between a child and a parent who has engaged in physical, sexual, or a pattern of emotional abuse of the child unless the court finds based upon the evidence that the supervisor accepts that the harmful conduct occurred and is willing to and capable of protecting the child from harm. The court shall revoke court approval of the supervisor upon finding, based on the evidence, that the supervisor has failed to protect the child or is no longer willing to or capable of protecting the child.

(e) If the court, expressly finds based on the evidence that contact between the parent and the child will not cause physical, sexual, or emotional abuse or harm to the child and that the probability that the parent's or other person's harmful or abusive conduct will recur is so remote that it would not be in the child's best interests to apply the limitations of (a), (b), and (d)(i) and (iii) of this subsection, or if the court expressly finds the parent's conduct did not have an impact on the child, then the court need not apply the limitations of (a), (b), and (d)(i) and (iii) of this subsection. The weight given to the existence of a protection order issued under chapter 26.50 RCW as to domestic violence is within the discretion of the court. This subsection shall not apply when (c) and (d)(ii) of this subsection apply.

(3) A parent's involvement or conduct may have an adverse effect on the child's best interests, and the court may preclude or limit any provisions of the parenting plan, if any of the following factors exist:

(a) A parent's neglect or substantial nonperformance of parenting functions;

(b) A long-term emotional or physical impairment which interferes with the parent's performance of parenting functions as defined in RCW 26.09.004;

(c) A long-term impairment resulting from drug, alcohol, or other substance abuse that interferes with the performance of parenting functions;

(d) The absence or substantial impairment of emotional ties between the parent and the child;

(e) The abusive use of conflict by the parent which creates the danger of serious damage to the child's psychological development;

(f) A parent has withheld from the other parent access to the child for a protracted period without good cause; or

(g) Such other factors or conduct as the court expressly finds adverse to the best interests of the child.

(4) In entering a permanent parenting plan, the court shall not draw any presumptions from the provisions of the temporary parenting plan.

(5) In determining whether any of the conduct described in this section has occurred, the court shall apply the civil rules of evidence, proof, and procedure.

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