A New Approach to Parenting Plans

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INFORMATION FOR PARENTS: FROM DAY ONE
Children benefit when parents:

- Communicate with each other in a courteous “businesslike” manner.
- Are on time and have children ready at exchange time.
- Avoid any communication that may lead to conflict at exchange time.
- Encourage the children to carry “important” items such as clothing, toys and security blankets with them between the parents’ homes.
- Follow reasonably similar routines for mealtime, bedtime and homework time.
- Communicate about rules and discipline in order to handle them in similar ways.
Children benefit when parents:

- Support contact with grandparents and other extended family so the children do not experience a sense of loss.
- Are flexible in developing parenting plans to accommodate their child’s extracurricular activities and special family celebrations.
- Make time to spend alone with their children when the parent has a new partner.
- Are with their children during scheduled time and communicate with their children when they cannot be with them.
- Respect the other parents scheduled time with the children and do not schedule plans than will conflict.
Children benefit when parents:

- Discuss any proposed schedule changes directly with the other parent.
- Support the child’s relationship with the other parent and trust the other’s parenting skills.
- Assure the children that they did not cause the divorce and that they do not have the power to reverse the process.
Children are harmed when parents:

- Encourage children to choose between parents.
- Make promises they cannot keep.
- Criticize the other parent to the child or in the child’s range of hearing.
- Use the child as a messenger or negotiator or seek information about the other parent from the child.
Children are harmed when parents:

- Withhold access to the child for any reason unless there are safety concerns.
- Involve the child in the court process or share legal information.
- Introduce a new partner without adequate preparation. Children need time to grieve the loss of family as they knew it and may not be ready to accept a new partner.
Developmental Needs of Children: Birth to 18
Infants learn rapidly to love and trust familiar caregivers. They need to be held, fed, soothed, talked to gently and to have their needs met promptly.

Ideally infants should have frequent contact with both parents with a predictable schedule and routine. However, they do recognize anger and harsh words and may have emotion memory of things which frightened them.

It is important to maintain the infant’s basic sleep, feeding and waking cycle and the schedule should be adjusted to limit disruptions to the infant’s routine.
There is rapid motor skill development (crawling, standing walking) and communication from smiles and sounds to simple words. There is simple emotional expression from hugs, kisses and smiles to anger, fear and anxiety.

Predictability and consistency are important while they can respond to multiple nurturing caregivers who are sensitive to their cues and needs (waking, sleeping, eating schedules). They may express fear and anxiety of a familiar caregiver is not there to comfort them.
They may form numerous attachments to many caregivers (parents, grandparents, daycare providers, close family friends). They are becoming more independent.

Some children fear separation and may cling to a parent at separation. The transition from one home to the other is often easier on the parent they are with takes them to the other parent. This indicates parental support for the transition. Predictable schedules make the exchanges easier. Toddlers are particularly sensitive to tension, anger and violence in the parental relationship.
They may say what they believe the parent wants to hear. Communication is important when a child expresses concern about the behavior of the other parent to clarify what really happened and to resolve the issue.

Nightmares are normal and while they imagine frightening things they have difficulty coping with their fears.

3-5 year olds are especially attached to their regular caregivers and separation may cause them to be fearful, uncomfortable or anxious.

They now begin to understand days and weeks, but not time. They are likely changing naptime or giving it up altogether and parents need to communicate about these changes in the child’s schedule.
This period begins the more settled middle years of childhood. Children experience multiple separations from parent (school, relative, friends, sports). They begin to develop relationship with peers, teachers, coaches and attain self-esteem as they develop personal and social skills. They develop empathy and a sense of right and wrong.

Early school-age children understand time and routine and are more secure with two residences. It is very helpful to use a calendar to inform and remind children of the parenting schedule as well as other activities. Changes can be anticipated and talked about ahead of the, easing the stress of transition.
These “pre-teens” are preparing to make the leap into puberty and adolescence. They generally understand time and can appreciate future plans and schedules and balance different values and parental practices which might exist in their two residences. They tend to be rule bound and may align themselves with one parent. Should they resist or refuse to see the other parent the assistance of a family counselor should be sought.

Balancing time with parents, friends and activities require flexibility and commitment to maintaining a strong relationship with both parents. Parental support of increased independence will contribute to the child’s self-esteem and self-confidence.
Decision-making abilities vary widely among adolescents as well as from one situation to another. There is a continued need for the nurturing oversight of their parents. The adolescent’s primary task is one of increasing independence from the family and the emergence of an identity of a separate self. Girls usually mature earlier than boys. The challenge for parents is to support emerging independency while maintaining some basic structure and contact with both parents.

It is appropriate for young teenagers to negotiate their time directly with the other parent. However, it is of paramount importance for parents to communicate directly with each other to be certain that the child is safe and accountable. It is important that each parent support the relationship of the child with the other parent.
Parents of older teenagers should support their child’s gradual healthy separation from both parents; the development of an individual identity; the establishment of a sense of self with regard to rules and regulations of society, school and peer groups; as well as the child’s understanding of sexual and other feeling in context of relationships.
Types of Attachment Relationships
Secure Attachment (65%)

- Parent is attuned and responsive to child’s needs.
- Child regulates emotions, seeks help from caregiver when needed, uses the comfort of the relationship to explore the world.

- These children are liked by others; seen as pleasant and capable.
AVOIDANT (20%)

Parents are neglectful of child’s inner world and bids for attention.

Child looks like it doesn’t matter when parent leaves or returns.

Disconnect from others and their own inner life.

These children are perceived by others as cold, aloof and not well liked.
AMBIVALENT (10-15%)

- Child clings but can be soothed.
- Parents have inconsistent attunement: available and unavailable, sometime intrusive
- These children seen by others as anxious and uncertain, moody, needy.
DISORGANIZED (10-15%)

- Occurs when parents are frightening, confusing, or frightened themselves.
- These children don’t meet intellectual potential, have trouble balancing emotions and having relationships.
- Highly predictive of dissociation symptoms.
ROOTS OF SECURE ATTACHMENT

- Consistency
- Predictability
- Responsiveness
- Attunement
- Appropriate stimulation
ROOTS OF INSECURE ATTACHMENT

- Chaotic care giving
- Inconsistency
- Neglect of child
- Rejection of bids for attention
- Withdrawn or preoccupied caregiver
- Abusiveness
- Over-control, intrusiveness
A Decade of Research
Thanks to a large body of research over the past decade, we have a better understanding of the impact of separation and divorce on children, and are better able to assess and meet their needs.
We now know that:

- Children do best when both parents have a stable and meaningful involvement in their children’s lives.
- Each parent has different and valuable contributions to make to their children’s development.
- Children should have structured routine time as well as unstructured time with each parent.
- Parents often find that it is better for their young children to spend more time with parents and less time with third-party caregivers, taking in consideration the number of transitions and the child’s need for stability. When both parents work, parents often begin planning their schedule with this in mind. A day-care provider or extended family member may be with the children most of the day, so parents should make every attempt to choose a mutually acceptable and accessible day-care provider.
We now know that:

- Parents should help their children maintain positive existing relationships, routines and activities.

- Communication and cooperation between parents are important in arranging children’s activities. Consistent rules and values in both households create a sense of security for children of any age.

- Parents should allow children to bring personal items back and forth between homes, no matter who purchased them.

- Parenting plans will need to be adjusted over time as each family member’s needs, schedules and circumstances change.
Fathering and Father Involvement after Divorce: Current Social Science Research
Father attachment is not mother attachment

- Mothers are more about soothing/Fathers for play and adventure
- Preference for mother largely disappears by 2 years of age if child securely attached to both parents
Involved fathers make a unique contribution

- Predicts child outcomes including educational attainment, fewer behavior problems/bullying, higher self-esteem
Factors associated with amount of contact with nonresidential father

- Parents married or not
- Extent of conflict
- Maternal support of father’s contact
- Quality of father-child relationship
- Quality of relationship and type of activities between child and non-resident father is better predictor of adjustment and positive academics than is frequency of contact
Factors associated with amount of contact with nonresidential father

- Quantity determines the opportunities for father-child interactions
- More parenting time with fathers benefits children even when parent conflict is high
More father involvement is linked to better adjustment in children and adolescents!

- Better adaptive skills (age 0-3)
- Better communication and social skills (age 4-6)
- Fewer behavioral problems in all areas with all adolescents
  (delinquency, depression, anxiety, behavior difficulties)
- Better school behaviors and academic functioning
ACE Reporter

The findings of the Adverse Childhood Experiences Study, an ongoing collaboration between Co-Principal Investigators Vincent J. Felitti, MD, of Kaiser Permanente, and Robert F. Anda, MD, MS, of the Centers for Disease Control and Prevention.

ADVERSE CHILDHOOD EXPERIENCES AND STRESS: PAYING THE PIPER

The Pied Piper of Hamelin is a legend purportedly documented by the Brothers Grimm. Sometime during the 13th century, a village suffering from a plague of rats hires a piper to play his flute to lure the rats out of the village, and into the river, where they drown. When the town later refuses to pay the piper, he waits until all of the adults are at church one Sunday morning, then he lures all of the town’s children into the mountains, never to be seen again.

The Adverse Childhood Experiences (ACE) Study is "epidemiological" in nature. That is to say, it focuses on the public health aspects of disease, where it occurs, who is at risk, and measures the extent to which childhood trauma translates into poor health and social well-being later in life. As such, the ACE Study clearly demonstrates that children—and the adults we become—have long been “paying the piper” for the deeds of our parents, and others who perpetrate child abuse.

Recently, scientists whose focus is neurobiology (the study of the brain and nervous systems) compared the results of their research with the results of ACE Study research. The ACE Study was ideal for this purpose, not only because of the large number of people who participated in the Study (the sample size of over 17,000 people), but also because the Study was designed to assess numerous social, behavioral, and health outcomes, rather than just one condition, or one category of conditions.

Participating neurobiologists analyzed the ACE Study data against demonstrated neurobiological defects that result from early trauma, changes to areas of the brain that mediate mood, anxiety, healthy bonding with other people, memory, and even where our bodies store fat. After careful analysis, what they found is that "early experiences can have profound long-term effects on the biological systems that govern responses to stress...Disturbances in neuron-development at a critical time early in life may exert a disproportionate influence, creating the conditions for childhood and adult depression, anxiety, and post-traumatic stress symptoms."1

These shared findings have "the potential to unify and improve our understanding of many seemingly unrelated, but often co-morbid [occurring at the same time] health and social problems that have historically been seen and treated as categorically independent in Western culture."2

Why is this important? First, it is important to recognize that our "functional neuroanatomical and physiologic systems are interactive and integrated and that behaviors and health problems cannot generally
be attributed to the function of any single or particular system. Our bodies’ systems work together. Therefore, treating one aspect of a problem, without addressing the other aspects, cannot possibly solve the problem completely. Comprehending this essential relationship can help improve both preventive and primary care medicine, giving patients and their caregivers the information they need to achieve the best possible health and social outcomes.

Second, this convergence of colleagues and their data “adds support for numerous effects of childhood adverse experiences on physical health. Stress is known from animal studies to be associated with a broad range of effects on physical health, including cardiovascular disease, hypertension, hyperlipidemia, asthma, metabolic abnormalities, obesity, infection and other physical disorders.” These findings provide the sort of substance that governments, organizations, and people in general typically require to become engaged, and to take action. Without scientific data, the long-term effects of childhood trauma are otherwise easily brushed aside in favor of a more comfortable and convenient denial of the problem.

Third, we now know that “retrospective reports of childhood abuse [that was documented at the time of its occurrence] are likely to underestimate actual occurrence...[due to] effects of traumatic stress in childhood on the hippocampus.” In other words, the incidence of child abuse is probably much greater than is reported, and even greater than remembered and acknowledged by the victims themselves. Not only is such trauma protected by secrecy and shame, but by the function of our own brains.

Equally important, this multi-disciplinary approach to research encourages future collaborations among scientists, all working at solving different pieces of what we are beginning to understand is the same puzzle. As the puzzle takes shape, the pipes lose ground.

**PAYING THE PIPER FOOTNOTES**

WHAT’S YOUR ACE SCORE?

Rob Anda, MD, MS, Co-Principal Investigator of the ACE Study, recently developed this mini-version of the ACE Study Questionnaire, to help people calculate their own ACE Scores. The ACE Score is the basis for rating the extent of trauma a person experienced during childhood, and to predict the likelihood that s/he will experience one or more forms of health, behavioral, and/or social problems. You now have the opportunity to calculate your own ACE Score by answering the questions below.

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often:
   - Swear at you, insult you, put you down, or humiliate you?
   - Act in a way that made you afraid that you might be physically hurt?
   - Yes No
   - If yes enter 1

2. Did a parent or other adult in the household often or very often:
   - Push, grab, slap, or throw something at you?
   - Ever hit you so hard that you had marks or were injured?
   - Yes No
   - If yes enter 1

3. Did an adult or person at least 5 years older than you ever:
   - Touch or fondle you or have you touch their body in a sexual way?
   - Attempt or actually have oral, anal, or vaginal intercourse with you?
   - Yes No
   - If yes enter 1

4. Did you often or very often feel that:
   - No one in your family loved you or thought you were important or special?
   - Your family didn’t look out for each other, feel close to each other, or support each other?
   - Yes No
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5. Did you often or very often feel that:
   - You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you?
   - Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   - Yes No
   - If yes enter 1

6. Were your parents ever separated or divorced?
   - Yes No
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7. Was your mother or stepmother:
   - Often or very often pushed, grabbed, slapped, or had something thrown at her?
   - Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
   - Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
   - Yes No
   - If yes enter 1

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   - Yes No
   - If yes enter 1

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   - Yes No
   - If yes enter 1

10. Did a household member go to prison?
    - Yes No
    - If yes enter 1

Now add up your “Yes” answers: _______ This is your ACE Score.
The Adverse Childhood Experiences (ACE) Study
Over 17,000 Kaiser Permanente members voluntarily participated in a study to find out about how stressful or traumatic experiences during childhood affect adult health. After all the identifying information about the patients was removed, the Centers for Disease Control and Prevention processed the information the patients provided in their questionnaires.
Many people experience harsh events in their childhood. 63% of the people who participated in the study had experienced at least one category of childhood trauma. Over 20% experienced 3 or more categories of trauma which we call Adverse Childhood Experiences (ACEs).
ACEs seem to account for one-half to two-thirds of the serious problems with drug use. They increase the likelihood that girls will have sex before reaching 15 years of age, and that boys or young men will be more likely to impregnate a teenage girl. Adversity in childhood causes mental health disorders such as depression, hallucinations and post-traumatic stress disorders.
The more categories of trauma experienced in childhood, the greater the likelihood of experiencing:

- alcoholism and alcohol abuse
- chronic obstructive pulmonary disease (COPD)
- depression
- fetal death
- poor health-related quality of life
- illicit drug use
- ischemic heart disease (IHD)
The more categories of trauma experienced in childhood, the greater the likelihood of experiencing:

- liver disease
- risk for intimate partner violence
- multiple sexual partners
- sexually transmitted diseases (STDs)
- smoking
- Obesity
- suicide attempts
- unintended pregnancies
For more information about the ACE Study, email carolredding@acestudy.org, visit www.acestudy.org, or the Centers for Disease Control and Prevention at: http://www.cdc.gov/NCCDPHP/ACE/
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![Hippocampus](http://en.wikipedia.org/wiki/Hippocampus#Role_in_general_memory)

A view of the underside of the human brain. The front is at the top; the back of the brain, is at the bottom of the image. The hippocampus (one on either side of the brain), as shown in red, plays an important role in human memory.

![ACE Score](http://en.wikipedia.org/wiki/Hippocampus#Role_in_general_memory)

The higher the ACE Score, the greater the likelihood that multiple, negative outcomes will happen to the child abuse survivor, at the same time.

**Paying the Piper Footnotes**

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AUTHENTIC VOICES INTERNATIONAL

Authentic Voices International (AVI) is a grassroots group of adult survivors of child abuse. AVI members come from all walks of life. What we have in common is a history of childhood trauma and a present desire to put an end to child abuse and neglect. We do this by applying our many, diverse skills and talents to dispel the ignorance, secrecy, and shame that allow child abuse to flourish. Learn more about us at:

www.authenticvoices.org

ACE Reporter and Authentic Voices International are programs of Health Presentations. We are a tax-exempt, charitable organization.

We rely on the generosity of people like YOU to help support our work.

Please donate generously!
The Adverse Childhood Experiences (ACE) Study

ABOUT THE STUDY:  What everyone should know!

Over 17,000 Kaiser Permanente members voluntarily participated in a study to find out about how stressful or traumatic experiences during childhood affect adult health. After all the identifying information about the patients was removed, the Centers for Disease Control and Prevention processed the information the patients provided in their questionnaires.

Here’s What We Learned:

Many people experience harsh events in their childhood. 63% of the people who participated in the study had experienced at least one category of childhood trauma. Over 20% experienced 3 or more categories of trauma which we call Adverse Childhood Experiences (ACEs).

- 11% experienced emotional abuse.
- 28% experienced physical abuse.
- 21% experienced sexual abuse.
- 15% experienced emotional neglect.
- 10% experienced physical neglect.
- 13% witnessed their mothers being treated violently.
- 27% grew up with someone in the household using alcohol and/or drugs.
- 19% grew up with a mentally-ill person in the household.
- 23% lost a parent due to separation or divorce.
- 5% grew up with a household member in jail or prison.

ACEs seem to account for one-half to two-thirds of the serious problems with drug use. They increase the likelihood that girls will have sex before reaching 15 years of age, and that boys or young men will be more likely to impregnate a teenage girl.

Adversity in childhood causes mental health disorders such as depression, hallucinations and post-traumatic stress disorders.
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- depression
- fetal death
- poor health-related quality of life
- illicit drug use
- ischemic heart disease (IHD)

- liver disease
- risk for intimate partner violence
- multiple sexual partners
- sexually transmitted diseases (STDs)
- smoking
- obesity
- suicide attempts
- unintended pregnancies

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**If you experienced childhood trauma, you're not alone.**

Talk with your family health practitioner about what happened to you when you were a child. Ask for help.

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