

Charting Overnight Decisions for Infants and Toddlers (CODIT)

Jennifer McIntosh, Marsha Pruett & Joan Kelly, 2015

The CODIT is a simple way to consider key questions that helpfully inform decisions about overnight care for very young children (0-3 years) after parental separation. The CODIT is based on a review of current developmental science (Pruett, McIntosh, & Kelly, 2014) and the authors' consensus about its application to overnight decisions (McIntosh, Pruett, & Kelly, 2014*). The grid from the latter paper has been adapted here for easier use, and a chart has been added, to assist considerations.

Completing the CODIT profile:

There are 8 factors in the CODIT, each with its own questions. Work through the factors in order.

- a) For each question, circle the answer that is currently true for this child and family, as follows:
 - Present (continually present/established)
 - **Emerging** (sometimes present)
 - Absent (rarely or never present).
- b) Then mark the box in the colored column to the right, that best fits all answers for that factor.
- c) On the last page, you can chart your answers on the graph provided.

LEVEL 1: GATEWAY FACTORS.

| Factor 1. Safety A) The child is safe in the care of each parent | Absent Absent | Emerging Emerging | Present Present | A &/or B are absent | A & B are present. Conflict is not | A & B are present. Conflict is well |
|---|------------------|----------------------|--------------------|------------------------------------|--|-------------------------------------|
| B) Parents are safe with each other. | | | | | threatening or dangerous | managed |
| | | | | | | |
| Factor 2. The child's age, and trust and security with each parent | | | | For child of | For child of | A - C are |
| The young child: A) has an established, trusting relationship | Absent | Emerging | Present | any age; A is > 6 months | any age: A is present & B &/or C | present |
| (6 months +) with both parents When resident parent is not present, child: B) seeks comfort from, and is soothed by | Absent | Emerging | Present | and/or B is absent. C is absent or | are emerging | |
| the other parent | Absent | Emerging | Present | emerging | | |
| C) finds support for play and exploration with the other parent | Absent | Emerging | Present | | | |

LEVEL 2: KEY FACTORS

| Frater 2 Devention | | | | | | |
|--|---------|------------|-----------|------------|--------------------|---------|
| Factor 3. Parenting | | | | | | |
| The parent: | A l 4 | E | D | | | |
| A) is sensitive to and consistently recognizes | Absent | Emerging | Present | | | |
| and meets child's needs | | | | Any of | A is present. | A-C are |
| B) does not seriously misuse drugs/alcohol, & | Absent | Emerging | Present | A-C are | B &/or C | present |
| use does not affect consistent responsive | Apselli | Lineiging | 11636111 | absent | are | |
| parenting that meets child's physical | | | | | emerging | |
| and emotional needs | | | | | | |
| C) has no serious mental illness, and/or any | Absent | Emerging | Present | | | |
| mental health issues are well managed | | | | | | |
| and do not affect consistent, responsive | | | | | | |
| parenting that meets child's physical | | | | | | |
| and emotional needs. | | | | | | |
| Factor 4. Child's health & development | | | | | | |
| A) The child has significant developmental | Absent | Emerging | Present | A or B & C | A is present, | A-C are |
| or medical needs | | | | absent | B & C are emerging | present |
| B) Such needs are well supported in the | | | | | Sinorging | |
| proposed arrangement | Absent | Emerging | Present | | | |
| C) The child is exclusively breast- | Absent | Emerging | Present | | | |
| feeding/does not accept a bottle. | ADSCIII | Litterging | 1 1636111 | | | |



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| Relative to temperament and stage of development, child shows any of these behaviors persistently (over 2-4 weeks*): A) irritability: frequently unsettlied, without medical cause B) excessive clinging on separation, distressed on exchange between parents C) frequent crying/ intense upset D) aggressive behavior, including self-harming behaviors e.g. toileting, eating, sleeping F) low persistence in play & learning G) any regressions, difficulties in above are short lived and readily resolved **Tor more, see DC: 0-3 Revised Diagnostic Criteria* Factor 4. Co-parental relationship Parents are able to: A) communicate civilily about and plan for their young child together B) manage conflicts arising, using interventions as needed C) be consistent yet responsive with the schedule D) facilitate low stress exchange of the child at transitions E) value or at least accept the child's relationship with the other parent for thich young child together (and the majority of scheduled avernight and the majority of scheduled day time* B) Parents live within a manageable commute of each other C) Both parents prioritize personal care for child by self or by other parent Absent Emerging Present Absent Emergin | Jennie Mcinosi | i, Maisi | id i ideli | & Journ | Kelly, 2013 | | |
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| for the child during scheduled overnight and the majority of scheduled day time* B) Parents live within a manageable commute of each other C) Both parents prioritize personal care for | A) Each parent can be the main care giver | | | | A or B are | A is present. | A-C are |
| B) Parents live within a manageable commute of each other C) Both parents prioritize personal care for | for the child during scheduled overnight | Absent | Emerging | Present | | | |
| commute of each other C) Both parents prioritize personal care for | and the majority of scheduled day time* | | | | | emerging | |
| C) Both parents prioritize personal care for | B) Parents live within a manageable | | | | | | |
| C) Both parents prioritize personal care for | commute of each other | Absent | Emergina | Present | | | |
| child by self or by other parent Absent Emerging Present | C) Both parents prioritize personal care for | | 39 | | | | |
| | child by self or by other parent | Absent | Emerging | Present | | | |

LEVEL 3: FURTHER CONSIDERATIONS

The following items are important to consider. Some will be more or less relevant in different circumstances.

| Factor 8. Family and Situational Factors | | | | | | |
|---|--------|----------|---------|---------------------|------------------------------|----------------------|
| A) Arrangement reflects a status quo that worked well for the child (i.e. arrangement | Absent | Emerging | Present | | | |
| is similar to those prior to separation) B) Overnights would assist with parents' work | | | | | | |
| commitments | Absent | Emerging | Present | Most relevant | Relevant items are | All relevant |
| C) Older siblings are present and a source of security to the young child | Absent | Emerging | Present | items are absent | sometimes true or | items are present |
| D) Overnights enable time with others who are important sources of security to child: e.g., grandparents who live at a distance | Absent | Emerging | Present | | mixed absent & present | |
| E) Overnights enable exposure to important elements of parents' culture/ religion F) Other relevant considerations in this case? | Absent | Emerging | Present | | | |
| | Absent | Emerging | Present | | | |

^{*(}excluding work time, although care by a parent during the other parent's work time may be preferable too in some situations, e.g. may ease the need for long day care, and/or reduce the number of day-time care-givers in the child's week)

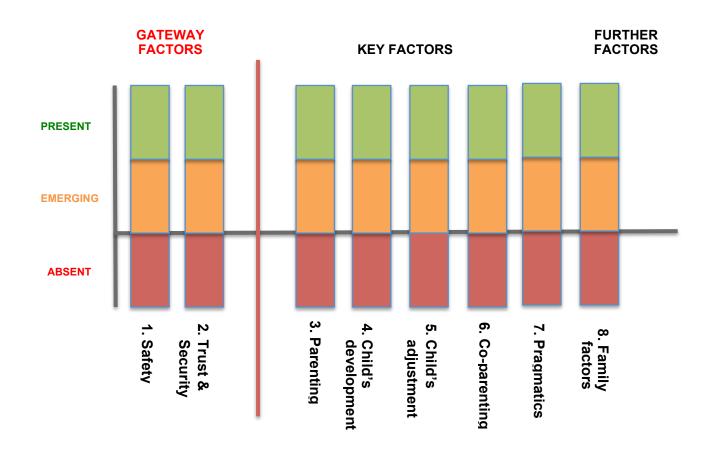


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THE CODIT PROFILE

If you find visuals helpful, you can chart the CODIT profile below, by putting an "x" in the relevant color for each factor. The profile highlights strengths, and also areas that may warrant further attention. Weighing up the CODIT profile with other factors relevant to this case is important, as is considering spacing and clustering of overnight time.



^{*} The CODIT is not a diagnostic instrument. The profile should not be used as the sole basis for decisions, nor override the discretion of parents who jointly elect to follow other schedules.

GUIDE FOR CONSIDERING THE CODIT PROFILE

No/rare overnights Indicated when:

Either or both Gateway Factors are absent, and/or most Key Factors are absent. Day-time contact may or may not be indicated

Lower range overnights indicated (1-4 per month) when:

Both Gateway Factors factors are present and most Key Factors are emerging.

Higher range overnights indicated (5+ per month*) when:

Both Gateway Factors are present and most Key Factors are present.

Notes on Age of Infant:

- Even when all parenting conditions are met, high numbers of overnights (more than weekly) are not generally indicated for young infants 0-18 months subject to family law disputes. For reasons of temperament or maturation, this may also apply to toddlers who show signs of being significantly stressed by the arrangements. Equally, given temperament, maturation and other factors, some young infants will manage higher frequency overnights well. The decision is best made and monitored case by case.
- 18 months is a protective reference point and not an absolute cut off. Overnight thresholds may likely be different for infants and toddlers who have established trust with both parents and a supportive community for example, compared to infants without established bi-lateral security, whose parents had no prior relationship, do not trust each other, and/or have few supports for effective co-parenting.
- When lower or higher levels of overnights are not indicated initially, they may become so with the child's maturation, and/or with professional assistance. An agreed "step-up" plan is helpful. Refer to McIntosh, Pruett, & Kelly 2014 for details.

Adapted from: Jennifer E. McIntosh, Marsha Pruett & Joan B. Kelly (2014), Parental separation and overnight care of young children, Part II: Putting theory into practice, Family Court Review, April.