

**Consistency Across Households as a Developmental Necessity for Neurodivergent
Children: Evidence From Research on ADHD, Autism, 1p36 Deletion Syndrome,
Obsessive-Compulsive Disorder, and Trichotillomania**

Brittany Molenaar

August 28, 2026

Abstract

Children with neurodevelopmental and neuropsychiatric conditions depend on environmental predictability to a greater degree than typically developing children. This paper synthesizes peer-reviewed evidence addressing a single question: what happens to the development of neurodivergent children when the two homes they move between operate under different rules, routines, and expectations? Drawing on research in attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder (ASD), 1p36 deletion syndrome, obsessive-compulsive disorder (OCD), and trichotillomania, together with the literatures on family routines, household chaos, parenting consistency, behavioural parent training, sleep, recreational screen media, interparental conflict, and post-separation parenting arrangements, the paper argues that cross-setting consistency is not a stylistic preference between caregivers but an active ingredient of every evidence-based intervention these children receive. Behavioural treatments for ADHD, exposure-based treatment for OCD, and habit reversal training for trichotillomania all require that adults respond to the same behaviour in the same way often enough for learning to consolidate. Where caregivers diverge, the intervention is not merely diluted; the child is placed on an intermittent reinforcement schedule that is known to make behaviour more resistant to change. The paper concludes that the relevant question for separated families raising neurodivergent children is not how parenting time is divided, but whether the two environments are sufficiently coherent for skills to generalize, and it proposes a shared developmental plan as the practical mechanism to achieve that coherence.

Keywords: neurodevelopmental disorders, cross-setting consistency, family routines, co-parenting, generalization, ADHD, autism, family accommodation

Consistency Across Households as a Developmental Necessity for Neurodivergent Children

Neurodevelopmental differences are common. In the United States, 11.3% of children aged 5 to 17 years had ever been diagnosed with attention-deficit/hyperactivity disorder (ADHD) during 2020-2022 (Reuben & Elgaddal, 2024), and the Autism and Developmental Disabilities Monitoring Network identified autism spectrum disorder (ASD) in approximately 1 in 31 eight-year-old children in 2022 (Shaw et al., 2025). Rarer conditions carry heavier developmental loads: 1p36 deletion syndrome, one of the most common terminal deletion syndromes, occurs in an estimated 1 in 5,000 to 1 in 10,000 live births and is associated with developmental delay or intellectual disability in essentially all affected individuals (Battaglia et al., 2008; Jordan et al., 2015). Obsessive-compulsive disorder and trichotillomania are less prevalent but are highly impairing and, importantly for the present argument, are treated with interventions that depend almost entirely on how the adults around the child behave.

Separation and divorce are also common, and the two often intersect. Contrary to a widely repeated claim that parents of children with disabilities divorce at rates approaching 80%, a population-based analysis of the National Survey of Children's Health found no evidence that children with ASD were more likely than other children to live apart from two biological or adoptive parents (Freedman et al., 2012). The realistic picture is therefore not that disability destroys marriages but that a substantial number of neurodivergent children are raised across two households, and that the ordinary difficulties of shared parenting land on children who are least equipped to absorb them.

This paper examines what the peer-reviewed literature says about that situation. Its central claim is narrow and empirical rather than moral: for children with ADHD, ASD, 1p36 deletion syndrome, OCD, and trichotillomania, consistency of routine, expectation, and adult

response across caregiving environments is a mechanism of treatment, not an aesthetic preference. When environments diverge, the documented consequences are poorer generalization of learned skills, greater behavioural and emotional dysregulation, and, in the case of OCD, active maintenance of the disorder itself. The paper reviews the condition-specific evidence, then the general literature on routines and parenting consistency, then the applied domains of sleep, screen media, and life-skill instruction, and finally the research on post-separation parenting structures and interparental conflict. It closes by proposing a shared developmental plan as the practical instrument by which the two households can create a coherent environment.

Differential Sensitivity to Environmental Predictability

Attention-Deficit/Hyperactivity Disorder

ADHD is defined by inattention, hyperactivity, and impulsivity, but the feature most relevant to cross-home consistency is its association with emotion dysregulation. In a comprehensive review, Shaw et al. (2014) concluded that emotion dysregulation is prevalent in ADHD across the lifespan, is a major independent contributor to impairment, and is linked to dysfunction in a striato-amygdalo-medial prefrontal network involved in orienting to and allocating attention to emotional stimuli. Children with ADHD are, in other words, not merely inattentive; many are constitutionally slower to recover from frustration and disappointment. A meltdown following a denied request is, from this perspective, a predictable expression of a documented neurobiological vulnerability rather than a discretionary behaviour.

This has direct implications for environmental design. Children whose regulatory systems are already taxed have less capacity in reserve for novelty, ambiguity, and negotiation. Every unpredictable transition, every rule that applies in one home and not the other, and every expectation that must be relearned draws on the same limited executive resources that the child

needs for school, friendship, and self-care. Predictability functions as a form of external executive scaffolding: it reduces the number of decisions and appraisals the child must make independently.

Autism Spectrum Disorder

Insistence on sameness is a diagnostic feature of ASD and is not incidental to the child's wellbeing. Gotham et al. (2013) reported that anxiety and insistence on sameness were strongly associated in children and adolescents with ASD, and that the relationship held across developmental levels. Subsequent work has continued to identify anxiety as the strongest unique predictor across subdomains of insistence on sameness. Anxiety disorders affect a large minority of autistic children by middle childhood, and uncertainty intolerance is a plausible mechanism linking the two.

The practical inference is straightforward. If a child's anxiety rises in proportion to unpredictability, then an environment that changes its rules every seven days is not neutral. It is an ongoing anxiety exposure delivered without therapeutic structure. This does not mean autistic children should never encounter change; graded, supported exposure to flexibility is itself a treatment goal. It means that change should be planned, announced, and scaffolded rather than produced incidentally by adult disagreement.

1p36 Deletion Syndrome

1p36 deletion syndrome illustrates the argument most clearly. Battaglia et al. (2008), characterizing 60 patients, described a recognizable phenotype in which developmental delay and intellectual disability were universal, hypotonia was present in approximately 95%, seizures occurred in a substantial minority, and speech was poor or absent in most. Jordan et al. (2015) confirmed the pattern in an updated review, noting severe intellectual disability in roughly 90%

of affected individuals alongside cardiac, ophthalmological, and audiological involvement. Crucially, Battaglia et al. also observed constant developmental progress over time in all cases. Children with this syndrome do acquire skills; they acquire them slowly, through repetition, and in response to sustained and consistent teaching.

When the number of required learning trials is high, environmental inconsistency is arithmetically costly. If a child needs several hundred consistent repetitions to consolidate a self-care routine, and only one of two households delivers those repetitions, the effective learning rate is approximately halved. The child does not simply progress more slowly; skills practised in one setting but not the other may fail to generalize at all.

Obsessive-Compulsive Disorder and Family Accommodation

OCD provides the strongest available demonstration that caregiver behaviour is part of the disorder's maintenance. Family accommodation refers to the ways relatives participate in or facilitate a child's symptoms: providing reassurance, assisting with rituals, modifying family routines, or removing the child from situations that trigger distress. Wu et al. (2016), in a meta-analysis of 41 studies comprising 2,509 participants, found a moderate association between family accommodation and OCD symptom severity ($r = .42$). Lebowitz et al. (2016) documented that accommodation is nearly ubiquitous in families of children with OCD and anxiety disorders, is associated with greater symptom severity and functional impairment, and predicts poorer treatment response. Reductions in accommodation, conversely, are associated with symptom improvement, and family-based interventions targeting accommodation have produced large effects on both symptom severity and accommodation itself.

The implication for two-household families is direct. If one caregiver systematically accommodates and the other systematically does not, the child receives an intermittent schedule

of relief from anxiety. Intermittent reinforcement is the schedule most resistant to extinction. A treatment plan that is followed in one home and abandoned in the other is therefore not half a treatment; it may be worse than no structured plan at all, because it teaches the child that persistence in seeking accommodation will eventually be rewarded.

Trichotillomania and Body-Focused Repetitive Behaviours

Trichotillomania is treated primarily with habit reversal training (HRT), a behavioural protocol combining awareness training, competing response practice, and social support. Franklin et al. (2011) conducted a randomized controlled trial in 24 youths, comparing an eight-session behaviour therapy protocol with a minimal-attention control condition, and found significantly lower symptom severity in the treatment arm. Broader syntheses confirm substantial benefit for habit reversal-based behaviour therapy relative to control conditions, while also documenting that a substantial proportion of initial responders relapse over longer follow-up periods (Farhat et al., 2020; Snorrason et al., 2015).

The social support component of HRT is explicitly a caregiver task: an adult must notice pulling, neutrally prompt the competing response, and reinforce success. This cannot be delivered by one parent alone in a week-on, week-off arrangement without the child experiencing alternating weeks of active treatment and no treatment. Given the documented relapse rate even under continuous care, discontinuous delivery is a foreseeable risk to durability of gains.

The General Evidence: Routines, Chaos, and Parenting Consistency

Family Routines and Rituals

Fiese et al. (2002), reviewing 50 years of research on naturally occurring family routines and rituals, distinguished routines as observable, instrumental practices from rituals as symbolic

family events, and reported consistent associations between both and parenting competence, child adjustment, child health, academic achievement, and marital satisfaction. The authors were appropriately cautious about causal inference, noting inconsistent measurement across studies and reliance on convenience samples, but the breadth of the association over five decades and across multiple outcome domains is difficult to dismiss. More recent systematic reviews have reached similar conclusions regarding routines and child developmental outcomes (Selman et al., 2024).

Routines matter partly because they externalize regulation. A child who knows what happens after dinner does not have to decide, negotiate, or brace for a decision. For a child with limited executive capacity, this is the difference between a manageable evening and a dysregulated one. The benefit is not the routine's content but its reliability, which is precisely the property destroyed when two households operate on different schedules.

Household Chaos and Executive Function

Household chaos, typically operationalized as disorganization, noise, crowding, and unpredictability of daily life, has been studied extensively as a developmental risk factor. Andrews et al. (2021) conducted a meta-analysis of 35 studies involving children and adolescents aged 2 to 17 years and found a significant negative association between household chaos and executive function. Vernon-Feagans et al. (2016) demonstrated in a longitudinal sample that the disorganization dimension of household chaos predicted kindergarten behavioural regulation indirectly, through its effects on parenting behaviour and on children's early executive function, above and beyond poverty-related risk.

It is worth being precise about the construct. Chaos in this literature is not a synonym for a messy home or a stressed parent; it is unpredictability of the daily environment. A child who

cannot forecast when meals occur, who will collect them, what will be expected of them, or which set of rules applies this week is experiencing chaos in the technical sense even if both homes are individually tidy and loving. Two internally orderly households that are mutually inconsistent can, from the child's vantage point, produce a single chaotic environment.

Parenting Consistency and Child Behaviour

Consistency of adult response is one of the most robustly supported parenting variables in developmental psychology. Pinquart (2017), in an updated meta-analysis of parenting dimensions and styles, found that harsh and psychologically controlling parenting were associated with higher levels of externalizing problems, whereas authoritative parenting, characterized by warmth combined with predictable structure, was associated with lower levels. Social learning accounts explain why inconsistency in particular is harmful: when adults sometimes follow through on a limit and sometimes do not, the child is placed on an intermittent reinforcement schedule that strengthens rather than extinguishes the behaviour, and the child cannot learn which behaviours are genuinely unacceptable.

The mechanism is not disciplinary severity. It is informational. A rule that is enforced 100% of the time in one home and 0% of the time in the other is, across the child's whole life, enforced roughly half the time. That is the reinforcement schedule most likely to produce persistent testing, and it produces it in children who are already predisposed to impulsivity and difficulty inhibiting responses.

Parent Training and the Limits of the Evidence

Behavioural parent training (BPT) is the first-line psychosocial intervention for school-aged children with ADHD and disruptive behaviour. Sanders et al. (2014), synthesizing 101 studies comprising 16,099 families in the Triple P system, reported significant short-term effects

on parenting practices ($d = 0.578$), on children's social, emotional, and behavioural outcomes ($d = 0.473$), and on parenting satisfaction and efficacy ($d = 0.519$). Component analyses of parent training for ADHD have identified positive parent-child interaction, emotional communication skills, time-out, parenting consistency, and in-session skill practice as the elements associated with larger effects (Dekkers et al., 2022).

Intellectual honesty requires acknowledging a significant qualification. Daley et al. (2014), in a meta-analysis of randomized controlled trials across multiple outcome domains, found robust improvements in parenting behaviour and conduct problems, but no significant effects on core ADHD symptoms when outcomes were rated by assessors who were probably blind to treatment allocation. The reasonable reading is not that parent training does not work, but that its demonstrable benefits lie in the domains most relevant to family functioning, namely parenting practices, conduct problems, and the parent-child relationship, rather than in reducing the neurobiological core of ADHD. That is precisely the domain at issue between two households. The intervention works on how adults behave, which means it only works to the extent that both sets of adults implement it.

Generalization: Why Cross-Setting Consistency Is the Active Ingredient

Behavioural interventions do not install skills in a child in the abstract; they establish stimulus-response relationships in particular contexts. Generalization across settings is a known challenge in behavioural treatment and is not automatic. This is why school-home daily report cards, cross-setting behaviour plans, and coordinated implementation between teachers and parents are standard features of evidence-based ADHD care, and why family-based OCD treatment explicitly targets accommodation by all household members rather than only the child's cognitions.

The logic extends without modification to two households. If a child practises a bedtime routine, a homework sequence, an emotion-regulation strategy, or a competing response for hair pulling in one home only, that skill is being trained in one context and extinguished, or simply not cued, in the other. The result is a child who can perform a skill in one place and not the other, which is frequently misread by each parent as evidence about the other parent's competence. The more parsimonious explanation is that discriminated learning has occurred exactly as behavioural theory predicts.

This also reframes a common dispute. When one parent reports significant behavioural difficulty and the other reports none, both reports may be accurate. Differential presentation across settings is a well-documented feature of childhood psychopathology and is one reason diagnostic criteria for ADHD require symptoms in two or more settings and why multi-informant assessment is standard practice; agreement between informants who observe a child in different contexts is typically modest (De Los Reyes et al., 2015). The presence of difficulty in one setting is not evidence of its absence in another, and the absence of observed difficulty is not evidence that the child is not struggling. Treating cross-informant disagreement as a factual dispute to be won misunderstands the measurement problem.

Applied Domains

Sleep

Sleep disturbance is markedly more common in children with ADHD than in their peers, with prevalence estimates ranging from approximately 25% to 55% and rising further in adolescence (Cortese et al., 2009). Irregular sleep schedules and dependence on a caregiver for sleep are among the strongest predictors of sleep problems in this population. The relationship is

bidirectional and clinically consequential: disordered sleep is associated with inattention, behavioural difficulty, and attenuated emotional regulation.

Critically, this is modifiable. Hiscock et al. (2015), in a randomized controlled trial of a brief behavioural sleep intervention for children with ADHD, found improvements in sleep problems, ADHD symptoms, quality of life, daily functioning, and behaviour, with effects sustained at six months. Behavioural sleep intervention depends on a stable bedtime, a stable pre-sleep sequence, and stable adult responses to night waking. A child whose bedtime differs by two hours between households is not receiving the intervention; they are receiving a weekly circadian disruption.

Recreational Screen Media

The evidence on screen media is more contested than public discourse suggests, and the argument advanced here does not require strong causal claims. McHarg et al. (2020) found that screen time at age 2 was negatively associated with executive function development from ages 2 to 3, with an increase of 1 standard deviation in screen time (approximately 65 minutes) associated with a nearly quarter-standard-deviation decrement in executive function. Studies in school-aged children have similarly associated higher daily screen time with poorer attention and working memory performance, as well as shorter nocturnal sleep. However, Levelink et al. (2021), in a longitudinal analysis of 2,768 mother-child pairs, found that neither screen time nor sleep at ages 2, 4, and 6 predicted an ADHD diagnosis at ages 8 to 10.

The defensible synthesis is a displacement argument rather than a toxicity argument. Time is finite; recreational screen use competes with sleep, physical activity, face-to-face social interaction, chores, homework, and the repeated practice of daily living skills. For children who require substantially more repetition than their peers to consolidate those skills, the opportunity

cost of displaced practice is higher. The relevant concern is therefore not that screens damage the brain but that hours spent on screens are hours not spent on the practice these particular children need most.

A further and more specific concern arises when screen limits differ sharply between households. This risks associating one home with entertainment and the other with obligation, a division that distorts the parent-child relationship in both directions. The parent holding the limits becomes the source of frustration; the parent without limits forgoes the opportunity to teach self-regulation. Neither outcome serves the child, and the asymmetry is a predictable consequence of uncoordinated policy rather than of either parent's intentions.

Structured Programming, Play, and Life-Skill Instruction

Yogman et al. (2018), in a clinical report for the American Academy of Pediatrics, summarized evidence that play is a primary mechanism through which children develop executive function, language, social competence, and self-regulation, and recommended that pediatricians actively promote play-based learning. This is the empirical foundation of the early childhood education principle of learning through play, and it is why high-quality structured programming is not equivalent to custodial supervision. Quality childcare and structured extracurricular settings provide predictable routines, peer interaction, fine- and gross-motor activities, adult scaffolding, and repeated opportunities to practise social boundaries.

For children requiring additional support, explicit and repeated instruction in daily living skills is not optional enrichment. The developmental trajectory documented in 1p36 deletion syndrome, in which progress is continuous but slow and dependent on sustained input (Battaglia et al., 2008), generalizes conceptually to other conditions involving developmental delay: skills not taught explicitly and practised repeatedly in childhood are unlikely to appear spontaneously

in adolescence. The functional consequence of insufficient early instruction is a narrower range of independent functioning in adulthood.

Parenting Structure, Conflict, and the Child Between Two Homes

What the Shared Parenting Research Shows

The research on post-separation parenting arrangements is, on balance, favourable to substantial involvement by both parents. Bauserman (2002) meta-analyzed 33 studies comprising more than 2,650 children and found better adjustment among children in joint physical custody arrangements than among those in sole custody, with joint-custody children resembling children in intact families. Nielsen (2018), reviewing 60 studies, reported that children in joint physical custody generally fared better on academic, psychological, behavioural, and physical health outcomes than children in sole physical custody, and argued that these benefits were not wholly attributable to parental income, education, or low conflict.

These findings deserve to be stated plainly because they run counter to any argument that reduced time with one parent is inherently beneficial. They are not, however, findings about neurodivergent children specifically, nor are they findings about scheduling structure independent of everything else. Bauserman himself noted selection effects: parents who agree to share care may differ systematically from those who do not. Scholarly disagreement persists over whether the benefits hold under sustained conflict and poor cooperation. The literature supports both parents remaining meaningfully involved; it does not establish that any particular rotation is optimal for a child with significant regulatory and developmental needs, nor does it address the frequency of transitions as a separate variable.

Interparental Conflict and Triangulation

What the literature does establish with considerable consistency is that interparental conflict, rather than family structure as such, is a principal driver of poor child outcomes. Grych and Fincham's (1990) cognitive-contextual framework proposed that the effect of conflict on children is mediated by children's appraisals of it, particularly perceived threat and self-blame. Davies and Cummings (1994) advanced the complementary emotional security hypothesis, holding that cumulative exposure to interparental conflict undermines the child's sense of security and shapes patterns of reactivity that carry into other relationships. Amato (2001), updating an earlier meta-analysis, concluded that children of divorce show modestly poorer outcomes across academic, behavioural, psychological, and social domains, with conflict a key explanatory variable.

The mechanism most relevant to daily co-parenting decisions is triangulation. Schrodtt (2026), meta-analysing 49 studies with a combined sample of 23,336 participants, found a moderate association between interparental conflict and children's experience of feeling caught between their parents ($r = .402$); a companion meta-analysis of 26 studies ($N = 8,061$) found that feeling caught was inversely associated with the quality of the child's relationship with both parents ($r = -.218$). Feeling caught is not a by-product of the schedule. It is produced by specific adult behaviours: discussing schedule disputes in front of children, asking children to carry information or requests between households, inviting children to evaluate the other parent's rules, or negotiating arrangements through the child. Each of these is within the parents' direct control, independently of any court order.

This yields a clear practical hierarchy. Reducing conflict and triangulation is better evidenced as a lever on child wellbeing than any particular allocation of overnights. Two parents

who cooperate under an imperfect schedule will, on the available evidence, produce better outcomes than two parents who litigate under an ideal schedule.

Caregiver Load and Its Sustainability

A final empirical consideration concerns the adults. Hayes and Watson (2013), meta-analyzing studies comparing parents of children with and without ASD, found significantly elevated parenting stress among parents of autistic children. Elevated caregiver stress is not merely an adult welfare issue; parenting stress is associated with less responsive and more reactive caregiving, and household disorganization is itself associated with reduced parental responsiveness (Andrews et al., 2021). Where the administrative, medical, educational, and regulatory labour of raising several neurodivergent children falls disproportionately on one parent, the predictable consequence is degradation in the quality of care that parent can provide, which is a child outcome rather than a fairness complaint.

Equal division of parenting time does not entail equal division of parenting work. Coordinating assessments, tracking medication, communicating with schools, arranging therapy, maintaining developmental programming, and managing dysregulation are distinct tasks that can be allocated independently of overnights. A parenting arrangement that equalizes time while concentrating labour is not, in any meaningful sense, an equal arrangement, and its instability is foreseeable.

Toward a Shared Developmental Plan

The evidence reviewed here converges on a specific conclusion: for neurodivergent children in two households, the operative variable is environmental coherence, and coherence is achievable without any change to the parenting schedule. The following elements follow directly from the literature reviewed.

1. Formal assessment and consistent therapeutic support. Where developmental or emotional concerns are present, assessment establishes a shared factual basis and replaces competing parental impressions with clinical data. Given the documented modest agreement between informants observing children in different settings (De Los Reyes et al., 2015), assessment should draw on both households and schools.
2. A shared behavioural protocol. Because family accommodation maintains OCD (Lebowitz et al., 2016; Wu et al., 2016) and because habit reversal for trichotillomania depends on caregiver-delivered prompting and reinforcement (Farhat et al., 2020; Franklin et al., 2011), any treatment plan must specify the same adult responses in both homes, with clinician guidance provided to both parents rather than one.
3. Aligned daily routines. Sleep timing and pre-sleep sequence should be equivalent across homes, given the demonstrated benefits of behavioural sleep intervention in ADHD (Hiscock et al., 2015). Homework, hygiene, chores, and recreational screen limits should be comparable, not identical in every detail, but consistent enough that expectations do not reset weekly.
4. Protected practice time. Structured childcare, extracurricular activity, physical activity, and peer interaction should be maintained across both households rather than treated as one parent's programme, in light of the evidence for play-based and structured developmental input (Yogman et al., 2018).
5. Explicit allocation of administrative responsibility. Named ownership of appointments, school communication, forms, and service coordination distributes documented caregiver load and reduces the household disorganization associated with poorer child executive function (Andrews et al., 2021; Vernon-Feagans et al., 2016).

6. Insulation of children from adult negotiation. Given the meta-analytic evidence linking conflict to feeling caught and feeling caught to diminished relationships with both parents (Schrodt, 2026), schedule changes and parental disagreements should be resolved between adults and communicated to children only as settled decisions.
7. Planned individual attention. Structured one-to-one time with each parent, scheduled in advance rather than allocated reactively, prevents siblings from competing for a scarce resource and from one child's need being publicly subordinated to another's.

None of these elements requires either parent to concede that the other's perception of the children is wrong. They require only agreement that the children's environments should be coherent. Where the schedule itself is reconsidered, the evidentiary question is not which parent deserves more time but whether the frequency and structure of transitions is compatible with the regulatory capacity of these particular children, a question that the general shared-parenting literature does not answer for any individual family.

Limitations

Several limitations bear on the strength of the conclusions. Most of the evidence linking routines, household chaos, and cross-setting consistency to child outcomes is correlational, and reverse causation is plausible: children with greater behavioural difficulty may themselves erode household order and elicit inconsistent parenting, a bidirectional pattern documented in longitudinal work. Effect sizes for parenting interventions are moderate rather than large, and shrink when blinded raters assess core symptoms (Daley et al., 2014). The shared parenting literature is subject to selection effects and is not specific to neurodivergent populations. No study reviewed here examined cross-household consistency as an experimentally manipulated variable in separated families, for obvious ethical and practical reasons; the argument is therefore

constructed by extension from adjacent literatures rather than tested directly. Finally, generalizations across conditions as heterogeneous as ADHD, ASD, 1p36 deletion syndrome, OCD, and trichotillomania necessarily obscure important differences, and individual children vary substantially within every one of these diagnoses.

Conclusion

The literature reviewed here was developed independently of one another, yet it converges. Family routines predict child adjustment across five decades of research. Household chaos predicts weaker executive function. Inconsistent adult responses strengthen the behaviours they are intended to reduce. Family accommodation maintains OCD. Habit reversal requires caregiver delivery. Behavioural sleep intervention requires a stable schedule. Insistence on sameness predicts anxiety in autism. Children with 1p36 deletion syndrome progress continuously but require sustained, repeated instruction. Feeling caught between parents damages a child's relationship with both parents.

The common thread is that the environment is the intervention. For children whose neurodevelopmental profiles leave them less able to generate internal structure, that structure must be supplied externally and reliably, and reliability cannot be achieved by a single household acting alone. This is not an argument for reducing either parent's role. It is an argument that the child's two environments must function as one developmental setting, and that achieving this is a coordination task belonging to the adults. Where parents can do so, research supports the expectation that children will maintain meaningful relationships with both parents while acquiring the regulatory and practical skills that adult independence requires. Where they cannot, the cost is borne by the children, and it is measured not in a single difficult afternoon but in the width of the life available to them later.

References

- Amato, P. R. (2001). Children of divorce in the 1990s: An update of the Amato and Keith (1991) meta-analysis. *Journal of Family Psychology, 15*(3), 355-370.
<https://doi.org/10.1037/0893-3200.15.3.355>
- Andrews, K., Atkinson, L., Harris, M., & Gonzalez, A. (2021). Examining the effects of household chaos on child executive functions: A meta-analysis. *Psychological Bulletin, 147*(1), 16-32. <https://doi.org/10.1037/bul0000311>
- Battaglia, A., Hoyme, H. E., Dallapiccola, B., Zackai, E., Hudgins, L., McDonald-McGinn, D., Bahi-Buisson, N., Romano, C., Williams, C. A., Brailey, L. L., Zuberi, S. M., & Carey, J. C. (2008). Further delineation of deletion 1p36 syndrome in 60 patients: A recognizable phenotype and common cause of developmental delay and mental retardation. *Pediatrics, 121*(2), 404-410. <https://doi.org/10.1542/peds.2007-0929>
- Bauserman, R. (2002). Child adjustment in joint-custody versus sole-custody arrangements: A meta-analytic review. *Journal of Family Psychology, 16*(1), 91-102.
<https://doi.org/10.1037/0893-3200.16.1.91>
- Cortese, S., Faraone, S. V., Konofal, E., & Lecendreux, M. (2009). Sleep in children with attention-deficit/hyperactivity disorder: Meta-analysis of subjective and objective studies. *Journal of the American Academy of Child & Adolescent Psychiatry, 48*(9), 894-908.
<https://doi.org/10.1097/CHI.0b013e3181ac09c9>
- Daley, D., van der Oord, S., Ferrin, M., Danckaerts, M., Doepfner, M., Cortese, S., & Sonuga-Barke, E. J. S. (2014). Behavioral interventions in attention-deficit/hyperactivity disorder: A meta-analysis of randomized controlled trials across multiple outcome domains.

- Journal of the American Academy of Child & Adolescent Psychiatry*, 53(8), 835-847.
<https://doi.org/10.1016/j.jaac.2014.05.013>
- Davies, P. T., & Cummings, E. M. (1994). Marital conflict and child adjustment: An emotional security hypothesis. *Psychological Bulletin*, 116(3), 387-411.
<https://doi.org/10.1037/0033-2909.116.3.387>
- De Los Reyes, A., Augenstein, T. M., Wang, M., Thomas, S. A., Drabick, D. A. G., Burgers, D. E., & Rabinowitz, J. (2015). The validity of the multi-informant approach to assessing child and adolescent mental health. *Psychological Bulletin*, 141(4), 858-900.
<https://doi.org/10.1037/a0038498>
- Dekkers, T. J., Hornstra, R., van der Oord, S., Luman, M., Hoekstra, P. J., Groenman, A. P., & van den Hoofdakker, B. J. (2022). Meta-analysis: Which components of parent training work for children with attention-deficit/hyperactivity disorder? *Journal of the American Academy of Child & Adolescent Psychiatry*, 61(4), 478-494.
<https://doi.org/10.1016/j.jaac.2021.06.015>
- Farhat, L. C., Olfson, E., Nasir, M., Levine, J. L. S., Li, F., Miguel, E. C., & Bloch, M. H. (2020). Pharmacological and behavioral treatment for trichotillomania: An updated systematic review with meta-analysis. *Depression and Anxiety*, 37(8), 715-727.
<https://doi.org/10.1002/da.23028>
- Fiese, B. H., Tomcho, T. J., Douglas, M., Josephs, K., Poltrock, S., & Baker, T. (2002). A review of 50 years of research on naturally occurring family routines and rituals: Cause for celebration? *Journal of Family Psychology*, 16(4), 381-390. <https://doi.org/10.1037/0893-3200.16.4.381>

- Franklin, M. E., Edson, A. L., Ledley, D. A., & Cahill, S. P. (2011). Behavior therapy for pediatric trichotillomania: A randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 50(8), 763-771.
<https://doi.org/10.1016/j.jaac.2011.05.009>
- Freedman, B. H., Kalb, L. G., Zablotsky, B., & Stuart, E. A. (2012). Relationship status among parents of children with autism spectrum disorders: A population-based study. *Journal of Autism and Developmental Disorders*, 42(4), 539-548. <https://doi.org/10.1007/s10803-011-1269-y>
- Gotham, K., Bishop, S. L., Hus, V., Huerta, M., Lund, S., Buja, A., Krieger, A., & Lord, C. (2013). Exploring the relationship between anxiety and insistence on sameness in autism spectrum disorders. *Autism Research*, 6(1), 33-41. <https://doi.org/10.1002/aur.1263>
- Grych, J. H., & Fincham, F. D. (1990). Marital conflict and children's adjustment: A cognitive-contextual framework. *Psychological Bulletin*, 108(2), 267-290.
<https://doi.org/10.1037/0033-2909.108.2.267>
- Hayes, S. A., & Watson, S. L. (2013). The impact of parenting stress: A meta-analysis of studies comparing the experience of parenting stress in parents of children with and without autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 43(3), 629-642. <https://doi.org/10.1007/s10803-012-1604-y>
- Hiscock, H., Sciberras, E., Mensah, F., Gerner, B., Efron, D., Khano, S., & Oberklaid, F. (2015). Impact of a behavioural sleep intervention on symptoms and sleep in children with attention deficit hyperactivity disorder, and parental mental health: Randomized controlled trial. *BMJ*, 350, h68. <https://doi.org/10.1136/bmj.h68>

- Jordan, V. K., Zaveri, H. P., & Scott, D. A. (2015). 1p36 deletion syndrome: An update. *The Application of Clinical Genetics*, 8, 189-200. <https://doi.org/10.2147/TACG.S65698>
- Lebowitz, E. R., Panza, K. E., & Bloch, M. H. (2016). Family accommodation in obsessive-compulsive and anxiety disorders: A five-year update. *Expert Review of Neurotherapeutics*, 16(1), 45-53. <https://doi.org/10.1586/14737175.2016.1126181>
- Levelink, B., van der Vlegel, M., Mommers, M., Gubbels, J., Dompeling, E., Feron, F. J. M., van Zeben-van der Aa, D. M. C. B., Hurks, P., & Thijs, C. (2021). The longitudinal relationship between screen time, sleep and a diagnosis of attention-deficit/hyperactivity disorder in childhood. *Journal of Attention Disorders*, 25(14), 2003-2013. <https://doi.org/10.1177/1087054720953897>
- McHarg, G., Ribner, A. D., Devine, R. T., & Hughes, C. (2020). Screen time and executive function in toddlerhood: A longitudinal study. *Frontiers in Psychology*, 11, 570392. <https://doi.org/10.3389/fpsyg.2020.570392>
- Nielsen, L. (2018). Joint versus sole physical custody: Children's outcomes independent of parent-child relationships, income, and conflict in 60 studies. *Journal of Divorce & Remarriage*, 59(4), 247-281. <https://doi.org/10.1080/10502556.2018.1454204>
- Pinquart, M. (2017). Associations of parenting dimensions and styles with externalizing problems of children and adolescents: An updated meta-analysis. *Developmental Psychology*, 53(5), 873-932. <https://doi.org/10.1037/dev0000295>
- Reuben, C., & Elgaddal, N. (2024). *Attention-deficit/hyperactivity disorder in children ages 5-17 years: United States, 2020-2022* (NCHS Data Brief No. 499). National Center for Health Statistics. <https://doi.org/10.15620/cdc/148043>

- Sanders, M. R., Kirby, J. N., Tellegen, C. L., & Day, J. J. (2014). The Triple P-Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support. *Clinical Psychology Review, 34*(4), 337-357.
<https://doi.org/10.1016/j.cpr.2014.04.003>
- Schrodt, P. (2026). Interparental conflict and parent-child triangulation: A meta-analytical review of children feeling caught between parents. *Human Communication Research, 52*(2), 77-89. <https://doi.org/10.1093/hcr/hqaf018>
- Selman, S. B., & Dilworth-Bart, J. E. (2024). Routines and child development: A systematic review. *Journal of Family Theory & Review, 16*(2), 272-328.
<https://doi.org/10.1111/jftr.12549>
- Shaw, K. A., Williams, S., Patrick, M. E., Valencia-Prado, M., Durkin, M. S., Howerton, E. M., Ladd-Acosta, C. M., Pas, E. T., Bakian, A. V., Bartholomew, P., Nieves-Munoz, N., Sidwell, K., Alford, A., Bilder, D. A., DiRienzo, M., Fitzgerald, R. T., Grzybowski, A., Hudson, A. E., Spivey, M. H., ... Shenouda, J. (2025). Prevalence and early identification of autism spectrum disorder among children aged 4 and 8 years: Autism and Developmental Disabilities Monitoring Network, 16 sites, United States, 2022. *MMWR Surveillance Summaries, 74*(2), 1-22. <https://doi.org/10.15585/mmwr.ss7402a1>
- Shaw, P., Stringaris, A., Nigg, J., & Leibenluft, E. (2014). Emotion dysregulation in attention deficit hyperactivity disorder. *American Journal of Psychiatry, 171*(3), 276-293.
<https://doi.org/10.1176/appi.ajp.2013.13070966>
- Snorrason, I., Berlin, G. S., & Lee, H.-J. (2015). Optimizing psychological interventions for trichotillomania (hair-pulling disorder): An update on current empirical status.

Psychology Research and Behavior Management, 8, 105-113.

<https://doi.org/10.2147/PRBM.S53977>

Vernon-Feagans, L., Willoughby, M., & Garrett-Peters, P. (2016). Predictors of behavioral regulation in kindergarten: Household chaos, parenting, and early executive functions.

Developmental Psychology, 52(3), 430-441. <https://doi.org/10.1037/dev0000087>

Wu, M. S., McGuire, J. F., Martino, C., Phares, V., Selles, R. R., & Storch, E. A. (2016). A meta-analysis of family accommodation and OCD symptom severity. *Clinical*

Psychology Review, 45, 34-44. <https://doi.org/10.1016/j.cpr.2016.03.003>

Yogman, M., Garner, A., Hutchinson, J., Hirsh-Pasek, K., & Golinkoff, R. M. (2018). The power of play: A pediatric role in enhancing development in young children. *Pediatrics*, 142(3),

Article e20182058. <https://doi.org/10.1542/peds.2018-2058>