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IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA

SECOND APPELLATE DISTRICT

DIVISION FOUR

In re T.L. et al., Persons Coming Under
the Juvenile Court Law.

B237264
(Los Angeles County
Super. Ct. No. CK66178)

LOS ANGELES COUNTY
DEPARTMENT OF CHILDREN AND
FAMILY SERVICES,

Plaintiff and Respondent,

v.

KELLIE L.,

Defendant and Appellant.

APPEAL from an order of the Superior Court of Los Angeles County,
Marilyn Mordetzky, Juvenile Court Referee. Affirmed.

Michael A. Salazar, under appointment by the Court of Appeal, for
Defendant and Appellant.

John F. Krattli, Acting County Counsel, James M. Owens, Assistant County
counsel and Peter Ferrera, Deputy County Counsel, for Plaintiff and Respondent.

Appellant Kellie L. (Mother), mother of a 16-year old girl, “T.” and a 14-year old boy, “J.” contends the juvenile court abused its discretion when it instructed Mother to undergo therapy with a Department of Children and Family Services (DCFS) approved therapist in its dispositional order. Mother, who does not dispute on appeal that she suffers from multiple mental and emotional problems, contends she should be permitted to meet the therapy requirement of the reunification plan by continuing therapy with the non-approved psychologist she has been seeing regularly for the past 13 years. We affirm the order. Requiring a parent who suffers mental and emotional difficulties to undergo therapy with a DCFS-approved therapist before the children are returned is not an abuse of discretion. Moreover, under the circumstances, the court could reasonably conclude that Mother would be unable to make sufficient progress within the limited time the Welfare and Institutions Code affords for reunification if she continued with a therapist who had been unable to stabilize her mental and emotional state after over a decade of effort.

FACTUAL AND PROCEDURAL BACKGROUND

A. Mother’s Background

In 1999 or 2000, Mother was pulled from her work vehicle and sexually assaulted. Mother has been seeing her current therapist, Larry Coates, Ph.D., on a weekly or twice weekly basis since that incident.¹ Mother reported that she has had psychological problems since she was a teenager and attempted suicide when she was 17 or 18. She further reported that she was hospitalized at a young age due to depression, anorexia and bulimia.

¹ Mother had participated in therapy with Dr. Coates on two prior occasions for brief periods. As the injury occurred on the job, appellant’s therapy with Dr. Coates and her medical prescriptions were paid for through workers’ compensation.

B. Prior Proceedings and Referrals

The family first came to the attention of DCFS more than a decade ago in 2000. An allegation had been made that the children's father, Scott L., had left T. and J. with an irresponsible caretaker -- a 14-year old half-sibling, who allegedly threatened to harm them.² The allegation was not substantiated. Numerous reports followed over the ensuing years. In June 2002, DCFS substantiated a report of abuse by a half-sibling. In June 2006, DCFS substantiated a report that Mother attempted to commit suicide by ingesting an overdose of pills in the presence of the minors, after repeatedly expressing an intent to end her life. In both cases, DCFS stabilized the situation without filing a Welfare and Institutions Code section 300 petition.³

In January 2007, DCFS learned that Mother had become paranoid and hallucinatory after taking multiple prescription medications.⁴ DCFS filed a section 300 petition and detained the two children.⁵ The sustained allegation stated that Mother had "a mental health[] history, including a diagnosis of Post Traumatic Stress Disorder [(PTSD)] and Depression" and was suffering hallucinations due to prescribed medication. DCFS conducted an investigation. Dr. Coates, who had been seeing Mother for the previous seven or eight years, reported that Mother had

² Scott and Mother were divorced in 2000. Scott died in 2008.

³ Further statutory citations are to the Welfare and Institutions Code unless otherwise indicated.

⁴ Although they had been divorced since 2000, Mother was staying with Scott at the time the petition was filed because she was "losing her house."

⁵ The hospital report indicated that Mother was taking eight or nine different medications at the time, including morphine and multiple psychotropic drugs (Wellbutrin, Seroquel, Lamictal, Effexor and Klonopin), that she was "gravely disabled," "ambivalent about being in the hospital and being without her large collection of medications," and had "a disposition toward [narcotic] abuse and dependency." The attending physician, John Beck, M.D., attempted to have her held involuntarily but Mother, with the help of Dr. Coates, was able to persuade the hospital to release her.

experienced only brief periods of depression, that she was taking adequate care of the children, and that the children were not at risk. The children reported that Mother was often depressed and stayed in her room, leaving T., who was then 13, to cook and care for the family.⁶ Scott reported that Mother was depressed “7 out of the 7 days in a week” and had attempted suicide twice by taking an overdose of pills.⁷ He stated that Mother did very little to care for herself or the children and that “if the kids stay with [her,] they will raise themselves.” With respect to her therapy and the prescribed psychotropic medications, Scott stated: “If she was off her pills she would be normal. What Larry Coates says is gospel to her. Everyone for years has suggested for her to get a new therapist. After 5 to 6 years you would think there would be some change. . . . I don’t think she needs those pills. She’s addicted.”

Custody of the children was transferred to Scott and the family received family preservation services for several months in 2007.⁸ The October 2007 exit order reaffirmed Scott’s custody and gave Mother supervised visitation only, due to “[u]nresolved mental health issues.” In December 2008, while Scott was hospitalized and on a ventilator just prior to his death, Mother obtained an order from family court granting her custody of the children. In moving for custody, Mother stated that Scott had asked her to move into his home to take care of the children before he was hospitalized, and that she needed an order transferring legal

⁶ Mother reported that T. “love[d] to cook” and that J. “voluntarily t[ook] care of [Mother].”

⁷ It is not clear if these attempts were in addition to or inclusive of the 2006 suicide attempt documented by DCFS.

⁸ During this period, Scott sought a protective order due to an incident in July 2007, when Scott was picking the children up from a visit with Mother. Mother told the children to go into the bedroom and lock the door and said they would be punished if they went with their father. Mother then attempted to have Scott arrested.

custody to her because the children required medical attention and there was no other adult to oversee their care.⁹

C. Current Proceeding

1. Pre-Petition

In September 2010, Mother and T. reported to DCFS that J. had threatened T. with a knife. Mother further reported that J. had physically abused T. in the past, punched a hole in a wall, broken a window, and started at least three small fires in the home. T. reported that Mother blamed her for the fights with J., and further reported that Mother pulled her hair and slapped her face on more than one occasion.¹⁰ Nonetheless, T. felt safe with Mother as long as J. was out of the home, and DCFS did not seek to detain her at that time. J. was arrested, a section 602 petition was filed against him, and an allegation of brandishing a weapon was subsequently sustained. After an unsuccessful attempt to place him home on probation, J. was removed from the family home and sent first to a hospital, next a group home, and then to the home of family friends.

Mother agreed to an assessment by an evaluator which took place in September 2010. Mother told the evaluator, Jennifer Gorman, LMFT, that during her childhood, she had been beaten by her father and abandoned by her mother. She further reported having been sexually abused a total of six times, including the 1999 incident. Mother claimed that Scott had raped and beaten her during their

⁹ In 2011, DCFS learned that Scott had provided a written document to his sister and her husband, granting them custody of the children while he was hospitalized and authority to make medical decisions for them. In addition, Scott had specified in his will that his sister should become the guardian of the children after his death. In 2010, Mother admitted to a mental health evaluator that Scott's sister had guardianship of the children before Mother went to family court to have them returned to her custody.

¹⁰ T. also reported that she had been hallucinating and stated that she had had fleeting thoughts of suicide.

marriage.¹¹ Mother reported only three prescriptions -- Xanax for anxiety and Percocet and Imitrex for pain. The evaluator concluded that Mother suffered from PTSD, major depressive disorder, and panic disorder. The evaluator expressed “serious concerns regarding [Mother’s] parental capacity due to her past history of emotional instability and her current mental health symptoms,” which included indications of “dissociative symptoms” -- a possible indicator of psychosis. The evaluator was particularly concerned about Mother’s ability to protect T. from J., should he return to the home, due to her deficient parenting skills. The evaluator recommended a more comprehensive section 730 evaluation, “intensive in-home” training in parenting skills, and “counseling to address safety concerns and parenting of her children” and “to learn coping skills regarding her past trauma, her depression and [her] anxiety.”

In February 2011, after several months of involvement with the family, DCFS suggested institution of voluntary family maintenance services. Mother was at first cooperative and agreed to attend a team decision meeting, but subsequently left a message cancelling her appearance at the meeting and instructing the caseworker to stop speaking to the children.

2. Petition and Preliminary Proceedings

On February 15, 2011, DCFS filed a section 300 petition, alleging that Mother failed to protect T. from J., physically abused T. and J., and medically

¹¹ Mother made no such allegations during DCFS’s 2007 investigation, when Scott was still alive. In 2007, Mother reported only the 1999 sexual assault and did not indicate to the caseworker that her childhood had been abusive in any way. When interviewed in 2011, Mother reported no parental abuse to the caseworker and said that she and her mother and siblings (her father was by then deceased) were “close.”

neglected T. by failing to obtain mental health services for her.¹² T. remained undetained.

In March 2011, the caseworker reported that Mother had made one attempt to visit J. and had, in defiance of an explicit court order, brought T. to the visit. Mother regularly called J., but the calls, which included verbal abuse and threats of physical harm, left J. “disturbed and distant.” J.’s therapist reported that J. had “act[ed] out,” and engaged in “aggressive behavior[.]” due to being “bullied, ridiculed, verbally abused and thus emotionally abused by [Mother].” The therapist advised against family therapy because in order for it to be effective, Mother’s “mental and emotional state must be stabilized” and it “clearly [is] not at this time.” The caseworker noted the J. was “thriving” in the new home and that there had been no incidents of violence or serious misbehavior since he had been removed from Mother. She expressed concern that J.’s placement would be in jeopardy “should [Mother’s] unstable behaviors continue and her threats continue to the care provider.”¹³

¹² In October and November 2010, after he was out of the home, J. reported that Mother had choked him on two occasions, had on multiple occasions pinned him on the ground with his hands behind his back and poked him with her fingernails, and was consistently verbally abusive. In February 2010, T. reported that Mother had repeatedly held her down and slapped her face and had done the same to J. These accusations were initially deemed unsubstantiated or inconclusive, but after further investigation, were alleged in support of the February 2011 petition.

¹³ In May 2011, Mother called J.’s guardian and left the following message: “I’m tired of being nice. I’m tired of bending over backwards to make you feel better. I left a message for [J.] to call me, if he does not call me when I leave a message, if he does not call me that day, that’s one more strike against you, and believe me when I say I will do everything in my power to make sure you do lose your job. I want to speak to [J.] when he gets home from school today. Whether it[’]s convenient or not, I want to speak to my son. And if you need to place him somewhere else because your delicate features and you can’t handle me being me well tough shit because he will know the reason he’s leaving is because of you. Like I said, he better call me today, no if, ands or inconvenience about it.”

With respect to Mother's insight into her psychological problems, the caseworker stated: "[Mother] is currently identifying child [J.] as the problem, however, based on child welfare review, [Mother] has in the past identified [Scott] as the cause for discord. It appears that once [Scott] was no longer available for placing blame, [Mother] moved onto child [J.] and [DCFS] is extremely concerned that this behavior . . . will transfer to [T.], . . . as [Mother remains emotionally unstable. [Mother] has had several years of therapeutic services and it appears that her coping mechanisms rely on isolating herself and placing blame on others, rather than working through her issues to become a more healthy and stable parent and individual."

On March 23, 2011, DCFS filed an amended petition, alleging that Mother: (1) failed to protect T. from J., resulting in J. physically abusing T. by striking and choking her and banging her head against the floor; (2) "physically abused [T.] by striking the child's face . . . and pulling [her] hair"; (3) "physically abused [J.] by striking [him] with [her] fists," grabbing his face and holding him down; (4) medically neglected T. by failing to obtain medical attention when the child reported auditory and visual hallucination; and (5) emotionally abused J. by threatening him, accusing him of being mentally ill, and blaming him for the family's problems. That same day, the caseworker learned that Mother had kicked T. out of Mother's home and that T. was staying with a friend's family. At DCFS's recommendation, the court ordered T. detained.

In April 2011, Dr. Coates wrote a letter on Mother's behalf. He stated that she was "currently stable from a psychological point of view," had "exhibited good parenting skills" over the years, and had "always acted in [the children's] best interests." He attributed her problematic relationship with her children to her having been "sabotaged by her ex[-]husband." The letter further stated that to Dr. Coates's knowledge, Mother "ha[d] never been suicidal nor made any suicide

attempt.” Dr. Coates unreservedly stated that Mother was “not a danger to her children” and was “capable of providing for them in a reasonable fashion.”

The court ordered an Evidence Code section 730 evaluation of Mother. Phani M. Tumu, M.D. performed the evaluation in June 2011. Dr. Tumu diagnosed Mother as suffering from PTSD and depression and further stated that “the diagnoses of opiate dependence and benzodiazepine dependence cannot be ruled out at this time.”¹⁴ In Dr. Tumu’s view, “[Mother] may be dependent on opiates and/or benzodiazepines which could be part of the reason for her previous neglect.” He explained that “[u]se of benzodiazepines and opiates in high quantities could lead to somnolence, impaired memory, and poor attention span” and “could be a factor in her inattentive behavior (and neglect) toward her children.” Dr. Tumu concluded that “[g]iven [Mother’s] present mental condition, if the minors were returned to [her] in an unmonitored setting, there is a risk that they can be physically or emotionally abused by [Mother].” For the future, Dr. Tumu recommended monitored visitation and telephone contact, “as [unmonitored visitation and telephone contact] has had detrimental effects towards her children.” Dr. Tumu also recommended several times in his report that Mother be under the care of a psychiatrist for medication management and that she participate in individual therapy with a psychotherapist, which should “specifically focus on learning coping skills regarding her past trauma, as her current use of benzodiazepines could be the result of not having learned how to cope with post traumatic stress disorder symptoms.” At one point when discussing therapy, the report stated that Mother should “continue psychotherapy with Dr. Coates.”

¹⁴ The report noted that Mother was taking “a significant amount of opioid medications,” including Percocet and Dilaudid, as well as Soma, a muscle relaxant. The report stated that all three medications were addictive and that Mother was, in addition, taking two benzodiazepines -- Klonopin and Xanax -- recommended for short term use only, but which Mother appeared to have been taking for some time.

3. Jurisdiction/Disposition

In May 2011, DCFS and Mother reached a preliminary agreement on jurisdiction. DCFS filed a second amended petition (SAP), alleging that Mother had “limited ability and inadequate resources to deal with sibling verbal and physical confrontations” and as a result, “used inappropriate means of controlling the minors by pulling [T.], smacking [T.’s] face, grabbing [J.’s] face[,] holding [J.] down,” and “us[ing] inappropriate verbal remarks against [J.]” At the next status hearing, the court expressed concern that the parties’ agreement did not include an allegation concerning Mother’s mental health issues. The SAP was amended to add the allegation that Mother had “demonstrated numerous mental and emotional problems,” including PTSD and depression, that she had “a prior substantiated allegation in 2007 for failing to provide regular care for the children as a result of her mental health issues,” and that Mother’s unresolved health issues prevent her from providing regular care and supervision of the children, placing them at risk of harm. Mother contested the new allegation.

At the July 13, 2011 contested jurisdictional hearing, T. testified that when she was living with Mother, she took care of Mother because Mother stayed in her bedroom all the time. T. was afraid of her because Mother had pulled her hair and slapped her and was not “all there” after taking medication. On some occasions, Mother’s attention wandered or she dozed off or slurred her speech. Asked whether she wanted to return to Mother’s custody, T. responded in the negative. She further stated she did not want to have visitation with Mother or engage in conjoint therapy with her. T. explained she had been in therapy with Mother in the

past, and Mother had blamed her for everything and told the therapist that everything T. said was a lie.¹⁵

Mother testified that she and Dr. Coates had fully addressed her problems with PTSD and depression. She denied that there was any possibility she could be suffering from an opiate dependence. She stated that the only time her mental health had interfered with her ability to parent was during the 2007 incident, when she hallucinated and was hospitalized. Mother blamed Scott for that incident, faulting him for not cutting short a vacation to care for her when she began hallucinating. She denied that she had lost control of J. on the day he threatened T. with a knife, claimed that she used the tools taught to her by Dr. Coates that day to control the situation, and blamed the incident on the children's grief and anger over Scott's death. She denied spending the majority of her time in her bedroom, claiming that she spent time there only when she and the children wanted to watch different programs on television. She denied that the recent automobile accidents in which she and T. had been involved were due to her being under the influence. In closing, her counsel argued that the allegation that Mother had unresolved mental health issues was untrue.

The court sustained the amended petition, finding the allegations true as pled and jurisdiction warranted under subdivision (a) (serious physical harm) and subdivision (b) (failure to protect). Explaining its findings, the court emphasized T.'s testimony "describ[ing] [Mother] as someone who is always on medication and is not 'all there' and is confined to her room . . . while her two children fend

¹⁵ Just prior to the hearing, the caseworker filed a "last minute information" that stated T. had gotten into "another" argument with Mother during a telephone call, and that when T. calmly ended the call, Mother angrily called back and threatened T. T. further reported that Mother had purported to fire T.'s therapist. The last minute information also indicated that Mother had been involved in two automobile accidents since the SAP was filed, once when T. was in the car.

for themselves.” The court stated that this testimony, in combination with the conclusions of Dr. Tumu, indicated that the opioids and benzodiazepines Mother was ingesting “have contributed significantly to hindering her quality of life as well as her being inattentive to the parenting of these two children.”

Turning to disposition, the court ordered parenting classes, individual counseling, and consultation with a psychiatrist and pain management specialist to review the amount of opioids and benzodiazepines Mother was taking. The written order stated: “All treating therapists/counselors shall be DCFS-approved.” At the hearing, the court emphasized the part of its disposition case plan it considered “the most vital”: “[Mother] needs to work with her psychiatrist and her pain medication specialist to work with decreasing the amount of medication that [she] is taking because that really is behind not only her quality of life[;] it is also hindering her ability to properly parent the children.”

4. Order Re Counseling

In September 2011, the caseworker reported that Mother’s visits with T. and J. were difficult and occasionally cut short because Mother brought up inappropriate topics or yelled at the children. The caseworker obtained a copy of an April 2011 report on pain management prepared in connection with Mother’s workers’ compensation case. It stated that Mother “has very low activity tolerance including activities of daily living, such as writing, movement and self care.”

The caseworker’s September 2011 report did not mention Dr. Coates by name and contained no recommendation concerning Mother’s individual therapy, although it stated that the caseworker was looking for a therapist who specialized in family therapy to counsel Mother and the children when they were ready to begin conjoint therapy. The report further stated Mother had been instructed to discuss with her doctors reducing her medication. By letter dated September 9,

2011, Dr. Coates reported that Mother was consistently appearing for counseling and “gaining insight in how to deal with her children” as evidenced by “the positive monitored visits with her children.” He stated that Mother was “compliant with her medicine” and that there was “no indication that [Mother was] abusing or misusing her medications.” In a one paragraph letter, Mother’s psychiatrist, Apurva V. Shah, M.D., stated: “At this time it would not be beneficial to change [Mother’s] medication. The medication that [Mother] is currently on does not conflict with her ability to parent her children.”

At the September 2011 review hearing, the court expressed concern that Mother was still seeing Dr. Coates.¹⁶ Counsel for mother pointed out that he was a licensed psychologist. Counsel for DCFS noted that Dr. Coates was not approved and stated: “[T]he Department has made it clear Dr. Coates is not appropriate. And, yet, Mother wants to see him . . . [T]hat’s not what we think she needs.” The court stated: “That’s the problem. When you are in therapy and you feel comfortable, there is an issue. Because to get to the core of the issues in this case, Mother is going [to] have to feel uncomfortable. And . . . she doesn’t want to do that.” Mother’s counsel pressed for conjoint counseling to begin, over the objections of DCFS’s counsel and T.’s counsel. The court responded: “First of all, she has already been told by the court, as well as, the Department, this is not a proper therapist. She hasn’t done anything. [¶] So the Department is to give the Mother referrals regarding a licensed therapist that they approve. [¶] And my order is further that the social worker contact the [children’s] therapist and see if she can recommend someone that they know so that they can work hand in hand.

¹⁶ The court indicated that it had expressed concern about Mother undergoing counseling with Dr. Coates in the past, but no such comments appear in the record. Prior to this hearing, Mother attempted to change T.’s class schedule without discussing the matter with T. or T.’s guardians, causing the court to limit her right to make educational decisions for T.

And then we will reassess the conjoint counseling again. But I'm not going to make a big [stride] towards that until Mother makes her own [strides] trying to unify with these children." Mother noticed an appeal of the court's order.

DISCUSSION

The sole contention made on appeal is that the court abused its discretion in ordering Mother to undergo therapy with a DCFS-approved therapist "without a factual basis." Citing no authority, Mother contends it is an abuse of discretion for the court to "micro-manage" Mother's recovery in this fashion. We perceive no abuse of discretion in the court's actions.¹⁷

Once a child is found to be under the jurisdiction of the juvenile court, section 362, subdivision (c) grants the court "broad discretion to determine what would best serve and protect the child's interest and to fashion a dispositional order in accord with this discretion." (*In re Alexis E.* (2009) 171 Cal.App.4th 438, 454 quoting *In re Christopher H.* (1996) 50 Cal.App.4th 1001, 1006-1007.) Section 362, subdivision (c), provides that "[t]he program in which a parent . . . is required to participate" must be "designed to eliminate those conditions that led to the court's finding that the minor is a person described by Section 300." (*In re Alexis, supra*, at p. 454.) The provision specifically empowers the juvenile court "to order a parent to participate in a counseling program 'designed to eliminate those conditions that led to the court's finding that the minor is a person described by

¹⁷ Respondent contends Mother forfeited the issue by failing to raise a timely objection in the juvenile court. At the original dispositional hearing, the court ordered Mother to undergo counseling with an approved therapist. There was no indication whether Dr. Coates was approved. When the issue arose at the September 12, 2011 hearing, and counsel for DCFS stated that Dr. Coates had not been approved, Mother's counsel protested that Dr. Coates was a licensed psychologist. The court subsequently made clear that, Dr. Coates was not acceptable to the court. Further protest would have been futile.

Section 300.’” (*In re Eduardo A.* (1989) 209 Cal.App.3d 1038, 1041, quoting § 362, subd. (c); see *In re A.E.* (2008) 168 Cal.App.4th 1, 3-5 [affirming juvenile court order directing non-offending father to participate in program of parent education and counseling where father displayed inappropriate attitude toward mother’s corporal punishment of their small children].) A juvenile court’s dispositional orders are reviewed under the abuse of discretion standard. (*In re Neil D.* (2007) 155 Cal.App.4th 219, 225.)

The court’s order requiring Mother to participate in therapy with an approved therapist cannot be considered an abuse of discretion. Indeed, under the present circumstances, it may represent the only chance for Mother to eliminate the conditions that led to assertion of jurisdiction over the children and remedy the problems leading to their detention. The record establishes that Mother’s longstanding mental and emotional problems were unresolved in 2007, after seven or eight years of therapy with Dr. Coates, when the juvenile court transferred custody to Scott and accorded Mother monitored visitation only. They remained unresolved in September 2011, after a dozen years of therapy with Dr. Coates. According to the evidence, major depression or drug-induced torpor had left Mother spending the majority of her time in her bedroom, leaving T. and J. to fend for themselves. Mother’s failure to care for or supervise her children had nearly lethal consequences. J. threatened his sister with a knife before being arrested and removed from the home. Mother demonstrated no capacity for coping with that situation or for preventing a similar situation from arising again. Moreover, despite her years of therapy, she demonstrated no insight into her responsibility for the family’s dysfunction. Instead, she emotionally abused T. and J. by blaming them for the family’s problems and DCFS’s intervention. Absent a meaningful change in Mother’s coping skills, the chance of reunifying with her children within the requisite period was severely limited.

Mother contends the court's order is in defiance of Dr. Tumu's recommendation -- the statement in his report that she should "continue psychotherapy with Dr. Coates" -- and that the court should not presume to know better than its appointed expert. Preliminarily, we point out that an expert opinion is not binding on the court and that the court, as trier of fact, may reject even uncontradicted testimony from an expert witness. (See *Foreman & Clark Corp. v. Fallon* (1971) 3 Cal.3d 875, 890; *People v. Gentry* (1968) 257 Cal.App.2d 607, 611.) Moreover, Dr. Tumu's primary task was to determine Mother's then current mental state and advise the court whether providing reunification services geared toward improving her mental health would benefit her and the family. (See *In re Eduardo A., supra*, 209 Cal.App.3d at p. 1042 ["[A] court-ordered psychiatric examination is aimed at determining for the information of the patient and/or for the court, the patient's mental or emotional condition."]; *Laurie S. v. Superior Court* (1994) 26 Cal.App.4th 195, 202-203 [after court finds jurisdiction appropriate, parent may be ordered to undergo psychological evaluation to determine if parent is capable of utilizing reunification services].) He was not asked to address whether Mother was better off remaining with Dr. Coates or transferring to a new therapist. The court was under no obligation to treat the casual reference in the report to Mother "continu[ing] psychotherapy" with her current therapist as Dr. Tumu's considered opinion that Dr. Coates represented Mother's best treatment option.

Even were we to agree that Dr. Tumu's reference to Dr. Coates represented a recommendation to the court, we would not reverse the court's order. Contrary to Mother's assertion, substantial evidence from medical and psychological experts supported the court's decision that Dr. Coates's treatment was hindering Mother's ability to parent, and that maintaining the status quo would effectively preclude Mother from reunifying with the children. Jennifer Gorman, who evaluated

Mother in 2010 after she had been in treatment with Dr. Coates for a decade, found Mother severely depressed, emotionally unstable, a danger to her children, and possibly on the verge of psychosis. In 2011, J.'s therapist described Mother as unstable and not ready for family therapy. Dr. Tumu opined that Mother's lethargy and parental neglect were likely the fault of the numerous medications she was taking on a daily basis and stressed the importance of having her work with her doctors and with her therapist to learn methods of coping that did not involve overuse of narcotics. In 2007, Dr. Beck similarly indicated that Mother's mental health issues were likely exacerbated by the multiple drugs that had been prescribed, and that she appeared to have "a disposition toward [narcotic] abuse and dependency." After Dr. Tumu prepared his report, Mother was instructed by the court and advised by the caseworker to discuss reducing her medication with her doctors. Dr. Coates's subsequent letter indicated he had undertaken no serious consideration of how the prescribed medication might be contributing to her inability to parent, and that he continued to be unaware of how seriously dysfunctional Mother was. He simply stated: "She is compliant with her medicine and there is no indication that she is abusing or misusing her medications."¹⁸ Based on the opinion of all the experts who had observed or examined Mother, the court could reasonably conclude that Mother required a different therapeutic approach to become a functional parent within the 18-month time frame for reunification to occur.

¹⁸ The letter also established Dr. Coates's inaccurate view of the nature of the relationship between Mother and the children, as he referred to the "positive monitored visits" between them.

DISPOSITION

The order is affirmed.

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MANELLA, J.

We concur:

EPSTEIN, P. J.

WILLHITE, J.