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FILED

December 8, 2016
Carla Bender
4th District Appellate
Court, IL

2016 IL App (4th) 160544-U
NOS. 4-16-0544, 4-16-0545 cons.

IN THE APPELLATE COURT
OF ILLINOIS
FOURTH DISTRICT

In re: R.P., a Minor,)	Appeal from
THE PEOPLE OF THE STATE OF ILLINOIS,)	Circuit Court of
Petitioner-Appellee,)	Livingston County
v. (No. 4-16-0544))	No. 13JA4
DANIELLE POWELL,)	
Respondent-Appellant.)	
-----)	
In re: W.P., a Minor,)	No. 14JA1
THE PEOPLE OF THE STATE OF ILLINOIS,)	
Petitioner-Appellee,)	
v. (No. 4-16-0545))	Honorable
DANIELLE POWELL,)	Robert M. Travers,
Respondent-Appellant.)	Judge Presiding.

JUSTICE HOLDER WHITE delivered the judgment of the court.
Justices Steigmann and Appleton concurred in the judgment.

ORDER

¶ 1 *Held:* The appellate court affirmed, concluding the trial court's fitness and best-interest findings were not against the manifest weight of the evidence.

¶ 2 In February 2015, the State filed petitions to terminate the parental rights of respondent, Danielle Powell, as to her children, R.P. (born September 10, 2006) and W.P. (born February 13, 2014). Respondent fathers previously surrendered their parental rights and are not parties to this appeal. In December 2015, the trial court found respondent unfit. In May 2016, the court determined it was in the children's best interest to terminate respondent's parental rights.

¶ 3 Respondent appeals, asserting the trial court's fitness and best-interest findings were against the manifest weight of the evidence. We affirm.

¶ 4 I. BACKGROUND

¶ 5 A. Adjudication of Wardship

¶ 6 In March 2013, the State filed a petition for adjudication of wardship, alleging R.P. was neglected in that her environment was injurious to her welfare pursuant to section 2-3(1)(b) of the Juvenile Court Act of 1987 (Juvenile Act) (705 ILCS 405/2-3(1)(b) (West 2012)) in that the environment exposed her to (1) consumption of food containing nuts, a known and diagnosed allergen of the minor (count I); and (2) ingestion of prescription medication for which the minor did not have a prescription (count II). Upon completion of an August 2013 adjudicatory hearing, the trial court found that while the State failed to meet its burden of proof as to count I, it did meet its burden as to count II. Following a September 2013 dispositional hearing, the court (1) found respondent unfit and unable to care for R.P., (2) made R.P. a ward of the court, and (3) placed R.P. under the guardianship of the Department of Children and Family Services (DCFS).

¶ 7 Upon W.P.'s birth, DCFS removed W.P. from respondent at the hospital. Later that same month, the State filed a petition for adjudication of wardship, alleging W.P. to be neglected in that her environment was injurious to her welfare based on (1) R.P.'s prior adjudication as a neglected minor; (2) the finding of unfitness as to respondent in R.P.'s case; (3) respondent's failure to restore herself to fitness; and (4) respondent's failure to correct the conditions that brought R.P. into care, in that respondent did not complete individual counseling. 705 ILCS 405/2-3(1)(b) (West 2014). After a June 2014 adjudicatory hearing, the trial court found the State had proved the allegations in the petition. Following a July 2014 dispositional

hearing, the court (1) determined respondent was unfit and unable to care for W.P., (2) made W.P. a ward of the court, and (3) placed W.P. under the guardianship of DCFS.

¶ 8 B. Termination Proceedings

¶ 9 In February 2015, the State filed a petition to terminate respondent's parental rights as to both children. By the date of the hearing, the sole count of each petition alleged respondent demonstrated an inability to discharge parental responsibilities as supported by competent evidence, and her inability to discharge parental responsibilities would exceed a reasonable period of time. 750 ILCS 50/1(D)(p) (West 2014).

¶ 10 1. *Fitness Hearing*

¶ 11 The fitness hearing commenced in July 2015 and spanned five nonconsecutive days, with the trial court entering its fitness finding in December 2015. During the fitness hearing, the court heard the following evidence.

¶ 12 a. Megan Rebbe

¶ 13 Megan Rebbe, a foster care caseworker for the Baby Fold, an agency that contracts with DCFS to provide foster services, testified she had been the family's caseworker throughout the pendency of the case. DCFS initially took R.P. into care due to exposure to peanuts and prescription medication, but other issues existed as well, such as R.P.'s morbid obesity and the presence of multiple yeast infections on her body. R.P. was also developmentally delayed.

¶ 14 According to Rebbe, respondent successfully completed parenting classes, a psychological evaluation, and a domestic-violence assessment. Respondent was also recommended for individual counseling, but Rebbe testified respondent's participation was

inconsistent. Rebbe testified respondent resisted counseling because she did not believe it was necessary.

¶ 15 During visits, Rebbe noticed respondent had difficulty telling R.P. "no" and providing discipline. For example, on one occasion, R.P. pushed W.P. down onto a sidewalk, and respondent did not reprimand or punish R.P. On another occasion, Rebbe had to place R.P. in time-out during a visit when respondent failed to appropriately respond to R.P. throwing a tantrum. In that instance, rather than disciplining R.P. for screaming and kicking Rebbe's seat in the car, respondent hugged her and told her it was going to be fine. Rebbe also found respondent lacked the knowledge and education necessary to properly parent R.P., who was developmentally delayed. Despite weekly visits, respondent also failed to provide updated information about her employment, medical concerns, or general complaints, and she often relied on her mother, Teresa Powell, to form her opinions and communicate with Rebbe. Respondent also filed several complaints against Rebbe during the pendency of the case but never raised any of her concerns directly with Rebbe.

¶ 16 b. Dr. Mary Zashin

¶ 17 Dr. Mary Zashin testified, in September 2013, she completed a psychological evaluation of respondent. Dr. Zashin used multiple tests in her evaluation of respondent, including, (1) the Wechsler Adult Intelligence scale, which assesses cognitive ability and functioning; (2) the Millon test, which assesses mental status and psychological functioning; (3) the Bender-Gestalt test, which screened for brain damage or other brain dysfunction; (4) the Rorschach test, which examined psychological functioning; and (5) the Child Abuse Potential Inventory test, a questionnaire designed to examine the person's proclivity toward child abuse. In addition to these tests, Dr. Zashin also interviewed respondent for approximately one hour.

¶ 18 According to Dr. Zashin, respondent could not understand why her children were taken into custody and denied any medical neglect of R.P. Respondent also disclosed her dependence on her mother, whom she relied on financially and emotionally, and with whom she intended to reside for the rest of her mother's life. Dr. Zashin opined respondent's choice to live with her mother was borne from emotional dependence rather than financial practicality. She also noted respondent reported emotional abuse from her mother, such as name-calling. Due to her passive and dependent role in relationships, respondent admitted to difficulty in taking an active and assertive role in her children's upbringing. Dr. Zashin found respondent tended to oversimplify issues and had extraordinary denial regarding the issues and problems within the family.

¶ 19 As the result of the testing and interview with respondent, Dr. Zashin determined respondent met the criteria for major depressive disorder, recurrent and moderate, as respondent reported low mood and self-esteem, crying, difficulty sleeping, poor concentration, and thoughts of suicide. Dr. Zashin also believed respondent met the criteria for generalized anxiety disorder, as respondent admitted constantly checking her doors and suffering panic attacks while behind the wheel of a car. Moreover, Dr. Zashin diagnosed respondent with (1) dependent personality disorder based on her extraordinary reliance on her mother, and (2) avoidant personality disorder based on her avoidance of any sort of new relationship. Without treatment, Dr. Zashin opined respondent would not make any progress toward overcoming or controlling her mental illnesses.

¶ 20 Ultimately, Dr. Zashin found respondent lacked the social and emotional resources to function as a competent, independent parent. Her prognosis for overcoming these challenges was "very poor" due to the longstanding nature of respondent's illnesses and her lack of interest in treatment. On cross-examination, she admitted her analysis was restricted to

respondent's psychological health, and she had not observed respondent interact with her children. She also indicated she had no information about respondent or her children after completing the assessment in February 2014.

¶ 21 c. Dr. Terry Killian

¶ 22 Dr. Terry Killian, a forensic psychiatrist, testified, in December 2014, he conducted a psychological evaluation of respondent at her request. The evaluation included a 3½ hour interview of respondent.

¶ 23 During the interview, Dr. Killian questioned respondent about the underlying allegations that led DCFS to remove the children from her custody. Respondent denied giving R.P. any inappropriate prescription medications. She also denied giving R.P. any tree nuts, even though she had previously told several other people she had. Rather than a tree-nut allergy, respondent explained she thought R.P.'s reaction resulted from a semen allergy. Dr. Killian did not pursue further questioning on the subject.

¶ 24 Dr. Killian noted respondent denied any allegation against her, even when she had previously admitted wrongdoing. He could not determine whether she was consciously lying or in denial but found her to be evasive during the interview. When Dr. Killian questioned respondent about her relationships, respondent eventually admitted being the victim of three sexual assaults from various boyfriends. She admitted she did not break off those relationships because she feared being alone and wanted R.P. to have a male role model in the home. Dr. Killian found such behavior "extremely dysfunctional."

¶ 25 Dr. Killian acknowledged he knew it was Rebbe's opinion that respondent's parental rights should be terminated. Although Rebbe pointed out several documents for him to

consider, the primary document Dr. Killian relied upon was Dr. Zashin's report, which he found to be unbiased.

¶ 26 At the end of the evaluation, Dr. Killian diagnosed respondent with somatization disorder. Dr. Killian described respondent as reporting a very extensive medical history that included several very unlikely conditions for a young woman, such as angina. With such an extensive and unlikely medical history, Dr. Killian suspected respondent's physical concerns were prompted by an underlying psychiatric problem. Despite being prescribed psychiatric medication, respondent would frequently refuse to take those medications, citing severe side effects. He also found her to have recurring major depression with a moderate severity based on her inability to sleep, poor concentration, self-harming behavior, and difficulty with her moods. Additionally, Dr. Killian diagnosed respondent with severe social anxiety and panic disorder with agoraphobia due to her excessive worrying and manic attacks. Finally, Dr. Killian found respondent to have a personality disorder with avoidant and dependent features. He based this diagnosis of a personality disorder on respondent's description of her relationships, including the fact that she would stay in abusive relationships because it was better than being alone and her unhealthy dependence on her mother.

¶ 27 As a result of his findings, Dr. Killian opined respondent suffered from a mental illness or impairment that rendered her unable to discharge her parental responsibilities. He did not believe treatment or medication were likely to improve her ability to discharge those parental responsibilities because she was not taking any treatment or counseling seriously enough. Although medication could help treat respondent's depression and anxiety, those medications would not treat his biggest concern—respondent's personality disorder. Accordingly, Dr. Killian

determined respondent was unlikely to regain her ability to discharge her parenting abilities within a reasonable time.

¶ 28 When questioned about respondent's completion of parenting classes as indicative of her ability to parent, Dr. Killian explained that her intellectual knowledge would not necessarily translate to parenting ability. It appeared to him that respondent superficially engaged in the services recommended by DCFS but would not seriously attempt to implement the lessons she had learned.

¶ 29 d. Sherry Brendalen

¶ 30 Sherry Brendalen, respondent's outpatient therapist, testified she counseled respondent starting in December 2013. The purpose of the therapy was to address respondent's coping skills, work on creating healthy relationships, and help respondent cope with DCFS involvement. Brendalen described their relationship as good in the beginning, but respondent later became frustrated with the entire DCFS process and the requirement that she continue attending therapy. By December 2014, respondent felt she had accomplished what she needed from therapy and wished to discontinue treatment, but Brendalen believed respondent had more issues that needed to be addressed.

¶ 31 Brendalen testified respondent was now coping with anxiety better and making better relationship choices than she had in the past. Brendalen explained that her knowledge of respondent's situation was self-reported, so she was unable to know whether she received a full and fair assessment of respondent's condition. Despite her refusal to take most of her prescribed medications due to negative side effects, respondent was currently taking Elavil for her depression. Because respondent denied any dependency issues with her mother, Brendalen did not address those issues in therapy.

¶ 32 Brendalen never observed respondent visiting with her children or administered any testing to determine whether she could discharge her parental responsibilities. Accordingly, she could not form an opinion as to whether respondent could discharge her parental responsibilities. She agreed respondent's prognosis regarding her personality disorders was poor, as respondent was not willing to address those issues.

¶ 33 e. Kayleigh Berry

¶ 34 Kayleigh Berry, an outpatient therapist, testified she provided therapy to respondent on three occasions—twice in August 2015 and once in October 2015—while Brendalen was on leave. During those sessions, Berry worked with respondent on establishing independence and coping skills. Respondent was both appropriate and cooperative, responding openly and honestly. Berry also facilitated respondent's group counseling, and Berry testified respondent was open and honest in those sessions. To Berry, respondent appeared to be genuinely seeking progress, not just going through the motions. Berry thought respondent could benefit from continued therapy, and respondent had expressed her willingness to continue. At the time of the hearing, Berry had no concerns about respondent, who appeared to be progressing. According to Berry, respondent said her depression had been "maintained."

¶ 35 f. Respondent's Group Members

¶ 36 Janice Stewart and Nicole Neiman both testified they had attended weekly group sessions with respondent for approximately one year. Although respondent was often quiet in group sessions, she was always appropriate and likeable. Throughout the year, respondent became friendlier, more interactive, and appeared to learn from the sessions. Both Stewart and Neiman were unaware of the reason respondent's children were in care and of respondent's mental illness, and neither had knowledge of respondent's ability to parent.

¶ 37 g. Cheryl Corrigan

¶ 38 Cheryl Corrigan, the special-education director for Pontiac Grade School, testified the school district had previously offered services for R.P. beginning in preschool. Corrigan stated respondent and R.P. attended all individualized-educational-plan meetings and agreed to place R.P. in a special-education program. Corrigan said she believed respondent's attendance at meetings demonstrated interest in R.P.'s education because many parents would not attend the meetings. Corrigan found R.P. was making progress during her years in the program, which she left in 2013.

¶ 39 h. Linda Opperman

¶ 40 Linda Opperman, a special-needs teacher at Central School, testified she was R.P.'s teacher during the 2012-2013 school year. Opperman saw respondent daily when respondent picked R.P. up from school. When Opperman assigned homework, respondent worked with R.P. to make sure it was finished.

¶ 41 i. Sheila Murphy

¶ 42 Sheila Murphy, a registered nurse, testified she would obtain annual health histories for R.P. According to Murphy, respondent cared for R.P.'s welfare and cooperated in answering questions, though respondent did not ask many questions of her own. For the most part, when Murphy called the house, she would speak with Teresa rather than respondent about R.P.'s condition.

¶ 43 j. Teresa Powell

¶ 44 Teresa Powell, respondent's mother, testified her relationship with respondent was more akin to a roommate and that living in the same home was a financial benefit for both of them. Teresa had not received any complaints that her house was unfit for the children.

According to Teresa, respondent had looked for housing at the request of her caseworker, but she could not afford any rent. Despite living together, Teresa did not believe respondent was dependent on her, nor did Teresa attempt to control respondent's opinions or movements.

¶ 45 Teresa testified respondent was the primary caregiver for the children prior to DCFS taking them into custody, while Teresa would only watch the children if respondent was working. In response to concerns over R.P.'s weight, Teresa noted respondent had already made an appointment with a nutritionist before R.P. was taken and, by that point, R.P. had already lost 10 to 12 pounds. However, controlling R.P.'s access to food was difficult because R.P. would find ways around baby gates and climb onto counters to get access to the refrigerator and cabinets.

¶ 46 Teresa did not observe respondent to be overwhelmed or depressed when caring for R.P. She believed respondent would do anything DCFS recommended to get her children back, and she observed respondent to be more hopeful and independent over the past year. Teresa also acknowledged she attended respondent's group therapy sessions. In Teresa's opinion, respondent had "her act together" despite the opinions of the psychiatrists, who she believed were wrong in diagnosing respondent with a mental illness. Based on Dr. Killian's testimony, the parties asked Teresa why respondent thought R.P. had a semen allergy. Teresa explained R.P. had been molested by respondent's boyfriend around the time they learned of her nut allergy, so they were unsure what caused the allergic reaction.

¶ 47 During visitation sessions, Teresa said respondent always tried to spend as much time as possible with the children, preparing as much as possible prior to their arrival. Respondent worked with R.P. on spelling her name and calming her if she became upset. Overall, Teresa thought the visits were going "okay," with her central concern being that Rebbe

would often contradict respondent and attempt to control the visits. Teresa said Rebbe vowed respondent would never get her children back, a statement Rebbe later denied making. Based on her experiences with respondent, Teresa had no concerns about respondent regaining custody of her children.

¶ 48 k. Respondent

¶ 49 Respondent believed she had complied with the recommended services and, as a result, she should have her children returned. She completed parenting classes and learned valuable skills she could implement to improve her parenting. She also completed a domestic-violence assessment and counseling. The house where she resided with her mother was appropriate for children.

¶ 50 Respondent testified she was attending counseling as recommended by Rebbe, and she had been continuously in counseling for two years. Over time, respondent believed she was getting less of a benefit from counseling because the group sessions began repeating material she had already learned. Respondent explained her counseling taught her to recognize the signs of an unhealthy relationship and how to cope with anxiety. At this point, she believed she could control her mental illnesses on her own and without therapy. Although respondent agreed to take medication, she stopped taking those medications that caused her severe side effects. Respondent was currently taking Elavil to treat her depression.

¶ 51 Respondent testified she maintained a sufficient income to care for the children. Although the sources of income were from Teresa, respondent was temporarily assuming Teresa's paper route for income. At one time during the pendency of the case, respondent was a school-bus monitor, but she lost her job after Rebbe contacted her employer about the ongoing

DCFS case. Respondent also worked at a gas station until she suffered an injury and could no longer work there.

¶ 52 Prior to the children being removed from the home, respondent was regularly involved with R.P.'s school and her education. Now, when respondent would ask R.P. about school, R.P. would say she played all day and was no longer able to read or write her name. Respondent admitted she had difficulty controlling R.P. and telling her "no."

¶ 53 Before the State filed its petition to terminate, respondent consistently visited with her children for two hours, twice a week. Although Teresa was present at those visits, respondent changed diapers, prepared food, and provided transportation.

¶ 54 Respondent testified she had difficulty with Rebbe throughout the case. Despite complaining to Rebbe's supervisor, Rebbe remained her caseworker.

¶ 55 Respondent disagreed with the doctors' assessments that she was unable to discharge her parental responsibilities, as she did not believe those mental illnesses impacted her ability to parent. Respondent stated she would closely monitor R.P.'s diet to address her weight issues, pay close attention to whether foods contained nuts, and keep prescription medications out of the children's reach.

¶ 56 *l. Trial Court's Findings*

¶ 57 The trial court accepted the opinions of the doctors and determined sufficient justification existed to believe respondent was unable to discharge her parental responsibilities and would remain unable beyond a reasonable period of time. The court highlighted the educational backgrounds and experience of Drs. Zashin and Killian with respect to evaluating and diagnosing mental illness. Dr. Zashin interviewed respondent for an hour and then conducted testing for several more hours; Dr. Killian interviewed respondent for 3½ hours. Both

reached the same conclusion after their evaluations. The court also noted respondent's dependence caused her to engage in dangerous behavior by staying in abusive relationships out of fear of being alone. Neither doctor believed respondent could be treated to the point that she could discharge her parental duties within a reasonable period of time. The court stated respondent demonstrated an inability to parent based on her exposure of R.P. to nuts, the presence of improper medication in R.P.'s system, and other instances noted during the hearing. Further, the doctors presented uncontradicted and competent evidence of respondent's mental illness and that her inability to discharge her parental duties would extend beyond a reasonable period of time.

¶ 58 Accordingly, the trial court found respondent unfit as to both children.

¶ 59 *2. Best-Interest Hearing*

¶ 60 Commencing in February 2016, and continuing for two additional non-consecutive dates, the trial court conducted the best-interest hearing. On May 20, 2016, after hearing closing arguments, the court issued its ruling. At the hearing, the parties presented the following evidence.

¶ 61 a. Megan Rebbe

¶ 62 Megan Rebbe testified W.P. had been in foster care since birth, while R.P. had been in care for approximately two years. The children resided together in a special-needs foster home with Carol Groskreutz. Each child had her own bedroom and Groskreutz had provided all their basic necessities, such as food, clothing, and shelter. According to Rebbe, the children appeared happy in Groskreutz's home. Rebbe testified R.P. was making progress in school and her behavioral issues had decreased dramatically. Unfortunately, the school R.P. was attending was closing, and the school had not yet determined where and in which town R.P. would attend

school the following year. Conversely, if the children were returned to respondent, R.P. would attend school in Pontiac, Illinois, the town where respondent lived. Groskreutz ensured R.P. attended all of her various appointments for physical, occupational, and speech therapy and took any prescribed medication. Rebbe had no concerns with the children's foster placement and noted Groskreutz expressed a desire to adopt both girls. Rebbe observed the children to be bonded to one another and to their foster mother. Rebbe also acknowledged the children loved respondent and would be excited for visits with her.

¶ 63 Rebbe testified Groskreutz had previously expressed a desire to move to Colorado but was unsure if that was the current plan. Rebbe acknowledged Groskreutz was not always forthcoming about her personal life, such as discussing her relationship with her ex-husband or her teenage son's removal from the home. Groskreutz's teenage son resided in a living facility outside the home due to behavioral issues and there was no plan for him to return home. Rebbe previously expressed concern over whether Groskreutz had the necessary support system but determined Groskreutz's mother, friends, and the day care providers would lend support as needed.

¶ 64 Rebbe also acknowledged an individual conducting a review of Rebbe's work found her reports to be biased; however, the individual agreed with Rebbe's overall assessment of the case. Despite the concern of bias, Rebbe denied that it would have been more beneficial for another caseworker to be assigned.

¶ 65 b. Robin Wilt

¶ 66 During the termination proceedings, Robin Wilt took over for Rebbe as the family's caseworker and reached a different conclusion regarding the termination of respondent's parental rights. In terms of the children's physical condition, Wilt believed R.P.'s weight to now

be age-appropriate. However, W.P. was overweight for a two year old, weighing nearly 40 pounds, a condition her doctor believed to be genetic. According to Wilt, R.P. appeared to be at an academic level akin to a six- or seven-year-old, as demonstrated by R.P.'s memorization of songs and ability to give directions to her home.

¶ 67 Wilt described respondent's visits with the children as going very well. The children were excited to see respondent and Teresa, and the family's interactions were affectionate and appropriate. Both children had bedrooms with toys at respondent's home, which was deemed appropriate for children, and respondent served appropriate foods. Respondent was also very cognizant of R.P.'s peanut allergy and carefully read the labels on any food items. Wilt stated respondent and Teresa "seem very responsible, have a lot of know-how in parenting these kids. They are very kind to the kids. The children are wonderfully comfortable with their mom and grandma." Wilt found no evidence that respondent would purposefully harm her children. The case aid who went on two visits with the children in April 2016 was also impressed by respondent's ability to interact with and appropriately discipline the children, noting, "she handles the kids with such tenderness of heart while laying some boundaries for them."

¶ 68 Wilt also visited Groskreutz's home, but her interactions with Groskreutz differed from Rebbe's positive experiences. Wilt and Groskreutz had a "contentious" relationship, and Wilt was concerned the children could often overhear Groskreutz yelling or getting upset. For example, on one occasion, when the children had been given a cookie at respondent's house to celebrate a birthday, Groskreutz blamed the intake of sugar on the children's rambunctious behavior, stating, "look what I get stuck with." Wilt thought such a reaction was negative and inappropriate. On another occasion, Wilt believed Groskreutz inappropriately chastised R.P. for smiling in embarrassment when she got into trouble at school, a reaction Wilt found normal for a

young child. Groskreutz also told Wilt not to let R.P. "manipulate" Wilt into doing things for her.

¶ 69 While discussing R.P.'s education with school staff, Wilt learned Rebbe told R.P.'s school not to allow respondent to have any contact with the school; any information for respondent was to go through Rebbe. Respondent was also excluded from meetings about R.P., which Wilt thought was inappropriate. None of this information was contained within Rebbe's case notes.

¶ 70 Wilt did not notice any difference between W.P.'s interactions with her foster mother and respondent due to her age. However, with R.P., Wilt noticed Groskreutz was quick to criticize, even though R.P. would be engaging in normal activity for a child her age. Overall, Wilt found an "overall negative ambience" in the home. Wilt also noted the issues Groskreutz complained about often coincided with the issues Rebbe complained about, suggesting Rebbe would share her concerns with Groskreutz. R.P. expressed her desire to return to respondent's care.

¶ 71 Wilt acknowledged the doctors' findings regarding respondent's personality disorders but noted the latest evaluation was completed in December 2014, and respondent had made progress since then. She also thought respondent may have had difficulty fully understanding all of the questions asked. Contrary to the doctors, Wilt found respondent to be open and honest in answering questions, and she wondered if respondent's reticence was due to her extreme shyness.

¶ 72 c. Rita Meister

¶ 73 Rita Meister testified she was R.P.'s life-skills teacher. The class teaches children life skills such as general hygiene, carrying a lunch tray, and basic reading and writing.

According to Meister, R.P. was making progress in the 18 months she had been in class. R.P. could spell and say her name, and Meister was working with her on handwriting, spelling, and basic math. R.P. could also hold conversations and could usually be understood. Meister opined R.P. was functioning at a kindergarten level.

¶ 74 Meister testified R.P. had spoken about her foster mother and respondent in class. She could not recall R.P. saying anything specific about respondent, but she recalled R.P. saying she missed her foster mother. She noted the foster mother would attend meetings about R.P.'s progress via telephone rather than in person. Meister was unaware of whether respondent knew of the meetings.

¶ 75 d. Carol Groskreutz

¶ 76 Groskreutz testified she was the foster mother for both children. She also worked as a licensing worker for the Center for Youth and Family Solutions in Bloomington, Illinois. Groskreutz acknowledged she did not personally attend meetings at R.P.'s school due to her work schedule; however, she would participate via telephone. As to her willingness to provide permanence, Groskreutz expressed an interest in adopting both children.

¶ 77 e. Respondent

¶ 78 Respondent testified she was still attending individual counseling and group sessions, and she would continue to do so until the case closed despite her belief she no longer needed it. She was also taking numerous medications to treat her various disorders. Respondent was currently seeking employment, but she had not been employed since July 2015.

¶ 79 Respondent said she loved her children and wanted them to be returned to her custody. She said, "[t]hey are everything to me. They are my miracles." According to respondent, the children were reluctant to leave visits. With respect to R.P.'s schooling,

respondent said she attended the last meeting regarding R.P.'s progress, but Rebbe had prevented her from attending any previous meetings and refused to tell her the skills R.P. was learning.

Respondent thought R.P. would transition easily into the school in Pontiac if she returned home.

¶ 80 If her children were returned, respondent said she would ensure the children, particularly R.P., attended doctors' appointments and therapy sessions. Respondent believed she could be a good mother to her children. She stated the visits with her children were pretty indicative of her normal life with R.P. prior to her removal.

¶ 81 f. Trial Court's Finding

¶ 82 In May 2016, the trial court entered an order finding it was in the best interest of the children to terminate respondent's parental rights. The court noted how unusual it was for caseworkers to be in complete disagreement as to their observations in a case. Rebbe did not feel respondent had progressed at all and had a complete lack of knowledge regarding R.P.'s peanut allergy and medical issues. This was consistent with Drs. Zashin and Killian, who described respondent as passive, dependent, and in a state of denial. Dr. Killian noted respondent's dependence caused her to engage in dangerous behaviors, such as remaining in abusive relationships for fear of being alone. The doctors opined respondent's personality disorders would prevent her from discharging her parental responsibilities within a reasonable time. Wilt, on the other hand, observed respondent to be educated and proactive regarding R.P.'s issues. In looking for consistency, the trial court focused on respondent's state of denial regarding her wrongdoing and mental-health issues.

¶ 83 The trial court stated it considered all of the best-interest factors. With respect to the physical health and safety of the children, the court found the evidence weighed against respondent, as she had subjected R.P. to peanuts and inappropriate medication, and she also

repeatedly brought abusive men into their lives. The court found the children identified with both their foster and biological families. In considering the placement where the children felt the most love and attachment, the court determined both were provided by Groskreutz and respondent. However, the children had more familiarity and continuity of affection with Groskreutz, and leaving them in Groskreutz's care was the least-disruptive placement alternative. The court also acknowledged R.P.'s desire to return to respondent's care. At the same time, the court found the children had stronger community and educational ties with Groskreutz. Groskreutz also had the ability to provide permanence and stability. The court believed the risk of returning them home outweighed the risk of leaving the children in foster care.

¶ 84 In July 2016, respondent filed a motion to reconsider. Later that month, the trial court entered a denial of the motion.

¶ 85 This appeal followed.

¶ 86 II. ANALYSIS

¶ 87 On appeal, respondent argues the trial court's fitness and best-interest findings were against the manifest weight of the evidence. We address these assertions in turn.

¶ 88 A. Fitness Finding

¶ 89 The State has the burden of proving parental unfitness by clear and convincing evidence. *In re Jordan V.*, 347 Ill. App. 3d 1057, 1067, 808 N.E.2d 596, 604 (2004). A reviewing court will not overturn the trial court's finding of unfitness unless it is against the manifest weight of the evidence. *Id.* The court's decision is given great deference due to "its superior opportunity to observe the witnesses and evaluate their credibility." *Id.*

¶ 90 The court found respondent unfit under section 1(D)(p) of the Juvenile Act (750 ILCS 50/1(D)(p) (West 2014)), which sets forth the following grounds for a finding of unfitness:

"Inability to discharge parental responsibilities supported by competent evidence from a psychiatrist, licensed clinical social worker, or clinical psychologist of mental impairment, mental illness or an intellectual disability as defined in Section 1-116 of the Mental Health and Developmental Disabilities Code, or developmental disability as defined in Section 1-106 of that Code, and there is sufficient justification to believe that the inability to discharge parental responsibilities shall extend beyond a reasonable time period."

¶ 91 In other words, for the trial court to find a parent unfit under subsection 1(D)(p), the State must prove (1) "the parent suffers from a mental impairment, mental illness, mental retardation, or developmental disability sufficient to prevent the discharge of normal parental responsibilities"; and (2) "the inability will extend beyond a reasonable period of time." *In re Michael M.*, 364 Ill. App. 3d 598, 608, 847 N.E.2d 911, 920 (2006).

¶ 92 Here, the trial court agreed with Drs. Zashin's and Killian's assessments that respondent suffered from a personality disorder, anxiety disorder, and major depressive disorder, and it therefore found respondent suffered from a mental impairment or mental illness. Other than respondent's and Teresa's general denial of mental illness, which the court clearly found unpersuasive, the parties presented no evidence to refute these diagnoses. The court further determined respondent's diagnoses, particularly her personality disorder, prevented her from discharging her parental responsibilities. This finding is consistent with the findings of Drs. Zashin and Killian. Not only did respondent's personality disorder cause an unhealthy dependence on her mother, but respondent disclosed to Dr. Killian that she remained with

various abusive boyfriends because she feared being alone. This behavior subjected R.P., respondent's only child at that time, to a dangerous environment. In fact, Teresa testified R.P. might have been sexually abused by one of respondent's boyfriends.

¶ 93 The trial court acknowledged several witnesses testified regarding respondent's cooperation with services and participation in R.P.'s schooling, but it noted those witnesses, which included R.P.'s teachers and members of respondent's group therapy, only had superficial knowledge of respondent's life. When weighing the credibility of the witnesses, the court found the doctors, with their educational backgrounds and experience, to be in a better position to gauge whether respondent (1) had a mental illness and (2) could discharge her parental responsibilities.

¶ 94 Respondent asserts the record fails to demonstrate she had a severe mental illness, such as "insanity, psychosis, and mental derangement," that would justify the finding of unfitness under section 1(D)(p) of the Juvenile Act. However, the statute does not specify the requirement for a severe mental illness, but merely requires a diagnosis that prevents a person from discharging his or her parental responsibilities. Although the diagnoses in this case, such as depression, anxiety, and personality disorders, may seem minor to respondent, those diagnoses—particularly the personality disorders—were significant enough for the doctors to find respondent unable to discharge her parental responsibilities. Respondent also argues the evaluations were outdated and therefore unreliable, but respondent's own testimony demonstrates a reluctance to continue with treatment and an implicit denial of her mental-health issues.

¶ 95 The trial court also found credible the doctors' assessments that respondent would not regain the capacity to discharge her parental responsibilities within a reasonable period of time. The doctors emphasized respondent's reluctance to participate in therapy, which was

corroborated by Brendalen, who testified respondent expressed her desire to discontinue counseling because she did not feel she needed it. Respondent also refused several prescribed medications that would have helped treat her various conditions. As a result of her mental illnesses, the doctors opined respondent was intelligent enough to learn from her parenting classes and counseling, but her personality disorders rendered her incapable of actually implementing those skills. Accordingly, the doctors found respondent's denial of her conditions and lack of serious cooperation with her mental-health treatment rendered her unlikely to discharge her parental responsibilities within a reasonable time. The doctors' findings formed sufficient justification to support the court's finding of unfitness.

¶ 96 Respondent asserts the doctors reached their opinions without observing her with the children, which rendered their conclusions questionable, and also failed to consider the best interest of the children. First, the court specifically noted the observations of the other witnesses and determined most of them demonstrated only superficial knowledge of respondent. Rebbe's testimony was consistent with the doctors in that she believed respondent could not properly discipline her children or make decisions without her mother's counsel. Second, the fitness stage is about whether a person is fit to parent and does not focus on the best interest of the children. See *In re D.F.*, 201 Ill. 2d 476, 494-95, 777 N.E.2d 930, 940 (2002). We therefore find respondent's argument unpersuasive.

¶ 97 Accordingly, we find the trial court's finding of unfitness was not against the manifest weight of the evidence.

¶ 98 **B. Best-Interest Finding**

¶ 99 Respondent next asserts the trial court erred in terminating her parental rights. We disagree.

¶ 100 Once the trial court determines a parent to be unfit, the next stage is to determine whether it is in the best interest of the minor to terminate parental rights. *In re Jaron Z.*, 348 Ill. App. 3d 239, 261, 810 N.E.2d 108, 126 (2004). The State must prove by a preponderance of the evidence that termination is in the best interest of the minor. *Id.* The court's finding will not be overturned unless it is against the manifest weight of the evidence. *Id.* at 261-62, 810 N.E.2d at 126-27.

¶ 101 The focus of the best-interest hearing is determining the best interest of the child, not the parent. 705 ILCS 405/1-3(4.05) (West 2014). The trial court must consider the following factors, in the context of the child's age and developmental needs, in determining whether to terminate parental rights:

"(a) the physical safety and welfare of the child, including food, shelter, health, and clothing;

(b) the development of the child's identity;

(c) the child's background and ties, including familial, cultural, and religious;

(d) the child's sense of attachments ***[;]

* * *

(e) the child's wishes and long-term goals;

(f) the child's community ties, including church, school, and friends;

(g) the child's need for permanence which includes the child's need for stability and continuity of relationships with parent figures and with siblings and other relatives;

(h) the uniqueness of every family and child;

(i) the risks attendant to entering and being in substitute care; and

(j) the preferences of the persons available to care for the child." *Id.*

¶ 102 The record clearly demonstrates the love between respondent and her children, and no one doubts a close relationship exists within the family. Respondent completed the services recommended by Rebbe. Especially by the end of the proceedings, the visitations were going very well. Respondent had never missed a visit or court appearance throughout the case, demonstrating her desire to regain custody of her children.

¶ 103 However, respondent's efforts and the close family relationship are not the only factors for the trial court to consider in making a best-interest finding. The court found many of the factors were a "wash" because they favored both respondent and Groskreutz. However, the court pointed to several factors that strongly supported Groskreutz. Specifically, the court determined Groskreutz was able to provide for the physical safety and welfare of the children, whereas respondent's behavior—subjecting R.P. to peanuts, access to medication, and her abusive boyfriends—represented dangerous behavior that placed the children's physical safety and welfare at issue. Moreover, the court found Groskreutz, who expressed an interest in adopting both children, was in a better position to provide stability for the children. The court did not believe respondent would ever have the capacity to care for R.P., a special-needs child, and allowing both children to remain with the Groskreutz would have the added benefit of allowing the children to remain together. We cannot say these findings are against the manifest weight of the evidence.

¶ 104 Accordingly, we conclude the trial court's finding that it was in the minors' best interest to terminate respondent's parental rights was not against the manifest weight of the evidence.

¶ 105

III. CONCLUSION

¶ 106 For the foregoing reasons, we affirm the trial court's judgment.

¶ 107 Affirmed.