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IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA

SECOND APPELLATE DISTRICT

DIVISION SEVEN

ELIZABETH C.,

Petitioner,

v.

THE SUPERIOR COURT OF LOS
ANGELES COUNTY,

Respondent;

LOS ANGELES COUNTY
DEPARTMENT OF CHILDREN
AND FAMILY SERVICES,

Real Party in Interest.

B298804

(Los Angeles County
Super. Ct. No. 18CCJP00695A)

ORIGINAL PROCEEDING. Petition for extraordinary writ
taken from an order of the Superior Court of Los Angeles County.

Rudolph A. Diaz, Judge. Petition denied.

Ronald D. Tym for Petitioner.

No appearance for Respondent.

Mary C. Wickham, County Counsel, Kristine P. Miles,
Assistant County Counsel, Tracey F. Dodds, Principal Deputy
County Counsel, for Real Party in Interest.

Petitioner Elizabeth C. seeks extraordinary writ relief (Welf. & Inst. Code, § 366.26, subd. (l)(1); Cal. Rules of Court, rule 8.452) from the juvenile court's order setting a hearing for the selection and implementation of a permanent plan for her minor child, 18-month-old Alexander. Elizabeth contends the court's finding that the child's return to her care would create a substantial risk of detriment to his well-being was not supported by substantial evidence. She also contends reasonable services were not provided to her. We deny the petition.

FACTUAL AND PROCEDURAL BACKGROUND

1. Alexander's Detention and Removal from Elizabeth

Alexander came to the attention of the Los Angeles County Department of Children and Family Services (DCFS) on January 29, 2018, after an incident where Elizabeth behaved erratically in a restaurant while holding five-week-old Alexander. The police arrived to find Elizabeth yelling at restaurant patrons while "holding the baby from his head like a football with one arm" and shaking and swinging him around. Elizabeth was placed on a Welfare and Institutions Code section 5150 hold after she was evaluated and determined to be exhibiting manic and delusional behavior and to present a danger to herself and others. Elizabeth (who told the evaluator she was breastfeeding Alexander) stated she had been drinking, smoking marijuana and doing acid the day before, and she appeared to be under the influence during her evaluation. Elizabeth said Alexander had

demons and serpents in him and that he was Jesus and would be crucified. She stated she did not believe in medication.

DCFS contacted some of Elizabeth's family members, who reported Elizabeth had a diagnosis of bipolar disorder. Elizabeth's mother stated Elizabeth had begun exhibiting symptoms at the age of six. She had been hospitalized at age 19 with a full blown manic episode and subsequently was hospitalized on three other occasions. Elizabeth had been prescribed lithium and other medications, which worked well, but she never remained compliant. Elizabeth had experienced "episodes" since Alexander's birth. She had been observed to not dress Alexander warmly enough when the weather was cold. Elizabeth did not have custody of two other children, a seven-year-old and a two-year-old, who lived with relatives. Elizabeth's father, who had custody of one of the children, voiced his concern that Elizabeth would go off her medication when not being watched.

Alexander was detained from Elizabeth and temporarily placed in foster care.¹ On March 22, 2018, the juvenile court sustained an allegation pursuant to Welfare and Institutions Code² section 300, subdivision (b), that Elizabeth had mental and emotional problems, including a diagnosis of bipolar disorder, which rendered her incapable of providing regular care for Alexander. On April 12, 2018, the court declared Alexander a dependent of the court and removed him from Elizabeth's custody. The court ordered reunification services for Elizabeth,

¹ The father is unknown.

² Subsequent undesignated references are to the Welfare and Institutions Code.

including a parenting course, a psychiatric evaluation, and individual counseling; Elizabeth was also ordered to take all prescribed psychotropic medications and submit to five drug tests. The court ordered that Elizabeth have monitored visits with Alexander, two times a week for two hours per visit.

2. First Six-Month Review Period

Elizabeth began seeing psychiatrist Dr. Kirsten Thompson on February 23, 2018, who prescribed olanzapine for Elizabeth's bipolar disorder and clonazepam to aid her sleep. On April 3, 2018, Elizabeth reported to the social worker that she had stopped taking her medication in 2016 because she did not feel like she needed it, but she was now committed to taking it, particularly because Alexander was involved. She stated she now accepted that she had a mental illness – specifically bipolar disorder – whereas before she had not. When discussing the incident at the restaurant that led to DCFS involvement, however, Elizabeth denied she had caused any disturbance and stated she was just minding her own business until “the police escalated me into a manic state.”

Dr. Thompson reported in a September 6, 2018 progress letter that Elizabeth “is currently adherent to her medication and psychotherapy treatment plan, and as a result is doing very well. Her mood is stable and good. She does not currently pose any risk or threat to her son and is eager to have him returned to her care. [¶] Overall, [Elizabeth] is functioning well in her life and looks forward to caring for her son.”

Elizabeth began having sessions with therapist Magen Todd in April 2018. She had been seeing Todd for a few months before Alexander's birth but stopped when she had the baby. On September 10, 2018, Todd reported in a progress letter that

Elizabeth had regularly attended treatment since April 4, 2018, and had “demonstrated a willingness to participate in individual therapy and has expressed a desire to retain custody of [Alexander].”

Elizabeth enrolled in and consistently attended a parenting course in which she actively participated. Elizabeth missed a drug test on May 4, 2018 but subsequently her drug tests were negative.

Alexander’s foster mother, who monitored Elizabeth’s visits with Alexander, reported in June 2018 that during several visits Elizabeth did not appear to know what to do when Alexander started crying. In its report for the six-month status review hearing pursuant to section 366.21, subdivision (e), DCFS relayed its “concerns about [Elizabeth’s] ability to appropriately parent her son when she does her weekly visits.” During visits in June and July 2018, Elizabeth had difficulty soothing Alexander to sleep and repeatedly persisted in trying to give him a bottle when he did not appear to be hungry and she had been told he had already been fed. The social worker met with Elizabeth in July 2018 and tried to educate her on safe parenting practices and how to look for cues from Alexander to determine when he was hungry or wanted to sleep.

Even after the social worker met with Elizabeth, the visits were problematic because Elizabeth was not alert and focused on what her son was doing. At one visit, Elizabeth allowed Alexander to put a lotion bottle in his mouth and to play with an eyeliner pencil that presented a safety hazard. During another visit on August 21, 2018, Elizabeth merely watched while Alexander “almost pull[ed] a cabinet down on his head,” and a monitor had to intervene to prevent it from falling on him.

On August 31, 2018, the social worker met with Elizabeth again to discuss her continued parenting problems. When the worker asked Elizabeth if she had been watching what Alexander was doing, Elizabeth responded, “You know things happen to children.” The social worker recommended Elizabeth participate in another parenting class focused on safe parenting skills for infants. Having finished 19 of 20 parenting classes at the Ness Counseling Center, Elizabeth enrolled in another parenting course at the Jeffrey Foundation.

DCFS’s recommendation at the six-month status review hearing pursuant to section 366.21, subdivision (e), was to terminate Elizabeth’s reunification services, given she had “shown poor ability to appropriately keep her son safe while under her care and supervision” and “demonstrated a lot of difficulty in comprehending age appropriate supervision.” DCFS reported Elizabeth “appears to not recognize her child’s cues and specific needs such as when he is hungry or needs his diaper changed or when he just wants to sleep.” However, the court ordered reunification services to continue to the 12-month status review hearing on April 19, 2019.

3. Second Six-Month Review Period

DCFS’s recommendation for the 12-month status review hearing pursuant to section 366.21, subdivision (f), with which minor’s counsel joined, was that the court terminate Elizabeth’s reunification services. DCFS “recognize[d] [Elizabeth] was making progress in therapy,” but reported “she is not meeting the necessary standards for good safe childcare.” Elizabeth had not been in regular contact with DCFS since December 2018, when Elizabeth told the social worker she would not meet with him unless her attorney was present and she would not agree to

anything without her attorney's approval. Beginning on May 22, 2019 and continuing on June 5, 2019, a contested hearing was held and the following evidence introduced.

DCFS reported Elizabeth had only minimal contact with Alexander during a number of her visits in that review period, and "on various dates allowed or was the cause of Alexander getting injured." The foster mother also testified that Elizabeth's visits with Alexander, which the foster mother monitored, raised concerns regarding Elizabeth's ability to keep Alexander safe and to properly feed him.

During November and December 2018, it was reported Elizabeth interacted with Alexander during some visits by talking to him, but on a number of occasions Elizabeth had only limited interaction with Alexander and merely watched him play with his toys. Furthermore, Alexander hurt himself during several of the visits due to Elizabeth's lack of focus and inability to be proactive. In one instance, when Alexander tried to leave the visiting room, Elizabeth grabbed him by the arm and pulled him back in such a way that she caused him to bump his head on the doorway. The foster mother testified about another incident in which Alexander was reaching for a bucket of toys on a shelf above him and the bucket almost fell on him. During the same visit he reached for books on a high shelf and they toppled down on him.

The foster mother had to intervene on multiple occasions to prevent Alexander from running out of the room or getting hurt. For instance, on December 14, 2018, Elizabeth stood by and watched as Alexander was standing on a chair and almost fell

before the foster mother interceded.³ Elizabeth did not react and did not appear to understand the danger of a baby falling off a chair.

In two other visits in November and December, Elizabeth exhibited trouble preparing a bottle and then an inability to comfort Alexander when he was not feeling well. Elizabeth did not see Alexander between December 19, 2018 and January 7, 2019, when apparently she was away on vacation.

In January, Elizabeth continued to have minimal interaction with Alexander during some of her visits, and she was not able to comfort him when he became fussy during one of the visits. The foster mother testified she usually had to prompt Elizabeth to change Alexander's diaper.

Further, Alexander got hurt during a visit on January 18, 2019. Elizabeth had her legs stretched out on the carpet, and Alexander tripped over them and hit his head on the table, resulting in a black eye and a trip to urgent care. Elizabeth did not accompany Alexander to urgent care and did not acknowledge any responsibility for the injury. Rather, after she saw a photograph of the injury, she told the foster mother it did not look that bad.

In February, several visits were cancelled either by Elizabeth or by the foster mother when Alexander was sick. In some of the February visits, Elizabeth interacted with Alexander by talking to him and watching him play with his toys, and on one occasion interacted with him by doing a puzzle. In one of these visits she was proactive and moved heavy books out of

³ The social worker attempted to observe the visit that day, but Elizabeth told him he was not allowed to be present unless her attorney was present.

Alexander's reach. On February 22, 2019, however, Elizabeth failed to prevent Alexander from stumbling into a pond.

Elizabeth told the foster mother she was not sure how to keep him away from it. She also did not stop Alexander from picking up rocks and sticks and putting them in his mouth. On another occasion, Elizabeth allowed Alexander to get too far in front of her when a street was ahead; the foster mother had to run up to stop him before he reached the street. In addition, the foster mother reported Elizabeth let Alexander play in the parking lot around moving cars. The foster mother tried to coach Elizabeth on how to redirect Alexander and to be at his side to prevent him from going places that were unsafe.

On March 1, 2019, the foster mother reported Elizabeth allowed Alexander to play with a sharp stick at the park during a visit. Elizabeth seemed unaware it was unsafe for Alexander to play with sticks, and she disregarded the foster mother's repeated requests not to let him do so. Elizabeth finally tried to take it away but had a "difficult time removing the sticks from him because he cries and was tantruming." The foster mother intervened to take away the stick and saw Alexander had already cut his finger. Elizabeth appeared surprised.

The foster mother testified Alexander had feeding issues due to a sensory disorder that required special formula and an understanding of his feeding challenges. She testified Elizabeth had tried to feed Alexander foods that were not age-appropriate or not suitable given his sensory issues. On one occasion, she attempted to put a whole cashew in his mouth. She stopped when the foster mother explained he was too young for a whole cashew and could choke on it. Elizabeth had also given him sips of her iced tea and coffee. In addition, when making Alexander's

bottles, sometimes Elizabeth would add too much water or not mix it well enough, leaving clumps of formula powder.

Dr. Thompson testified she was Elizabeth's treating psychiatrist. She testified Elizabeth's mental health diagnosis was bipolar disorder currently in remission, meaning she did not have active symptoms that were impairing her functioning and her mood was stable. Elizabeth had remained compliant with her medication regime of lithium and olanzapine. Dr. Thompson reported that Elizabeth was still regularly attending sessions with her.

Dr. Thompson admitted she was not in a position to determine whether Alexander should be returned to Elizabeth or whether unmonitored visits would be appropriate. She was not a forensic psychiatrist and had never observed Elizabeth with her child.

Todd testified that she had been having individual therapy sessions with Elizabeth anywhere from once a week to once a month. She testified one of the treatment goals was for Elizabeth "to develop insight into her illness by challenging denialization, to encourage and support her developing solid support network which includes coping skills, support groups, [and] 12-steps, [and] to obtain sobriety for marijuana and all other substances." Todd testified Elizabeth admitted vaping marijuana on March 28, 2019. Todd stated, "She appears to understand the nature of bipolar disorder. I don't know that she believes she has bipolar disorder." Elizabeth would often state that the onset of her mania following Alexander's birth was caused by the drugs she was taking. Thus, Todd opined Elizabeth was "not consistently" meeting the goal of developing insight into her illness.

Elizabeth testified as well. She said she had accepted she had bipolar disorder and she had been taking her medication regularly and planned to continue to do so. She testified she had completed a 10-week parenting course in addition to finishing 19 of 20 parenting sessions from another provider. She lived in a two-bedroom apartment where Alexander could have his own room, and she made \$60,000 a year.

On cross-examination, Elizabeth stated her drug of choice was marijuana, but she had also drunk “a little” the night Alexander was detained. She had started to attend 12-step and Narcotics Anonymous meetings but did not yet have a sponsor.

Elizabeth testified she recognized the safety issues that occurred during her visits but stated she and the foster mother worked together to prevent Alexander from getting hurt. She acknowledged some of the instances of concern but did not recall others. She stated the “pond” that Alexander entered was a children’s wading pool that was only a few inches deep, and Alexander was never in any danger.

4. The Juvenile Court’s Findings at the 12-Month Status Review Hearing

The juvenile court found by clear and convincing evidence that DCFS had complied with the case plan and made reasonable efforts to return Alexander to a safe home. The court found Elizabeth’s resistance to working with the social worker had hampered the reunification process.

The court found Elizabeth had not made substantial progress in resolving the problems that led to Alexander’s removal and had not demonstrated the capacity and ability to complete the objectives of the treatment plan and to provide for Alexander’s safety and protection. Although the court found

Elizabeth had made some progress since the outset of the case, the court still had concerns about her mental health. The court was concerned Elizabeth had used marijuana, which could jeopardize the effectiveness of the drugs she was taking for her bipolar disorder. The court found her use of marijuana “either is an issue of extremely poor judgment, or it is a symptom of her mental health issues that she can just not appreciate the seriousness of her behavior.”

With respect to the safety incidents at Elizabeth’s visits, the court determined none of the incidents was sufficient to warrant a finding that Alexander would be at risk of harm if returned to Elizabeth’s custody, but “taken in totality” the incidents, and Elizabeth’s indifference to them, did raise significant concern. Elizabeth had not demonstrated that she had developed the insights necessary to safely parent Alexander. The court therefore determined Alexander would face a substantial risk of harm if he were returned to Elizabeth’s custody, and that continued foster care was necessary.

Noting that the 18-month date was only two months away, the court found that extending reunification services to that date “would not accomplish much,” and Elizabeth had not made significant enough progress to justify extending services to that date. The court terminated Elizabeth’s reunification services and set a permanency planning hearing for October 2, 2019. Elizabeth timely filed a notice of her intent to file a writ petition, and on July 1, 2019, filed a petition from the court’s order. (Cal. Rules of Court, rules 8.450(e), 8.452.)

DISCUSSION

I. *Substantial Evidence Supported the Juvenile Court's Determination that Alexander Faced a Substantial Risk of Harm If Returned to Elizabeth's Custody*

Elizabeth contends the juvenile court erred when it found that returning Alexander to Elizabeth's custody would pose a substantial risk of detriment to him. We disagree.

At the 12-month review hearing, the juvenile court shall order the return of a child to the custody of the parent unless the court finds by a preponderance of evidence that the return would create a substantial risk of detriment to the safety, protection, or well-being of the child. DCFS has the burden of establishing risk of detriment. (§ 366.21, subd. (f)(1); see *Cynthia D. v. Superior Court* (1993) 5 Cal.4th 242, 249.) We review the court's finding regarding risk of detriment for substantial evidence. (*In re Mary B.* (2013) 218 Cal.App.4th 1474, 1483.) "In making this determination, we review the record in the light most favorable to the court's determinations and draw all reasonable inferences from the evidence to support the findings and orders. [Citation.] 'We do not reweigh the evidence or exercise independent judgment, but merely determine if there are sufficient facts to support the findings of the trial court.'" (*Kevin R. v. Superior Court* (2010) 191 Cal.App.4th 676, 688-689.)

"The 'substantial risk of detriment' standard 'must be construed as a fairly high one. It cannot mean merely that the parent in question is less than ideal, did not benefit from the reunification services as much as we might have hoped, or seems less capable than an available foster parent or other family member.' [Citation.] In applying this standard, the juvenile court should consider only whether the parent shows a 'grasp of

the important parenting concepts—things such as a child’s need for security, adequate nutrition and shelter, freedom from violence, proper sanitation, healthcare, and education.” (*In re E.D.* (2013) 217 Cal.App.4th 960, 965.) “In evaluating detriment, the juvenile court must consider the extent to which the parent participated in reunification services. [Citations.] The court must also consider the efforts or progress the parent has made toward eliminating the conditions that led to the child’s out-of-home placement.” (*Id.* at p. 966.)

Elizabeth contends that she has fully resolved the issue that led to Alexander’s removal – her mental health problems – and thus Alexander should have been returned to her. However, the juvenile court found that, despite Elizabeth’s progress since the outset of the case, concerns about her mental health remained. She had recently smoked marijuana, despite that it could interfere with her bipolar medication, despite that it was her “drug of choice,” and despite that Elizabeth herself believed her manic episode when Alexander was five weeks old was induced by her marijuana use. Although Elizabeth testified she had accepted that she was bipolar, Elizabeth’s therapist opined that Elizabeth had not yet met her treatment goal to accept that she had bipolar disorder. Substantial evidence thus supports the court’s determination that Elizabeth had not made substantial enough progress in resolving the problems that led to Alexander’s removal.

Even assuming Elizabeth had fully resolved her mental health issues because her bipolar disorder is in full remission and she is medication compliant, substantial evidence supported the court’s decision not to return Alexander to Elizabeth’s custody, given the serious issues with her parenting. “Consistent with the

purpose of the dependency scheme, the question whether to return a child to parental custody is dictated by the well-being of the child at the time of the review hearing; if returning the child will create a substantial risk of detriment to his or her physical or emotional well-being (§§ 366.21, subds. (e) & (f), 366.22, subd. (a)), placement must continue regardless of whether that detriment mirrors the harm which had required the child's removal from parental custody (§§ 300, subds. (a)-(j), 361, subd. (b))." (*In re Joseph B.* (1996) 42 Cal.App.4th 890, 905-906.) "Thus, while the court must consider the extent the parent has cooperated with the services provided and the efforts the parent has made to correct the problems which gave rise to the dependency . . . , the decision whether to return the child to parental custody depends on the effect that action would have on the physical or emotional well-being of the child." (*Id.*; see *Constance K. v. Superior Court* (1998) 61 Cal.App.4th 689, 708-709) [despite mother's compliance with case plan, court properly terminated reunification services in part based on "evidence that the mother was incapable of acting as a proper parent when the minors were in her custody even for brief periods of time"].)

Substantial evidence supports the juvenile court's determination that the multitude of concerning incidents during Elizabeth's visits with Alexander demonstrate she cannot safely parent Alexander, an active toddler. Over many months, Elizabeth demonstrated time and time again that she did not appreciate the risks that Alexander faced in a children's visitation room, from inappropriate foods to chairs from which he could fall. Her inability to discern safety hazards and to act protectively became that much more obvious when visits progressed to outside this controlled environment. During his

visits with Elizabeth in parks and other public places, Alexander faced an unacceptable risk of injuries from pools of water, sharp sticks, rocks in his mouth, and busy streets and parking lots. Despite many months of parenting classes and counseling from the social worker and the foster mother on safe parenting practices, Elizabeth failed to demonstrate she could internalize and put into practice the skills she was taught. Under these circumstances, ample evidence supports the court's finding Alexander would be at risk if released to Elizabeth.

II. Substantial Evidence Supported the Court's Determination that DCFS Provided Reasonable Services to Elizabeth

At the 12-month status review hearing, if the court determines that a child should not be returned, it is required to terminate reunification services unless it finds (1) there is a substantial probability that the child will be returned within 18 months of the initial removal; or (2) reasonable reunification services were not provided to the parent. (§ 366.21, subd. (g)(1)(c).) Elizabeth contends DCFS failed to provide reasonable services by (1) failing to liberalize Elizabeth's visitation, and (2) failing to ensure Elizabeth and Alexander participated in dyadic therapy.

"The adequacy of the reunification plan and of the agency's efforts to provide suitable services is judged according to the circumstances of the particular case." (*Christopher D. v. Superior Court* (2012) 210 Cal.App.4th 60, 69.) "[T]he record should show that [DCFS] identified the problems leading to the loss of custody, offered services designed to remedy those problems, maintained reasonable contact with [Elizabeth] during the course of the service plan, and made reasonable efforts to assist [Elizabeth when] compliance proved difficult. . . ." (*In re*

Ronell A. (1996) 44 Cal.App.4th 1352, 1361-1362.) “In reviewing the reasonableness of the services provided,’ . . . ‘this court must view the evidence in a light most favorable to the respondent. We must indulge in all legitimate and reasonable inferences to uphold the verdict. If there is substantial evidence supporting the judgment, our duty ends and the judgment must not be disturbed.” (*Id.* at p. 70.) “[I]n reviewing the reasonableness of the reunification services provided by [DCFS], we must also recognize that in most cases more services might have been provided, and the services which are provided are often imperfect. The standard is not whether the services provided were the best that might have been provided, but whether they were reasonable under the circumstances.” (*Elijah R. v. Superior Court* (1998) 66 Cal.App.4th 965, 969.)

With respect to visitation, the schedule for twice-weekly monitored visits for two hours each remained intact from the beginning of the case until the 12-month status review hearing. The minute order for October 19, 2018 reflects the court’s order that DCFS had discretion to allow Elizabeth to have unmonitored visits with Alexander and that DCFS was to “liberalize” Elizabeth’s visits. (The record does not reflect how the court intended the visits be “liberalized.”) On December 14, 2018, the social worker attempted to observe Elizabeth’s interaction with Alexander during her monitored visit, but Elizabeth told the worker he could not be present unless her attorney was there. Thus, the worker was unable to observe for himself whether Elizabeth was ready for unmonitored visitation with Alexander. However, the foster mother provided the social worker with updates on the visitation, which included a number of instances in November and December 2018 where Elizabeth interacted only

minimally with Alexander, did not properly feed him, or allowed him to endanger himself and failed to intervene to protect him. These problems then persisted in 2019. Therefore, it was not unreasonable for DCFS to decline to allow Elizabeth to have unmonitored visits with Alexander, or to increase the frequency or duration of these visits. Although Elizabeth asked for and the court granted a hearing on her request that the court enforce its order that visits be liberalized, Elizabeth dropped the issue before her motion was heard.

On the issue of referring Elizabeth and Alexander for dyadic therapy, the parties all stipulated to such an order, which was then signed and entered by the court on October 4, 2018. The record does not reflect the reasons the order was made.

On November 14, 2018, the Regional Center provided confirmation it had received a referral for Alexander and indicated consent forms from Elizabeth were needed. The signed consent forms were not submitted for several months due to a lapse of communication between Elizabeth and DCFS, which appears to have been partly the fault of DCFS but also was partly due to Elizabeth's refusal to meet with or talk to the social worker without her attorney present. The forms were finally provided to the Regional Center in February 2019. On February 25, 2019, when the therapy had not commenced, Elizabeth requested an order that DCFS comply with the earlier order to refer Elizabeth and Alexander for dyadic therapy, but after a hearing was set on the matter, the matter was taken off calendar when Elizabeth's counsel was sick, and Elizabeth never subsequently renewed the request. DCFS subsequently reported Elizabeth did not return the phone calls from the Regional Center representative who contacted her about the therapy, and

Elizabeth did not participate in the necessary assessment, although Alexander did. Ultimately, in early April 2019, the social worker was informed that Alexander did not meet the criteria for dyadic therapy.

Although DCFS should have done more to expedite the dyadic therapy referral, including following up to get Elizabeth's signed consent, Alexander was not even eligible for such therapy. DCFS was ordered only to refer Alexander and Elizabeth for such therapy, not to ensure it was provided. It is not clear what need the parties believed dyadic therapy would fill, but DCFS did make other efforts to provide focused parenting training for Elizabeth. When Elizabeth still exhibited great difficulty in supervising Alexander with the proper care after participating in a 20-week parenting class, the worker assisted her in signing up for a class that focused more on developing safe parenting skills for parents with infants. The worker also attempted to counsel Elizabeth about parenting issues before Elizabeth cut off their communication. Further, the foster mother repeatedly attempted to educate Elizabeth on safety risks and tried to show her ways to redirect Alexander so that he did not end up in unsafe situations. Unfortunately, those interventions did not lead to any improvement in Elizabeth's parenting, and Alexander remained at risk when under her supervision. Substantial evidence supported the juvenile court's order that reasonable services were provided to Elizabeth to assist her in reunifying with Alexander.

DISPOSITION

The petition for writ of mandate is denied.

STONE, J.*

We concur:

PERLUSS, P. J.

SEGAL, J.

* Judge of the Los Angeles Superior Court, assigned by the Chief Justice pursuant to article VI, section 6 of the California Constitution.