

Circuit Court for Worcester County  
Case No. C-23-JV-23-000012

UNREPORTED  
IN THE APPELLATE COURT  
OF MARYLAND\*

No. 2375

September Term, 2024

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IN RE: H.F.

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Wells, C.J.,  
Berger,  
Eyler, Deborah S.  
(Senior Judge, Specially Assigned),

JJ.

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Opinion by Eyler, Deborah S., J.

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Filed: August 29, 2025

\* This is an unreported opinion. This opinion may not be cited as precedent within the rule of stare decisis. It may be cited for its persuasive value only if the citation conforms to Rule 1-104(a)(2)(B).

In March 2023, H.F., then age four, was found by the Circuit Court for Worcester County, sitting as a juvenile court, to be a Child in Need of Assistance (“CINA”) due to a developmental delay and neglect by her mother, S.F. (“Mother”), the appellant.<sup>1</sup> Over eighteen months later, the Worcester County Department of Social Services (“the Department”), the appellee, asked the juvenile court to modify H’s permanency plan from concurrent plans of reunification with Mother and custody and guardianship to a relative, to a sole plan of custody and guardianship to a non-relative; and to stop visitation between Mother and H. Over Mother’s objection, the juvenile court modified the permanency plan and suspended visitation. H’s father, W.T. (“Father”), did not participate in the relevant hearings below and does not challenge the rulings.

Mother presents two questions for our review, which we rephrase slightly:

I. Did the juvenile court err by modifying the permanency plan to eliminate reunification?

II. Did the juvenile court err by terminating visitation between Mother and H?

For the following reasons, we shall affirm the order of the juvenile court.

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<sup>1</sup> As pertinent, a “Child in need of assistance” is a “child who requires court intervention because . . . [t]he child has been abused, has been neglected, has a developmental disability, or has a mental disorder[,]” and “[t]he child’s parents . . . are unable or unwilling to give proper care and attention to the child and the child’s needs.” Md. Code, Cts. & Jud. Proc. (“CJP”) § 3-801(f).

## **FACTS AND PROCEEDINGS**

### **Mother's Prior Involvement with the Department**

H is the youngest of Mother's seven living children, none of whom are in her custody. Mother's eighth child died in October 2023, at age five months.

Between 2003 and 2011, Mother had four children with her ex-husband, D.C. In 2009, the Department investigated a domestic dispute between Mother and D.C. that took place in the presence of her children; determined that Mother was the aggressor; and made an "Indicated" finding for neglect. Mother and D.C. divorced in 2009.

In 2014, Mother gave birth to her fifth child, with a man other than D.C. or Father. Later that year, the Department received a referral concerning an altercation between Mother and her oldest child, then age eleven. During that investigation, Mother refused to take parenting classes and her four children with D.C. moved in with him, where they remained.

By 2015, Mother's fifth child was living with his paternal grandparents.

In 2016, Mother gave birth to her sixth child, C, with Father. Later that year, the Department opened an abuse investigation relative to C after Mother took him to the hospital with marks on the side of his face. He had spent the day with Father, according to Mother, but the allegation of abuse was not substantiated.

In August 2018, when C was two and Mother was eight months pregnant with H, Mother contacted the Department seeking help with C. She said he was not behaving, and she needed someone to pick him up from the hospital. The Department advised that

Mother should reach out to her support network because if the Department picked C up, he would need to enter foster care. Eventually, Father picked him up. The Department opened an in-home services case for C, and Mother entered into a safety plan by which she agreed for C to live with Father.

H was born in September 2018. Although Mother initially believed another man was H's father, paternity testing during this case confirmed that W.T. is her father.

A month after H was born, C returned to Mother's care after he was found asleep in a truck with Father, who was inebriated. A few months later, the Department received a referral for C and opened a new in-home services case. Mother called the Department often while the case was open seeking help with C's behavior and asking for someone to come and pick him up. The Department paid for daycare, paid for respite care, provided Mother with transportation to appointments, and referred Mother for a psychological evaluation with Samantha Scott, Ph.D., a psychologist at The Child and Family Center. Mother only partially completed the evaluation. Dr. Scott determined that Mother met the criteria for a diagnosis of paranoid personality disorder.

While the case remained open, C went to live with Father permanently.

### **The Department's Involvement with H**

In September 2020, the Department received a referral for H, then age two. Mother had been "excessively contacting numerous providers" seeking help managing H's behaviors. By then, H had been diagnosed with autism. The Department provided in-home services to Mother and ultimately closed the case in December 2020.

Over the next two years, the Department received eight referrals about H and, specifically, about Mother’s inability to manage her behaviors or meet her needs. On five occasions, the Department offered Mother in-home services to assist her, which she declined. On one occasion, Mother contacted the police and said she needed respite care or “she needed to give custody of [H, then age three,] to another person.”

In December 2022, the Department arranged for Mother’s mother (“Grandmother”) to care for H, age four, for the weekend to give Mother a break. An in-home services case was opened at that time. Mother reported to the worker that she needed someone to come to the home several times each week to help her with H. She described H as “manipulative” and said that she “acts out on purpose” when she is alone with Mother but is well-behaved when others are around.

A few days later, Mother contacted the police to report that H had “attacked her” and that she needed to go to the emergency department. The Department received a referral based on that incident and a worker met with Grandmother, who agreed to come and help Mother a few times each week.

Two days later, Mother again contacted the police department about H. She asked them to send a crisis response team because she could not control H. The Department completed a safety plan with Mother that provided that Grandmother would care for H throughout the winter-break from school.

### **The Department Files a CINA Petition**

On January 27, 2023, the Department filed a CINA petition in the instant case. In addition to the above-stated facts, it alleged that Mother was twenty weeks pregnant with her eighth child and had “significant untreated and unaddressed mental health concerns.”

On February 2, 2023, while that petition was pending adjudication, Mother took H to Atlantic General Hospital “reporting that H[] was hurting her.” Mother was observed by hospital staff “yelling at H[], cursing at her, [and] behaving inappropriately towards [her].” As a result, the hospital made an after-hours referral to the Department, resulting in Mother’s agreeing to a safety plan for H to go to Grandmother’s house.

The following day, Leslie Valerio, a social worker in the Department’s child protective services unit, met with Mother. Mother agreed to extend the safety plan until the CINA petition was adjudicated.

### **H is Adjudicated a CINA and Committed to the Custody of the Department**

On March 27, 2023, the juvenile court held a contested adjudication and disposition hearing. The Department argued that H was a CINA because Mother’s untreated mental health condition coupled with H’s diagnosis of autism and her developmental delays made Mother unable to meet H’s needs. It introduced into evidence medical records from Atlantic General Hospital that reflected that Mother had taken H to the emergency department at least nineteen times between December 2019, when H was one year old, and February 2023, when she was four years old, for complaints ranging

from H appearing “woozy” to hearing a “clicking noise” in H’s bones to H appearing agitated.

In the adjudication phase, the court sustained the allegations of the CINA petition with one exception. It only partially sustained the allegation that Mother’s mental health concerns were “untreated,” finding that Mother was receiving mental health counseling with a therapist. The court found that Mother was not receiving comprehensive treatment “in a way that allows her to be able and available to parent[,]” however.

In the disposition phase, the juvenile court found that it was contrary to H’s welfare to remain in the home because of Mother’s documented inability to manage H’s behaviors and meet her special needs, resulting in numerous calls to the police, the Department, and trips to the hospital. It found that H was a CINA based on her developmental disability and neglect. The juvenile court granted custody and limited guardianship to the Department for placement with Grandmother’s husband’s sister, S.P.

Mother was granted a minimum of one supervised visit per week. She was ordered to participate in a psychological evaluation and a “Fit-to-Parent” evaluation; to attend parenting classes; participate in individual counseling; and to enter into a service agreement with the Department. The Department was ordered to facilitate a reevaluation of H for autism and, if her diagnosis was confirmed, to arrange for applied behavior analysis therapy (“ABA Therapy”) for H.

### **Reunification Established as the Initial Permanency Plan**

At the initial permanency plan hearing on July 28, 2023, the Department recommended that the permanency plan be established as reunification with Mother but recommended some adjustments to the visitation plan. The court admitted into evidence the Department's court reports and a report by H's Court Appointed Special Advocate ("CASA").

The evidence showed that H was placed with S.P. for just three days before she was moved to a licensed foster home. She remained in that placement for three months – until June 29, 2023 – when her placement was “disrupted” after H hit her foster parent, hit other children, hit the foster parent's pet, threw items, and punched the walls. She was briefly placed with a one-on-one caregiver through an agency before being placed in a treatment-level foster home in Dorchester County with Ms. C, where she remained at the time of the hearing.

H had been reevaluated for autism and her diagnosis was confirmed. She also was diagnosed with a global developmental delay and a speech delay. The Department was pursuing ABA counseling for H. On June 15, 2023, H began play therapy with Meredith Griffith, a licensed master social worker, at the Child and Family Center, under Dr. Scott's supervision.

The Department was unable to reach Mother by email or telephone for a month after H entered her out-of-home placement and, consequently, was unable to coordinate



any visits between Mother and H. As of July 12, 2023, Mother had attended four out of ten available visits.

According to Mother, the reason she did not see H after she first entered care was because Mother's obstetrician recommended she avoid stress while she was pregnant. She gave birth to her eighth child on May 19, 2023.

The Department tried to schedule Mother's psychological evaluation in April 2023, but she refused to attend because she was pregnant. She was placed on a waitlist for an appointment in August 2023.

H was attending a pre-K program at a public elementary school. Staff at the school reported that she had begun demonstrating concerning behaviors at her school, including screaming, hitting other children, and hitting her teachers.

Beginning in June 2023, H's behavioral issues had become so severe that the Department had safety concerns. On June 15, 2023, she attended a supervised visit with Mother at the Department offices. At the conclusion of that visit, H refused to get out of the vehicle at her foster home. She "screamed, cried, and kicked"; "threw things at [her] foster mother and caseworker and attempted to hit [both women]." She also engaged in self-injurious behaviors. After H's caseworker and her foster mother managed to get her inside the foster home, she slapped her foster mother on her arm with enough force to leave a mark.

The next week, H attended play therapy and again had an episode when she was transported to a caregiver after the visit.<sup>2</sup> She slapped her caseworker, cried and screamed, and refused to exit the vehicle. The caregiver picked her up and carried her inside. H slapped the caregiver and the caseworker during this process.

On June 23, 2023, H attended another visit with Mother at the Department. Mother brought her new baby with her. As the visit ended, H “slapped and punched [Mother] and threw toys at her.” She then followed Mother into the lobby “screaming and crying.” She slapped Mother and flipped the infant carrier over.

After H left the Department offices, she slapped her caseworkers, threw items at them, continued to tantrum, and attempted to run away. It took the caseworker approximately two hours to calm H down sufficiently to allow her to be transported back to her foster home. Upon arrival at her foster home, she again refused to leave the vehicle, threw a cup at her foster mother, and slapped her caseworker. When the caseworker left, H “punched the walls in her home, punched herself and slapped the resource parent’s pet[.]”

Five days later, on June 28, 2023, after H refused to get into the foster parent’s vehicle, the foster parent contacted the Department to advise that she could no longer care for H.

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<sup>2</sup> It is unclear from the record who the caregiver was, but we infer that it was not H’s foster parent.

On July 5, 2023, H attended play therapy. At the end of the session, she refused to leave the office and “rolled and crawled on the floor, screaming the word ‘no’” for thirty minutes. While in the car returning to her placement, H screamed the entire time and “scratched herself to the point blood was dripping down her legs.”

On July 12, 2023, H attended a visit with Mother, her baby brother, and some of her older siblings. Thirty minutes before the visit ended, she kicked and hit her siblings and slapped Mother several times. H also hit Mother while she was holding the baby. After Mother left, H “ran down the hallway of the department and into the lobby screaming and crying” and then “threw herself on the floor, threw herself on the ground outside the department, ate grass, ran away from workers into the parking lot and slapped workers.” It took forty-five minutes to get H into the vehicle. On the way back to her foster home, H unbuckled herself and scratched the caseworker while she was driving.

Because of these concerning behaviors and the danger they posed to H and those interacting with her, the Department recommended that future visits be held in Dorchester County near H’s foster home to eliminate the need for multiple transitions and transports around each visit. If the behaviors continued, the Department would recommend that visitation cease until therapeutic visitation could be implemented.

The court adopted a permanency plan of reunification with Mother. It ordered that weekly supervised visitation with Mother continue, but with the location moved to Dorchester County. The court ordered that if the Department were to determine that H’s

behaviors made visitation unsafe, it should suspend visitation temporarily and notify the court.

### **Mother is Granted Unsupervised Visitation**

At the first permanency planning review hearing on December 11, 2023, the Department submitted on its court report, which was admitted into evidence. It continued to recommend a permanency plan of reunification with Mother. Mother was compliant with all services and had completed her psychological evaluation and Fit-to-Parent evaluation with Dr. Scott, although the Department had not yet received the final report.

Mother was not consistent with visitation, however, having attended just four out of nineteen possible weekly visits since the prior hearing. Those visits all had occurred in Dorchester County and Ms. C had transported H to and from the visits. The transitions had been much smoother since making those changes.

Mother's counsel proffered to the court that she had had trouble with her vehicle and that that was why she had missed so many of her visits with H. Mother advised that her car would be repaired very soon and then transportation would not be an issue.

On October 23, 2023, Mother's youngest child, then age five months, died unexpectedly. The Department was working with Mother to determine the best way to communicate this information to H.

H was attending school in pre-K, where she had an Individual Education Plan ("IEP") and was offered numerous services, including speech therapy, physical therapy, and occupational therapy. Outside of school, she was attending weekly play therapy with

Ms. Griffith and had completed the initial assessments to begin ABA therapy with Ocean Front Counseling.

The Department recommended that Mother begin receiving unsupervised visits with H in small increments, with prior approval by the Department.

The court found that H remained a CINA, that she would remain in the Department's custody, that the permanency plan of reunification with Mother would be continued, and that the Department could begin offering unsupervised visits between H and Mother incrementally.

### **Temporary Suspension in Visitation**

At the next review hearing on June 7, 2024, the Department submitted on its court report, filed in advance of the original review hearing date,<sup>3</sup> and two addenda, and a "Treatment Summary & Recommendations" report prepared by Dr. Scott, all of which were admitted into evidence. Those documents reflected the following.

H remained placed with Ms. C. Mother had begun receiving unsupervised visitation with H in December 2023. Initially, she received day visits but was granted a four-day unsupervised visitation period over the Christmas holiday and multiple weekend

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<sup>3</sup> The second permanency planning review hearing was scheduled for May 3, 2024, but was postponed on a motion made by Mother's counsel. Counsel argued that Mother wanted to expedite reunification, but that counsel had been unable to reach an agreement at that time. He asked for a month to allow the parties to sit down and try to negotiate an agreement to move forward with reunification.

visits in February and March 2024. Mother completed twenty-six days of unsupervised visitation and missed thirteen days of unsupervised visitation during that period.

At the beginning of April 2024, H's school requested that H not attend school on Mondays after a weekend visit with Mother because of behavioral dysregulation. She was scratching, hitting, and slapping other students. Her behaviors had escalated in February 2024, and she had been suspended twice in March 2024.

When H was in Mother's care for a weekend visit in mid-April, Mother contacted the Department's after-hours phone line on Saturday and requested that they pick her up early because she had hit and scratched Mother and had become aggressive with her older brother, C, who also was visiting Mother. That was the first time that Mother had reported to the Department that H was exhibiting any behavioral concerns during unsupervised visitation, but the Department later learned that Mother had contacted Ms. C multiple times during prior weekend visits to report that she was having difficulty managing H's behavior.

Around the same time, the Department consulted with Dr. Scott to determine recommendations. In her report, Dr. Scott recommended that weekend, unsupervised visitation be stopped, and that the Department proceed more slowly to transition H into regular, unsupervised contact with Mother. Dr. Scott opined that H's "marked change in behavior is the result of [Mother's] inconsistency in visitations, and a new visitation schedule that has moved too quickly without supporting her unique needs and level of comprehension."

When the Department contacted Ocean Front Counseling to arrange for ABA therapy for H, it reported that when it had worked with H previously, Mother had canceled her sessions 95% of the time. Her ABA counseling was set to commence at her foster home on June 6, 2024.

On May 15, 2024, H was suspended from school for two days after she punched her teacher in the face, punched another student in the face, and destroyed the classroom. The Department made a referral for a psychiatric evaluation for H that same day.

Two days later, the Department supervised a visit between H and Mother. The visit was terminated after twenty minutes because H slapped Mother in the face repeatedly and pulled some of her hair out. She also slapped Ms. C's granddaughter during the visit and again that night.

On May 21, 2024, the Department held a confidential Family Team Decision Making Meeting with nineteen individuals. On May 23, 2024, it held a follow-up meeting that included Mother and her attorney, Ms. Bowden, Dr. Scott, Ms. Griffith, and H's CASA to "discuss concerns and a plan to promote reunification." The plan included the use of a "visual schedule" for H; that visits would be shortened to twenty minutes as the hour-long visits could be overwhelming for H; that visits could be lengthened gradually in small increments over time; that ABA therapy with H and Mother would be essential to reunification; that visits should take place somewhere peaceful and quiet and with Ms. C and/or H's caseworker present; and that any transportation for H should include two Department staff members for safety.

At the end of May, H had a psychiatric consult and was prescribed risperidone, an anti-psychotic medication, to address her behavioral challenges. Mother was present and consented to the medication being administered. The Department had not begun administering the medication, however, because it required additional approvals.

Despite all these issues, H was stable in her placement. She called Ms. C “Nana,” and her behavior was not problematic in the home. Ms. C reported that H had regressed in potty training recently, going from being fully potty trained to having accidents and wearing pull ups at night.

Dr. Scott completed Mother’s updated psychological evaluation which showed that she continued to suffer from symptoms of Paranoid Personality Disorder. Dr. Scott noted that Mother’s symptoms had improved since she was evaluated in 2020 but emphasized that Mother was not caring for any of her children at the time of the evaluation. Dr. Scott was concerned that “any increase in stress, particularly as it pertains to [H], would lead to a decline in [Mother’s] functioning and her becoming overwhelmed quickly as previously demonstrated with many of her children.”

The Department recommended that the permanency plan be modified to a concurrent plan of reunification and custody to a relative.<sup>4</sup> It further recommended the suspension of visits between Mother and H for a period of sixty days. Mother did not

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<sup>4</sup> The juvenile court magistrate asked whether a relative resource had been identified. Counsel for the Department responded in the negative, but that the Department was actively seeking out relatives.



oppose modifying the permanency plan to include custody by a relative, but she did oppose the suspension in visitation. Counsel for H supported the Department’s position generally, but argued that visits be suspended for thirty days, rather than sixty days.

The magistrate recommended a thirty-day suspension of visits beginning on June 24, 2024, which was one week after H’s school year ended.

### **Mother Files Exceptions to Magistrate’s Recommendation to Suspend Visits**

Mother excepted, seeking a *de novo* hearing on the recommendation to suspend visitation for thirty days beginning June 24, 2024. She argued that the recommendation was not supported by evidence presented at the hearing, was contrary to established law, and would delay reunification, which remained a permanency plan for H.

The next day, Mother filed in the District Court of Maryland for Worcester County a petition for a peace order against Ms. C, alleging that H had a “welt” on her neck during a supervised visit. The District Court granted Mother a temporary peace order but dismissed the petition the following day after learning that H was a CINA under the jurisdiction of the juvenile court.

### **The Juvenile Court Overrules Mother’s Exceptions**

An exceptions hearing took place on August 15, 2024. By then, the Department had suspended visitation for over a month.

Ms. Bowden testified that when Mother began unsupervised visits with H, in December 2023 and continuing into the beginning of 2024, the visits were “sporadic”

because Mother would cancel. Mother also had issues with transportation that prevented any visits in January 2024.

Ms. Bowden described H's escalating aggressive behaviors since April 2024, which necessitated ending many visits early for safety reasons. Ms. Bowden supported the suspension of visitation because she did not think that continuing visits was safe for H, for Mother, for the caseworkers supervising the visits, or for other children at the location where visits occurred.

Ms. Bowden testified that H was not potty trained when she entered her current placement in July 2023. She became fully potty trained in the fall of 2023 and stopped wearing pull ups. She "completely regressed" between February 2024 and March 2024, returned to wearing pull ups all day, and had regular accidents – both urine and feces. She had again progressed to full potty training since the visitation was suspended.

Mother testified at the hearing that she missed H and wanted to resume weekly visitation with her. She expressed willingness to work with H's play therapist and to implement strategies to help H to self-regulate. She denied that she suffered from paranoid personality disorder, as Dr. Scott had concluded. She had trouble focusing on the questions being asked and complained that Grandmother and other family members had sabotaged her older children's relationship with her and H.

The juvenile court found that the Department had justified the need for a suspension of visitation, but that visitation needed to resume. The Department was directed to determine how to recommence supervised visits with an appropriate

professional there to support and coach Mother on strategies for managing H's behaviors. The court scheduled a review hearing for September 6, 2024, to assess the Department's plan, emphasizing that visits could begin before that date if an appropriate plan was put in place sooner.

### **Status Hearing and the Department's Plan to Resume Visitation**

At the status hearing, the Department submitted a court report detailing the efforts it made to facilitate therapeutic visitation. Dr. Scott and H's play therapist, Angela Rathkamp, Ph.D.,<sup>5</sup> believed it would be inappropriate for the Child and Family Center to facilitate therapeutic visits between H and Mother because doing so could cause H to regress in her own individual therapy. The Department reported that Dr. Scott and Dr. Rathkamp both continued to recommend that visitation not resume, virtually or otherwise.

The Department had made extensive efforts to engage an ABA therapist, contacting eleven offices in August 2024. It still was waiting for a therapist to be assigned to H.

Despite these obstacles, the Department had developed a visitation plan. Beginning September 20, 2024, H and Mother would visit virtually for twenty minutes. Ms. C would prepare H for the visit with a visual schedule and a countdown calendar. After three virtual visits, the Department would transition H to in-person visits with

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<sup>5</sup> Dr. Rathkamp began working with H temporarily while Ms. Griffith was on maternity leave.

Mother and the ABA therapist. If therapeutic visitation could not be facilitated, the visits would remain virtual but would increase in length and frequency. Mother and H's attorney agreed to the Department's plan.

The juvenile court found that the visitation plan was in H's best interests.

**The Department Advocates to Modify the Permanency Plan to Custody and Guardianship by a Non-Relative and Mother Expects**

At the next permanency planning review hearing on November 1, 2024, the Department recommended modification of the permanency plan to custody and guardianship to a non-relative. The Department was concerned about H's behavior since visits resumed virtually and no longer believed that reunification was a realistic goal. It also advocated for suspension of visitation between Mother and H for the immediate future until therapeutically appropriate.

Mother opposed the change in the permanency plan and the cessation of visitation.

H's attorney supported the change in the permanency plan, but did not support the decision to end visits. She advocated for staggered visitation between Mother and H.

The juvenile court magistrate recommended that the permanency plan be modified to custody and guardianship to a non-relative based upon evidence that H had regressed in potty training, regressed in her play therapy, and that her behavior at school had deteriorated since virtual visits commenced. The magistrate emphasized the evidence of Mother's past inconsistency with visitation and her inability to manage H's behaviors. H had been in foster care for nineteen months and the court had found that there had not been significant progress toward achieving reunification despite the Department's

reasonable efforts and Mother’s compliance with her service plan. It found that visits should continue in compliance with the visitation plan established at the September 6, 2024, hearing.

Mother filed exceptions to the magistrate’s recommendations and requested a *de novo* hearing.<sup>6</sup> Specifically, she challenged 1) the recommendation to modify the permanency plan to custody and guardianship by a non-relative; 2) the recommendation that visitation take place “under terms and conditions” outlined by the Department at the prior hearing and admitted into evidence because that plan was “outdated, vague and does not comply with Maryland law in that it delegates judicial authority to determine visitation rights to a non-judicial agency or person”; and 3) the finding that the Department had made reasonable efforts to achieve the prior concurrent permanency plans.

### ***De Novo Exceptions Hearing***

The hearing on Mother’s exceptions went forward on January 9, 2025. Mother was not present, having emailed her attorney the night before that she was in the hospital with a sprained ankle. Her attorney asked her to send him documentation of her hospitalization, but she did not respond. Counsel moved for a continuance. The

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<sup>6</sup> The juvenile court magistrate erroneously stated in the written recommendations that Mother had waived exceptions, resulting in an order being signed by a judge prior to the expiration of the time to file exceptions. Mother successfully moved to strike that order.

Department opposed the motion, and the court denied it. Mother does not challenge that ruling on appeal.

The Department called two witnesses: Ms. Bowden and Dr. Scott. Ms. Bowden testified that she had been H's caseworker since March 2023, when she entered an out-of-home placement. The court admitted into evidence a court report she prepared prior to the magistrate's hearing and an addendum she prepared in advance of the exceptions hearing. It also admitted both of Mother's psychological evaluations; H's Developmental and Autism Spectrum Disorder Evaluation; and Dr. Rathkamp's treatment summary and recommendations for H.

The evidence showed that virtual visits began on September 20, 2024, and there had been a total of seven visits and one attempted visit on the following dates: September 20, September 27, October 4, October 11, October 18, November 1 (in-person at the juvenile court hearing), November 27, and December 11.

H's "countdown" to the first virtual visit began on September 16, 2024. That same day and the following day, H threw food and hit classmates at school. After visits recommenced, H was sent home early from school on October 1, 2024, and suspended from school three days later for "attacking" staff.

Ms. C reported that H had two accidents on October 8, 2024. She also reported that H reverts to "infantile-like behaviors and becomes more dependent on others" after visits. The Department was concerned that H's placement with Ms. C could be disrupted if visitation continued and H's behavior deteriorated.

Dr. Rathkamp observed a change in H's demeanor at play therapy sessions beginning in October 2024. H was quiet and played with her therapist. H transitioned back to her prior play therapist, Ms. Griffith, later that month, and she reported that H's play had "reverted to prior concerning themes of 'family dysfunction, basic needs not being met, such as not enough food or baby crying and adult figures not attending to baby.'"

After H visited with Mother in person on November 1, 2024 at the juvenile court hearing, she displayed aggressive behaviors the next day while at the park with Ms. C and her granddaughter. She continued to exhibit behavioral issues at school, and the Department paused the visits until the end of November, when it resumed virtual visits.

Ms. Bowden supervised an attempted virtual visit between Mother and H from Ms. C's home on December 11, 2024. H was arriving home from school on the bus as Ms. Bowden arrived and was happy and smiling. Ms. C and her five-year-old granddaughter were inside the house. When the virtual visit was about to begin, Ms. C stated that she and her granddaughter would go in the other room to give H privacy with Mother. H began screaming and cursing, yelled, "shut up, you f - - king b - - ch" at Ms. C's granddaughter, threw Christmas presents, and took off her shoes and threw them. The visit did not go forward that day.

After that incident, Ms. C advised Ms. Bowden that she was not sure she could continue to care for H and keep "other kids safe" with H in the home and that perhaps H

required a higher level of care. Ms. Bowden was concerned that H’s placement with Ms. C would be disrupted because of H’s escalating aggressive and dysregulated behaviors.

The Department had not attempted to facilitate any further visits with Mother since that incident. Ms. Bowden reported that H’s behavior was “rough” the next two days and continued to be “a little bit rough” the following week at school. In the subsequent three weeks, neither Ms. C nor the school had reported any behavior concerns for H.

On cross-examination, Ms. Bowden acknowledged that, although there was a “correlation” between H’s behavioral issues and visits with Mother, she also had outbursts unrelated to visits, such as when she was enrolled in a YMCA camp in the summer of 2024 and was discharged by the camp.

Ms. Bowden also testified about Mother’s “history of calling third parties to deal with H[]’s behaviors when she[] [was] left alone with [her.]” That included prior to H entering the Department’s custody and more recently, in April 2024, when Mother began unsupervised weekend visitation with H.

The court asked Ms. Bowden what had prompted the Department to recommend a change in the permanency plan given that Mother had complied with the service plan. Ms. Bowden responded that H had been in care for over twenty months and had been with Ms. C for eighteen months. Since entering Ms. C’s care, H had progressed in her language, her potty training, her independence, and her overall stability. Ms. Bowden



agreed with the court’s characterization that “the passage of time plus the fact that [H] is stabilized in Ms. C[]’s home is what led to the recommended change[.]”

Mother’s counsel questioned the stability of H’s placement considering Ms. Bowden’s testimony that her placement was likely to be disrupted because of H’s recent behavior. Ms. Bowden responded that Ms. C did not wish for H to be transferred to a new placement but was worried about keeping her grandchildren safe around H if her aggressive behaviors persisted. In Ms. Bowden’s opinion, H’s behavior had worsened dramatically after virtual visits with Mother commenced in September 2024. Ms. C had expressed a willingness to maintain H in her care and custody if visits with Mother were not restarted and H’s behavior stabilized again. It was the Department’s position that it was in H’s best interest for the permanency plan to be changed and for H to remain in Ms. C’s custody.

Dr. Scott testified that H has received trauma informed play therapy at her practice with Ms. Griffith since June 2023, except for three months when Dr. Rathkamp treated H. Both Dr. Scott and Ms. Griffith held the opinion that contact between Mother and H was not safe. She and Ms. Griffith met weekly to discuss the case and had observed the trends over time. There had been periods when H was stable and gained skills, like independent toileting, verbal communication, and the ability to self-regulate, and other periods where she regressed in those same areas. The regressions correlated with upticks in contact with Mother.

Dr. Scott acknowledged that with a six-year-old child with autism, it was impossible to say with 100% certainty that contact with Mother was a stressor for H that caused regressions, but that the patterns that she and Ms. Griffith had identified over a lengthy period persuaded them that that was the main trigger. She emphasized that a day of dysregulation here and there was normal for a child H's age and particularly an autistic child, but H had displayed weeks of dysregulation after visits increased which was abnormal and evidenced re-exposure to trauma.

Dr. Scott opined that H's "attachment style" with Mother was "[v]ery disorganized." This observation had remained constant since Dr. Scott first evaluated Mother in 2019, when H was one year old. Mother alternated between overprotective parenting and overwhelmed parenting. She displayed "odd partnering behaviors" with H. During the 2019 evaluation, Mother held H for the entire hour and, during that time, changed her diaper three times, including one time in her lap. This was reflective of Mother's anxiety and fear of something bad happening to H, which was consistent with the diagnosis of paranoid personality disorder. On other occasions, Mother had been observed by hospital staff screaming and cursing at H when she could not control her behaviors. The chaos of this attachment style could be "very scary" for a small child.

Mother loved H and understood, at times, what she should be doing for H. At the same time, Mother lacked insight into H's autism, expressing the belief that H will outgrow the behaviors that arise from her diagnosis. Dr. Scott opined that Mother's mental health diagnosis and H's autism diagnosis were "not a good combination."

Mother was likely to distrust therapists, medication, and caseworkers. Her diagnosis also would “skew her perception” of H’s behaviors. Dr. Scott noted that when she evaluated Mother in 2019, Mother reported that her three-year-old, C, was “beating her[.]” According to Dr. Scott, medication was not an effective treatment for Mother’s personality disorder, but cognitive behavioral therapy could be.

Dr. Scott anticipated that if H’s placement with Ms. C were to be disrupted, she would experience a “significant regression.” Removal from a primary attachment figure was traumatic, and recovery from this displacement would be difficult.

On cross-examination, Mother’s counsel asked Dr. Scott about evidence that H had been observed crying for Mother at school and with Ms. C. Dr. Scott explained that children who have been neglected or abused by their biological parent still have a primary attachment to that figure and seek them out.

In Dr. Scott’s view, H’s autism diagnosis impairs her “ability to process trauma both cognitively and communicatively[.]” Mother’s diagnosis of paranoid personality disorder impairs her ability to perceive H’s behaviors neutrally, rather than as an attack on Mother. In combination, the two diagnoses are “the perfect storm for a d[y]sfunctional parent/child relationship[.]”

In response to questions from the court, Dr. Scott opined that the likelihood that Mother would be able to provide appropriate parenting to H was “very low.” She reasoned that Mother had demonstrated with H and with her six older children that she could maintain stability for periods of time, but that “as soon as something goes wrong or

there's a stressful situation," she decompensates. She opined that Mother and H were "bonded" in an "unhealthy way" because Mother lacked the skills to form healthy attachments.

H's counsel argued in favor of the Department's recommendation to modify the permanency plan and stop visits with Mother. She emphasized that the Department had worked diligently to try to achieve reunification with Mother but that, although Mother could be a successful parent 75% of the time, the other 25% of the time she was unable to handle parenting H.

Counsel for the Department argued that the lengthy record in H's case reflected Mother's paranoia from the time H was very young. Mother's inability to form a secure attachment with H stemmed from her own mental health diagnosis and had caused trauma for H. Despite Mother's complying with her service plan, the fact remained that her interactions with H triggered regressions and behavioral outbursts. Both Ms. C and H's school had recognized a strong correlation between visits and H's dysregulated behavior. Counsel emphasized that they were not "shutting the door" on a relationship between H and Mother but wanted to give her a chance to stabilize in her placement for a period of time. The Department did not intend to petition to terminate parental rights and would be willing to reconsider contact between Mother and H at some point in the future. At this time, the Department took the position that it was in H's best interests for the permanency plan to be modified to custody and guardianship by a non-relative and for visitation to be suspended.

The Department remained optimistic that Ms. C would be willing to be H's long-term custodian if H's behavior stabilized. If that were to occur, it would seek an award of custody and guardianship to Ms. C and facilitate an application for the guardianship assistance program.

The court questioned whether the change in the plan, coupled with a cessation of visitation, was "essentially a TPR without calling it a TPR?" Counsel for the Department explained that the significant difference would be that Mother could move to modify custody and/or for visitation if she could show a material change of circumstances.

Counsel for Mother argued that the Department's recommendation was "very unfair." Dr. Scott had recommended numerous interventions to assist Mother to better meet H's needs and for H to achieve more stability – including ABA therapy, more contact between Mother and Ms. C to achieve consistency in how H's behaviors were addressed, and therapeutic visitation – and none had been put in place. In counsel's view, the Department's position that Mother and H were like oil and water was "all speculation" and was unsupported by the record. He also addressed the inconsistency in the visits between Mother and H and questioned whether that could be the source of H's dysregulated behavior, as opposed to the contact.

H's attorney responded that the Department had facilitated ABA therapy for H when she remained in Mother's custody, and the record showed that Mother did not take her to the appointments. Although Mother attended weekly therapy, she dismissed Dr. Scott's diagnosis of paranoid personality disorder and, consequently, was not receiving

an appropriate level of therapy for her condition. The Department had tried to resume visits incrementally after the pause in the summer of 2024, and the result of that had been that H’s secure placement with Ms. C might be disrupted.

The juvenile court overruled Mother’s exceptions, making the following pertinent findings. H has autism and developmental delays. Mother has paranoid personality disorder, which causes her to be overly attentive and protective of H. Prior to H’s entering the Department’s custody, Mother’s paranoia had created a chaotic environment for H that was traumatic. The evidence showed that interactions with Mother triggered a trauma response in H. In the short term, continuing visitation between H and Mother likely would cause her long-term, stable placement with Ms. C to be disrupted, causing “additional trauma” to be “visited upon H[.]”

The juvenile court found that the Department had made reasonable efforts to achieve the prior concurrent permanency plans. Ms. Bowden had gone “above and beyond” in her efforts to get services in place for H and Mother. Despite H’s having been in the Department’s custody for twenty-two months at the time of the hearing, there were compelling reasons justifying the Department’s decision not to seek to terminate parental rights. H continued to be a CINA because of her autism, her disorganized attachment with Mother, and Mother’s mental health disorder. The court ordered that the permanency plan be modified to custody and guardianship with a non-relative and that visitation with Mother be suspended.

On January 14, 2025, the court entered a permanency plan order encompassing these findings. This timely appeal followed.

### **STANDARD OF REVIEW**

In reviewing a juvenile court’s decision to change a permanency plan, we employ three familiar and interrelated standards. *In re Adoption/Guardianship of C.E.*, 464 Md. 26, 47 (2019). Factual findings are reviewed for clear error, which exists only when no “competent material evidence exists in support of the trial court’s factual findings.” *In re Ryan W.*, 434 Md. 577, 593-94 (2013) (cleaned up). The interpretation of statutes and constitutional provisions, *i.e.*, questions of law, are reviewed *de novo*. *In re C.E.*, 456 Md. 209, 216 (2017). “[I]f it appears that the [juvenile court] erred as to matters of law, further proceedings in the trial court will ordinarily be required unless the error is determined to be harmless.” *In re Yve S.*, 373 Md. 551, 586 (2003) (cleaned up).

The “ultimate decision” regarding changing a child’s permanency plan is reviewed for abuse of discretion. *In re Ashley S.*, 431 Md. 678, 704 (2013). “[T]o be reversed[,] the decision under consideration has to be well removed from any center mark imagined by the reviewing court and beyond the fringe of what the court deems minimally acceptable.” *In re C.E.*, 464 Md. at 48 (cleaned up).

## DISCUSSION

### I.

#### Modification of the Permanency Plan

##### a.

Parents have a fundamental right “to raise . . . children free from undue and unwarranted interference on the part of the State[.]” *In re Adoption/Guardianship of Rashawn H.*, 402 Md. 477, 495 (2007). Yet that “fundamental” right is not absolute because it “must be balanced against the fundamental right and responsibility of the State to protect children, who cannot protect themselves, from abuse and neglect.” *Id.* at 497. “The purpose of CINA proceedings is ‘to protect children and promote their best interests.’” *In re Priscilla B.*, 214 Md. App. 600, 622 (2013) (quoting *In re Rachel T.*, 77 Md. App. 20, 28 (1988)).

In a CINA case where the juvenile court places a child outside the family home, it “‘must determine a permanency plan consistent with the child’s best interests.’” *In re M.*, 251 Md. App. 86, 115 (2021) (quoting *In re Andre J.*, 223 Md. App. 305, 320 (2015)). The permanency plan is intended to focus “‘the direction in which the parent, agencies, and the court will work in terms of reaching a satisfactory conclusion to the situation.’” *In re Joseph N.*, 407 Md. 278, 285 (2009) (quoting *In re Yve S.*, 373 Md. at 582). The presumptive goal is the reunification of a child with his or her natural parents. *See In re Karl H.*, 394 Md. 402, 417 (2006) (“The court’s goal should be, if possible, to reunite a child with its family.”). “In situations, however, where reunification may not be possible,



a permanency plan with either concurrent or single long-term placement goals may be considered[.]” *Id.*

Pursuant to Md. Code, Cts. & Jud. Proc. (“CJP”) § 3-823(e)(2), when reviewing a proposed permanency plan, the court must consider the factors set forth in Md. Code, Fam. Law (“FL”) § 5-525(f)(1). Those factors are:

- (i) the child’s ability to be safe and healthy in the home of the child’s parent;
- (ii) the child’s attachment and emotional ties to the child’s natural parents and siblings;
- (iii) the child’s emotional attachment to the child’s current caregiver and the caregiver’s family;
- (iv) the length of time the child has resided with the current caregiver;
- (v) the potential emotional, developmental, and educational harm to the child if moved from the child’s current placement; and
- (vi) the potential harm to the child by remaining in State custody for an excessive period of time.

FL § 5-525(f)(1).

Given the presumption that a child’s best interest is served by remaining in the care and custody of the natural parents, a permanency plan should focus on reunification “unless there are compelling circumstances to the contrary[.]” *In re Yve S.*, 373 Md. at 582. *See also* CJP § 3-823(e)(1)(i) (setting forth a hierarchy of placement options with reunification with a parent as the first choice). “[I]f there are weighty circumstances indicating that reunification with the parent is not in the child’s best interest, the court should modify the permanency plan to a more appropriate arrangement.” *In re Adoption/Guardianship of Cadence B.*, 417 Md. 146, 157 (2010).

**b.**

Mother contends the juvenile court erred by concluding that the permanency plan of reunification was no longer in H's best interest and modifying it to custody and guardianship with a non-relative. She asserts that the statutory factors supported continuing the plan of reunification; that H's best interests would be served by maintaining that plan; and that the Department failed to make reasonable efforts to achieve reunification.

The Department responds that the evidence supported the juvenile court's decision to modify the permanency plan. It asserts that the record amply demonstrates that it made reasonable efforts to achieve reunification with Mother, while ensuring H's health and safety; that the statutory factors weighed in favor of modification; and that the change in the permanency plan served H's best interests.

**c.**

We begin with the statutory factors. The first factor addresses "the child's ability to be safe and healthy in the home of the child's parent[.]" FL § 5-525(f)(1)(i). Mother asserts that there was "little evidence" that H could not be safe in Mother's home and that the fact that the juvenile court permitted Mother to have unsupervised visits with H in early 2024 refuted the Department's position. We disagree.

The juvenile court found that Mother's diagnosed mental health condition, which Mother disbelieved and therefore did not seek appropriate treatment to address, combined with H's autism spectrum disorder, were incompatible and prevented Mother from

meeting H's unique needs. This finding was supported by competent evidence in the record and was not clearly erroneous. Prior to H's being removed from Mother's home, she repeatedly contacted the Department, the police, and medical providers because she was fearful of H, then only a toddler, and could not manage her behaviors. When the Department attempted unsupervised visitation, Mother contacted Ms. C repeatedly during the weekend visits and ultimately contacted the Department to end a visit early because she could not handle H's behavior. This was evidence that Mother was unable to safely manage H's needs.

The court also did not err in assessing the second factor, which concerns H's "attachment and emotional ties" to Mother and her siblings.<sup>7</sup> FL § 5-525(f)(1)(ii). There was evidence that Mother loved and missed H and that H loved Mother and cried for her. Nevertheless, in Dr. Scott's opinion, Mother and H had a "disorganized attachment style," which was characterized by Mother being overattentive at times and being detached and overwhelmed at other times. The juvenile court properly accepted this opinion and found that contact with Mother triggered a trauma response in H.

Factors three through five – H's "emotional attachment to [her] current caregiver and the caregiver's family"; "the length of time [H] has resided with [her] current caregiver"; and "the potential emotional, developmental, and educational harm to [H] if

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<sup>7</sup> There was little evidence about H's attachment to her older siblings. Because none of H's siblings are currently in Mother's custody, however, this was largely irrelevant to the juvenile court's decision.

moved from [her] current placement” – are interrelated, so we address them together. FL § 5-525(f)(1)(iii)-(v). H was placed with Ms. C in July 2023, when she was four years old. She had been in that placement for nineteen of the twenty-two months she had been in an out-of-home placement. H called Ms. C “Nana” and clearly was bonded with her. Dr. Scott testified and the juvenile court found that it would be very traumatic for H to be removed from this stable placement. This was especially so because of H’s autism, which necessitated consistency in her routines.

Mother acknowledges that the length of time H has been placed with Ms. C is “significant,” but argues that this should not weigh against reunification because the Department failed to put in place therapeutic visitation to allow Mother to reunify with H. The evidence showed, however, that H’s treatment providers counseled against H having therapeutic visitation with Mother because they anticipated that it would cause H to regress in her therapy. Further, Mother’s inconsistency with visitation throughout the case was a significant barrier to therapeutic visitation if the Department had been able to facilitate that service.

Mother also points to the evidence that H’s placement could be disrupted if H’s aggressive behavior toward Ms. C’s grandchild continued, suggesting that this warranted continuing to work toward reunification. Ms. Bowden testified, however, that Ms. C remained willing to be a long-term resource for H *if* her behavior stabilized again and that the Department believed that it was H’s contact with Mother that triggered many of H’s behavioral problems. The possibility of disruption of H’s placement if the Department

continued to pursue reunification was evidence supporting the juvenile court’s decision to modify the permanency plan.

The final factor is “the potential harm to the child by remaining in State custody for an excessive period of time.” FL § 5-525(f)(1)(vi). At the time of the exceptions hearing, H had been in an out-of-home placement for twenty-two months. The Department proffered that, if the permanency plan were modified, it would seek an order granting Ms. C custody and guardianship of H, which would result in the closure of the CINA case. *See* CJP § 3-819.2(c) (stating that the grant of custody and guardianship to a third party terminates the CINA case and obligations of the Department to the child but does not terminate parental rights).

Mother argues that because H’s placement with Ms. C was unstable at that time, this factor also weighs against removing reunification as a goal. For the reasons set out above, however, the evidence supported the court’s finding that the instability of H’s placement with Ms. C was strongly correlated with behavioral dysregulation following contact with Mother. Continuing reunification efforts – which necessarily would include contact with Mother – was likely to disrupt H’s placement and extend the time she would remain in State custody and potentially result in her having to enter institutional care.

The juvenile court found that the Department made reasonable efforts to achieve the prior permanency plan of reunification with Mother. The evidence amply supported this finding.

FL § 5-525(e) provides:

(1) Unless a court orders that reasonable efforts are not required . . . , reasonable efforts shall be made to preserve and reunify families:

(i) prior to the placement of a child in an out-of-home placement, to prevent or eliminate the need for removing the child from the child's home; and

(ii) to make it possible for a child to safely return to the child's home.

(2) In determining the reasonable efforts to be made and in making the reasonable efforts described under paragraph (1) of this subsection, the child's safety and health shall be the primary concern.

This Court has observed that the “reasonable efforts” requirement is “amorphous” and without a “bright line rule[,]” and as such, “each case must be decided based on its unique circumstances.” *In re Shirley B.*, 191 Md. App. 678, 710-11 (2010), *aff'd*, 419 Md. 1 (2011). In *Rashawn H.*, the Supreme Court of Maryland explained that “reasonable efforts” requires the Department to pursue reunification services, emphasizing that the court must consider “the timeliness, nature, and extent of the services offered by DSS or other support agencies . . . and whether additional services would be likely to bring about a sufficient and lasting parental adjustment that would allow the child to be returned to the parent.” 402 Md. at 500. The Court also recognized, however, that there are limitations on what efforts the Department must provide and that it is not obligated “to cure or ameliorate any disability that prevents the parent from being able to care for the child.” *Id.* Further, the Department’s “duty to protect the health and safety of the child[] is not lessened and cannot be cast aside if the parent, despite that assistance, remains unable . . . to provide appropriate care.” *Id.* at 501.

In the instant case, the Department facilitated visitation between Mother and H in a variety of ways from the time that H entered care – including in-person supervised visits at the Department, in-person supervised visits in Dorchester County near Ms. C’s house, unsupervised visits in Mother’s home, and supervised virtual visits. It had arranged for and transported H to weekly play therapy beginning in June 2023. It arranged for and facilitated Mother’s psychological reevaluation with Dr. Scott and a reevaluation of H to confirm her diagnosis of autism spectrum disorder. When H became severely dysregulated, the Department arranged for an immediate psychiatric evaluation for H and coordinated with Mother to attend that appointment. The court found that Ms. Bowden, the only caseworker assigned to H throughout the time she has been in an out-of-home placement, went “above and beyond” in her attempts to facilitate ABA therapy for H, but was unsuccessful in achieving that goal despite these extreme efforts. This was a product of availability of that therapy and not a reflection upon the Department’s efforts. Ms. Bowden also attempted to facilitate therapeutic visits through the Child and Family Center but deferred to H’s treatment providers’ recommendation against that plan.

The Department also had been involved with Mother for many years before H was born. Although Mother’s love for H never was in doubt, her inability to accept her mental health diagnosis compromised her ability to make any meaningful change that would allow H to return to her care. Mother’s sporadic visitation also was evident from the record and affected every aspect of the Department’s efforts to establish routine and

consistent contact between Mother and H. In the face of these obstacles, the Department's efforts were more than reasonable.

Having considered and made non-clearly erroneous findings that the Department made reasonable efforts and that the statutory factors weighed in favor of modification of the permanency plan, the juvenile court plainly did not abuse its discretion by concluding that modification of the plan served H's best interests.

## II.

### **Suspension of Visitation**

Mother contends the court erred by terminating visitation between her and H. She acknowledges that H's "situation is a challenging one," but maintains that it "does not present facts so extraordinary that make continued visitation with [Mother] against her best interest." We disagree.

When a child has been placed in the custody of another person, ordinarily the parent "'has a right of access to the child at reasonable times.'" *In re Jessica M.*, 312 Md. 93, 113 (1988) (quoting *Radford v. Matczuk*, 223 Md. 483, 488 (1960)). This "'right of visitation is an important, natural and legal right,'" but it is "'not an absolute right[.]'" *Id.* (emphasis omitted) (quoting *Radford*, 223 Md. at 488). "'[T]he best interests of the child may take precedence over the parent's liberty interest in the course of a custody, visitation, or adoption dispute.'" *In re Mark M.*, 365 Md. 687, 706 (2001) (quoting *Boswell v. Boswell*, 352 Md. 204, 219 (1998)). Parental visitation "may be restricted or even denied when the child's health or welfare is threatened." *Id.* at 706.



“A trial court, acting under the State’s *parens patriae* authority, is in the unique position to marshal the applicable facts, assess the situation, and determine the correct means of fulfilling a child’s best interests.” *Id.* at 707. Here, the juvenile court did just that in an atypical CINA case where Mother sincerely wished to provide appropriate care and attention to H but was unable to do so because of her personality disorder in combination with H’s autism. There was abundant evidence that H’s health and welfare was threatened by continued contact with Mother in the immediate term, most significantly because H’s well-documented regressions in the face of such contact threatened the stability of her placement with Ms. C. Although the “standard for denying parental visitation is generally quite strict[,]” *id.* at 706, the extraordinary circumstances presented in this case justified the cessation of visitation between Mother and H until such a time as it is therapeutically appropriate for visitation to resume.

**ORDER OF THE CIRCUIT FOR  
WORCESTER COUNTY, SITTING  
AS A JUVENILE COURT,  
AFFIRMED. COSTS TO BE PAID  
BY THE APPELLANT.**