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Robertson, who, she alleges, was relatively inexperienced.⁹ In so arguing, the respondent ignores the fact that, even if Robertson was less experienced than Randall, he did not make the decision to discontinue family therapy on his own; rather, he did so in conjunction with his supervisor, who agreed with his assessment.¹⁰ Furthermore, it is the province of the trial court to decide how much weight to give to each witness' testimony. See *In re Gabriella A.*, 319 Conn. 775, 790, 127 A.3d 948 (2015) (“[i]t is within the province of the trial court . . . to weigh the evidence presented and determine the credibility and effect to be given the evidence” (internal quotation marks omitted)). Moreover, despite Robertson's decision to end family therapy, the department subsequently referred the respondent and the minor children to family therapy again, but, as Falk explained in her testimony, the department determined,

⁹ The petitioner argues that the “court is limited to considering events preceding the adjudicatory date—the date on which the termination petition[s] [were] filed or last amended” The respondent argues that considering later events, including Randall's recommendations about family therapy and the related department actions, is proper because of the concurrent plan of reunification. We need not resolve this question, because even considering the department's actions after the adjudicatory date, the respondent's claim fails.

¹⁰ Notably, on cross-examination, counsel for the respondent asked Randall to comment on Robertson's competence given his lack of experience as a therapist, and Randall explained that “[Robertson] had limited experience at that point, but he also wasn't a fresh kid out of college. You know, twenty-two years old or something. I don't know what his background might have helped prepare him for, but I also know that he was working under supervision. So, I'll agree that he was fairly inexperienced, but I don't feel that I can speak to his competence level. . . . I understand that that's a discussion he had with his supervisor, to determine what to do. On the surface of it, from the information that I had, I think I would have liked to have seen them do something differently. I think that another therapist may have found some ways to try to work with the family in spite of the obstacles that he was identifying, but I will say that . . . some of that is—I believe there [are] probably other therapists who would agree with him. I think there's disagreement on some of those issues. But yes, I'll agree that I would have liked to have seen him make some further attempts to do family therapy.”

NOTE: These pages (220 Conn. App. 693 and 694) are in replacement of the same numbered pages that appear in the Connecticut Law Journal of 1 August 2023.

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after consulting with Douglas, that family therapy would be inappropriate due to a recent incident involving sexualized behavior by L. When assessing the reasonableness of the reunification efforts made by the department, we are mindful of the need to consider the particular needs of the family involved. Although family therapy is one tool available to promote reunification in general, the court reasonably could have concluded that the individual treatment needs of the minor children should take precedence over family therapy, especially given the respondent's minimization, as noted by Randall, of the impact of the sexual abuse on the minor children. It also is significant that the respondent does not dispute that the department referred her for a variety of services tailored to address the concerns related to the sexual abuse of the minor children, including both the respondent's ability to protect the minor children and her own mental health. Specifically, the department offered the respondent case management services and referred her for mental health treatment, in-home services, psychological evaluations, dialectical behavior therapy,¹¹ and parenting education. In her August 8, 2021 report, Randall observed that, since 2018, the respondent mostly complied with the department's referrals and had "participated in individual therapy, a non-offending parents' program, and therapeutic parenting." Thus, the respondent's argument regarding additional family therapy ignores the principle that the department need not do everything possible, just everything reasonable, to promote reunification. See *In re Corey C.*, 198 Conn. App. 41, 59, 232 A.3d 1237, cert.

¹¹ Dialectical behavior therapy "is a process in which the therapist helps the patient find and employ strategies and ultimately synthesize them to accomplish consistently the defined ultimate goal and is used to treat borderline personality disorders and addictive personality disorders. To be successful, it demands honesty both from the patient and the clinician." (Internal quotation marks omitted.) *In re Aubrey K.*, 216 Conn. App. 632, 660–61 n.14, 285 A.3d 1153 (2022), cert. denied, 345 Conn. 972, 286 A.3d 907 (2023).