

IN THE COURT OF APPEALS OF IOWA

No. 6-648 / 06-0765
Filed October 25, 2006

**IN THE INTEREST OF T.D.,
Minor Child,**

**W.L.C., Mother,
Appellant**

Appeal from the Iowa District Court for Polk County, Karla J. Fultz,
Associate Juvenile Judge.

A mother appeals the transfer of custody of her daughter in a child-in-need-of-assistance proceeding. **AFFIRMED.**

George B. Jones, Lamoni, for appellant.

Judd Kruse of Kruse & Dakin, L.L.P., Boone, for appellee father.

Thomas J. Miller, Attorney General, Bruce Kempkes, Assistant Attorney General, John P. Sarcone, County Attorney, and Annette Stanley, Assistant County Attorney, for appellee State.

Kathryn Miller, Juvenile Public Defender, Des Moines, for minor child.

Considered by Sackett, C.J., and Vaitheswaran, J., and Robinson, S.J.*

*Senior judge assigned by order pursuant to Iowa Code section 602.9206 (2005).

ROBINSON, S.J.

The State initiated child-in-need-of-assistance proceedings based on concerns that a mother was instilling false memories of sex abuse in her young daughter and was shopping for therapists. Although the mother had placement of the child through most of the proceedings, that determination was modified after the mother videotaped her daughter's genitalia in an effort to document what she believed were signs of sexual abuse by the child's father. The mother appeals that order. We affirm.

I. Background Facts and Proceedings

W.L.C. and Richard are the parents of T.D., born in mid-2001. The parents divorced and, pursuant to the dissolution decree, W.L.C. assumed physical care of the child. Also pursuant to the decree, Richard exercised visitation twice a week for three hours at a time and overnight every other Saturday.

In the latter part of 2003, T.D. disclosed that she had been touched inappropriately by her father. A local social service agency advised W.L.C. to contact health professionals and other authorities. W.L.C. did so repeatedly over the ensuing months.

In August 2004, the State petitioned to have T.D. adjudicated a child in need of assistance based on W.L.C.'s actions. The State's allegations were as follows,

This child's mother has a history of making referrals to the Department of Human Services, law enforcement and medical personnel regarding allegations of physical and sexual abuse by the father. Mother has refused to follow through with recommended therapy for the child to further address specific

allegations of sexual abuse. Mother has changed Child's therapist three times after therapeutic work with father was requested and visitation was not stopped with the father. After further investigation by the Child Protection Center, the mother was recommended to follow through with mental health treatment of her own. This child is in need of the Court's Aid.

The parties stipulated that T.D. was in need of assistance. The juvenile court acknowledged the stipulation, found the evidence supported the allegations, and ordered the child adjudicated in need of assistance. Temporary custody of the child remained with the mother.

In February 2005, the court found that W.L.C. had taken the child for another sex abuse exam at a local hospital. The court further found the mother's allegations of sexual abuse "unfounded," stating "[t]here is no credible evidence of sexual abuse of this child." The court ordered W.L.C. only to take the child to "age-appropriate medical appointments."

About eleven months later, in January 2006, W.L.C. filmed T.D.'s genital area to document what she believed were signs of sexual abuse. Based on this incident, the State applied to have T.D. removed from W.L.C.'s care. In an ex parte order, the court granted the application and ordered T.D. placed with her father. Following several hearings, the court issued a placement modification order confirming T.D.'s continued placement with her father, subject to supervised visitation with her mother. W.L.C. appealed.

On appeal, W.L.C. argues: (1) the court's order modifying placement was not "supported by further 'adjudicatory harm' as required by law;" (2) the court should not have required a change in the child's therapist; (3) a court order requiring W.L.C. to erase all images of the child's genitals from W.L.C.'s

computer violated her right to privacy, her due process rights, “and/or other rights pertaining to the presentation of evidence and testimony,” and (4) an order allowing her only supervised visitation with her child was not in the best interests of the child.

II. Modification of Placement Order

W.L.C.’s first argument is essentially a challenge to the evidence supporting the court’s decision to modify T.D.’s placement. We review the record de novo. *In re H.G.*, 601 N.W.2d 84, 85 (Iowa 1999).

A. Allegations of Sexual Abuse. On November 19, 2003, Dr. Shah evaluated T.D. for physical signs of sexual abuse. She found no anal laxity or spasm and found the hymen within normal limits. She concluded there were no physical indications of sexual abuse.

On October 13, 2004, W.L.C. took her daughter to Broadlawns Medical Center for treatment of a soft spot on the right side of T.D.’s head. She also wished to have her child’s face examined for signs that she had been slapped, and she sought a genital examination for possible sexual abuse. An examination showed something questionable on the child’s cheeks, but found no obvious signs of trauma to the vaginal area. The hymen was noted to be intact. The evaluation also noted there were no signs of bruising on the skin.

On October 22, 2004, T.D. was seen at Blank Children’s Hospital for “chronic irritation of anal and vaginal area.” A follow-up was scheduled with Dr. Shah. In the meantime, T.D. was prescribed medication and advised to soak in a bathtub daily.

On January 20, 2005, W.L.C. took T.D. to Blank Children's Hospital stating that she was complaining of pain and redness in her vaginal area. During the examination, W.L.C. pulled the child's pants down and spread her labia. The physician explained he would not do a genital exam because the child had already been examined.

There were also other visits in 2003 and 2004, none of which turned up physical signs of sexual abuse.

Andrew Jacobs, a service provider who supervised visits with the parents, expressed concern at the number of medical appointments W.L.C. had made for T.D. Although he initially stated, "the adverse effect upon [T.D.] being removed and placed into foster care at this time would not be beneficial to her," he later became more equivocal about W.L.C. He characterized her behavior towards him and other providers as "out of control/passive aggressive," stated W.L.C. appeared to be having "a power struggle" with T.D., and faulted W.L.C. for not involving herself in individual therapy.

This brings us to the incident which precipitated the placement modification order: W.L.C.'s January 2006 filming of her child's genitalia in an effort to document what she perceived as signs of sexual abuse. On Dr. Shah's recommendation, the juvenile court ordered T.D. to undergo another examination following this incident. Dr. Opdebeeck conducted the new examination of T.D.¹ Based on the exam, she concluded that T.D.'s genitals were "within normal limits

¹ Due to a mix-up, she did not have the benefit of W.L.C.'s DVD recording. At the time of the ruling that is the subject of this appeal, the juvenile court had ordered the DVD sent to her and was awaiting an amended report.

for chronological age.” She further concluded, “[t]here was absolutely no physical evidence of sexual abuse noted today.”

B. Harm Resulting from Filming Incident. W.L.C. argues T.D. suffered no “adjudicatory harm” as a result of the filming. Dr. Shah testified to the contrary. She stated it was inappropriate for a nonprofessional to photograph a child’s genitals because it would cause a child to lose perspective about appropriate boundaries. Even W.L.C.’s attorney conceded his client’s act of filming her daughter’s genitalia was inappropriate. We conclude there was evidence of harm to T.D.

C. Relationship with Father. T.D. quickly adjusted to her new living arrangement with her father. According to service providers, she appeared “to be very comfortable and happy in [Richard’s] care.” Indeed, T.D.’s day care provider stated that T.D. was blossoming into an active child. Service providers who occasionally visited Richard’s home found him cooperative and found no cause for concern.

On this record, we conclude the placement modification order was in the child’s best interests. See *In re C.B.*, 611 N.W.2d 489, 492 (Iowa 2000). We find it unnecessary to address W.L.C.’s contention concerning whether the court’s order violated a public policy favoring investigation of child abuse allegations.

III. Change of Therapists

W.L.C. next contends the juvenile court should not have ordered T.D. to be evaluated by a new therapist.

The record is unclear as to why Marcia Bradley was removed as therapist after twenty-nine sessions with the child and after she had gained the trust of

both mother and child.² Bradley testified she was “fired” by the court, but the record does not elucidate this assertion.

What is clear is that a new therapist was ordered, she and others either declined to take on the case or indicated time constraints in taking on a new case, and T.D. ended up with a therapist whose reports are not in the record.

We cannot resolve this issue on the existing record. We trust that the issue has been or will be resolved in the ongoing court proceedings.

IV. Computer Images

After hearing evidence concerning the filming done by W.L.C., the juvenile court ordered the following,

[T]he child’s mother shall take all necessary steps to completely and permanently delete all portions of the videotape of T.D.’s genitals at issue in this case from her computer. This shall include reformatting of the hard drive to ensure complete deletion. Proof shall be filed with the court that the file was deleted.

On appeal, W.L.C. takes issue with this ruling on a variety of grounds. The State counters that W.L.C. failed to preserve error. We agree with the State. W.L.C. did not challenge this order on any of the grounds asserted now. Her attorney simply stated, “we respect the court’s ruling and reserve the right to appeal on that issue.” In addition, W.L.C. did not seek to introduce the DVD as an exhibit. Therefore, we have nothing to review.

We also believe this issue is moot. *In re D.C.V.*, 569 N.W.2d 489, 494 (Iowa 1997) (“An issue is moot if it no longer presents a justiciable controversy because it has become academic or nonexistent.”). W.L.C.’s counsel stated

² A service provider who furnished in-home services stated, “[T.D.] has expressed that she likes Marcia and enjoys going to her office.”

“there is some sort of the downloaded version of this DVD on [W.L.C.’s] computer, and she certainly will follow the court’s instructions in deleting that if that is indeed the court’s instructions.” The court confirmed those were the instructions.

V. Limitation of Visitation

W.L.C. contends the juvenile court should not have restricted her to supervised visits. We believe the court’s order was reasonable in light of the January 2006 taping incident. We note that visitation was increased on the recommendation of service providers and we leave it up to those providers and the juvenile court to decide whether and when supervision should be curtailed.

VI. Disposition

We affirm the placement modification order.

AFFIRMED.

Sackett, C.J. concurs specially, and Vaitheswaran, J., dissents.

SACKETT, C.J. (concurring specially)

I concur with the majority. This is a difficult case. Giving the required deference to the experienced juvenile judge I would affirm.

VAITHESWARAN, J. (dissenting)

I respectfully dissent from the majority's conclusion that there was clear and convincing evidence to support the juvenile court's placement modification ruling.

1. *Independent Evidence of Abuse.* I believe there was credible evidence from sources other than W.L.C. that T.D. was abused.

Around October 2003, T.D. apprised her mother, brothers, and a family friend that her father touched her inappropriately in her crotch area. At that time, a transitional housing coordinator, with whom W.L.C. was working, advised her to immediately report this to relevant authorities and to have T.D. evaluated by Dr. Rizwan Shah, a specialist in child sexual abuse diagnoses. W.L.C. followed this recommendation and took the child to a local hospital. This was the first time that W.L.C. sought to have T.D. examined for signs of sexual abuse.

Approximately one month after Dr. Shah examined T.D., W.L.C. reported to her physician that T.D. returned from a visit with bruises on her face. The physician informed W.L.C. "that if she suspects that the patient has had physical abuse, she should bring her to the office within 24 hours to be examined and have pictures taken." The physician also noted that he had spoken to Dr. Shah, and she recommended sending the child to short-term play therapy. W.L.C. initiated therapy for her child the following month.

After this doctor's visit, W.L.C. reported T.D.'s facial injury to police. They took pictures of a bruise on the child's right cheek.

Several days later, W.L.C. took T.D. to a clinic for evaluation of T.D.'s face. While the physician did not see evidence of bruising, a subsequent visit did reveal "an erythematous area c/u abrasion to the L labial area internally."

W.L.C. continued taking T.D. to weekly therapy sessions as instructed. On July 12, 2004, therapist Lisa Walton decided to speak directly to the child about W.L.C.'s suspicions of sexual abuse. In a progress note, Walton reported the following,

Today pt stated that dad "licks her" and pt pointed to her tongue and stuck her tongue out and wiggled her tongue. When asked where she pointed to her neck-both sides and her belly. Pt reluctant to talk anymore.

A week later, during another therapy session with Walton, T.D. again disclosed that she had been inappropriately touched by her father. Walton's progress note summarized the conversation as follows,

During the session pt was asked if she remembered what we discussed last week and she stated "yes." She then pointed to her tongue. Asked if Daddy does anything w/ his tongue & she points to her vagina. Asked her to identify male genitalia and she stated "pee-pee." Pt also stated it hurts. When asked what else does daddy touch you with she stated tongue, fingers and "pee-pee" and pointed/grabbed her bottom (vagina). Report made to DHS.

The day after this session, W.L.C. contacted police. An officer was dispatched to her apartment. According to the police report, W.L.C. reported that she was preparing to wash her daughter's pants when she noted a white stain in the crotch. She feared that the stain was Richard's semen. The police officer decided to speak directly to T.D. The child indicated she was inappropriately touched. The officer summarized the conversation as follows,

I asked her how old she was then she told me that she was three. I asked her if she liked her daddy and she said, "no, he is bad." I

then asked he was a bad daddy? She then said, "yes." I asked her how he was bad? She then held up 3-fingers and said, "fingers." I asked her what that meant, she then repeated herself. I asked her again and she again said, "fingers." I then asked her what daddy did with his fingers and she grabbed her crotch.

Around this time, T.D. also began seeing Marcia Bradley for therapy. Bradley discerned indications of trauma in the pictures T.D. painted, although she could not unequivocally say that T.D. had been sexually abused. Bradley informed the Department of the paintings, stating they raised "red flags." She testified that, during the twenty-nine therapy sessions she had with T.D., the child mentioned "licking a lot" and "talked about the tongue" several times. According to Bradley, the child made this type of reference as recently as January 2006. During a therapy session following the child's transfer to her father, T.D. buried a toy dinosaur in a sandbox and stated the baby was being licked away.

In August 2004, the Department referred T.D. to a regional child protection center for a sex abuse evaluation. The interviewer at the center asked T.D. "indirect and direct questions regarding possible abuse scenarios," using "interviewing protocols." According to the interviewer, the child reported "that her dad, Rick, is bad because he hit her with his fingers (gestured to bottom or lower back area)." The interviewer also said "T.D. noted that her mom says that her dad is bad." The staff and Department were sufficiently concerned by the interview that they decided to "discuss the possibility of voluntary supervised visitation with Richard." It was further recommended that both T.D. and her mother continue with individual therapy.

On August 3, 2004, the Department spoke to a friend of W.L.C. According to a report prepared by the Department, the friend,

Indicated . . . T.D. made the statement, “daddy hurt me.” She indicated she asked T.D. where, and T.D. pointed to her vaginal area. She indicated last year, T.D. made some same comments and indicated T.D. said, “daddy put fingers in there,” and pointed to her vagina. She indicated she addressed the statements with [W.L.C.] and [W.L.C.] said T.D. made the same statements to her and was very concerned about the statements.

On February 7, 2005, a man named Kevin Kimsey submitted a “general affidavit” stating the following,

On January 29, 2005, I heard [W.L.C.’s] daughter, T.D., tell [W.L.C.] that she wanted me to wipe her after she finished going potty. This struck me as abnormal behavior for a young girl to request that a male friend of her mother wipe her.

Finally, there was evidence that T.D.’s father, Richard, had a storied history. In a psychosocial evaluation performed by David Greenwood, it was noted that Richard engaged in “sexually inappropriate behavior” in the past. This included a criminal trespass conviction for walking into a dark house and speaking to a 13-year-old child about sexual abuse by the child’s father. Greenwood noted that Richard responded “false 90% of the time while attempting to produce a ‘look good’ profile.” He recommended that Richard be court-ordered “to participate in individual counseling with a therapist who is an SOTP II (Sex Offender Treatment Specialist) for his sexually addictive behaviors.” The therapist also recommended “he be court-ordered to attend Sexual Addicts Anonymous (S.A.A.) meetings” and that he be allowed only supervised visitation with his daughter. Greenwood concluded,

This evaluation cannot determine whether Richard sexually abused T.D. by touching and fondling her vagina as Richard may have dissembled the results of the MSI test by answering false 90% of the time on the test. The evaluation certainly shows concerns about Richard’s judgment, narcissism, and addiction issues as it relates to the sexual behavior over the course of several years.

Based on this evidence, I agree with W.L.C.'s contention that she was not the source of all the sexual abuse concerns. I further agree that her concerns were not unfounded.

2. Evidence of W.L.C.'s Parenting. In my view, the hospital visits in 2004 and 2005 are not evidence of poor parenting. The timing of these additional referrals mitigated W.L.C.'s conduct. The 2004 visits occurred shortly after therapists expressed cause for concern based on direct conversations with T.D. The 2005 contact occurred just after Greenwood issued his troubling evaluation of Richard's sexual history, predilections, and mental testing results. As Carol Bodin, a professional who worked with W.L.C. and her family, stated,

[W.L.C.] consistently maintains concern for T.D.'s well-being and believes there needs to be justice for T.D. [W.L.C.'s] behavior has often been intense when dealing with "authority" around this case. This has caused extra concern and confusion and has steered the case aside from the initial issue. The issue two years ago was whether or not T.D. was the victim of lascivious/sexually inappropriate acts delivered by her father. The social/psych report certainly raised huge concern. [Richard] has had sexually inappropriate contact with children in the past. He revealed odd behavior and failed to fully answer the test correctly which thwarted the outcome.

There was also evidence that professionals repeatedly advised W.L.C. to act on her concerns by seeking medical assistance. I have quoted some of the advice above, but there is more in the record. Bodin, for example, advised W.L.C. "to stay observant and take T.D. to the doctor if there was future concern." Another therapist, Gladys Alvarez, encouraged W.L.C. to take her child to a doctor if she believed the child had been bruised by the father as she stated. W.L.C. heeded these words of advice until the juvenile court stated she had gone too far.

After the court ordered W.L.C. only to take T.D. to “age-appropriate” medical appointments, W.L.C. stopped her efforts to obtain abuse evaluations. Between February 2005 and January 2006 there is scant, if any, documentation of the types of actions that led to the adjudication. Indeed, in November 2005, a person who provided in-home services recommended that the Department close its case file.

W.L.C. complied with the court’s February 2005 directive and followed court orders to obtain evaluations of her mental health and parenting skills. She began seeing therapist Bruce Dawson. He resolved the question of what motivated W.L.C. to seek so much medical attention for her child, stating, “I do believe that [W.L.C.] is acting in a protective manner as she is truly convinced that [Richard] is a perpetrator.” He also dispelled the Department’s concern that W.L.C. was acting “with malice or spite to try to get [Richard] in trouble.” Finally, he rejected suggestions that W.L.C. might be suffering from Munchausen’s syndrome by proxy or an obsessive-compulsive personality disorder, finding “no significant mental health issues.”³

Another mental health counselor evaluated W.L.C.’s parenting skills. She stated “[T.D.] responds to [W.L.C.] and is positively bonded to her mother.” She noted,

[W.L.C.] is a very supportive and nurturing mother to her daughter.
In the interaction and observation session it is obvious that [W.L.C.]

³ A mental health counselor, who evaluated W.L.C. earlier as part of a psychosocial evaluation, opined that W.L.C. was “somewhat defensive” in completing one of the mental health testing instruments. She concluded, “it is difficult from testing to say [W.L.C.] is being a protective parent or whether she is on the lower end of the continuum of Munchausen by proxy syndrome . . . or whether she is seeking retribution for her own ill-treatment by her husband.”

loves and cares about her daughter very much. It is also obvious that [T.D.] and [W.L.C.] are bonded and have a very loving and nurturing relationship with each other. [W.L.C.] is very supportive, loving, nurturing, and physically and emotionally attentive to [T.D.]. [W.L.C.] would benefit from individual therapy for support to help her in dealing with the court and issues relating to [T.D.]. [W.L.C.] would also benefit from taking an assertiveness training class to help her be more appropriately assertive and less aggressive or passive aggressive in her thoughts, behaviors and feelings. In my opinion, [W.L.C.] does not need any parenting classes and does not represent a threat to her daughter. Most of her behaviors are anxiety, worry, and overprotectiveness and being worried and concerned as [T.D.]’s mother in wanting to keep her safe.

Carol Bodin reported “[W.L.C.] has met all program requirements in a most cooperative way. She voluntarily, on a regular basis, meets with a mental-health therapist who contracts with our department.” She further noted,

I have contact with [W.L.C.] and family at least weekly—often several times weekly. I conduct regular home visits and have spent countless hours observing and interacting with her family [T.D.] is an active, interested and observant little girl. She communicates well with me and always has something to tell me or make for me. She is imaginative and age-appropriate with her play. It is obvious that all three children love and respect their mother very much and are loved and cared for very much by their mother.⁴

At the placement modification hearing, Bodin was asked whether she saw any behavior by W.L.C. toward her children that caused her concern about the children’s safety or well-being. She answered, “[n]ever.”

Marcia Bradley, T.D.’s therapist through January 2006, testified the relationship between T.D. and her mother was “very nurturing and there is just a strong attachment to her mother.” She further stated,

I can honestly say I never did observe much of a change in [W.L.C.’s] parenting. She always showed concern and tenderness for [T.D.], very protective. There were several incidents in the first

⁴ W.L.C. has two other children whose welfare is not at issue in these proceedings.

group of sessions where [T.D.] came in with injuries and [W.L.C.] was concerned.

When asked if this was the case through the final session in January 2006, she answered, “[y]es.” Later, she testified, “I didn’t see anything [W.L.C.]—any action [W.L.C.] had taken that caused alarm for me while I was seeing [T.D.]” She said, “I guess I didn’t see any extremes in her behavior.”

Bradley also testified about her advice to W.L.C. She stated,

[m]y advice to her based on my experience is that if she continues to be forceful about this, that the process turns its attention to the mother’s behavior and becomes concerned about her and what she’s doing and how what she does harms the child.

She also stated,

[W.L.C.] recognizes there are legal and procedural hurdles that prevent her from acting on her daughter’s disclosures, but she is interested in addressing her child’s psychological and emotional needs Treatment plans are designed to help [T.D.] learn more about expressing their feelings, body safety and boundaries.

Andrew Jacobs, a service provider who supervised visits with the parents, noted W.L.C. had been cooperative in meeting with him. Although he expressed concern at the number of medical appointments W.L.C. made for T.D., he stated, “the adverse effect upon [T.D.] being removed and placed into foster care at this time would not be beneficial to her.”

I recognize Jacobs later became more equivocal about W.L.C. However, W.L.C. began individual therapy with Bruce Dawson shortly after Jacobs’s letter was written and she continued with that therapy for several months. As noted, Dawson explicitly addressed Jacobs’s concerns. He found no evidence that W.L.C. had a mental disorder or was acting in other than a protective manner toward her child. It is also noteworthy that the individuals who supervised visits

between T.D. and her mother in 2006 reported that “[t]he visits go well.” Indeed, at one of the placement modification hearings, a visitation supervisor testified she had no concerns with the interactions between T.D. and her mother during visits.

In summary, professionals who worked with W.L.C. on a therapeutic basis confirmed that W.L.C. was a loving and nurturing parent who may have acted overzealously between late 2003 and early 2005, but did so to protect her child.

3. Harm Resulting from Filming Incident. The majority and the juvenile court rely on the opinions of Dr. Shah. I agree with the juvenile court that her measured testimony is of key importance. While she found no physical signs of sexual abuse during her 2003 examination of T.D., she acknowledged that the pictures taken by W.L.C. in January 2006 revealed “an irregularity of the hymen at five o’clock position.” She stated this irregularity was not visible during her 2003 examination of T.D. She also stated “the location of the injury between four to eight o’clock position is suspicious for introduction of the object inside the opening.” She conceded it would be reasonable for a parent who saw these pictures to have concerns. She stated, “[i]f the parent notices an injury that is obvious, then yes, that parent should have a child evaluated by physician.” On the question of the filming, she essentially testified it was inappropriate for a nonprofessional to photograph a child’s genitals because it would cause a child to lose perspective about appropriate boundaries. No one seriously takes issue with this testimony. What is notable is that Dr. Shah was sufficiently concerned that she recommended an independent examination of T.D.’s genitalia and the court ordered it.

I recognize that Dr. Opdebeeck found no evidence of sexual abuse. This fact does not alter my belief that T.D.'s placement should have remained with her mother. Prior to the transfer, Richard only exercised six weekly hours of visitation and one overnight visit every other week.

The record reveals W.L.C. was faced with a dilemma. If she took her child to a medical provider, which Dr. Shah stated was the appropriate course of action, she would have been in violation of the juvenile court's February 2005 order. If, on the other hand, she ignored the problem, she might have been deemed neglectful. Department staff determined that W.L.C. should have contacted the Department, therapists, and her lawyer so that they could together determine the most appropriate course of action. However, W.L.C.'s housing coordinator noted that W.L.C. had difficulty contacting her attorney or Department employees on a weekend. There was also evidence that Department workers had lost patience with W.L.C. and her allegations.

Given this dilemma, I would conclude that W.L.C.'s act of filming her child was not grounds to modify T.D.'s placement. As a result of this transfer, W.L.C. went from having T.D. for all but six to thirty hours of a 168-hour week to having two hours of supervised contact per week. I am not convinced this was in the child's best interests. I would reverse the placement modification order.