NOTICE
This Order was filed under Supreme Court Rule 23 and is not precedent except in the limited circumstances allowed under Rule 23(e)(1).

2026 IL App (4th) 250725-U

NO. 4-25-0725

FILED
October 8, 2026
Carla Bender
4th District Appellate
Court, IL

IN THE APPELLATE COURT

OF ILLINOIS

FOURTH DISTRICT

THE PEOPLE OF THE STATE OF ILLINOIS,	)	Appeal from the
Plaintiff-Appellee,	)	Circuit Court of
v.	)	Tazewell County
KAREN F. McCARRON,	)	No. 06CF285
Defendant-Appellant.	)	
	)	Honorable
	)	Katherine Gorman,
	)	Judge Presiding.

JUSTICE HARRIS delivered the judgment of the court.
Justices Vancil and Grischow concurred in the judgment.

ORDER

¶ 1 *Held*: Defendant failed to establish the trial court committed manifest error in denying her petition for postconviction relief after a third-stage evidentiary hearing.

¶ 2 In 2008, defendant, Karen F. McCarron, was convicted of, among other offenses, the first degree murder of her three-year-old daughter (720 ILCS 5/9-1(a)(1) (West 2006)) and sentenced to 36 years in prison. In November 2018, she filed a petition for postconviction relief raising a claim under subsection (a)(3) of the Post-Conviction Hearing Act (Act) (725 ILCS 5/122-1(a)(3) (West 2018)). See *People v. Pounders*, 2021 IL App (1st) 200313-U, ¶ 10 (stating subsection (a)(3) of the Act "added a new method for criminal defendants to seek a sentence reduction by showing, in summary, that their criminal conduct directly resulted from post-partum depression or post-partum psychosis, but evidence demonstrating this was not introduced at sentencing"). The trial court denied defendant's petition after a third-stage evidentiary hearing,

and defendant appealed.

¶ 3 On appeal, defendant argues the trial court erred in denying her petition where she proved each element of her claim by a preponderance of the evidence. We affirm.

¶ 4 I. BACKGROUND

¶ 5 The Third District has discussed the underlying facts of this case at length in three prior decisions. See *People v. Frank-McCarron*, 403 Ill. App. 3d 383 (2010); *People v. McCarron*, 2013 IL App (3d) 110873-U; *People v. McCarron*, 2022 IL App (3d) 200404. We discuss only the facts necessary to resolve the issue raised on appeal.

¶ 6 A. The Charges

¶ 7 In 2006, a grand jury returned a five-count bill of indictment charging defendant with, in pertinent part, first degree murder (count I) (720 ILCS 5/9-1(a)(1) (West 2006)), obstructing justice (count IV) (*id.* § 31-4(a)), and concealment of a homicidal death (count V) (*id.* § 9-3.1(a)). The State alleged in count I that on May 13, 2006, defendant "placed and held a plastic bag over the head" of her three-year-old daughter, K.M. (born July 2002), thereby causing her death. The State further alleged defendant was eligible for extended-term sentencing because K.M. was under the age of 12 at the time of the offense.

¶ 8 B. Jury Trial

¶ 9 Defendant's jury trial was held over a two-week period in January 2008. Defendant raised an insanity defense, and she called Dr. Joseph Glenmullen to testify as an expert witness in psychiatry. The State called Dr. Terry Killian as its expert witness.

¶ 10 1. *Nature and Circumstances of the Offense*

¶ 11 The evidence at trial showed that defendant was a pathologist, and K.M. had been diagnosed with autism in early 2005. "[D]efendant had a significant preoccupation, if not

obsession, with [K.M.'s] autism. Ever since [K.M.'s] diagnosis, *** defendant worked tirelessly at researching and implementing different treatments for [K.M.'s] autism." *Frank-McCarron*, 403 Ill. App. 3d at 387.

¶ 12 On May 13, 2006, defendant was at home with K.M., her two-year-old daughter, E.M.—who was born in April 2004—and her mother. After eating lunch, defendant took K.M. for a car ride to calm her down, although defendant's mother testified it did not appear that she needed to be calmed down. Defendant drove to her parents' house, which was nearby, because she knew no one would be there. Once at the house, "defendant parked inside the garage, closed the garage door, and took [K.M.] inside the house. While inside, [she] suffocated [K.M.] by placing a white plastic garbage bag over [K.M.'s] head." *Id.* at 385. "Defendant [then] carried [K.M.'s] body back to the car and returned to her own home." *McCarron*, 2013 IL App (3d) 110873, ¶ 5.

¶ 13 When defendant returned home, she told her mother that K.M. was sleeping and proceeded to carry K.M.'s body upstairs and place it in her bed as if she were napping. Defendant then went about her normal routine until she realized she had left the garbage bag used to suffocate K.M. in her parents' kitchen garbage can. She told her mother and brother, who had arrived earlier that afternoon, that she was going to the store to get ice cream. After going to the store, she returned to her parents' house, retrieved the garbage bag, disposed of it at a local gas station, and then returned home. A few hours later, defendant told her mother and brother that she was going upstairs to check on K.M. Defendant started to scream once upstairs. She told her mother and brother that K.M. was not breathing. Defendant's brother called 911. Defendant told the police and paramedics that she had put K.M. down for a nap and returned to check on her several hours later, only to find that she was not breathing. K.M. was transported to the

hospital, where she was later pronounced dead.

¶ 14 Defendant's husband, Paul, returned home from North Carolina around midnight on the day of K.M.'s murder. "When Paul arrived at the house, he and his brother had to break into the master bedroom and bathroom to find *** defendant. [She] had penned a suicide note and had taken numerous Tylenol pills in an apparent suicide attempt." *Frank-McCarron,* 403 Ill. App. 3d at 386. Defendant was taken to the hospital in an ambulance.

¶ 15 2. *Defendant's May 15, 2006, Statement to Police*

¶ 16 On May 15, 2006, while she was still in the hospital recovering from her apparent suicide attempt, defendant consented to an interview with detectives from the Morton Police Department. A transcript of the interview was admitted into evidence.

¶ 17 During the interview, defendant admitted to killing K.M. She indicated that the decision to kill K.M. "came to [her] kind of a couple blocks away" from her parents' house. Defendant stated, "I just wanted autism out of my life. I just want my little girl but I want autism out." She explained that she brought K.M. into her parents' house and tried playing with her, but K.M. "didn't respond" to the toys she had handed her, which frustrated defendant. When asked what she was thinking when K.M. was not responding to the toys, defendant stated, "That maybe my thoughts may work. Maybe I could fix her this way. Maybe in Heaven she would be complete." Later in the interview, when describing what she had done after returning home with K.M.'s body, defendant stated the following:

> "I put her in bed because I knew at that time, I wasn't ready to…I wasn't ready. I wasn't thinking clearly. I thought maybe I could even get away with this in some way. Even though what I did back then was sort of spur of the moment. I didn't wake up that morning thinking I was going to do this."

The detectives asked defendant if she was aware of what she was doing when she killed K.M. Defendant answered, "Yes and no." She explained, "To get rid of autism I had to kill a child," but "I was completely out of my mind to hurt a little girl." When asked if she knew her actions were "criminally wrong," defendant stated, "I have enough education to know that hurting a little girl was wrong." Toward the end of the interview, while discussing the pain and frustration caused by K.M.'s autism, defendant stated, "And the temptation is for the hurt to go away just for a short time. If she could be whole. That would have been ideal."

¶ 18 3. *Dr. Joseph Glenmullen*

¶ 19 Defendant's expert witness, Glenmullen, testified that in conducting his psychiatric evaluation of defendant, he interviewed her and reviewed, among other things, her past psychiatric records. Glenmullen testified that defendant saw a psychiatrist, Dr. Song Piyaka, in August 2005. Piyaka "found her to be severely depressed" and prescribed her an antidepressant medication, Cymbalta, and an antipsychotic medication, Risperdal. However, Piyaka did not prescribe Risperdal for psychosis, as he did not observe any symptoms of psychosis. Piyaka indicated in his notes from August 9, 2005, "that the family should not let her out of their sight." Defendant stopped taking the Risperdal in January 2006 due to a side effect unrelated to her mental health, and she stopped taking the Cymbalta on her own in April 2006 because she believed it was worsening her suicidal ideations. She did not tell Piyaka that she had stopped taking the Cymbalta because she feared he would then resort to treating her with electroconvulsive therapy (ECT), which Glenmullen described as "a fairly gruesome treatment." According to Glenmullen, defendant was terrified of ECT due to her father's experience with it as a treatment for his bipolar disorder.

¶ 20 Glenmullen testified that defendant reported an incident that had occurred three

days before the murder, in which she was experiencing intense homicidal ideations. Specifically, defendant went into K.M.'s bedroom and briefly placed a pillow over her face, "but then [she] was horrified and stepped back and was able to remain in control, remain in reality and not do it." Glenmullen elaborated on defendant's mental state at that time:

> "She is literally in a struggle with these thoughts. These thoughts are part of her mental illness, and she's in a battle with them. She has been for roughly a year, and they're much worse, because she's much worse. Her depression is much worse. She's no longer on any medications.
>
> And by the way, you pointed out rightfully that she was originally not put on an antipsychotic for psychosis, but it was there, and it could have helped prevent her becoming psychotic, and it was no longer there. It had been stopped in January."

¶ 21 Glenmullen ultimately diagnosed defendant as suffering from "[m]ajor depressive disorder, recurrent." He testified that, "as we get into '06, it crosses the line into a psychotic depression." Glenmullen opined that to a reasonable degree of medical certainty defendant was legally insane at the time of the offense, stating:

> "So at the time of the incident, the diagnosis would be major depressive disorder, recurrent that had become psychotic, meaning out of touch with reality, and in particular *** the piece of her mind that was out of touch with reality was related to [K.M.'s] death, was related to what's at issue here. *** [S]he was specifically delusional and specifically out of touch with reality that [killing K.M.] was the only hope left, that this was the way to fix her daughter, to fix the autism in particular; that there's these kind of two pieces, the autism and [K.M.];

that [K.M.] is trapped in the autism, and that she's *** got to do this, that she doesn't have a choice. She's been battling these thoughts for over a year. And all the other associated statements in the police interview and reports that we've talked about that she thought at the time it was the right thing to do and that [K.M.] would be better off for it, and there's a point at which she says, 'She'll be whole in heaven.' So that's in my opinion a false belief, out of touch with reality, a delusion, and that she's, therefore, psychotic at the time and *** substantially unable to appreciate the criminality of what she did."

¶ 22 4. *Dr. Terry Killian*

¶ 23 The State's expert, Killian, testified that he agreed with Glenmullen's diagnosis of recurrent major depressive disorder, but he disagreed with Glenmullen's assessment that defendant was delusional and legally insane at the time of the offense. Killian explained why he concluded defendant's statements suggesting she believed K.M. and autism were separable were not delusional, stating:

"It's not unusual for the family of someone who is autistic to *** feel as though if they could just break through the shell of the autism, that their real child or family member is in there, if they could just break through the shell. People who are autistic act as though they're in their own world, and it's very, very difficult to communicate with them. And so it can feel in a metaphorical way as though there's a shell around them. It's not that they believe that there's actually a shell, but it's like there's a shell around them that they can't get through, and they believe truthfully or wishfully that the real person is inside there if they could just get through the shell."

Killian also testified, "To be delusional, [defendant] would have to have a belief that doesn't fit with reality. She did, in fact, get autism out of her life. She killed the child who had autism, and so autism is not in her life anymore." In reaching his conclusion, Killian found it important that "there were over 50 people who saw [defendant] around the time of this murder" yet "[n]ot one of those people said [that she had said] anything that sounds psychotic. Not one of them thought she was crazy."

¶ 24 5. *Jury Verdicts*

¶ 25 The jury received instructions on the affirmative defense of not guilty by reason of insanity and the special verdict of guilty but mentally ill. The jury returned general guilty verdicts on each count and a special interrogatory finding that K.M. was under the age of 12.

¶ 26 C. Sentencing Hearing

¶ 27 Defendant's sentencing hearing was held in April 2008. According to the presentence investigation report (PSI) prepared by the State, defendant had no prior criminal history and was 37 years old at the time of the offense. Over 100 pages of defendant's psychiatric records—beginning in 1999 and concluding in 2008—were attached to the PSI.

¶ 28 The trial court noted that defendant was eligible for extended-term sentencing and therefore faced a sentencing range of 20 to 100 years in prison for first degree murder. The court ultimately sentenced her to 36 years in prison. In doing so, the court stated that the average sentence for murder in Illinois was 36 years, and the average life expectancy in the United States was 77 years of age. The court indicated that it considered in aggravation (1) the need for deterrence and (2) the fact that defendant committed the offense against K.M. by reason of her mental disability. See 730 ILCS 5/5-5-3.2(a)(7), (10) (West 2008). In mitigation, the court indicated it considered (1) defendant's lack of criminal history (*id.* § 5-5-3.1(a)(7)) and (2) her

"mental history and condition." In discussing the mitigating factor of defendant's "mental history and condition," the court stated, "I believe your mental condition leading up to and during this horrific act is mitigation, and but for the tragic, horrific result of your actions, I would be prepared to offset considerably the sentence that could be imposed." The court described defendant's "horrific crime" as "the murder of the weakest of the weak in our society by the person charged to protect her."

¶ 29 Defendant appealed her convictions, arguing, in part, that she had proven she was legally insane at the time of the offense. The Third District affirmed defendant's convictions on direct appeal. *Frank-McCarron*, 403 Ill. App. 3d at 397.

¶ 30 D. Defendant's Initial Postconviction Petition

¶ 31 In 2011, defendant filed a postconviction petition, which the trial court ultimately dismissed at the second stage of proceedings. The Third District affirmed the court's judgment on appeal. *McCarron*, 2013 IL App (3d) 110873-U, ¶ 28.

¶ 32 E. The Instant Postconviction Petition

¶ 33 1. *First- and Second-Stage Proceedings*

¶ 34 In November 2018, defendant *pro se* filed the instant postconviction petition, raising a claim for sentencing relief under subsection (a)(3) of the Act (725 ILCS 5/122-1(a)(3) (West 2018)). Defendant alleged she was suffering from postpartum depression and postpartum psychosis at the time of the offense, and no such evidence had been presented at trial or sentencing. See *Pounders*, 2021 IL App (1st) 200313-U, ¶ 10; see also 730 ILCS 5/5-5-3.1(a)(17) (West 2018) (identifying postpartum depression and postpartum psychosis as mitigating sentencing factors).

¶ 35 Defendant attached to her petition a 2011 psychiatric evaluation report prepared

by Dr. Lisa A. Rone. Rone evaluated defendant in prison in 2010 and reviewed her psychiatric records, along with the trial testimony of Glenmullen and Killian. According to her report, Rone concluded that defendant "was suffering from psychosis due to Bipolar Disorder—mixed episode and was untreated in the weeks leading up to [K.M.'s death]. Her psychosis took the form of extreme religious delusions[,] and she was responding to these delusions on May 13, 2006." The trial court docketed defendant's petition for second-stage proceedings and appointed postconviction counsel to represent her.

¶ 36 At the second stage of proceedings, the State moved to dismiss defendant's petition, and appointed postconviction counsel filed a motion for Rone to be appointed as an expert for "the purpose of providing an updated evaluation that takes into fuller consideration the issues of post-partum depression/psychosis." The trial court denied defendant's request to have Rone appointed as an expert. The court held that "another evaluation more than 14 years after the homicide could only be described as cumulative [of] the other evidence offered at the time of trial." (Internal quotation marks omitted.) *McCarron*, 2022 IL App (3d) 200404, ¶ 15.

¶ 37 Following a hearing on the State's motion to dismiss, the trial court granted the motion and dismissed defendant's petition, reasoning that "the sentencing judge thoroughly considered [defendant's] mental health at sentencing, evidenced in part by the fact that the [PSI] *** dedicated 121 of its 201 pages to discussing her mental health." *Id.* ¶ 16. Defendant appealed, and, on appeal, the Third District reversed the court's judgment and remanded with directions "for appointment of experts and for third-stage proceedings." *Id.* ¶ 28.

¶ 38 2. *Third-Stage Evidentiary Hearing*

¶ 39 On remand, the trial court appointed Rone as an expert in psychiatry to prepare an updated psychiatric evaluation report and to testify at a third-stage evidentiary hearing on

defendant's claim. Rone's report was admitted into evidence at the hearing without objection, and she was the only witness to testify.

¶ 40 Rone testified that at the time of the offense, defendant was suffering from postpartum psychosis due to bipolar disorder. According to Rone, defendant's psychosis began with the "onset of mood symptoms" approximately one month after the birth of E.M. in April 2004. Rone testified defendant's postpartum mood episode "accelerated and worsened and was severely prolonged" because she was not properly diagnosed at the time and therefore did not receive proper treatment. Instead, according to Rone, defendant was improperly prescribed an antidepressant in May 2004 and again in August 2005, which "actually worsened her mood symptoms to the point where she became psychotic." Rone testified defendant's psychosis took the form of extreme religious delusions. Rone described the delusions as follows:

> "Well, the common one that occurred at the time of [K.M.'s] death was that she believed as a Bible verse that she'd been reading [i]n the Book of Luke told a story of a man whose daughter was dead and he invited Jesus to come into this home and when Jesus came into the home, he resurrected the daughter.
>
> And [defendant] believed that if she believed fervently enough that Jesus would also resurrect her daughter *** and resurrect her without autism, and this was a very severe religious delusion that *** caused her to act in particular ways at the time of [K.M.'s] death."

Rone opined that defendant's extreme religious delusions played a direct role in her commission of the offense.

¶ 41 On cross-examination, the prosecutor asked Rone if she disagreed with the trial testimony and assessments of Killian and Glenmullen. Rone answered, "I generally disagreed

with Dr. Killian's diagnosis and assessment. I generally agreed with Dr. Glenmullen's assessment. I just didn't think that [Glenmullen] had all of the information he needed to form some of his opinions." The prosecutor and Rone then engaged in the following exchange:

> "Q. And so you believe [Glenmullen] wasn't able to I think your report indicates understand the extent of her delusions. Does that sound correct?
>
> A. That's correct.
>
> Q. So do you agree the evaluation of a psychiatrist is affected if a patient lies or conceals information?
>
> A. The evaluation of a psychiatrist relies on understanding what was in a person's mind at the time, and if the person doesn't tell the psychiatrist what was in their mind or the psychiatrist doesn't ask proper questions, then yes, sometimes we have limited understanding.
>
> Q. So if a patient were to lie, exaggerate, make anything up, deny anything that's true, then the evaluation would be less than accurate; correct?
>
> A. That could happen. Yes, that's correct."

Rone acknowledged that both postpartum depression and postpartum psychosis "certainly were diagnosable" at the time of defendant's trial. However, Rone indicated that she was the only person to whom defendant had ever disclosed her religious delusions.

¶ 42 On redirect examination, Rone and postconviction counsel engaged in the following exchange as to why defendant had not been diagnosed with postpartum psychosis at the time of her trial:

> "Q. And, doctor, is it correct that there is no formal test for analyzing postpartum psychosis mania and that it requires a skilled clinician to assess that?

A. That's correct. There's no formal test like an x-ray or imaging or a blood test, and really one has to look at the whole constellation of symptoms over time that someone might present with.

Q. And in your opinion then, no one properly diagnosed [defendant] with postpartum psychosis prior to her trial?

A. Well, Dr. Piyaka placed [defendant] on an antipsychotic medication at the time [she] saw him in August of 2005, and he was talking about possibly moving forward with ECT treatments for [her,] so he recognized that there was a very severe mood disorder happening, but he did not diagnose her with postpartum psychosis due to bipolar 1 disorder.

* * *

Q. And then is it true that people suffering from religious delusions will often not disclose those for fear of embarrassment?

A. It is true, and people who have delusions about their food being poisoned for example they just may not eat, but they may not tell people that they're thinking that their food is poisoned."

¶ 43 In her updated report, Rone summarized her ultimate diagnosis and assessment of defendant's mental state leading up to and at the time of the offense as follows:

"In my opinion, to a reasonable degree of medical and psychiatric certainty, [defendant] was suffering from puerperal psychosis due to Bipolar Disorder and was untreated or improperly treated from approximately May 2004 until [K.M.'s] death on May 13, 2006. [Defendant's] psychosis took the form of extreme religious delusions and she was responding to these delusions on May 13, 2006."

Rone also discussed her opinion about Glenmullen's assessment and trial testimony:

> "Dr. Glenmullen captured the essential delusional thought patterns that [defendant] was experiencing at the time of [K.M.'s] death. [Defendant] did not disclose to Dr. Glenmullen the Bible verse that drove her behavior, but she did talk about the delusionally disembodied thoughts she had at the time that led her to believe that she was killing autism and not [K.M.] in her actions."

According to Rone's report, "on the recommendation by her attorneys to keep her statements consistent with the police interview, [defendant] concealed the religious nature of her delusions from Dr. Glenmullen."

¶ 44 The trial court denied defendant's petition, finding she failed to prove the final element of her claim. See 725 ILCS 5/122-1(a)(3)(E) (West 2018) ("[E]vidence of post-partum depression or post-partum psychosis as suffered by the person is material and noncumulative to other evidence offered at the time of trial or sentencing and it is of such a conclusive character that it would likely change the sentence imposed by the original court."). The court, in pertinent part, provided the following reasoning for its decision:

> "[T]he Court can only conclude [defendant's] mental health has been considered time again, again, and again, and those symptoms of both postpartum depression and postpartum psychosis as defined by the statute have been considered by the judge, the jury—excuse me. The jury, the judge at sentencing, and during Post-conviction proceedings.
>
> Those symptoms that I'm referring to are depression, losing touch with reality, delusions, psychosis, and being unable to form rational judgments as addressed by Dr. Glenmullen and Dr. Rone.

> Accordingly, the Defendant has failed to show by a preponderance of the evidence that Dr. Rone's most recent report and testimony are material and non-cumulative insofar as her report is based on an interview conducted in 2010 and the same records she reviewed when she authored the January 2011 report that is almost identical to the 2024 report save a few paragraphs that do not add anything of such a conclusive nature it would likely change the sentence imposed."

¶ 45 This appeal followed.

¶ 46 II. ANALYSIS

¶ 47 On appeal, defendant argues the trial court erred in denying her petition for postconviction relief where she proved each element of her claim at an evidentiary hearing by a preponderance of the evidence.

¶ 48 The Act "provides a means for a criminal defendant to challenge his conviction or sentence based on a substantial denial of constitutional rights." *People v. Beaman*, 229 Ill. 2d 56, 71 (2008). "The Act generally provides for three stages of review by the trial court." *People v. Aaron*, 2026 IL App (1st) 240126, ¶ 56. Relevant to the instant appeal is the third stage of postconviction proceedings—*i.e.*, the evidentiary hearing—where "the defendant bears the burden of proving the alleged constitutional violation by a preponderance of the evidence." *Id.* ¶ 57. "At such a hearing, the [trial] court serves as the fact finder, and, therefore, it is the court's function to determine witness credibility, decide the weight to be given testimony and evidence, and resolve any evidentiary conflicts." *People v. Domagala*, 2013 IL 113688, ¶ 34. "At this stage, the [trial] court must determine whether the evidence introduced demonstrates that the petitioner is, in fact, entitled to relief." *Id.* "[W]e review the trial court's decision to deny [postconviction] relief following an evidentiary hearing for manifest error." *People v. Coleman*,

2013 IL 113307, ¶ 98. "Manifest error is clearly evident, plain, and indisputable." (Internal quotation marks omitted.) *Id.* "Thus, a decision is manifestly erroneous when the opposite conclusion is clearly evident." *Id.*

¶ 49 To succeed on a claim under subsection (a)(3) of the Act, a defendant must prove the following five elements by a preponderance of the evidence:

> "(A) he or she was convicted of a forcible felony;
>
> (B) his or her participation in the offense was a direct result of the person's mental state either suffering from post-partum depression or post-partum psychosis;
>
> (C) no evidence of post-partum depression or post-partum psychosis was presented by a qualified medical person at trial or sentencing, or both;
>
> (D) he or she was unaware of the mitigating nature of the evidence or if aware was at the time unable to present this defense due to suffering from post-partum depression or post-partum psychosis ***; and
>
> (E) evidence of post-partum depression or post-partum psychosis as suffered by the person is material and noncumulative to other evidence offered at the time of trial or sentencing and it is of such a conclusive character that it would likely change the sentence imposed by the original court." 725 ILCS 5/122-1(a)(3)(A)-(E) (West 2018).

Postpartum depression and postpartum psychosis are defined as follows:

> " 'Post-partum depression' means a mood disorder which strikes many women during and after pregnancy which usually occurs during pregnancy and up to 12 months after delivery. This depression can include anxiety disorders.

> ‘Post-partum psychosis’ means an extreme form of post-partum depression which can occur during pregnancy and up to 12 months after delivery. This can include losing touch with reality, disoriented thinking, delusions, auditory and visual hallucinations, paranoia, hyperactivity and rapid speech, or mania.” *Id.* § 122-1(a)(3).

¶ 50 The parties agree that “conclusive,” as used in element (E), “means the evidence, when considered along with the trial [and sentencing] evidence, would probably lead to a different result.” *People v. Harris*, 2024 IL 129753, ¶ 65. “Probability, not certainty, is the key, as the trial court in effect predicts what another [sentencing court] would likely do, considering all the evidence, both new and old, together.” *Id.*

¶ 51 At the time defendant was sentenced in this case, the sentencing range for first degree murder was 20 to 60 years in prison (730 ILCS 5/5-8-1(a)(1)(a) (West 2008)), with an extended-term range of 60 to 100 years (*id.* § 5-8-2(a)(1)). Defendant was extended-term eligible based on the jury’s finding that K.M. was under the age of 12 at the time of the offense. See *id* § 5-5-3.2(b)(4)(i). Thus, defendant’s 36-year prison sentence was 16 years above the permissible minimum sentence and 64 years below the maximum.

¶ 52 In articulating its reasoning for denying defendant’s postconviction claim, the trial court addressed element (E) only. In relevant part, the court found that Rone’s updated report and testimony did “not add anything of such a conclusive nature it would likely change the sentence imposed.” The court reasoned that Glenmullen had testified at trial about his diagnosis of defendant, and “[t]he diagnosis by Dr. Glenmullen is included in the definition of postpartum psychosis.” The court further reasoned that the PSI contained defendant’s mental health records dating back to 1999, and the sentencing court explicitly considered her mental health as a factor

in mitigation. The court concluded, "[Defendant's] mental health has been considered time again, again, and again, and those symptoms of both postpartum depression and postpartum psychosis as defined by the statute have been considered by the judge[at sentencing and] the jury."

¶ 53 Defendant argues on appeal that the trial court's "conclusive character" finding was manifestly erroneous because, "unlike general depression or psychosis, [postpartum depression and postpartum psychosis] are both legally recognized as 'temporary' forms of mental illness," which can "only be strongly mitigating evidence that would demonstrate a decreased risk of future dangerousness and *** significantly greater rehabilitative potential." According to defendant, the court's

> "reasoning indicates that [it] *** failed to consider the crucial distinctions *** between general evidence of depression or psychosis and temporary [postpartum depression and postpartum psychosis] and how applying powerfully mitigating [postpartum depression and postpartum psychosis] evidence to [her] case would have been particularly likely to change the sentence imposed given her age and complete lack of prior criminal history."

¶ 54 The State asserts the following in response to defendant's argument:

> "[T]he evidence surrounding defendant's mental health was not only thoroughly covered at her trial, but it was fully considered by [the sentencing court] at the time of her sentencing. The substance related to her delusions that supported their conclusion that she was psychotic, and the assignment of a specific diagnosis were similar between what Dr. Glenmullen assessed and what Dr. Rone assessed. The substance of their respective assessments covered identical matters and made

similar judgments save for the label attached to their diagnosis ***."

¶ 55 We agree with the State and find that, even assuming, *arguendo*, defendant proved elements (A) through (D) of her claim, she has failed to establish on appeal that the trial court's "conclusive character" finding was manifestly erroneous.

¶ 56 To begin with, defendant's attempt to characterize evidence of postpartum depression or psychosis as "strongly mitigating" is unpersuasive. Defendant essentially argues that this type of evidence is necessarily conclusive because subsection (a)(17) of section 5-5-3.1 of the Unified Code of Corrections (730 ILCS 5/5-5-3.1(a)(17) (West 2018)) labels both postpartum depression and postpartum psychosis as a "temporary mental illness." However, as noted by the State, postpartum "evidence is not any more significant nor does it carry any greater weight than any other statutorily identified mitigating evidence submitted on behalf of a defendant at the time of sentencing." Indeed, nothing in subsection (a)(17) indicates that evidence of postpartum depression or postpartum psychosis must be given greater mitigating weight than, for instance, evidence that a "defendant was suffering from a serious mental illness which, though insufficient to establish the defense of insanity, substantially affected his or her ability to understand the nature of his or her acts." *Id.* § 5-5-3.1(a)(16). Defendant also fails to cite any case law supporting her claim that postpartum evidence is somehow more powerfully mitigating than evidence of "general depression or psychosis."

¶ 57 Further, having considered the postconviction evidence along with the evidence presented at trial and sentencing, we cannot say it is indisputable the postconviction evidence "is of such a conclusive character that it would likely change the sentence imposed by the original court." 725 ILCS 5/122-1(a)(3)(E) (West 2024); see *Coleman*, 2013 IL 113307, ¶ 98. ("Manifest error is *** indisputable." (Internal quotation marks omitted.)).

¶ 58 The original sentencing court here explicitly considered defendant's "mental condition and history" in mitigation, stating, "I believe your mental condition leading up to and during this horrific act is mitigation, and but for the tragic, horrific result of your actions, I would be prepared to offset considerably the sentence that could be imposed." The court described defendant's "horrific crime" as "the murder of the weakest of the weak in our society by the person charged to protect her." Clearly, the court gave significant mitigating weight to the evidence of defendant's serious mental illness—as demonstrated by its words and the imposition of a sentence only 16 years above the minimum and 64 years below the maximum—but nonetheless determined that the seriousness of the offense prevented it from imposing a lesser sentence, which was proper. See, *e.g.*, *People v. Quintana*, 332 Ill. App. 3d 96, 109 (2002) ("The seriousness of the crime is the most important factor in determining an appropriate sentence, not the presence of mitigating factors.").

¶ 59 Defendant's postconviction evidence is not so conclusive that it would likely lead another court to impose a more lenient sentence, as her postconviction evidence is substantially similar in substance to the trial and sentencing evidence. In addition, it is not unquestionably reliable evidence.

¶ 60 At trial, Glenmullen opined that defendant was "psychotic" at the time of the offense and "specifically delusional and specifically out of touch with reality," in that she falsely believed that killing K.M. "was the only hope left, that [it] was the way to fix [K.M.], to fix the autism in particular; that there's these kind of two pieces, the autism and [K.M.]; that [K.M.] is trapped in the autism, and *** she doesn't have a choice." At the evidentiary hearing, Rone testified that she "generally agreed with Dr. Glenmullen's assessment" of defendant's delusional thoughts, but she "just didn't think that he had all of the information he needed to form some of

his opinions." Specifically, Rone explained the following in her report:

> "Dr. Glenmullen captured the essential delusional thought patterns that [defendant] was experiencing at the time of [K.M.'s] death. [Defendant] did not disclose to Dr. Glenmullen the Bible verse that drove her behavior, but she did talk about the delusionally disembodied thoughts she had at the time that led her to believe that she was killing autism and not [K.M.] in her actions."

¶ 61 Based on the above, it is clear that both Rone and Glenmullen concluded defendant was psychotic at the time of the offense based on her delusional thoughts related to K.M.'s autism. See 725 ILCS 5/122-1(a)(3) (West 2018) (defining postpartum psychosis to include "losing touch with reality, distorted thinking, [and] delusions"). The only substantive difference between the testimony of Glenmullen and that of Rone is that Glenmullen indicated defendant was delusional in believing K.M. and autism could be separated, whereas Rone indicated defendant was experiencing religious delusions that K.M. would be resurrected without autism. Given that the original sentencing court considered Glenmullen's testimony—coupled with the fact that Rone explicitly acknowledged Glenmullen had "captured [defendant's] essential delusional thought patterns"—we find Rone's testimony would add little to what was already before the original sentencing court. Thus, it is not clearly apparent the postconviction evidence is of such a conclusive character that it would likely lead to a lesser sentence.

¶ 62 Further, the postconviction evidence is not indisputably conclusive because it is based on representations defendant made for the first time four years after the offense and two years after she had been convicted and sentenced. On cross-examination at the evidentiary hearing, Rone acknowledged that in assessing whether a patient is delusional, it is necessary to rely on the patient's representations of "what was in their mind." Rone also acknowledged that

she was the only person to whom defendant had ever disclosed her religious delusions. In her report, Rone indicated that defendant "concealed her delusional motive for killing [K.M.] from the police" and "on the recommendation by her attorneys to keep her statements consistent with the police interview, she concealed the religious nature of her delusions from Dr. Glenmullen." This evidence shows that defendant has not always been forthcoming if doing so was not in her perceived best interest. Thus, it would be reasonable to question the reliability of defendant's representations of religious delusions to Rone. See, *e.g.*, *People v. Masters*, 2024 IL App (4th) 230370, ¶ 87 ("To the extent that [an expert witness] based his opinions on defendant's unverified representations to him, those opinions might be criticized as having an unsound basis."); *In re Commitment of Montanez*, 2020 IL App (1st) 182239, ¶ 121 ("[A]n expert's opinion is only as good as the independent evidence that establishes its underlying premises." (Internal quotation marks omitted.)). Accordingly, we find defendant has failed to establish the trial court's judgment was manifestly erroneous.

¶ 63 III. CONCLUSION

¶ 64 For the reasons stated, we affirm the trial court's judgment.

¶ 65 Affirmed.