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**ABA Strategies for Advancing Permanency Case Scenario**

**Meet the Smith Family**

* Emma Smith is 7 years old, is in 1st grade and regularly attends school. She is an A/B student.
* She lives with her mother, Olivia Smith, and her mother’s boyfriend in a “home” in the backyard of his mother’s house.
* Her father, John Prater, resides in Seattle. Ms. Smith says he only ever paid 2 months of child support when Emma was a baby and has had no contact with Ms. Smith or Emma.
* A neighbor called DHS because they were concerned about Emma.
* The Smiths’ home has no running water and no insulation; it receives electricity via a cord running from the main house for a small refrigerator, heater and an air-conditioning window unit. There is no bathroom, and all three occupants sleep in the same room.
* When questioned by the DHS case worker, Ms. Smith indicated that she considers this living arrangement to be appropriate and that she does not need help.

**Preliminary Protective Hearing**

* After the initial contact with the agency, Ms. Smith took Emma to a school friend’s house for a “sleep over.” She did not leave Emma’s seizure disorder medication or any contact information. When Emma was not picked up after 2 days and efforts to locate Ms. Smith failed, the friend’s parents called the police.
* Shortly after Emma was picked up by the police, Ms. Smith returned to pick up Emma and had a shouting match with the friend’s parents. She then went to DHS, who agreed to allow Emma to reside with her maternal grandparents approximately 7 miles away under a safety plan.
* After 3 weeks, the grandparents notified DHS that they were no longer able to care for Emma, noted that they had not been in regular contact with Ms. Smith, and requested that Emma be picked up.
* DHS could not reach Ms. Smith and took emergency custody of Emma. They placed her in a foster home and filed a neglect petition and held a Preliminary Protective Hearing.

**Permanency Hearings and Progress**

* Since being placed in Foster Care, Emma’s grades have gone down, and she is having behavior problems in school. She was referred for an evaluation. See evaluation below.
* Additionally, shortly after Emma enters foster care, Ms. Smith’s boyfriend kicked her out of the home.
* Based on statements Ms. Smith made to the case worker about self-harm, she was evaluated at a crisis center, which determined she was not at risk.
* Ms. Smith was ordered to complete a mental health evaluation, follow recommendations from that evaluation, and complete parenting classes.
* The evaluator diagnosed Ms. Smith as having depression. The recommended treatment plan was for weekly individual counseling sessions.
* DHS made a referral for counseling and Ms. Smith was placed on a waitlist for 2 months. Since starting her sessions, she has not had a consistent therapist. She liked the first, but that person left and she has not liked the other assigned therapists. In the last 4 months, she has attended 3 weekly sessions and now refuses to return.
* Ms. Smith sporadically attends parenting classes. The instructor states that Ms. Smith is under a great deal of stress as a single parent, and she needs more supports to be a fully adequate parent.
* Ms. Smith is currently staying with a friend, where Emma has short visits with her mother.
* The current caseworker has been working with the Smith family for the last 3 months and is the 3rd assigned DHS caseworker.
* At the 1st permanency hearing, the court made a finding of reasonable efforts to reunify. We are now at the 2nd permanency review hearing.
* Emma’s grandparents have become licensed kinship foster parents and have taken Emma back into the home.
* Mrs. Smith has not made consistent progress in her mental health therapy.

**Child Psychological Evaluation**

**Name:** Emma Smith  
**Date of Birth:** 04/01/2016  
**Age:** 9  
**Date of Evaluation:** 04/11/2025  
**Evaluator:** Dr. Howard Bentley  
**Referral Source:** Child Welfare Services / Foster Care Agency  
**Reason for Referral:** Evaluation conducted to assess Emma’s developmental, emotional, and behavioral functioning following recent placement in foster care and adjustment issues following multiple placements.

**Background Information:**

Emma is a 9-year-old female currently residing in a foster care placement following recent transitions from her grandparents’ home. She entered foster care after a series of unstable living situations. At age five, Emma was diagnosed with developmental delays in speech and executive functioning.

Upon entering foster care, Emma tested positive for marijuana during her initial health screening. The evaluating physician also noted slight wheezing in her lungs, which may warrant follow-up evaluation for potential respiratory conditions such as asthma or environmental exposure.

Emma’s last dental appointment, conducted approximately one year ago, identified multiple dental caries. A recommendation was made at that time to have cavities filled; however, follow-through on that recommendation is unclear.

**Behavioral Observations:**

Emma presented as quiet and withdrawn during the evaluation. She demonstrated limited verbal expression and required prompting to engage in conversation. Eye contact was minimal, and her affect appeared blunted. She was cooperative but fatigued throughout the session.

**Cognitive and Developmental Functioning:**

Emma demonstrates delays consistent with her prior diagnosis. Her speech is underdeveloped for her age, with articulation difficulties and limited expressive vocabulary. Deficits in executive functioning were observed, including difficulty sustaining attention, poor organization, and challenges with working memory tasks.

**Social and Emotional Functioning:**

Emma recently disclosed to her school guidance counselor that she is experiencing sleep difficulties and anxiety related to her placement changes, stating she feels uncertain and unsafe. Teachers have observed Emma napping during lunch periods, not eating her meals, and often appearing hungry and wearing dirty clothing.

Emma exhibits signs of emotional distress, including anxiety, withdrawal, and possible depressive symptoms. She appears to be struggling significantly with the adjustment to her new environment and may be experiencing symptoms consistent with adjustment disorder, anxiety, or trauma-related stress.

**Summary and Recommendations:**

Emma is a child with a documented history of developmental delays, environmental neglect, and emotional distress. Her current presentation suggests ongoing unmet physical and psychological needs. Based on this evaluation, the following recommendations are made:

1. **Comprehensive medical follow-up**, including pulmonary assessment for wheezing and dental evaluation/treatment for previously identified cavities.
2. **Nutritional support** to address signs of food insecurity.
3. **Speech and occupational therapy** to support her developmental needs.
4. **Individual therapy** with a trauma-informed therapist to address her anxiety, emotional regulation, and adjustment to foster care.
5. **Consistent routines and nurturing caregiving** to promote emotional stability and development.
6. **Close collaboration between the foster care team, school, and healthcare providers** to monitor and support her developmental and emotional progress.

**Evaluator Signature:**  
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