

YOUTH MISSING FROM CARE: GUIDELINES FOR RESIDENTIAL TREATMENT FACILITIES AND GROUP HOMES

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INTRODUCTION

These annotated runaway guidelines have been developed as part of the *Illinois Residential Runaway Project*, a system-wide assessment of best practices, data analysis, and literature review regarding the issue of runaways from residential treatment. For the purpose of these guidelines, runaway is defined as when a youth leaves a residential facility without the knowledge or consent of residential staff and whose whereabouts are unknown.

The guidelines are divided into several key domains addressing risk assessment, long-term prevention strategies, preventing imminent runs, safety for missing youth, and program responses when youth return from run. Standards of care and assessments relevant to each area are offered. Additionally, these guidelines address the development of an individualized run prevention and management plan.

The guidelines focus on general issues since agencies differ in many respects, such as size and resource capability, geography, and population. We strongly encourage all programs to develop a comprehensive runaway protocol that incorporates policy and practice in each of the areas identified given that specific applications will vary across agencies.

In order to effectively implement agency policy and practices in the areas identified, ongoing staff training is critical. This includes developing an awareness and familiarity among all staff with the various components of the agency protocol. Additionally, clarifying expectations for implementation, such as decision making processes and oversight, as well as, building in mechanisms for systematic review and identifying additional training needs, are essential.

Moreover, as consistency in application is an essential criterion for any intervention, agencies should assess resource capacity and realistically plan for interventions and responses to youth runaways. We have found that, at times, practices and guidelines for staff are not feasible under normal working conditions. Instead, they may be designed for ideal, but atypical, circumstances.

Finally, we would like to thank the residential agency staff and staff from the DCFS CLSU who participated in interviews and focus groups providing cogent information regarding practice and policy.

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SECTION 1: RISK ASSESSMENT

Assessing risk helps to identify behavior patterns and other variables that may indicate a youth's likeliness to run from placement. The risk assessment should also be utilized to determine a youth's level of risk in terms of vulnerability and dangerousness, once he/she runs away from placement. Some youth, based on diagnosis or level of functioning, are at greater risk of harm to themselves or others if they run away.

UIC has developed a Residential Runaway Risk Assessment which systematically guides clinicians, working in residential and group home settings, through a structured decision-making process in assessing youth risk. It is recommended that agencies use this assessment to ensure comprehensive assessment of risk and necessary individual treatment planning.

All youth should be screened at intake for risk of runaway. The risk assessment should be the first step in developing a youth's individualized treatment plan (see Section 6). The risk assessment should be ongoing, and reviewed whenever any risk factors change. It is also important to note that staff will need to make "on the spot" assessments of a youth's level of risk if there has been a recent de-compensation or trauma. Agencies should have written procedures that define how risk assessments are conducted and utilized.

1. Does the residential program's risk assessment process consider the following issues when assessing a youth's risk to runaway?
 - a) Past run history:
 - A history of running away is the most significant predictor of future runaways.
 - Does the youth have two or more run attempts within the past year?
 - b) Attempted run history:
 - Have there been frequent runaway attempts within the past year?
 - Is the youth preoccupied with running away?
 - c) Age when youth entered residential:
 - The older the youth is when entering residential, the more likely he/she is to run away, especially if the youth enters after age 13.
 - d) Past placement instability:
 - What are the reasons for instability?
 - Are there any patterns to the instability?
 - Has the youth been able to form significant attachments in previous placements?
 - Does the youth have a total of six or more placements?
 - Has the youth had two or more placement moves within the past year?

- e) History of substance abuse:
 - Regardless of age, a history of substance abuse greatly increases the likelihood that a youth will run from placement.
 - Current alcohol, drug, or tobacco use?
 - Alcohol or drug use within the past year?
 - Alcohol or other drug abuse diagnosis?
 - A careful screening for substance abuse is needed at the time of intake.
 - f) Family/significant other relationships:
 - Are family members supportive of placement and treatment?
 - Is anyone encouraging the youth to run?
 - Is the youth upset or overly preoccupied with visitation issues?
 - g) Problematic ties to the community:
 - Does the youth have negative peer relationships in the community?
 - Any gang affiliation?
 - Is the youth a parent?
 - Is the youth involved in a romantic or sexual relationship in the community?
 - h) History of juvenile delinquency:
 - Has the youth engaged in delinquent activities (e.g. prostitution, selling drugs, etc.) within the past year?
 - i) Psychological factors:
 - Does the youth have poor judgment or insight?
 - Is the youth impulsive?
 - Is the youth easily influenced?
 - Is the youth a thrill-seeker?
 - Is the youth reactive to authority?
 - j) Disconnection from the program:
 - Is the youth unable to form positive staff or peer attachments?
 - Does the youth have an ongoing lack of interest/participation in program activities or incentive systems?
2. Does the program's risk assessment procedure include the youth's level of vulnerability once they have run? Does it include the following factors?
- a) Youth's age:
 - Is the youth 13 years or younger?
 - b) Gender:
 - Is the youth female?

- c) Judgment (relative to the program's general population)
 - Is the youth immature?
 - Does the youth have difficulty reading social cues from others?
 - Can the youth make appropriate use of advice or assistance?

- d) Insight (relative to the program's general population)
 - Is the youth aware of his/her problem areas?
 - Is the youth aware of others' concern for him/her?
 - Does the youth have unrealistic expectations of consequences of running?

- e) Cognitive Functioning:
 - Does the youth understand/recognize personal safety, self-care, and/or potential dangers?
 - Does youth have difficulty problem-solving?
 - Does the youth have communication difficulties?
 - Does the youth have difficulty processing new information and learning from experience?
 - Does the youth's cognitive functioning significantly decrease when under stress?

- f) Medical Issues:
 - Is there significant risk if prescribed medications are missed?
 - Does the youth have a medical condition such as diabetes, asthma, life threatening illness, or allergy?
 - Is the youth pregnant?

- g) High risk behaviors:
 - Does the youth have suicidal ideations, gestures, or attempts within the past six months?
 - Has the youth engaged in endangering/self-harming behavior within the past six months?
 - Has the youth been involved in prostitution, sexual exploitation, or victimization within the past six months?
 - Has there been any substance abuse within the past year?

- h) Past run behaviors:
 - Has the youth run to a dangerous location?
 - Has the youth run with or to inappropriate peers?
 - Has the youth been harmed while on run?
 - Has the youth resisted return?

- i) Psychological factors:
 - Is the youth overly trusting or easily influenced?
 - Does the youth provoke others to respond aggressively?
 - Is the youth a thrill seeker?
 - Does the youth have a drive to form unhealthy relationships/attachments?
 - Does the youth have a preoccupation with sexual activity?
3. Does the program's risk assessment procedure include the youth's level of dangerousness once they have run? Does it include the following factors?
- a) Physically aggressive behavior:
 - Has the youth been physically aggressive within the past six months?
 - b) Sexually aggressive behavior:
 - Has the youth engaged in sexually aggressive behavior within the past two years?
 - c) Problematic sexual behavior:
 - Has the youth engaged in problematic sexual behavior within the past two years?
 - d) Fire setting:
 - Has the youth engaged in fire setting within the last two years?
 - e) Delinquent behaviors:
 - Has the youth engaged in delinquent behaviors within the past year?
 - Is the youth currently on probation or parole?
 - f) Deliberately manipulates vulnerable people:
 - Does the youth deliberately manipulate vulnerable people into dangerous situations?

SECTION 2: LONG-TERM PREVENTION STRATEGIES

Runaway prevention is best managed through a solid, therapeutic milieu. In this way, the treatment program addresses many of the issues regarding why youth run from placement. The cultural environment of a residential placement, either overtly or covertly, significantly impacts running behavior. Placements lacking in structure, resources, and activities, and who have overwhelmed and under-trained staff, have higher rates of runaways. For these agencies, enhancing the effectiveness of the overall milieu is likely to decrease runaways for many of their youth. For those youth who continue to run, responses must be individualized, as it is likely these youth are running to something or have other underlying issues that need to be addressed. For these youth, additional specific milieu strategies may be required to help prevent runaways.

1. Components of a therapeutic milieu:

Do the program's policies and procedures regarding the prevention of runaway behavior emphasize the role of maintaining therapeutic milieus, including the responsibility of staff to meet the following critical goals?

- a) Create a sense of safety -- Youth need to feel physically and psychologically safe in their placements.
- b) Foster a sense of belonging to a community -- Youth need to feel that they belong and that they matter.
- c) Provide a sense of purpose/movement -- Youth need to believe there is a reason for their current placement and that there is a plan for their future.
- d) Include youth as part of the treatment team -- When youth are engaged in their own treatment planning (including development of therapeutic goals and discharge planning), they have an increased sense of control over their lives.
- e) Promote an environment of caring and support -- Youth need to feel that the adults in their environment genuinely care about their well being and that the youths' decisions and wishes are supported.
- f) Help youth gain skills needed for the future -- Youth need to learn coping skills, life skills, problem-solving skills, and interpersonal skills to be successful outside of the placement and to feel more confident in their abilities.
- g) Connect youth to family and other significant adults -- Youth need to believe that even though they are currently in group placement, they can still maintain important relationships with significant others in their lives. Program staff should facilitate this by assisting with phone calls and visits.

- h) Provide meaningful activities and leisure opportunities -- All milieus need to incorporate sufficient meaningful recreational and leisure activities, as well as, expose youth to new hobbies and interests.

2. Strategies used once a run risk is identified:

Do the program's policies and procedures define the program structures and interventions that will be used to reduce the risk of running away? Do these mechanisms include the following factors?

a) Promote open communication:

- Can youth feel safe expressing a desire or impulse to run?
- How does staff help youth feel safe expressing a desire or impulse to run?
- How does staff convey to youth that they will offer support and guidance once a wish to run is expressed?
- Are the personal consequences of running away discussed as part of a community group?

b) Ensure proper supervision:

- Are supervision ratios adequate to allow staff to maintain an appropriate level of supervision given the risk levels of the youth currently in the program?
- Does the program have flexibility to supplement staffing patterns to ensure that supervision can be provided relative to the needs of the current populations?
- Can youth be divided into small groups for better supervision/interaction?
- Can youth be assigned a "staff buddy" or "staff partner" as a means of increased supervision/support?

c) Adjust milieu strategies to meet individual youth needs within the program:

- How can program staff identify underlying needs driving an individual youth to run?
- How do staff adjust programming to address underlying needs driving youth to run (e.g., if it's determined that there is a pattern of youth running to a peer group in the community in order to experience a sense of belonging, program staff add programming elements to increase feelings of belonging within the program).
- How are youth exposed to a variety of activities to help them find ones that motivate them and meet their needs?
- How are youth helped to identify activities or hobbies of interest?
- Are identified activities easily accessible to youth?
- If indicated, can youth be assessed for risk prior to each activity?
- Are activities assessed as high, moderate, or low risk for running?

- d) Assess and effectively use youth relationships with staff:
- How can the program incorporate particular staff with whom youth feel especially safe?
 - How does the program manage situations where a youth expresses anger toward particular staff?
 - What happens when youth report feeling he/she has been treated unfairly by staff?
 - How does the program ensure that youth are able to address concerns with staff?
 - How does staff convey caring and support to youth?
- e) Identify and therapeutically engaging family members/significant others:
- What procedures does the program have for identifying and engaging family members and significant others who are supportive of the placement?
 - Does the youth have regular contact with specific family members?
 - Are there family members with whom the youth is not allowed to have contact with, but wants contact?
 - Which family members or significant others are supportive of the placement?
 - Have attempts been made to engage/involve family and significant others?

SECTION 3: PREVENTING IMMINENT RUN

The following reflect global areas of assessment/intervention applicable for youth at risk for an imminent runaway. The program should have a set of standard operating procedures that provide guidance to staff about general procedures to use to prevent youth from leaving the program. In addition, each youth should also have an individualized plan (see Section 6) that identifies risk and specifies potential interventions that can be implemented for that particular youth.

It should be emphasized that staff, at times, must make on-the-spot decisions under conditions that could not be anticipated in either standard procedures or individualized plans. For example, a youth may suffer from an acute de-compensation leaving them at serious risk or the weather may pose a significant hazard thus increasing the risk significantly for a youth on runaway. For these reasons, staff training should incorporate these types of scenarios (perhaps through role play and debriefing) to enhance staffs' effectiveness and judgment regarding these highly charged and complex situations.

1. Implement preventive interventions

- Does staff assess “triggers” that may proceed to the desire to run away such as identified patterns (e.g., highly impulsive following family visits)?
- Is there an expectation that staff typically utilize verbal interventions as the earliest possible intervention?
- Are staff knowledgeable regarding providing problem-solving alternatives to running away such as talking to someone, journaling, etc.
- Is staff familiar with strategies such as distraction for youth who are at risk of an impulsive run?
- Is staff well versed in incorporating calming/self-soothing activities such as listening to music, reading, exercising, cooking, etc. for youth who cannot regulate their affect?
- Is there a space on the unit so that youth can be separated to assist them in calming, processing, or reducing stimulation? Is this area sufficiently separated to reduce contagion and the feeling of being in “public”?

2. Utilize relationships

- Does staff know who has a good relationship with each youth so that they may be accessed to verbally intervene?
- Despite oppositional and highly charged behavior on the part of youth, does staff convey that youth are wanted and the youth's safety is important to them?
- Does the program have the capacity to convene an emergency community group or utilize individual peer support?

3. Increase staff supervision

- Does the program have the capacity and procedure to access temporary 1:1 staff support?
- Does the program have a procedure for obtaining additional staff when acuity is high?
- Is there a mechanism to have youth shadow a designated staff?

- Can temporary restrictions be placed on the movements of youth so that they can be required to remain in a designated area to ensure better supervision?
- Does the program have articulated levels of close observation/supervision such as “eyesight supervision” and “arm’s length supervision?”

4. Block Egress

- Can staff ever block a youth from leaving?
- How does risk level factor into use of this intervention?
- How will staff be positioned when blocking egress?
- Is there a minimum number of staff required on the unit before egress is blocked? Can this be consistently implemented when indicated?

5. Restraint

- Does the program have clear definitions about behavior that is considered danger to self and danger to others?
- Is there an expectation that the need for a restraint is documented on the youth’s treatment plan or Behavior Treatment Plan (BTP)?
- Are there clear guidelines around when restraint can be used?
- Does the program have clear guidelines regarding access the number of staff required to restrain? Do these guidelines consider necessary staff for coverage of the other youth?

SECTION 4: SAFETY FOR MISSING YOUTH

Should staff be unable to prevent a resident from leaving the program without permission, it is recommended that the program's policies and procedures clearly define the actions to be taken by staff following the run. In many cases, these activities necessarily occur after-hours, when administrative and managerial staff may not be available to provide guidance and direction. And some functions (e.g., tracking and searching) occur while staff is in the community, away from the support of other staff. As a result, these can be situations that present a high degree of risk to the staff, youth, and the program as a whole. This makes it especially imperative that the program has clearly-defined procedures in place and that staff are adequately trained to execute them in a safe and effective manner.

1. Ensure good communication

- a) Does the protocol specify who makes contact, how contact is made (phone, in writing, faxed, delivered in person, etc.), and when the individuals listed below will be notified that a youth has run?
 - DCFS caseworker
 - CLSU staff
 - Local police
 - Youth's guardian
 - Involved family members
 - School personnel
 - Any significant others
- b) Is there a description of how program staff will continue to communicate with key collaterals over the duration of the youths' absence?
 - Are there minimum weekly contacts with the DCFS caseworker for coordination of efforts and status updates per policy 384?
 - Is there a list kept for each youth of known collaterals and who is responsible for updating this list?
 - Who is responsible for contacting collaterals?
 - How will collaterals be contacted? By phone or by mail?
 - Will collaterals be contacted once or every day youth is on the run?
 - How will collateral contacts be documented?

2. Keep youth in sight (tracking/following) after they leave the program.

Are the following elements addressed in a tracking procedure?

- Who is responsible for tracking?
- Is there a minimum number of staff needed before a youth can be tracked?
- Can additional staff be accessed if required?
- If so, who can help and who makes that determination?
- How is staff to engage youth as they track?
- How much distance should staff maintain between themselves and the youth?

- What means are used by the program to ensure that members of the community can confirm that individuals following a youth are program staff?
- Will tracking occur in communication with the facility and, if so, how (e.g., agency cell phones or walkie-talkies, personal cell phones, etc.)?
- How will staff assess personal safety risk if they track and what should they do if they feel they are personally at risk?
- Will agency or personal vehicles be used to track and, if so, under what conditions?
- Under what conditions, if any, should staff use physical means (extended restriction or restraint) on youth who are in the community?
- If physical means are allowed and have been used while the youth is on run, what should staff do then (e.g., release them and continue to follow, escort to waiting vehicle, call the police, etc.)?
- Are there time or geographical limits to tracking?
- Will tracking occur over one shift or across shifts and how are staff changes made?

3. Search for youth

Are there expectations for how staff is to search for youth when their whereabouts are unknown and do they address the following?

- Who is responsible for searching?
- How will additional staff be mobilized to search?
- Does the searching occur on the day of run or is it on-going (e.g., every day of the run)?
- Is there a time limit on searching?
- Will one or more staff search?
- Is there a minimum number of staff needed before searching begins?
- Will staff go to family homes or places the youth is suspected of being?
- Will staff search a limited area?
- How is the determination made to stop actively searching for missing youth?
- How is the determination made to advocate for an amber alert to be issued?
- How is the determination made to advocate for missing persons posters made and how will these be distributed?

4. Work with police

Does the program's comprehensive runaway protocol specifically address the following?

- Who is responsible for completing a missing person's report?
- Is staff required to go to the police station to file a report?
- How does staff determine if a youth is vulnerable?
- How can staff direct the attention of police to vulnerable youth?
- Under what circumstances can staff call 911 to request immediate police assistance?

- Is there ongoing communication with police?
- Who communicates with the police in emergency situations?
- Who communicates with the police in non-emergency situations?

5. Report missing and/or runaway youth to DCFS

- a) Is the program's reporting procedure consistent with Rule 331 which requires that youth be reported as "missing" or "runaway" when a child or youth is absent from the premises of a child care facility without the knowledge or consent of program staff and the whereabouts of the youth are unknown.

This means that situations in which a youth has left the program without permission, but whereabouts are known should not be reported to DCFS via unusual incident reporting. For instance, if a youth leaves without permission, but staff follow them without losing eyesight and successfully encourage them to return, the youth should not be reported as missing or runaway (although a program may find it useful to record and track these incidents for internal data gathering purposes).

- b) Procedures for reporting should distinguish among different types of potential runaway circumstances and provide guidelines for determining whether a runaway episode has occurred and reporting is required. Examples of potential runaway circumstances include:
- Youth are late returning from a sanctioned community activity such as late coming home from school or from a job.
 - Youth are late returning from a home visit.
 - Youth are in the community without permission, but staff confirm the youth's whereabouts (e.g., at a friend's house).

SECTION 5: WHEN YOUTH RETURN FROM RUN

Considerable attention should be provided to youth returning from run to take full advantage of opportunities for therapeutic intervention that address current clinical issues and identify emergent issues as well as generate future strategies for run prevention. Furthermore, the context for providing interventions should be one of concern for the youth's safety and well-being while on run and also moving forward in the treatment process.

Accordingly, it is imperative that programs develop protocols that set the proper tone for welcoming youth and reintegrating them back into the program following a runaway episode. The protocol should also ensure that both the physical and clinical needs of youth are addressed, and that the required administrative activities are completed.

The following are suggested categories for organizing a protocol. Programs may find it beneficial to further designate procedures that would be followed for elopement episodes that are short-term, those that are longer term (i.e., more than 24 hours), and for those that are chronic.

1. Welcome and reintegration into the program

- a) Is there an established process for welcoming youth and reintegrating them back into the program when they return from run?
 - Is a brief screening assessment conducted?
 - Does the process depend on the length of time that youth were on run?
 - Will youth receive food and an opportunity to clean up upon return?
 - Will youth be given a chance to rest upon return rather than immediately going through processing and debriefing? Under what circumstances would youth be immediately integrated on the unit?
 - Is staff trained to communicate positive regard and emphasize concern for the youth's safety when they return?
 - Does staff adjust the order and pacing of activities/communication depending on the youth's status and circumstances in order to enhance a youth's ability to become reintegrated back programming?

- b) Is overall programming modified to address each youth's running behavior?
 - When youth are restricted to the unit due to safety concerns, meaningful activities should be provided as alternatives to community based activities.
 - Community groups may be helpful in promoting peer group problem-solving and/or support.
 - Youth may be required to complete special therapeutic assignments that address the specific reasons underlying a youth's runaway behavior and promote the development of coping skills.
 - When youth run to family members, the program should develop strategies for engaging those family members in treatment if possible and/or arrange for visitation that would eliminate the need for youth to run away.

- Applying discipline or consequences may be appropriate programmatic responses to running behavior. However, when youth experience substantial consequences in addition to restrictive therapeutic interventions designed to minimize risk, youth may perceive the combination of interventions to be punitive. To prevent youth from subsequently increasing their running behavior or escalating other problematic behaviors in response to the perception that interventions are overly punitive, it is important that staff help youth understand the distinctions between discipline and consequences, and therapeutic interventions.

2. Screen and processing

- a) Is a brief screening tool used immediately upon a youth's return from run to:
 - Was the youth was victimized (including sexually assaulted) or otherwise hurt while on run and as a result, requires emergency medical care and/or SASS intervention;
 - Systematically assess signs of drug use and determine need for drug testing
 - Evaluate whether the youth's current functioning and risk of running or other dangerous behavior requires precautions (i.e., constant observation) until a more comprehensive assessment can be completed.
- b) If a youth does not need immediate intervention, who will be responsible for conducting the processing at a later time and what is the timeframe for comprehensive processing?
- c) Does the program conduct a life space interview or other standard debriefing technique to determine:
 - Triggers/antecedents for running (i.e., what was going on for the youth and how was the youth feeling just prior to the run);
 - Where the youth went and what happened while on run including any problems that occurred;
 - How the youth is currently feeling and whether a safety plan is needed to continue observations and deter elopement in the short term;
 - Alternatives to running as well as interventions for preventing future episodes of elopement; and
 - Therapeutic assignments, consequences, milieu adjustments, etc. that are necessary as a result of the running behavior.
- d) Is there staffing held or other opportunity provided for staff to develop a plan for addressing a youth's running, including review and revision of the ITP and/or Behavior Treatment Plan?

3. Search for contraband

Does the program have a policy for searching youth upon return?

- Are specific circumstances for search youth or are all youth searched routinely upon return from run?
- What will be searched? Is this the same for all youth?
- Who is responsible for conducting the search and are witnesses required?

4. Medical Care and Drug Testing

a) Are all youth referred for routine medical care in addition to emergency medical care, as needed? Are nursing staff notified? When?

b) For youth prescribed psychotropic medications:

- Are medications routinely resumed after a youth returns?
- Are certain medications withheld? Who determines this and according to what criteria?
- Is staff aware of the medication policy and are they required to consult with nursing staff, the pharmacy, and/or a physician?

c) How is the need for drug testing determined:

- Is drug testing mandatory when youth return or is it only conducted for those under suspicion of drug use?
- If drug testing is not mandatory, are the circumstances under which youth will be tested clear defined?
- Who determines if a youth will be tested? Are nursing staff or a medical doctor consulted? When?
- How is the youth informed that drug testing will occur?

5. Administrative Procedures

Is the administrative procedure for notifying the appropriate parties (i.e., CLU, caseworker, GAL, etc. and completing UIRs well defined and designed to ensure the process is streamlined and staff do not overlook any requirements or details?

SECTION 6: INDIVIDUALIZED TREATMENT PLANNING

In addition to having a comprehensive set of program-level policies and procedures that define in detail how the program prevents and manages runaway behavior, a key recommendation of this protocol is that a determination is made for the need for an individualized runaway plan for each youth.

1. Assess need for individualized treatment planning

Assessing the need for individualized treatment planning depends on a youth's indicated level of risk, clinical judgment of the relationship between risk factors, and the residential program's policies and procedures. A decision guide for treatment planning is included in the Runaway Risk Assessment Form. It is intended to assist clinicians in determining whether individualized treatment planning is needed for each youth. When determining the need for treatment planning, the following should be taken into consideration.

a) Assessment of Risk to Run

- Is the youth at an elevated risk to run?
- What are the significant risk factors?
- Is this youth at an elevated risk compared to his/her residential peer group?
- Does the agency's standard runaway protocol sufficiently address this youth's risk to run?

b) Assessment of Vulnerability in the Community

- Is the youth at elevated risk for vulnerability?
- Is this youth more vulnerable compared to his/her residential peer group?
- What are the specific areas of vulnerability for this youth and how would they affect him/her in the community?
- Does the agency's standard runaway protocol sufficiently address this youth's vulnerability?

c) Assessment of Dangerousness in the Community

- Is the youth at an elevated risk for dangerousness in the community?
- Is the youth assessed to be more dangerous than his/her residential peer group?
- Why is this youth likely to exhibit dangerous behavior in the community?
- Does the agency's standard runaway protocol sufficiently address the youth's level of dangerousness?

d) Program's Treatment Context

- What are the components of the program's therapeutic milieu?
- What is the current status of the program?
- Does staff adhere to the requirements of the program to maintain structure?

- Does the physical layout of the agency impact the ease with which a youth can run?
 - Does the agency's geographical location make it more or less likely for the youth to run?
 - Does the agency address runaway prevention in an ongoing manner?
 - Does the agency have a rich array of programming that reduces boredom?
- e) Program's Standard Operating Procedures
- Does the standard protocol adequately address the needs of the youth?
- f) Youth's Strengths
- What are the youth's strengths?
 - What strengths can be utilized in treatment to help prevent runaway?
 - Will any of the youth's strengths help him/her in maintaining safety in the community?

2. Determine treatment interventions

Once the need for individualized treatment planning is determined, specific interventions should be developed which address the areas of concern for a particular youth. Individualized treatment planning should be considered if strategies or approaches to be used for a particular youth *are different* from the program's general policies and procedures. It is recommended that the individual plan be integrated as part of the youth's Behavior Treatment Plan (BTP), and that it be updated any time there is new or changed information related to any information in the plan. Staff should have easy access to the documents and should be aware of the contents of each youth's plan.

a) Individual planning using long term runaway prevention strategies

Each youth's individualized plan should outline specific strategies that program staff are to apply for **this specific youth** (as opposed to generalized strategies applied program-wide) to reduce the risk that they will runaway. Whenever possible, these strategies should be related to the factors related to the youth's risk assessment and are likely to cause **this particular youth** to try to run. The long term prevention strategies listed in Section 2 may be a useful place to start when developing interventions effective for a particular youth. The following are examples of how this might be done:

Example 1:

Based on history in previous placements, it is determined that Brittany has a high risk of running away from the group home where she is currently residing. While considering her risk for running away, program staff learns that family is important to Brittany and that in many instances; her prior runs were attempts to

return home. Recognizing the importance of family in Brittany's life, program staff therefore plan to identify family members who mean a lot to Brittany and who want her to successfully complete the group home's treatment program before returning home. After identifying these family members, staff develops a plan to actively engage them in Brittany's treatment (e.g., extended visits, frequent phone calls, family therapy sessions, etc.).

Example 2:

Jason has a history of repeated AWOL attempts that appear to be impulsive in nature and seem to follow negative interactions with staff. While exploring this pattern further, staff discovers that Jason very rarely tries to runaway when two of his favorite staff is working. Identifying this pattern leads staff to develop a plan that involves the following features: a) making minor alterations in the staffing schedule that allow one of these two staff to be on-duty during the hours that Jason tends to go AWOL; b) developing a reward system whereby Jason earns extra one-on-one time with these staff for each week he goes without running away; and c) trying to identify the characteristics that Jason's two favorite staff exhibit and training other staff behave in a similar manner (e.g., consistency, positive tone of voice, firm but fair responses to the small behaviors that tend to precede blow-up and run attempt, etc.).

b) Individual planning to prevent a youth's imminent run

The individual plan should identify any special ways staff are to interact with the individual youth if they try to run-away that are different from the procedures outlined in the program's general runaway policies and procedures (as listed in Section 3). These may include, but are not limited to:

- Individualized information related to the verbal and clinical interventions staff is to use with this particular youth when it is determined they may be at an immediate risk of running.
- Specific instructions regarding the way staff are to be deployed for this youth when they are determined to be at risk to run, including the way run precautions will be used.
- Client-specific instructions for the use of physical interventions (e.g., restraint, seclusion, extended restriction, blocking egress).
- Deviations from general protocol in the way this youth is to be separated from others.

Example:

In most cases, the program discourages putting their bodies in front of youth to keep them from leaving the building since, with the program's particular population; it often agitates them and can lead to a physical attack (and the need for restraint). However, staff have observed that when Robert begins to get agitated and starts to threaten that he's going to run away, he responds well to staff's attempts to put obstacles in his way – using even the slightest barrier to running as an excuse to stay. As a result, in Robert's case, staff may be

instructed to stand in front of Robert in a non-threatening way while continuing to engage him in a calming, reassuring tone.

c) Individual planning when a youth runs

Are there differences in the procedures staff are to follow when this particular youth runs away from those generally followed as indicated in Section 4? For instance, are there special instructions for:

- Notifying or communicating with key people;
- Tracking;
- Searching; and
- Working with police.

Example 1:

Anna has a history of throwing rocks or any object she can find to throw at staff if they try to follow her when she runs, but she is considered too high risk (moderately developmentally disabled) to allow her to go into the community on her own. While general policies and procedures specify that staff should walk as close a possible to residents (without being so close as to threaten or trigger them) as they track them so that they can continue to verbally de-escalate them, Anna's plan might indicate that staff should follow, but at a safe distance so as not to place themselves in danger.

Example 2:

When Rachel is anxious, she will leave the program without permission, hoping that staff will follow and that the ensuing drama will distract her from her feelings. Staff has learned that when they follow the program's general procedures regarding tracking youth (follow all youth as long as possible while attempting to encourage them to return to the program), this only encourages more of this behavior from Rachel. Therefore, Rachel's plan might specify that staff, as long as they can maintain sight supervision, should observe Rachel without her knowing it such as from a window or behind a building.

d) Individual planning when a youth returns from run

Are there special approaches to be used with when this youth returns from run that, because of the youth's individual needs, differ from general program expectations as indicated in Section 5? This may include instructions for special ways staff will:

- Welcome the youth back and re-integrate them into the program
- Screen the youth to ensure their safety and verbally process with them
- Search the youth
- Provide medical care and drug testing
- Conduct administrative procedures

Example:

Demetrius has a history of sneaking contraband into the program when he returns from run, despite the efforts staff has made to follow program procedures (e.g., searching his bag when he returns and asking him to turn his pockets inside out). As a result, Demetrius' plan may require staff to have Demetrius shower upon his return and to pass all his dirty clothing to staff that are standing outside the bathroom door. Staff will then pass him a robe without pockets or lining to wear after the shower and will search the bathroom when he leaves.