Running from Treatment: The Problem of Youth Who Run from Residential Care

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Residential Care in Illinois: The Context

- Child Welfare - primary residential purchaser

- Concentrated population - 1400 beds

- Classifications & specialty populations

- Centralized matching process

- Centralized administrative data systems

- Child Location and Support Unit (CLSU)

- Role of UIC, public-private collaboration culture

Initial Runaway Project Goal

To better understand the nature and scope of the problem of youth who run from Illinois residential and group home programs.

Runaway Project Overview

Phase 1 -- Survey of residential providers, data analysis, & identification of policy issues

Phase 2 -- *Best Practice Guidelines* for addressing runaway behavior in residential agencies

Phase 3 -- *Residential Runaway Risk Assessment* including individual treatment planning component

Runaway Project Overview

Phase 1 System Level

Phase 2 Agency Level

Phase 3 Youth Level
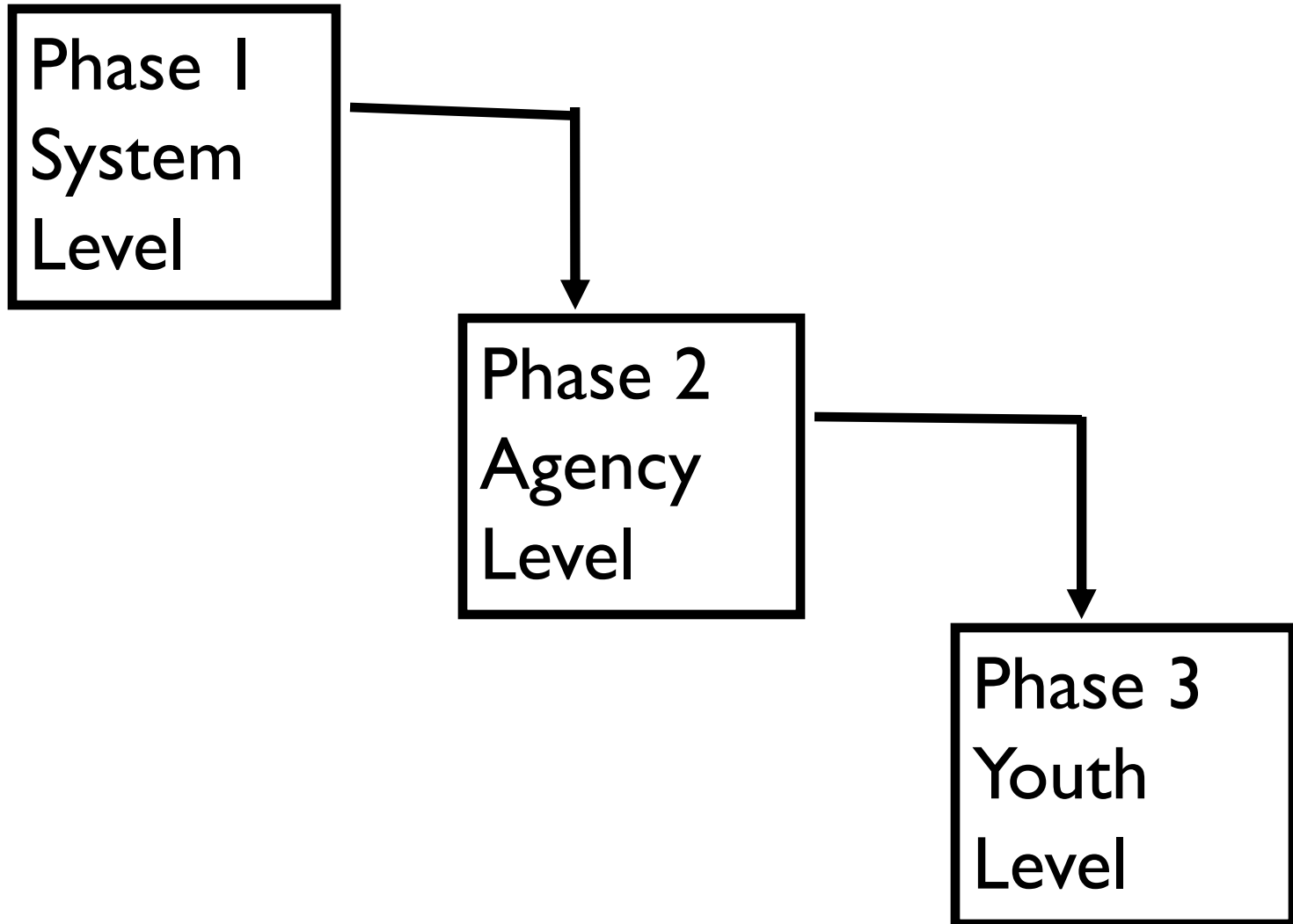
Runaway Project: Basic Assumptions

- All run behavior cannot be eliminated for youth in residential programs

- The incidence of runaway behavior, as well as the associated risks, can be significantly reduced

Phase I:
System & Survey Data

Phase 1: Methodology

- Reviewed extant literature

- Interviewed 40 agencies, 71 programs

- Analyzed IDCFS runaway data

- Interviewed staff from the IDCFS CLSU

- Conducted provider focus groups

Phase I: FY 06 Runaway Rates

- High run rates of Chicago providers
  - Small group homes, specialty pregnant and parenting teen
  - Greater temptation to run, easier access to community, family, peers, and public transportation
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- Low run rates of severe programs
  - Counterintuitive – youth high risk to run
  - More intensive milieu & clinical programming
  - Comprehensive/consistent prevention interventions

Phase I: Survey Data

- Lack of comprehensive runaway protocols

  -- Usually limited to notification instructions

- Extensive variation across programs to prevent runaway

  -- Interventions/practices

  -- Implementation, coordination and training

Phase I:
Key Findings & Recommendations

Need for specific, comprehensive written policies & procedures:

- Clinical programming

- Interventions to prevent imminent runs

- Procedures once youth run

- Practices/procedures when youth return from run

Phase II:
# Youth Missing From Care -- Guidelines For Residential Treatment Facilities and Group Homes

Phase II: Clinical Programming

Effective milieu practices:

- Foundation for managing elopement

- Enable youth to maintain emotional equilibrium

- Impacts youths' judgment, attitude, and desires

Phase II: Interventions to Prevent Imminent Runs

Program Procedures to Prevent an Immediate Run
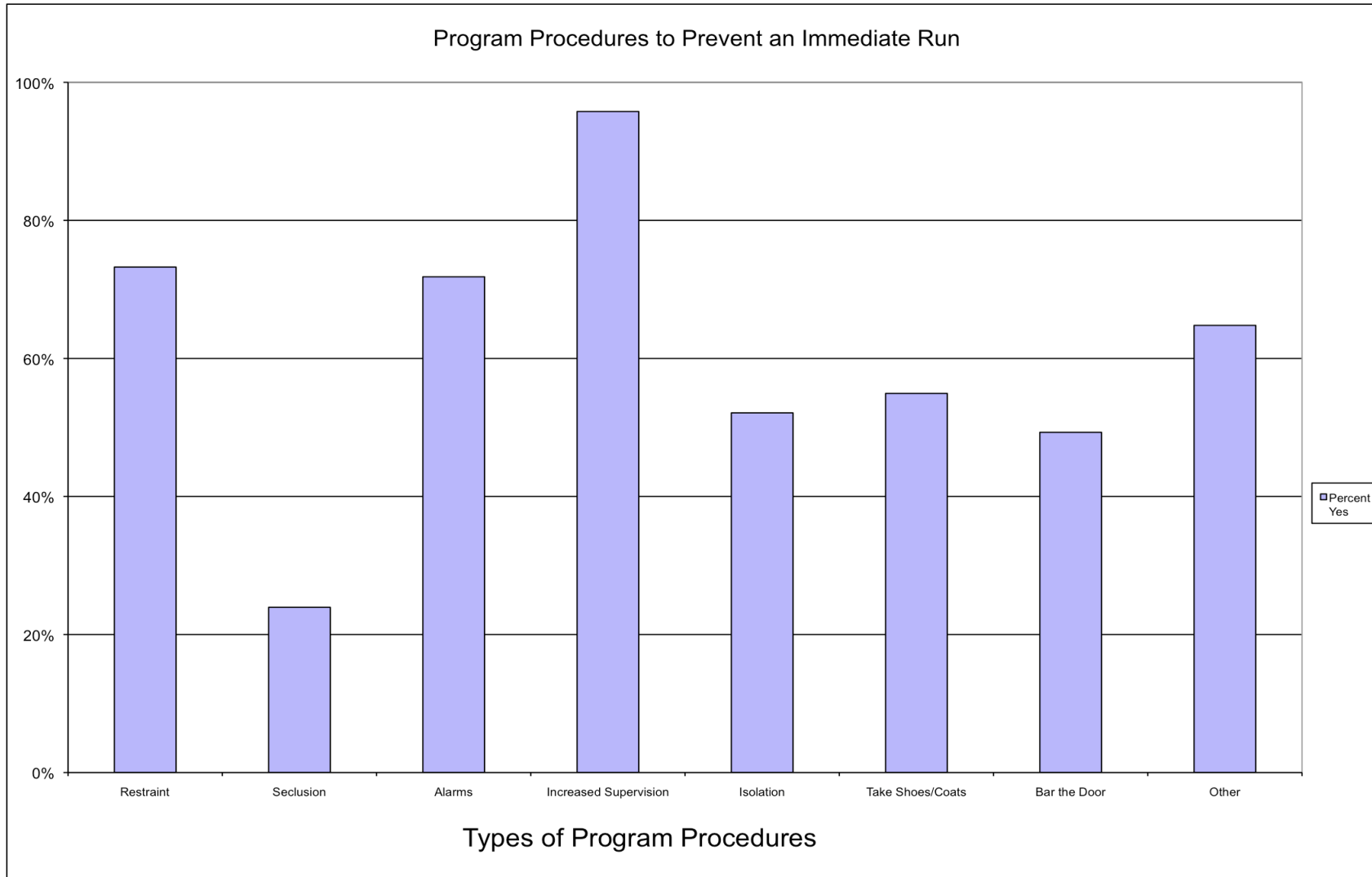
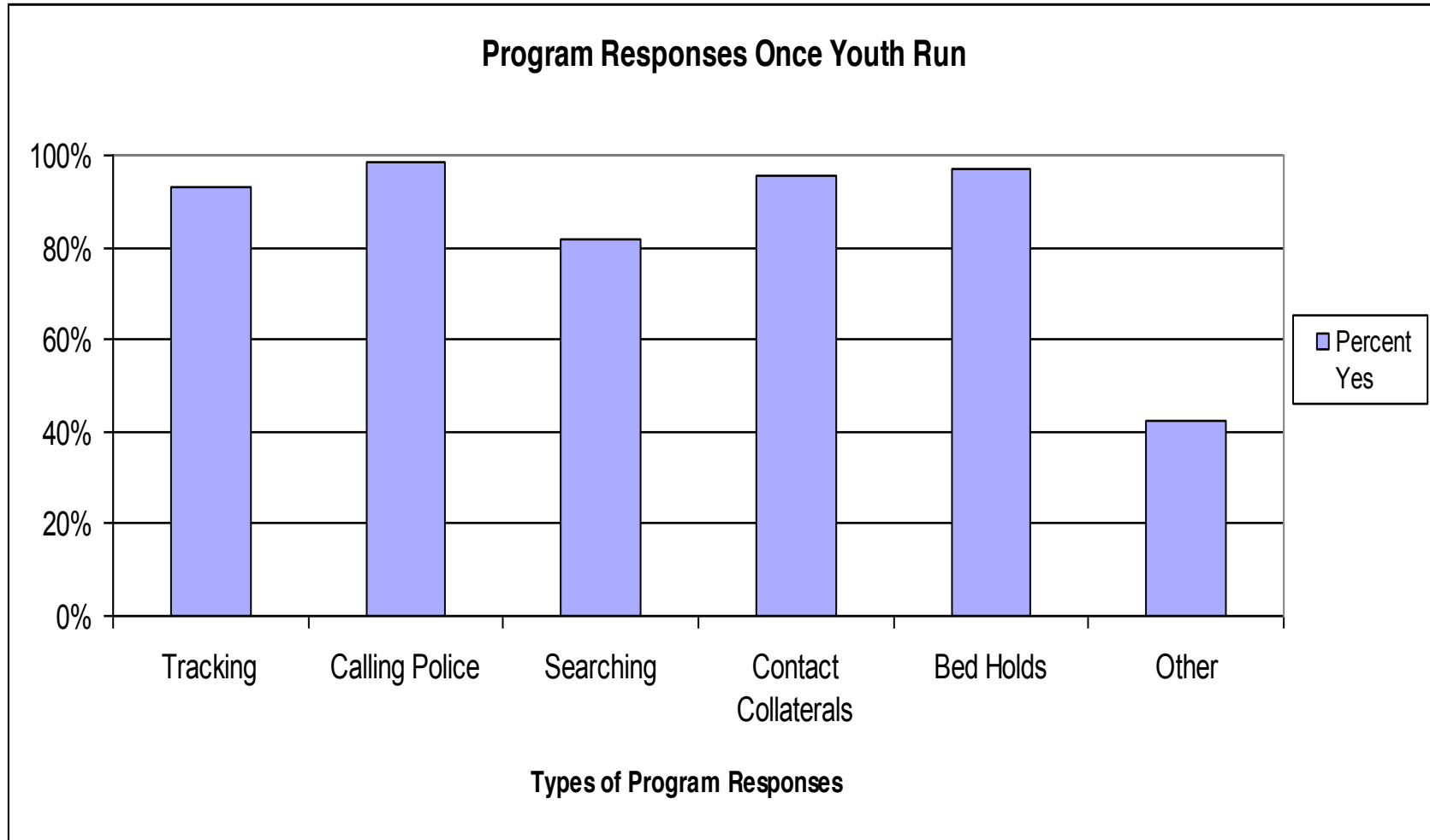# Phase II: Interventions to Prevent Imminent Runs

- Impact youth's desire and impulse to run
  -- Coordinated interventions implemented consistently

- Identified need for protocols to:
  -- Assess level of risk

  -- Assist to determine range/sequence of interventions to be used

  -- Implement procedures congruent with programs treatment philosophy

Phase II: Interventions to Prevent Imminent Runs

- Importance of early intervention and assessment

- Ongoing staff training

  -- Trauma informed interventions

  -- Rapid assessment/decision-making

  -- Use of physical space

Phase II: Procedures Once Youth Run

Program Responses Once Youth Run

Chart showing "Percent Yes" for types of program responses:
- Tracking: ~93%
- Calling Police: ~98%
- Searching: ~82%
- Contact Collaterals: ~95%
- Bed Holds: ~97%
- Other: ~42%

Types of Program Responses

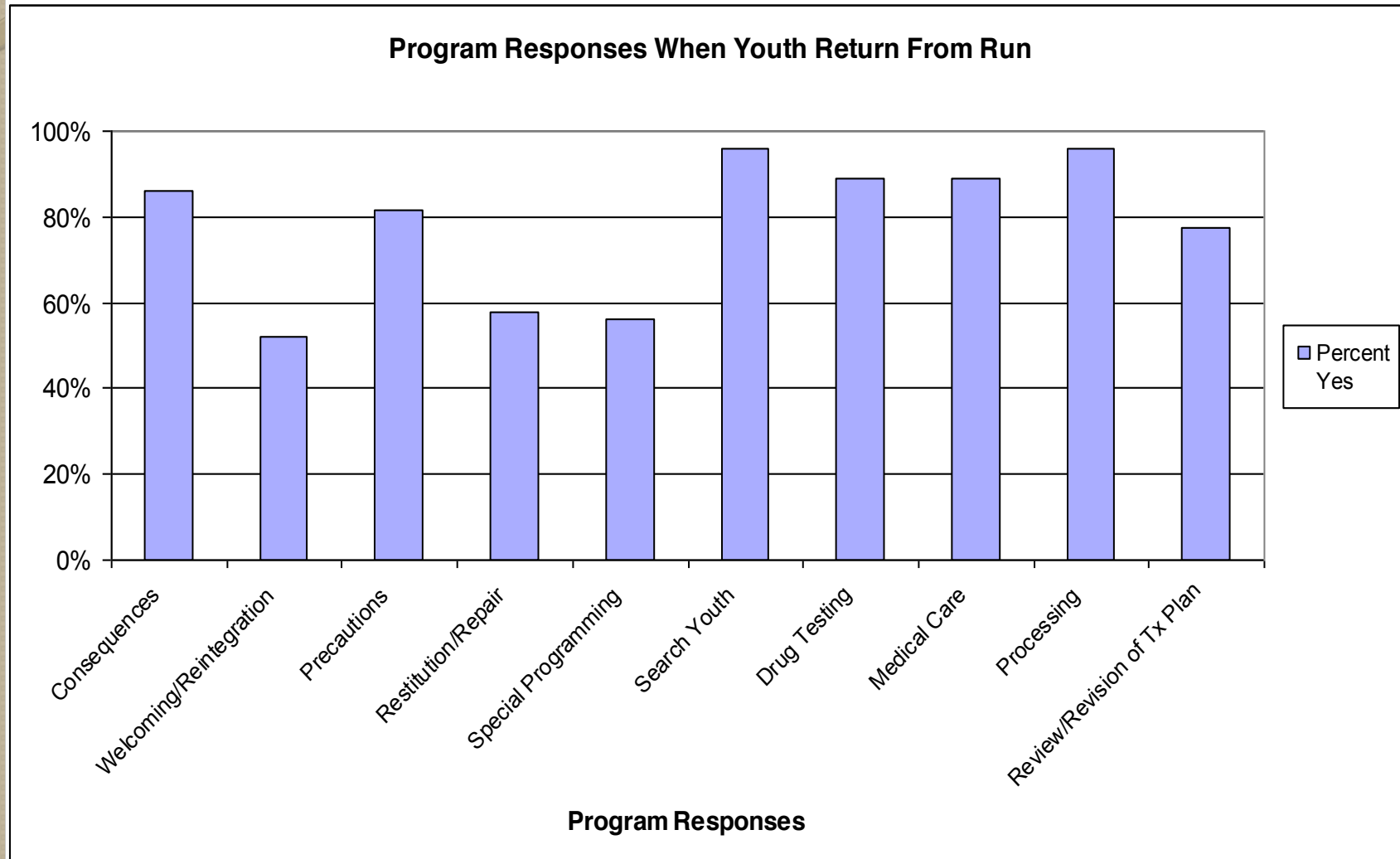# Phase II:
Procedures Once Youth Run

- Wide range of interventions used but drastic variation in implementation

- Recommend assertive tracking except:
  - Older, less psychiatrically impaired youth
  - Dangerous community conditions
  - Programs with insufficient staffing patterns

Phase II:
Procedures Once Youth Run

- Missing person report completed when staff become aware that a youth is missing

- Aggressive searching required for highly vulnerable youth

- Detailed staff procedures regarding implementation of searches

Phase II: Interventions When Youth Return

Program Responses When Youth Return From Run

Phase II: Interventions When Youth Return

- Emphasis on welcoming/reintegration

- Program culture
  - Sensitivity to pacing and order of communications
  - Differentiate therapeutic use of consequences from punishment

- Assess need for further clinical intervention

Phase II: Interventions When Youth Return

- Enhance staff sensitivity to:
  - Substance use, need for drug testing
  - Sexual victimization, need for medical care or forensic evaluation

- Provide alternative activities for youth restricted to facility or allow participation in activities with increased supervision

Phase III:
Residential Runaway
Risk Assessment

Phase III: Primary Purpose

- Accurately determine

    -- youth's risk of runaway

    -- level of potential risk subsequent to the run

- Facilitate comprehensive and effective treatment planning and intervention

- Systematically guide clinicians through a structured decision making process grounded in research and practice
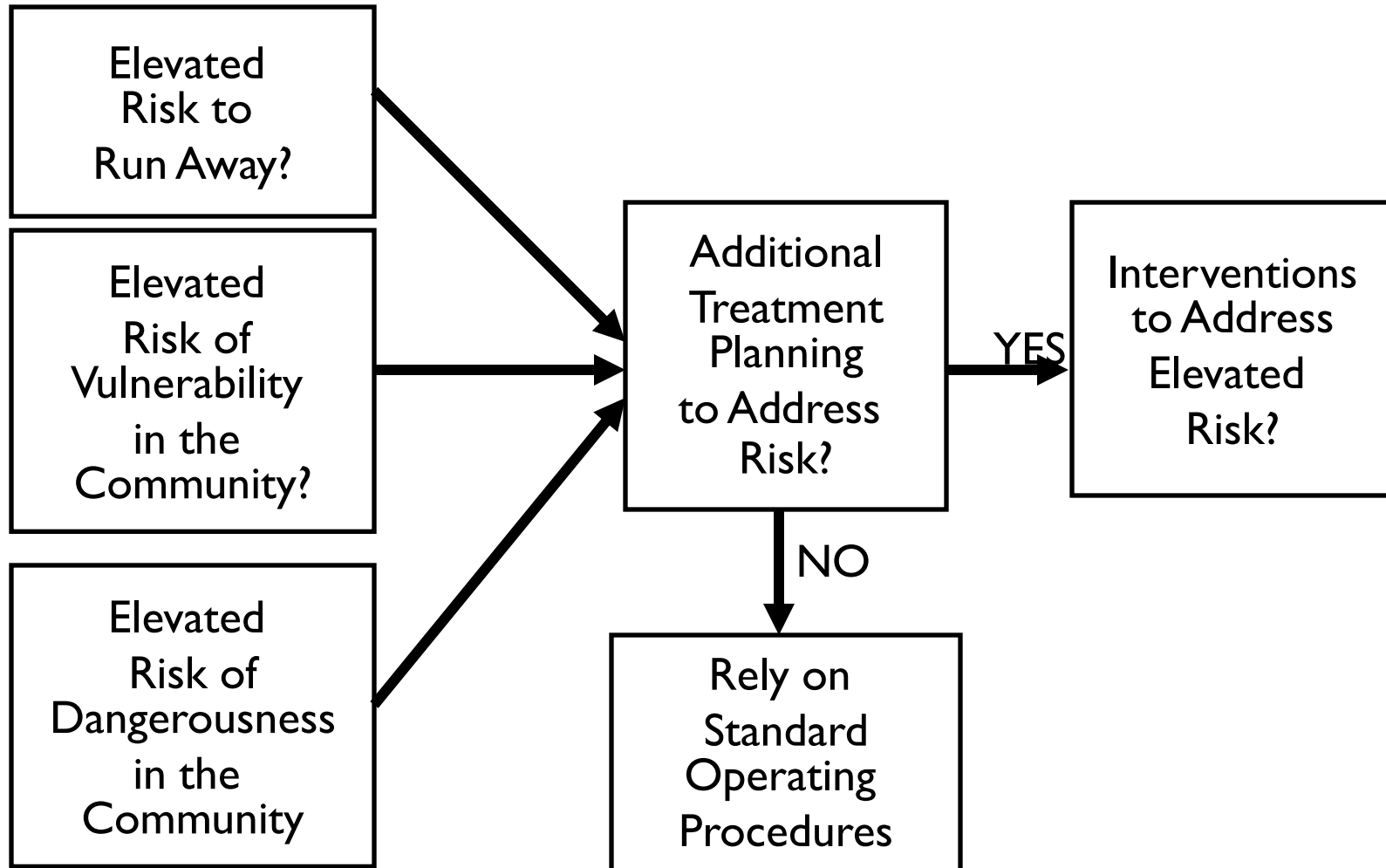
Phase III: Risk Assessment Assumptions

- Individual treatment planning *supplements* the program's clinically informed standard operating procedures

- Individual treatment plans target the needs of youth for whom the agency's standard operating protocol is not sufficient

Phase III:
Risk Assessment Overview

Phase III:
Risk Assessment Organization

For each domain:

- Risk factors identified and defined by specific criteria
- Consideration of strengths
- Risk determination

User Guide facilitates reliable use:

- Explanation of each risk factor
- Risk factor vignettes
- Risk determination vignettes

Phase III: Potential Risk to Run Away Risk Factors

Run history	Attempted run history
Age	Placement instability
Substance abuse	Family & significant other involvement
Problematic ties to the community	History of juvenile delinquency
Psychological factors	Disconnection to the program
Youth specific factors	Additional factors

Phase III: Vulnerability in the Community Risk Factors

Age	Gender
Judgment (relative to unit population)	Insight (relative to unit population)
Cognitive functioning (relative to unit population)	Medical issues
High risk behavior	Run events in past year
Psychological factors	Additional factors

Phase III: Dangerousness in the Community Risk Factors

Physically aggressive behavior (within past 6 months)	Sexually aggressive behavior (within the past 2 years)
Problematic sexual behavior (within the past 2 years)	Fire setting (within the past 2 years)
Delinquent behaviors (within the past year or current probation/parole)	Deliberately manipulates vulnerable people into dangerous activities or situations

Phase III: Determining Need for Individualized Planning

Risk determination for each domain:

- Potential risk to run
- Vulnerability in the community
- Dangerousness in the community

Factor in:

- Program's treatment context
- Program's standard operating procedure
- Youth strengths

Phase III: Individualized Treatment Planning Options

- Modify:
  - Efforts to prevent a youth from running
  - Tracking youth & searching once they run
  - Police use
  - Notification procedures
- Special reintegration procedures
- Modify/identify milieu interventions
- Individualized therapeutic services

Phase III:
Risk Assessment Example

Luis Example
Residential Runaway Risk Assessment User Guide
Page 32

RUNAWAY RISK ASSESSMENT FORM

Youth Name: *Luis*

DCFS Case ID#: *123456789* **Gender:**   **DOB:**   **Age:** *15*

Admission Date: **Revision Date:**   **Revision Type:**

Staff Participating in Assessment:

Phase III:
Risk Assessment User's Guide

- Comprehensive user's manual

- Treatment planning crosswalk

- Includes requirements for administration

- Use of vignettes to assist in coding risk factors

Runaway
Risk Assessment Pilot

- Volunteer based

- Difficulty receiving completed assessments

- Many competing residential initiatives

- Agencies adopted elements of RRRA

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