

RESIDENTIAL RUNAWAY RISK ASSESSMENT USER GUIDE

This instrument was developed by a working group organized under the auspices of the Behavioral Health and Welfare Program, Institute for Juvenile Research, University of Illinois at Chicago and included clinical and administrative personnel representing both residential treatment programs and group homes throughout Illinois as well as the Illinois Department of Children and Family Services.

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OVERVIEW OF THE *RESIDENTIAL RUNAWAY RISK ASSESSMENT*

Predicting runaway risk is more art than science. While there have been several studies that demonstrate an association between identified risk factors and the tendency to run away, the vast majority of the literature on youth who run away is theoretically or anecdotally based. Additionally, there has been little research identifying factors that assess youths risk in the community subsequent to their run. Moreover, research specifically addressing runaway behavior with respect to those youth with the level of emotional, behavioral and psychiatric problems found in residentially based treatment programs is limited. Consequently, a comprehensive empirically-based risk assessment tool based upon previously established risk criteria is not feasible at this time given the current status of research in this area. The *Residential Runaway Risk Assessment* is designed to systematically guide clinicians, working in residential treatment and group home settings, through a structured decision-making process based, in part, on factors that are grounded in the research literature, as well as those that are clinically found to influence running away and the risks associated with that behavior.

The primary purpose of this assessment is to facilitate comprehensive and effective treatment planning and intervention for youth residing in group homes and residential treatment settings for whom runaway behavior is problematic. Treatment planning that focuses on runaway behavior should be driven by an accurate determination of a youth's risk of runaway as well as their risk in the community once they run. Assessment of risk in the community while on run involves consideration of the youth's level of personal vulnerability as well as the potential danger he/she poses to others.

Use of this tool will facilitate the development of a specific set of individualized recommendations directed toward preventing a resident from running away, providing specific direction to staff for reducing the risk of harm to the youth (and others) should he/she successfully run away, and/or successfully reintegrating the youth into the therapeutic community upon return. Recommendations incorporate an assessment of both the individual needs for each youth as well as relevant contextual factors and treatment program characteristics. As a large measure of clinical judgment is required to make these determinations, clear guidelines are provided to ensure consistency among those who use this tool. Accordingly, it is important for users to read this guide carefully and to refer to it frequently as youth are assessed.

USING THE *RESIDENTIAL RUNAWAY RISK ASSESSMENT*

Applicability: The *Residential Runaway Risk Assessment* was developed to assess runaway risk for both short-term and longer absences of youth who leave residential facilities without the knowledge or consent of residential staff and whose whereabouts are unknown. The assessment and treatment planning decisions would not apply to situations in which intent to runaway cannot be established AND when residential staff or the authorities have reason to suspect that the youth has been abducted.

Frequency of Administration: The risk assessment should be initially conducted at admission and revised, as needed, during the youth's course of treatment to reflect shifts in a youth's risk level over time. Minimally, revisions are recommended at thirty days following admission and at quarterly reviews. It is particularly important that new information gathered through de-briefings with youth following actual runaway episodes be incorporated into the assessment and treatment planning decisions. The completed risk assessment should be kept where it can be easily accessed by staff. Additionally, runaway risks and interventions indicated in the assessment should be documented on each youth's Individualized Treatment Plan.

Requirements for Administration: The administration process should address the following requirements.

- Residential staff responsible for scoring the *Residential Runaway Risk Assessment* should be trained clinicians with knowledge of the youth's history and with experience in treatment planning.
- Multiple methods of data collection (i.e., review of records, clinical interviews, results of additional clinical assessments, behavioral observations, etc.) should be utilized from as many sources as possible (caseworkers, past treatment team members, family members, the youth, etc.)
- The assessed accuracy of the information used to rate risk factors should be considered.
- Clinicians should refer to the instructions and example vignettes included in this training guide to facilitate the reliable use of the assessment (e.g., to maximize the likelihood that different clinicians who know a youth's history equally well would assess him/her similarly).

INSTRUCTIONS FOR SECTION I AND II

Risk to Run and Risk Once Youth Has Run

Instructions: The *Residential Runaway Risk Assessment* has been constructed so that most items can be endorsed as either “significant,” “possibly significant” or “not significant” as they apply to the individual youth’s history and/or current functioning. Items are to be scored according to the following decision guidelines.

- Items are to be scored as “significant” if the youth’s history clearly matches the criteria listed under that factor.
- Items are to be scored as “not significant” if the youth’s history does not meet the listed criteria.
- In those instances when the youth’s history is unknown or only partial information is available, clinical judgment may be used to mark an item as “possibly significant.” “Possibly significant,” however, generally is used under two conditions. In the first, the assessing clinician has made every effort to obtain additional or clarifying information regarding the factor in question. In most cases, clarifying information will be obtained as soon as possible and no later than the next quarterly review and, at that time, items marked “possibly significant” may be changed to either “significant” or “not significant.” The second condition occurs when clinical uncertainty remains about the risk factor’s influence on the youth’s assessment profile despite the availability of relevant information.
- The clinician may include “Additional Factors” relevant to the youth’s history and functioning that may focus on factors and criteria not included in the assessment. Additional Factors may also be used for occasions when the youth’s history does not match the criterion, but the rater believes the variable, nonetheless, is uniquely relevant to the youth’s risk to run or risk once the youth has run. In those cases, the clinician may choose to incorporate the exception via development of an “Additional Factor.”

Vignettes: Vignettes illustrating “significant” or “possibly significant” histories and attributes of youth are provided to assist clinicians in coding those risk factors that are subjectively defined. Vignettes are generally not included for those risk factors defined by objective criteria.

SECTION I: RISK TO RUN

Risk Factors and Vignettes

The purpose of this section is to help staff identify youth who are likely to be at elevated risk to run and who consequently may require additional support or supervision.

The sections below provide guidelines for both scoring individual risk factors as well as integrating scores in order to determine a youth's overall elevated risk level. Each factor associated with an increased risk to run away is delineated below. Included with each factor is a review of the scoring criteria and brief explanation. Vignettes, designed to support clinical judgment regarding scoring, are included as applicable.

Scoring Individual Risk Factors

A) Run History

Criteria: Two or more runaway episodes in the last year

Explanation: A history of running away has been shown to be a strong predictor of future run behavior. For purposes of this assessment, a history of two or more runs in the past year is considered to be a significant predictor of future running. Furthermore, studies indicate that the probability that a youth who has run once will run again is relatively high, particularly during the period immediately after they return from runaway.

Significant Vignette: Roger was admitted to his current residential program with a significant history of running away from his previous placement. Specifically, unusual incident data obtained at the time of admission reveals that he ran away five times in the past year, including one run episode that lasted three weeks.

Possibly Significant Vignette: The discharge summary from Brandi's prior placement lists runaway as one of her problem behaviors; however, there is no record of any unusual incidents for Brandi in the system. Her newly assigned DCFS worker is unaware of specific run instances, but reports that she was told by her predecessor that Brandi is "a runner." Attempts to contact a knowledgeable staff member from her last placement have been unsuccessful as there has been significant turnover at the group home where she resided.

B) Attempted Run History

Criteria: Frequent runaway attempts within the past year; Preoccupation with running away

Explanation: Even if a youth does not physically run away from a facility, he/she may have the intention to runaway and make frequent attempts. Often the difference

between a successful runaway and a runaway attempt is the ability of a program staff to effectively intervene. Therefore, run attempts are an important factor.

Significant Vignette: *Trudy's admission packet has several progress notes from her previous RTC placement which indicate several failed attempts to leave the grounds. Case notes show that Trudy attempts to leave the program most weekends; however staff has been able to deter her from leaving.*

Possibly Significant Vignette: *During the interview process, Jasmine's caseworker indicated that Jasmine is an attention seeker and will pack her belongings and threaten to leave the facility when things are not going her way. Jasmine will even walk out of the house with her belongings in an attempt to elicit staff support and encouragement. There are only two runaway reports which occurred over eight months ago and each was less than two hours.*

C) Age

Criteria: 13 years or older

Explanation: Running away is a behavior broadly associated with adolescence. Research indicates that youth between the ages of 13 and 15 are most likely to run away and the average age that youth begin to runaway is 13 years. Other reports indicate that there is a subgroup of youth who run away for the first time at younger ages. While no clear consensus exists, there is general agreement that there is a relationship between age and running away.

Significant Vignette: *Not Applicable*

Possibly Significant Vignette: *Not Applicable*

D) Placement Instability

Criteria: Total of six or more placements; Two or more placement moves within last 12 months

Explanation: In general, the more placements youth have had, the more likely they are to run away. For example, the literature suggests that youth in their second placement are more likely to run than those in their first placement. By the time a youth has had six placements there is a much higher probability of runaway than is the case for youth with fewer placement changes.

Significant Vignette: *Not Applicable*

Possibly Significant Vignette: Jason was recently admitted to a residential program for the first time. A social history reveals that he had three prior foster care placements, but Jason also reports that he had been sent to live with multiple family members before DCFS took custody. There is no official documentation establishing the number of homes Jason may have lived in before DCFS became involved.

E) Substance Abuse

Criteria: Current alcohol, drug, or tobacco use; Alcohol or drug use within the past year; AODA diagnosis; Failed/refusal of drug treatment program

Explanation: Alcohol and other substance-related disorders have been found to be strongly correlated to an increased risk to run away from placement. As alcohol and drug abuse are maladaptive coping mechanisms used by some youth to manage stress and distressing affect, youth may run in order to obtain these substances.

Significant Vignette: Hugo was recently admitted to a residential program with a history of regularly utilizing alcohol and marijuana for at least several years prior to admission. The records indicate daily use as reported by his caseworker; however, Hugo stated in the admission interview that he only occasionally uses these substances when with friends on weekends. His caseworker also indicated that, according to his last two foster parents, Hugo has been suspected of selling drugs as well and he has consistently maintained contact with peers who are also suspected of being involved in these activities. Hugo was referred twice for substance abuse treatment, but failed to follow through.

Possibly Significant Vignette: Mary was stepped up to a residential treatment center from a group home due to her considerable psychiatric needs. Twice recently, Mary ran away from the group home and was found in an unfamiliar neighborhood disoriented and high on ecstasy and marijuana. On the second occasion, she was subsequently hospitalized, diagnosed with a major affective disorder with psychotic features and prescribed a mood stabilizer. The psychiatrist opined that Mary was utilizing illegal substances as a desperate attempt to manage significant decompensation. Subsequent reports consistently note a good response to the medication; Mary is much less labile, more focused and appears invested in her progress at this time.

F) Family/Significant Other Involvement

Criteria: Family members and/or significant others are not supportive of or involved in treatment; youth is upset or overly preoccupied with visitation issues.

Explanation: Youth are often tremendously influenced by the attitudes of family members and other adults or peers who they respect and/or with whom they have attachments throughout their lifetimes. Youth are less likely to become engaged in treatment and refrain from runaway behavior when these family members/significant others do not support or are not involved in the treatment program. Additionally, when youth are unable to visit with such family members/significant others, either because visitation is denied or the family members/significant others are unable to visit, youth may be more likely to run away.

Significant Vignette: Rufus was admitted to his second residential placement less than a month ago. As part of the assessment and treatment planning process, the therapist has been working with Rufus to identify family members with whom he would like to visit. Rufus, normally reticent, talked excitedly about his father, proudly characterizing his father as a gang leader for over 20 years. Rufus also explained that his father is currently in prison for selling drugs. Furthermore, Rufus indicated that all the men in his family will eventually spend time in prison and he added that he is also expected by his family to make his own name for himself on the streets. The only other family member for whom Rufus knew their whereabouts was his maternal aunt. Rufus agreed he would like to visit with his aunt and her children. After several attempts, the therapist was able to reach the aunt but she refused visitation, saying Rufus would never amount to anything.

Possibly Significant Vignette: Felicia is placed in a residential program located in Northern Illinois while her biological mother resides in Chicago. Although the residential case manager has set up monthly visits with Felicia's mother for the last four months, including providing train passes as well as transportation from the train station to the residential program, Felicia's mother has visited once. After the first two failed visits, Felicia expressed feelings of abandonment and sadness but she eventually was able to engage in treatment, looking forward to the next scheduled visit. After her mother missed the last visit two weeks ago, she stated that "everything is useless" if she cannot return to her mother. Since then, staff has observed that Felicia's willingness to participate in treatment has decreased.

G) Problematic Ties to the Community Associated with Run Risk

Criteria: Gang affiliation; Sexual and romantic relationships; Contacts within the community to whom the youth would run

Explanation: Youth can be heavily influenced by people in the community such as peers, gangs, family members, or others, particularly if they know they will be harbored. One study found that some youth (usually older) leave placement exclusively to spend time with friends and family. These youth are likely to stay away longer but often return voluntarily.

Significant Vignette: *Tricia has run away every Friday after school for the past three months since she was admitted to her current residential placement. However, Tricia always returned to the program on Sunday nights, clean and well-fed. Tricia recently confided to staff that she stayed with her boyfriend and his mother while on run. Residential staff attempted to contact the boy's mother to assess the appropriateness of the living environment and possibly arrange a visitation schedule that might impact Tricia's runaway behavior. Although both staff and Tricia's case worker have attempted to make contact in a variety of ways (i.e., registered letters, phone calls, in-person visits to the home), there has been no response.*

Possibly Significant Vignette: *Jonathon has a history of gang involvement, although there have been no signs of continued association with his old gang since arrival at the current placement. His recent IEP determined that he no longer requires an alternative day school and he will attend regular education classes at the local high school. It's known that there are pockets of gang activity at the high school and staff is concerned that given his need to belong, Jonathon could again become involved with a gang-involved peer group.*

H) History of Juvenile Delinquency

Criteria: Within the past year, the youth has engaged in delinquent activities such as prostitution, selling drugs, gang activities, etc.

Explanation: The literature has consistently documented a strong relationship between running away and juvenile offending behavior. One study noted almost half of runaway youth from residential programs had a history of previous criminal conviction. For the purpose of this assessment, a history of delinquent behavior within the past year is a significant predictor of running away

Significant Vignette: *James has an extensive history of theft including stealing CD's, electronics, clothes, etc. He steals both for himself and to sell the items to others for a profit. He states that he does not want to "work on" a goal of not stealing and will continue to do what he wants. He states this is the only way he can get money and this is the only motivating factor for him right now.*

Possibly Significant Vignette: *John has an extensive history of delinquent behavior in the community. (e.g., gang involvement, petty theft, underage drinking). He was adjudicated as a delinquent for stealing from a local store and is on probation for that incident. For the past six months, since John has been on probation there have been no additional reported incidents of delinquent behavior.*

I) Psychological Factors

Criteria: Impulsivity; Poor judgment and insight; Easily influenced; Thrill seeking; Drive to form unhealthy relationships/attachments; Preoccupation with sexual activities; Reactive to authority

Explanation: Research shows that youth who run from care often run as a reaction to feeling angry, upset or frightened. Other youth run due to drives to satisfy impulses that are not easily gratified within the residential program. While all youth in residential care will at times experience strong feelings that may lead to the impulse to run away, there is a subset of youth who have habitual ways of thinking about and reacting to their environment or who possess underlying motivational or personality characteristics that may put them at a greater risk to run.

Significant Vignette: Staff has noticed that Ricky looks up to the boys on the unit who are older than he is and that he can be easily influenced by them. Under these circumstances, he typically becomes oppositional and hostile to staff, in contrast to his generally cooperative disposition. One of the older boys has demonstrated a proclivity for running and Ricky has developed a strong attachment to him.

Possibly Significant Vignette: Staff reports that Jacob is particularly sensitive to anything he perceives to be criticism, and tends to very quickly become angry and occasionally aggressive in response. This is especially noted when the perceived criticism comes from adults who are important to him. There have been several recent instances where Jacob has left the unit but remained on grounds following one of these eruptions.

J) Disconnection from the Program

Criteria: Unable to form positive staff or peer relationships; Ongoing lack of interest/participation in program activities or incentive systems

Explanation: Youth may have difficulty initially adjusting to the structured environment of residential programs. Other youth who may have once been invested in the program may become disaffected for a variety of reasons including frustration over a stalled discharge process. Rather than engage in treatment, these youth may become increasingly frustrated, alienated and hopeless about their future until running from care is an option that makes sense for them. Additionally, youth typically find it easier to leave when they have few emotional ties with staff or adults. This profile is especially applicable for older youth referred for residential/group home programs

Significant Vignette: Stephanie was admitted to the current residential program three months ago. She has shown little motivation to participate in treatment and

she complains bitterly about being treated like a “little kid.” She openly states that the staff is “utterly incompetent” and she has not formed a significant bond to staff or peers in the program. Her refusal to participate in therapeutic activities has limited her ability to progress on the program’s level system and earn the associated privileges. Although Stephanie seems frustrated with her lack of privileges, her usual response is that the program is a waste of her time. Stephanie’s therapist reports that Stephanie appears increasingly fed up with her lack of privileges and the other program restrictions.

Possibly Significant Vignette: After two years in residential care with no episodes of running and several months awaiting specialized foster care placement, Elisha complains almost daily of being bored with the program’s schedule but she eventually participates with staff prompting. Elisha also frequently refuses school, explaining that she’s too stressed but staff believe she avoids school due to her continuing embarrassment at failing the 10th grade last year. Elisha does talk with staff but recently these interactions have been very superficial and she does not appear to prefer specific staff over others. Additionally, her relationships with peers vary considerably; sometimes she is engaged with peers but at other times, she is extraordinarily hostile towards them.

K) Additional Factor

Criteria: Not applicable

Explanation: There may be other factors other than those listed above which impact a youth’s desire or impulse to runaway. These factors should be included in the assessment and given importance.

Significant Vignette: Jonathon was accepted to a residential treatment center with a significant history of running away with his brother when they were living in a foster home together. The boys would run weekly and often were gone overnight. The foster parents did not know where the boys were during the runaways. Jonathon’s brother, Joseph, is being admitted to another home at this residential facility later this month.

Possibly Significant Vignette: Travis had lived in a foster home with his twin brother for two years, and they frequently went on run together which included delinquent behavior in the community. Travis has been in a residential placement for one year and has made significant progress in all areas, and has had positive visits with his brother. Travis’ twin, Tyler, has been referred to the other home operated by his residential program. Travis is excited about the thought of living near his brother again, is strong in his belief that he will not run away with Tyler even if he is asked, and that he will try to influence Tyler to ‘do the right thing’.

L) Additional Factor

Criteria: Not applicable

Explanation: Sometimes, factors that do not meet the stated criteria to be “significant” may nonetheless be an important predictor of a youth’s risk to run.

Significant Vignette: Javier was last placed in a high-end residential treatment center in a facility that was formally a psychiatric hospital. Due to the physical plant structure in this facility, runaway incidents are relatively rare (youth must wait for an elevator in front of the nursing station to exit the building, and they attend school on the unit). Nonetheless, Javier managed to go on run and was missing for almost two months before being placed in this residential program. Unusual incident reports indicate that this was Javier’s only run during the last 12 months.

Possibly Significant Vignette: Not applicable

Determining Elevated Potential Risk to Run

Clinical judgment is required to determine when the endorsed risk factors place a youth in the high risk to run category. For some youth, one endorsed factor alone may be sufficient for a clinician to place him/her at high risk. In other situations, the interaction of the endorsed factors may indicate that the youth should be assessed as high risk.

Example vignette -- One significant risk factor:

Tanya was referred to the residential treatment facility from a group home as a result of frequent runaways. At the group home, she ran away several times per week to be with friends (run history). Group home staff attempted to develop a plan, with Tanya, to decrease her running away. Tanya initially stated she would participate in the treatment plan, but quickly began running again, this time, even more frequently. She states that she does not want to work on another plan.

Risk Determination: Because past run history is the strongest predictor of future runaways, it would be determined that Tanya's potential risk to run is elevated.

Example vignette -- Significant interaction between risk factors:

This is Bobby's first experience in a residential treatment facility. He is fifteen years old (age) and was recently removed from his family of origin after an extensive history of thefts and selling drugs (delinquent activity). He has never been arrested for these offenses as he lives in a small rural community that has instead tried to provide Bobby with support and therapeutic services. Several years ago, Bobby lived in a small town nearby and has maintained ties to friends living in the area (problematic ties to the community). Since his arrival last week, Bobby has shown no interest in getting to know the program staff or peers and plainly states that he has no interest in "bonding" with anyone since he feels this placement will be "temporary" (disconnection to the program). Bobby's therapist indicates that he has strong unmet attachment needs (psychological factors).

Although Bobby has a number of risk factors that, taken together indicate an elevated risk to run, he also has several strengths that may reduce his risk of running away. These include a strong supportive family network (family), a desire to do well in school (educational), and a talent for playing clarinet (talents/interests).

Risk Determination: Taking into consideration both Bobby's risk factors and his strengths, it would be determined that he presents as an elevated risk to run.

SECTION II: RISK ONCE YOUTH HAS RUN Risk Factors and Vignettes

The following section is divided into two sub-sections: “Vulnerability in the Community” and “Dangerousness in the Community.” Vulnerability includes a youth’s risk of harming him/herself as well as risk of being harmed by others in the community. Dangerousness in the community refers to the harm this youth may inflict on others. Although many youth in residential may be vulnerable and/or dangerous in relation to the community, it is important for clinicians to identify those youth who may be at an elevated vulnerability or dangerousness if they were to run away. To facilitate the reliable use of this assessment tool, it is important for raters to refer to the instructions as well as the vignettes.

Risk Once Youth Has Run: Vulnerability in the Community

The sections below provide guides for scoring individual risk factors as well as integrating scores in order to identify a youth’s overall elevated risk level of vulnerability in the community. Each factor associated with an increased risk of vulnerability is delineated below. Included with each risk factor is a review of the scoring criteria and a brief explanation. Vignettes, designed to support clinical judgment regarding scoring, are included as applicable.

Scoring Individual Risk Factors

A) Age

Criteria: 13 years and younger

Explanation: Youth 13 years and younger have less sophisticated decision-making skills and cannot protect themselves from exploitation and harm from others.

Significant Vignette: Not Applicable

Possibly Significant Vignette: Not Applicable

B) Gender

Criteria: Female

Explanation: Girls may be more susceptible to being victimized in the community due to a perception by some that they are less well equipped to protect themselves. Additionally, studies have found that girls are more likely than boys to run away to engage in romantic or sexual relationships. In many cases, their perceptions of these relationships are heavily influenced by a variety of psychological factors which may leave them more vulnerable to being victimized.

Significant Vignette: Not Applicable

Possibly Significant Vignette: Not Applicable

C) Judgment (relative to the program's general population)

Criteria: Immature; Difficulty appropriately reading social cues from others; Cannot make appropriate use of advice or assistance

Explanation: This criteria refers to the youth's demonstrated ability to make sound decisions and form appropriate opinions based upon information available. This is often associated with "common sense" and the capacity to mitigate the influence of intense emotion on cognitive processes. Obviously, youth with cognitive impairments are more likely to also have impaired judgment and the literature suggests these youth are also more likely to be vulnerable when on run in the community.

Significant Vignette: *LaQuitia has been in her current placement for one year and is being referred for step-down to group home care. Previous reports indicate that when appropriately supervised, she can function well. There were numerous examples of poor judgment when she is left to her own devices. For example, staff allowed her to demonstrate independent living skills by taking three dollars into the convenience store by herself to pick up milk for the home. She was in the store for so long that a staff member went to look for her and found her in the store trying to talk the clerk into allowing her to buy beer. Apparently, two teens in the back of the store had asked her to do this for them, promising her that they would be friends with her if she did.*

Possibly Significant: *Lolita has been in her current program for two years and is being referred to a less restrictive transitional living program. Reports indicate that she is able to use public transportation but on several occasions, she ended up at other destinations and would engage people to help her call the residential facility for a ride.*

D) Insight (relative to the program's general population)

Criteria: Unaware of his/her problem areas; Unaware of others' concerns for him/her; Unrealistic expectations of consequences of run behavior

Explanation: Refers to the relative ability of the youth to understand the real, often hidden, and usually complex factors regarding personal situations or problems. This involves some recognition of one's own psychological motivations which underlie behavior.

Significant Vignette: James was admitted to his current program for impulsive and dangerous behaviors, and has been unable to acknowledge his role in any of his difficulties over the past few years. He consistently externalizes blame, often to the extent of attributing malicious motives to caregivers. He steadfastly maintains that his behaviors are solely in response to mistreatment by others. While foster parents and therapists have indicated that James tends to become especially destructive when experiencing failure on a given task, James himself vehemently denies ever having feelings of failure or inadequacy.

Possibly Significant Vignette: Morgan was recently “stepped down” from a residential treatment center with a very rich staff to client ratio to a group home. At the residential facility, staff noted that she made quite a bit of progress, especially with respect to utilizing psychotherapy to address thinking errors and utilizing milieu staff to help her process events and calm herself when affectively over aroused. Despite this progress, reports note that Morgan still tends to heavily rely on defenses of denial and reaction formation regarding feelings of depression and hopelessness as well as situations associated with these feelings. The residential therapist noted that a major goal for Morgan in the group home should focus on enhancing her capacity to manage these difficult situations more independently and with less reliance on staff intervention.

E) Cognitive Functioning (relative to the program’s general population)

Criteria: Does not understand/recognize personal safety, self-care, and/or potential dangers; Difficulty problem solving; Communication difficulties; Difficulty processing new information and learning from experience; Cognitive functioning significantly decreases when stressed or overwhelmed

Explanation: Deficits in cognitive functioning can significantly impact the way a youth interacts with his/her environment. Some deficits in cognitive functioning may become more significant for youth in the absence of a structured therapeutic milieu. When alone in the community, some youth may not be able to appreciate personal danger or communicate their needs effectively. Some youth with adequate cognitive functioning under optimal circumstances may be more vulnerable if their functioning level significantly decreases during stressful or anxiety-provoking situations.

Significant Vignette: Rosa has an IQ of 60. She is unable to complete her personal hygiene without assistance and does not know the facility’s phone number or address. She does not have a good sense of boundaries and will talk to anyone who smiles at her or shows her kindness.

Possibly Significant Vignette: This is Brandon’s first time in residential care. Records from previous foster homes are sketchy and one report states that Brandon’s cognitive functioning is in the Borderline range and he has significant memory deficits. There are no psychological assessments in the records.

F) Medical Issues

Criteria: Assessments indicate significant risk if prescribed medications are missed; Medical conditions such as diabetes, asthma, life threatening illness or allergy, etc.; Pregnant

Explanation: Youth may have a medical condition which they are unable to effectively manage on their own and would leave them more vulnerable if they were in the community alone. Youth may also have prescribed daily medication that would be dangerous to discontinue without medical supervision. For example, the need to comply with a medication regime for treatment of HIV/AIDS may be particularly urgent in those cases in which the regimen could be permanently discontinued as a result of non-compliance.

Significant Vignette: Jessica has diabetes that requires medication and daily monitoring to maintain desired levels. Jessica relies on staff's assistance regarding her medication regimen and checking blood levels.

Possibly Significant Vignette: Jerome has asthma that is triggered by physical exertion. Jerome uses an inhaler as needed. Jerome very rarely needs to use his inhaler and sometimes forgets to carry it with him.

G) High Risk Behavior

Criteria: Suicidal ideations, gestures or attempts within the past six months; Self-endangering/ self-harming behavior within the past six months; Prostitution, sexual exploitation or victimization within the past six months; Substance abuse within the past year.

Explanation: Under stress, many youth with histories of high risk behaviors may become a danger to themselves in the absence of a therapeutic milieu. Further, illegal substances compromise judgment and the ability to protect oneself from harm. For the purpose of this assessment, high risk behaviors are considered significant if they occurred within the past six months. The exception is substance abuse which is considered significant if it occurred within the past year.

Significant Vignette: Teresa has runaway from her residential program and has a history of becoming involved with men who she says love her, but who have exploited her in one way or another. Most recently, she has been running to a man in his late twenties who offered her to his friends for sex in exchange for drugs. Although this upsets her, she still insists he loves her and refuses to provide program staff with specific information about his identity.

Possibly Significant Vignette: Allyssa has recently been hospitalized after threatening suicide. She says she no longer wants to kill herself, but staff has noticed some signs that may indicate she is still suicidal.

H) Past Run Behaviors

Criteria: Ran to a dangerous location; Ran with or to inappropriate peers; Harmed while on run; Resisted return

Explanation: Information about what youth did during past run episodes, who they were with, and where they went can frequently be used to predict risks during subsequent runs. Youth with histories of getting into trouble while on run, staying away for long periods of time, and/or resisting return may be at greater risk of harm on subsequent runs. Likewise, a history of running to dangerous locations may also place a youth at higher risk. Because adolescents are strongly influenced by peer groups, a history of running with or to negative peers can increase vulnerability in the community.

Significant Vignette: For the last month, Tenisha, together with her peer Tia, left the residential facility without permission on Friday nights at 10:30 or 11:00. According to standard operating procedures, staff follows the girls until they leave the facility's grounds. On each of these occasions, staff has consistently observed a car with several passengers waiting at the curb until Tenisha and Tia appear. When Tenisha and Tia ran down the street, the car followed them. The girls generally returned around 2:00 or 3:00AM the next morning. Tia disclosed to her therapist that she and Tenisha engaged in sex while riding around in the car in exchange for alcohol. Tia admits that she has had sex with more than one of her friends while riding around but will not describe the details of her encounters or the identity of the boys. Tenisha is unwilling to talk about her experiences while on run.

Possibly Significant Vignette: After approximately four months in a residential placement, Jonathan occasionally started returning to the facility from school one or two hours later than expected. Jonathan's explanation to staff was that he was hanging out with his new friend Howard. When staff inquired about this new friend at school, a security guard described Howard as a gang member on the verge of being expelled from school.

I) Psychological Factors (relative to the program's general population)

Criteria: Overly trusting or easily influenced; Provokes others to respond aggressively; Thrill seeking; Drive to form unhealthy relationships/attachments; Preoccupation with sexual activity

Explanation: Some youth may be more vulnerable in the community because of the way they interact with others in social relationships. Many youth in residential care have difficulties with interpersonal attachments leaving them overly trustful of others. There are other youth who may re-enact their past trauma in such a way that prompts others to treat them badly or cause them harm.

Significant Vignette: Kathleen is currently in a residential treatment facility that has both male and female program staff. Since her arrival, Kathleen has been sexually precocious and often propositions male staff. She talks about her “past exploits” and is eager to discuss the details of her sexual encounters. She believes this is the only way to get males to like her and pay attention to her. She is especially provocative with new male peers and staff.

Possibly Significant Vignette: Rick arrived at the residential treatment facility two weeks ago. Last week, he was involved in an incident in which he kept a staff occupied with a “feigned injury” while three other youth went into the staff office and stole money from the desk drawer. The group of residents Rick is trying to please consist of known runners and staff are concerned that Rick’s need for acceptance might place him at risk should he leave the program with them.

J) Additional Factors

Criteria: Not Applicable

Explanation: There may be other factors other than those listed above which impact a youth’s desire or impulse to runaway. These factors should be included in the assessment and considered relevant.

Significant Vignette: Mary was admitted to her current residential program with a significant history of running away primarily with peers. Mary is from a rural area and her previous placements have all been in rural areas. Records reflect that after a day on run Mary’s peers usually abandon her and she phones family members who pick her up and return her to placement. Due to a lack of placement resources, Mary is placed in the Chicago area.

Possibly Significant: John is accustomed to the city and his current placement is rural. There is limited public transportation, and cornfields and dense woods are contiguous to the program site. If John were to run away, he might be vulnerable given his lack of familiarity with his surroundings.

Determining Elevated Risk of Vulnerability in the Community

Example vignette – One significant risk factor:

Conner is an eight year old boy recently admitted to a residential facility (age).

Risk Determination: Age is strongly correlated with a youth's level of vulnerability.

Example vignette – Significant interaction between risk factors:

Stacy is a 13 year old (age) female (gender) with a combined full-scale IQ of 55 (cognitive functioning), although she presents as higher functioning. She is the youngest girl in the group home where she currently lives. Staff has observed that she's easily influenced by the older girls and seems to have a strong desire to have the same privileges and freedoms they enjoy (psychological factors). Lately, the older girls have been leaving the home at night without permission and are reportedly "hooking up" with a group of older boys.

Although Stacy has several risk factors which increase her vulnerability, she also has a number of strengths. These include a desire to form and maintain friendships (interpersonal), an interest in dancing (talents/interests), and a supportive family network (family).

Risk Determination: Taken into consideration both Stacy's risk factors and strengths, it would be determined that she is at an elevated vulnerability risk.

Risk Once Youth Has Run: Dangerousness in the Community

The sections below provide guides for both scoring individual risk factors as well as integrating scores in order to identify a youth's overall elevated risk level of dangerousness in the community. Each factor associated with an increased risk of dangerousness is delineated below. Included with each risk factor is a review of the scoring criteria and a brief explanation. Vignettes, designed to support clinical judgment regarding scoring, are included as applicable.

Scoring Individual Risk Factors

A) Physically Aggressive Behavior

Criteria: Physically aggressive behavior within past six months.

Explanation: A recent history of aggression may predict future aggressive behavior in the absence of a structured therapeutic milieu. Many of the youth in residential settings may become physically aggressive under stress and cannot access appropriate coping skills. For the purpose of this assessment, physically aggressive behavior within the past six months would be significant in assessing danger in the community.

Significant Vignette: Alex was admitted to his current residential program with a significant history of aggression towards peers and adults. Just prior to leaving his previous placement, he initiated three fights with different peers in one week. Two of these peers required medical attention.

Possibly Significant Vignette: Reports from her previous placement state that Dawn has a history of aggression, mainly directed at adults. There are no descriptions of any aggressive incidents in her file and her DCFS caseworker is not aware of past aggressive behaviors.

B) Sexually Aggressive Behavior

Criteria: Sexually Aggressive Behavior within the past two years.

Explanation: A history of sexually aggressive behavior, without successful treatment, is cause for heightened concern if a youth is on run in the community. These youth may be more likely to engage in sexually aggressive behavior when they feel they can avoid detection and/or consequences with respect to these behaviors. Even youth who have demonstrated some gains during treatment may, under stress, not possess adequate skills to cope with triggers to the sexualized behavior.

Significant Vignette: Prior to placement, Justin had an extensive history of sexually aggressive behavior including forcing his younger foster brothers to perform oral and anal sex and forcing a younger peer at his previous group home

to engage in oral sex. The incident in the foster homes occurred four months ago after which he was immediately placed in the group home where the second incident occurred. He has not received treatment for this behavior.

Possibly Significant Vignette: Michael is new to this residential treatment facility and comes with mixed reports of sexually aggressive behavior. There are reports that indicate Michael forced a foster brother (two years younger) to engage in sexual activity. Michael denies doing this and states his foster mother was trying to “get rid of him” because she did not like him. Michael was promptly removed from the foster home and it does not appear that further investigation was initiated.

C) Problematic Sexual Behavior

Criteria: Problematic sexual behavior within the past two years.

Explanation: Youth may have sexual behaviors which cause concern, but are not characterized as “aggressive” in nature. These youth may engage in public masturbation, mutual fondling, or exhibit poor boundaries. Youth may not have control over these behaviors, especially in the absence of a structured milieu.

Significant Vignette: Daniel had a long history of physical abuse by his father and stepfather. In his foster care placement, he was found fondling two younger foster brothers and engaged in reportedly consensual oral sex with a neighborhood boy who was two years younger than Daniel. Daniel’s sexual activity was detected after one month in the home and although it did not continue, he was referred to a RTC that provides services to sexually reactive youth.

Possibly Significant: When Eric was twelve years old, he was accused of sexually molesting a female cousin four years younger than him. Investigators were never able to substantiate that the abuse occurred. Eric denies the incident took place and says he has no sexual interest in younger children. He has been in residential care for two years and during that time there have been two instances of what appeared to be consensual sexual encounters with same age peers.

D) Fire Setting Within the Last Two Years

Criteria: Fire setting within the past two years.

Explanation: As a predictor of dangerousness, a history of intentional fire setting would be significant. For the purpose of this assessment, fire setting behavior within the past two years is considered to be a significant factor.

Significant Vignette: Charlie has been in his current residential placement for the past eighteen months. . Records indicate that prior to admission, he was incarcerated at Juvenile Detention for starting fires in alley dumpsters with his friends.

Possibly Significant Vignette: Sherman has a fascination with fire and likes to play with matches and lighters. Program staff from a previous placement indicated that they repeatedly had to confiscate lighters that Sherman had in his possession. There are no records indicating that Sherman ever set fires.

E) Delinquent Behaviors

Criteria: Delinquent behaviors within the past year or current probation/parole.

Explanation: While on run, some youth participate in delinquent/illegal activities as a result of their association with negative peer groups. Although running itself may be considered as a type of illegal/delinquent activity, illegal or delinquent activities generally fall on a continuum with status offenses (e.g., curfew violations, underage drinking) considered as less serious in terms of risk. At the other end of the continuum are dangerous and/or criminal behaviors (e.g., prostitution, assault, theft, sexual assault). Youth who have engaged in delinquent/illegal behaviors beyond status offenses should be considered as potentially at risk of endangering the community if they were to run. Clinicians should not automatically rule out youth as potentially dangerous to the community if they are not on parole or probation as a result of delinquent behavior. Rather, clinicians should consider the self reports of the youth as well as the reports of reputable informants regarding the extent to which the youth has been involved in illegal/delinquent behavior as well as the nature of the behavior themselves.

Significant Vignette: Brian spent four months in the custody of the Department of Corrections immediately before he was placed in the current residential program two weeks ago. His adjudication resulted from a burglary committed while he was placed in a residential treatment facility. Four years ago, Brian was accused of stealing money and valuables from his foster family, but he was not charged because the foster family would not press charges. A former teacher also believed that Brian stole a computer from the classroom one year ago. Brian has been placed on parole for two years.

Possibly Significant Vignette: In his previous residential placement, Tyrone ran for short periods of time at every opportunity. Tyrone was picked up by the police for violating curfew numerous times but he was always returned to the residential facility rather than placed in detention. Additionally, there was one instance in which Tyrone was caught shoplifting food from the local convenience store. In that case, the owner declined to press charges.

F) Deliberately Manipulates Vulnerable People into Dangerous Situations/Activities

Criteria: Deliberately manipulates vulnerable people into dangerous activities or situations.

Explanation: Youth with histories of manipulating more vulnerable people should be considered at higher risk of dangerousness in the community. While these youth may not engage in dangerous behaviors themselves, they are capable of using others in such a way that it causes harm. This would include youth who have manipulated people they know well as well as strangers.

Significant Vignette: Thomas has a history of exploiting younger peers at his previous two placements. Thomas entices younger residents by promising them toys and candy in exchange for accompanying him on runaway and shoplifting alcohol for him at the local supermarket.

Possibly Significant Vignette: Kendra is new to the residential facility. Her records indicate that one year ago, Kendra forced two younger children to steal money from a neighbor so she could buy new clothes. There are no other reports of this type of behavior in the records.

G) Additional Factors

Criteria: Not Applicable

Explanation: Sometimes, factors that do not meet the criteria to be “significant” may nonetheless be an important predictor of a youth’s level of dangerousness in the community.

Significant Vignette: James was placed at a “high end” residential facility which has a highly structured and therapeutic milieu. He has not had any aggressive behavior within the past year. However, he was aggressive towards staff two years ago when a flashback of past sexual abuse was triggered by a male staff who resembled a past abuser. During this incident, he was extremely violent and threatened to kill the male staff.

Determining Elevated Risk of Dangerousness in the Community

Clinical judgment is necessary in order to determine when the endorsed risk factors place a youth in the high risk to run category. At times, one endorsed factor alone may be sufficient to place a youth at elevated risk. Often times, the interaction of the endorsed factors may lead to placing the youth at elevated risk.

Example vignette – One significant risk factor:

Greg was recently referred to a residential facility for sexual offenders. In his previous placement, he sexually molested two boys on his unit. Reports indicate he was able to sneak out of his room at night and went into the room of the boys where he anally penetrated them and threatened to harm them if they informed on him. Records indicate he was originally placed in residential care due to a history of fondling other youth and coercing peers to perform oral sex on him (sexually aggressive behavior). He has not received any treatment for his sexual behavior problems.

Risk Determination: The severity of Greg's sexual aggression coupled with lack of treatment would place him at increased risk for dangerousness in the community should he run.

Example vignette – Significant interaction between risk factors:

Susan was recently admitted to a residential facility from a group home. Reports from the group home indicate that Susan has assaulted both peers and staff on numerous occasions. Staff was not able to identify any triggers to the aggressive outbursts and the aggression seemed to occur in reaction to minor events (physically aggressive behavior). Prior to entering the group home seven months ago, Susan stole money and a car from her foster family and drove out of state (delinquent behavior). Group home staff also reports that Susan often encouraged her peers to steal money from staff members or school personnel and give it to her. One peer stole \$50.00 from a teacher and immediately gave the money to Susan (deliberately manipulates vulnerable people into dangerous situations).

Although Susan has several endorsed risk factors for dangerousness, she also has several strengths which may reduce her potential for harming others. She is intelligent, does well in school, and, at times, shows good insight into her behaviors (interpersonal and educational).

Risk Determination: Considering Susan's risk factors and strengths, it would be determined that she presents as an elevated risk to harm others in the community.

SECTION III: TREATMENT PLANNING

The following guidelines are to be used to assist the clinician in determining if additional individualized treatment planning is indicated given the youth's assessed level of risk. To make this determination, the clinician must carefully review and take into consideration the areas described below. Clinical judgment is required to ascertain how these areas interact to create a need for modified treatment planning beyond the agency's standard runaway protocol. Based on this assessment, the clinician will determine if interventions should be intensified in specific areas, if the agency's standard protocol interventions are sufficient, or if a possible decrease in interventions would be beneficial. Given that there is no simple formula for determining the need for additional planning, clinician-raters should refer to these instructions as well as the attached example vignettes.

Instructions: The assessment tool has been constructed so that the following areas are considered in determination of the need for modifications to treatment planning. Included in each area are questions to help the clinician determine the significance of each section.

Assessment of Risk to Run

- Is this youth at an elevated risk to run?
- What are the significant risk factors?
- Do the endorsed risk factors combine to elevate risk?
- 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?

Assessment of Vulnerability in the Community

- Is this youth at an elevated risk for vulnerability?
- Is this youth more vulnerable compared to his/her residential peer group?
- Do the areas of vulnerability become pronounced in the absence of a structured milieu?
- 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?

Assessment of Dangerousness in the Community

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

The 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 this 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?

The Program's Standard Operating Procedures

- Does the agency have a standard runaway protocol?
- Does the standard runaway protocol contain interventions to prevent imminent run?
- Does the standard runaway protocol contain provisions to maintain safety of youth in the event of a run?
- Does the standard runaway protocol contain procedures for once a youth returns from run?
- Does the standard protocol adequately address the needs of *this* youth?

Youth's Strengths

- What are this youth's strengths?
- What strengths can be utilized in treatment to help prevent runaway?
- Might any of this youth's strengths help him/her maintain safety in the community?
- What strengths can be utilized in treatment to help address this youth's level of vulnerability?
- What strengths can be utilized in treatment to help address this youth's level of dangerousness?

When Treatment Planning Is Not Enough: Treatment planning cannot anticipate all the circumstances that may affect a youth's risk to run away or a youth's risk once he/she has gone missing. Therefore, staff require training and support to ensure that they are able to make "on the spot" decisions about interventions used to prevent and respond to runaway behavior that are not necessarily included in the youth's treatment plan. Environmental as well as youth-specific factors can impact a youth's risk level on a moment-to-moment basis, and staff must continuously assess risk status regardless of a youth's previously assessed risk level. Factors that may increase a youth's risk to run in unpredictable ways include recent traumatic events or unusual events occurring on the unit that upset or stress youth. Other factors such as the time of run, weather conditions (and the youth's state of dress given weather conditions), whether a youth has his/her glasses or hearing aid, and current dangerous conditions in the community may also increase the risk of harm for youth previously thought to be at a lower level of risk, particularly in terms of vulnerability.

Example Vignette for Treatment Planning – Luis

Runaway Profile

Increased Risk to Run

Increased Risk of Vulnerability in the Community

No Increased Risk of Dangerousness in the Community

Treatment Recommendation

Additional Treatment Planning Necessary

Luis is a fifteen year old boy newly placed in a residential treatment center due to a history of running away from his group home (located in suburban Chicago). Prior to admission, Luis ran away nine times in one month, and on at least four of these occasions, he was encouraged to go on run by older peers. Group home records indicate there are no apparent triggers to Luis' running away, however it appears that he becomes very agitated when the unit is chaotic or when a restraint takes place. Luis is socially awkward and has difficulty making friends which makes him more susceptible to peer influence. Group home staff were concerned that Luis often ran to the same place where he stated he had "friends," but they were unable to locate him during runs. They suspected that this was a dangerous location based on the little Luis would tell them. Staff also suspected that Luis was frequently under the influence of alcohol on several occasions when he returned to the group home. Luis would sometimes confirm their suspicions and admit that he "drank a little with his friends" while on run. Staff reported that on one occasion, Luis returned to the group home high on marijuana. Although Luis claimed he had only smoked a little marijuana, he became increasingly agitated and distraught, as well as aggressive to the point that staff took him to the emergency room. Luis was kept overnight for observation but the physician could not determine if he had an adverse reaction to marijuana or there were unknown substances mixed in with the marijuana. Luis would not talk to the group home staff further about his run events and stated that he did not want to get anyone in trouble.

During the initial intake interview, Luis demonstrated poor judgment and insight. He stated that he will "go along with his friends" if asked because "that's what friends do." When asked if he would engage in negative behavior, Luis stated that he does what his friends want. Luis does not see potential dangers to his running and stated that his "friends" take care of him. Luis did not want to talk much about these "friends" because he does not want to make them mad or get them in trouble. When asked if these friends were gang members, Luis looked away and said "they're just my friends."

Luis attends a community school and does not receive special education services. He generally earns good grades and seems to enjoy learning. Luis teachers believe he has the ability to graduate from high school and be successful at college or in a vocational program. He wants to develop friendships, but does not know how to do this. Luis enjoys many aspects of the unit programming and has begun to bond with some peers through joint participation in therapeutic recreational and activity groups. Luis gets along well with his mother and two brothers who live close to the facility. His dream is

to return home to live with his family and he tremendously enjoys their approval. His mother wants him to be successful at the facility and may be willing to engage in family therapy. Luis loves tumbling and states he would like to be a gymnast. Staff from his previous placement indicated that Luis does appear to have some natural athletic abilities and recommended that he participate in sports-related activities.

Program's Treatment Context:

This residential treatment center is located in a Chicago suburb not far from Luis' previous group home. Youth attend school off campus and take the bus each day to and from school. The program has a therapeutic milieu and days are structured to include activity, psycho-educational, and life skills groups. Each youth receives individual therapy twice weekly. The physical layout of the facility makes it difficult for youth to leave without permission as doors are on an alarm and time delay.

Program's Standard Operating Procedures:

Residential facility staff report youth as missing as soon as their whereabouts are unknown to staff. This means a UIR is completed, the police are called, and CSLU is called by the unit supervisor. The staff is trained regularly on run prevention and is well versed in self-soothing and calming techniques. There is no "separate space" on the unit to help youth calm or reduce stimulation. The facility does have a limited capacity to provide 1:1 supervision when necessary. Physical restraints are generally not utilized to prevent imminent runs. Staff is required to track youth while on grounds. If a youth leaves the grounds, the police are immediately notified. Typically, youth are separated from general programming and expected to complete relevant therapeutic assignments for 24 hours following a run episode.

Determination, Rationale & Interventions

Based on consideration of Luis' risk factors, his strengths, the program's context, and the program's standard operating procedures, it is determined that Luis requires additional treatment planning. These would include:

- ✓ Modified efforts to prevent this youth from running.
 - Staff will position themselves to ensure Luis' safety and be prepared for a possible restraint depending on Luis' response to less restrictive measures.
 - Staff will identify early warning signs of Luis becoming affectively aroused or escalated. Early intervention will include a standardized staff response for directing Luis to utilize identified coping skills, making observations to Luis that he appears to be escalating, and having Luis go to a predetermined location to help calm himself.

- ✓ Modified tracking procedures.
 - Given Luis' risk to run and level of vulnerability, the program will identify a staff on each shift to track him after he leaves the facility grounds in an attempt to locate his destination and who his "friends" are.

- ✓ Modified searching procedures.
 - If Luis runs and staff determines his destination, staff will search this location on subsequent runs.

- ✓ Special reintegration procedures.
 - Following any runs, staff will process with Luis and convey concern for his well-being while on run.
 - Luis is responsive to many aspects of the milieu program and utilizes these opportunities to facilitate the formation of healthy attachments. Therefore, separation from programming will not be utilized prior to reintegration on the unit following runs.

- ✓ Modified milieu interventions.
 - Staff will nurture the development of a positive relationship between Luis and his peer mentor as well as help Luis practice newly learned social skills, once small group therapy is initiated.
 - If the unit becomes chaotic, a staff will be assigned to ensure Luis remains calm, including helping him to practice coping skills that he is learning in therapy.

- ✓ Individualized therapeutic services to address factors related to run risk and level of vulnerability.
 - Luis will be referred for a substance abuse evaluation to obtain treatment recommendations based on a current assessment of his risk for substance abuse.
 - Staff will involve Luis' family to encourage him to do well in treatment. Luis will have regularly scheduled visits with his mother and brothers in addition to family sessions at the facility. The therapist will work with Luis' mother to help her understand her influence over Luis and she will be encouraged to call Luis weekly to discuss with him any runaway incidents and support his participation in positive activities.
 - Therapy will focus on helping Luis understand potential dangers of his running away, develop affect regulation skills, and learn alternative coping skills. Therapy will also focus on helping Luis to learn to identify when he is tempted to run and consider how his choices could either positively or negatively impact his family relationships.
 - Luis will be enrolled in a gymnastics class through the local park district. A contract will be developed that outlines the importance of athletic conditioning and specifies that Luis agree to refrain from alcohol and drug use as long as he participates. As part of the process, staff will engage the gymnastics teacher or coach to support the contract and emphasize how substance use would impair his athletic development.
 - Luis will be involved in small group therapy focusing on increasing social skills and forming age appropriate friendships. To reinforce the therapy and help him practice new skills, Luis will also be assigned a peer mentor.

See the completed assessment form for Luis beginning on the next page.

RUNAWAY RISK ASSESSMENT FORM

Example: Luis

Youth Name: *Luis*

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

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

Staff Participating in Assessment:

Staff Signature/Title **Date**

Staff Signature/Title **Date**

Staff Signature/Title **Date**

Section I: Assessment of Potential Risk for Runaway

1) Risk Factors Associated with the Potential Risk for Runaway

Each of the risk factors listed below is thought to correlate with a youth’s risk to runaway. Endorse each of the risk factors as applicable to this youth. Include “Additional Factors” as needed to reflect factors not listed. Unless indicated as “Not Applicable”, for each factor endorsed as either significant or possibly significant, provide additional information that describes how the risk factor would affect the youth’s risk to run away. **It is essential to use the guidelines located on pages 6 - 14 in the User Guide in conjunction with this section of the assessment.**

Risk Factor	Endorsement	Additional Information
A) Run History <ul style="list-style-type: none"> • Two or more runs in the past year 	<i>Significant</i>	<i>Luis ran away nine times in one month prior to his admission to the current program.</i>
B) Attempted Run History <ul style="list-style-type: none"> • Frequent runaway attempts within the past year • Preoccupation with running away 	<i>Possibly Significant</i>	<i>This information is not included in the referral packet. Follow up with the previous program is needed.</i>
C) Age <ul style="list-style-type: none"> • 13 years or older 	<i>Not Significant</i>	Not Applicable
D) Placement Instability <ul style="list-style-type: none"> • Total of five or more placements • Two or more placement moves within last 12 months 	<i>Not Significant</i>	Not Applicable
E) Substance Abuse <ul style="list-style-type: none"> • Current alcohol, drug, or tobacco use • Alcohol or drug use within the past year • AODA diagnosis • Failed/refusal of drug treatment program 	<i>Significant</i>	<i>Group home staff suspected Luis used substances while on run in the past. Luis admitted to a little drinking with his friends and to smoking marijuana one time.</i>

Risk Factor	Endorsement	Additional Information
F) Family/Significant Other Involvement <ul style="list-style-type: none"> • Family/significant others not supportive of treatment • Youth is upset or overly preoccupied with visitation issues 	<i>Not Significant</i>	
G) Problematic Ties to the Community <ul style="list-style-type: none"> • Gang Affiliation • Sexual and romantic relationships • Contacts within the community to whom the youth would run 	<i>Significant</i>	<i>The location of the current residential program is not far from Luis' previous group home. It's possible he may run to the same neighborhood that group home staff suspected was dangerous and where they reported he had "friends." It is unknown if Luis' friends were gang members or if he was involved in a romantic relationship.</i>
H) History of Juvenile Delinquency <ul style="list-style-type: none"> • Within the past year, youth has engaged in delinquent activities (e.g., prostitution, selling drugs, gang activity, etc.) 	<i>Not Significant</i>	
I) Psychological Factors <ul style="list-style-type: none"> • Impulsivity • Poor judgment and insight • Easily influenced • Thrill seeking • Drive to form unhealthy relationships or attachments • Preoccupation with sexual activities • Reactive to authority 	<i>Significant</i>	<i>Luis has poor insight and judgment especially when he experiences negative peer influences. He is more likely to agree to run away with peers rather than risk losing their approval.</i>
J) Disconnection from the Program <ul style="list-style-type: none"> • Unable to form positive staff and/or peer relationships • Ongoing lack of interest/participation in program activities or incentive systems 	<i>Not Significant</i>	

Risk Factor	Endorsement	Additional Information
K) Additional Factor: <i>Lack of attachments</i>	<i>Possibly Significant</i>	<i>Luis is newly admitted to the program and has not yet developed attachments with staff and peers, which may increase his risk to run at the current time.</i>
L) Additional Factor: <i>Increased anxiety</i>	<i>Possibly Significant</i>	<i>Group home staff observed that Luis becomes agitated when the environment is chaotic. Although it is unclear, Luis may be more inclined to run when agitated.</i>

2) Youth Strengths

For youth with risk factors endorsed as *significant* or *possibly significant*, indicate those strengths that may act as protective or palliative factors to decrease the influence the endorsed risk factors and/or suggest the youth's risk to run away is low.

- | | | | |
|---|--|--|--------------------------------|
| <input checked="" type="checkbox"/> Family | <input type="checkbox"/> Relationship Permanence | <input checked="" type="checkbox"/> Talents/Interests | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Interpersonal | <input type="checkbox"/> Psychological | <input type="checkbox"/> Spiritual/Religious | |
| <input type="checkbox"/> Attitudes/Values | <input type="checkbox"/> Community Life | <input checked="" type="checkbox"/> Educational/Vocational | |

Description of how the indicated strengths affect the youth's risk to run: *Luis is supported by his mother and brothers who want him to be successful in this placement. Luis does well in school and enjoys learning and is likely to be engaged in additional school activities. He specifically wants to participate in gymnastics. He also has a desire to form friendships that could be helpful as he develops more appropriate relationships.*

3) Elevated Risk to Runaway

Considering both the endorsed risk factors and strengths of the youth, indicate whether the youth is at an elevated risk to run.

- YES:** An Elevated Potential Risk to Runaway Exists
- NO:** An Elevated Risk Potential to Runaway Does Not Exist

Additional Information (optional): *The interaction of risk factors places Luis at an elevated risk to run. He has numerous runs in the past placement, has poor insight and judgment, is easily influenced by peers, and has had suspected negative contacts in the community he could renew.*

Section II: Assessment of Vulnerability and Dangerousness in the Community

Vulnerability in the Community

1) Risk Factors Associated with Vulnerability in the Community

The variables included in the following table are youth-specific factors that may increase a youth's vulnerability in the community should they run away. Vulnerability includes a youth's risk of harming him/herself as well as risk of being harmed by others in the community.

- Endorse the risk factors that may lead this youth to harm him/herself or be harmed by others in the community, *while on run*.
- Include "Additional Factors" as needed to reflect factors not listed.
- Unless indicated as "Not Applicable", for each factor endorsed as either significant or possibly significant, provide additional information that describes how the risk factor would affect the youth's vulnerability in the community.
- **It is essential to use the guidelines located on pages 15 - 21 in the User Guide in conjunction with this section of the assessment.**

Risk Factor	Endorsement	Additional Information
A) Age • Younger than 13	<i>Not Significant</i>	Not Applicable
B) Gender • Female	<i>Not Significant</i>	Not Applicable
C) Judgment (relative to program's general population) • Immature • Difficulty appropriately reading social cues from others • Cannot make appropriate use of advice or assistance	<i>Significant</i>	<i>Luis' judgment is impaired. He is easily influenced by peers and has a skewed idea of friendship. He may agree to be involved in negative or dangerous activities that put him in jeopardy in order to preserve a friendship. He is also socially awkward and may have difficulty forming prosocial peer bonds. This may increase his dependence on his community "friends."</i>
D) Insight (relative to program's general population) • Unaware of his/her problem areas • Unaware of others' concerns for him/her • Unrealistic expectations of run behavior	<i>Significant</i>	<i>Luis has poor insight. He does not understand that he's easily manipulated and that his friends are not concerned with his best interests. He also may not recognize dangerous situations or the potential harm others may pose, especially if his "friends" convince him otherwise.</i>

Risk Factor	Endorsement	Additional Information
<p>E) Cognitive Functioning (relative to program's general population)</p> <ul style="list-style-type: none"> • Does not understand/recognize personal safety, self-care, and/or potential dangers • Cognitive functioning significantly decreases when stressed or overwhelmed • Difficulty problem solving • Communication difficulties • Difficulty processing new information and learning from experience 	<i>Not Significant</i>	
<p>F) Medical Issues</p> <ul style="list-style-type: none"> • Significant risk if prescribed medications are missed • Medical condition such as diabetes, asthma, life threatening illness or allergy, etc. • Pregnant 	<i>Not Significant</i>	
<p>G) High Risk Behavior</p> <ul style="list-style-type: none"> • Suicidal ideations, gestures or attempts within the past six months • Self-endangering/ self-harming behavior within the past six months • Prostitution, sexual exploitation or victimization within the past six months • Substance abuse within the past year 	<i>Significant</i>	<p><i>Luis admits to alcohol use while on run in the past and he had a serious reaction to marijuana that required medical attention. It is believed that Luis could easily be coerced or encouraged to use substances if he thought it would help him gain social approval. Use of substances could further compromise his judgment and insight.</i></p>
<p>H) Past Run Events within the Past Year</p> <ul style="list-style-type: none"> • Ran to a dangerous location • Ran with or to inappropriate peers • Harmed while on run or resisted return 	<i>Possibly Significant</i>	<p><i>He previously ran to a consistent location which staff believed was dangerous. It's unknown if Luis was hurt while on previous runs or if the peers he associated with were involved in dangerous activities.</i></p>

Risk Factor	Endorsement	Additional Information
I) Psychological Factors <ul style="list-style-type: none"> • Overly trusting or easily influenced • Provokes others to respond aggressively • Thrill seeking • Drive to form unhealthy relationships/attachments • Preoccupation with sexual activity 	<i>Significant</i>	<i>Luis is easily influenced by older peers. Although additional criteria do not apply, the ability of others to easily influence him increases the likelihood that he could become involved in harmful situations.</i>
J) Additional Factor: <ul style="list-style-type: none"> • • • 	<i>Not Applicable</i>	
K) Additional Factor: <ul style="list-style-type: none"> • • • 	<i>Not Applicable</i>	

2) Youth Strengths

For youth with risk factors endorsed as *significant* or *possibly significant*, indicate those strengths that may act as protective or palliative factors to decrease the influence the endorsed risk factors and/or suggest the youth's level of vulnerability in the community while on run would be low.

- | | | | |
|--|---|---|--------------------------------|
| <input checked="" type="checkbox"/> Family | <input type="checkbox"/> Relationship Permanence | <input checked="" type="checkbox"/> Talents/Interests | <input type="checkbox"/> Other |
| <input type="checkbox"/> Interpersonal | <input checked="" type="checkbox"/> Psychological | <input type="checkbox"/> Spiritual/Religious | |
| <input type="checkbox"/> Attitudes/Values | <input type="checkbox"/> Community Life | <input type="checkbox"/> Educational/Vocational | |

Description of how the indicated strengths affect the youth's level of vulnerability: *Luis' family relationships are important to him and he desires the support of his mother and brothers. As a result, Luis may be able to resist the negative influence of his friends if he was aware that his family would disapprove. Additionally, Luis is genuinely interested in gymnastics and may be persuaded to avoid alcohol and other drugs if that was the requirement for participating in a gymnastics program. Due to his success in school and his cognitive strengths, it is believed that Luis is able to think analytically. Therefore, it is likely that he could learn to identify when he is tempted to participate in risky behaviors and eventually, check his impulses.*

3) Elevated Level of Vulnerability

Considering both the endorsed risk factors and strengths of the youth, indicate whether the youth's level of vulnerability in the community would be elevated while on run.

YES: An Elevated Level of Vulnerability Exists

NO: An Elevated Level of Vulnerability Does Not Exist

Additional Information (optional): Although Luis' judgment is impaired and his insight is poor, his functioning in these areas is not significantly worse than that of the other youth in the group home. However, Luis' past history using substances indicates it is likely that he would use substances while on run and make choices that could put him in danger.

Section II: Assessment of Vulnerability & Dangerousness in the Community

Dangerousness in the Community

1) Risk Factors Associated with Dangerousness in the Community

The risk factors included in the following table are youth-specific factors that may increase a youth’s dangerousness in the community should they runaway. Dangerousness in the community refers to the harm this youth may inflict on others. In the table below, indicate the degree to which each factor influences the youth’s overall dangerousness. While rating, consider the context in which dangerous behaviors have occurred in the past. Only endorse an item if that particular risk factor may lead this youth to behave dangerously in the community **while on run**.

- Include “Additional Factors” as needed to reflect factors not listed.
- For each factor endorsed as either significant or possibly significant, provide additional information that describes how the risk factor would affect the youth’s vulnerability in the community.
- **It is essential to use the guidelines located on pages 22 - 26 in the User Guide in conjunction with this section of the assessment.**

Risk Factor	Endorsement	Additional Information
A) Physically Aggressive Behavior within Past Six Months	<i>Not Significant</i>	
B) Sexually Aggressive Behavior within the Past Two Years	<i>Not Significant</i>	
C) Problematic Sexual Behavior within the Past Two Years	<i>Not Significant</i>	
D) Fire Setting within the Past Two Years	<i>Not Significant</i>	

Risk Factor	Endorsement	Additional Information
E) Delinquent Behaviors within the Past Year or Current Probation/Parole	<i>Not Significant</i>	
F) Deliberately Manipulates Vulnerable People into Dangerous Activities or Situations	<i>Not Significant</i>	
J) Additional Factor: • • •	<i>Not Applicable</i>	
K) Additional Factor: • • •	<i>Not Applicable</i>	

2) Youth Strengths

For youth with risk factors endorsed as *significant* or *possibly significant*, indicate those strengths that may act as protective or palliative factors to decrease the influence of the endorsed risk factors and/or suggest the youth's level of dangerousness in the community while on run would be low.

- | | | | |
|---|--|---|--------------------------------|
| <input type="checkbox"/> Family | <input type="checkbox"/> Relationship Permanence | <input type="checkbox"/> Talents/Interests | <input type="checkbox"/> Other |
| <input type="checkbox"/> Interpersonal | <input type="checkbox"/> Psychological | <input type="checkbox"/> Spiritual/Religious | |
| <input type="checkbox"/> Attitudes/Values | <input type="checkbox"/> Community Life | <input type="checkbox"/> Educational/Vocational | |

Description of how the indicated strengths affect the youth's level of dangerousness: *NA*

3) Elevated Level of Dangerousness

Considering both the endorsed risk factors and strengths of the youth, indicate whether the youth's level of dangerous in the community would be elevated while on run?

YES: An Elevated Level of Dangerousness Exists

NO: An Elevated Level of Dangerousness Does Not Exist

Additional Information (optional): *NA*

Section III: Treatment Planning

1) Need for Individualized Treatment Planning

This section is intended to help guide the clinician in deciding whether additional individualized treatment planning is needed for each youth. Modifications in treatment planning would be necessary when a youth requires services that are different from the agency's standard runaway protocol. For example, a youth in the program may be vulnerable, but is in a facility with other vulnerable youth. This agency's standard protocol should address interventions aimed at vulnerable youth who run away. Additional planning would only be necessary if a youth was assessed as being significantly more vulnerable than the general population. **It is essential to use the guidelines located on pages 27 - 34 in the User Guide in conjunction with this section of the assessment.**

When determining the need for treatment planning, take into consideration the following:

- Section 1: Assessment of Potential Risk to Runaway;
- Section 2: Assessment of Vulnerability and Dangerousness in the Community;
- The program's treatment context including but not limited to geographical location;
- The program's standard operating procedures; and
- Youth strengths.

A) Determination: Is individualized treatment planning, consisting of interventions that differ from standard operating procedures and regular treatment programming, necessary?

YES

NO

B) Rationale: *Based on consideration of Luis' risk factors, his strengths, the program's context, and the program's standard operating procedures, it is determined that Luis requires additional treatment planning. Staff need to make every effort to prevent Luis from running away. If he does manage to run, staff need to determine where he is running to determine if he is placing himself in any danger.*

2) Interventions

If individualized planning is needed, indicate the recommended types of interventions by checking the boxes that apply and specifying the nature of the recommended interventions.

Modified efforts to prevent this youth from running including but not limited to changes in visitation schedule, special group processes, manual restraints, DCFS approved seclusion etc.

Specify: 1) *Staff will position themselves to ensure Luis' safety and be prepared for a possible restraint depending on Luis' response to less restrictive measures.* 2) *Staff will identify early warning signs of Luis becoming affectively aroused or*

escalated. An early intervention plan will include a standardized staff response for directing Luis to utilize identified coping skills, making observations to Luis that he appears to be escalating, and having Luis go to a predetermined location to help calm himself.

Modified tracking procedures

Specify: If Luis runs, staff will follow him to his destination in order to determine where he goes and who his "friends" are in the community. Given Luis' risk to run and vulnerability, the program will identify a staff on every shift to track Luis if he should run.

Modified searching procedures

Specify: If Luis runs and staff determine the neighborhood to which Luis runs, staff will search the area if there are future runs.

Modified police involvement

Specify:

Modified notification requirements

Specify:

Special reintegration procedures

Specify: 1) Luis needs to be a part of the daily structure on the unit to be able to form healthy attachments. Therefore, separation from the milieu will not be utilized. 2) Upon his return, staff will process with Luis and convey their concern for his well-being while he's on run.

Modified milieu interventions

Specify: 1) If the unit becomes chaotic, a staff will be assigned to assist Luis in remaining calm, including helping him to practice coping skills that he is learning in therapy. 2) Staff will nurture the development of a positive relationship between Luis and his peer mentor as well as help Luis practice newly learned social skills, once the small group therapy is initiated (see below).

☒ Individualized therapeutic services to address factors related to run risk, vulnerability and/or dangerousness

Specify: 1) Luis will be referred for a substance abuse evaluation to obtain treatment recommendations based on a current assessment of his risk for substance abuse. 2) Staff will involve Luis' family to encourage him to do well in treatment. Luis will have regularly scheduled visits with his mother and brothers in addition to family sessions at the facility. In addition, the therapist will work with Luis' mother to help her understand her influence over Luis and she will be encouraged to call Luis weekly to discuss with him any runaway incidents and support his participation in positive activities. 3) Therapy will help Luis develop a better understanding of the potential dangers of running away, develop affect regulation skills and learn alternative coping skills. Therapy will also focus on helping Luis to learn to identify when he is tempted to run and consider how his choices could either positively or negatively impact his family relationships. 4) Luis will be involved in small group therapy focusing on increasing social skills and forming age appropriate friendships. To reinforce the therapy and help him practice new skills, Luis will also be assigned a peer mentor. 5) Luis will be enrolled in a gymnastics class through the local park district. A contract will be developed that outlines the importance of athletic conditioning and specifies that Luis agrees to refrain from alcohol and drug use as long as he participates. As part of the process, staff will engage the gymnastics teacher or coach to support the contract and emphasize how substance use would impair his athletic development.