

RESIDENTIAL RUNAWAY RISK ASSESSMENT USER GUIDE

Addendum of Supplemental Runaway Vignettes

Introduction: Five youth vignettes, representing a variety of profiles, are included in this addendum to the Residential Risk Assessment User Guide. Each vignette includes information relevant to determining the youth’s level of risk in relation to the program’s treatment context and standard operating procedures. The vignettes also indicate whether additional treatment planning is required and the types of recommended interventions that could be implemented to decrease the youth’s runaway risks. Immediately following each youth’s vignette is a completed Runaway Risk Assessment Form that demonstrates the structured clinical decision making process for determining risk and development of associated treatment interventions.

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Runaway Vignette for Darnell

Runaway Profile

Increased Risk to Run

No Increased Risk of Vulnerability in the Community

Increased Risk of Dangerousness in the Community

Treatment Recommendation

Additional Treatment Planning Necessary

History & Description of Current Functioning

Darnell is a 14 year old African American male. He was admitted to the current residential treatment center directly from DOC where he had been incarcerated for the past nine months as a result of participating in robbing a young woman at knifepoint in Chicago. The victim was not harmed but Darnell and a companion were apprehended within hours of the robbery and the young woman's wallet, watch and cell phone were found in Darnell's possession. Although Darnell plead guilty to the charge, he claimed that his companion, a friend from school, initiated the crime and used the knife to threaten the victim. When Darnell and his friend were taken into custody, the knife was not found among the belongings of either of the young men.

The intake coordinator interviewed Darnell during his incarceration. The admission coordinator reported Darnell continued to deny his active participation in the robbery but he did not demonstrate remorse for the crime. Additionally, Darnell was unable to identify treatment or educational goals that he was interested in pursuing when released from DOC, except to say he likes to cook. Darnell also indicated he would like to visit with his paternal grandmother.

The admission coordinator also contacted Darnell's parole officer and staff from his previous group home:

- Darnell's parole officer said that while he does not know Darnell well, he acquired a reputation as a bully while incarcerated and at times, appeared volatile. Darnell was involved in two fights, one of which he instigated with same age peers. The parole officer reported that Darnell was eager to leave DOC.
- Staff from Darnell's previous group home where he was placed at the time of his arrest reported that Darnell had not previously been caught engaging in criminal activities but they strongly suspected he was associating with older youth in the community who were possibly gang-affiliated, using illegal substances and participating in acts of vandalism at the local school. The staff also said that although they had not witnessed Darnell exhibiting high levels of aggression in which others were at risk of harm, they thought Darnell potentially could have been capable of using a weapon to threaten others. During the 15 months that Darnell was placed at the group home, the staff described Darnell as unwilling to take responsibility for his actions. He also demonstrated a low level of aggression primarily verbal in nature and including posturing designed to intimidate his peers. However, one of the staff said that the frequency of Darnell's aggressive behavior appeared to have increased over time and he typically played a negative leadership role among his peers by the time of his discharge from the program. Furthermore,

the staff described Darnell as street savvy, and reported he had become increasingly difficult to engage therapeutically.

Darnell's file indicates that he was in DCFS custody since he was seven years old due to physical abuse. Both Darnell and his older brother were placed in traditional foster care. When Darnell was almost 12 years old, his foster parents divorced and requested the removal of both boys from the home. Darnell and his brother then had three unsuccessful foster care placements. His brother ran away before he could be moved to another placement and his whereabouts are unknown. Darnell was admitted to a Chicago-based group home. While there, Darnell visited with his paternal grandmother every few months but there was no indication of visitation with other family members. Darnell attended a community school and the most recent educational reports indicate Darnell had the ability to meet expectations but since starting 8th grade, he was unmotivated. He was truant several times a week during the last quarter of his enrollment and as a result, it was unclear if Darnell would be promoted to the 9th grade.

Since his admission to the current program two weeks ago, Darnell has tentatively begun forming friendships with some peers on the unit but has so far avoided building relationships with staff and his participation in groups is minimal. Additionally, Darnell has complied with the rules stating he would like to earn additional privileges, and he has attended school as well as completed all his homework. However, staff have observed that Darnell often seems annoyed or agitated. During short conversations with staff about his adjustment to the program, Darnell has indicated he sometimes feels frustrated with all of the rules and that he wished to return to his old group home where he wasn't treated as a "little kid." Darnell has also requested a visit with his grandmother.

Program's Treatment Context

The residential program is located in a suburb of Chicago and Darnell is placed on a unit with eleven other males ranging in age from fourteen to nineteen. Within the facility are two additional units that serve adolescent males and three additional units that serve adolescent females. Darnell is currently undergoing a special education evaluation and attends the on-site school pending its completion. Group and individual therapy are provided several times a week and recreational services are provided daily. The program's level system is structured, including a community integration component that encourages youth to work part time and participate in community service projects. A minimum 1:4 staffing ratio is strictly maintained at all times and a variety of professional staff (e.g., therapists, program managers) are frequently on the unit during the 2:00 to 11:00 shift.

Program's Standard Operating Procedure

Restraints are utilized when youth demonstrate behavior that risks the safety of others or themselves, and floating staff may be accessed to provide additional support in case of crisis. Individual treatment plans indicate whether youth should be physically prevented from leaving the facility without permission. Procedures regarding tracking and searching once youth run are not standardized. Instead, an individual plan for tracking and searching depending on the youth's risk level is developed. When necessary, the program can usually access resources adequate for intensive tracking

and on-going searching. There is also no standardized reintegration procedure but development of an individualized plan is required.

Determination, Rationale & Interventions

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

- ✓ Modified efforts to prevent this youth from running
 - To the extent possible, staff will position themselves and locate Darnell's activities in a manner that decreases his temptation to run. If Darnell demonstrates overt aggression and imminent dangerousness, staff should be prepared to physically restrain.
 - Visits with Darnell's paternal grandmother should temporarily be arranged to occur at the facility until Darnell's risk to run and the level of dangerousness he presents to the community can be further evaluated.
- ✓ Modified tracking procedures
 - An individual plan should be developed that requires tracking beyond the immediate vicinity and designed to keep Darnell in sight as long as possible should Darnell successfully leave the facility without permission.
- ✓ Modified searching procedures
 - If Darnell runs away, staff should search for him in the community where his previous group home is located, daily, until he returns to the program. In order to conduct an effective search, detailed information should be obtained from the previous group home staff regarding the group home's neighborhood and likely locations where Darnell he may be found.
- ✓ Modified notification procedures
 - Staff should notify Darnell's parole officer if Darnell attempts to leave the facility without permission or if he successfully runs and cannot immediately be returned to the facility.
- ✓ Special reintegration procedures
 - If Darnell should run, reintegration should include drug testing and he should be thoroughly search for contraband.
 - Staff with whom Darnell has a relationship should debrief with him upon return from run, at least within 24 hours. The debriefing sessions should focus on identifying the antecedents to Darnell's run away behavior and understanding Darnell's activities while on run. Although consequences should be provided reflecting the circumstances around the runaway episode, overly harsh consequences that could motivate Darnell to attempt to runaway again should be avoided.
- ✓ Modified milieu requirements
 - Incentives (including but not limited to additional privileges) that function to encourage Darnell to develop a connection with the program (i.e., actively engage in treatment, develop a relationship with at least one staff person) and

demonstrate positive leadership skills should be built into the level system. Whenever possible, Darnell should be provided with options to help him feel more in control and less childlike.

- Darnell should be permitted to participate in planned activities in the community when adequate staff are present to intensively track Darnell should he attempt to run away.

- ✓ Individualized therapeutic services to address factors related to run risk
 - The terms of Darnell's parole with respect to running away should be clarified with his parole officer as soon as possible. Then a meeting with Darnell, his parole officer and his therapist should be conducted to ensure Darnell fully understands his parole could be revoked if he demonstrates run away behavior. If Darnell agrees, a contract that documents the above would be developed.
 - Darnell and his therapist should review his risk to run and his level of dangerousness monthly until it can be determined both risks are low and as a result, restrictions relative to visitation and community activities may be loosened.
 - Darnell should be encouraged to explore activities and interests which emphasize pro-social interactions (e.g., team sports, school clubs, cooking class).
 - Darnell's treatment plan should address anger management and exploration of underlying and associated factors.

RUNAWAY RISK ASSESSMENT FORM

DARNELL

Youth Name: *Darnell*

DCFS Case ID#: *12345678* **Gender:** *Male* **DOB:** **Age:** *14*

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’s 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 	Significant	<i>In his previous placement, Darnell was frequently absent from the group home without permission and considered AWOL. However, Darnell consistently returned to the group home prior to curfew. Due to his established pattern of behavior, program staff felt it was unnecessary to report him as on run even though his whereabouts were not known.</i>
B) Attempted Run History <ul style="list-style-type: none"> • Frequent runaway attempts within the past year • Preoccupation with running away 	Significant	<i>See above.</i>
C) Age <ul style="list-style-type: none"> • 13 years or older 	Significant	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 	Not Significant	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 	Possibly Significant	<i>Darnell has not been using substances in the recent past due to his incarceration for the last nine months. However, staff from Darnell's previous group home indicated they strongly suspected Darnell used substances but did not confirm substance use by administering a using a drug test.</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 	Not Significant	
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 	Possibly Significant	<i>Staff from Darnell's previous placement suspected Darnell associated with older youth in the community who were possibly gang affiliated. Although Darnell has not expressed plans to get back in contact with his former friends, he has the capacity to plan a run and to utilize public transportation to visit the community to re-establish those friendships.</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.) 	Significant	<i>Darnell pleaded guilty to robbery and was incarcerated for nine months prior to his placement in the current program.</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 	Possibly Significant	<i>Darnell's judgment and insight are considered immature in some respects but also well developed in other ways. Additionally, there is some evidence that he is inclined toward thrill seeking. Further assessment is needed to determine how these psychological factors influence Darnell's risk to run.</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 	Significant	<i>Staff from Darnell's previous program indicated he was increasingly disconnected from the program. Furthermore, he did not have a strong connection with his previous school and was frequently truant. Since his placement in the current program, Darnell has complained that there are too many rules, sometimes appears frustrated or annoyed, and has been slow to development relationships with staff.</i>

Risk Factor	Endorsement	Additional Information
K) Additional Factor: • • •	Not Applicable	
L) Additional Factor: • • •	Not Applicable	

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 that decrease the influence of 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: *Darnell has maintained a relationship with his paternal grandmother and describes his relationship with her as important to him. Darnell also has a capacity to do well educationally and he has leadership skills that he has previously used to negatively influence peers but could potentially be expressed positively with support. He also has indicated an interest in cooking that could be developed in a way that promotes prosocial interaction.*

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): *Darnell has the potential to find a way to run away if he is so inclined. His resentment of program rules, while minimal at the current time, could increase and as a result, provide sufficient motivation for him to run.*

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's Guide in conjunction with this section of the assessment.**

Risk Factor	Endorsement	Additional Information
A) Age • Younger than 13	Not Significant	Not Applicable
B) Gender • Female	Not Significant	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	Not Significant	
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	Not Significant	

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 	Not Significant	
<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 	Not Significant	
<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 	Possibly Significant	<p><i>There are unconfirmed reports that Darnell used substances while in the community in his previous placement over nine months ago. Since then he has had little opportunity to use substances due to his incarceration.</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 • Resisted return 	Not Significant	

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 	Not Significant	
J) Additional Factor: <ul style="list-style-type: none"> • • • 	Not Applicable	
K) Additional Factor: <ul style="list-style-type: none"> • • • 	Not Applicable	

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 that decrease the influence of the endorsed risk factors and/or suggest the youth's level of vulnerability in the community while on run would be low.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Family | <input type="checkbox"/> Relationship Permanence | <input type="checkbox"/> Talents/Interests | <input checked="" 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 type="checkbox"/> Educational/Vocational | |

Description of how the indicated strengths affect the youth's level of vulnerability: *Darnell is able to develop social relationships and if he were to develop positive relationships with both peers and staff, it is less likely that he would be tempted to use substances.*

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): *NA*

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’s Guide in conjunction with this section of the assessment.**

Risk Factor	Endorsement	Additional Information
A) Physically Aggressive Behavior within Past Six Months	Significant	<i>Darnell was reported to be involved in two fights while incarcerated at DOC, and directly instigated one of the fights. A year ago, Darnell also participated in a robbery in which a weapon was used. Prior to these incidents, Darnell's aggressive behavior was verbal in nature and included posturing designed to intimidate others.</i>
B) Sexually Aggressive Behavior within the Past Two Years	Not Significant	
C) Problematic Sexual Behavior within the Past Two Years	Not Significant	
D) Fire Setting within the Past Two Years	Not Significant	

Risk Factor	Endorsement	Additional Information
E) Delinquent Behaviors within the Past Year or Current Probation/Parole	Significant	<i>Darnell is currently on parole as a result of robbing a young woman at knife point with a friend.</i>
F) Deliberately Manipulates Vulnerable People into Dangerous Activities or Situations	Possibly Significant	<i>Darnell has been described a bully. Additionally, his behavior in his previous placement was described as posturing for the purpose of intimidating peers.</i>
J) Additional Factor: • • •	Not Applicable	
K) Additional Factor: • • •	Not Applicable	

2) Strengths

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

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Family | <input type="checkbox"/> Relationship Permanence | <input type="checkbox"/> Talents/Interests | <input checked="" 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 type="checkbox"/> Educational/Vocational | |

Description of how the indicated strengths affect the youth's level of dangerousness: *Darnell also has leadership abilities and social skills that could be positively developed. Additionally, Darnell has adjusted relatively well to the program initially, demonstrating a capacity to follow rules and positively interact socially with peers. Darnell's current parole status may also minimize his risk to run as well as dangerous behavior.*

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): Darnell's past history suggests that should he run, he may present an elevated risk to others in the community. While his adjustment to the program has initially been good (i.e., he has not demonstrated physically or verbally aggressive behavior or attempted to leave the facility without permission), Darnell has yet to be engaged in treatment and develop relationships with staff. Therefore, there is insufficient information available to conclude he would not be dangerous in the community.

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's 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: *Although Darnell does not currently demonstrate runaway behavior, his previous history strongly suggests that he is at an increased risk to run and that he may be dangerous in the community while on run. It will be important for staff to prevent Darnell from running away and minimize his opportunity to establish new or renew old relationships with friends in the community that could lead to dangerous behavior and interfere with his engagement in the treatment. If he has the opportunity to renew or re-establish negative social relationships, Darnell could develop chronic run behavior.*

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) To the extent possible, staff will position themselves and locate Darnell's activities in a manner that decreases his temptation to run. If Darnell demonstrates overt aggression and imminent dangerousness, staff should be prepared to*

physically restrain. 2) Visits with Darnell's paternal grandmother should temporarily be arranged to occur at the facility until Darnell's risk to run and the level of dangerousness he presents to the community can be further evaluated.

Modified tracking procedures

Specify: An individual plan should be developed that requires tracking beyond the immediate vicinity and designed to keep Darnell in sight as long as possible should Darnell successfully leave the facility without permission.

Modified searching procedures

Specify: If the tracking plan is unsuccessful in preventing Darnell from running, staff should search for Darnell in the community where his previous group home is located on a daily basis until Darnell returns to the program. Detailed information regarding the neighborhood of the group home should be obtained to provide a focus for searching..

Modified police involvement

Specify:

Modified notification requirements

Specify: Staff should notify Darnell's probation officer if Darnell attempts to leave the facility without permission or if he successfully runs and cannot immediately be returned to the facility.

Special reintegration procedures

Specify: 1) If Darnell should run and be immediately returned, reintegration should include drug testing. 2) Staff with whom Darnell has a relationship should debrief with him upon return from run, at least within 24 hours. The debriefing sessions should focus on identifying the antecedents to Darnell's run away behavior and understanding Darnell's activities while on run. Although consequences should be provided reflecting the circumstances around the runaway episode, overly harsh consequences that could motivate Darnell to attempt to runaway again should be avoided. 3) Upon his return from run, staff will search Darnell for contraband.

Modified milieu requirements

Specify: 1) Incentives (including but not limited to additional privileges) that function to encourage Darnell to develop a connection with the program (i.e., actively engage in treatment, develop a relationship with at least one staff person) and demonstrate positive leadership skills should be built into the level system. Whenever possible, Darnell should be provided with options to help him feel more in control and less childlike. 2) Darnell should be permitted to participate in planned activities in the community when adequate staff are present to intensively track Darnell should he attempt to run away.

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

Specify: 1) The terms of Darnell's parole with respect to running away should be clarified with his parole officer as soon as possible. Then a meeting with Darnell, his parole officer and his therapist should be conducted to ensure Darnell fully understands his parole could be revoked if he demonstrates run away behavior. If Darnell agrees, a contract that documents the above would be developed. 2) Darnell and his therapist should review his risk to run and his level of dangerousness monthly until it can be determined both risks are low and as a result, restrictions relative to visitation and community activities may be loosened. 3) Darnell should be encouraged to explore activities and interests which emphasize pro-social interactions (e.g., team sports, school clubs, cooking class). 4) Darnell's treatment plan should address anger management and exploration of underlying and associated factors.

Runaway Vignette for Leo

Runaway Profile

Increased Risk to Run

*No Increased Risk of Vulnerability in the Community
No Increased Risk of Dangerousness in the Community*

Treatment Recommendation

Reducing Treatment Planning Interventions Necessary

History & Description of Current Functioning

Leo is a 16 year old living in a residential treatment center in Chicago where he has been in placement for almost two years. This is his first placement in residential care. Leo was removed from his mother's care at nine months old due to severe neglect. He was soon adopted but the adoption disrupted when he was eight years old, reportedly as a result of his extreme behavioral problems. Since that time, Leo has lived in 13 different foster placements, most of which ended when the foster parents determined that they could not manage his oppositional behavior, running away, and verbal and physical aggression.

Leo has been diagnosed with ADHD, Oppositional Defiant Disorder and Reactive Attachment Disorder. He is bright (full-scale IQ is 102) and can at times exhibit good judgment, but is emotionally immature and has a history of becoming violently explosive when he is frustrated. Leo does fairly well in school (Bs and Cs), but is currently on probation for vandalizing his classroom. Although he acknowledges trying alcohol and marijuana on occasion, he denies being a habitual user.

Since his admission to the RTC, he has demonstrated dramatic reductions in aggressive behavior and is in many ways considered a leader and role model on the unit. During the first year, he also showed a huge reduction in running away, with only a few brief (three to four hour) AWOLS during the first few months in placement. In fact, after an initial adjustment period, Leo seemed to thrive in the daily routines of life in a structured residential program, only exhibiting brief periods of increased instability when new peers entered the program or during periods of staff turnover.

Despite his apparent sensitivity to changes in the social environment, Leo never formed close relationships with either staff or peers, preferring much of the time to keep to himself. He has, however, developed a bond with his adoptive maternal grandmother who has continued to visit him regularly during most of his placement changes, although health issues have prohibited her from taking him into her home.

After being in the residential program for a little over a year, it was determined that he was ready for discharge. Too young for TLP and too old for many specialized foster care homes, more than six months passed before a potential adolescent foster home was identified. At this point, however, Leo began insisting that the only place he would consider living was with his grandmother and he began refusing or sabotaging other placement opportunities. In fact, staff noted that he soon became almost obsessive about the idea of living with his grandmother, taking every chance he could to try to convince his therapist and case worker to let him live there. His grandmother, seeming

to feel guilty about not taking him in, began sending mixed messages to Leo and to staff about her availability as a placement option.

Both residential staff and Leo's DCFS worker worked hard to get Leo's grandmother to decide – one way or another – but despite some false starts, were unable to do so. Thinking it in Leo's best interest, Leo's worker finally decided to discontinue visits in hope that Leo would understand living with his grandmother was not an option and that he would agree to foster care.

At this point Leo, frustrated about still being in residential care and about not being allowed to see his grandmother, began running away again. He often leaves on Friday after school and returns on Sunday night, clean and seemingly well-fed. It is suspected, but not confirmed that he was spending the weekends at his grandmother's house. Both Leo and his grandmother continue to deny it.

Restraint is not used to prevent his running due to his gender, age, and history while on run. Since Leo generally goes on run directly from school, residential program staff are assigned to meet him at his last class to escort him home. Nonetheless, he generally finds some way to get away. Staff have attempted to follow Leo, but he has been able to evade them, either by jumping fences through backyards or by heading into an area that staff consider too unsafe to go themselves. While he's gone staff routinely go to the grandmother's house and drive through the neighborhood. However, when they knock, no one answers and they have never seen him on the street.

When Leo comes back from run, staff typically respond by debriefing with him to learn where he has been, encouraging him to make better choices next time, and dropping his level as a consequence to deter future running away. As a result he is usually not on a level that allows him to participate in community activities. In addition, his frequent runs have raised the possibility that his probation will be revoked and he may be sent to jail if the runaway incidents don't stop.

Despite staffs' efforts to convince him to stop running away, Leo seems to be giving up hope and appears resigned to the fact that he will be going to jail.

Program's Treatment Context

The RTC is a campus-based program in a largely residential area in a residential neighborhood. Although it's in a relatively safe area it borders more marginal neighborhoods. Leo has his own bedroom in a 12-bed stand-alone "cottage." With the exception of overnight shifts, a 3:1 youth/staff ratio is generally maintained. There are no delays on the doors and there is a train station 4 blocks away. Although he attended the on-grounds schools during his first year at the RTC, he now rides a bus to a public school where he attends regular education classes.

Leo attends individual therapy once a week, and a variety of therapy, activity and psycho-educational groups throughout the week. He also participates in IIAA basketball which he says is the only thing he likes about being in residential care. He would like to try out for the high school team, however, staff have told him that he needs to reduce his running behavior before they can trust him enough to participate in extracurricular activities.

Program's Standard Operating Procedures

Youth are determined to be missing whenever it's discovered that they have left the grounds without staff permission and their whereabouts are unknown. At this point, staff contact the CSLU, submit a missing persons report, and complete a UIR. Although the program does at times use physical restraints to prevent youth from leaving the building, this is only done when it has been previously determined that the youth will be at substantial risk in the community.

If staffing ratios allow and they see them leave, staff generally follow residents who leave the program and continue searching for them each day they are missing. If there aren't enough staff on duty to ensure the supervision and safety of the other residents, no tracking or searches are done.

When youth return to the program, staff isolate them from other residents, search their belongings, conduct an Life Space Interview and return them to general programming.

Determination, Rationale & Interventions

Based on consideration of Leo's risk factors, his strengths, the program's context, and the program's standard operating procedures, it is determined that modifications are needed in his treatment plan. These would include both reducing the intensity of the program's standard responses to runaway as well as introducing some individualized interventions. These include:

- ✓ Modified efforts to prevent this youth from running
 - Since the treatment team believes Leo is staying with his grandmother on weekends, attempts should be made to make these planned visits. The residential team will confer with Leo's worker to see what steps need to be taken to allow planned weekend visits in the grandmother's home.
 - Without accusing her of lying and harboring Leo, Leo's therapist will request a meeting with Leo's grandmother to determine whether she would consider planned weekend visits with him.
 - If she is willing to have him visit on weekends, Leo's therapist will contract with Leo, presenting an agreement where he can go to his grandmother's every weekend if staff can transport him there and back.
 - If weekend visits with his grandmother are not possible and it is approved by his worker and the CSLU, the team will continue to negotiate with Leo, allowing him to leave on weekends but requiring him to establish ahead of time that he is leaving and that he is safe. At minimum, he will agree to phone check-ins twice a day. The rationale for this intervention is that otherwise, it is likely that Leo will violate probation and go to jail. Further, Leo is not considered to at risk for dangerousness or vulnerability in the community, and he is functioning well within the program and school.
- ✓ Modified police involvement
 - If pre-arranged visits with his grandmother aren't possible and Leo meets the requirements of the safety contract, staff won't file a missing persons report. By redefining his runs as approved "breaks," he won't be at risk of violating his probation unless he fails to fulfill his contract with staff.

- ✓ Modified tracking and searching procedures
 - If planned visits with his grandmother aren't possible, and Leo agrees to his contract, staff will no longer track him when he leaves and won't conduct searches. However, if he fails to fulfill the contract, staff will attempt to locate him and induce him to return to the RTC.
- ✓ Modified notification requirements
 - Staff will continue complete UIRs when Leo leaves without permission and his whereabouts are unknown. If staff track him while he's gone and he's never out-of-sight, an internal incident report will be completed (to track his behavior), but will not be filed with DCFS. No report will be completed if he follows his contract.
- ✓ Modified reintegration procedures
 - If Leo complies with the contract, he will no longer be subject to debriefing procedures upon his return but his possessions will continue to be searched.
 - If Leo does not comply with his contract, all the standard operating procedures will be followed and a modified reinforcement program will be considered in which level drops will be substituted with a positive reinforcement plan.
- ✓ Modified milieu requirements
 - Since Leo is approaching discharge, it will be important for him to be exposed to the community he'll be returning to so that he can engage in community activities designed to help him acquire the skills he'll need to succeed there. Leo will be engaged in helping to design an individualized life skills training program to prepare him to live in a community setting. It's also hoped that increasing community exposure and engaging in meaningful activities will motivate Leo and help him re-engage with the program. Moreover, since the community outings are treatment-oriented and not purely recreational, they will occur whether or not Leo is on level as long as he is stable at the time.
- ✓ Individualized therapeutic services to address factors related to run risk
 - The treatment team will consider ways to use Leo's interest in basketball to keep him motivated and engaged. This will include allowing him to try out for the high school team.
 - Intensive family therapy should be encouraged with Leo and his grandmother since it is likely his attachment issues will impact his adjustment in the home.

RUNAWAY RISK ASSESSMENT FORM **LEO**

Youth Name: *Leo*

DCFS Case ID#: Gender: *Male* DOB: Age: *16*

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’s 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 	Significant	<i>Leo has a long history of running in other placements and has frequently gone AWOL during his residential stay.</i>
B) Attempted Run History <ul style="list-style-type: none"> • Frequent runaway attempts within the past year • Preoccupation with running away 	Significant	<i>Leo appears committed to leaving on weekends.</i>
C) Age <ul style="list-style-type: none"> • 13 years or older 	Not Significant	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 	Not Significant	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 	Possibly Significant	<i>Leo admits to sometimes using marijuana and to occasional drinking in the past. There is no indication, however, that substances are involved in his frequent run episodes.</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 	Significant	<i>Leo has an adoptive grandmother who he is likely running to and who may be harbouring him.</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 	Not Significant	
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.) 	Not Significant	
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 	Not Significant	
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 	Significant	<i>Leo shows no sign of connection to most program staff and has begun to show signs of hopelessness and apathy.</i>

Risk Factor	Endorsement	Additional Information
K) Additional Factor: • • •	Not Applicable	
L) Additional Factor: • • •	Not Applicable	

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 that decrease the influence of the endorsed risk factors and/or suggest the youth's risk to run away is low.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Family | <input type="checkbox"/> Relationship Permanence | <input checked="" type="checkbox"/> Talents/Interests | <input checked="" 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 checked="" type="checkbox"/> Educational/Vocational | |

Description of how the indicated strengths affect the youth's risk to run: *Leo is a fairly good student and has a desire to play high school basketball. In addition, Leo knows that probation may be revoked if he continues to run away. It's possible that this may act as a deterrent, however, in many ways, Leo appears resigned to this outcome.*

4) 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): *NA*

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's Guide in conjunction with this section of the assessment.**

Risk Factor	Endorsement	Additional Information
A) Age • Younger than 13	Not Significant	Not Applicable
B) Gender • Female	Not Significant	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	Possibly Significant	<i>Although Leo generally demonstrates good judgment, he loses it when he becomes upset. It's possible that he could react to a situation in the community in a way that might get him into trouble.</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	Not Significant	

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 	Not Significant	
<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 	Not Significant	
<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 	Not Significant	
<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 • Resisted return 	Not Significant	

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 	Not Significant	
J) Additional Factor: <ul style="list-style-type: none"> • • • 	Not Applicable	
K) Additional Factor: <ul style="list-style-type: none"> • • • 	Not Applicable	

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 that decrease the influence of the endorsed risk factors and/or suggest the youth's level of vulnerability 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 checked="" 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 level of vulnerability: *While his judgment may be questionable at times, Leo's commitment to his educational and recreational goals, his predictable pattern of return from run in good condition, and ability to reintegrate into programming serves to reduce his assessed level of vulnerability while on run.*

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): *NA*

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’s Guide in conjunction with this section of the assessment.**

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

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

2) Strengths

For youth with risk factors endorsed as *significant* or *possibly significant*, indicate those strengths that may act as protective or palliative factors that 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 risk 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

3) 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's 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: *Although Leo is at an increased risk to run, his lack of vulnerability or dangerousness in the community and his readiness for transition and discharge planning mean that interventions need to be adjusted so that some standard program operating procedures don't apply. Additionally, other individualized interventions are needed to meet unique needs related to his runaway behavior.*

4) 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: Since the treatment team believes Leo is staying with his grandmother on weekends, attempts should be made to make these planned visits. The residential team will confer with Leo's worker to see what steps need to be taken to allow

planned weekend visits in the grandmother's home. Without accusing her of lying and harboring Leo, Leo's therapist will request a meeting with Leo's grandmother to determine whether she would consider planned weekend visits with him. If she is willing to have him visit on weekends, Leo's therapist will contract with Leo, presenting an agreement where he can go to his grandmother's every weekend if staff can transport him there and back. If weekend visits with his grandmother are not possible and it is approved by his worker and the CSLU, the team will continue to negotiate with Leo, allowing him to leave on weekends but requiring him to establish ahead of time that he is leaving and that he is safe. At minimum, he will agree to phone check-ins twice a day. The rationale for this intervention is that otherwise, it is likely that Leo will violate probation and go to jail. Further, Leo is not considered to be at risk for dangerousness or vulnerability in the community, and he is functioning well within the program and school.

Modified tracking procedures

Specify: If planned visits with his grandmother aren't possible, and Leo agrees to his contract, staff will no longer track him when he leaves.

Modified searching procedures

Specify: If he fails to fulfill the contract, staff will attempt to locate him and induce him to return to the RTC.

Modified police involvement

Specify: If pre-arranged visits with his grandmother aren't possible and Leo meets the requirements of the safety contract, staff won't file a missing persons report. By redefining his AWOLs as "breaks" he won't be at risk to violate his probation unless he fails to meet fulfill his contract with staff.

Modified notification requirements

Specify: Staff will continue to complete UIRs when Leo leaves without permission and his whereabouts are unknown. If staff track him while he's gone and he's never out-of-sight, an internal incident report will be completed (to track his behavior), but will not be filed with DCFS. No report will be completed if he follows his contract.

Special reintegration procedures

Specify: If Leo complies with the contract, he will no longer be subject to debriefing procedures upon his return but his possessions will continue to be searched. If Leo does not comply with his contract, all the standard operating procedures will be followed and a modified reinforcement program will be considered in which level drops will be substituted with a positive reinforcement plan.

Modified milieu requirements

Specify: Since Leo is approaching discharge, it will be important for him to be exposed to the community he'll be returning to so that he can engage in community activities designed to help him acquire the skills he'll need to succeed there. Leo will be engaged in helping to design an individualized life skills training program to prepare him to live in a community setting. It's also hoped that increasing community exposure and engaging in meaningful activities will motivate Leo and help him re-engage with the program. Moreover, since the community outings are treatment-oriented and not purely recreational, they will occur whether or not Leo is on level as long as he is stable at the time.

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

Specify: The treatment team will consider ways to use Leo's interest in basketball to keep him motivated and engaged. This will include allowing him to try out for the high school team. Intensive family therapy should also be encouraged with Leo and his grandmother since it is likely his attachment issues will impact his adjustment in the home.

Runaway Vignette for Natalie

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

Natalie, a sixteen year old female, has resided in a small group home for the past 18 months. The group home is located in Chicago in a “high crime” neighborhood. Within the past three months, Natalie has begun to runaway several times per week. Usually, she returns the same evening (though very late), but occasionally she stays gone for two to three. Group home staff is increasingly concerned for her well-being as she often returns disheveled and tired. On two occasions, her clothes were torn after she returned. She has not been willing to talk about why she runs or where she goes. In addition, staff has noticed that Natalie recently seems reluctant to talk to staff about other parts of her life. Staff is concerned because Natalie had previously developed close relationships with the staff and typically has been quite open with them. Prior to the running, there had been talk of transitioning Natalie to an ILO as she had been doing well.

Staff has identified two recent events that may be related to Natalie’s recent running away; she has a new boyfriend and her close friend recently transitioned successfully from the group home to an independent living program located in another part of the city. Group home staff has not met the new boyfriend, and several of the girls in the program report he is gang involved and that Natalie is hanging out with the gang.

Natalie has continued to function well in school, consistently maintaining a B average. Even when she returns to the group home late, she regularly gets up on time for school. One teacher, however, recently expressed concern to group home staff that he has noticed Natalie is quieter than usual in class and he further reported that for the first time she has not volunteered to be a peer mentor.

Since her arrival, Natalie maintained good relationships with group home staff and peers. She is generally very pleasant, cooperative, and enjoyed participating in activities with peers. But recently, Natalie more frequently exhibits periods of mild irritability and she sometimes seems to prefer staying in her room rather than spending time with her peers. She does not have a history of aggression or substance use. She does have a history of depression and has made a serious suicidal attempt in her previous placement, but there have been no threats or gestures since arriving at the group home. She has visits with a maternal aunt and uncle who live approximately 10 miles away. Her mother is currently incarcerated and she does not know anything about her father’s whereabouts.

Program’s Treatment Context:

This group home is located in a Chicago neighborhood plagued by gang activity and violence. The group home has six girls ranging in age from 15 to 18. The girls walk to

school which is only a half a mile away. The program structure includes daily groups (either psycho-educational, recreational, or life skills) and weekly individual therapy. Her current therapist has only been working in the group home for two months (there was a therapist vacancy in the home for five months).

Staffing patterns during the week for the group home are as follows: one staff on duty from 7:00 a.m. to 3:00 p.m.; two staff on duty from 2:00 p.m. to 11:00 p.m.; and two staff on duty from 11:00 p.m. to 7:00 a.m. On weekends and school holidays, there are two staff on duty from 7:00 a.m. to 11:00 p.m.

Program's Standard Operating Procedures:

Program procedures expect staff to report a youth missing as soon as the she is late from a community outing, late from a home pass, or if she leaves the home without permission. The girls are allowed to call the home collect if they are going to be late and a determination is then made to allow for this delay before reporting to the police. If there is two staff working, one staff conducts a search (while carrying a cell phone) in close proximity to the group home. Staff is instructed to quit searching immediately if any danger exists for them. If the youth is not located, the police are notified. If there is only one staff on duty, no searches or tracking are done.

The group home does not typically utilize restraints or attempt to block a youth from leaving given the home's staff resources and population served. The program is not reliably able to access additional staff if needed for coverage or extra supervision. Upon return from run, while staff is instructed to always assess the youth's mental status and check for contraband, there is no standardized protocol for reintegration.

Determination, Rationale & Interventions

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

- ✓ Modified efforts to prevent this youth from running
 - Staff will allow Natalie to contact her friend in ILO and help to set up regular visitation as long as both girls are functioning well. It will be important for Natalie to re-establish the positive connection of her friend. The visits will initially be supervised, with the goal to move towards unsupervised. Her aunt and uncle will be asked to help with the visits to ensure they happen consistently.
- ✓ Modified police involvement
 - Staff will alert police of Natalie's level of vulnerability and recent running behavior and attempt to work more closely with them. The group home has a good relationship with the local police department and will continue regular communication about Natalie.
- ✓ Modified reintegration procedures
 - Upon returning from run, staff will attempt to process with Natalie emphasizing their concern for her well-being while on run.
 - When Natalie returns from run, staff will conduct a brief assessment for any signs of victimization or substance use. Even though Natalie has been unwilling to talk

about her experiences while on run, staff needs to continue to ask questions and document their observations in the hopes of re-connecting with Natalie.

- The therapist will develop a list of set questions to ask Natalie and provide examples of what staff should look for upon Natalie's return. The therapist will review this at each team meeting.
- ✓ Modified milieu requirements
- Staff will conduct special group sessions, at least weekly, in which peers can offer support to Natalie and encourage her to stop running away.
 - The case manager will coordinate with school staff to help determine what types of things are in place at school which help Natalie to do well and attempt to modify them to the group home milieu. This will further help to promote consistency for Natalie.
- ✓ Individualized therapeutic services to address factors related to run risk and level of vulnerability
- Natalie will be referred for a psychiatric consultation to assess her level of depression and evaluate the need for psychotropic medication.
 - Individual therapy will focus on recognizing healthy relationships as well as potential dangers/threats of running away.
 - Staff will actively work with Natalie and school staff to help get her back into the peer mentoring program. This may include modified involvement to help Natalie feel more in control of her decisions/commitments and decrease any risk of her becoming too overwhelmed.
 - Group home staff will actively work with Natalie on identifying potential activities, hobbies, or interests which would be easy for Natalie to join or engage in to help her feel more positive and alleviate her depressive symptoms. Alternative volunteer opportunities will also be sought for Natalie if she no longer wants to participate in peer mentoring at school.

RUNAWAY RISK ASSESSMENT FORM

NATALIE

Youth Name: *Natalie*

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

Admission Date: *Not Applicable* **Revision Date:** *11/10/2007* **Revision Type:** *Other Update*

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>Natalie has recently begun running away within the past three months – usually several times per week. She is occasionally gone for 2-3 days.</i>
B) Attempted Run History <ul style="list-style-type: none"> Frequent runaway attempts within the past year Preoccupation with running away 	<i>Not Significant</i>	
C) Age <ul style="list-style-type: none"> 13 years or older 	<i>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>Not Significant</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>Natalie's peers have reported that Natalie runs to be with her new boyfriend who they report is gang involved.</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>Staff in the group home and at school has observed recent symptoms of depression which are likely to impact her judgment and insight. She seems to be driven to be with her new boyfriend despite potential consequences of running away. Her increased level of depression may also make her more likely to be negatively influenced.</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>Possibly Significant</i>	<i>Natalie's new quietness with staff who she was previously open with and her distance with peers may indicate disconnection is occurring.</i>

Risk Factor	Endorsement	Additional Information
K) Additional Factor: <i>Loss of close friend.</i>	<i>Significant</i>	<i>Natalie's friend transitioned to ILO and she may be experiencing a sense of loss and disconnection, making her more vulnerable to running away to be with her boyfriend.</i>
L) 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 the endorsed risk factors and/or suggest the youth's risk to run is low.

- | | | | |
|---|---|--|--------------------------------|
| <input checked="" type="checkbox"/> Family | <input type="checkbox"/> Relationship Permanence | <input type="checkbox"/> Talents/Interests | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Interpersonal | <input checked="" 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: *Natalie has a supportive aunt and uncle who could be utilized to help provide her with support. Additionally, she is a bright young girl, and although she may be disconnecting from some relationships, she has an ability to maintain many positive relationships. These strengths, along with her cognitive abilities can be used to help her understand why she is running away, the potential dangers of running away, and consequences of unhealthy 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): *NA*

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>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>Natalie has not been responsible to hearing her peer and staffs’ concern for her well being and potential dangers of her running. This is new behavior as Natalie has been very communicative in the past.</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>Possibly Significant</i>	<i>It is difficult to determine her level of insight related to running as Natalie is unwilling to talk to staff about it.</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>Possibly Significant</i>	<p><i>Natalie has a history of depression and attempted suicide once. Staff have observed recent signs of depression including withdrawal from others and activities and she is increasingly quiet. She has returned from run with torn clothing and staff has concerns about possible victimization or substance use.</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 • Resisted return 	<i>Significant</i>	<p><i>Natalie is reportedly running to a gang area to be with her new boyfriend.</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>Natalie has begun running away to be with a new boyfriend. Staff has observed increased depressive symptoms which are likely to make her more susceptible to negative peer influence.</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 type="checkbox"/> Talents/Interests | <input type="checkbox"/> Other |
| <input checked="" 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: *Natalie has demonstrated positive leadership qualities in the past and can be assertive. These strengths can be utilized in therapy and on the milieu to help her better recognize potential danger signs while on run and promote personal safety. She has had positive relationships within the group home which may help her reach out if she finds herself in a dangerous situation.*

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): Natalie has been determined to have an elevated level of vulnerability due to the significant deviation of her current functioning from her baseline. Her increased signs of depression, some of which are likely masked, are of concern. Additionally, she is currently emotionally fragile which impacts her level of judgment and insight and may inhibit her from fully utilizing her strengths as she has in the past. Natalie has been unwilling to communicate with staff which further raises concerns for her well-being.

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) Strengths

For youth with risk factors endorsed as *significant* or *possibly significant*, indicate those strengths that may act as protective or palliative factors that 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 Users 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 Natalie's risk factors, her strengths, the program's context, and the program's standard operating procedures, it is determined that Natalie requires additional treatment planning. Given Natalie's recent depressive symptoms and the fact that she is unwilling to give much information, staff should make every effort to track Natalie in order to determine if she is placing herself in 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: Staff will allow Natalie to contact her friend in ILO and help to set up regular visitation as long as both girls are functioning well. It will be important for Natalie to re-establish the positive connection of her friend. The visits will initially be

supervised, with the goal to move towards unsupervised. Her aunt and uncle will be asked to help with the visits to ensure they happen consistently.

Modified tracking procedures

Specify:

Modified searching procedures

Specify:

Modified police involvement

Specify: Staff will alert police of Natalie's level of vulnerability and recent running behavior and attempt to work more closely with them. The group home has a good relationship with the local police department and will continue regular communication about Natalie.

Modified notification requirements

Specify:

Special reintegration procedures

Specify: 1) Upon returning from run, staff will attempt to process with Natalie emphasizing their concern for her well-being while on run. 2) When Natalie returns from run, staff will conduct a brief assessment for any signs of victimization or substance use. Even though Natalie has been unwilling to talk about her experiences while on run, staff needs to continue to ask questions and document their observations in the hopes of re-connecting with Natalie. 3) The therapist will develop a list of set questions to ask Natalie and provide examples of what staff should look for upon Natalie's return. The therapist will review this at each team meeting.

Modified milieu requirements

Specify: 1) Staff will conduct special group sessions, at least weekly, in which peers can offer support to Natalie and encourage her to stop running away. 2) The case manager will coordinate with school staff to help determine what types of things are in place at school which helps Natalie do well and attempt to modify them to the group home milieu. This will further help to promote consistency for Natalie.

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

Specify: 1) Natalie will be referred for a psychiatric consultation to assess her level of depression and evaluate the need for psychotropic medication. 2) Individual therapy will focus on recognizing healthy relationships as well as potential dangers/threats of running away. 3) Staff will actively work with Natalie and school staff to help get her back into the peer mentoring program. This may include modified involvement to help Natalie feel more in control of her decisions/commitments and decrease any risk of her becoming too overwhelmed. 4) Group home staff will work with Natalie on identifying potential activities, hobbies, or interests which would be easy for Natalie to join or engage in to help her feel more positive and alleviate her depressive symptoms. Alternative volunteer opportunities will also be sought for Natalie if she no longer wants to participate in peer mentoring at her school.

Runaway Vignette for Tasha

Runaway Profile

Increased Risk to Run

*No Increased Risk of Vulnerability in the Community
No Increased Risk of Dangerousness in the Community*

Treatment Recommendation

Additional Treatment Planning Necessary

History & Description of Current Functioning

Tasha is a 17 year old African-American female who was recently admitted to a group home in central Illinois. She was referred to the group home due to a history of running away from home. Tasha lived with her grandmother until age nine when she went to live with her mother in central Illinois. This case originally came to the attention of DCFS in 1993 due to allegations of neglect and physical abuse. These allegations were unfounded and there was no further DCFS involvement until 2004. At that time, the local police notified DCFS that they had protective custody of Tasha because her mother refused to take her home. Apparently, Tasha stole her mother's car and had a minor accident while on run. DCFS took custody and Tasha was placed in a temporary shelter where she was then placed in relative foster care with her grandmother. Her grandmother eventually reported that she was unable to care for Tasha due to health concerns and Tasha was placed in her current group home.

Tasha reports a turbulent relationship with her mother with frequent yelling and screaming. She states that she has never gotten along with her mother's boyfriend and has watched her mother and boyfriend engage in "a lot of arguing and fighting." According to records, Tasha's mother indicated that Tasha has had behavior problems since age five, mainly defiance, temper tantrums, and screaming. She is reported as saying, "giving the state guardianship was the only way Tasha could receive the help she needs." Tasha usually talks to her mother weekly by phone, but visits have been sporadic. Tasha does not have a history of receiving any therapeutic services while living at home.

Since her arrival at the group home last month, Tasha has run away several times. She was gone overnight on two occasions, but always returns on her own. She has not let staff know where she goes or who she sees while on run. She simply states she hangs out with friends. Group home staff report that social relationships seem important for Tasha and she often states "my friends are the only real family I have." Tasha denies any current substance use but she has admitted to drinking two or three drinks two times per month and smoking half a blunt, two to three times monthly prior to admission. She reported that her last use of alcohol and marijuana was approximately three months ago. Group home staff has not observed signs of substance use or observed signs of harm upon Tasha's returns from run. However, staff do suspect that Tasha may be making bad choices in her friendships as she is very secretive.

Tasha will occasionally give some warning that she plans to run. For example, she will say things such as, "this place is getting to me," or "these girls are on my nerves." In fact, staff were able to stop Tasha from running on two occasions by recognizing these

warning signs and engaging her in discussions about how running is not the way to succeed in her goal of moving to a TLP. In the group home, she can be verbally aggressive to peers and staff when she feels she has been treated unfairly, but has not been physically aggressive. She has not made her level mainly due to her running away. Furthermore, she often refuses to complete her home job or clean her room and her participation in group therapy vacillates. For the most part, Tasha gets along fairly well with staff and peers, although she refrains from becoming too close to anyone. She tends to want to solve peers' problems and takes on a role of a "therapist" instead of a peer. This can be problematic as Tasha becomes more concerned with working on her peers' goals than her own.

When she attends school, she does well (As and Bs) and does not have any behavior problems. Tasha has a job at the local toy store working in the stock room. She works two afternoons per week and on Saturday mornings (ten hours per week). She has asked to join a local church that she attended four years ago. Tasha has a tendency to minimize her abilities and consequently, she has not been able to identify additional interests or hobbies that may enhance her sense of well-being.

Tasha states that she does not belong in a group home and blames her mother for her current placement. She feels that "everyone in the system" believed her mother and not her, and admits she is angry at being placed in the group home. Upon arrival, she stated, "my mother should be the one in care, not me."

A psychological evaluation completed in 2006 reveals a full scale IQ of 95. The examiner noted that Tasha becomes easily emotionally overwhelmed to the extent that her perceptions become distorted, prompting her to behave in impulsive and irrational ways.

Program's Treatment Context

The group home is located in a large town in central Illinois and has seven girls ranging in age from fourteen to seventeen. The surrounding neighborhood is primarily middle class and an upscale development is nearby. The girls attend the local high school and take a bus. The girls have daily group therapy (a mix of activity and psycho-educational) and weekly individual therapy.

The staffing ratio is 2:7 across all shifts and days of the week.

Program's Standard Operating Procedure

Staff reports a youth missing as soon as she is late from a community outing, late from a home pass, or if she leaves the home without permission. The girls are expected to notify the group home if they are going to be late. Staff is expected to conduct a brief search of the immediate area once a girl runs. The staff responsible for searching carries a radio which puts him/her in constant contact with the group home. If the youth is not located during the brief search, the police are notified.

Currently, there is an additional staff on the evening and weekend shifts, as the milieu has been unstable due to an increase in running by several girls. This staffing increase will be time limited and reviewed weekly. Restraints are not utilized nor does staff attempt to block a youth from leaving the home. The group home program cannot

readily access staff for additional supervision or coverage. Upon return from run, staff are instructed to assess youth's mental status, debrief the youth, check for contraband, and assess any need for medical intervention. The nurse is notified upon the youth's return and makes decisions regarding medications. Upon return from run, the youth is put on 24 hour precautions during which time she cannot go on community passes. For the 24 hour period, the girl may go to school and job.

Determination, Rationale & Interventions

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

- ✓ Modified efforts to prevent this youth from running
 - If Tasha displays early warnings of running, such as stating she is frustrated with the group home or manifests symptoms of anxiety, staff will try to engage her by asking how running will help her or how it will get her needs met and remind her of her goal to transition to a TLP. Tasha has responded well in the past to verbal interventions and social relationships are important to her.
 - All group home staff and residents will be alerted to Tasha's comments and behaviors that could signal she may run and be encouraged to help her find a reason to stay.

- ✓ Modified tracking procedures
 - Administration has authorized an additional staff to work during the evening and weekend shifts to allow for consistent implementation of tracking. The milieu has been unstable recently with frequent runaways. The need for the additional staff will be reviewed weekly as long as the agency can manage. This additional staff will help tracking if Tasha's destination can be established, and future searching methods may be modified.

- ✓ Special reintegration procedures
 - In order to determine if Tasha is minimizing her substance abuse, she will be sent for urine drops upon her return (within 12 hours of her return).
 - The debriefing will include questions addressing Tasha's sexual activities while on run in order to determine if immediate medical intervention is needed.

- ✓ Modified milieu requirements
 - Tasha needs to feel an alliance with her placement in which she believes she is an active part of treatment. Staff will need to consistently reinforce that her long-term goal is to transition to a TLP.
 - Staff will work with Tasha to help her learn more about TLPs. This will include gathering information on specific programs and site visits to various TLPs.
 - Staff will need to frequently and consistently let Tasha know where she is in terms of her progress towards her transitional goals. This will help her feel more invested in the program.
 - Tasha has great difficulty recognizing her strengths. She will need help in finding areas of interest and things she does well.
 - Tasha's participation in groups vacillates from minimal to good depending on her interest level and mood. Staff can help her predict when she may be more

resistant to participating and develop supportive strategies encouraging her participation.

- ✓ Individualized therapeutic services to address factors related to run risk
 - Tasha will be referred for a substance abuse evaluation.
 - Therapy should explore Tasha's issues associated with sexuality and identify medical, psychotherapeutic and psycho-educational needs.
 - Therapy should focus on helping Tasha identify and use alternative coping strategies to running away, and helping her better regulate her emotions through learning and practicing self-soothing skills.
 - She frequently thinks about running to be with her friends. She needs to develop healthy friendships and learn to recognize which peers have been positive and negative influences in her life.
 - Therapy should assess the viability of supportive roles for Tasha's mother and grandmother. Family therapy should be provided as necessary.

RUNAWAY RISK ASSESSMENT FORM TASHA

Youth Name: *Tasha*

DCFS Case ID#: *12345678* Gender: *Female* DOB: Age: *17*

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's 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 	Significant	<i>Tasha has a history of running away from home several times per week. She has been gone overnight on several occasions. She has run away from the group home on several occasions, sometimes staying out overnight.</i>
B) Attempted Run History <ul style="list-style-type: none"> • Frequent runaway attempts within the past year • Preoccupation with running away 	Significant	<i>She frequently thinks about running to be with friends. Since her arrival to the group home, Tasha has attempted to run, but staff have managed to keep her from running on two occasions through engaging her in discussion about meeting her treatment goals.</i>
C) Age <ul style="list-style-type: none"> • 13 years or older 	Significant	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 	Not Significant	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 	Possibly Significant	<i>Tasha currently denies any substance use. She has admitted to past drinking consisting of two or three drinks, twice a month and admitted to smoking half a blunt two to three times per month. She reports her last substance use was three months ago.</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 	Not Significant	
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 	Significant	<i>Tasha seems to be running to the same locations to be with friends in the community.</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.) 	Not Significant	
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 	Significant	<i>Tasha can become easily emotionally overwhelmed which increases her impulsivity and impacts her judgment. These are the times she is most likely to run away.</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 	Significant	<i>Tasha is angry at being removed from her mother's home and does not believe she belongs in a group home. She has kept herself from getting too close to peers or staff.</i>

Risk Factor	Endorsement	Additional Information
K) Additional Factor: • • •	Not Applicable	
L) Additional Factor: • • •	Not Applicable	

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 that decrease the influence of the endorsed risk factors and/or suggest the youth's risk to run away is low.

- | | | | |
|---|---|--|--------------------------------|
| <input type="checkbox"/> Family | <input type="checkbox"/> Relationship Permanence | <input type="checkbox"/> Talents/Interests | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Interpersonal | <input checked="" type="checkbox"/> Psychological | <input checked="" 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: *Tasha is a good student and employee and has an interest in joining a church. In general, she has good insight to her behavior and wants to do well. Social relationships are important to her and she wants to feel connected to others. These strengths can be used to help her find alternative activities to engage in other than running and understand the potential consequences of her running.*

5) 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): *NA*

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’s Guide in conjunction with this section of the assessment.**

Risk Factor	Endorsement	Additional Information
A) Age • Younger than 13	Not Significant	Not Applicable
B) Gender • Female	Significant	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	Not Significant	
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	Not Significant	

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 	Not Significant	
<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 	Not Significant	
<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 	Possibly Significant	<p><i>Tasha reports her last alcohol use was three months ago (alcohol and marijuana). She denies current use.</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 • Resisted return 	Possibly Significant	<p><i>It is unclear at this time where Tasha runs. She reports being with friends, but will not give more information. Staff have not observed any signs of harm upon her return, but suspect she is making bad choices in forming friendships.</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 	Not Significant	
J) Additional Factor: <ul style="list-style-type: none"> • • • 	Not Applicable	
K) Additional Factor: <ul style="list-style-type: none"> • • • 	Not Applicable	

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 that decrease the influence of the endorsed risk factors and/or suggest the youth's level of vulnerability in the community while on run would be low.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Family | <input type="checkbox"/> Relationship Permanence | <input type="checkbox"/> Talents/Interests | <input checked="" 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 type="checkbox"/> Educational/Vocational | |

Description of how the indicated strengths affect the youth's level of vulnerability: *Tasha values social relationships and, once recognized, could use her positive relationships to provide support to lessen her desires to runaway or use substances.*

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): *NA*

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’s Guide in conjunction with this section of the assessment.**

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

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

2) Strengths

For youth with risk factors endorsed as *significant* or *possibly significant*, indicate those strengths that may act as protective or palliative factors that 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 risk 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

5) 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's 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 Tasha's increased risk to run, her strengths, the program's context, and the program's standard operating procedures, it is determined that Tasha requires additional treatment planning. There is concern that she may be placing herself in harm since staff do not know where she runs.*

6) 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) If Tasha displays early warning signs of running, such as stating she is frustrated with the group home or manifests symptoms of anxiety, staff will try to engage her by asking how running will help her or how it will get her needs met and remind her of her goal to transition to a TLP. Tasha has responded well in the past to verbal interventions and social

relationships are important to her. 2) All group home staff and residents will be alerted to Tasha's comments and behaviors that could signal she may run and be encouraged to help her find a reason to stay.

Modified tracking procedures

Specify: Administration has authorized an additional staff to work during the evening and weekend shifts to allow for consistent implementation of tracking. The milieu has been unstable recently with frequent runaways. The need for the additional staff will be reviewed weekly as long as the agency can manage. This additional staff will help with tracking if Tasha's destination can be established, and future searching methods may be modified.

Modified searching procedures

Specify:

Modified police involvement

Specify:

Modified notification requirements

Specify:

Special reintegration procedures

Specify: 1) In order to determine if Tasha is minimizing her substance abuse, she will be sent for urine drops upon her return (within 12 hours of her return). 2) The debriefing will include questions addressing Tasha's sexual activities while on run in order to determine if immediate medical intervention is needed.

Modified milieu requirements

Specify: 1) Tasha needs to feel an alliance with her placement in which she believes she is an active part of treatment. Staff will need to frequently and consistently reinforce that her long-term goal is to transition to an TLP. 2) Staff will work with Tasha to help her learn more about TLP's. This will include gathering information on specific programs and site visits to various TLP's. 3) Staff will need to consistently let Tasha know where she is in terms of her progress towards her transitional goals. This will help her feel more invested in the program. 4) Tasha has great difficulty recognizing her strengths. She will need help in finding areas of interest and things she does well. 5) Tasha's participation in groups vacillates from minimal to good depending on her interest level and mood. Staff can help her predict when she may be more resistant to participating and develop supportive strategies encouraging her participation.

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

Specify: Tasha will be referred for a substance abuse evaluation. 2) Therapy should explore Tasha's issues associated with sexuality and identify medical, psychotherapeutic and psycho-educational needs. 3) Therapy should focus on helping Tasha identify and use alternative coping strategies to running away, and helping her better regulate her emotions through learning and practicing self-soothing skills. 4) She frequently thinks about running to be with her friends. She needs to develop healthy friendships and learn to recognize which peers have been positive and negative influences in her life. 5) Therapy should assess the viability of supportive roles for Tasha's mother and grandmother. Family therapy should be provided as necessary.

Runaway Vignette for Theresa

Runaway Profile

Increased Risk to Run

No Increased risk of Vulnerability in the Community

No Increased Risk of Dangerousness in the Community

Treatment Recommendation

No Additional Treatment Planning Necessary

History & Description of Current Functioning

Theresa is a 16 year old Hispanic female admitted to the residential treatment center seven months ago. She is of low average intelligence and in the 11th grade in a special education classroom. Currently, Theresa is diagnosed with Dysthymic Disorder.

Theresa came to attention of DCFS at age six while living at home with her mother and two older brothers, when her mother was investigated for child neglect. DCFS removed Theresa from the home a year later and all three siblings moved in with her aunt in Chicago. Theresa did relatively well in that home for several years; however she struggled educationally and was assessed as eligible for LD and BD services in the local elementary school.

When Theresa was 14, her aunt became seriously ill and was unable to adequately care for the children. Consequently, she and her siblings were placed in different foster homes, all in Chicago. At the foster home, Theresa began running away frequently, for periods typically lasting four or five hours, usually in order to “hang out” and to spend time with one of her brothers who lived nearby. She did not have any significant legal involvement, nor was there any reported substance abuse, although she was truant from school on several occasions. At home, her foster mother found her increasingly difficult to manage, citing verbal disrespect, oppositional behavior including refusal to complete chores and general disobedience. On one occasion, the situation escalated, she pushed her foster mother against the stove, resulting in a burn on her arm. Although she acknowledged that the burn was accidental, Theresa’s foster mother gave notice to DCFS that she was no longer willing to care for her. At that point Theresa emotionally shut down and threatened to take an overdose of her foster mother’s medication. She was then referred to her current placement, and maintains contact with her mother and brothers through phone calls and regular visits.

Since her placement at the RTC, Theresa has run away on numerous occasions, although the frequency and duration of these runs have decreased substantially over time. While initially Theresa ran away three to four times per month, she currently runs away on an average of once per month. Theresa’s runs typically involve her leaving the campus and wandering around a nearby mall or local park, returning several hours later. She indicates that while she recognizes that running away involves risks and results in a loss of privileges, it sometimes helps her “blow off steam”. There is no

indication that Theresa is abusing substances nor is she considered to be engaging in high risk or illegal behavior when on run.

Staff report that Theresa tends to run when “she can’t get her way” and it was assumed that her behavior was primarily oppositional, and attention seeking. Over time the treatment team began to recognize that when affectively over aroused, Theresa lacked the skills to effectively problem solve. Furthermore, analysis of her behaviors revealed that her runs often occurred following a period of progress, often associated with a series of positive behavioral daily ratings that resulted in increased privileges and greater autonomy.

Theresa’s treatment plan prescribes specific interventions regarding development of coping strategies to assist her when emotionally overwhelmed. These efforts, in addition to therapeutic work regarding Theresa’s conflicts and anxiety associated with independence and related sense of isolation and loss, are considered to be factors accounting for Theresa’s reduced instances of running away . Furthermore, staff has learned to “read” Theresa well and effectively utilize “close observation” and “staff support” precautions to assist her during stressful periods.

Overall, Theresa is motivated to make progress in her treatment and education. She is open to utilizing strategies and receiving help from staff and is intrigued by what she has learned about her psychological makeup. She has recognized patterns staff have identified related to her tendency to act out under specific kinds of stressors, and has progressed from being able to process events in retrospect to, increasingly, being able to intervene in her cycle of escalation in real time.

Program’s Treatment Context

The RTC is a campus-based northern Illinois program in a largely residential area with a few small businesses. Although it’s in a low income area, it’s relatively safe with low crime rate. Youth live in units housing 10 residents and the facility maintains a 3:1 staff/client ratio. There is a full range of activities and therapeutic programming for the youth. About half of the youth attend on on-grounds therapeutic day school, the rest are educated off campus a local schools.

Program’s Standard Operating Procedures

Program expectations are that youth are not permitted off campus without specific authorization from staff, typically in the form of a pass. When a youth is assessed as a runaway risk, there are several levels of precaution that may be initiated to help support the youth, increase supervision and maintain the youth in an area with less stimulation.

When indicated in the treatment plan staff is authorized to restrain youth attempting to run away when less restrictive measures are unsuccessful. Whenever youth are missing, staff checks the area and immediately and reports the incident to administration. When the youth is sighted leaving the area, staff are expected to track him/her and attempt to get them to voluntarily return. Unless the youth is at imminent risk for harm to self or others, staff are not authorized to intervene physically off

campus. When youth return from run, they are debriefed, searched for contraband, and assessed for any further intervention. Typically, youth are placed on “on unit” status for periods that vary per youth depending on the result of the debriefing.

Determination, Rationale & Interventions

Given Theresa’s risk factors, strengths, treatment progress and program context and operating procedures, it is determined that Theresa does not require additional treatment planning. At this juncture, Theresa appears to be on a positive trajectory with respect to her running behavior and continued treatment consistent with her current plan is indicated at this time.

RUNAWAY RISK ASSESSMENT FORM

THERESA

Youth Name: *Theresa*

DCFS Case ID#: *12345678* **Gender:** *Female* **DOB:** **Age:** *16*

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’s 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 	Significant	<i>Theresa has run 3-4 times/month four months ago; currently about 1time/month for past 3 months.</i>
B) Attempted Run History <ul style="list-style-type: none"> • Frequent runaway attempts within the past year • Preoccupation with running away 	Significant	<i>Theresa has occasionally been placed on precautions for agitation that has been associated with running in the past. She is increasingly able to recognize/assist staff in making that assessment.</i>
C) Age <ul style="list-style-type: none"> • 13 years or older 	Not Significant	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 	Not Significant	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 	Not Significant	

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 	Not Significant	
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 	Not Significant	
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.) 	Not Significant	
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 	Possibly Significant	<i>While at times demonstrating poor judgment, impulsivity, and reactivity to authority, Theresa demonstrates progress in those areas.</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 	Not Significant	

Risk Factor	Endorsement	Additional Information
K) Additional Factor: • • •	Not Applicable	
L) Additional Factor: • • •	Not Applicable	

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 that decrease the influence of the endorsed risk factors and/or suggest the youth's risk to run away is low.

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

Description of how the indicated strengths affect the youth's risk to run: *Theresa is motivated to progress in treatment, has increasing insight into emotional factors that related to impulsivity, and maintains positive connections with staff and peers.*

6) 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): *It is likely that Theresa will run away, however, the frequency is likely to continue to decrease over time and she has demonstrated enhanced coping skills in this area.*

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's Guide in conjunction with this section of the assessment.**

Risk Factor	Endorsement	Additional Information
A) Age • Younger than 13	Not Significant	Not Applicable
B) Gender • Female	Significant	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	Not Significant	
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	Not Significant	

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 	Possibly Significant	<i>When affectively over-aroused, Theresa has difficulty effectively problem-solving.</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 	Not Significant	
<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 	Not Significant	
<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 • Resisted return 	Not Significant	

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 	Not Significant	
J) Additional Factor: <ul style="list-style-type: none"> • • • 	Not Applicable	
K) Additional Factor: <ul style="list-style-type: none"> • • • 	Not Applicable	

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 that decrease the influence of the endorsed risk factors and/or suggest the youth's level of vulnerability 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 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: *Theresa has demonstrated enhanced coping skills in problem-solving.*

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): *NA*

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’s Guide in conjunction with this section of the assessment.**

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

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

2) Strengths

For youth with risk factors endorsed as *significant* or *possibly significant*, indicate those strengths that may act as protective or palliative factors that 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 risk 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):

Section III: Treatment Planning

7) 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's 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: *Given Theresa's risk factors, strengths, treatment progress and program context, and operating procedures, it is determined that Theresa does not require additional treatment planning. At this juncture, Theresa appears to be on a positive trajectory with respect to her running behavior and continued treatment consistent with her current plan is indicated at this time.*

8) 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:

Modified tracking procedures

Specify:

Modified searching procedures

Specify:

Modified police involvement

Specify:

Modified notification requirements

Specify:

Special reintegration procedures

Specify:

Modified milieu requirements

Specify:

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

Specify: