Elopement From Residential Placements: What Do Youth And Families Need To Remain Engaged In Treatment

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Who Are We?

- Erin is the Associate Clinical Director of Residential Services

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Erin

FOR ME, **SUCCESS** IS NOT ABOUT THE **WINS** AND **LOSSES**. IT'S ABOUT **HELPING** THESE **YOUNG** FELLAS BE THE BEST **VERSIONS** OF **THEMSELVES** ON AND OFF THE **FIELD**. AND IT AIN'T ALWAYS **EASY**, BUT NEITHER IS **GROWING** UP WITHOUT SOMEONE **BELIEVING** IN **YOU**.

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THEODORE 'TED' LASSO

Cam

LaSalle School

- LaSalle provides a range of community and campus based program services to adolescents and their families designed to address significant risk issues which put their ability to sustain positive growth in jeopardy. On any given day, our programs serve over 150 youth and their families.

Our Residential Program

Started as an orphanage in the late 1800s

Residentially we work with youth from ages 11 to 21, at this time they are all assigned male at birth.

We have about 36 youth residing on our campus

Located in the city of Albany, NY and an open campus

LaSalle Oversight Agencies

NYS OCFS oversees our operations – creates specific policies and procedures we are required to integrate into our policies at LaSalle

Justice Center – Investigates incidents including AWOLs – specifically for high risk youth or trends

Learning Objectives

1

Gain a strong understanding of the factors impacting youth eloping from out of home care

2

Identify several different theories that can explain why young people run away from out of home care

3

Walk away with different strategies to:
- Address elopements at your agency
- Work with families to decrease elopements
- Keeping youth engaged in treatment

What are your goals today?

Why this topic?

Prevalent around the world!

Interventions were missing the mark

Phases of many AWOLs and phases of few AWOLs

Inconsistent engagement with families to help reduce AWOL

Preemptive Discharges

Youth are vulnerable by definition

Youth residing in out of home placements are defined by some as the most vulnerable population

More about the why, from family feedback

- Concerns about their children being allowed to walk out the door with out being stopped or restrained

- Fears of the danger their children could be in unsupervised in the city

- Frustrations with police response not being quick enough, not doing anything if paperwork wasn't perfect

- Disappointment in notification practices – waiting to make notifications, not prioritizing family, calling the wrong numbers

- Questions about consequences

Some of the numbers

- 1% of children in out of home care are considered run away – National

- In a Kansas study they showed 9.3% of youth in out of home placements experienced a runaway incident over a 30 month period, this was reported in 2006.

- NY 2022 – 15,293 youth in foster care, Nationally 342,981

- NYS estimates that 50% of youth in care will runaway at some point while in out of home care

- Chapin Hall identified 14 being the turning point where running became more prevalent

Length of AWOL

- Some studies show that this changes with an increase in age

- Over 16 – more likely to be gone for more than a month

- Most of the time youth are gone for a week or less

- Risk increases with length of time away – interviews with youth have indicated an increase in substance use, traumatic experiences and other high risk situations – Chapin Hall Brief
  - Also important – youth may have experienced trauma prior to and during placement

The Common Threads

- A need to belong, reunite with their family or community
- A need for autonomy and the feeling of freedom
- Feeling as though their placements are not acknowledging or fulfilling those needs
- Boredom

Policies

There are several public policies in place that impact our population and may contribute to the increased risk factors leading to running away

- Families First
- Raise The Age

Observed Positive Outcomes:

- an increase in community based services
- using residential as a short term intervention

Observed Concerns:

- Youth identified as having a higher risk are placed in non secure settings
- Decreased accessibility to residential services for short term interventions

Risk Factors from The Research

Individual Risks

- Female
- Older at removal
- Race
- High ACE Score
- Substance use
- Family/Friends

Situational Risks

- Need for independence
- Sense of normalcy
- Multiple placements
- Lack of permanency or uncertainty
- Missing Family and Friends
- Poor relationships
- Staff turnover
- Inconsistency

Risk Factors of LaSalle Youth

Individual Risks

- Teenagers
- High ACE Score
- Substance use

Situational Risks

- Frustrated with consequences
  - Not going off campus
- Lack of permanency or uncertainty
- Missing Family and Friends
- Connection seeking
- Boredom

Protective

- Feeling of unconditional regard
- Feeling loved
- Feeling supported
- Feeling heard

Motivators

- Freedom
- Running to something vs running away from something
  - Running away from a lack of attachment
  - Bio family
  - Friends
  - Familiar places
  - Others they feel connected to
- Some overlap of risk vs motivator
  - How do we look at motivators before they become risks?
    - Ex: Family is a risk AND a motivator

Why Do Kids Run?

- Family time and contact is limited and/or not with the identified supports of the young person

- Placement Quality

- Individualization of services

- Rules are new and excessively restrictive

- Need for "normal"

- Run from negative social situations and perceived hostile or uncaring environments

- Seeking autonomy – run from environments where they no longer have control

- Boredom – Came up overwhelmingly in all articles and at LaSalle

- Connection seeking

International findings

- A study from New Zealand in 2017 shows 5 key reasons for absconding from residential care:
  - Relationships and a sense of connection are important
  - Life in residential care is found to be boring
  - Freedom and autonomy are highly valued by young people
  - The system is frustrating
  - Smoking influenced youth to abscond

What is "Normal"

- Families see us at their worst and have often "failed" their way up through multiple systems
- It is our responsibility to allow normative experiences and work with our families to better understand what is typical and what is concerning – sometimes both can be true when working with teens.

Need for Normal

- "...restrictions noted included access to cell phones, sleepovers, and staying home alone – all milestones and rites of passage generally available to youth not in foster care. These restrictions, which appear based in reducing liability for the state, disregard the developmental and social-emotional needs of youth and undermine the parental decision-making of foster parents who are otherwise trained, licensed, and trusted with the care of youth. Further, these restrictions are seen by youth as unfairly punitive, drawing attention to the distinction of these youth as different and adding to the frustration and lack of belonging experienced by youth that may prompt runaway episodes."

Not So Normal

- "Going to the mall and all of us piling out of a van puts a spot light on us, everyone knows we are from LaSalle" – LaSalle Youth

- Trampolines

- Restricted access to cell phones and the internet.
  - "I had one before I came here, why can't I have one now"

NYS Answer to the Need for Normal

- "Understanding the need for children to participate in normative experiences is instrumental in preventing children from running away from foster care and may assist in stabilizing children upon their return to care. When the child returns, applying the standard would include, but not be limited to, such things as developing agreements with the child, if age and developmentally appropriate, that espouse communication, a balance between responsibilities and privileges, and the ability to participate in normative experiences, such as attending parties and working a part-time job. Additionally, the caregiver, where appropriate, should engage the child's birth/adoptive parent, guardian or prior caretaker in identifying opportunities and activities that will prevent and minimize the likelihood that the child will run away from care". - 2015 ADM for normative experiences

Theories and Explanations Applicable to AWOL

- Attachment Theory
- Ecological Systems Theory
- Maslow's Hierarchy of Needs
- ACEs

Adverse Childhood Experiences and other Toxic Stress

- Youth in residential care may have experienced significant trauma, abuse and neglect
- Biological responses to stress
  o Fight, Flight, Freeze
- Flight response may be a coping skill that has kept youth alive
- Stress of residential care may trigger a biological response

CHILDHOOD ATTACHMENT STYLES

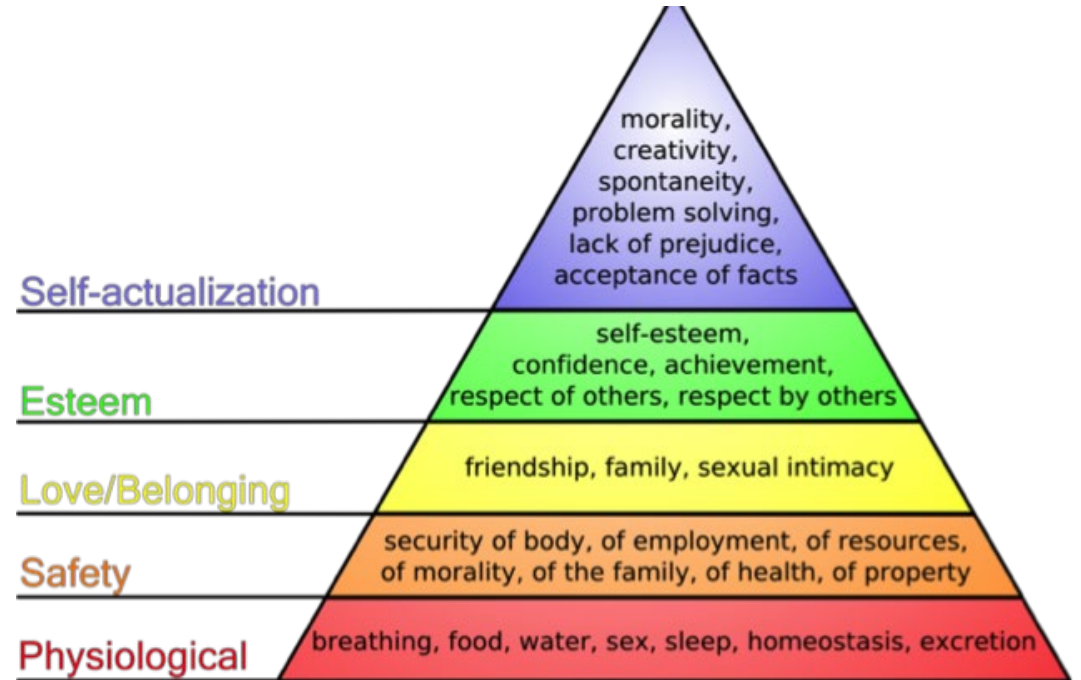| Secure	Avoidant	Ambivalent	Disorganised
Content, engaged in tasks, comfortable with intimacy, self sufficient, capable of trust, positive view of themselves and others, resilient	Self reliant, avoid or leave during conflict, positive view of self, negative view of others, overly independent, can seem distant	Emotional, clingy, seeks excessive intimacy, seeks constant reassurance, fearful of losing the relationship, dependent on others, negative view of self	Wants intimacy, but fears it, expects to be hurt, fear of rejection, negative view of self, negative view of others, low self esteem, angry, difficulty making friends, finds it hard to follow directions
"They will be there for me when I need them"	"I don't need them"	"They will leave me"	"No one can love me. There is something wrong with me."

AdoptionUK

Ecological Systems Theory
(Bronfenbrenner, 1979)

Illustrated by Juliet Young!!!

Maslow's hierarchy

Self-actualization — morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts

Esteem — self-esteem, confidence, achievement, respect of others, respect by others

Love/Belonging — friendship, family, sexual intimacy

Safety — security of body, of employment, of resources, of morality, of the family, of health, of property

Physiological — breathing, food, water, sex, sleep, homeostasis, excretion

Therapeutic Needs Hierarchy

Golding, 2015

Trying to engage people in this...

...Wont be effective without this

Explore Trauma

Resilience & Resources

Empathy & Reflection

Comfort & co-regulation

Developing Relationships

Feeling safe (emotionally & physically)

Working from the bottom up is key in therapeutic intervention

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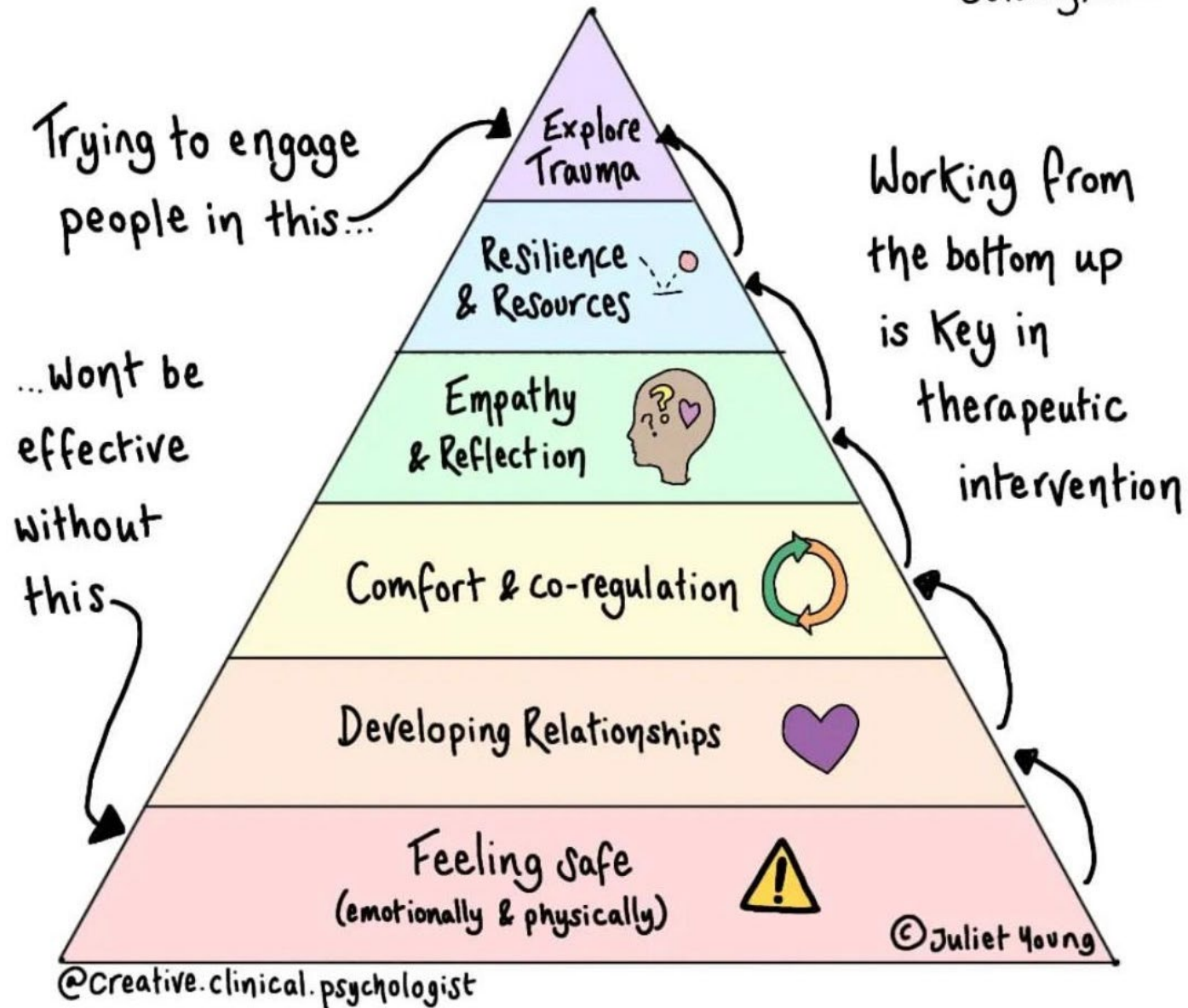
Why does theory matter?

Helps make sense of what is happening

Can connect actions of the youth engaging in the behavior to developmental theory

Can assist in making developmentally and trauma informed responses to AWOL as well as other behavior

Youth And Family Voice

Chapin Hall Brief from 2003 spoke about the importance of Youth Voice along with the voice of those they had the most contact with – stating those interviews provide a richer understanding of the motivators

Theory can help us conceptualize why youth run and what they are looking for but interviews and listening to their own words will allow us to best understand the experiences of youth in care and their families

In their own words-why AWOL

Conflict with
other youth

Bullying

Girls

Drugs

Running away from

Running to

Social Media

Conflict
with Staff

Friends

Boredom

Family

Caregiver Perspectives on AWOL Motivation

Peer influences	"Doesn't want to be there"	Wanted to be home
Connection with biological family	Needed a break	Wasn't getting his way

What do we do?

DBT

Motivational Interviewing

Relationship Building

Independent Living Skills

Developing a youth council

Hired Family Engagement Coordinator

Began exploring how we are greeting youth when they return

Relationships

- Research repeatedly talks about the importance of relationships

- What are some ways your agency supports staff in how to develop relationships with youth and their families

- We have training in:
  - Therapeutic Crisis Intervention
  - boundaries
  - other trainings as needed

Connection Seeking of Youth at LaSalle

"Finding someone I could talk to and trust"
Talking to kids would prevent AWOLs
"Staff are just paid to watch you"
AWOL to "get away from staff"

What is done nationally?

Hospitable and supportive environment to foster success

Activities and recreation trips

Programming to expand and develop youth's interests – develop IL skills, foster independence

Level systems – higher level if you don't AWOL, more independence – have been shown to have mixed results

Weekend passes with family or family friend – spending time with family and community leads to success

Group meetings around high risk times – discussing the risks of AWOL

Counseling, activities and a system of rewards and consequences based on the individual was helpful

What is done continued

Typical reaction to AWOL is to restrict, "punish", feels like that is all that can be done.

- Take away cell phone
- Hamper independence

Meticulously watching

Consider moving to another setting

- Increases risk of AWOL in the future

What kinds of "normal" do kids at LaSalle want?

- "It feels like placement, make it feel like it's an actual house."

- Getting off campus

- Jobs

- Talking to girls

- More clubs

- Better food

- Ability to get space safely

What families working with LaSalle want?

Collaboration

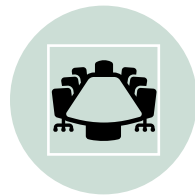More skills

Consistency
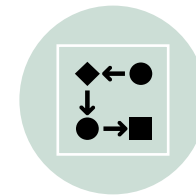
More experiences for youth

Listen to families

Better food

Communication

Family Advisory Board

Better Processes

Recommended Interventions

Clear boundaries with a supportive environment	Identify risk factors at the start of treatment	Relationship and connection
Youth Voice	Training AND Training Evaluation	Assess function of behavior using an assessment tool

Program Specific Recommendations

Flexible Rules to foster independence

Provide normative experiences not typically accessible to youth in foster care

Response upon return from AWOL – Caring, sensitive, empathetic, concern

Do not take away time with family

Explore safe options to spend time with family

Large Scale Intervention Ideas

Collaborative Council with other local facilities

Stabilization unit to help chronic run aways stabilize and reengage in treatment

Some areas to consider

- Expand on the DBT programming we have including training residential staff

- Trainings for all direct care staff

- More student voice

- Implement agency wide PBIS

- Consistent caring response upon return

- Family driven care

What can you do differently

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