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Runaway Youth: Predictors of Family Reunification

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ABSTRACT

This study investigated the association between family reunification for runaway youth and other factors (i.e., participation in family crisis counseling, number of individual/group counseling sessions, youth’s age, gender, parents living together at intake, total number of presenting problems, type of presenting problems, and self-reported physical and/or sexual abuse). The participants were 586 youth who were between 9 to 18 years of age and were admitted to a runaway youth shelter in a large metropolitan area in a Midwestern state. The participants included 322 females and 264 males. The majority were African/African Americans (52.9%) and Caucasians (26.5%). The data were collected by youth counselors during the intake interview from youth and/or their parent(s) at the shelter.

The findings indicated that family crisis counseling, individual/group counseling, and youth age are associated with family reunification. There was a statistically significant positive correlation between family crisis counseling and family reunification. Family reunification was more likely to occur if youth presented more problems and parents were living together. Runaway youth who come with a greater number of family-centered problems were more likely to reunify with their families than youth who have fewer family-centered problems. The results showed no significant associations between family reunification and reported physical and/or sexual abuse among youth in this sample.

The limitations of the study included the use of self-reported data, the emphasis on family reunification at discharge, the unequal number of individual/group and family
sessions among participants, and the correlational nature of the study. Recommendations for future research include investigating factors leading to runaway decisions, differences among youth subgroups, and comparison between runaway shelters. In addition, longitudinal research and qualitative methods would be useful in further study of runaway youth.

Keywords: Runaway youth, family reunification, individual/group counseling, family crisis counseling, family-centered problem, youth-centered problem
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# TABLE OF CONTENTS

ABSTRACT ................................................................................................................................. i

ACKNOWLEDGEMENTS ........................................................................................................ iii

TABLE OF CONTENTS .............................................................................................................. v

LIST OF TABLES ................................................................................................................... viii

CHAPTER 1 ............................................................................................................................. 1

INTRODUCTION .................................................................................................................... 1

Purpose of Study .................................................................................................................... 4

Importance of Study .............................................................................................................. 5

Definition of Terms ............................................................................................................. 6

Research Questions and Hypotheses ................................................................................. 7

Summary ............................................................................................................................... 8

CHAPTER 2 ............................................................................................................................. 9

LITERATURE REVIEW ........................................................................................................... 9

Theories and Models of Adolescent Development ................................................................. 9

Runaway Youth ...................................................................................................................... 13

Family and Runaway Youth ................................................................................................. 22

Model of Family Crisis Counseling for Runaway Youth ..................................................... 30

*Functional Family Therapy (FFT)* .................................................................................... 30
Variables Used in This Study ........................................................................................................... 83
Null Hypotheses and Analyses ........................................................................................................... 84
Summary of Results ............................................................................................................................ 90
CHAPTER 5 ........................................................................................................................................ 92
SUMMARY, DISCUSSION, AND CONCLUSIONS ........................................................................... 92
Summary ............................................................................................................................................... 92
Discussion .......................................................................................................................................... 93
Limitations .......................................................................................................................................... 98
Recommendations for Future Research ............................................................................................. 99
Conclusions ......................................................................................................................................... 101
References .......................................................................................................................................... 104
APPENDIX A: Notification of IRB Exempt Study ............................................................................. 114
APPENDIX B: Intake Questionnaire .................................................................................................... 116
LIST OF TABLES

Table 1: Demographics of Runaway Youth.............................................................. 73
Table 2: Number of Individual and Group Counseling Sessions ......................... 76
Table 3: Number of Youths’ Presenting Problems ............................................. 78
Table 4: Type of Youth’s Self-Reported Presenting Problems ......................... 80
Table 5: Analysis of Logistic Regression Predicting Likelihood of Reported Family
Reunification........................................................................................................... 89
CHAPTER 1
INTRODUCTION

According to recent national reports, over one million youth in the United States run away from home every year (Sedlak, Finkelhor, Hammer, & Schultz, 2002). The National Incidence Studies of Missing, Abducted, Runaway, and Thrownaway Children reported that 1,682,900 youth were estimated to have at least one runaway episode in 1999, and over 68% of those youth were 15 – 17 years old, equally represented by males and females (Hammer, Finkelhor, & Sedlak, 2002). Hammer et al. also reported that among those youth, 57% were White (non-Hispanic), 17% were Black (non-Hispanic), and 15% were Hispanic.

Researchers have found that young people run away from home in order to gain greater power and control (Slesnick & Prestopnik, 2004a) and to cope with the stress and trauma of living in dysfunctional family environments (Bao, Whitbeck, & Hoyt, 2000). Other researchers have found that the reasons for running away are to get away from gangs in the youths’ neighborhoods or to escape abusive situations (e.g., physical and sexual abuse) in their living places (De Rosa et al., 1999).

Bao et al. (2000) reported that physical abuse in the family of origin is positively related to depressive symptoms. Physical abuse in the family is also positively associated with youth leaving their families and depending on peers for instrumental and emotional social support. These findings support the suggestion that runaway youth in abusive families decided to run away and not return to the family of origin because they felt vulnerable and threatened by family member(s).
Other researchers have also reported that runaway behavior is most commonly associated with (a) poor family relationships, (b) poor parenting skills, or (c) unaddressed family problems that affect the child’s ability to thrive and grow in the home. In those studies, poor family relationships have included (a) family conflict and (b) family breakdown (Baker, McKay, Lynn, Schlange, & Aupille, 2003; Mallett, Rosenthal, & Keys, 2005). Poor parenting skills have been conceptualized as (a) parents’ inability to communicate with their children (Teare, Furst, Peterson, & Authier, 1992), (b) parental over- or under-control issues (Mallett et al., 2005), (c) parents’ inability to effectively relate to their children (Farrow, Deisher, Brown, Kulig, & Kipke, 1992), or (d) parental neglect or abuse (including physical, emotional or sexual abuse) (Bao et al., 2000; Tyler, Cauce, & Whitbeck, 2004). Unaddressed family problems have included (a) parental drug or alcohol abuse (Mallett et al.), (b) family legal problems (Yoder, Whitbeck, & Hoyt, 2003), (c) parent’s physical or mental health problems (i.e. parental antisocial personality) (Farrow et al., 1992; Tyler et al., 2004), or (d) financial problems within the home (Shane, 1991). These researchers have concluded that the impact of each of these problems within the home prior to running away can lead to behavioral problems and depression among adolescents, especially when abuse is one of the precipitating factors (Brady & Caraway, 2002; Tyler et al., 2004). Thus, much of the current research suggests that relationships among family members and their family environment tend to have the most salient effects on young people’s decisions to run away.

Therefore, problems with runaway youth need to be considered within the context of the family environment. Running away behavior in youth is strongly associated with high levels of family conflict (Baker et al., 2003). Slesnick and Prestopnik (2004b)
suggested that runaway youth experience lower social status which gives them less power in their families and society. These youth did not recognize that running away made their situation worse and could negatively affect their lives (Slesnick & Prestopnik, 2004b).

Bao et al. (2000) suggested that the consequences of living away from home included greater risks in regard to committing felony offenses, dropping out of school, experiencing increased family conflicts, and suffering increased psychological challenges (e.g., depression and stresses) compared to youth who do not run away.

When youth run away from their families to live on the street, they learn from experienced, older runaway and/or homeless youth (Mallett et al., 2005). Thus, Mallett et al. suggested that youth should be assisted to return to their families through shelter programs and services. This is because these shelters could be structured to offer opportunities for young people to learn the necessary skills (e.g., social and problem solving skills) to successfully cope with their home situations, and to protect themselves in abusive situations (Nugent, Carpenter, & Parks, 1993; Thompson, Pollio, Constantine, Reid, & Nebbitt, 2002). Furthermore, other researchers (Thompson, Pollio, & Bitner, 2000) found that shelter services helped increase positive outcomes (e.g., having close friends, attending school and higher rates of graduation), reduce the risk of involvement with illegal activities, and reduce repeated runaway behavior. Shelters for runaways have helped youth work toward returning home by providing short-term shelter, medical services, and individual, group and family counseling services designed to assist youth with their home, school, and community-related challenges (e.g., poor peer relationships or youth-to-youth violence) and to protect vulnerable youth from physical or sexual abuse situations in their family (Thompson et al., 2000).
Purpose of Study

The purpose of this study was to investigate what variables predict family reunification for runaway youth who are served at a shelter for runaway youth. After the Runaway and Homeless Youth Act of 1974 (P.L. 93 – 415) was passed by the United States (U. S.) federal government to provide services to support this population, many shelter services for runaway and homeless youth were established throughout the U.S. Many research studies examined the effectiveness of treatments and services for runaway adolescents in shelters (Barber, Fonagy, Fultz, Simulinas, & Yates, 2005; Klein et al., 2000; Thompson et al., 2000, p. 79; Thompson et al., 2002) and the reasons for runaway behavior (Kurtz, Jarvis, & Kurtz, 1991; Mallett et al., 2005). One goal of runaway shelters mandated by the federal legislation related to family reunification such that “youth that are minors should be encouraged, where feasible, to return to parental homes” (Thompson et al., 2000, p. 79).

The family reunification goal is suggested by research. For example, Teare et al. (1992) reported more family problems and higher risk of suicide among runaway youth who did not reunify with their families. Furthermore, Nugent et al. (1993), Thompson et al. (2000), and Thompson et al. (2002) found that family reunification in runaways increases positive outcomes (i.e., having close friends, attending religious services, attending school and higher rates of graduation), reduces trouble with police, lessens the use of legal services, and minimizes repeat runaway episodes compared to runaway youth who did not return to their families.

Feeny (2005) suggested that to reunite youth with their family, family crisis counseling is recommended to support parents and youth and to reassure youth’s safety
after they leave the shelter. Runaway youth who return to their families after receiving shelter services would have an opportunity to rebuild positive relationships with their parents and other family members and get support from parents to strengthen their self-identity and self-esteem (Thompson et al., 2000).

Thompson, Kost, and Pollio (2003) and Thompson, Safyer, and Pollio (2001) examined factors associated with family reunification in this population. They found that the most important factors associated with family reunification were family characteristics such as whether or not parents’ are employed, quality of the parent-child relationship, instances of neglect, and the amount of physical and sexual abuse in the family.

Family reunification is not always the best option for every runaway youth, especially youth who experienced physical and sexual abuse in family, and, in these cases, family reunification should occur with caution. Feeny (2005) argued that shelters should withdraw from family reunification assistance “if there is any suspicion of abuse or exploitation (physical or emotional) occurring following reunification” (p.48). While family reunification is not appropriate for all, a runaway youth study (Feeny, 2005) suggested that staff at a shelter should explain to youth why returning to their family is not ultimately possible and also try to prevent them from “feeling guilty” (p.48).

Importance of Study

This study would contribute to a growing body of literature about which factors are predictive of family reunification. The results of this study would also assist counselors who provide services to runaway youth to make treatment decisions that are more appropriate given their various presenting issues. Moreover, the emphasis of this
study is on factors that facilitate runaway youth returning to their families of origin because of the large body of evidence that shows that family reunification not only reduces negative outcomes (Teare et al., 1992), but also increases positive outcomes (Nugent et al., 1993; Thompson et al., 2000; Thompson et al., 2002) for those runaways whom are able to return to live with their families in a safe environment.

Definition of Terms

Runaway Youth: In the current study, runaway youth are defined as youth between 9 and 18 years of age who are absent from home at least overnight without permission of parents or legal guardians. Homeless youth are defined similarly as runaway youth.

Family Reunification: Family reunification is defined as runaway youth returning to their family of origin to live with their parents and/or other family members.

Individual/Group counseling: Individual counseling refers to runaway youth discussing their issues with trained youth counselors, with a bachelor degree in psychology or related filed. Group counseling refers to one or more 1.5 to 2 hour sessions with other runaway youth and trained youth counselors to share and discuss their ideas and thoughts, and to learn social and problem solving skills in a small group setting.

Family crisis counseling: Family crisis counseling refers to one or more 1.5 to 2 hour sessions with parent(s), youth, and a family counselor. The focuses of these meetings are to encourage positive communication between youth and their parents and to provide support for resolving current problem situations within the child/parent relationship.
Family-centered problems. Family-centered problems are focused upon the behaviors of family members or relationships with parents, guardians, or other family members.

Youth-centered problems. Youth-Center problems are focused on individual behaviors, physical or mental illness experienced by youth, or conflicts with others outside the family.

Research Questions and Hypotheses

Research questions that guided this study were:

1) What are the relationships among the factors of family reunification, family crisis counseling, individual/group counseling, age, gender, parents living together, number of runaway youths’ presenting problems, and type of presenting problems (i.e., family-centered problems and youth-centered problems)?

2) Will family reunification be significantly and differentially predicted by participation of the youth in family crisis counseling and individual/group counseling, youths’ age, gender, whether or not parents live together, number of runaway youths’ presenting problems, and type of presenting problems?

3) Is family crisis counseling related to family reunification?

4) Is there a difference in the number of family reunifications between runaway youth who report physical and/or sexual abuse and those who do not report such abuse?

The null hypotheses of this study are:

1) There would be no relationships among family reunification, family crisis counseling, individual/group counseling, age, gender, parents living together, number of runaway youths’ presenting problems, and type of presenting problems.
2) Family reunification would not be predicted by participation of the youth in family crisis counseling, individual/group counseling, youths’ age, gender, whether or not parents live together, number of runaway youths’ presenting problems, and type of presenting problems.

3) Family crisis counseling would be not related to family reunification.

4) There would no differences in the number of family reunifications between runaway youth who report physical and/or sexual abuse and those who did not report such abuse.

Summary

This first chapter provided an introduction and overview about the reasons and causes of runaway behavior of youth. The chapter also summarized the role of family in runaway situations. In addition, definition of terms for the study, research questions and null hypotheses were included. The following chapters of this study are as follow: Chapter 2 provides an in-depth literature review related to runaway youth, family issues related to runaway youth, and potential benefits and challenges of youth reuniting with their family, Chapter 3 reports research methods, including the sample studied, procedures used, data analyses, Chapter 4 reports the results of the study, and Chapter 5 provides a summary of the study, a discussion based on the results of the study, and conclusions regarding insights obtained through the study.
CHAPTER 2
LITERATURE REVIEW

*Theories and Models of Adolescent Development*

Santrock (1989) defines adolescence as the period of transition from childhood to early adulthood, which starts between ten and twelve years old and ends between eighteen and twenty-two years old. The development of adolescence begins with rapid physical changes which include dramatic gains in height and weight, changes in body contour, and the development of sexual characteristics (e.g. the enlargement of breasts, development of pubic and facial hair, and deepening of voice). During this period the individual experiences an urge for independence and identity. Adolescents have more logical, abstract, and idealistic thoughts than pre-adolescents. They tend to spend more time outside of their families as well. Identity formation is a critical part of adolescent development, and Erickson (1968) explained its processes with his theory.

Erickson’s theory of adolescent identity formation integrates elements from all the main theories of adolescence, including the biological dimension (i.e., human’s drives and needs), the social dimension (i.e., cultural influences), and the individual dimension (i.e., identity in individuals) (Jackson & Goossens, 2006). Erikson (1963, 1968) proposed a psychosocial model of development in which young people must accomplish the tasks of one stage in order to move to the next. The 8 stages of psychosocial development are as follows: 1) Trust vs. Mistrust (from birth to one year of age), 2) Autonomy vs. Shame and Doubt (between the ages of one and three), 3) Initiative vs. Guilt (between ages three to six), 4) Industry vs. Inferiority (from age six years to puberty), 5) Identity vs. Role Confusion (during adolescence), 6) Intimacy vs. Isolation
(during young adulthood), 7) Generativity vs. Stagnation (during middle adulthood), and 8) Ego Integrity vs. Despair (beyond middle adulthood) (Erickson, 1963).

Adolescence occurs during the fifth stage in the model, and the primary task of adolescence is forming an identity or sinking into identity confusion (Erikson, 1968). Erikson described that adolescents attempt to find out who they are, what they are all about, and where they are moving in life. He called this period a psychological moratorium. Erickson explained that adolescents are confronted with many new roles and potential adult statuses. If the adolescent explores his/her potential adult roles in a healthy manner, he or she will be able to achieve a positive identity. When an identity is pushed on him or her by parents without adequate knowledge about roles and without defining a positive future path, they instead experience identity confusion.

Psychoanalytic theory hypothesizes that the development of independence and identity during adolescence can create conflicts between the adolescent and his or her family. These conflicts, if severe enough, may result in the adolescent withdrawing or running away from home. During their search for identity and independence, adolescents experience challenges and may behave in unexpected ways and place themselves at risk.

Baumrind (1987) provided an explanation about adolescent risk-taking behavior. Baumrind presents adolescent risk-taking behavior from a developmental perspective. Most of her ideas about developmental processes in youth are similar to Erickson’s theory, and Baumrind makes reference to Erikson’s (1968) identity crisis. Baumrind wrote that risk-taking behaviors characterize normal youth development, as they are opportunities for “self-transcendent challenge and pleasurable excess” (p. 98). Youth’s
risk-taking behaviors indirectly increase their self-esteem and stress tolerance, and also encourage taking initiative (Baumrind, 1987).

Baumrind (1987) explains the unexpected or antisocial behaviors among youth as a trend in contemporary American society related to industrialization and urbanization. The development of industrialization and urbanization may create a distance between family members and adolescents and hinder the psychosocial development of youth. Contemporary American society does not provide youth a “moratorium, a time to explore and experiment safely” (Baumrind, p. 96); therefore, youth in America are faced with an identity crisis. In addition, according to Baumrind, the social role of women has changed, which may cause negative consequences for youth. For example, the maternal presence in the home has changed and youth may not have sufficient supervision during their free time.

Baumrind (1987) concluded that we need to learn about issues of alienation and commitment to better understand adolescent risk-taking behaviors. She defines alienation as “a psychological state in which a human being feels like an outsider in the community, unable to find a shared interest and a consensually validated way to contribute to society” (p.102). She believes that when youth are able to recognize a connection between their self-interest and social values, the risk of alienation from the self or from society is moderated.

The attachment between caregiver and a child is significant and influences how a child develops trust which affects adolescent. Attachment theory (Ainsworth, 1979; Bowlby, 1988) explains this process.
The attachment theory of John Bowlby (1988) and Mary Ainsworth (1979) mainly concerns mother-child relationships. Bowlby and Ainsworth were influenced by Freud and other psychoanalysts, although they do not agree with all psychoanalytic views. Bowlby (1944) studied the link between maternal loss or deprivation and personality development, and Ainsworth was interested in security theory. They began to collaborate together in 1950 (Bretherton, 1992). Bowlby believed that histories of maternal deprivation and separation influenced maladjustment (i.e., stealing and lack of affection) in children. He also believed the role of social networks, economics, and health factors helped to develop functional mother-child relationships. Ainsworth’s security theory looks at mother-child relationships in the development of a secure dependence on parents before infants and young children move toward unfamiliar situations (Bretherton).

According to attachment theory (Ainsworth, 1979; Bowlby, 1988), insecure attachment during childhood leads to more intense conflict during the adolescent years. Attachment theorists (Ainsworth, 1979; Bowlby, 1988; Sroufe, 2003; Sroufe, Carlson, Levy, & Egeland, 1999) believe that the relationship between a caregiver and an infant has a significant impact on the child’s social behavior later in life. Attachment is categorized as secure or insecure. In secure attachment, the caregiver provides sufficient physical and emotional support to their child and the infant is able to develop a secure dependence on parents. The infant uses the caregiver as a secure base from which to explore the environment. A securely attached baby is able to move away from the mother and respond positively to other people, while an insecurely attached baby avoids the mother and fears strangers.
Sroufe (2003) found that at two years infants who were securely attached to their mothers were less frustrated and happier than insecurely attached infants. Another study found that the quality of attachment at 6 years of age was predicted by the quality of the attachment from infancy (Matas, Arend, & Sroufe, 1978). Not all adolescents have smooth attachment and connectedness with their caregivers. Among adolescents who lack positive attachment and connectedness with their caregivers, the conflict between them and their caregivers increases beyond childhood levels. There are a number of factors that cause this conflict. For example, the biological changes of puberty, cognitive changes involving increased idealism and logical reasoning, social changes focused on independence and identity, maturational changes in parents, and violated expectations on the part of parents and adolescents (Montemayor & Hanson, 1985). Adolescents who lack positive attachment with their caregivers engage in conflict that is more intense during adolescents than at any other time in their lives (Matas et al., 1978).

The preceding theories and models (Ainsworth, 1979; Baumrind, 1987; Bowlby, 1988; Erickson, 1963; Erikson, 1968) help to explain how an adolescent develops unwanted behaviors, especially runaway behavior. To better understand the nature and characteristics of runaway youth, the next section will review research that has been conducted on this population.

Runaway Youth

According to Schaffner’s (1999) theory, runaway behavior is emotionally driven, because runaway youth get frustrated when they do not have their needs met or they do not meet the expectations of their parents. Baker, Mckay, Lynn, and Auville (2003) examined runaway youth and family influences on repeat runaways in a longitudinal
study (over a two-year period, from January 1, 1997 through December 31, 1998) with 166 runaway youth at an urban city runaway shelter in the northeastern United States. The shelter provided services that included a 24-hour hot line, room and board, medical care, psychosocial and substance abuse assessment, family assessment, transportation to school, mental health counseling, and aftercare, provided through a network of referrals to community-based services. Three hundred and fifty-one youth were attending the program during the two years of the study; however, 151 intake files were missing due to a move to a new location and 34 cases were not included because the youth did not run away from their parents’ home. Thus, intake interview data from 166 youth were analyzed in the study.

The intake interviews were conducted by caseworkers at the shelter. All questions were closed-ended. Only fifteen variables from the intake interview were selected and divided into 3 categories for the study, including (1) youth and family characteristics (i.e., age of youth, gender, race, living situation before running away, change in family structure in the past year, and youth runaway history), (2) youth problems (i.e., victim of physical abuse, drug use, school problems, and emotional problem), and (3) parent problems (i.e., parental drug use, parental alcohol use, marital conflict, parental arguments with other adults in home, poor communication among family members, parent is too strict, youth desires more independence, and parent places too high achievement demands).

Baker et al. (2003) reported the following findings. The average age of youth was 15.2 years (SD = 1.42), 60.8% of the 166 youth were female, 79.0% were minority ethnicity, 89.8% were living with stepparent/parent prior to coming to the shelter, 18.9%
reported family change (e.g., parents’ divorce/separation, and family relocation). In addition, 15.7% reported emotional problems, 29.3% were a victim of physical abuse, 12.3% used drugs, 14.3% had school problems, 18.9% experienced family change, 26.5% had a history of repeat runaways, 52.4% were repeat runaways at the time of interview, and the average days of stay at the shelter was 13.9 (SD = 16.76).

The major findings of the study (Baker et al., 2003) indicated that emotional problems in runaways are significantly related to the reoccurrence of runaway episodes in repeat runaways because youth make decision to run while they feel overwhelmed by their situations. Researchers also found that family conflicts and length of stay at the shelter were significantly related to repeat runaway episodes for first-time runaways.

Mallett et al. (2005) conducted a study with 302 young participants in Australia. As a part of a larger study, Mallett et al. examined pathways of becoming homeless for young people with a 10-minute semi-structured interview between October 2000 and August 2002. The participants were asked questions about how they became homeless, why they left home, and their lives while away from home. The study did not note where the participants came from or where the interviews were conducted. The interviews were audio taped and transcribed. Two researchers independently read all transcripts and developed codes based on themes that emerged in the first 30 interviews. Inter-rater reliability was ensured by double-coding twenty interviews. The rest of interviews were coded by the researcher. All coded interviews were analyzed by a software program focusing on personal and/or family drug/alcohol use.

The results of the analysis showed that 34% of the participants reported their leaving home was not related to personal drug use, 20% of the participants reported their
drug and alcohol use as the main reason for leaving home, and 20% reported personal
drug and alcohol use as integral (but not the most important) to their pathway into
homelessness. They also found that less than 10% of participants reported sexual abuse as
a reason for leaving home, 9% reported drug and alcohol use by one or more significant
family members as their reason of leaving home, and only 6% reported that their drug use
became problematic after they left home. Moreover, the researchers found that one-third
\( n = 107 \) of the sample reported a relationship between their own or significant other’s
drug use and their pathway into homelessness.

In this study, Mallett et al. (2005) reported that the four distinct ways of
adolescents leaving home are: 1) youths’ drug/alcohol use creates conflicts with family
members (38% of the drug use sample), 2) family conflict causes youth to turn to
drug/alcohol use, leading to a more complicated situation in the family (19% of the drug
use sample), 3) family conflicts lead youth to leave the family, and youth use
drugs/alcohols after leaving home (17% of the drug use sample), and 4) drug/alcohol use
of family member(s) leads to family conflicts between youth and other family members
which causes youth to leave home (26% of the drug use sample). The researchers noted
that family conflict occurred in each of these situations.

A recurring theme from the interviews was loss of respect for a parent because
their mother could not provide sufficient care, nurturing, or protection from abuse and
family violence. Researchers concluded that family breakdown and the desire for
independence reflects the social contexts that characterize modern family life (e.g., higher
divorce and separation rates, and more single-parent families). Homelessness of youth in
this study reflected changes in the modern family in Australia; for instance youth
expressed anger, resentment, and a loss of respect for one or both parents. Adolescents used substance abuse which created conflicts with their parents, and some youth decided to leave their families to live with their partners instead.

Once youth run away from their families, they learn many methods to survive on the street. They may engage in theft, panhandling, pimping, or prostitution to obtain money in order to survive (Van Leeuwen et al., 2004). As a result, runaway youth are at great risk for exploitation, disease, and life choices that could impact their future in very negative ways (Darling, Palmer, & Kipke, 2005; Mallett et al., 2005). For example, runaways are often sexually exploited, a common situation among both male and female runaways, leading to high risk for HIV/AIDS and unwanted pregnancy (Darling et al., 2005; Van Leeuwen et al., 2004). Runaway youth often abuse alcohol and drugs before and/or after they run away (Darling et al., 2005). Additionally, runaway youth are at greater risk for committing suicide (Yoder, Hoyt, & Whitbeck, 1998).

Running away from home often worsens the youth’s personal situation. For example, Orten and Soll (1980) hypothesized that the first time youth run away, they typically make no a priori plan and have no specific destination. Orten and Soll added that first-time runaway youth usually experience a rude shock if they stay on the streets. For example, they may be around other runaways and homeless youth who do not befriend them, but who express negative attitudes toward them. Yoder et al. (2003) found that gang involvement after running away prevents youth from having successful relationships, jobs, and education because they have difficulty trusting other people. They often have problems with truancy and fail to graduate from high school. The next section will expand on the preceding research to clarify risks of runaway behavior.
Yoder et al. (1998) examined risk factors associated with suicidal ideation and suicide attempts in 297 homeless and runaway youth from four Midwestern states (i.e., Iowa, Kansas, Missouri, and Nebraska). The study was a part of the Midwest Homeless and Runaway Adolescent Project (MHRAP). The participants were interviewed on the streets, in shelters, and in drop-in centers by outreach workers. The study used seven categories of variables, including 1) socio-demographic factors (i.e., gender, age, race, and sexual orientation), 2) family factors (i.e., emotional problems, alcohol/drug abuse in family, physical abuse, and sexual abuse), 3) suicide exposure (i.e., friend attempted, friend completed), 4) street factors (i.e., physical and sexual victimization), 5) externalizing behavior (i.e., drug abuse), 6) internalizing behavior (i.e., self-esteem, depression), and 7) suicidal behavior (i.e., attempted suicide, suicidal ideation).

The results showed that 53.9% of the sample reported some level of suicidal ideation, and 26.3% reported a suicide attempt during the year prior to the interview. Univariate and multivariate analyses indicated that sexual abuse by a family member, knowing a friend who attempted suicide, drug use, and internalizing behaviors (e.g., self-esteem and depression) were highly associated with suicidal ideation. Among youth who did not report suicidal ideation, sexual abuse, sexual victimization, and internalization were highly related to the possibility of a suicidal behavior.

Yoder et al. (1998) concluded that family sexual abuse and internalizing behaviors were related to the possibility of a suicide attempt as was the presence of suicide ideation. The study suggested that case workers should not rely on screens for depression and a history of sexual abuse alone, but also should include screening for
suicidal ideation. They also suggested counseling to help youth, who have a friend who attempted suicide, deal with suicidal thoughts.

Yoder et al. (2003) also conducted research, as a part of MHRAP, with 602 homeless and runaway youth from the same four Midwestern states as cited above. The study compared runaway youth who were gang members, gang-involved (but not gang members), and non-gang members on several dimensions, including socio-demographic characteristics (i.e., gender, ethnicity, and age), family background (i.e., family socioeconomic status, parenting, family neglect and abuse, and family legal problems), school experiences (i.e., attendance, planned future attendance, dropped out, suspended, or expelled), street experiences and exposure (i.e., age on own, time on own, ever on the street, victimization, threatened by a gang, and deviant peers), emotional problems (i.e., self-esteem, depression, and suicidal ideation and suicide attempts), and delinquency (i.e., substance use, arrests, and deviant behaviors).

The participants were interviewed on the streets, in shelters, and in drop-in centers by outreach workers. The study categorized youth into 3 groups by asking each individual four questions: “Have you every participated in any gang activity?”, “Have you ever been asked to join a gang?”, “Have you ever been through a gang initiation?”, and “Do you belong to a gang now?” (p. 451). Youth who answered “no” to all questions were categorized as the noninvolved gang group (51.7% of 602 youth). Youth who answered “yes” to at least one of the first three questions, but “no” to the fourth question were categorized as gang-involved (32.2%). Youth who answered “yes” to all questions were categorized as gang members (15.4%).
The results found that youth who were gang members and who were gang-involved reported more problems concerning family legal problems, suspension from school, drug and alcohol use, and suicide attempts than non-gang youth. Yoder et al. (2003) also found that youth who are gang members and those who are gang-involved tended to run away at younger ages and had more peers who exhibited deviant behavior than non-gang youth. Moreover, they found that youth gang members reported less parental monitoring, more severe abuse, more street victimization, and more deviant subsistence strategies than youth in either gang involved or non-gang members. Yoder et al. suggested that people who work with runaway and homeless youth could use this information to guide them away from gang involvement by providing suggestions for life-style alternatives and sources of support.

Van Leeuwen et al. (2004) conducted research to examine rates of substance use and HIV risk behaviors for homeless and runaway youth at the Urban Peak Shelter (UP) in Denver, Colorado. The study used a self-administered questionnaire, adapted from the Treatment Episode Data Set (TEDS) survey. A pilot questionnaire was distributed to five youth at the shelter to ensure that the questions were clearly understood. Questions included whether youth had used any of eight substances (i.e., alcohol, marijuana, amphetamine, cocaine, heroin, hallucinogens, ecstasy, and ketamine) within the past nine months, the frequency of use, and the methods of use. The questionnaire took staff of the UP Outreach Team 5-10 minutes to administer. Prior to administration, the UP staff had two hours of training to ensure interviewer consistency. Staff then went out three separate times in one day to interview as many homeless and runaway youth as possible. The
subjects were interviewed on the street and at the UP shelter. One-hundred and eighty-six homeless and runaway youth completed the questionnaire.

Sixty-five percent of 186 youth were male, and 35% were female. Forty-two percent of the subjects reported living with their parents, but 58% reported that they were not. The results from the questionnaire indicated that over the last nine months, 69% of the subjects used alcohol, 75% used marijuana, 18% used methamphetamine, 19% used cocaine, 12% used heroin, 30% used hallucinogens, 25% ecstasy, and 13% used ketamine. Eleven percent of the subjects reported trading sex for drugs, money, food, or shelter. Thirteen percent reported sharing needles.

The results of this study suggest that to serve homeless and runaway youth, shelters should administer comprehensive substance abuse screening, assessment, and treatment services. Also, screening for Hepatitis C and HIV needs to be part of the assessment. Moreover, more extensive resources must be provided to help youth reduce the behaviors of trading sex for drugs, money, food, clothing, and shelter. Finally, the results indicated that it is necessary for shelters to screen for hard and less common drugs (e.g. heroin, ketamine) among homeless and runaway youth to address youths’ substance dependence and to help them stay away from the street. However, in order to develop appropriate treatment strategies, professionals need a better understanding the context of living situations among homeless and runaway youth. Professionals also must understand high-risk behaviors, and how they relate to substance abuse (Van Leeuwen et al., 2004). The next section will review prior research on runaway youth and their families to help better understanding relationships within the families of runaway youth.
Family and Runaway Youth

The family is an important institution and significantly affects the child’s development, especially during adolescence. This section reviews recent runaway research studies on the impact of family environments on runaway youth. Slesnick and Prestopnik (2004b) conducted a study to investigate substance abuse among runaway youth and the family environment, as part of a larger study evaluating the effectiveness of functional family therapy (Alexander & Parsons, 1982). The participants of the study were 49 runaway youth who were recruited based on the following criteria: ages between 12 and 17, reside at a local runaway shelter, and have used alcohol 10 of the past 90 days. The study focused on alcohol-abusing youth because the project was funded by a federal initiative to evaluate a behavioral treatment intervention for adolescents with alcohol problems.

The potential participants were referred by shelter staff to the interviewer, who administered the Diagnostic Interview Schedule for Children (DISC) sections on alcohol, marijuana, and other substances (Shaffer et al., 1996). The DISC is a 263-item computerized structured interview that assists clinicians in providing a comprehensive diagnosis based on the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994). Participants who met diagnostic criteria for alcohol abuse or dependence were recruited into this study.

In this study (Slesnick & Prestopnik, 2004b), one-hundred and nineteen youth who met the criteria for alcohol abuse completed the Youth Self-Report (YSR) of the Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1983). Their parents completed the Parental Bonding Instrument (PBI; Parker, 1990), the Family Environment
Scale (FES; Moos & Moos, 1981), the Brief Symptom Inventory (BSI; Derogatis, 1993), and the Alcohol Use Disorders Identification Test (AUDIT; Saunders, Aasland, Babor, De La Fuente, & Grant, 1993). The 119 participants were from two runaway shelters in an urban southwestern city. The study focused only on pretreatment information from 49 runaway youth and their parents.

The YSR is a 120-item scale assessing delinquency, aggression, attention problems, somatic complaints, thought problems, and social problems in youth; the battery has a test-retest reliability 0.69 across a 6-month interval and criterion validity ranged from 0.75 to 0.82 (Achenbach & Edelbrock, 1983).

The 25-item PBI measured two dimensions of parent-child relationship, (i.e., perceived parental care vs. rejection, and control vs. autonomy). The PBI has reliability with correlations ranging from 0.63 to 0.88; and its construct validity and predictive validity have correlations ranging from 0.51 to 0.78 (Parker, 1990).

The FES (Moos & Moos, 1981) is a 90-item true-false battery. There are 10 subscales measuring social-environmental characteristics of families, including conflict, cohesion, achievement orientation, active-recreational emphasis, control, expressiveness, intellectual-cultural emphasis, independence, moral-religious emphasis, and organization. The FES internal consistencies ranged from 0.61 to 0.78 and test-retest reliabilities from 0.73 to 0.86.

The BSI (Derogatis, 1993) is a 53-item test measuring the level of distress (within the past 7 days) in 9 dimensions (i.e., somatization, obsessive-compulsivity, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism) using a 5-point Likert scale. The BSI internal consistency estimates ranged
from 0.71 to 0.85 and test-retest reliabilities ranged from 0.68 to 0.91. In the same section as the BSI, the study indicated that the global severity index (GSI) score was the dependent variable in the study.

The AUDIT was developed by the World Health Organization to detect whether an individual’s alcohol use is harmful to the person’s health. AUDIT is a 10-item screening questionnaire with 3 items on the amount and frequency of drinking, 3 on alcohol dependence, and 4 on problems caused by alcohol. The AUDIT contains test-retest and internal consistency reliabilities ranging from 0.81 to 0.93 (Saunders, Aasland, Babor, De La Fuente, & Grant, 1993).

The PBI results indicated that youth reported that their parents were overprotective. Parental overprotective scales and parental bonding/care scale from the PBI were not correlated ($r = -0.07$). For the YSR/CBCL results, the study found no statistically significant correlations between parents’ and youths’ scores ($p > 0.10$) on the Externalization (i.e., Delinquency and Aggression subscales) and Problem subscales (i.e., Social, Thought and Attention Problems subscales). The study found a statistically significant correlation between parents’ and youths’ scores on the Internalization subscale (i.e., Withdrawn, Somatic, and Anxiety/Depression subscales). The bivariate correlational analyses between parents’ and youths’ scores on the FES indicated no significant associations among family environment, family conflict, cohesion, achievement orientation, active recreation orientation, control, expressiveness, or independence subscales ($p > 0.05$). In general, the FES results showed that youth perceived more negative family environments than their parents. The parents’ BSI results indicated that the GSI score was 0.75 (Mean = 0.65). Testing this mean against the mean reported for
adult nonpatients in the BSI manual (Derogatis, 1993) indicated that the GSI was significantly higher than the norm, \([t(46) = 4.75, p < 0.001]\). There were no relationships among the parent’s BSI and AUDIT scores and the youths’ alcohol use.

In short, the findings of this study (Slesnick & Prestopnik, 2004b) indicated that there was a relationship between parental distress and youth problems, but there was no significant report of parental alcohol use and parent’s level of distress. It was concluded that there was no relationship between parents’ alcohol use and their child’s alcohol use.

A study by Bao et al (2000) examined abuse, support, and depression among homeless and runaway youth in four Midwestern states (i.e., Missouri, Iowa, Nebraska, and Kansas). This study was a part of the MHRAP. The study recruited 602 participants from 6 homeless and runaway shelters. Interviews were conducted in outreach vans, restaurants, shelters, transitional living facilities and drop-in centers as part of regular shelter outreach by street outreach workers from the shelters. The interview questions collected information in the following areas: family abuse, gender, race, child-initiated living transitions (i.e., the number of times that youth ran away and moved from one place to another), total time on their own (i.e., the number of times that youth had been on street or living with no adult supervision), perceived family support, perceived friend support, affiliation with deviant peers, and depressive symptoms.

The instrument measuring family abuse was a 9-item questionnaire based on the Conflict Tactics Scale (CTS; Strauss & Gelles, 1990). The items asked youth how often in their lifetimes parents had thrown something at them in anger, or had slapped, beat, hit, threatened or assaulted them with a weapon, or asked for or forced sexual activity. The
responses for each item was measured on a Likert scale (1 = Never to 4 = Many times). Cronbach’s alpha for the measure was 0.82 with the sample.

Perceived family support was measured with a 2-item questionnaire asking about perceived instrumental aid and emotional support (Antonucci & Akiyama, 1994). For instrumental aid, the participants were asked to name up to four family members who give help and aid (i.e., money, food, and place to stay). For emotional support, they were asked to name up to four family members who provide care, acceptance, and concern about youths’ feelings and welfare. The correlation between instrumental aid and emotional support was 0.59.

Perceived friend support was measured with a 2-item questionnaire as perceived family support. In instead of naming family members, youth provided the number of persons who were identified as friends.

Affiliation with deviant peers was measured with a 15-item checklist asking whether his or her friends had engaged in various problem behaviors such as drug use and delinquent behaviors (i.e., threatening or assaulting someone with a weapon). Cronbach’s alpha for the checklist for the sample was 0.89. Depressive symptoms were measured with a 20-item scale, the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977, 1991). Cronbach’s alpha for the CES-D was also 0.89 for the Bao et al. (2000) sample.

Bao et al. (2000) found that 49% of the participants stayed in a shelter during the previous week, 23% lived with friends, 14% lived with their parents, 7% lived on farms, and 3 % lived on the street. The results of the bivariate correlation analyses showed that family abuse was significantly and positively related to depressive symptoms ($r = 0.27$, $p$
child-initiated transitions (e.g., number of times that youth ran away and moved from one place to another) \( (r = 0.31, p < 0.01) \), total time on own either on the streets or were without parental supervision \( (r = 0.16, p < 0.01) \), perceived friend support \( (r = 0.11, p < 0.01) \), and affiliation with deviant peers \( (r = 0.31, p < 0.01) \); however, family abuse was significantly and negatively correlated with perceived family support \( (r = -0.17, p < 0.01) \). The study found that child-initiated transitions were positively related to depressive symptoms \( (r = 0.13, p < 0.01) \), perceived friend support \( (r = 0.14, p < 0.01) \), and affiliation with deviant peers \( (r = 0.27, p < 0.01) \), but negatively related to perceived family support \( (r = -0.15, p < 0.01) \). The analyses also showed a positive relationship between total time on own and affiliation with deviant peers \( (r = 0.24, p < 0.01) \), but a negative relationship with perceived family support \( (r = -0.19, p < 0.01) \). There was a negative relationship between perceived family support and depressive symptoms \( (r = -0.19, p < 0.01) \). Additionally, a significant positive relationship between affiliation with deviant peers and depressive symptoms \( (r = 0.21, p < 0.01) \) was found.

In short, the findings of this study indicated that abuse experienced in the family environment is directly related to depressive symptoms. It indirectly related to young people spending more time on their own, and also more time with peers who exhibited deviant behavior. The situation of family abuse and early independence was related to homeless and runaway youth relying on their peers for social support. However, support from other runaway youth on the street who befriended study participants reduced depression while association with deviant peers increased depression.

Another study by Tyler et al. (2004) examined the prevalence of dissociative symptoms among homeless and runaway youth who experienced trauma (i.e., abuse,
neglect, parental rejection) and the risk factor of having someone in the family who had a current mental health challenge. This study also investigated family risk factors associated with dissociative symptoms among this population. Three hundred and twenty-eight participants were selected from the Seattle Homeless Adolescent Research and Education (SHARE) Project for the study.

The study implemented the interview method with a systematic sampling strategy (i.e., random sampling within a logically homogenous system) to maximize sampling efficiency because it is not possible to implement simple random sampling among homeless populations (Tyler et al., 2004). The study used a convenience sample of homeless and runaway youth who passed through or were at the location at the time of interviewing. The interviewers were outreach workers who were trained to interview this specific population.

During the interview, the subjects completed a self-administered booklet of assessment instruments including these six parts: 1) the *Dissociative Experience Scale* (DES; Carlson & Putnam, 1993); 2) five selected items from *Elliott’s Parental Rejection Scale* (PRS; Brennan, 1974); 3) family neglect history (Whitbeck & Hoyt, 1999); 4) family sexual abuse history (Whitbeck & Simons, 1990); 5) family physical abuse history (Strauss & Gelles, 1990); and, 6) family mental health history. The DES is a 28-item self-report measure that assesses the types and frequency of chronic dissociative symptoms; the DES was found to be a highly consistent scale, with a Cronbach’s alpha of 0.92 (Carlson & Putnam, 1993; Carlson et al., 1993). The five items from the PRS measured parent rejection (e.g., whether the parents blamed, trusted, and cared about youth; and whether the parent was unhappy with the things youth did). Cronbach’s alpha for the PRS
was 0.80 (Brennan, 1974). Family neglect history was measured with a single item adapted from Whitebeck and Hoyt (1999) asking youth how often an adult or someone at least 5 years older had abandoned him or her for at least 24 hours. Family sexual abuse history is a 7-item questionnaire adapted from Whitebeck and Simons (1990). Items asked youth how often an adult had ever made them watch them do something sexual, or how often an adult had forced them to touch the adult sexually. Cronbach’s alpha for these 7 items was 0.91. The family physical abuse history was measured with 9 items based on the Conflict Tactics Scale (CTC; Strauss & Gelles, 1990). Sample items included, “how often an adult had thrown something at you in anger?”, and “how often an adult had threatened or assaulted you with a weapon?” Cronbach’s alpha for these 9 items was 0.78 (Strauss & Gelles, 1990). Family mental health history was assessed with a single item asking youth to report whether someone in his or her family had a mental health problem.

The findings indicated that 43% of the 328 participants had been neglected, 26% had experienced sexual abuse at least once, and 82% reported having experienced physical abuse at least once. The results of the bivariate correlations showed statistically significant association between the frequency of dissociative symptoms and parental rejection ($r = 0.12, p < 0.05$), family neglect ($r = 0.19, p < 0.05$), family sexual abuse ($r = 0.20, p < 0.01$), family physical abuse ($r = 0.27, p < 0.01$), and family mental health problems ($r = 0.19, p < 0.01$); however, no associations between the frequency of dissociative symptoms and gender or age were found. The results from the multiple regression models for correlates of the DES variables were: Model 1, indicated that there were no significant gender or age differences; in Model 2 the results showed differences
in parental rejection ($\beta = 0.12, p < 0.05$); in Models 3 and 4 differences in family neglect were found ($\beta = 0.17, p < 0.01$; $\beta = 0.14, p < 0.01$, respectively); in Model 4, there was also a difference in family sexual abuse ($\beta = 0.18, p < 0.01$); in Model 5 the results showed significant differences in family sexual abuse ($\beta = 0.15, p < 0.01$) and family physical abuse ($\beta = 0.21, p < 0.01$); in Model 6 differences in family sexual abuse ($\beta = 0.14, p < 0.01$), family physical abuse ($\beta = 0.19, p < 0.01$), and family mental health problems ($\beta = 0.15, p < 0.01$) were found.

Tyler et al. (2004) concluded that among homeless and runaway youth, sexual abuse, physical abuse, and family mental health problems were positively related to dissociative symptoms. The results also indicated that homeless and runaway youth who experienced several stressors may develop maladaptive strategies (i.e., dissociative symptoms) to handle their situations, and the strategies would be harmful to their mental health. With a clear understanding of characteristics of runaway youth and their families, family crisis counseling models are crucial and should be designed to fit with individual families. Next, the often used family crisis counseling models will show how to work with runaway youth and families and produce positive outcomes in this population.

*Model of Family Crisis Counseling for Runaway Youth*

Three family therapy theories or models have been used with runaway adolescents and their families. They are: Functional Family Therapy (Alexander & Parsons, 1982), Ecologically Based Family Therapy (Slesnick, 2003), and Developmental/Structural Family Therapy (Lappin & Covelman, 1985).

*Functional Family Therapy (FFT).* Functional Family Therapy (Alexander & Parsons, 1982) is a traditional office-based family systems approach. The treatment is
conducted in the office setting with all family members present. The focus of sessions is on family interaction. The model contains two major phases. The first phase focuses on preparing the family to be ready for change and encouraging the atmosphere of behavior change. Sessions emphasize engaging the family in therapy, developing the motivation for change, and assessing relevant aspects of family functioning. The second phase focuses on establishing and maintaining the changed behaviors.

FFT is a traditional intervention, which is used throughout the U. S. by runaway adolescent shelter agencies (Barton, Alexander, Waldron, Turner, & Warburton, 1985; Gordon, Graves, & Arbuthnot, 1995). This intervention is effective in reducing behavioral problems among runaways, enhancing their problem-solving skills, and promoting positive communication styles between runaway adolescents and their families (Alexander & Parsons, 1982).

Ecologically Based Family Therapy (EBFT). Ecologically Based Family Therapy (Slesnick, 2003; Slesnick & Prestopnik, 2005) is a non-traditional, home-based, multisystemic family therapy approach. EBFT is based on the Homebuilders Family Preservation Model, which was established in 1974 by clinical psychologists in the state of Washington. EBFT not only provides treatment to families, but also assesses multiple influences and intervention strategies. Crisis intervention theory assumes that families are open to change when faced with a crisis and emphasizes providing immediate and intensive services over a brief period. Change in problem behaviors is supported throughout all family systems. The treatment includes a single therapist meeting with parent(s) and/or all family members living in the household and also individual sessions with the identified patient. Not all family members are required to be involved. The
model includes behavioral, cognitive, and environmental interventions, based on the family’s assessed needs. The sessions focus on assisting adolescents’ decision-making, emotion-regulation, and intrapersonal functioning, which in turn is meant to decrease the number of problem behaviors exhibited.

Slesnick (2003) describes EBFT as a family therapy intervention, which was created after FFT; however, since EBFT is applied in a different context, the model can increase the consistency of therapy attendance of runaway adolescents and family members because therapy sessions are arranged at the family’s house after adolescents attended the program for a period of time. The widespread use of EBFT demonstrates shelter agency commitment to outreach with runaway and high-risk youth (Liddle & Hogue, 2000; Ozechowski & Liddle, 2000).

*Developmental/Structural Family Therapy (DSFT)*. Developmental/Structural Family Therapy (Lappin & Covelman, 1985) combines the treatment of family dynamics and counseling around a young person’s developmental challenges. This model is based on Bowen’s family systems approach (Kerr & Bowen, 1988). Runaway behavior is viewed as a symptom of the family’s difficulty in dealing with the adolescents’ separation and individuation. The treatment focuses on structural/strategic interventions, and addresses the differentiation of the dysfunctional generational hierarchy, the triangulation of the adolescent runaway, the desire to avoid conflict in the family, and parental collusion in the runaway process.

DSFT has been used by runaway agencies throughout the U. S. to help restructure the family system, while emphasizing the growth of runaway adolescents in learning to deal with family situations. For example, Coco and Courtney (1998) conducted research
to evaluate the effectiveness of this approach in preventing runaway behavior. Coco and Courtney (1998) randomly selected a family of a 15-year old Mexican American female from 32 families for treatment using DSFT. They found that DSFT increased family satisfaction which, in turn, reduced runaway behavior. More details of this study will be reviewed later.

*Shelter Services and Runaway Youth*

Runaway shelters are the main type of agency for assisting runaway youth and their families. Runaway shelters provide services to runaway youth, such as bed and board, food, counseling services and placement. Since the 1970’s, the number of adolescents reported as runaways and homeless in the U. S. has lead to the creation of many shelters offering such services. Each of these shelters provides at least minimal psychological treatment to the young people in their care.

The Runaway and Homeless Youth Act of the Juvenile Justice and Delinquency Prevention Act of 1974 provided runaway and homeless shelter services. Shelter services should include safe and appropriate shelter and individual, family, and group counseling, as appropriate. The Act of 1974 indicated that the shelters may also include: 1) street-based services (i.e. street outreach service), 2) home-based services for families who have youth at risk of separation from the family, 3) drug abuse education and prevention services, and 4) at the request of runaway and homeless youth, testing for sexually transmitted diseases.

Although there are many runaway and homeless shelters around the U. S., no report of the specific number of these shelters and services was found. The Family and Youth Services Bureau (FYSB) Fact Sheet (National Clearinghouse of Families & Youth, 33
2007) reported that FYSB has provided national leadership on youth and family issues for more than 30 years. FYSB’s Division of Youth Services supports local community- and faith-based organizations in their efforts to help runaway and homeless youth and children. The division also sponsors special initiatives that promote positive youth development for all young people. FYSB also has provided funding to organizations and shelters to serve and protect runaway and homeless youth. The FYSB grant programs include the Basic Center Program, Transitional Living for Older Homeless Youth, Street Outreach Program, and the Network of Support Program [i.e., National Runaway Switchboard (NRS)].

The Basic Center Program supports community-based organizations that provide short-term shelter and address the immediate needs of runaway and homeless youth and their families. The program provides youth with emergency shelter, food, clothing, counseling, and referrals for health care. Basic Centers seek to reunite young people with their families whenever possible or to arrange appropriate alternative placements.

The Transitional Living Program for Older Homeless Youth promotes the independence of youth between 16 and 21 years old who are unable to return to their homes. Over a period of up to 18 months (with an additional 180 days for youth younger than 18), the agencies provide housing and a range of services, including life skills training, financial literacy instruction, and education and employment services. Youth might live in group homes or in their own apartments, depending on the program and each young person’s independent living skills.

The Street Outreach Program reaches youth at their most vulnerable period. The agencies supported by this program provide street-based education and outreach and offer
emergency shelter and related services to young people who have been, or who are at risk of being, sexually abused or exploited.

In the network of support, the National Runaway Switchboard was found in 1974 and has been the official “national communications system” authorized by the U. S. Congress to help runaway and homeless youth make contact with their families and with service providers. The 24-hour hotline handles more than 115,000 calls a year. The effectiveness of shelter services for runaway and homeless youth are evaluated depending on the availability of local or regional research funding. In the next section, researches on the outcomes of runaway shelter services are reviewed.

Nugent, Carpenter, and Parks (1993) conducted a correlational study to evaluate family preservation and family reunification services for 4,195 families of status offenders, including families who had children who ran away, had ungovernable behavior, and were truant from school, in Florida. This study defined family preservation as “an adolescent who was living with her or his parents at the beginning of services remaining with the parents at the end of services” (Nugent et al., p.45). Family reunification was defined as “an adolescent who was not living with her or his parents at the beginning of services returning to live with the parents during or at the end of service provision” (Nugent et al., p.45).

The data were collected from 23 Florida Network of Youth and Family Services programs during fiscal year (FY) 1989-1990. The study divided the data into three groups, FYs 1988-1989, 1989-1990, and the first three quarters of FY 1990-1991. Each data group consisted of Population 1 families (i.e., families that were intact with youth when
entering services) and Population 2 families (i.e., families in which youth were not living at home at the time of service initiation).

The study conducted six data analyses to examine the identification of variables related to family preservation and family reunification. The independent variables of the study were: demographic variables (i.e., age of identified runaway youth, sex of youth, race of family, school grade of youth, school status of youth, employment status of head of household, and county of residence), youth history variables (i.e., number of referrals of youth to agency, reason for referral, referral source, primary presenting problems of youth, and current legal status of youth), and service variables (i.e., type of services, number of group counseling sessions, number of family therapy sessions, and completion of service program at the shelter). Nugent et al. (1993) reported that model validation analyses done on FY 1988-1989 and FY 1990-1991 data involved only those independent variables indentified as statistically significant predictors of family preservation or reunification in the FY 1989-1990 data.

Nugent et al. (1993) reported that the analysis of 3,617 Population 1 families (i.e., families that were intact with youth when entering services) from the FY 1989-1990 data showed no statistically significant interactive terms in the exploratory process. The model accurately predicted 95.6% of the families to which youth reunified at the end of services and accurately predicted 49% of the families that youth did not reunify with at the end of services. These data resulted in an overall prediction accuracy of about 86%. The analysis of 1,774 Population 1 families from the FY 1988-1989 showed that the model accurately predicted 92% of the families that youth reunified with at the end of services and accurately predicted 53% of the families that youth did not reunify with at the end of
services. This made an overall prediction accuracy of about 81%. The analysis of 3,453 Population 1 families from the FY 1990-1991 data showed that the model accurately predicted 95% of those families that youth reunified with at the end of services and accurately predicted 52% of the families that youth did not reunify with at the end of services. This made an overall prediction accuracy of about 87.5%.

Nugent et al (1993) reported that the analysis of 578 Population 2 families (i.e., families in which youth were not living at home at the time of service initiation) from the FY 1989-1990 data showed the statistical significance of the overall model. The model accurately predicted 96.5% of the families that youth did not reunify with at the end of services and about 16% of the families that youth did reunify with at the end of services. This resulted in an overall prediction accuracy rate of about 76.5%. The analysis of 291 Population 2 families from the FY 1988-1989 data showed that the model accurately predicted 95% of those families that youth reunified with at the end of services and accurately predicted 14.5% of the families that youth did not reunify with at the end of services. This made an overall prediction accuracy of about 76%. The analysis of 474 Population 2 families from the FY 1990-1991 data showed that the model accurately predicted 92.5% of those families that youth reunified with at the end of services and accurately predicted 21% of the families that youth did not reunify with at the end of services. This made an overall prediction accuracy of about 71%.

The results of the analyses (Nugent et al., 1993) indicated that three demographic variables (i.e., age at time of referral, school status, and primary presenting problem) were significant predictors of whether or not youth would be with her or his parents at the end of services. The results also indicated that the older the youth, the less likely that
youth and family will be reunited. If youth were attending school during the time of services, the probability is higher that the youth and the family will remain together than if youth were truant or otherwise not in school. If youth reported abuse as their primary presenting problem, the youth and the family are less likely to remain together than if they reported school difficulties, substance abuse, or family problems as their primary presenting problem.

Further, the results of the study (Nugent et al., 1993) also showed that three service variables (i.e., type of service, number of family therapy sessions, and successful completion of planned services) significantly predict family reunification at the end of services. Client’s legal status history variables predicted that youths’ involvement with the legal system decreases the probability of youth returning to the family. The results also suggested that using residential care decreased the probability of youth returning to the family; however, family therapy and the completion of the planned services increased the probability of family reunification. The number of individual counseling sessions and number of group counseling sessions were not found to be statistically significant service variables. The results suggested one client history variable (i.e., involvement with dependency system such as the state child welfare system) and two service variables (i.e., number of family therapy sessions and successful completion of all planned services) were statistically significant predictors of family reunification.

Nugent et al. (1993) concluded that the model of analysis in Population 1 families (FY 1989-1990) was fit to the data of families from the FY 1988-1989 and families from the FY 1990-1991. The results of analyses in Population 1 families showed neither number of individual counseling sessions nor number of group counseling sessions was a
statistically significant predictor of family reunification. The results were similar when the model analysis of Population 2 families from the FY 1989-1990 data were fit to the data in Population 2 families from the FY 1988-1989 and families from the FY 1990-1991.

Other research by Teare et al. (1992) investigated factors associated with family reunification of runaway and troubled youth after a short-term stay in a runaway shelter. The participants of the study were youth from nearby communities whose families were in crisis and needed the shelter for a brief intervention. The study selected 100 consecutive files of youth who were admitted to a shelter, Father Flanagan’s Boy’s Home, Boys Town, Nebraska from January 1 to June 30, 1990. The data from those files were collected from youth using a standard intake questionnaire at entry to the program by case workers at the shelter. The standard intake questionnaire included questions asking youth to report their demographic information, history of specific behavioral difficulties (e.g., verbal aggression, physical aggression, and previous running away), and family problems (e.g., alcohol use in the family and physical abuse). The youth also completed the Suicide Probability Scale (SPS; Cull & Gill, 1988).

The SPS (Cull & Gill, 1988) is a 36-item self report measure that assesses the risk of suicide in adults and youth. The scale contains four clinical subscales: hopelessness, suicide ideation, negative self-evaluation, and hostility. The total scale of SPS contained an alpha coefficient of .93 as the estimate of internal consistency.

The results showed that 45 of 100 youth were boys and 55 were girls averaging 14.8 years old. The average length of stay at the shelter was 16.7 days. Ninety-seven of the youth were Caucasian. Forty-three youth were referred to the shelter by their parents,
and 37 youth were referred from a local social service agency. Self-reported problems from youths’ files showed that they came to the shelter with verbally aggressive behaviors towards peers and adults (87%), withdrawal behavior (67%), prior runaway behavior (59%), substance use (50%), academic problems in school (50%), behavioral problems in school (48%), physical assault against peers (43%), out of parental control (43%), sexual activity with opposite sex (43%), alleged victim of physical abuse (43%), school-attendance problems (40%), theft (38%), self-mutilation (37%), previous threats of suicide (37%), physical assault against adults (28%), peer-relationship problems (23%), alleged victim of sexual abuse (21%), destruction of property (17%), and fire setting (8%). In the preceding percentages reported above, many youth reported more than one presenting problem.

The study (Teare et al., 1992) reported family problems as follows: family drug or alcohol use (52%), parental self-preoccupation (51%), physically abusive parents (44%), parental overprotection (40%), parental rejection (37%), parental skill deficits (31%), parental neglect (28%), felony conviction of natural parent (19%), sexually abusive parent (13%), and family history of suicide (9%).

The study did not describe the procedure of the follow-up after discharge, but used the discharge information from youths’ files and the SPS to analyze results of the study. At discharge from the shelter, 58 youth were reunified with their families, but 26 were not. The study did not explain what happened to the 26 youth who did not reunify with their family. The remaining 16 youth (from the original 100) were not able to be classified because they did not have an option of reunification; however, some of the 16 youth were transferred to another placement or remained at the shelter.
One-way analyses of variance were used to examine group differences between youth who returned to their families (n=58) and those who did not (n=26). The remaining 16 youth were dropped out from the analyses because they were not able to be classified. The results of the analyses showed that youth who did not return to their families stayed at the shelter longer ($F_{[1,82]}=8.96, p < 0.01$), had higher scores on the hopelessness subscale ($F_{[1,82]}=4.28, p < 0.01$), higher scores on the suicide ideation subscale ($F_{[1,82]}=6.19, p < 0.01$), and higher overall SPS scale scores ($F_{[1,82]}=5.95, p < 0.01$). The SPS results also indicated that youth who were not reunified with their family reported more family problems ($F_{[1,82]}=10.64, p < 0.01$), and needed more coaching on social skills and appropriate boy-girl relationships ($F_{[1,82]}=4.45, p < 0.01$) than youth who reunified with their families. The study (Teare et al., 1992) concluded that youth who were not reunified with their parents after the shelter stay reported more family problems, were at higher risk of suicide, and stayed in the shelter longer than those who returned to their parents’ home.

Another study on the outcomes of using shelter services was conducted by Thompson et al. (2000). The study wanted to identify relationships between the outcome of using shelter services and socio-demographic variables for runaway and homeless youth. The participants were 70 runaway and homeless youth who were discharged from three shelters in November and December 1996 and January 1997. Those three shelters are a part of the MINK (Missouri, Iowa, Nebraska, and Kansas) Network of Runaway and Homeless Youth Services and are located in the greater St. Louis metropolitan area. All three shelters provided emergency shelter and crisis services for youth with funding from the U.S. Department of Health and Human Services. Two shelters provide services
to children and families and the remaining agency focuses on providing services for runaway, homeless, abused, and neglected women.

Interviews with the youth were conducted by caseworkers of those shelters approximately three months after the participants were discharged. Only 70 participants of 118 who were discharged during November and December 1996 and January 1997, completed the interviews. The study developed a systematic approach to track all youth; however, caseworkers from three shelters were able to locate and receive consent to interview only 70 youth.

The data for the study were divided into three categories including 1) socio-demographic variables, 2) primary outcomes, and 3) secondary outcomes. Socio-demographic variables [i.e., age, ethnicity, gender, current school status, employment status, primary living situation before admission, runaway typology (e.g., home with parents, runaway, throw away, and homeless), referral source, and number of times ran away] were collected at admission to the shelters. The interview was developed to assess primary outcomes (three months post-discharge) and secondary outcomes (follow-up interviews, did not specify time after discharge). The items for the primary outcomes and secondary outcomes were tested by test-retest reliability analyses in the following outcome domains including 1) clinical status (e.g., number of times illegal substances used post discharge), 2) functional status (e.g., in school, employed), 3) life satisfaction and fulfillment (e.g., discharge location, participation in social activities), and 4) welfare and safety (e.g., ran away after discharge, had sex since discharge). The study reported that each item had a test-retest correlation alpha ranging from 0.56 to 1.00, and the average reliability across all items was 0.78.
The results of the study (Thompson et al., 2000) showed that among the 70 youth, 66% were female, 48% were African American, 55% were attending school regularly, 16% were currently employed, 72% were primarily living with parents, 48% had never runaway, 48% were referred by parent to the shelter, and their average age was 14.8 years.

The results of primary outcomes indicated in each domain were as follows: 1) Clinical outcome variables: 74.6% of participants reported not getting drunk on alcohol or getting high since discharge, 2) Functional outcome variables: 71.4% were currently attending school, and 17.1% were currently employed, 3) Fulfillment and Life Satisfaction outcome variables: 71.6% returned home at discharge, and 18.6% involved in social activities, and 4) Welfare and Safety outcome variables: 34.4% had sex after discharge, 21.4% were in trouble with the police, and 14.3% were on the run after discharge.

The results of secondary outcomes indicated in each domain that: 1) Clinical outcome variables: 26.1% reported marijuana use, 21.7% reported use of health care services, 15.9% used mental health services, 14.5% used alcohol, 5.8% used LSD or other hallucinogens, 5.8% used crisis phone service, 4.3% used speed, crystal meth, and 4.3% attended alcohol and drug treatment, 2) Functional outcome variables: 18.8% used employment of skills training, 3) Fulfillment and Life Satisfaction outcome variables: 98.6% kept contact with their parents, 87.8% were living with parents, and 81.4% had close friends, and 4) Welfare and Safety outcome variables: 15.9% used legal services, 8.7% used housing service, reported the average of 24.6 days (SD = 26.3) on the run, and reported the average number of different sexual partners were 1.8 (SD = 2.04).
The study (Thompson et al., 2000) reported that no significant differences were found between the intake variables and variables matched at follow-up (e.g., school status, employment status, primary living situation, or number of days on the run between admission to the program and three months post-discharge). Correlations among primary outcome variables showed that for youth who were living with parents at the time of follow-up, primary outcome variables were significantly related to currently attending school ($r = 0.51$, $p = 0.0001$) and not running away after discharge ($r = 0.87$, $p = 0.005$). Youth who had not run away were more likely to attend school ($r = 0.28$, $p = 0.02$) and less likely to have sexual relations ($r = 0.32$, $p = 0.009$). Bivariate and multivariate analyses between primary and secondary outcome variables showed that youth who were living at home after discharge tended to have less trouble with the police ($t = 4.52$, $df = 65$, $p = 0.001$), and less runaway behaviors ($t = 2.32$, $df = 65$, $p = 0.02$). Further, youth who were living with parents at home were more likely to attend religious services than youth living alone or with others ($t = 2.63$, $df = 47$, $p = 0.01$), and have close friends ($t = 2.89$, $df = 65$, $p = 0.005$). Thompson et al. (2000) concluded that youth as minors should be encouraged to return to live with their parents, since the results of the study indicated that returning to the parental home after discharge from shelter services was associated with several positive outcomes in youths’ behavior.

Runaway and homeless shelter services not only provide support and resources for runaway and homeless youth, but also try to connect with youth families and encourage youths to reunite with their family, if possible. The following are two research studies (Thompson, Kost, & Pollio, 2003; Thompson, Safyer, & Pollio, 2001) focused on family reunification services. Thompson et al. (2001) examined the differences among
runaway and homeless youth, described their demographics and personal characteristics, and investigated family factors that predict family reunification.

The data of the study (Thompson et al., 2001) were collected during fiscal year 1997 at the Runaway Homeless Youth Management Information System (RHYMIS). The data included demographic information, personal characteristic (e.g., youth’s employment and school status, and drug and alcohol use), and family-household problems (e.g., parent’s employment, and abuse or neglect issues). The program staff gathered demographic data during the intake interview, and other information were collected during the youth’s stay, at the time of discharge, or from family members. The original 84,846 records during fiscal year 1997 were reviewed. Sixty-seven thousand and fifty-six records were not included in the study due to duplication of records (18,861), not indicated as runaway and homeless (44,209), and missing data (3986). Therefore, the remaining records for the study were 17,790 cases. The sample was divided into three subgroups (i.e., 44.9% were runaway-homeless, 44.5% were throwaway, and 10.6%, were independent) and each group was analyzed separately. Thompson et al. (2001) defined throwaway youth as youth who leave home because their parents have pushed away or locked them out of the house. However, this paper will review only the runaway-homeless subgroup from the study (Thompson et al., 2001). The study used chi-square and ANOVA to test significant differences among the groups of youth and used maximum likelihood logistic regression to examine the predictive power of each group of variables (i.e., youth demographics, personal characteristics, and family problems) on the dependent variable (family reunification).
The findings from the analyses for the runaway-homeless subgroup reported that 7,987 of 17,790 youth were runaway-homeless (44.9%), the average age of the sample was 15 years (SD = 1.6), 67% of the runaway-homeless youth were female, 64% were white, and 82% had been living with parents. The findings indicated that the average number of runaway episodes was 3.6 times (SD = 5.8). The report showed that 64% of youth used drugs, and 19% had been physically abused by their fathers. The results of logistic regression for the runaway-homeless subgroup indicated that for every additional year of age of youth, the likelihood of returning home decreased by 10% [Odds Ratio (OR) = .93]. The study found that African American youth were less likely to return home than white youth (OR = .82). The results also indicated that youth who identified their legal guardian as another adult (OR = .51) were less likely to return home than youth who identified their legal guardian as their parent. Moreover, youth who missed school (OR = .71) or were expelled (or = .60) were less likely to return home than youth who attended school regularly. Finally, youth who completed the services at the shelter were likely to return home at a rate 5 times higher than youth who did not complete services (OR = 5.51).

The analyses of prediction of returning home on youths’ personal characteristics indicated that youth who were on probation (OR = .13), a victim of crime (OR = .11), or had engaged in prostitution (OR = .34) were less likely to return home. Family characteristics also indicated the predictors of family reunification among runaway and homeless youth. Youth whose mothers worked outside the home (OR = .84), had problems with foster care (OR = .40), had been emotionally abused by their mother (OR
or had been physically abused by their father (OR = .74) were less likely to return home.

In short, the findings of the study (Thompson et al., 2001) suggested that the completion of services at the shelter and the connection with their families increased family reunification among runaway and homeless youth, even when youth had conflicts or difficulties with their family members in the past. The intervention at the shelter encourages family reunification, and youth who live with their parents before using shelter services seem to get the most of shelter services.

A recent outcome study of shelter services by Thompson et al. (2003) examined family reunification among ethnic groups (including White, African American, Hispanic, Native American, and Asian youth) who used runaway shelter services. The study used the same data set and the same data collection methods as the preceding study (Thompson et al., 2001), but included 14,419 youth as participants.

The study (Thompson et al., 2003) had ethnicity as the dependent variable, and the data were divided into five groups following ethnicity for separate analyses. Independent variables in the study were youth demographic information (i.e., age, number of times ran away, number of days away, number of living situations, school status, runaway status, primary residence of the youth during the previous 6 months, and last residence before admission to the shelter), youth’s presenting problems (i.e., problems in the household, school problems, criminal or juvenile justice problems, housing problems, and drug problems), and family characteristics (i.e., mother and father unemployment, parent criminally charged, relationship problems with mother, father or foster home, and physical, emotional, sexual abuse or neglect by caretakers).
The analyses of the study (Thompson et al., 2003) showed that average age of the sample was 16 years (SD = 1.5), 62.4% of 14,419 youth were female, 59.7% were White, 21.9% were African American, 12.7% were Hispanic, 3.1% were Native American, and 2.6% were Asian. From the sample, 73.1% were designated as runaway, 14.2% were homeless, and 12.7% were throwaway (rejected by parents). The results of analyses on differences among ethnic groups showed that females were the majority in all ethnic groups; a higher percentage of African American male participants (42.3%) participated in services at the shelter.

Chi-square and ANOVA analyses were conducted to test differences among ethnic groups. The analyses indicated significant differences in all ethnic groups across individual characteristics \( (p < 0.001) \). Among African American youth, the results indicated that 27.3% were attending school regularly, 61.7% were runaways, 21.6% were homeless, 74.0% were primarily living with parents at home, 51.7% were living at parent’s home at admission, 42.9% used drugs, 28.1% experienced physical abuse, and 53.1% were reunified with family after discharge from the shelter. The results among White youth indicated that 45.8% were attending school regularly, 77.9% were runaways, 81.7% were primary living with parents, 49.8% were living with parents at admission, 65.7% used drugs, 31.9% experienced physical abuse, and 60.9% were reunified with family at discharge. Among Native American youth, the findings showed that 44.5% were attending school regularly, 74.5% were runaways, 70.8% were primarily living with parents, 43.6% were living with parents at admission, 69.9% used drugs, 34.5% experienced physical abuse, and 50.7% were reunified with family at discharge. Among Asian youth, the results indicated that 42.2% were attending school regularly, 83.6%
were runaway, 83.7% were primarily living with parents, 48.2% were living with parents at admission, 53.1% used drugs, 35.6% experienced physical abuse, and 62.5% were reunified with family at discharge. Among Hispanic youth, the results indicated that 36.7% were attending school regularly, 67.8% were runaways, 76.6% were primarily living with parents, 41.4% were living with parents at admission, 54.0% used drugs, 29.3% experienced physical abuse, and 51.4% were reunified with family at discharge.

Logistic regression models were conducted to examine risk factors associated with family reunification. The results indicated that African American youth were more likely to return home by 1.5 times (OR = 1.42), and Hispanic youth were more likely to return home nearly two times (OR = 1.75) than White youth. The results showed no significant differences on family reunification among Native American, Asian, and White youth.

Among White youth, the results indicated the increased likelihood of family reunification in youth who were female (OR = 1.27, p < 0.0001), expelled from or dropped out of school (OR = 1.44, p < 0.001), had poor grades (OR = 1.13, p < 0.05), identified their last living status before the shelter as with another adult (OR = 2.06, p < 0.0001), lived on the street (OR = 0.37, p < 0.0001), and/or completed services at the shelter (OR = 4.32, p < 0.0001). The likelihood of family reunification decreased in White youth who were older (OR = 0.89, p < 0.001), had more days on the run (OR = 0.98, p < 0.0001), were abandoned by their parents (OR = 0.76, p < 0.001), their mother was unemployed (OR = 0.78, p < 0.0001), their father was unemployed (OR = 0.88, p < 0.0001), had problems with foster home (OR = 0.20, p < 0.0001), were emotionally abused by their mother (OR = 0.79, p < 0.001), neglected by their mother (OR = 0.82, p
< 0.001), physically abused by their mother or father figures (OR = 0.80, p < 0.001), and/or were sexually abused by their father (OR = 0.61, p < 0.001).

Logistic regression models for African American youth indicated that youth were more likely to reunify with their parents if they had poor grades (OR = 1.38, p < 0.001), reported their last living status before the shelter as with other adult (OR = 2.00, p < 0.0001), completed shelter services (OR = 2.50, p < 0.0001), and/or had poor relationships with their mothers (OR = 1.30, p < 0.001). The likelihood of family reunification of African American youth was decreased in youth who were older (OR = 0.90, p < 0.0001), had their last living status on the street (OR = 0.32, p < 0.0001), were abandoned by their parents (OR = 0.63, p < 0.0001), their mother was unemployed (OR = 0.82, p < 0.0001), their father was unemployed (OR = 0.91, p < 0.05), had problems with foster home (OR = 0.36, p < 0.001), and/or were neglected by their mother (OR = 0.80, p < 0.05).

Among the Native American sample, logistic regression models indicated that the likelihood of their family reunification was increased when they completed shelter services (OR = 4.06, p < 0.0001). The results showed that Native American youth were less likely to return to their parents if their mother was unemployed (OR = 0.72, p < 0.05), and/or they were emotionally abused by their mother (OR = 0.45, p < 0.05).

The results from logistic regression models in Asian runaway youth indicated that youth were more likely to return home if they completed shelter services (OR = 5.20, p < 0.0001). The likelihood of family reunification was decreased if they had their last living status before shelter service as on the street (OR = 0.16, p < 0.05), their mother was
unemployed (OR = 0.61, \( p < 0.001 \)), they were emotionally abused by their mother (OR = 0.84, \( p < 0.05 \)), and/or were sexually abused by their father (OR = 0.18, \( p < 0.05 \)).

Logistic regression models for Hispanic runaway youth indicated that they were more likely to reunify with their parents if they had a younger age (OR = 0.76, \( p < 0.0001 \)), were female (OR = 1.70, \( p < 0.0001 \)), had poor grades at school (OR = 1.61, \( p < 0.001 \)), had their last living status with adults other than their parents (OR = 2.61, \( p < 0.0001 \)), last living status with another institution (OR = 1.96, \( p < 0.0001 \)), and/or completed shelter services (OR = 4.84, \( p < 0.0001 \)). The results indicated that Hispanic youth were less likely to return to their parents if they were older (OR = 0.76, \( p < 0.0001 \)), felt abandoned by their parents (OR = 0.59, \( p < 0.001 \)), their mother was unemployed (OR = 0.82, \( p < 0.0001 \)), had poor a relationship with their mother (OR = 2.09, \( p < 0.0001 \)), were neglected by their mother (OR = 0.67, \( p < 0.05 \)), and/or were sexually abused by their father (OR = 0.79, \( p < 0.05 \)).

Thus, the preceding study (Thompson et al., 2003) presented the similarities and differences among runaways across ethnic groups in the U.S. and also examined risk factors associated with family reunification. The study concluded that among White, African American, Hispanic, Native American, and Asian ethnic groups, youth were less likely to reunify with family if they reported abuse or neglect by their caregivers and/or parental unemployment. Good relationships and connections with youth’s mother figures or father figures contributed to reunification as well. The prominent factor that increased the likelihood of family reunification across all ethnic groups was completion of shelter services. At the completion of shelter services, youth were placed in appropriate living situations. Moreover, runaways, who completed the full array of services, had an
opportunity to focus on their situation, attempt to solve their family conflicts, and develop future plans.

The results from Thompson et al. (2003) suggested that runaway agencies should pay attention to improving parent-child interactions and addressing dysfunctional family environments because these are initial and important steps to family reunification among runaways in all ethnic minorities. The intervention should support promoting youth’s autonomy and strengthening their good connection with their parents. Finally, Thompson et al. suggested that family reunification would not be suitable for runaways who experienced abuses from their parents.

Counseling Services for Runaways

After a thorough search of the literature through PsychINFO and Google Scholar only one study (Orten & Soll, 1980) about counseling services at runaway shelters for youth was found, and this paper was conceptual and not research based. The lack of research may be due to the fact that most runaway shelters emphasize providing emergency basic needs (i.e., bed, board, and food) rather than counseling services. Also, traditional counseling services for the runaway youth population may not be appropriate as most youth stay at a shelter for a brief period. Another factor may be that research has shown that neither number of individual counseling sessions nor number of group counseling sessions was a statistically significant predictor of family reunification, which is the focus of runaway shelters (Nugent et al., 1993).

Orten and Soll (1980) analyzed the development of runaway problems, discussed a treatment typology, and suggested counseling for runaway youth and their families. Orten and Soll supported Bakan (1971) that mobility and urbanization combining with
industrial development isolated families and alienated family members from one another. For example, both parents often must work outside the home and as a result have less time with their children. In addition, the increase of single parent families requires more work hours to take care of family expenses. Urban development brought the results of a lack of strong social and emotional support to youth. However, these changes may have strengthened families if parents can provide sufficient resources (e.g., supervision time and education) for their children. Orten and Soll concluded that the development of the runaway problem occurred from urbanization and industrialization which brought changes to our society, and not because youth want to be independent and leave home. Orten and Soll’s ideas of the development of the runaway problem are similar to Baumrind’s (1987) analysis of risk-taking behaviors among adolescents.

Orten and Soll (1980) provided the treatment typology and counseling suggestion for runaways. Runaway youth were divided into three categories, first degree runner, second degree runner, and third degree runner. First degree runners are youth who have run away only once and are not yet independent from their families. Orten and Soll suggested that counseling for this group should focus on improving communication within the family and reunifying youth with their family of origin. Second degree runners are youth who have had several runaway experiences. The second degree runners experience greater alienation from their families. The suggestion for counseling work with the second degree runners is to focus on an opportunity for the youth to return home as well as establish a friendly adult-adult relationship between youth and parents. This is because youth do not identify themselves as a small child, and treating them as an adult will help them take responsibilities. The third degree runners are youth who are strongly
alienated from family and have been living on the streets for a year or more. These youth have had very little or no contact with their families. Usually, third-degree runners do not voluntarily come to runaway shelters for treatment by themselves, but may be referred from others in the community such as a correctional agency, the police, social worker, or juvenile detention officer. Counseling for third degree runners should focus on productive independent living and life planning skills (Orten & Soll, 1980).

*Family Interventions for Runaway Youth*

Runaway youth are minors and, therefore, it is important to involve their families as part of any intervention for runaways, especially younger runaways. Therefore, family interventions were established and have played significant roles in working with runaways. Coco and Courtney (1998) examined the effectiveness of a family systems approach, which combined the conceptual frameworks of Bowen’s model (Kerr & Bowen, 1988; Knudson-Martin, 1994) and Olson’s Circumplex model (Olson, Sprenkle, & Russell, 1979), in restructuring family relationships and preventing runaway behavior in a 15-year-old Mexican-American female. The study was funded by the Texas Department of Protective and Regulatory Services. The study was designed to use data from a single family, randomly selected from 32 families at a large multi-service nonprofit child welfare agency for runaway youth in a rural community. The family had to choose to have therapy sessions at the office of the therapist or have the therapist visit their home. The family received 15 therapy sessions over a four-month period, including three family sessions, six sessions with mother and daughter, three sessions with the mother only, and three sessions with the daughter only.
The *Family Satisfaction Scale* (FSS; Pratt & Hansen, 1987) was administered two times, the first time at one of the first two sessions with the family and the second time at the last visit of the family to the shelter. The variables of the study were family cohesion and adaptability. The FSS was adapted from Olson’s *Family Adaptability and Cohesion Evaluation Scales* (FACES III; Olson et al., 1979). The scale is constructed around two dimensions of family functioning: cohesion and adaptability. Cronbach’s alpha coefficients in a pilot sample \((n=433)\) were 0.82 for the cohesion subscale, 0.86 for the adaptability subscale, and 0.90 for the overall scale (Olson, Partner, & Paul, 1992).

The results of the FSS scores at pre-intervention for the mother were 43 and the daughter’s score was 50, both scores indicated moderate levels of family satisfaction. The post-intervention scores were 48 for the mother and 68 for the daughter, which showed improvement in their levels of family satisfaction. The study reported that those scores were higher than the national means (i.e., 47 for parents and 45 for children). The pre and the post scores from FSS were tested for correlation and both scores were independent which allowed statistical analysis for those scores. An analysis of variance \((F = 1.178)\) indicated that no statistically significant differences between pre and post scores.

The results of the Coco and Courney (1998) study showed that the family systems approach, using the structured family interviews, a genogram, and the combined modalities of family and individual therapy, increased the level of family satisfaction. The researchers concluded that the increase in family satisfaction improved family members’ abilities to deal with change and stress, which facilitated moving toward independence and preventing runaway behavior.
In another study, Slesnick and Prestopnik (2005) examined the effectiveness of using Ecologically Based Family Therapy (EBFT) with substance abusing runaway adolescents. The study compared EBFT with shelter service as usual (SAU) in the cases of 124 substance use runaway youth who were referred from two local runaway shelters in Albuquerque, New Mexico. The participants were selected for the study based on the following criteria: ages between 12 to 17 years, living within a 60-mile radius of the research site, had the legal option of returning to their families, reported at least 10 days of substance use in the past 90 days or met Diagnostic and Statistical Manual Disorders (DSM-IV) criteria for a Psychoactive Substance Use Disorders, and must have at least one parent or legal guardian willing to participate in therapy.

The participants were interviewed by a research assistant at the shelter. The interviewer administered the Computerized Diagnostic Interview Schedule for Children (CDISC; Shaffer, 1996) sections on drugs, alcohol, and psychosis to youth only after receiving parental consent. Youth who did not pass inclusion criteria were continued with the usual treatment through the shelter, which included food, shelter, clothing, crisis intervention and assisting with post shelter placement. One hundred and sixteen youth who passed the criteria were randomly assigned to EBFT (n = 65) or SAU (n = 59).

Data were collected at intake, immediate post treatment, and at 6- and 12-month follow-up times. Youth were the only data source for the study. Pretreatment assessments were compared to later assessments. The assessments contain five domains, including substance use, adolescent psychological functioning, family functioning, HIV risk behaviors, and diagnostic status. The response rates for the EBFT condition were as follows: 60 of 65 (92%) at post-treatment, 58 of 65 (89%) at 6 months, and 58 of 65
(89%) at 12 months. In the usual treatment condition the response rates were lower than the EBFT condition as follows: 48 of 59 (81%) at post-treatment, 49 of 59 (83%) at 6 months, and 52 of 59 (88%) at 12 months.

Five instruments for the study were developed to assess clinical domains as follows: 1) Measuring of substance use, Form 90 (Miller & Del Boca, 1994) was administered to measured quantity and frequency of drug and alcohol use. Form 90 contains good test-retest reliability for indices of drug use in runaway adolescents (Slesnick & Tonigan, 2004), with kappas ranging from 0.74 to 0.95; 2) HIV/AIDS behaviors were measured using the Health Risk Questionnaire (HRQ), a modified version of the 1989 edition of CDC Health Risk Survey (Kann et al., 1998) and of the Homeless Youth Questionnaire (Johnson, Aschkenasy, Herbers, & Gillenwater, 1996). The HRQ has pre-post test reliabilities ranging from 0.76 to 0.81 (Ashworth, DuRant, Newman, & Gaillard, 1992); 3) The study also measured psychological functioning with the Youth Self-Report of the Child Behavior Checklist (YSR; Achenbach, 1992), the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), and the National Youth Survey Delinquency Scale (NYSDS; Elliott, Huizinga, & Ageton, 1985); 4) On family functioning domain, the Family Environment Scale (FES; Moos & Moos, 1981) was used to measure perceptions of the family environment, the Conflict Tactic Scale (CTS; Straus, 1979) was used to assess conflict resolution tactics used by youth and parents, and the Parental Bonding Instrument (PBI; Parker, 1990) was used to measure parent child relationship; and 5) Youth’s diagnostic status was assessed with the Computerized Diagnostic Interview Schedule for Children (CDISC; Shaffer et al., 1996), a 263-item computerized structured interview based on DSM-IV criteria.
Slesnick and Prestopnik (2005) reported that 73 of the 124 participants were females and 51 males with an average age of 14.8 years. Among the sample, 51 were Hispanic/Latinos, 46 Anglo Americans, 9 African Americans, 5 Native Americans, and 13 youth could not be identified the ethnicity. Eleven participants reported drug use. The average runaway episode in the last 90 days was 3 episodes. The findings also indicated that 31% of the sample were sexually abused, 55% physically abused, and 21% both sexually and physically abused. The mean of BDI scores of the sample was 13.4 indicating mild to moderate depression.

The findings indicated that no significant differences in baseline performance, pre-treatment, between the two groups (i.e., EBFT and SAU) were found for any of the variables including substance use, HIV risk, psychological functioning, or family functioning \((p > 0.10)\). The results of analyses for the pre- and post-treatment, and 6- and 12-month follow-up for EBFT and SAU indicated significant time main effects. Participants in both EBFT and SAU groups had lower scores on their functioning in several areas, including days of drug use, number of categories of drugs used in the past 90 days, number of problem consequences, HIV risk behaviors, number of psychiatric diagnoses, depression, externalizing problems, delinquent behaviors, verbal aggression, family violence, family conflict, and parental over protectiveness. The findings indicated that both EBFT and SAU groups had higher scores and percentage on HIV knowledge and family cohesion. Slesnick and Prestopnik (2005) found both treatments helped to improve all problem areas. However, youth who were treated by EBFT had greater reductions in overall substance abuse compared to youth who were treated by SAU. The researchers concluded that EBFT was an effective intervention for this population.
Another recent study (Slesnick, Bartle-Haring, & Gangamma, 2006) investigated the relative individual and family factors predicting substance use at treatment outcome among physically and sexually abused runaway youth who received family therapy. Two hundred and forty-two participants were referred to the study from two runaway shelters in Southwestern (U. S.). The criteria of selection the participants included age between 12 and 17 years, had the legal option of returning to a home situation, met DSM-IV criteria for a psychoactive substance use disorder, family lived within 60 miles of the research site, and at least one parent willing to participate in therapy. Youth were randomly assigned to a) family therapy (FT) or b) treatment as usual at a shelter (TAU). One hundred and forty-one youth received FT (84 youth with history of abuse, 57 youth without history of abuse). One hundred and one youth received TAU (70 youth with history of abused, 31 youth without history of abused).

Runaway youth in FT received up to 16 family sessions (sessions averaged 60 minutes) using two similar treatment models [i.e., EBFT (Slesnick & Prestopnik, 2005) in home service and FFT (Alexander & Parsons, 1982) in the office]. The goal of each model was to modify dysfunctional family patterns that lead to substance use, runaway behavior, and individual problems. Runaway youth who were assigned to TAU were treated with regular shelter services including talking with counselors, crisis intervention, and assistance with placement post shelter.

One hundred and thirty-seven (57%) of 242 runaway youth were female and 105 (43%) were male. The average age was 15 years (SD = 1.4). Among the sample 92 (41%) identified themselves as being Hispanic/Latinos, 81 (34%) White Americans, 18 (7%) Native Americans, 15 (6%) African Americans, and 25 (12%) other or mixed ethnicity.
One hundred and fifty-four youth (64%) reported either physical or sexual abuse, and 31 youth (20%) reported both physical and sexual abuse.

In the Slesnick et al. (2006) study three domains were assessed including family functioning, substance use, and individual problem behaviors. The following instruments were used to assess the three domains: 1) CDISC (Shaffer et al., 1996), 2) a demographic questionnaire, 3) CTS (Straus, 1979), 4) PBI (Parker, 1990), 5) FES (Moos & Moos, 1981), 6) the Form 90 (Miller & Del Boca, 1994), 7) NYSDS (Elliott, Huizinga, & Ageton, 1985), and 8) YSR (Achenbach, 1992).

The participants completed the questionnaire 4 times: 1) at intake, 2) 3-month post-treatment, 3) 9-month post-treatment, and 4) 15- month post-treatment. The number of participants in the FT group (141 participants) who completed measures were 124 (88%) at 3-month post-treatment, 116 (82%) at 9-month post-treatment, and 115 (81%) at 15-month post-treatment. The completed measure for the TAU group (101 participants) were 79 (87%) at 3-month post-treatment, 82 (81%) at 6-month post-treatment, and 83 (82%) at 15-month post-treatment.

Multivariate analysis of variance (MANOVA) and hierarchical linear modeling analysis (HLM) were used in this study. The MANOVA was conducted to investigate differences between groups (FT vs. TAU, no abuse vs. type of abuse) on three domains (i.e., treatment factors, individual factors, and family factors). The results indicated that the main effect for abuse was significant in the analyses (Wilks Lambda = 0.75; $F[28, 428] = 2.31; p < 0.001$), and also a main effect for the FT group (Wilks Lambda = 0.86; $F[14, 214] = 2.3; p < 0.001$). The findings for between subject effects, the overall main effect for abuse was contributed to by the following factors: FES conflict and cohesion,
internalizing; CTS violence by parent to youth and by youth to parent; bonding, depression, and psychological diagnoses, and the overall main effect for the treatment groups was contributed to by only the delinquency total score. The results found that abused adolescents presented lower baseline family cohesion than non-abused adolescents. Both abused and non-abused adolescents presented similar reductions in substance use; however, substance use changed with change in cohesion overtime.

The results of the HLM analysis showed that a significant difference change in substance abuse between the FT group and the TAU group ($t = -2.21; p < 0.05$). The change indicated a decrease in substance abuse over time; however, the results of the FT group showed more of a decrease in substance abuse. The findings for the FT group showed that two variables were significant including the number of drugs used ($t = 4.7; p < 0.001$) and the consequences of drug use ($t = 3.45; p < 0.01$). Those two variables were able to predict about 48% of the variability in percent days of use at baseline. The findings also indicated that family cohesion ($t = 2.74; p < 0.01$), number of diagnoses other than substance-related ones at time 1 ($t = 2.13; p < 0.05$), and number of drugs used at baseline ($t = -3.73; p < 0.001$) were all significant predictors of change in substance use because of treatment and at follow-up. Those three variables accounted for 39% of the variability in change in substance use across time. The results of analysis for the TAU group indicated that only the number of drugs use could explain variability in baseline score on substance abuse for the TAU group ($t = 4.62; p < 0.001$), but not the consequences due to drug use.

The results of analysis for the FT group indicated that family cohesion increased over time. Duration of time accounted for 31% of the variability in family cohesion. The
level of family cohesion impacted change in substance use for the FT group. The lower levels of cohesion were related to greater decreases in substance abuse. For the TAU group, the results of analysis indicated that family cohesion scores also changed over time, but the change of family cohesion did not impact by change in substance use. The finding of the study indicated that change in cohesion related to change in substance use in the FT group, but not in the TAU group. In short, the findings linked change in family functioning to change in substance use, supporting family systems therapy for runaway youth.

In summary, this chapter provided conceptualizations about models of youth development and risk behaviors in runaway youth. Research was reviewed to give a better understanding of runaway youth characteristics, family characteristics of runaway youth, runaway shelter services, and treatment interventions. The greatest challenge for young people in adolescence is finding their identity and developing the independence to move into adulthood. Previous research showed that a common factor leading to runaway behavior is conflicts among family members, especially in the parent-child relationship. The treatment interventions for runaway youth reviewed in this chapter were focused on the relationships within their families and teaching youth and their families to develop strategies to deal with their situations. Although there were very few research studies in the areas of individual and group counseling for runaways, family therapy featuring family system approaches were effective interventions in working with runaway adolescents and their families [e.g., Functional Family Therapy (Alexander and Parsons, 1982) and Ecologically Based Family Therapy (Slesnick, 2003)].
CHAPTER 3

METHODS

This chapter explains the methods used to accomplish the objectives of the study and to address the research questions and hypotheses. First, the sample in this study is described. Next, the procedure for data collection and descriptions of individual counseling, group counseling, and family crisis counseling will be explained. Then, the measure, variables, and data analyses will be presented.

Participants

This study was based on archival data from clients who had been admitted to a runaway youth agency/shelter in a large metropolitan area in a Midwestern state during the period of January 1, 2003 to December 31, 2003. The agency has been in existence for over 30 years. The agency provides food, shelter, individual counseling, group counseling sessions, and family crisis counseling for troubled youth ages 9 to 18 years old. The agency has a maximum of 13 beds for youth who desire overnight shelter, 7 beds for boys and 6 for girls.

There were 594 client records selected by this researcher. All client records that met these criteria were selected: (1) the clients had to have been admitted to the agency between January 1, 2003 and December 31, 2003 and (2) the clients had to have been between 9 to 18 years of age at the time of shelter admission.

Procedures

The archival data were collected over a period of 12 months (from January to December 2003) at the shelter for runaway and homeless youth as described above. The data records contained information that had been collected during the intake interview by
youth counselors at the agency, thus sampling for this study was purposive. Parental consent had been gained in person during the interview of participants whose parent(s) were present or over the phone in cases of parent(s) who were been absent during intake. Identification numbers with a record key kept in a separate file were assigned to each youth’s record by agency personnel after the initial interviews were completed in order to protect the youth’s identity.

Six categories of data were collected: 1) socio-demographics of the youth, e.g., age and gender, 2) number of days at the agency, 3) parents’ marital status, e.g., both parents living together, divorced or separated, or single/never married, 4) number of family crisis counseling sessions, 5) number of runaway youth’s presenting problems, and 6) type of presenting problems reported by youth and/or parents at intake. Primary outcomes as a result of the youth being housed at the shelter were recorded by a youth counselor and a supervisor at discharge. The primary outcomes were reunification with family or relatives, referral to a foster /group home/transitional program, independent living program/Job Corps, still running away or being homeless, referral to other agency for treatment (e.g., substance dependent treatment, psychiatric hospital); transferred to correctional or detention centers, or living independently. Client data records were kept in each client’s file in a locked facility at the shelter.

The Institutional Review Board: Human Subjects Committee (IRB) at the University of Minnesota determined that this study was exempt from review under federal guidelines 45 CFR Part 46.101(b) category #4 EXISTING DATA; RECORDS REVIEW; PATHOLOGICAL SPECIMENS. The IRB consent to conduct the research is shown in Appendix A.
Description of the shelter program. Staff at the shelter consisted of 3 supervisors (1 staff supervisor, 1 family counselor supervisor, and 1 intern supervisor), 1 program coordinator, 15 full-time and 7-10 on-call youth and family counselors, 22 volunteers and interns. Youth counselors, family counselors, and other staff who worked in direct contact with young people were required to have a criminal background check by the Minnesota Department of Human Services before being employed or volunteering at the agency. All staff was required to complete the new employee orientation training within the first two weeks of employment. The orientation included crisis management training, developing client treatment plans, and completing a First Aid/CPR certification course. In addition, quarterly staff trainings were mandatory. The agency provided and required youth counselors and family counselors to attend an annual in-service training and other specialized training as needed. Youth counselors and group facilitators were required to have at least an undergraduate degree in social work, psychology or a related field. Family crisis counselors were required to have a master's degree in family and marriage counseling and to have had experience in working with youth and families for at least 3 years. The interns were required to be in an academic program from undergraduate and graduate level in psychology, social work, or related fields. The volunteers were not required to be in an academic program, but should have at least undergraduate degree in psychology, social work, or related fields. Interns and volunteers were assigned to pair with a youth counselor and a team of staff to get supervision and trainings during their time in the program. Interns and volunteers were required to have one-week training before they started working at the shelter. The interns, but not the volunteers, received
weekly one-hour supervision from a supervisor who holds a doctoral degree and a social worker license.

Three teams of staff facilitated routine activities and provided individual counseling and group counseling sessions for the youth. The first team, the morning shift, stayed with the youth from 8:00 am to 4:00 pm. The second team, the evening shift, arrived at 3:00 pm. for transferring responsibilities, meeting with youth and the first team. The second team stayed with youth from 3:00 pm. to 11:00 pm. The last team, the overnight shift, arrived at 10:00 pm. and stayed until 8:00 am. During the day, each youth at the agency had two individual counseling sessions per day, one session during the morning and one in the afternoon. Furthermore, each staff team conducted one group session. There were two group activities, one in the morning and one in the afternoon. During breaks, youth were allowed to make phone calls to their families, friends, or others. These calls were monitored and recorded by a staff member. At the intake interview, each youth was asked to cooperate with the staff and to follow the daily schedule.

*Description of individual and group counseling sessions.* Individual counseling provided an opportunity for youth to talk to a counselor one on one at the agency. The counselor met with the youth for 20 - 30 minutes two times each day (one session in the morning and one in the afternoon) to discuss any concerns that they might have. The counselor also followed up on how the youth was doing with activities at the agency and other issues that arose, such as presenting problems, possible solutions to solve or eliminate the problems, and management strategies they could use to handle their current situations. Two-group sessions, morning and afternoon, were conducted for 1.5 - 2 hours
(each session) each day by one or two youth counselors to provide peer interaction. The focus of these sessions was to provide role playing, problem solving, and information gathering strategies. For example, group members were shown a movie, and together identified problems shown in the movie and brainstormed solutions to the problems identified. The afternoon sessions focused more on creative activities, such as doing artwork and playing interactive games. In these sessions, youth had opportunities to share their ideas and thoughts about their art work or about the practice they were obtaining in working in teams with other youth.

**Description of family crisis counseling.** The shelter provided 1.5 to 2 hour-family crisis counseling sessions for the youth and his/her parent(s). A youth could participate in several family crisis counseling sessions before he or she leaves the shelter. Family crisis counseling sessions were scheduled by a family counselor with the youth's parents depending on the readiness of youth to meet with their parents and their parents’ availability. In the current study, two hundred and sixty-four youth had at least one family crisis counseling session (45.1%); 322 did not participate in family crisis counseling (54.9%).

The family sessions were designed to support the youth when he or she was attempting to communicate with his or her family. A family counselor met with each youth and his or her parents during family sessions. Family counselors and youth counselors at the shelter primarily used two approaches during crisis counseling sessions, a solution-focused approach and a systemic approach.

The solution-focused approach was developed in the early 1980’s by Steve de Shazer, Insoo Kim Berg and colleagues at their practice in Milwaukee, Wisconsin (De
The emphasis of this approach is to help youth and their families construct solutions to their situation. During family crisis sessions, only focus on the family the counselor helps youth and family to clarify how they want the situation to be different and what could help to make it happen. Within the framework provided by the solution-focused approach, the counselor views family members as the experts on their own situations and utilizes the youth and their families as resources (i.e., strengths, capacities, and adaptive skills) in helping them construct solutions.

The systemic approach was developed by Minuchin (1974). This approach emphasizes engaging family members in counseling, developing motivation for change, assessing relevant aspects of family functioning, and establishing and maintaining changed behaviors (Minuchin & Fishman, 1981). The systemic approach is a traditional intervention which is used throughout the U. S. by runaway adolescent shelter agencies (Slesnick & Prestopnik, 2004a). This intervention is effective in reducing behavioral problems among runaways, enhancing their problem-solving skills, and promoting positive communication styles between runaway youth and their families (Alexander & Parsons, 1982).

**Measures**

*Intake questionnaire.* Counselors used a structured questionnaire to guide the intake interview (see Appendix B). Interviews were conducted with youth and his/her parents (if the parents were present at intake) before admission. The intake questionnaires were completed by the counselor during the interviews. The questionnaire and interview took approximately 60 to 90 minutes to complete. The intake questionnaire consisted of four parts. Part 1 was general information in which the intake counselor collected youth
demographic information, youth and parental/guardian contact information, conducted a suicide assessment, and gathered information about medical concerns and any child abuse. The second part of the questionnaire was the initial youth assessment. This part consisted of questions about presenting problems, the young person’s strengths and resources, proposed and initial treatment plans and goals, and steps suggested which could assist the young person in achieving his or her goals. The third part was history. In this part, the youth was interviewed individually by a youth counselor. The information gathered included the referral source, runaway and homeless history, household and living situation, youth educational background, employment information, and a client vulnerability assessment. If present, the youth’s parents were asked to wait outside the interview room during this part of the intake interview. The fourth part was completion of informed consent forms by youth and parents. If youth were brought to the shelter by parents, parents were with youth during the intake interview parts 1, 2, and 4.

Variables

The dependent variable (DV) in this study was family reunification, which was coded 1 = yes or 0 = no.

The independent variables (IV) were: (1) participation in at least one family crisis counseling session (coded 1 = yes, 0 = no), (2) number of individual/group counseling sessions (coded 4 x number of days in residence at the shelter), (3) youth’s age, (4) gender (coded 1 = male, 0 = female), (5) parents living together at intake (1 = yes, 0 = no), (6) number of runaway youth’s presenting problems, (7) family-centered presenting problems, coded dichotomously (1 = yes, 0 = no), (8) youth-centered presenting problems, coded dichotomously (1 = yes or 0 = no), and (9) self-reported physical and/or sexual
abuse by a family member (coded 1 = abuse, 0 = no abuse).

The youths’ presenting problems were divided into two categories: 1) family-centered problems were the presenting problems related to family members, including conflict with legal guardians, conflict with parent(s), conflict with sibling(s), throwaway (i.e., parents do not want the youth to live in the home), parental abandonment (i.e., parents away from home when the young person had run away due to travel or work), parent’s death immediately prior to the young person running away, parent’s divorce or separation immediately prior to the young person running away, parent’s substance abuse, reported physical abuse by one or more family members, reported sexual abuse by one or more family members, and physical fighting with parents or siblings; and 2) youth-centered problems, including academic problems, being the target of gang violence, conflict with a partner (i.e., youth living with a boy friend or girl friend), having problems at previous shelters, legal problems (e.g., carrying a weapon, curfew violation, on probation, being arrested, destroying properties, and setting fires), mental illness (i.e., emotional problems), physical illness, safety of youth’s baby, sexual relationship with boy or girlfriend, and youth’s substance/drug abuse.

Data Analysis

Null Hypothesis 1: There would be no relationships among family reunification, family crisis counseling, individual/group counseling, age, gender, parents living together, number of runaway youths’ presenting problems, and type of presenting problems.

To test this hypothesis, a Pearson’s chi-square test was conducted to examine the null hypothesis of no association of columns and rows in the nominal-level tabular data (i.e., Ho: categorical variables are independent; Ha: categorical variables are related).
Null Hypothesis 2: Family reunification would not be predicted by participation of the youth in family crisis counseling, individual/group counseling, age, gender, parents living together, number of runaway youths’ presenting problems, and type of presenting problems.

To test this hypothesis, logistic regression was used to assess the multivariate impact of the independent variables on the likelihood that runaway youth would have family reunifications at discharge from the shelter.

Null Hypothesis 3: Family crisis counseling would not be related to family reunification.

To test this null hypothesis, a Pearson Product-Moment correlation was conducted.

Null Hypothesis 4: There would be no differences in the number of family reunifications between runaway adolescents who reported physical and/or sexual abuse by family members and those who do not report such abuse.

To test this null hypothesis, a Pearson’s chi-square test was conducted to ascertain these differences with 2 levels (yes, no) of the independent variable, and 2 levels (yes, no) of the dependent variable.

The p value for statistical significance was ≤.05 for all analyses.
CHAPTER 4

RESULTS

This chapter presents the results of the data analyses. First, the chapter describes subject demographic information, number of individual/group counseling sessions, number and type of youths’ self-reported presenting problems, and whether or not family reunification was achieved. Next, the statistical relationships among dependent and independent variables are presented. Finally, statistical analyses of the hypotheses are given.

Subject Demographics

The sample for this study originally started with 594 runaway youth who used the shelter services during January 1, 2003 through December 31, 2003. Since the presenting problems of 8 youth were unknown, they were dropped from the analyses. Therefore, the remaining sample for this study was 586 cases.

Table 1 provides demographic information of the 586 runaway youth participants. The average age of the sample was 14.5 years old (SD = 1.8). There were 322 female participants (54.9%) and 264 male participants (45.1%). The ethnicity of the sample included 310 (52.9%) African/African Americans, 155 (26.5%) Caucasians, 33 (5.6%) Native Americans/American Indians, 16 (2.7%) Asian/Pacific Islanders, 12 (2.0%) Hispanic/Latinos, and 62 (10.4%) did not report ethnicity. In terms of family status, 174 (29.7%) of the sample came from families in which both parents were living together, 412 (70.3%) of the parents were not living together [244 (41.6%) were divorced or separated families, and 168 (28.7%) were never married].
<table>
<thead>
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<th>Mean</th>
<th>SD</th>
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<td>18</td>
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</tbody>
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Gender
- Female: 322 (54.9)
- Male: 264 (45.1)

Ethnicity
- African/African American: 310 (52.9)
- Caucasian: 155 (26.5)
- Native American: 33 (5.6)
- Asian/Pacific Islander: 16 (2.7)
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<tr>
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*Note: % = Percent of the Sample.*
Table 2 shows the number of individual/group counseling sessions received at the shelter. The average number of individual/group counseling sessions was 5.29 sessions (SD = 4.09).
Table 2

*Number of Individual/Group Counseling Sessions (N = 586)*

<table>
<thead>
<tr>
<th>Individual/Group Counseling Sessions</th>
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<th>SD</th>
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<td>2</td>
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</table>

*Note:* % = Percent of the Sample.
Table 3 shows the total number of presenting problems of the youth at the intake interview at the shelter. A total of 11 (1.9%) youth reported 4 presenting problems at intake, 76 (13.0%) reported 3 presenting problems, 196 (33.4%) reported 2 presenting problems, and 303 (51.7%) reported 1 presenting problem.
Table 3

*Total Number of Youths’ Presenting Problems (N = 586)*

<table>
<thead>
<tr>
<th>n</th>
<th>%</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.65</td>
<td>0.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>11</td>
<td>1.9</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>76</td>
<td>13.0</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>196</td>
<td>33.4</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>303</td>
<td>51.7</td>
<td></td>
</tr>
</tbody>
</table>

*Note: % = Percent of the Sample.*
Table 4 shows the type of presenting problems and the percentage of young people who reported each of these types of problems during the intake interview. Of the youth reporting family-centered problems, 59.75% reported conflicts with their parents, and 18.41% reported being physically abused by family members. Of the youth reported youth-centered problems, 33.54% reported drug use/abuse, 22.46% reported academic problems, 18.15% reported legal problems, and 17.54% reported being homeless prior to running away.
## Table 4

*Types of Presenting Problems and Number and Percent of Youth Reporting These Problems*

<table>
<thead>
<tr>
<th>Types of Problems</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family-Centered Problems</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflicts with Parents</td>
<td>383</td>
<td>59.75</td>
</tr>
<tr>
<td>Victimized by Physical Abuse</td>
<td>118</td>
<td>18.41</td>
</tr>
<tr>
<td>Conflicts with Siblings</td>
<td>37</td>
<td>5.78</td>
</tr>
<tr>
<td>Victimized by Sexual Abuse</td>
<td>35</td>
<td>5.46</td>
</tr>
<tr>
<td>Parental Substance Abuse</td>
<td>20</td>
<td>3.12</td>
</tr>
<tr>
<td>Being Thrown Away</td>
<td>15</td>
<td>2.34</td>
</tr>
<tr>
<td>Conflicts with Legal Guardians</td>
<td>13</td>
<td>2.03</td>
</tr>
<tr>
<td>Parents’ Divorce or Separation</td>
<td>11</td>
<td>1.72</td>
</tr>
<tr>
<td>Physical Fighting with Parents or Sibling</td>
<td>3</td>
<td>0.47</td>
</tr>
<tr>
<td>Parents’ Abandonment</td>
<td>3</td>
<td>0.47</td>
</tr>
<tr>
<td>Parent’s Death</td>
<td>3</td>
<td>0.47</td>
</tr>
<tr>
<td><strong>Youth-Centered Problems</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance/Drug Abuse</td>
<td>109</td>
<td>33.54</td>
</tr>
<tr>
<td>Academic Problems</td>
<td>73</td>
<td>22.46</td>
</tr>
<tr>
<td>Legal Problems</td>
<td>59</td>
<td>18.15</td>
</tr>
<tr>
<td>Homelessness</td>
<td>57</td>
<td>7.54</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>14</td>
<td>4.31</td>
</tr>
</tbody>
</table>
Table 4 (cont.)

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having Problem at Previous Shelters</td>
<td>7</td>
<td>2.15</td>
</tr>
<tr>
<td>Sexual Relationship with Boyfriend/Girlfriend</td>
<td>2</td>
<td>0.62</td>
</tr>
<tr>
<td>Physical Illness</td>
<td>1</td>
<td>0.31</td>
</tr>
<tr>
<td>Being the Target of Gang Violence</td>
<td>1</td>
<td>0.31</td>
</tr>
<tr>
<td>Conflict with Sexual Partner</td>
<td>1</td>
<td>0.31</td>
</tr>
<tr>
<td>Concerns about the Safety of Children</td>
<td>1</td>
<td>0.31</td>
</tr>
</tbody>
</table>

Note: % = Percent of the Sample. Mental illness included depression and emotional problems. Physical illness was not specified on the recorded file of the subject.
The primary outcome investigated in this study, family reunification, showed that 376 (63.3%) of the total sample were reunited with their parents and family at discharge and 218 (36.7%) were not reunited. Youths who were not reunited with their family were discharged to other places [e.g., relative’s home, friend’s home, foster/group home, transitional program, independent living program, Job Corps, another agency for treatment (e.g., inpatient agencies that provide substance abuse treatment, psychiatric hospitals, correctional or detention centers)], living independently, or still running away or homeless.
Variables Used in This Study

There were 10 variables of interest in this study. Each of the variables was calculated as follows:

(1) Family Reunification (FR) was a status variable (coded 1 = reunified with family of origin at discharge from shelter, and 0 = not reunified with family of origin at discharge from shelter.

(2) Family Crisis Counseling (FCC) was a status variable, indicating the participation of at least one family member and the runaway in at least one family crisis counseling session during the youth’s stay at the shelter. The FCC variable was coded 1 = participated in FCC, and 0 = not participated in FCC.

(3) Number of individual/group counseling sessions (IGC) was a continuous variable, indicating the number of total individual/group counseling sessions that each participant attended during his or her stay at the shelter. This variable was created by summing individual and group counseling sessions for each participant. The minimum value for this variable was 4 sessions. The maximum was 72 sessions. Higher values for IGC indicated more individual and group counseling sessions attended.

(4) Age was a continuous variable, indicating youth’s age at time of admission to the shelter.

(5) Gender (GEN) was a status variable, indicating the gender of each participant. GEN was coded 1 = male and 0 = female.

(6) Parents’ Habitation (PH) was a status variable, indicating whether parents were living together or not. PH was coded 1 = both parents living together and 0 = parents not living together (including divorced, separated, never married).
(7) Number of Runaway Youth’s Presenting Problems (NUM) was a continuous variable, indicating total number of presenting problems stated during the intake interview.

(8) Family-Centered Problems (FC) was a status variable, indicating whether youth reported family-centered problems and was coded 1 = yes and 0 = no.

(9) Youth-Centered Problems (YC) was a status variable, indicating whether youth reported youth-centered problems and was coded 1 = yes and 0 = no.

(10) Self-reported physical and/or sexual abuse by a family member was coded 1 = abuse and 0 = no abuse.

Null Hypotheses and Analyses

Null Ho 1: There are no relationships among family reunification, family crisis counseling, individual and group counseling, age, gender, parents’ habitation, number of runaway youths’ presenting problems, and type of presenting problems.

Analyses: To test this hypothesis, a Pearson’s chi-square test was conducted to test the null hypothesis of no association of columns and rows in the nominal-level tabular data (i.e., Ho: categorical variables are independent; Ha: categorical variables are related). Chi-square is more likely to establish significance to the extent that (1) the relationships are strong, (2) the sample size is large, and/or (3) the number of values of the associated variables is large. Therefore, this test is appropriate based on the characteristics of the data set. A chi-square probability of .05 or less is commonly interpreted by social scientists as justification for rejecting the null hypothesis that the row variable is unrelated (that is, only randomly related) to the column variable.

\[ \chi^2 \] was calculated using a contingency table to test whether there is a relationship between two variables. For example, does participation in family crisis counseling relate
to family reunification? The contingency table compares the frequencies that the researcher observed in certain categories to the frequencies expected in those categories by chance. As stated above, the value of \( p \) was set at .05 to test for significance. The phi coefficient, which is a correlation coefficient, reported below reflects the strength of the associations (effect size) in the contingency table. The phi coefficient ranges from 0 to 1 and higher values indicate a stronger association between the two variables. Cohen’s (1988) criteria consider .10 as a weak association, .30 as a moderate association, and .50 as a strong association.

**Results of Null HO 1**: Results of chi-square tests for independence showed that there were significant relationships between the FR variable and six independent variables, including 1) FCC (\( \chi^2 = 46.18, p < .001, \phi = 0.28 \)), 2) IGC (\( \chi^2 = 30.61, p < .01, \phi = 0.23 \)), 3) AGE (\( \chi^2 = 62.59, p < .001, \phi = 0.33 \)), 4) PH (\( \chi^2 = 3.92, p < .05, \phi = 0.08 \)), 5) NUM (\( \chi^2 = 10.13, p < .05, \phi = 0.13 \)), and 6) FC (\( \chi^2 = 22.85, p < .001, \phi = 0.20 \)). However, no significant associations were found between the FR variable and other two independent variables, including 1) GEN (\( \chi^2 = 0.08, p = 0.78, \phi = -0.01 \)), and 2) YC (\( \chi^2 = 5.59, p = .13, \phi = 0.10 \)). Thus, null hypothesis 1 was rejected.

The above results indicate that FCC, IGC, AGE, PH, NUM, and FC are statistically associated with the FR. The results from the cross tabulation indicated that youth who participated in family crisis counseling were more likely to reunify with their families. The results also showed that youth who participated in fewer individual/group counseling sessions were more likely to reunify with their families. The younger the age
of runaway youth the more likely they would reunify with their families. For the parents’ habitation variable, results showed that youth whose parents were living together at the time of intake were more likely to reunify with their families than youth whose parents did not live together. The direction of relationships between the total number of presenting problems and the family reunification was positively associated with each other, which means that the greater the total number of youth presenting problems the more likely that youth would reunify with their families. Family reunification is less likely to occur with fewer youth presenting problems. The positive relationship between the number of youth who presented with family-centered problems and family reunification means that youth who presented with a greater number of family-centered problems were more likely to reunify with their families. Being either male or female did not increase the likelihood that youth would reunify with their families; neither did having a greater number nor lesser number of youth-centered problems.

*Null HO 2:* Family reunification is not predicted by participation in family crisis counseling, number of individual/group sessions, age, gender, parents’ habitation, number of youths’ presenting problems, or type of presenting problems.

*Analyses:* Logistic regression was performed to assess the multivariate impact of the independent variables on the likelihood that runaway youth would have family reunification upon discharge from the shelter. Logistic regression was chosen to test this hypothesis because the sample size was sufficient for this type of analysis, and because the independent variable was a categorical dichotomy (bivariate). Additionally, inter-correlations among predictor variables were not high. Since the outcome variable was a categorical dichotomy (FR or not FR), the relationship between variables was non-linear.
which violates the assumption of linearity. However, logistic regression overcomes the problem of violating the assumption of linearity by transforming the data via logarithmic transformation, thus transforming non-linear variables into linear ones.

Howell (2002) suggested that logistic regression can be applied when the dependent variable is dichotomous. For example, the dependent variable in this study was family reunification (coded as 1) and non-family reunification (coded as 0). Howell added that logistic regression does not produce probabilities less than 0 or greater than 1 and does not therefore require normality in the dependent variable (Howell, 2002).

The model tested in this current study contained 8 independent variables (participation in family crisis counseling, individual and group counseling, age, gender, parents’ habitation, and the total number of youth presenting problems, family-centered problems and youth-centered problems).

Results of Null HO 2: The logistic regression results showed that the full model containing all predictors was statistically significant, $\chi^2 = 108.62$, $p < 0.001$, indicating that the model was able to distinguish between runaway youth who reunited with their families and those who did not reunite. The model as a whole explained between 16.9% (Cox & Snell R Square) and 23.1% (Nagelkerke R Square) of the variance in family reunification, and correctly classified 70.6% of the cases.

As shown in Table 5, the combined effects of three of the independent variables made a unique and statistically significant contribution to the model (family crisis counseling, individual and group counseling, and youth’s age). Therefore, the null hypothesis for Hypothesis 2 was rejected. The strongest predictor of family reunification was youths’ participation in family crisis counseling, recording an odds ratio (OR) of
3.42. This indicated that runaway youth who participated in family crisis counseling were 3.42 times more likely to reunify with their parents when controlling for all other factors in the model. The OR of .72 for age of youth in this sample suggested that younger runaway youth were 72% more likely to reunify with their family than older runaway youth when controlling for all other factors in the model.
### Table 5

*Analysis of Logistic Regression Predicting Likelihood of Reported Family Reunification*

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>S.E.</th>
<th>Wald.</th>
<th>df</th>
<th>Sig.</th>
<th>OR</th>
<th>95.5% C.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
<td>Upper</td>
</tr>
<tr>
<td>FCC</td>
<td>1.23</td>
<td>0.23</td>
<td>34.47</td>
<td>1</td>
<td>.000</td>
<td>3.42</td>
<td>2.27 5.15</td>
</tr>
<tr>
<td>IGC</td>
<td>-0.03</td>
<td>0.01</td>
<td>6.75</td>
<td>1</td>
<td>.009</td>
<td>0.97</td>
<td>0.95 0.99</td>
</tr>
<tr>
<td>Age</td>
<td>-0.33</td>
<td>0.06</td>
<td>33.81</td>
<td>1</td>
<td>.000</td>
<td>0.72</td>
<td>0.64 0.80</td>
</tr>
<tr>
<td>GEN</td>
<td>0.10</td>
<td>0.19</td>
<td>0.26</td>
<td>1</td>
<td>.608</td>
<td>1.10</td>
<td>0.76 1.61</td>
</tr>
<tr>
<td>PH</td>
<td>0.31</td>
<td>0.22</td>
<td>2.01</td>
<td>1</td>
<td>.156</td>
<td>1.36</td>
<td>0.89 2.07</td>
</tr>
<tr>
<td>NUM</td>
<td>0.27</td>
<td>0.17</td>
<td>2.71</td>
<td>1</td>
<td>.100</td>
<td>1.31</td>
<td>0.95 1.82</td>
</tr>
<tr>
<td>FC</td>
<td>0.53</td>
<td>0.34</td>
<td>2.44</td>
<td>1</td>
<td>.118</td>
<td>1.71</td>
<td>0.87 3.33</td>
</tr>
<tr>
<td>YC</td>
<td>-0.06</td>
<td>0.28</td>
<td>0.05</td>
<td>1</td>
<td>.828</td>
<td>0.94</td>
<td>0.54 1.63</td>
</tr>
</tbody>
</table>

*Note:* n = 586, df = 8; B = regression coefficient, S.E. = standard error, Wald = Wald chi-square test, df = degree of freedom, OR = odds ratio, and C.I. = confidence interval for OR.
Null HO 3: Family crisis counseling is not related to family reunification.

Analyses: The relationship between family crisis counseling and family reunification was investigated using a Pearson product-moment correlation.

Results of Null HO 3: There was a significant positive correlation between the two variables, \( r = 0.28, p < 0.01 \), with more family crisis counseling sessions associated with a greater number of family reunifications. Since family crisis counseling was positively associated with family reunification, null hypothesis 3 was rejected.

Null HO 4: There are no differences in the number of family reunifications between runaway youth who reported physical and/or sexual abuse by a family member and those who did not report such abuse.

Analyses: To test this hypothesis, a chi-square analysis was conducted with reported physical and/or sexual abuse coded 1 = yes and 0 = no as the independent variable, and family reunification coded 1 = yes and 0 = no as the dependent variable.

Results of Null HO 4: A chi-square test for independence indicated no significant relationship between family reunification and youth-reported physical and/or sexual abuse (\( \chi^2 = 0.82, p = 0.37, \phi = 0.04 \)) and, therefore, null hypothesis 4 was not rejected. This result shows that runaway youths’ past experience of being abused in his/her family was not associated with family reunification in this sample.

Summary of Results

In summary, 586 participants of this study were youth with an average age of 14.5 years. There were approximately equal numbers of female and male participants. The majority of this sample was African American and Caucasian from divorced/separated
and single-parent families. The results of the analyses partially supported the hypotheses of this study in that there were some factors that predicted family reunification for runaway youth. Three of the independent variables (i.e., family crisis counseling, individual/group counseling, and age) made unique statistically significant contributions to the model in the prediction of family reunification among runaway youth. There was a statistically significant, positive correlation between family crisis counseling and family reunification. No significant associations between family reunification and reported physical and/or sexual abuse were found.
CHAPTER 5
SUMMARY, DISCUSSION, AND CONCLUSIONS

This chapter begins with a summary of the study, followed by a discussion of the results. The chapter also includes study limitations, recommendations for future research, and conclusions of the study.

Summary

This current study investigated variables that are associated with family reunification among young people who are served at shelters for runaway youth. The independent variables investigated in this study were family crisis counseling, individual/group counseling, age of youth, gender, parents’ living together, number of presenting problems, number of youth who reported family-centered problems, number of youth who reported youth-centered problems, and number of youth who reported physical and/or sexual abuse. The dependent variable was family reunification. The sample consisted of 586 youth who were admitted to a shelter for runaway youth located in a large metropolitan area in a Midwestern state during the period of January 1, 2003 to December 31, 2003. The intake questionnaire was used as the instrument to collect data for this study (see Appendix B). The information was collected by youth counselors at the shelter during the intake interview.

Four research questions were asked to study factors related to family reunification. They were: 1) What are the relationships among the factors of family reunification, family crisis counseling, individual/group counseling, age, gender, parents living together, number and type of runaway youths’ presenting problems? 2) Will family reunification be significantly and differentially predicted by participation of the youth in family crisis...
counseling and individual/group counseling, youths’ age, gender, whether or not parents live together, and number and type of runaway youths’ presenting problems? 3) Is family crisis counseling related to family reunification? and 4) Is there a difference in the number of family reunifications between runaway youth who report physical and/or sexual abuse and those who do not report such abuse? The null hypotheses were developed based on the research questions, and statistical tests conducted to evaluate the hypotheses.

The chi-square tests for independence among variables showed significant relationships between the dependent variable (family reunification) and the six independent variables (i.e., participation in family crisis counseling, individual/group counseling, youth’s age, parents habitation, number of presenting problems, and family-centered problems). The logistic regression analysis showed that youths’ participation in family crisis counseling will increase the likelihood that they will reunify with their families. Runaway youth who have fewer individual/group counseling sessions are more likely to return to their families. Runaway youth who are younger are more likely to reunify with their families. From the results of this current study, there is no evidence that youth who are physically or sexually abused are more or less likely to return to their families than youth who are not.

Discussion

The results of chi-square tests indicate that family reunification is associated with youths’ participation in family crisis counseling, the number of individual/group counseling sessions, youths’ age, parents’ habitation, and having a greater number of family-centered problems. The chi-square tests for independence indicate the existence of
significant relationships between variables, but do not indicate the direction of those relationships. The cross tabulations from chi-square tests indicate that youth who participate in a family crisis counseling service have more likelihood of family reunification than youth who do not participate. The logistic regression analyses conducted in this study confirm that participation in family crisis counseling is related to a greater likelihood that family reunification will occur. This finding is consistent with the results of previous studies by Teare et al. (1993) and Nugent et al. (1993). These researchers found that family crisis counseling is a critical part of runaway shelter services because runaway youth have an opportunity to communicate their needs and problems to their parents with family counselors' assistance. Usually, staff at runaway youth shelters contact parents and prepare youth for their meetings. In family crisis counseling, parent(s) and youth meet together with a family counselor as mediator to assist with their communication. When the parent(s) and youth are scheduled to meet in family sessions, they are better able to openly communicate with each other. Meetings with family counselors assist in connecting youth and parent(s) together, with the results that there are greater opportunities for them to reunify.

Currently, community-based shelters are primary locations for runaway youth interventions. Most shelters seek to reunify youth with their families. However, the runaway problem is a long-term situation because it could represent an accumulation of family problems and might reoccur if youth and their families are not treated appropriately. Interventions focusing on family counseling alone might not be sufficient to meet these complex challenges; however, using multisystem interventions could be appropriate for this population.
In this current study, the results of chi-square tests also indicated that runaway youth have a greater likelihood of family reunification with fewer individual/group counseling sessions. Usually, individual/group counseling is a routine activity for youth at the shelter; thus it follows that youth who stay longer at shelters would have more individual/group sessions. One previous research study (Teare et al., 1992) found that youth who had a longer stay at a runaway shelter were more likely to continue their runaway behavior because they receive more information from other youth about how to survive on the street. Therefore, it is logical that youth who have a shorter stay at a shelter would have a greater chance of reunification with their family, as this current study shows.

The finding from this current study also indicates a significant negative relationship between family reunification and number of individual/group counseling sessions; however, the results of the logistic regression model indicates a weak relationship between these two variables. This indicates that the relationship between family reunification and the number of individual/group counseling sessions is statistically, but not necessarily practically, significant. Although not specifically tested in this current research, this result might be because of the confounding effect of length of stay at the shelter (e.g. the longer youth stay at the shelter, the more likely they will learn ideas or behaviors from peers that reduce their desire to reunify with their families), by treatment effect (e.g. the quality of individual/group sessions and the qualifications and capacity of counselors to provide the counseling service). However, the result of the relationship between family reunification and the number of individual/group counseling sessions found in this current study is similar to the results of a previous study by Nugent.
et al. (1993).

In this current study, chi-square results showed that the younger runaway youth are more likely to reunify with their families. Logistic regression analysis also indicated that youth who are younger have a greater number of family reunifications compared to those who are older. These findings are similar to the results of the study by Thompson et al. (2001) who explained that younger youth are still dependent on their parent(s), and do not have as much information as older youth to survive on the streets. Additionally, because it is more likely that younger youth have a shorter history of running away, they might have an increased likelihood that they will decide to return homes.

Chi-square analysis of parents’ habitation indicates that youth whose parents live together are more likely to reunify with their families than youth whose parents do not live together. It might be that having both parents in the family would buffer stressful situations between youth and the other parent.

Relationships between number of youth presenting problems and family reunification is slight positive which means that youth with a greater number of presenting problems are more likely to reunify with their families than youth with a lesser number of presenting problems. This finding does not seem to logically represent real-life situations because fewer problems should be resolved more easily than multiple problems. However, this finding comes from youths’ self-reports at the entry of the center. Usually, runaway youth decide to leave their families after encountering several problems. Nevertheless, it is recommended that researchers continue to study relationships between number of youth presenting problems and family reunification so that more effective models of counseling interventions can be constructed.
A chi-square test and the logistic regression model examined relationships between the number of family-centered problems and family reunification and indicated a positive association, which means that youth who presented with a greater number of family-centered problems were more likely to reunify with their families. This finding seems counter-intuitive; however, family-centered problems (e.g., conflicts with parents, conflicts with siblings, parental substance abuse, and parent’s divorce or separation) can be generated by other family members, and not by youth alone. If those problems were not created by youth, they would return home when their parents agree to support and assist youth to deal with those situations. Another possible reason for this finding might be that families with a greater number of problems might be more responsive to the effects of counseling services provided at runaway shelters, as these services might emphasize better relationships and more positive communication between runaway youth and other family members. Additionally, youth also have an opportunity to learn better problem solving and social skills during their stay at the shelter, thus increasing the likelihood that they would reunify with their families, despite their families having a greater number of family-centered problems. Further results of the current study found that family reunification is not associated with youths’ gender or youth-centered presenting problems.

A chi-square test for independence did not show any significant relationships between family reunification and youth-reported physical and/or sexual abuse in this sample which means that there is no difference in the rate of family reunification between youth who reported being victimized by physical and/or sexual abuse in family and those who did not report being victimized. The results of cross tabulation also supported this.
result. There are many factors that cause youth to make a decision to run away from home. Problems related to relationships with family members have been shown to be a significant factor in this study, but conditions within the family (e.g., abuse) were not shown to be significant. The other reason might come from the effect of treatment factors at the shelter because youth who experienced abuse in their families would be identified and they would receive training in order to deal with these situations at home before they would leave the shelter.

Limitations

A limitation of this study is the self-reported nature of the data collected, which raises a question to the accuracy of the youth’s and parent’s report. Also, it is difficult to validate the information from runaway youth who travel from other states or had no parents present, and the shelter could not contact parents or guardians. However, self-report measures are routinely used in studies with the understanding that the data provided is based on perceptions of reality rather than on objective events.

Another limitation is that this study was not designed to answer the question of whether or not family reunification would be the best solution for all runaway youth. Although runaway shelters promote and encourage good relationships within families and encourage the reunion of youth with their families, some youth will feel unsafe returning to their homes (e.g., physical and/or sexual abuse). In those situations, the outcome of family reunification would not be the ultimate goal and is not appropriate. Runaway shelters usually provide alternatives (e.g., foster home and independent living programs) for youth who are in unsafe home situations.

Another possible limitation of this study is that the youth did not participate in the
same number of individual/group and family sessions. This is because each runaway youth has diverse needs, and thus the number of counseling sessions was different for each one. The amount of individual/group sessions received by youth in this study depended on the duration of their stay at the shelter, and the amount of family sessions depended on the readiness and cooperation of both youth and their parents. Thus, length of stay may have confounded the results of this study.

Another limitation of this study is that it is a correlational study. A correlational study indicates whether a relationship between two or more variables exists; however, it cannot show that a variable causes change in another variable. Thus, the results of this study can only indicate that there is a relationship between family reunification and family crisis counseling, but it cannot prove that individual or family crisis counseling increases or decreases the outcome of family reunification. However, the results of this study do provide evidence that counseling covaries with family reunification among runaway youth.

A final limitation of this study is the large number of statistical tests which can contribute to Type I errors, i.e. finding statistically significant results based on the number of tests conducted.

Recommendations for Future Research

Although the results in this study indicated that family crisis counseling, individual/group counseling, and age of youth are associated with the family reunification among runaway youth, for a better understanding of this population, future research should investigate areas of conflict and abusive situations in families of runaway youths. This research might include family dynamics which influence the decision of youth
leaving home. Research questions that help to explore situations in families might include the nature of the conflicts in the families of runaway youth, how those conflicts are precipitated, whether a history of family sexual or physical abuse and the age of youth create different outcomes when examining rates of family reunification. Future research might also explore family systems of runaway youth that can build on family strengths, and ways that family counselors may intervene to prevent runaway behavior.

This study only used the data of last admission at the shelter to avoid the redundancy of data collected later that could confound the findings. Future research should distinguish between repeat runaways and first time runaways to examine the differences among these subgroups. Research on runaway youth with mental illness and on medication, and those with suicidal ideation should also be studied to investigate suicide risk and prevention of suicide. A longitudinal research study for runaway youth and their families is recommended to follow up on the effectiveness of shelter services, the situation in the home, and the success of youth leading a healthy life and productive life style. The other suggested areas of future research in this population include gaining data about the number of high risk behaviors of runaway youth, including drugs and alcohol use, sexual risk behaviors, criminal activity, and pregnancy or fathering a child.

In addition to the above, future research of runaway youth, families, and shelters may benefit from qualitative methods of research (e.g., interviews with runaway youth and his/her family and shelter services) to receive in-depth details of their situations and the impact of shelter services after discharge. Each runaway youth is a unique situation, and this uniqueness may be lost in quantitative methods of research.
A final area for future research is to investigate the effectiveness of services at runaway shelters. Comparing runaway shelters with respect to youth served, services provided, strategies and policies, quality and quantity of staff, and evaluation methods of service effectiveness would help to enlighten the field about the range and effectiveness of services for runaway youth and their families. These data may help the profession strengthen services for this population.

Conclusions

This study investigated the factors that influence the outcome of family reunification, which is one of the major goals in services for runaway youth. The findings indicate that family crisis counseling is positively associated with family reunification in this sample while individual/group counseling and youth’s age have less of an impact on family reunification. Runaway youth who participated in family crisis counseling have a greater chance of family reunification compared to those who do not participate in that service. Runaway youth who participated in more individual/group counseling and are older are less likely to reunify with their families.

The other major findings of this study include: 1. The greater the number of youth presenting problems and if parents are living together, the greater likelihood that runaway youth will reunify with their family. 2. Runaway youth with a greater number of family-centered problems are more likely to reunify with their families than youth who have fewer family-centered problems. 3. There were no difference between runaway youth who reported being victimized by physical and/or sexual abuse in the family and those who did not in terms of their reunifying with their family.
When working with runaway youth, counselors, psychologists, social workers, and others who work with this population should pay attention to three factors (i.e., family crisis counseling, individual/group counseling, and youth age) because these factors are significantly related to family reunification among runaway youth. Family crisis counseling and individual/group counseling services may directly resolve conflicts and promote good relationships between youth and their families. It is difficult and dangerous for youth to live outside their homes, and they must be given care and shelter. This means that runaway youth, regardless of age, should know about shelter services to help them clarify their situation and learn how to respond appropriately rather than just running away. Family reunification may not be the only or best option for runaway youth, such as when youth are in abusive family relationships. Other alternatives, such as independent living programs, group homes, or foster homes, should be available. It is important for communities to adequately fund and publicize runaway shelter services to protect youth and facilitate their transition into a save and secure living environment.

Runaway shelters have served as a mediator between youth and families for over 30 years in the U.S., while also serving as protection for runaway youth. Shelter services have the potential to promote good relationships between youth and their families. Although the goals of this study were not to investigate the effectiveness of shelter services, the study did examine characteristics of runaways and the relationship of the characteristics to shelter services and family reunification. Some relationships were found that may facilitate family reunification, but study limitations suggest that these relationships should be interpreted with caution. For example, no differences in family reunification were found between youth who came from abusive home situations and
those who did not. However, this finding does not suggest that it is always in the best
interest of the youth to facilitate reunification with family. It is hoped that this study
benefits practitioners and researchers alike who are working with runaway youth, their
families, and shelters to improve shelter service programs and to strengthen the body of
research on runaway youth and shelter services.
References


APPENDIX A: Notification of IRB Exempt Study
Notification of IRB Exempt Study

From: <irb@umn.edu>

To: <kaew0001@umn.edu>

Date: 23 May 07, 8:38am

The IRB: Human Subjects Committee determined that the referenced study is exempt from review under federal guidelines 45 CFR Part 46.101(b) category #4 EXISTING DATA; RECORDS REVIEW; PATHOLOGICAL SPECIMENS.

Study Number: 0705E08581

Principal Investigator: Marid Kaewchinda

Title(s): Predictors of family reunification in runaway adolescents

This e-mail confirmation is your official University of Minnesota RSPP notification of exemption from full committee review. You will not receive a hard copy or letter. This secure electronic notification between password protected authentications has been deemed by the University of Minnesota to constitute a legal signature.

The study number above is assigned to your research. That number and the title of your study must be used in all communication with the IRB office.

If you requested a waiver of HIPAA Authorization and received this e-mail, the waiver was granted. Please note that under a waiver of the HIPAA Authorization, the HIPAA regulation [164.528] states that the subject has the right to request and receive an accounting of Disclosures of PHI made by the covered entity in the six years prior to the date on which the accounting is requested.

If you are accessing a limited Data Set and received this email, receipt of the Data Use Agreement is acknowledged.

This exemption is valid for three years from the date of this correspondence. You will receive a notification requesting an update after three years, at which time you will have the opportunity to renew your study.

Upon receipt of this email, you may begin your research. If you have questions, please call the IRB office at (612) 626-5654.

You may go to the View Completed section of eResearch Central at http://eresearch.umn.edu/ to view further details on your study.

The IRB wishes you success with this research.
APPENDIX B: Intake Questionnaire
THE BRIDGE FOR RUNAWAY YOUTH, INC.

INTAKE FORM (Part I)

Last Name_________________First___________________M.I.____File#________________

Street Address________________________________________City________________

ZIP Code__________County___________________________

School_________________________Grade_________Ethnicity____________________

Phone______________Gender_______Age________DOB______________

Intake Date/Shift/Time_________________Primary Counselor_____________________

Legal Guardian:_____________________Password:________________

Special Instructions (restrictions/permissions)___________________________________

________________________________________________________________________

________________________________________________________________________

Family Meetings:  1)____________________________

2)____________________________

3)____________________________

Check if need to be contacted            Check and sign when completed

Family:

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Name</th>
<th>Phone</th>
<th>Staff</th>
<th>Date</th>
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<tr>
<td>Social Worker</td>
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<tr>
<td>Probation Officer</td>
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School: South High School

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<th>Name</th>
<th>Phone</th>
<th>Staff</th>
<th>Date</th>
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<tbody>
<tr>
<td>Attendance</td>
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<tr>
<td>Counselor/SW</td>
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Other Interested Persons: (Include relationship to youth)

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<tr>
<th>Relationship</th>
<th>Name</th>
<th>Phone</th>
<th>Staff</th>
<th>Date</th>
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<tbody>
<tr>
<td>Mentor</td>
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</table>

Safety Concern Plan: (Plan for how below safety concerns, if any, will be addressed)

<table>
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<tr>
<th>Safety Concern:</th>
<th>Plan:</th>
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Suspected Child Abuse:

<table>
<thead>
<tr>
<th>To Complete</th>
<th>Staff Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>118</td>
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</table>
Abuse Documentation

Abuse Reporting

Intake Worker: ___________________________ Phone: ___________________________

Plan: ______________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Youth Checklist:

Immediate medical concerns: ____Yes ____No  If yes, explain_______________________
____________________________________________________________________________

Any allergies: ____Yes ____No  If yes, explain___________________________
____________________________________________________________________________

Prescription medication(s): ____Yes ____No  If yes, medication____________________
____________________________________________________________________________

Prescription medication form completed: ____Yes ____No

Are medications with youth? ____Yes ____No

Youth Property:

Youth Search: Staff initial:____

Youth money: $________; ____Put in safe ____Kept by youth (youth informed The Bridge not responsible for loss)

Locker No.___________

Items taken: ________________________________________________________________
____________________________________________________________________________
Parent Contact Checklist:

Check off the following items as they are covered:

___ Verify age  ___ Send parent information

___ Verify medications  ___ Verbal release: School: ___ Yes  ___ No

___ Check medical insurance  ___ Verbal release: TAMS: ___ Yes  ___ No

(If have insurance, complete insurance form)  ___ Consent and Release (page 7)

___ Check clothing needs  ___ Verbal release of info: ___ Yes  ___ No

___ Data Privacy Form (page 11)  (If obtained, list below)

**Verbal release of information:** (Complete release form for each authorized contact)

Name: ____________________________ Phone: ____________________________

Name: ____________________________ Phone: ____________________________

Name: ____________________________ Phone: ____________________________
INTAKE FORM (Part II)

Initial Assessment/ Treatment Plan

___ Family Meeting  Participants: ________________________________________________

___ Youth only

Presenting Issue: What’s happened? Why are you here now?

Youth: _______________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Family: ______________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

* Additional information should be written in case management notes:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Staff: ______________________ Date: _______________

Interviewer’s assessment: Describe observations, interactions, concerns and hopes.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Staff: ______________________ Date: _______________
Successes, strengths, resources:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Staff: ______________________ Date: _______________

Goals: What do you want to change by being here? What will be different?

Youth: _________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Family: _________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Other: _________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Steps: What can you do to accomplish these goals? Be specific with a short-term outcome.

Youth: _________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

122
Family: _________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Staff: _________________________________________________________________
________________________________________________________________________

Comments: What other resources are needed for this youth and family to accomplish their goals?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
INTAKE FORM (Part III)

YOUTH INTERVIEW

Referral:

1. How did youth find out about the Bridge? ___________________________________

2. Who referred youth to the Bridge? ____________________________________________

Runaway and Homeless Youth Status:

1a. Status of youth at intake:
   _____ At home   _____ Runaway   _____ Throwaway   _____ Homeless   _____ Other

1b. If runaway, throwaway, or homeless; how long? _____ days _____ months

2. How many times has youth run away? ______

3. Of these runaway episodes, how many resulted in receipt of services from the Bridge? _____

4. Of these runaway episodes, how many resulted in receipt of services from another agency? _____

5. Has anyone else in the youth’s household ever run away or been kicked out?
   _____ Yes   _____ No

Household/Living Situation:

1. List names and relationship to youth of people residing in the youth’s household.

   Name: ____________________________ Relationship: ___________________________
   Name: ____________________________ Relationship: ___________________________
   Name: ____________________________ Relationship: ___________________________
   Name: ____________________________ Relationship: ___________________________
   Name: ____________________________ Relationship: ___________________________

2. How many living situations has youth resided in within the past month? _____
3. Last living situation of youth? (Include parents, shelter, corrections program, street, etc.) ________________________________________________________________

4. Primary living situation for past year? (Include parents, shelter, corrections program, street, etc.) ________________________________________________________________

5. Does youth have any children? ____Yes (how many? ____) ____No

**Education:**

1. Is youth currently enrolled in school? ____Yes ____No

2. School program last attended? _____________________________________________

3. Last grade completed? ________

**Employment:**

1. Is youth currently working? ____Yes (If yes; ___full-time ___part-time) ____No

2. Is youth’s father figure employed? ____Yes ____No ____N/A

3. Is youth’s mother figure employed? ____Yes ____No ____N/A

4. Is youth’s spouse/partner employed? ____Yes ____No ____N/A

**Individual Client Vulnerability Assessment:**

1. Has youth ever been physically mistreated?
   ____No ____Yes, by whom ______________________________
   Check in needed? ____Yes ____No (Why?)
   ____Refused to talk about it at this time

2. Has youth ever been sexually mistreated?
   ____No ____Yes, by whom ______________________________
   Check in needed? ____Yes ____No (Why?)
   (If possible staff should have dialog with client)
3a. Has youth ever thought about suicide? ____No ____Yes

   Current concern ____Yes ____No

3b. Has youth ever attempted suicide? ____No ____Yes  How many times? _______

   How? __________________________________________________________________

3c. Has youth ever been hospitalized due to suicide attempt? ____No ____Yes

   How many times? ________

4a. Does youth use chemicals? ____No ____Yes, identify____________________

4b. Does youth have concerns about their chemical use? ____No ____Yes

   Check in needed? ____Yes ____No

4c. Does youth have concerns about others’ chemical use? ____No ____Yes

   Check in needed? ____Yes ____No

5a. Female: Is youth currently pregnant?

   ____No ____Yes (Check in needed? ____Yes ____No)

   ____Suspected (Check in needed? ____Yes ____No)

5b. Male: Has anyone ever been pregnant by youth?

   ____No ____Yes (Check in needed? ____Yes ____No)

   ____Suspected (Check in needed? ____Yes ____No)

6. Other safety concerns for youth? ____No ____Yes
INTAKE FORM (Part IV)

CONSENT AND RELEASE OF INFORMATION

Name of client ___________________________ Date of Birth ____________

Address: ___________________________ City/State: ___________ ZIP ___________

**Admission:** I, as parent/ guardian, give my permission for my minor child to be admitted to and participate in the Bridge Residential Program, and for the Bridge to provide medical care in case of emergency. I am aware that the Bridge is not a locked facility. If my child should leave the Bridge before being discharged or if I should terminate services before discharge, I will not hold the Bridge responsible for events that may occur.

Parent/Guardian Signature: ______________________________ Date: ______________

**Medical:** In accordance with state licensing requirements, a health screening is required for youth admitted to our program. This screening will not incur any cost to you. However, if you have insurance or medical assistance, the Bridge’s medical provider (TAMS, a nonprofit agency) will seek reimbursement from these sources. By signing below, you authorize release of information to and from the Bridge’s medical provider for case management purposes while the Bridge is involved.

Parent/Guardian Signature: ______________________________ Date: ______________

Client Signature: ______________________________ Date: ______________

**School:** The Bridge works closely with schools to coordinate services and to facilitate youth’s transition back into the school system. By signing below, you authorize the Bridge to release information to and receive information from school personnel at:

Name of School: ___________________________ Will youth attend? ____Yes ____No

If not going to school, who will call school? ____Parent ____Staff

127
Parent/Guardian Signature: _____________________________ Date: ______________

Client Signature: _______________________________ Date: ______________

**Youth:** I have read and understand the Bridge’s rules and my rights and responsibilities. I understand that if I violate the rules and agreements, consequences may include being removed from the program. I am personally requesting the services of the Bridge and authorize the Bridge to provide medical care if needed. If I should leave the Bridge without the Bridge agreement, I understand that the Bridge is not responsible for my actions or the consequences of my decision.

Client Signature: _______________________________ Date: ______________

*You have the right to refuse to release information. You may revoke consent upon written notice. This consent will automatically expire within 90 days.*

Staff Signature: _______________________________ Date: ______________

**PERMISSION AND CONSENT**

I understand that the Bridge for Runaway Youth, Inc., utilizes a team format for delivery of counseling services. I further understand that there are a number of different ways the team might be involved in my counseling:

1. A team of staff employed by the Bridge may discuss my situation in order to provide the best informed advice or suggestions.

2. A team of professionals may ask to observe a counseling session from behind a one way mirror and offer suggestions and recommendations either directly or through my counselor.
3. The Bridge is a training institution and some of my care may be provided by supervised interns from universities or trained volunteers from the community.

Client Signature: ________________________________ Date: ______________
Parent/Guardian Signature: ________________________________ Date: ______________
Staff Member Signature: ________________________________ Date: ______________

I, _____(youth’s name)_____, understand that if I run from the Bridge, this agency will cooperate fully with the police in regard to information that might help them locate me.

__________________________________   ________________________
Youth Signature      Date