Using Run Away Behavior to Examine
The Importance of Responding to Crisis with Purpose

The field of residential care is one that is filled with many caring and supportive individuals and facilities who truly desire to do good work with children and young people. There are certainly variations in overall quality of care, yet a common thread of perceived “good intentions” is likely woven into the fabric of most who provide services to our youth. And there is little doubt that well-intended agencies and individuals are able to achieve some degree of positive, healing outcomes. Yet, a stark and sad reality exists – for despite the best of our intentions in our practice, tragic events still occur.

Unfortunately, examples of such tragic outcomes are not difficult to find. A recent New York Times article detailed the plight of numerous adolescent girls who had run away from a residential facility and were then lured into a local sex trafficking ring (Stewart & Weiser, 2018). Events such as these underscore the fact that “good intentions” are simply not always “good enough” – and that we have a professional and moral obligation to improve our practice and protect the vulnerable children and young people we serve.

Given the nature of the populations with whom we work, our field is constantly faced with a myriad of challenging emotional and behavioral issues that can leave agencies, programs, and those who work therein, with a fair amount of doubt and uncertainty about how to effectively handle the complex incidents with which they are faced. This lack of “response clarity” often leads to reactive approaches to crisis events on all levels – from the agency itself through to the individual staff members who work directly with children and young people. The ultimate result is perhaps best described as a crisis-driven culture – one that leads to feelings of helplessness, hopelessness, and an atmosphere of “defensive practice”, as opposed to one of “reflective practice”.

Moving from crisis reactivity to crisis response requires a central understanding that effective crisis response is multi-layered and begins before an event even occurs. In 1952, Fritz Redl described the importance of a “residential setting with a total treatment design – by which we mean that every phase of it must not only be supportive of the basic treatment we take on but must become an integral part of it” (Redl & Wineman, 1952). That statement is as true today as it was then. Effective crisis response is purposeful crisis response, which is difficult to achieve without an organizational context in which equally purposeful programming and interactions flourish on all levels. A healthy organizational context that fosters a developmentally focused, relational, proactive, learning-centered atmosphere thus becomes the foundation in which effective crisis response is cemented. The issue of running away can be used to highlight this point.

Despite the ongoing struggles that agencies face in dealing with youth who run away, there is, in fact, a fair amount of research on the topic. Though single episodes where a child runs away may be difficult to predict, the research indicates that there are indeed specific protective factors and risk factors that cause some young people to be more likely to run away than
others. The research tells us, for example, that higher rates of running away tend to occur with youth between the ages 14-17, and that females tend to run with greater frequency than males (Clark, et al., 2008). Children with numerous disrupted placements and those who have experienced abuse or have substance abuse histories are also at greater risk for running away, as are those who have demonstrated a pattern of running away behavior in the past (Crosland & Dunlap, 2015). The literature also tells us that when young people run, it is often the result of a “push/pull” phenomenon, essentially meaning that they are either running “to” something (e.g. family contact, wanting to be with friends, a sense of normalcy, etc.) or “away” from something (e.g. poor treatment in placement, feeling unsafe) (Latzman, Gibbs, Feinberg, Kluckman, & Aboul-Hosn, 2018). Indeed, we have a great deal of information about running away behavior in out of home care placements, which begs the question – how are we using this information to improve our practice?

A purposeful approach would use such information to examine the issue of running away on multiple levels including proactive and preventative strategies, immediate response strategies, and post-event interventions. A thoughtful assessment of these levels would allow agencies to consider such questions as:

**Proactive/Preventative Strategies**

- Is our programming enriching and engaging enough to avoid “pushing” young people to run away?
- How well is treatment integrated into our daily programming?
- Do youth feel a sense of belonging in the program? Do they have a voice?
- Does our culture support developmentally appropriate practice in which developmental relationships are valued and supported?
- Do we use resources efficiently and in a way that meets the needs of young people?
- Are we conducting clinical risk assessments for children who are at risk for running away? Do we use risk assessments to adjust daily planning and staffing patterns?
- How well do we consider children’s strengths in our daily programming? Do we focus on those strengths to promote change?

**Immediate Response Strategies**

- How well trained are our staff in crisis de-escalation and management? Is their skill fluency adequate for “real-life” effectiveness?
- Do we have a fear-based orientation that might lead to staff hesitation when responding?
- Are staff clear about agency policies and expectations for managing run away behavior?
- What is the role of law enforcement?
- Do we have ICMP’s that specifically indicate interventions for running away episodes? Are the ICMP’s well-operationalized and used by staff?
• Are staff skilled in conducting an in-the-moment risk assessment to determine whether or not a physical intervention might be needed to stop a child from running away?
• Do we have adequate additional resources (clinical and otherwise) to help manage runaway episodes?

**Post-Event Interventions**

• Is the child medically and psychologically assessed upon returning?
• Do we conduct debriefing with youth and staff to examine what can be learned from the events?
• When a child returns from running away, what is the process for re-integration into the program?
• Are additional program supports put in place immediately after the event?
• Is a trauma informed approach used for reintegration and support planning?
• Do we assess the need for any long-term treatment and goal planning that will help to address the issue of running away?

It should be noted that the intent of the above examples are by no means meant to serve as a final and complete response framework for addressing running away behavior. Rather, they are intended to highlight some of the basic elements that are necessary for purposeful response to crisis – regardless of the nature of the event. If we, as organizations and individuals, can incorporate a systematic framework for purposeful crisis response, it will go a long way toward better protecting and serving our youth – and perhaps even bring us to a place where some of our good intentions do indeed become good enough.

**Bibliography**


