

RUNAWAY PREVENTION LITERATURE REVIEW

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Runaway Prevention

Scope of the Problem

Youths who run away face unique health and safety risks while on the streets. “Runaway and homeless youth, by circumstance and necessity, participate in numerous health-compromising behaviors (drug use, prostitution, living on the street, etc.) at a much greater frequency than their nonrunaway peers,” note Yates and colleagues (1988, 2). The experiences associated with running away can greatly affect a youth’s ability to become a healthy, productive adult. Every area of a youth’s life, from self-esteem to success in school, is negatively affected by running away. Runaway youths become infected with transmittable diseases at a greater rate than the general public (Yates et al., 1988). They have an elevated risk for experiencing violence and sexual exploitation (Kral et al., 1997). Further, the survival tactics used by youth to survive on the streets often involve criminal activities that directly affect the rest of the community.

In the U.S. juvenile justice system, youths who run away are considered “status offenders,” or offenders whose actions are considered illegal only because of their age. Not all youths on the street fall under the same runaway category, though they share many similar experiences and circumstances. The Federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) broadly defines a runaway youth as “a child (who) leaves home without permission and stays away overnight” (Snyder and Sickmund, 2006, 42). According to Farrow and colleagues (1992), there are four broad categories of runaways, which may be overlapping and indistinct:

- ***Situational runaways.*** The largest group, these youths usually leave home for a few days over a disagreement with parents. Though this group sometimes seeks resources designed for runaways, such as shelters, they often return home permanently after a few days. Youths in this group are at risk for becoming repeat runaways if the situation at home is not resolved. The longer these youths stay on the streets, the more exposure they have to the dangers of street life.
- ***Runaways.*** These youths run away from serious family problems, such as abuse or neglect. They often stay away from home for long periods, sometimes spending the rest of their youth living on the streets or in a shelter. In some cases, placement back into the home is not a safe option.
- ***Throwaways.*** Youths who have been kicked out of the house or neglected, throwaways are often subject to the same dangers as other runaway youths, but they present a special problem because returning to a stable family home is often not an option. Juvenile justice practitioners should concentrate on shelters and independent living facilities to bring about more realistic solutions.
- ***Systems youth.*** These are runaways who have been living under the care of the State and who are unable to tolerate their living situation.

Intervention for these youths is crucial if they are to avoid transitioning from runaways to “street youth,” or permanently homeless youth. Though homelessness is not considered a status offense,

the health and safety risks of living on the streets increase substantially for youths who repeat or prolong their runaway behavior.

For youth, running away is often combined with other types of risky behavior such as

- ***Truancy.*** Teens who run away are unlikely to keep attending school because of fear of being caught and returned to their parents. For many, dissatisfaction with school predates or even causes runaway behavior, resulting in the avoidance of school once the youths are on their own (Hagan and McCarthy, 1997).
- ***Drug/alcohol use.*** For runaway teens, a lack of parental oversight and easy access to drugs on the street often lead to experimentation with illegal substances. This compounds the dangers of an environment where runaways already are vulnerable, far from home and around unfamiliar people (Greene, Ennett, and Ringwalt, 1997).
- ***“Survival” criminal activities, such as petty theft or dealing drugs.*** Lacking legitimate ways to obtain resources, youths become creative when they run out of money to buy food or clothing. Stealing from a grocery store and dealing drugs are relatively easy ways to obtain the needed resources quickly. Up to 28 percent of youths on the streets also engage in “survival sex” or trading sex for money, food, shelter, drugs, or other subsistence needs (Farrow et al., 1992).

Lacking parental oversight and resources, youths on the streets can find themselves in dangerous or illegal situations. The longer a youth stays away from home the harder it becomes for him or her to stay clear of harmful situations (Mallon and Hess, 2005). Hoyt, Ryan, and Cauce (1999) point out that runaway youths are vulnerable to additional victimization through substance abuse and involvement with deviant peers. In short, they engage in behaviors that increase the likelihood of experiencing new victimizations.

Runaway youths also suffer when it comes to their mental, psychological, and physical health while on the streets. A 1990 study of clients at the High-Risk Youth Clinic in Los Angeles, Calif., found that homeless/runaway youths were six times as likely to contract HIV, more likely to have dropped out of school, far more likely to be depressed and actively suicidal, and more likely to demonstrate all forms of drug abuse (Cohen, Mackenzie, and Yates, 1991). Youth on the street engaged in first sexual intercourse at an earlier age, and experienced a higher incidence of sexual abuse and prostitution (Cohen, Mackenzie, and Yates, 1991). Nearly half of female youths on the street and one third of girls in shelters report having been pregnant at least once (Greene and Ringwalt, 1998).

Accepted statistics on how many youths run away each year are hard to come by, owing to differences in measuring methods. Statistics often lump runaway youth with missing children or homeless youth, making it difficult to calculate how many youths could benefit from runaway prevention programs. OJJDP estimated that roughly 1.7 million youths between ages 7 and 17 had a runaway or throwaway experience in 1999 (Sedlak et al., 2002). The *National Survey on Drug Use and Health* in 2002 found that about 1.6 million youths between the ages of 12 and 17 had run away from home and slept in the street in the year before (SAMHSA, 2004).

Most youths who run away do not end up in court for the offense. When they do, it is most often because they were referred to court by law enforcement, although a school official or a guardian may also petition the court. In 2004 the juvenile justice court system handled 1.6 million court cases. Of these, 159,400 were status offenses, with 20,722 runaway cases (Stahl, 2008). Youths who end up in court for running away tend to be younger teens. In 2004, juveniles younger than 16 accounted for 62 percent of runaway cases seen in court. Adjudication, or conviction of committing a delinquent act, was less likely in a runaway case than for any other status offense. Still, 43 percent of petitioned runaway cases resulted in some form of disposition (Stahl, 2008). Although court-ordered punishment for running away tends to be light (e.g., community service, probation), once a teen breaks a court order not to run away again that youth may find himself or herself in a juvenile holding facility or even an adult jail when he or she is picked up again. This is problematic, because most youths who run away multiple times have not committed a serious crime and may be running from a bad family situation.

Youths run away for a variety of reasons, though more attention has been given to reasons involving parents. In a study done by the U.S. Department of Health and Human Services, 47 percent of all runaway youths surveyed reported a major conflict with parents at home (Sedlak et al., 1997). In a three-city study of street youth, 34 percent reported being sexually abused before leaving home and 43 percent reported being physically abused before leaving home (Molnar et al., 1998). Often, youths end up as “runaways” on the streets because their parents have kicked them out. According to one study (Greene et al., 1995), more than half of all youths in shelters and on the streets reported that their parents knew they were leaving but did not care, or encouraged them. Other reasons include problems at school, problems with friends, and drug use.

Girls are underrepresented in every category of status offense cases brought to juvenile court, *except* in runaway cases. Girls represented 62 percent of all runaway cases petitioned to the courts in 2004 (Stahl, 2008). The higher percentage could be due to the fact that adults have a higher concern for situations in which female adolescents are put at risk for unplanned pregnancy or violence. One author explains the discrepancy: “Girls are still punished more severely than boys for activities that put them at risk of an unauthorized sexual encounter, for status offenses, although boys engage in these activities at least as often as girls” (Cain, 1989, 232). However, other studies suggest that runaway homeless youths do tend to be young, female, and white in greater numbers than their nonhomeless counterparts (Cohen, Mackenzie, and Yates, 1991).

Runaway prevention programs must be uniquely crafted to address the needs of runaway females, because “in the case of girls, the onset of delinquency is often the result of running away to escape violence at home” (Zaplin, 1998, xxiv). In a 1998 study, 80 percent of runaway and homeless girls reported having been sexually or physically abused (Molnar et al., 1998). In general, sexual abuse and violence play larger roles in the lives of runaway girls, as more are likely to list abuse as their reason for leaving home.

Theoretical Contexts

Runaway youths are conceptually separated from youths considered delinquent or criminal (Riley et al., 2004). Most academic and policy papers tend to present runaway youths as victims, part of “at risk” populations or missing children. “Runaways are not defined by their delinquent behavior but more so by family, behavioral, and systemic issues that leave them vulnerable” (Riley et al., 2004, 40). Nonetheless, runaway youths still fall under, and get tangled up in, the jurisdiction of the juvenile justice system.

One of the most prominent theories guiding the treatment of runaway youth (and other status offenders) today is Mead’s labeling theory, which became popular in the 1960s. As applied to runaways, labeling theory holds that placing a label (i.e., *delinquent*) on a youth who has committed an offense stigmatizes that individual. This leads to a negative self-image and becomes, ultimately, a self-fulfilling prophecy. In theory, the punished youth starts to see himself or herself as someone who commits delinquent acts, and continues doing so, perhaps moving into other areas of delinquency. Other experts suggest keeping criminal sanctions to a minimum, to avoid further immersing the youth in “delinquent culture” (Kelley, 1983), by keeping that person in constant contact with other juvenile delinquents in holding facilities. Following this theory, youths who run away should not be treated as criminals, but as persons in need of help and intervention. Keeping them out of the court system, out of holding facilities, and away from law enforcement would assist them without labeling them as criminal. The juvenile justice system must deal with runaways in a manner that constrains the youths from running away and also strive to keep runaway youths from getting institutionalized in the same manner as criminal offenders. According to Schwartz (1989), youths would be better served by resolution and mediation programs with an emphasis on strengthening family ties.

Significantly, the link between the committal of a status offense and further or future delinquency has been mentioned many times in runaway literature. That connection is part of an argument used to defend the court-ordered punishment of status offenders (e.g., “If we don’t punish them now, they’ll grow up to be real criminals”). The assertion that runaway youths are likely to partake in risky, illegal behavior such as prostitution, drug use, or stealing is statistically accurate (Greene, Ennett, and Ringwalt, 1997; Farrow et al., 1992; Cohen, Mackenzie, and Yates, 1991). Such activities are considered symptoms of running away, resulting from a need for resources and a lack of parental oversight, and in theory can be reduced or stopped with runaway prevention programs. The assertion that committing a status offense, such as running away, will precipitate or in some way predict the committal of further, and more serious, crime is unwarranted. Some youths who are detained for status offenses go on to commit more serious crimes, but many do not. According to Sheldon, Horvath, and Tracy (1989, 202), there are different types of status offenders, and “runaways and unmanageables were far less likely to escalate [their delinquent behavior] than those who were first referred for truancy, curfew, and liquor law violations.”

Runaway Prevention/Intervention Programs

Many juvenile delinquency prevention programs concentrate on intervening before youths make contact with the juvenile justice system. This approach emphasizes reducing the risk factors (especially parental neglect) that cause youths to exhibit problem behavior, as well as encouraging protective factors that would prevent youths from engaging in delinquent behavior, such as running away. Youths who have briefly come into contact with the juvenile justice system because of a status offense (e.g., a police officer escorts a runaway youth to a shelter) can still benefit from prevention programs to avoid adjudication or future confinement.

There is a shortage of programs that concentrate specifically on runaway prevention or that measure their own effectiveness on runaway rates. For the most part, any program that concentrates on improving the parent–child relationship or family dynamics can reduce runaway behavior, as youths who run away often list parental discord as a reason for doing so. Also, any programs that address the predictive factors that lead to running away can be helpful. Tyler and Bersani (2008) find that delinquency, neighborhood victimization, personal victimization, school suspension, and being female all significantly increase the expected frequency of running away. Although programs that aim to improve family dynamics may not have measures for runaway behavior specifically, they aim to reduce the risk factors that can cause youths to run away in the first place.

Since most youths who run away do not end up in court, programs that succeed in reducing petitioned status offenses can be looked at only as part of the solution to the runaway problem. Such programs are likely to reduce runaway behavior in general, though they may just reduce the number of runaways who end up in court. Unfortunately, studies that compare successful juvenile delinquency reduction program outcomes rarely concentrate on status offense rates. In fact, owing to the higher concern for violent crime, a proportional increase in status offenses (as opposed to felonies, murder, etc.) can be seen as a success (Greenwood and Turner, 1987).

Runaway prevention programs will use one or more of the following strategies:

- Family therapy/counseling
- Parent training
- Shelters
- Respite care
- Diversion
- Wraparound services

Family Therapy/Counseling

These programs concentrate on changing the maladaptive patterns of interaction and communication in families in which youths already exhibit behavioral problems, a common precursor to runaway behavior. In addition, some family strengthening programs use multicomponent interventions, including behavioral parent training, child social skills training, and family therapy. These multicomponent programs are known as family skills training. Family strengthening programs typically are implemented with youths diagnosed with mild emotional

and behavioral problems such as conduct disorder, depression, and school or social problems. Such programs are usually conducted by trained therapists in clinical settings with the parents and child.

Kumpfer (1999) identifies several types of family strengthening techniques. They include the following:

- **Structural family therapy** (Minuchin, 1974; Szapocznik et al., 1983; Powell and Dossier, 1992) stresses families' coping skills and strategies as well as learning new ways to respond.
- **Strategic family therapy** (Haley, 1963; Szapocznik and Kurtines, 1989) is pragmatic and goal oriented.
- **Structural-strategic family therapy** (Stanton and Todd, 1982) as the name implies, combines a concentration on patterns of family interactions with goal-specific approaches.
- **Behavioral family therapy programs** (those with a therapist working with one family) or behavior family training (those with a therapist working with several families in a group) contain separate skill-building training for parents and children during part of the session (Rosenthal and Bandura, 1978). The family is then brought together for activities during the last part of the therapy session.
- **Functional family therapy** (Alexander and Parsons, 1973; Alexander and Parsons, 1982) is a short-term approach designed to engage and motivate youths and families to change negative affect (Alexander et al., 2000).
- **Multisystemic family therapy** addresses delinquent youth behavior within the context of the family, school, and community. Interventions are goal oriented and emphasize development of family strengths (Henggeler and Borduin, 1990).

Parent Training

These programs concentrate on teaching parents and prospective parents the use of effective management skills. This highly structured approach generally includes parents only, in small groups led by a skilled trainer or clinician. Programs are designed to help parents learn to recognize both prosocial and antisocial behaviors, employ social learning techniques (e.g., positive reinforcement, ignoring, distraction, punishment), and improve family problem-solving skills, which can be crucial for runaway prevention. Parent training can be beneficial even during pregnancy and early childhood, since parenting skills learned early can have positive effects as the child matures (Howell, 1995).

Parent training sessions can occur in diverse settings (e.g., schools, community centers, churches, the workplace, or even at home with self-instructional programs) and under various types of approaches. Kumpfer (1999) outlines several of these approaches, including the following:

- **Behavioral parenting training** is structured, delivered by a trained professional, and lasts for 8 to 14 sessions of 1 to 2 hours each. A curriculum and instructional aids (e.g., manuals, guidebooks, handouts, videotapes) are used. Positive reinforcement skills are taught, and parents learn to decrease inappropriate punitive behaviors and chastisements.

- ***Parent education*** programs are usually designed to reach a broader audience of families who are not necessarily severely dysfunctional, but who may be at risk. These programs raise awareness of good parenting practices and better ways to discipline children. They also help parents learn how to determine if a child is abusing drugs or alcohol and to recognize other warning signs of delinquent behavior. Parent education materials may include videotapes, television programs, and brochures and feature articles in newspapers and magazines and other written information. In addition to general media information, schools, workplaces, churches, and community organizations can offer parent education information.
- ***Parent action/parent support groups*** are grassroots organizations that have gained in popularity in the past 2 decades. Some are national organizations with local chapters; others are ad hoc groups of neighborhood parents.

Shelter Care

There is a difference between youths who are chronically homeless and youths who have run away from a legal guardian. Homeless street youths are a unique subset of a homeless population; they may or may not have a home to return to. Youths who have run away from guardians are more likely to be on the streets for a short period of time and are at a lower risk for all behaviors associated with youth homelessness, such as prostitution and IV drug use (Kidd, 2003).

Runaway youths often land in shelter care before either being placed back with their families, or put into other living situations. Most runaway prevention programs—in particular those offered at shelters—concentrate on getting runaways back home with the parents. Using group counseling or therapy is the most common approach to helping a family in crisis. This is more of an early intervention approach to runaway prevention, as it is sometimes hard to identify groups of youths who are at risk before the actual runaway behavior occurs. Early intervention programs aim to keep youth off the streets and from coming into contact with law enforcement. The family’s involvement in therapy is integral, because “families from which children run are often marked by chaos, parental incompetence, financial problems, alcohol abuse, physical abuse, and marital instability” (Riley et al., 2004, 141). Nonetheless, for most runaways, family reunification is the most preferable outcome. For example, Thomson, Pollio, and Bitner (2000) find that youths who returned home to their families, as opposed to other living situations, report better outcomes on numerous well-being measures. Unfortunately, without addressing the context in which the teen ran away, reunification may ultimately fail (Baker et al., 2003).

Shelters can intervene with street youths and divert them from high-risk behaviors such as prostitution and drug abuse (Yates et al., 1991). They also provide more long-term solutions and transitional programs for those youths who cannot go home. The programs aim to assess the needs of runaway youths and the causes for running away, and provide assistance with placing youth in a stable, long-term environment.

Respite Care

Respite care offers a promising solution for status offenders—though, it should be noted, the data gathered thus far from this relatively new program is too little to draw solid conclusions from. “By serving the whole family, rather than focusing on the youth, and linking the family with an array of community-based services, respite care can help youth improve their behavior and reduce the chances of costly future contact with child welfare and juvenile justice agencies,” report Quraishi, Segal, and Trone (2002, 8). Respite care serves as a “break” to a family in need of an intervention. Teenagers and parents get much needed time away from each other, as well as rehabilitative services to prevent future crises. Programs such as San Francisco, Calif.’s Huckleberry House and Washington State’s YFA (Youth–Family–Adult) Connections offer teenagers with no past histories of mental health problems or violence a safe place to stay for a few days or weeks. In that time, respite care workers develop a plan for family reunification based on group counseling, therapy, and mediation. To prevent another runaway episode, aftercare is offered to the family for several months after the teen returns home. Success is measured by the number of families who reunite and by how long kids stay in the respite program before moving into a suitable long-term placement.

Youths who exhibit noncriminal, problem behavior such as running away can end up spending time in shelter care, detentions centers, and even foster care. These places are often poorly suited to teens who may be acting out based on situational circumstance and do not pose a threat to the community. Situational runaways are often placed with other kids who may never return home or have exhibited violent, criminal behavior. In fact, some research suggests that foster care and nonsecure detention facilities have a negative effect on a family in times of crisis (Conger and Rebeck, 2001). Respite care serves as a safer alternative for certain kids.

Respite care can be used to help status offenders and their parents by diverting youth from out-of-home placements. It can serve as the first in a series of rehabilitative services designed to prevent future crises by giving family members a needed break from one another, using trained counselors to help identify the root of their problems, and reunifying parents and children quickly. Respite programs can function as voluntary walk-in or police drop-off centers for runaways, as court diversion for programs for status offenders, or as an alternative to nonsecure detention for status offenders already involved in family court. Respite programs may also prevent future contact with the juvenile justice and child welfare systems (Quraishi, Segal, and Trone, 2002).

The Vera Institute of Justice (Quraishi, Segal, and Trone, 2002) was commissioned to evaluate respite care as a promising and innovative response to status offenders at risk of court-ordered placements. Traditionally, respite care is thought of as a way to assist families caring for someone with a serious disability or for parents at risk of losing a child as a result of abuse and neglect. Respite care strives to promote stability for families in crisis by providing a temporary reprieve for all involved parties.

Respite programs operate in different ways: some function through host families while others operate as small centers. Even with scarce resources (i.e., beds), respite centers can serve a large

number of youth, because the average stay is so brief. Provided services vary by individual program, but respite centers typically offer the following: family mediation, educational advocacy, individual counseling, and structured daily activities and rules (Weingartner and Weitz, 2002). Youth who enter respite centers typically receive a thorough physical exam and psychological assessment within a few hours.

The assessment process is a critical component of respite care services. Critical background information must be gathered about the child and family in a short amount of time to identify appropriate services and interventions, including determining if the respite care is the most appropriate option. Agencies generally will not admit youth with past histories of violence, current involvement in the juvenile justice system, or, with some exceptions, serious mental health problems. Following the initial assessment, trained counselors meet with parents and children to negotiate the terms that will enable the child to return home as quickly as possible. For the reunification to succeed, the entire family must actively engage in discussion about the sources of conflict and how to prevent future crises.

Equally important, respite programs provide or connect families with follow-up services to maintain and build on positive gains that occur during the respite period. For several months after a youth returns home, the family requires continued support to manage ongoing stress and avert another crisis. Even before the child returns home, a respite program should establish what type of aftercare the family will need and how these services will be provided (Quraishi, Segal, and Trone, 2002). In a study on emotionally and behaviorally disturbed teenagers in residential care, a family's access to community-based services following discharge proved to be the most important predictor of positive outcomes (Quraishi, Segal, and Trone, 2002). Another study suggests that tapping resources in the community not only facilitates family reunification but also diminishes the chances that serious family problems will recur (Petr and Entriken, 1995).

The guiding principle of a good respite center is to quickly develop and implement a plan to reunify the child with his or her parents. When reunification either is impossible or not the best solution, the focus shifts to finding a way to keep the youth out of a juvenile institution. One option, particularly for juveniles under 16, is to find a relative willing to take in the youth temporarily. If no relative is willing or able to take in the youth, another option is to contact the local child welfare agency or refer the family to court. For some youth, particularly older teens, going home may never be a viable option either because they are unwilling to go home or their parents refuse to take them back. In these cases, a respite care program may be the most recent event in a series of failed interventions that often include efforts by child welfare agencies to preserve the unity of the family, foster care placements, time in detention, and involvement in other programs. While respite staff will look for a relative willing to house an older teenager, they also will explore placing the teen in a program geared specifically to prepare older adolescents to live independently. Simply, what a youth needs most from his or her time spent in respite care is an introduction to basic skills and a place to go when respite ends (Quraishi, Segal, and Trone, 2002).

Diversion

Diversion programs may also offer a solution to the runaway problem. Diversion programs aim to limit the contact between juveniles and the justice system. For States, this can be a way to address the delinquent behavior with minor or no involvement with the judicial system.

Programs differ from State to State. In some States the youth does appear in court and is diverted to a community program. In other States youths are diverted as soon as the court receives a petition and never have to appear. The types of services offered by diversion programs also vary and can fall under any of the categories listed in this review. Youth court is a popular form of diversion. Established in many high schools across the Nation and presided over by a judge, these courts make legally binding decisions on the outcome of a case. Status offenses such as running away can be diverted from regular court to youth court, where high school students serve as attorneys and sometimes as the jury.

Diversion programs can work by providing on-call service, interviewing the youth and his or her family, providing family counseling and crisis stabilization services, and referring the family to community-based services (Cohen, Burke–Storer, and LaBella–Gies, forthcoming).

Wraparound Services

Wraparound is a term that symbolizes “wrapping” a youth or his or her family with support and services to ensure a safe, stable, and nurturing home environment. The objectives of wraparound services are to provide varying levels of support until the youth/family reaches an adequate level of self-sufficiency and to remedy circumstances of neglect, abuse, or exploitation. Wraparound services may vary in degree of intensity and do not always fit the traditional intervention model. The wraparound model rejects the “one size fits all” model of intervention and prevention. Thus, services offered are varied, ranging from home visits to scholastic tutoring. These multifaceted strategies offer individualized plans to support youth wherever they need it most. In the case of runaways, wraparound services may offer parent–teen counseling to increase at-home harmony, access to birth control and condoms, or at-home tutoring in various subjects. Such services are useful if a runaway teen is having trouble reentering school, is partaking in risky sexual behavior, or does not have an adult present in the household.

Evidence of Impact

According to Howell (1995), who looked at several meta-analyses and evaluations of various therapy models, early research indicates that family therapy is effective in reducing family conflict and children’s antisocial behavior. For example, Functional Family Therapy (FFT) is geared to help youths ages 11–18 who are at risk for, or are engaging in, delinquent behavior such as violence and substance abuse or who have been diagnosed with conduct disorder, oppositional defiant disorder, or disruptive behavior disorder. The intervention consists of 8–12 hours of direct service for mild cases (26–30 hours for serious cases) and is delivered in several phases. Eleven matched or randomly assigned control/comparison group studies were conducted between 1973 and 1997, with follow-ups at 1, 2, 3, and 5 years. The model has been applied to populations in urban and rural settings and among many racial and ethnic groups. The results

suggest that FFT has produced reductions in recidivism, out-of-home placements, or subsequent sibling referrals of at least 25 percent and as much as 55 percent (Alexander et al., 1998).

Another effective family-focused intervention is Multisystemic Therapy (MST), which targets chronic, violent, or substance-abusing juvenile offenders (ages 12–17) who are at risk for out-of-home placement (as are their families). MST services are delivered in the home, school, and community rather than in a clinic or residential treatment setting. Emphasis is placed on promoting behavior change in the youth's own environment. Services are more intensive than traditional family therapies and include several hours of treatment per week rather than the traditional 50 minutes. The emphasis is on developing an indigenous support network for the family, empowering the family to handle difficulties with the offending youth and empowering the youth to cope with family, peer, school, and neighborhood problems. Four randomized clinical trials compared the effectiveness of MST with usual community treatment for juvenile offenders and their families. Offenders in the MST group showed reductions in re-arrest rates of between 25 percent and 70 percent. There were reductions in out-of-home placements of between 47 percent and 64 percent in the three studies where data was obtained. Drug-related arrests decreased in three sites where researchers gathered data for this outcome. One site showed decreased aggression; in the other two sites there was no difference (Henggeler et al., 1998).

The Strengthening Families Program is a family-focused intervention consisting of seven consecutive weekly skill-building sessions. Parents and children work separately in training sessions and then participate together in a session to practice the skills they have learned. The program was evaluated in three longitudinal studies. The first evaluated the Iowa Strengthening Family Program between 1986 and 1998, with a sample of families of sixth graders. At 4 years following the pretest, the experimental group showed positive effects on parenting behaviors targeted by the intervention through the 8th grade follow-up; improvement in peer resistance skills and reduction in affiliations with antisocial peers at 7th, 8th, and 10th grade follow-up; lower probabilities of alcohol, tobacco, and marijuana use; lower rates of alcohol initiation through the 10th grade follow-up; and lower past-month cigarette use in the 10th grade (Molgaard, Spoth, and Redmond, 2000).

Multidimensional Treatment Foster Care (MTFC) is a family therapy program that targets children and adolescents ages 11–18 who have histories of chronic and severe criminal behavior and are at risk for incarceration. Community foster families are recruited and trained to provide out-of-home placements for juvenile offenders or children at risk for detention. These families are paid a stipend, and placements are usually for 6 to 9 months. The families are contacted daily by a case manager and are supported through weekly meetings. Youths receive individual therapy. Biological (or adoptive) families receive weekly family therapy. There is frequent contact, including home visits, between the youths and their families. Emphasis is placed on teaching youths interpersonal skills and on increasing participation in positive social activities, including sports and hobbies. In a randomized treatment/control evaluation, 79 boys ages 12–17 who were mandated into out-of-home care by the juvenile court were assigned to placement in MTFC or regular group care. After 1 year from exit, the MTFC group had fewer than half as many arrests as those in group care (2.6 offenses versus 5.4). Nearly three times as many

participants in group care ran away or were expelled, compared with the MTFC group (Chamberlain and Mihalic, 1998).

In summary, the research regarding family strengthening initiatives is impressive. Overall, analyses of family-based programs find that family strengthening initiatives (compared with programs that concentrate solely on parents or children) have more immediate and direct impact on improving family relationships, support, and communication and on reducing family conflict (Kumpfer and Alvarado, 1997; Szapocznik and Kurtines, 1989; Szapocznik, 1997).

Numerous researchers have found that parent training helps reduce aggressive, antisocial, and delinquent behavior among children (Dumas, 1989; Satterfield, Satterfield, and Schell, 1987; Tremblay et al., 1991; Tremblay et al., 1992; Kazdin, Siegel, and Bass, 1992). Since youth list conflict with parents as a common reason for running away, parental training can be used as a preventive measure against such runaway behavior.

The Prenatal and Early Infancy Project (now known as The Nurse Family Partnership) had its final trial in 1997 to assess its effectiveness over a 15-year period (Olds et al., 1998). It provided nurse visits to the homes of expecting and new “at risk” mothers (e.g., single, poor, young) with an emphasis on teaching parenting skills, improving the health of the mother and child, and providing broad family support. Support services included rides to doctor appointments, nutrition counseling, and educational development. A 15-year follow-up indicated that adolescents of mothers who received home visitation support had numerous reductions in dangerous and delinquent behaviors as reported by both mother and child, when compared with adolescents of mothers who received standard prenatal and well-child care. In particular, the runaway rate for youths in the nurse-visited families was shown to be significantly lower (0.24 versus 0.60; $P=0.003$).

One parent-directed program is The Incredible Years Training Series: School-Age BASIC Training Program and ADVANCE Parent Training Program. The Incredible Years Training Series consists of programs that address family management problems, lack of commitment to school, early and persistent antisocial behavior, and family conflict. The BASIC segment is a 12-week parent training program that involves group discussion of a series of 250 video vignettes. The program teaches interactive parenting and reinforcement skills, nonviolent discipline techniques, logical and natural consequences, monitoring, and problem-solving strategies. The original BASIC program (designed for children ages 2–7) and the program’s permutations were evaluated extensively. In the first evaluation, 35 nonclinic families were randomly assigned to BASIC parent training or to a wait-list control group. BASIC programs caused highly significant attitudinal and behavioral changes in participating middle-class, nonclinic mothers and children ages 3–6 compared with the control group. Nearly all changes were maintained at the 1-year follow-up. In a second study, 35 clinic high-risk families with conduct problems were assigned to one-on-one therapy, videotape group therapy (the BASIC program), or a wait-list control group. The BASIC program was as effective as the one-on-one therapy, and both were superior to the control group in accomplishing beneficial attitudinal and behavioral changes (Webster–Stratton, 1984; Webster–Stratton, 1985).

Another proven parent-training and family therapy intervention is the Helping the Noncompliant Child (HNC) program, a training program that teaches parents to change maladaptive patterns of interaction with their children by establishing a positive, mutually reinforcing relationship. The program consists of a series of parenting skills designed to help the parent break out of the coercive cycle of interaction with the child by increasing positive attention for appropriate child behavior, ignoring minor inappropriate behaviors, providing clear instructions to the child, and providing appropriate consequences for compliance (positive attention) and noncompliance (time out). Sessions are typically conducted with individual families rather than in groups. Parents and children participate in weekly 60- to 90-minute sessions; average number of sessions is 10. Skills are taught using extensive demonstration, role-plays, and direct practice with the child in the training setting and at home. This program has been extensively evaluated by more than 40 studies. Short-term effectiveness and setting generalization from the clinic to the home have been demonstrated for both parent and child behaviors—as well as for parents' perceptions of their children. Maintenance or long-term effects of HNC have been documented in several studies, with follow-up assessments ranging from 2 months to 14 years after the end of treatment. A sample of children who had participated in the program 4½ to 14 years earlier was found to be functioning well. The young adults (ages 17 to 22) who had participated in the program as children reported levels of self-esteem, academic progress, relationship with parents, and delinquency, drug use, and various types of psychopathology comparable with those reported by young adults in the community comparison group. Finally, improvement in child compliance has been shown to be accompanied by decreases in other overt conduct problem behaviors, such as aggression, tantrums, whining, and inappropriate verbal behavior.

A third proven parent-directed, family therapy program is Parenting with Love and Limits. PLL integrates group and family therapy into one system of care for adolescent populations with the primary diagnosis of oppositional defiant or conduct disorder. Parents and teens learn specific skills in group therapy and then meet in individual and family therapy to role-play and practice these new skills. This integration of group and family therapy enables parents to transfer these new skills to real-life situations and prevent relapse. The Parenting with Love and Limits system of care consists of six group sessions during which time teens and parents meet in small groups led by trained facilitators, plus three or more family therapy sessions when teens and parents meet individually with one of the group facilitators. Overall, the results of two evaluations conducted on the PLL treatment intervention are promising. One study found that parents' participation in adolescents' treatment of substance abuse and severe behavioral problems can have a positive impact on program effectiveness. A second study found that the Parenting With Love and Limits treatment group demonstrated (compared with the control group) a significant reduction in aggressive behaviors, depression, attention deficit disorder problems, and externalizing problems. In addition, compared with the controls, the PLL participants significantly improved parent and adolescent communication and decreased mothers' negative attitudes and perceptions about their adolescents. Finally, compared with the controls, the recidivism of the treatment group significantly reduced (16 percent to 55 percent) over a 12-month period.

Shelters serve as an important resource, not only for runaway youths but also their families and the community. In the moment of crisis, runaway shelter employees are in the best position to reach out to youths who need help. Thus, it is imperative that proven and tested methods be used.

Youths in a 21-shelter study (Nebbitt et al., 2007) reported they received “effective and quality treatment” while in shelter care. Problems usually occur *after* the youths have been released back to their parents, especially if the original problems have not been resolved. Family engagement after shelter discharge has been shown to be critical in continuing family stability, even independent of a family member changing his or her behavior (Nebbitt et al., 2007). Policymakers and shelter service personnel must take extra care to provide the family with access to support after the initial shelter stay is over. In a longitudinal analysis, Pollio and colleagues (2006) find that the broad improvements seen immediately following a stay at an emergency shelter are not sustained 3 and 6 months after release. The study echoes the call for postdischarge coordination of care, particularly around substance use and family issues (Pollio et al., 2006).

The Vera Institute of Justice looked at the short-term effectiveness of four respite care centers and found that respite care is a promising model for quickly reunifying parents and children and connecting them to additional support services. The Vera study underscores how few comprehensive evaluations have been conducted to assess the effectiveness of respite programs. However, practice shows they are successful in giving families a reprieve (i.e., cooling-off period) and reunifying children with their parents quickly. Vera evaluators concluded that respite care is a viable response to adolescents at risk of detention and placement. Additionally, they assert that respite care promotes better educational outcomes and better interactions among family members in a more cost-effective way than other court-ordered placements (Quraishi, Segal, and Trone, 2002).

The Vera report looked specifically at the following four respite care centers:

- ***Huckleberry House, San Francisco, Calif.*** Huckleberry Youth Programs, a large San Francisco nonprofit, runs a respite program called Huckleberry House. Open day and night, the house maintains six beds for youth ages 11 to 18, many of whom are runaways. For the youths who come to Huckleberry House and their parents, the respite program is usually just the first of many helpful engagements they will have with Huckleberry Youth Programs, often following respite with mediation services, family counseling, individual therapy, and anger management classes.
- ***Youth–Family–Adult (YFA) Connections, Spokane, Wash.,*** provides respite care for adolescents ages 13 to 17 in a large five-bedroom house in Spokane. With a total of 13 beds, YFA Connections runs three distinct programs: a 5-day respite program that can shelter up to eight kids at a time, a 2-week respite program called Directions with a capacity of four beds, and one 30-day respite program reserved specifically for runaway and homeless youth.
- ***Kids Oneida, Oneida County, N.Y.,*** provides planned and emergency respite care through host parents. These adults complete a rigorous training program to become qualified to cope with the wide array of problems the children have. Most of the kids who enter respite care are 14 or 15, but Kids Oneida does offer respite to some 16- and 17-year-old persons in need of supervision (often called PINS) and runaways. Kids Oneida

- ***Bridge Over Troubled Waters, Boston, Mass.*** For 30 years, Bridge Over Troubled Waters' Runaway Program has provided respite care through host families to runaway and homeless youth up to age 18. Located in Boston, the agency recruits the hosts through action centers and churches. Today five families voluntarily shelter kids for up to 3 days and without compensation. Kids spend nights and weekend days with their host family and report to the agency's offices each weekday. In addition to giving children a temporary home while working to reunify them with their parents, Bridge Over Troubled Waters provides individual therapy, substance abuse counseling, and vocational training.

The Vera study determined that none of the four respite care programs tracked the long-term progress of families. The Bridge Over Troubled Waters program provided the longest period of aftercare, but the length of follow-up time with families was typically only up to 3 months. As a result, respite care programs typically use the rate of family reunification as a measure of success: key indicators of this measure include how long youth remain in respite care before they return home or move to a suitable long-term placement, and how many families reunify after the respite period. Vera found that the YFA Connections program serves about 300 families a year, about 80 percent of whom are reunified within the allotted 5- to 14-day respite period. Huckleberry House reports similar success: 75 percent of youths served were either reunified with their families in 2001, and the vast majority (90 percent) left the respite center within 10 days. Counselors at Bridge Over Troubled Waters were successful in reunifying 60 percent to 70 percent of families they served and placed most of the other youths in independent living programs. Similarly, the Kids Oneida program helped reunify 70 percent of families after working with them for an average of 2 weeks (Quraishi, Segal, and Trone, 2002).

Respite centers do not count families that return to their programs as failures. The Vera study found that of the 199 youths who entered Huckleberry House in 2001, about 28 percent returned at least once and, of the youths who returned, about half returned at least two times. Huckleberry House experienced a higher rate of families needing more intensive services than the program originally provided and had a higher return rate than the other programs included in the study. This is possibly due to the center's policy of not discouraging families from seeking additional services if they demonstrate a real commitment to working on their problems (Quraishi, Segal, and Trone, 2002).

Findings from the 1990s suggest that diversion programs have had positive results (Shelden, 1999; Krisberg and Austin, 1993; Davidson et al., 1990), although in older research the results were been mixed (Elliot and Blanchard, 1975; Klein, 1976; Lincoln, 1976). New Jersey Juvenile/Family Crisis Intervention Unit (JFCIU) works by providing 24-hour on-call service, interviewing the youth and his or her family, providing family counseling and crisis stabilization services, and referring the family to community-based services (Cohen, Burke-Storer, and LaBella-Gies, forthcoming). Out of the 6,616 cases the JFCIU handled during calendar year 2007, 7 percent were runaways. Throughout this same period only 509 cases (7 percent) had either a juvenile/family crisis petition or out-of-home placement petition filed and brought before a judge, while the rest were handled successfully by the crisis units. Of the total 435 juveniles

referred to placement during this time, 138 (32 percent) were voluntarily placed by agreement of the family and 297 (68 percent) were placed involuntarily.

Wraparound services have been proven to reduce runaway behavior and risks associated with running away. According to Edinburgh and Saewyc (2009), an intensive home-visiting intervention strategy reduced reported rates of runaway behavior by both teens and parents, reduced the incidence of sexually transmitted infections, truancy, and substance use over a 1-year period.

The PACE (Practical Academic Cultural Education) Center for Girls, Inc., in Florida is a school-based program that serves as an alternative to incarceration and institutionalization. The program targets girls ages 12 to 18 who have problems with truancy, running away, and the like. The nonresidential program provides academic education, individualized attention, gender-specific life-management skills, therapeutic services, parental involvement, and community volunteer services. The program also provides up to 3 years of transitional services for girls after they complete the program. Outcome measurements showed that out of the 2,169 girls who transitioned out of the program during 2005–06, 90 percent were not involved with the juvenile justice system in a 12-month follow-up (PACE Center for Girls, Inc., 2007–08). The girls showed large improvements in academic functioning and their rates of drug and alcohol use, and, in particular, runaway behavior was reduced from 30 percent to 7 percent for girls enrolled in 2004–05 (PACE Center for Girls, Inc., 2005–06).

There are also numerous Web sites and phone hotlines that offer resources for teens, parents, and other community members on “runaway prevention.” They shouldn’t be ruled out as important sources for runaway prevention information, but are not replacements for programs.

There is a great need for more research in runaway prevention and intervention. Far too much runaway literature concentrates on street youth pathology without making any policy recommendations. An effective, uniform way of monitoring the outcomes of current runaway prevention efforts should be developed. Resources in programs such as these are often limited, and it would make sense to use successful and proven methods when possible.

References

- Alexander, James F., Cole Barton, Donald A. Gordon, Jennifer K. Grotzinger, Kjell Hansson, Rich Harrison, Susan Mears, Sharon F. Mihalic, Bruce V. Parsons, Christie Pugh, Stewart Schulman, Holly Barrett Waldron, and Thomas L. Sexton. 1998. *Blueprints for Violence Prevention, Book 3: Functional Family Therapy*. Boulder, Colo.: Center for the Study and Prevention of Violence.
- Alexander, James F., and Bruce V. Parsons. 1973. “Short-Term Behavioral Intervention With Delinquent Families: Impact on Family Process and Recidivism.” *Journal of Abnormal Psychology* 81(3):219–25.
- . 1982. *Functional Family Therapy: Principles and Procedures*. Carmel, Calif.: Brooks/Cole.

- Alexander, James F., Christie Pugh, Bruce V. Parsons, and Thomas L. Sexton. 2000. "Functional Family Therapy." In Delbert S. Elliott (series ed.). *Blueprints for Violence Prevention: Book 3, Second Edition*. Boulder, Colo.: Center for the Study and Prevention of Violence.
- Baker, Amy J.L., Mary M. McKay, Cynthia J. Lynn, Hans Schlange, and Alicia Auville. 2003. "Recidivism at a Shelter for Adolescents: First-Time Versus Repeat Runaways." *Social Work Research* 27(2):84–93.
- Cain, Maureen. 1989. "Growing Up Good: Policing the Behavior of Girls in Europe." London, England: SAGE.
- Chamberlain, Patricia, and Sharon F. Mihalic. 1998. "Multidimensional Treatment Foster Care." In Delbert S. Elliott (series ed.). *Blueprints for Violence Prevention, Book 8: Multidimensional Treatment Foster Care*. Boulder, Colo.: Center for the Study and Prevention of Violence.
- Cohen, Eric, Richard G. Mackenzie, and Gary L. Yates. 1991. "HEADSS, a Psychosocial Risk Assessment Instrument: Implications for Designing Effective Intervention Programs for Runaway Youth." *Journal of Adolescent Health* 12(7):539–44.
- Cohen, Marcia I., Michelle Burke–Storer, and Mary LaBella–Gies. Forthcoming. "Deinstitutionalization of Status Offenders." *Juvenile Justice Bulletin*. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice (USDOJ).
- Conger, Dylan, and Alison S. Rebeck. 2001. *How Children's Foster Care Experiences Affect Their Education*. New York, N.Y.: Vera Institute of Justice, 21.
- Davidson, William Sumner, Robin Redner, Richard L. Amdur, and Christina M. Mitchell. 1990. *Alternative Treatments for Troubled Youth: The Case of Diversion From the Justice System*. New York, N.Y.: Plenum Press.
- Dumas, Jean E. 1989. "Treating Antisocial Behavior in Children: Child and Family Approaches." *Clinical Psychology Review* 9(2):197–222.
- Edinburgh, Laurel D., and Elizabeth M. Saewyc. 2009. "A Novel, Intensive Home-Visiting Intervention for Runaway, Sexually Exploited Girls." *Journal for Specialists in Pediatric Nursing* 14(1):41–48.
- Elliott, Delbert S., and F. Blanchard. 1975. "An Impact Study of Two Diversion Projects." Paper presented at the 83rd annual convention of the American Psychological Association, Chicago, Ill., Aug. 30–Sept. 3.
- Farrow, James, Robert Deisher, Richard Brown, John Kulig, and Michele Kipke. 1992. "Health and Health Needs of Homeless and Runaway Youth." *Journal of Adolescent Health* 13(8):717–26.
- Greene, Jody M., Susan T. Ennett, and Christopher L. Ringwalt. 1997. "Substance Use Among Runaway and Homeless Youth in Three National Samples." *American Journal of Public Health* 87(2):229–35.
- Greene, Jody M., and Christopher L. Ringwalt. 1998. "Pregnancy Among Three National Samples of Runaway and Homeless Youth." *Journal of Adolescent Health* 23(6):370–77.
- Greene, Jody M., Christopher L. Ringwalt, J.E. Kelly, Ronaldo Iachan, and Z. Cohen. 1995. *Youth With Runaway, Throwaway, and Homeless Experiences: Prevalence, Drug Use, and Other At-Risk Behaviors, Vol. I*. Report. Washington, D.C.: Administration for Children, Youth, and Families, U.S. Department of Health and Human Services (USDHHS).
- Greenwood, Peter W., and Susan Turner. 1987. "Selective Incapacitation Revisited: Why the High-Rate Offenders Are Hard to Predict." Santa Monica, Calif.: RAND.

- Hagan, John, and Bill McCarthy. 1997. *Mean Streets: Youth Crime and Homelessness*. Cambridge, England: Cambridge University Press.
- Haley, Jay. 1963. *Strategies of Psychotherapy*. New York, N.Y.: Grune and Statton.
- Henggeler, Scott W., and Charles M. Borduin. 1990. *Family Therapy and Beyond: A Multisystemic Approach to Treating the Behavior Problems of Children and Adolescents*. Pacific Grove, Calif.: Brooks/Cole.
- Henggeler, Scott W., Sharon F. Mihalic, L. Rone, Christopher R. Thomas, and Jane Timmons-Mitchell. 1998. *Blueprints for Violence Prevention, Book 6: Multisystemic Therapy*. Boulder, Colo.: Center for the Study and Prevention of Violence.
- Howell, James, C. (ed.). 1995. *Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders*. Washington, D.C.: OJJDP, USDOJ.
- Hoyt, Dan R., Kimberly D. Ryan, and Ana Mari Cauce. 1999. "Personal Victimization in a High-Risk Environment: Homeless and Runaway Adolescents." *Research in Crime and Delinquency* 36(4):371–91.
- Kazdin, Alan E., Todd C. Siegel, and Debra Bass. 1992. "Cognitive Problem-Solving Skills Training and Parent Management Training in the Treatment of Antisocial Behavior in Children." *Journal of Consulting and Clinical Psychology* 60(5):733–47.
- Kelley, Thomas M. 1983. "Status Offenders Can Be Different: A Comparative Study of Delinquent Careers." *Crime & Delinquency* 29(3):365–79.
- Kidd, Sean A. 2003. "Street Youth: Coping and Interventions." [*Child and Adolescent Social Work Journal* 20\(4\):235–61](#).
- Klein, Malcolm W. 1976. "Issues and Realities in Police Diversion Programs." *Crime & Delinquency* 22(4):421–27.
- Kral, Alex H., Beth E. Molnar, Robert E. Booth, and John K. Watters. 1997. "Prevalence of Sexual Risk Behavior and Substance Use Among Runaway and Homeless Adolescents in San Francisco, Denver, and New York City." *International Journal of STD & AIDS* 8(2):109–17.
- Krisberg, Barry A., and James F. Austin. 1993. *Reinventing Juvenile Justice*. Newbury Park, Calif.: SAGE.
- Kumpfer, Karol L. 1999. *Strengthening America's Families: Exemplary Parenting and Family Strategies for Delinquency Prevention*. Washington, D.C.: OJJDP, USDOJ.
- Kumpfer, Karol L., and Rose Alvarado. 1997. "Effective Family Strengthening Interventions." *Juvenile Justice Bulletin*. Washington, D.C.: OJJDP, USDOJ.
- Lincoln, S.B. 1976. "Juvenile Referral and Recidivism." In Robert Melvin Carter and Malcolm W. Klein (eds.). *Back on the Street: Diversion of Juvenile Offenders*. Englewood Cliffs, N.J.: Prentice-Hall.
- Mallon, Gerald P., and Peg McCartt Hess. 2005. *Child Welfare for the 21st Century*. New York, N.Y.: Columbia Books.
- Minuchin, Salvador. 1974. *Families and Family Therapy*. Cambridge, Mass.: Harvard University Press.
- Molnar, Beth E., Starley B. Shade, Alex H. Kral, Robert E. Booth, and John K. Watters. 1998. "Suicidal Behavior and Sexual/Physical Abuse Among Street Youth." *Child Abuse & Neglect* 22(3):213–22.
- Molgaard, Virginia K., Richard L. Spoth, and Cleve Redmond. 2000. "Competency Training, the Strengthening Families Program: For Parents and Youth 10–14." *Juvenile Justice Bulletin*. Washington, D.C.: OJJDP, USDOJ.

- Nebbitt, Von, Laura House, Sanna J. Thompson, and David Pollio. 2007. "Successful Transitions of Runaway/Homeless Youth from Shelter Care." *Journal of Child and Family Studies* 16(4):545–55.
- Olds, David L., Charles R. Henderson Jr., Robert Cole, John Eckenrode, Harriet Kitzman, Dennis W. Luckey, Lisa M. Pettitt, Kimberly Sidora, Pamela Morris, and Jane Powers. 1998. "Long-Term Effects of Nurse Home Visitation on Children's Criminal and Antisocial Behavior." *Journal of the American Medical Association* 280(14):1238–44.
- PACE (Practical Academic Cultural Education) Center for Girls, Inc. 2007–08. "Outcome Measure Achievements." Jacksonville, Fla.: PACE Center for Girls, Inc.
- . 2005–06. "Outcome Measure Achievements" Jacksonville, Fla.: PACE Center for Girls, Inc.
- Petr, Christopher G., and Cindy Enriken. 1995. "Service System Barriers to Reunification." *Families in Society*, 76(9):523–32.
- Pollio, David E., Sanna J. Thompson, Lisa Tobias, Donna Reid, and Edward Spitznagel. 2006. "Longitudinal Outcomes for Youth Receiving Runaway/Homeless Shelter Services." *Journal of Youth and Adolescence* 35(5):852–59.
- Powell, John Y., and David A. Dosser Jr. 1992. "Structural Family Therapy as a Bridge Between 'Helping Too Much' and Empowerment." *Family Therapy* 19(3):243–56.
- Quraishi, Fiza Heidi J. Segal, and Jennifer Trone. 2002. "Respite Care: A Promising Response to Status Offenders at Risk of Court-Ordered Placements." *Issues in Brief*. New York, N.Y.: Vera Institute of Justice.
- Riley, Debbie B., Geoffrey L. Greif, Debra L. Caplan, and Heather MacAulay. 2004. "Common Themes and Treatment Approaches in Working With Families of Runaway Youth." *The American Journal of Family Therapy* 32(2):139–53.
- Rosenthal, Ted L., and Albert Bandura. 1978. "Psychological Modeling: Theory and Practice." In Allen E. Bergin and Sol L. Garfield (eds.). *Handbook of Psychotherapy and Behavior Change: An Empirical Analysis*. New York, N.Y.: John Wiley, 621–58.
- (SAMHSA) Substance Abuse and Mental Health Service Administration, U.S. Department of Health and Human Services (USDHHS). 2004. "Substance Use Among Youths Who Had Run Away From Home." *National Survey on Drug Use and Health*. Rockville, Md.
- Satterfield, James H., Breena T. Satterfield, and Anne M. Schell. 1987. "Therapeutic Interventions to Prevent Delinquency in Hyperactive Boys." *Journal of the American Academy of Child and Adolescent Psychiatry* 26(1):56–64.
- Safyer, Andrew, Sanna J. Thompson, Elaine M. Maccio, Kimberley Zittel-Palamara, and Greg Forehand. 2004. "Adolescents' and Parents' Perceptions of Runaway Behavior: Problems and Solutions." *Child and Adolescent Social Work Journal* 21(5):495–512.
- Schwartz, Ira M. 1989. *(In)justice for Juveniles: Rethinking the Best Interests of the Child*. Lanham, Md.: Lexington Books.
- Sedlak, Andrea J., David Finkelhor, Heather Hammer, and Dana J. Schultz. 2002. "National Estimates of Missing Children: An Overview." *National Incidence Studies of Missing, Abducted, Runaway, and Thrownaway Children*. Washington, D.C.: OJJDP, USDOJ.
- Sedlak, Andrea J., Dana J. Schultz, S. Wiener, and B. Cohen. 1997. "National Evaluation of Runaway and Homeless Youth." Washington, D.C.: Administration on Children, Youth, and Families, USDHHS.
- Shelden, Randall G. 1999. "Detention Diversion Advocacy: An Evaluation." *Juvenile Justice Bulletin*. Washington, D.C.: OJJDP, USDOJ.

- Shelden, Randall G., John Horvath, and Sharon Tracy. 1989. "Do Status Offenders Get Worse? Some Clarifications on the Question of Escalation." *Crime & Delinquency* 35(2):202–16.
- Siegel, Larry, and Brandon Welsh. 2005. *Juvenile Delinquency: The Core*. Thomson Wadsworth Publishing.
- Siegel, Larry, Brandon Welsh, and Joseph Senna. 2005. *Juvenile Delinquency: Theory, Practice and Law*. Wadsworth Publishing.
- Snyder, Howard N., and Melissa Sickmund. 2006. *Juvenile Offenders and Victims: 2006 National Report*. Washington, D.C.: OJJDP, USDOJ.
- Springer, David. 2001. "Runaway Adolescents: Today's Huckleberry Finn Crisis." [*Brief Treatment and Crisis Intervention* 1\(2\):131–51.](#)
- Stahl, Anne. 2008. "Petitioned Status Offense Cases in Juvenile Courts, 2004." *OJJDP Fact Sheet*, February.
- Stanton, M. Duncan, and Thomas C. Todd. 1982. "Principles and Techniques for Getting Resistance Families Into Treatment." In M. Duncan Stanton and Thomas C. Todd (eds.). *The Family Therapy of Drug Abuse and Addiction*. New York, N.Y.: Guilford.
- Szapocznik, José. 1997. "Cultural Competence and Family Program Implementation." *Plenary Session Presented at the OJJDP–University of Utah Third National Training Conference on Strengthening America's Families*. Washington, D.C., March 23–25.
- Szapocznik, José, and William M. Kurtines. 1989. *Breakthroughs in Family Therapy With Drug-Abusing and Problem Youth*. New York, N.Y.: Springer.
- Szapocznik, José, William M. Kurtines, Franklin H. Foote, Angel Perez–Vidal, and Olga E. Hervis. 1983. "Conjoint Versus One-Person Family Therapy: Some Evidence for the Effectiveness of Conducting Family Therapy Through One Person." *Journal of Consulting and Clinical Psychology* 51(6):889–99.
- Thompson, Sanna J., David E. Pollio, and Lynda Bitner. 2000. "Outcomes for Adolescents Using Runaway and Homeless Youth Services." *Journal of Human Behavior and the Social Environment* 3(1):79–97.
- Thompson, Sanna J., Kimberley Zittel–Palamara, and Elaine M. Maccio. 2004. "Runaway Youth Utilizing Crisis Shelter Services: Predictors of Presenting Problems." [*Child and Youth Care Forum* 33\(6\):387–404.](#)
- Tremblay, Richard Ernest, Joan McCord, H el ene Boileau, Pierre Charlebois, Claude Gagnon, Marc LeBlanc, and Serge Lariv ee. 1991. "Can Disruptive Boys Be Helped to Become Competent?" *Psychiatry* 54(2):148–61.
- Tremblay, Richard Ernest, Frank Vitaro, Lucie Bertrand, Marc LeBlanc, H el ene Beauchesne, H el ene Boileau, and Lucille David. 1992. "Parent and Child Training to Prevent Early Onset of Delinquency: The Montr el Longitudinal–Experimental Study." In Joan McCord and Richard Ernest Tremblay (eds.). *Preventing Antisocial Behavior: Interventions From Birth Through Adolescence*. New York, N.Y.: Guilford Press.
- Tyler, Kimberly A., and Bianca E. Bersani. 2008. "A Longitudinal Study of Early Adolescent Precursors to Running Away." *The Journal of Early Adolescence* 28(2):230–51.
- Webster–Stratton, Carolyn H. 1984. "A Randomized Trial of Two-Parent Training Programs for Families With Conduct-Disordered Children." *Journal of Consulting and Clinical Psychology* 52(4):666–78.
- . 1985. "Predictors of Treatment Outcome in Parent Training for Conduct Disordered Children." *Behavior Therapy* 16:223–43.

- Weingartner, Eric, and Andrea Weitz. 2002. "Respite Care: An Alternative to Foster Care for Status Offenders in New York City." New York, N.Y.: Vera Institute of Justice, July.
- Yates, Gary L., Richard G. Mackenzie, Julia Pennbridge, and Eric Cohen. 1988. "A Risk Profile Comparison of Runaway and Nonrunaway Youth." *American Journal of Public Health* 78(7):820–21.
- Yates, Gary L., Julia Pennbridge, Avon Swofford, and Richard G. Mackenzie. 1991. "The Los Angeles System of Care for Runaway/Homeless Youth." *Journal of Adolescent Health* 12(7):555–60.
- Zaplin, Ruth. 1998. *Female Offenders*. Gaithersburg, Md.: Aspen Publishers.