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An Exploratory Study of Runaway Female Adolescents in a Residential Treatment Center

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AN EXPLORATORY STUDY OF RUNAWAY
FEMALE ADOLESCENTS IN A
RESIDENTIAL TREATMENT CENTER

By

MARY E. COOK AND STAN JASPER

A report submitted in partial fulfillment of the
requirements for the degree of

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SOCIAL WORK

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This Practicum for the
Master of Social Work Degree

By

Mary E. Cook and Stan Jasper

has been approved

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Chairman, Practicum Committee

Dean, Graduate School of Social Work

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Chapter I

INTRODUCTION

If correctional institutions are to function according to established criteria, that is, to "correct" the deviant behavior of juvenile delinquents, then one obvious requirement is to have continuous contact with that individual over a period of time. This research project is one attempt to study runaways from a juvenile delinquent girls institution. This study specifically focuses on what factors influence a girl to run away and what factors encourage her to stay at Villa St. Rose.

Both researchers discovered in working at Villa St. Rose that one of the biggest obstacles for the treatment program was the number of runaways that occurred. As a treatment facility having female adolescents in their care, runaways were demoralizing to the staff and debilitating to treatment.

On closer examination the researchers discovered that the runaway rate was definitely different between the three living groups at Villa St. Rose. We gathered the actual number of runaways in July 1974 through June 1975. There were seventy-seven runaways during this period; 14% ran from Living Group I, 43% ran from Living Group II, and

39% ran from Living Group III. We thereby established the fact that there are differences between groups in runaway rate. The differences are listed in Table 1, below.

TABLE 1
Runaways By Month With Yearly Totals

	Group 1	Group 2	Group 3
July 1974	2	1	2
August 1974	1	1	2
September 1974	1	3	3
October 1974	0	4	0
November 1974	3	4	4
December 1974	2	1	1
January 1975	0	0	1
February 1975	1	3	1
March 1975	1	2	4
April 1975	1	5	3
May 1975	1	5	8
June 1975	1	4	1
Total Runaways	<hr/>	<hr/>	<hr/>
July 1974 - June 1975	14	33	30

The number of runaways from the three groups at Villa from July 1, 1974 through June 30, 1975 is listed month by month in Table 1. Totals for the year are at the bottom of each column. The number of runaways in Group 1 during this period of time was less than half of the number of runaways in Groups 2 and 3.

History of Research Setting

Because we limited our study to the concentrated analysis of Villa St. Rose we believe it would be helpful to give the reader a better understanding of this institution. Villa St. Rose was founded in 1902 within the city of Portland, Oregon by Mother Mary of St. Rose of the Catholic Order of the Good Shepherd for the betterment of delinquent juvenile females.

It aims at restoring to those members of society who, willfully or not, have forfeited a normal way of life, the opportunity of developing mentally, morally and physically, and of becoming respected healthy, happy individuals.¹

Originally, Villa St. Rose harbored a grade school, high school, and vocational training. It presently has a fully accredited curriculum for high school only under the Intermediate Education Division program of the public school system.

The emphasis was on work and character building. Sometimes the number of girls reached 200 in the institution at one time. Since the founding of Villa St. Rose a change in treatment philosophy has evolved to the use of smaller groups of females with a greater number of staff to effect a better therapeutic environment. Three living groups were established in the core facility with an average of fifteen to sixteen females in each living group. Each of

¹Sisters Mary of St. Teresita, The Social Work of the Sisters of the Good Shepherd, Cadillac Press, 1938.

these groups has a large living room, a small kitchen area, large bathroom facilities, a large open dormitory for sleeping, and small quarters for the staff on duty.

Today Villa St. Rose accepts referrals of female juveniles from all parts of Oregon between age 13 and 21. The prime criteria for acceptance at Villa is the female juvenile must be in high school. Villa St. Rose serves female adolescents who, because of acting out behavior, have been labeled status offenders or delinquents and usually have been adjudicated through a juvenile court. Villa St. Rose does not accept female adolescents with contagious diseases, epileptic, mentally ill, mentally retarded, paralytic or pregnant.

A team of staff members is assigned to each living group. This team consists of two or more social workers, five or more child care staff, two teachers and sometimes a social work student from Portland State University. The team discusses the progress of each female, particularly her problem behaviors in school and in her living group. A treatment plan is formulated for each girl in relation to her problems and evaluation of progress is periodically reviewed until the goals of treatment have been met. The team, by consensus, agrees to her "graduation" from Villa St. Rose when she has reached the treatment goals. It becomes clear that effective treatment depends on one factor;

keeping the girl from running until she has reached the goals of treatment.

General Design

The established runaway rate varies considerably between Living Group I and the remaining two groups. This study attempts to investigate the possible factors influencing the female juveniles to run away or to stay at Villa St. Rose. Section I of this study attempts to investigate the individual members of the three treatment teams for composition, attitude toward their team, and treatment methods. The researchers believe this study will reveal differences between treatment teams.

Section II of this study attempts to evaluate the effect of the interaction between treatment team members and the female adolescents. The researchers want to evaluate the attitudes the female juveniles have regarding their team members, their peers, and their attitudes about running away. The researchers believe this study will reveal differences between living groups.

In summary, we have three major statements or proposed findings in Section I:

1. The composition of the treatment teams will be different.
2. Team members' attitudes toward their team will be different.

3. Treatment methods will be different among the three teams.

Also, three major statements or proposed findings in Section II:

1. Differences in girls' attitudes towards staff as a result of the different treatment.
2. Differences in attitude about running away as a result of the different treatment.
3. Differences in the girls' attitudes toward their peer group as a result of the treatment.

As there are three individual teams assigned to three distinct living groups we have designated Team I to Living Group I, Team II to Living Group II, and Team III to Living Group III.

Definition of Terms

There are a number of terms that are used in this institutional setting that have a special meaning. Following is a clarification of these terms.

1. Walks: Female adolescents can earn the privilege of walking in pairs around the outside of Villa's grounds and/or walking several blocks from Villa with special permission from staff.
2. Outings: Team staff, usually child care workers, schedule weekly activities outside Villa. These

include movies, plays, shopping, concerts, etc., to the female adolescents who have earned this privilege.

3. Staffings: Periodically a female adolescent will have the opportunity to meet the team by herself to discuss her progress and to ask the team anything she may want to know. The team is to change treatment goals to assist the adolescent in her graduation from Villa.
4. Big Sister: An older girl in the living group volunteers or is selected by the staff to be a friend and guide to a new girl entering the group.
5. Smoke breaks: Many of the female adolescents smoke and are given frequent supervised breaks outside the building to smoke. Due to fire hazard smoking is prohibited by the fire marshall inside Villa St. Rose.
6. Significant difference: The .05 level of confidence was used consistently in this study to establish a statistical difference if possible in the data collected.
7. Runaways: Any female adolescent who leaves the appointed place without specific permission. She may leave Villa, not return from a walk or outing, or leave while on a home visit without permission.

8. Treatment: Many different individual philosophical approaches exist between treatment team members which are exhibited through the decisions they make regarding any female adolescent. More formal treatment at Villa is individual therapy, group therapy and milieu therapy.

Limitations

The main limitation of this study may be that the results cannot be generalized to institutions that are dissimilar to Villa St. Rose. This study encompasses one institution only making comparisons within this institution, but no comparisons were made between different institutions.

Also, the scope of this study was limited by the amount of time available by the researchers to work on this research study.

General Overview

Runaways are an impediment to effective treatment. New understanding of what influences female juveniles to run or not run away is crucial to improving present treatment methods in institutions for juveniles. If we understand a little more about the causative factors of runaways from institutions then treatment can be modified to include those factors to reach the goal of keeping the girl until she earns her release. Of course, release is based on the growth and development of

the individual female juvenile towards healthy functioning in the institution and in the community in which she will live.

As researchers we will attempt to learn the influencing factors regarding runaways by investigating the differences of functioning between treatment teams and investigating the differences in attitude and behavior between the living groups. This will be an exploratory study aimed at learning what influences runaways for the pragmatic purpose of decreasing runaways to improve the treatment of female adolescents in institutions.

Chapter II

REVIEW OF LITERATURE

This review of the literature will be divided into two sections. The first section will concern itself with the organization of residential treatment, treatment methods, and the influence these factors may have on adolescents running away from residential treatment facilities. The second section will concern itself with psychosocial aspects of girls who run away. This section will move from general theory about adolescents to more specific comments about adolescents who actually run away from their homes or from residential treatment facilities.

A most notable aspect of residential treatment is that an adolescent is removed from family and community and placed in an institution. Stuart W. Alpert and Philip Star (1972) state that residential treatment places a barrier between a family and child.¹ This barrier is the institution. They feel that placing an adolescent in residential treatment reinforces the sick person role of the adolescent. From August Aichhorn (1925) we find that when pathological conditions are grouped together in an institution it is very

¹Stuart W. Alpert and Philip Star, "A Family Centered Approach to the Treatment of Emotionally Disturbed Children in Placement," Forum for Residential Treatment (Spring 1972), pp. 397-404.

difficult to maintain control other than by use of force.² It is important, he feels, that efforts be made to separate children in residential treatment into the smallest possible groups and to compose these groups so that their group life will be favorable to the child. Sylvester Adessa et al. (1972) defined therapeutic milieu as being the total environment within the institution that the child experiences.³ They mention four factors which they feel are critical in the treatment of a child. The first of these is cohesiveness of the organization. The second is stability. They feel that there is security for the child in understanding that the institution has established a relatively long tradition in terms of helping children. Third is flexibility. They define this as the ability to plan for individual needs of a child and still remain cohesive and stable as an institution. The final point is that of goal directiveness. They believe that plans for changing a child's life should begin in intake and should be regularly reviewed throughout the process of residential treatment.

Charles Leonard et al. (1972) states that the administration of residential treatment is complicated in that there is no existing profession which has any decisive leadership

²August Aichhorn, Wayward Youth (New York: The Viking Press, 1925), p. 143.

³Sylvester Adessa, "Education in Residential Treatment," Forum for Residential Treatment (Spring 1969), pp. 92-97.

ability or total competence to perform the task of residential treatment.⁴ They state that overlap and shifting boundaries between professions are inevitable. They feel that one of the major tasks of administration is to clarify this overlap so that different professional groups do not view this as encroachment upon their territory. To further complicate matters, a new profession of child care workers is emerging. Their admission to being a part of the clinical team forces a redefinition of territory and requires changes in residential treatment organizations. The affects of a rigid organizational structure are pointed out by Barbara Dockar-Drysdal (1968).⁵ She feels that a rigid organization lessens the importance of interaction between staff and children. Such an organization creates distance between staff and children and a certain amount of chaos follows. The organization must respond to this chaos by becoming more rigid in order to contain the chaos. An atmosphere such as this finds its logical conclusion in a riot. The conclusion here is that an organization needs to be built on interaction between the staff and the children; not upon a rigid organizational structure. There is another aspect of institutional rigidity which James K. Whittaker (1970) comments on.⁶ He feels that

⁴Charles Leonard, Antonio Fueyo, Thomas Gallagher, "Organization, Communication, and Structure in Residential Treatment," Child Welfare League of America, 1972, pp. 92, 93.

⁵Barbara Dockar-Drysdale, Therapy in Child Care (London: Longmans Publishing Ltd., 1968), pp. 52-67.

⁶James K. Whittaker, "Training of Child Care Staff; Pitfalls and Promises," Forum for Residential Treatment, (Winter 1970), pp. 231-235.

the profession which is dominant in an institution spends a great deal of time and energy in maintaining a rigid status system with their profession on the top. He states that the number of specialties an institution employs tends to be a status symbol and that having many different specialties within the same institution can hurt the treatment efforts of an institution.

In the course of a single week's time, the child might be expected to see his psychotherapist, group therapist, family caseworker, occupational therapist, recreational therapist, music therapist, and so on. We expect this of the child despite the fact that relatively few children come to the institution with such neatly encapsulated and well-defined problems.

Dockar-Drysdal states that one of the prime goals of residential treatment is for the child to have emotional involvement with one of the staff members.⁸ She feels that once that involvement is established, the critical issue then becomes the continuity of the role that that staff member plays in the child's life. She states that this continuity can only be achieved if there are supporters for this role. In other words, staff members need to feed into and support relationships that exist between girls and staff members.

⁷Ibid., p. 232.

⁸Dockar-Drysdale, pp. 54-55.

A teacher in a boarding school for deeply disturbed children that never gives a child a meal or puts him to bed or takes him out alone has a much narrower field of provision and continuity open to him than would be available to him if he were to be in touch with the child outside as well as inside the classroom.⁹

Donald S. Farrington et al., points out that if there is too big a gap between one phase of development of a child and another phase of development that the child may very well fail to thrive.¹⁰ Their point is that this principle could apply to the hierarchies of an institution also. They state that the gap between staff and child should not be too wide.

Edward Hawthorne (1970) writes about the roles he sees child care workers play in residential treatment.¹¹ He sees the first role as warmth and companionship. The second role he mentioned is leadership or enabling behavior. The third role is providing educative behavior. He sees the fourth role as being authoritative behavior or discipline. He states that through these roles the child care worker meets all the basic needs of the child--to be wanted, to be directed, to be trusted. He feels that training is not the basic ingredient in producing a good child care worker. He feels that the

⁹ Ibid., p. 69.

¹⁰ Donald S. Farrington, William Shelton, James R. MacKay, "Observations on Runaway Children from a Residential Setting," Child Welfare, Vol. 42, No. 6 (June 1963), p. 115.

¹¹ Edward L. Hawthorne, "The Child Care Function and Child Care Skills," Forum for Residential Treatment (Winter 1970), pp. 201-210.

basic ingredient is genuine interest and acceptance of others. He feels that in regard to training, in-service training is the best way to go.

Alton M. Broten (1970) also comments on the role of child care workers.¹² He sees the main roles of the child care worker as being developing and supervising the group life and secondly, planning for the group with other staff members. He sees interstaff relationships as being very complex due to the concentration of services from more than one discipline. He states a need for clarity of roles. He feels that child care workers have a distinct role to fill and that this role deserves equal weight with other professions.

Gisela Konopka (1966) expresses criticism of the workers in institutions for girls.¹³ She states that they are often naive, coming from unsheltered backgrounds. They start out with unrealistic idealism and become disillusioned, frightened and unsure of themselves. When this takes place, from being ardent and well meaning to hardened and distrusting, the worker often presumes that the girl is conning or doing a snow job. It then becomes impossible for the girl to be accepted at her full potential. When workers are unprepared for the hostility and distrust that the girl brings with her,

¹²Alton M. Broten, "The Child Care Worker and Residential Treatment in the United States," Forum for Residential Treatment (Winter 1970), pp. 211-218.

¹³Gisela Konopka, The Adolescent Girl in Conflict (Englewood, N. J.: Prentice-Hall, 1966), pp. 134-136.

they are fearful themselves and retaliate by hitting out or by getting on a power trip.

Farrington, et al., make a similar point in regard to unilateral giving on the part of child care workers and unilateral receiving on the part of children in institutions.¹⁴ They state that unilateral receiving is not good for a child and that unilateral giving is not healthy for an adult. They feel that unilateral givers in residential treatment who do not demand a reciprocal relationship from the child tend to be very short term employees. They burn out. They state that the establishment of a reciprocal relationship is as good a goal as any in residential treatment.

Moving now to literature that is more directly associated with runaways from institutions. David Street et al. (1966) did a comparative study on the effects of different organizational models and treatment modalities on the inmates of six boys' correctional institutions.¹⁵ Records were kept on the proportion of inmates who had run one or more times. The two institutions where the treatment model was structured for obedience and conformity with strong internal sanctions had sixteen percent and twenty percent runners. The two facilities which were considered to be mental health treatment oriented, stressing a therapeutic milieu, a policy

¹⁴Farrington, et al., p. 114.

¹⁵David Street, Robert Vinter and Charles Perrow, Organization for Treatment (New York: Free Press, 1966), pp. 195-221

of frequent home visits, and using threats of transfer to a harsher facility had only ten percent and sixteen percent runners. The remaining two residential facilities were oriented to reeducation and development, being structured to a full program of work, school, and recreation. Here running away was considered to be normally symptomatic. The proportion of their runners was the highest with twenty-nine percent and fifty percent. The effect of the different organizations on inmates showed that none of the institutions were truly successful at producing changes appropriate to the lives the inmates would lead outside. However, the treatment facility using the milieu therapy appeared to have the most positive effect with greater development of personal and social controls and some development of skills in problem solving and self understanding.

Walter Lunden (1964) has a somewhat controversial view on runaways from residential treatment.¹⁶ He feels that a low runaway rate may mean an over emphasis on the part of the institution on custody and security with a minimum concern for treatment. He states that a high runaway rate may reflect minimum security with a great deal of stress on treatment.

¹⁶Walter Lunden, Statistics on Delinquents and Delinquency (Springfield, Illinois: Charles C. Thomas, Publisher, 1964), pp. 269-271.

Lloyd McCorkle (1958) says that troubled youthful offenders need an informal easy learning experience in a certain type of social milieu.¹⁷ The basic values of such an atmosphere are security, flexibility, and nonpunitive nonaggressive attitudes on the part of the staff. He goes on to talk about Highfields, a treatment center in New Jersey. He states that the boys and the staff made the rules together and rules were enforced by both staff and boys. Indoctrination was done entirely by the peer group in an informal way. In regard to the problem of running away, for a marginal infraction that was testing of the rules, the peer group was likely to handle the consequences themselves. The offender often got a heavier work detail. For an actual runaway, the recourse was the very strong sanction of sending the boy to a harsher security institution. It was felt that by giving the boy the opportunity to test the adult role in a flexible setting, he can understand more the adult role.

Farrington et al. discusses a method which would be useful in predicting runaways.¹⁸ They feel that a good use of living groups is the early localization of disturbances so that they do not occur unexpectedly. They feel that the institution organized along group lines has a number of radar mechanisms that can easily pick up minor disturbances. They point out that if the same staff member attends children's groups, staff-children's groups, and staff groups,

¹⁷Lloyd McCorkle, The Highfields Story (New York: Henry Hold and Company, 1958),

¹⁸Farrington, et al., p. 115.

that this staff member has seen three cross sections of the institution. If there are any interpersonal difficulties, they will probably surface in one of those three cross sections. The outcome of such disturbances could be predicted and headed off.

Farrington et al. state that within the therapeutic relationship, the therapist has an opportunity to deal directly with the child about the underlying problems that might cause the child to run away.

If the staff and child have a clear understanding of the meaning of one run, the repetition of it as the solution to a new situation can be prevented. It is an important discovery for the child when he finds out that he can learn to exert a degree of self control and that he is not at the complete mercy of internal and external forces that he does not understand.¹⁹

The National Conference of Superintendents of Training Schools in 1962 recommended ways to cut down runaway rates from residential treatment facilities.²⁰ Initially they suggested greeting and welcoming without laying down rules or searching a person. They also suggested immediately providing some recreational activity to avoid physical idleness and providing a place to maintain their personal property without being interfered with by staff or peers. They suggested five ways in which orientation procedures may be made more successful:

¹⁹Ibid., p. 104.

²⁰National Conference of Superintendents of Training Schools, Institutional Rehabilitation of Delinquent Youth, (Albany, New York: Delmar Publishers, 1962), pp. 43-56.

1. Giving the newcomer a favorable but honest impression of the program.
2. Enabling him to have all of the facts so that he may participate in planning.
3. Allowing several weeks for adjustment.
4. Using group discussion methods in orientation.
5. Giving him an opportunity to question the staff.

They further recommend that rules and restrictions be constantly evaluated for their harshness and effectiveness. Such rules are often a source of acting out behavior including running, which interferes with the treatment of the deeper problem. Anger and frustration at what seems to be unreasonable rules may activate a deep seated anxiety by recreating the original conflict situation. Therefore the residential treatment facilities' best course of action is to evaluate what parts of the problem may actually cause the child to run away.

We move now to the second part of the literature. We'll begin this section by dealing with general theories about psychosocial aspects of children who have been placed in residential treatment and are considered by society to be a problem. We will also discuss those internal factors which cause this population to run away from residential treatment and from home.

The factors which help hold a confused adolescent together are, according to Morris Slansky (1969), the following:²¹

1. Hold on reality.
2. Sense of self.
3. Guidelines from the environment.
4. Understanding that he is going through a temporary adolescent phase.
5. Hope for integration.

Aichhorn states that while outside influences are important in encouraging a child towards delinquency, there is something internal which also causes delinquency.²²

Aichhorn calls this the predisposition to delinquency. He states that the delinquent is usually unable to give up immediate pleasure in favor of later pleasure. The reality factor has not yet been internalized and judgment is poor in the delinquent.

Raymond Keeler (1954) reports that often an adolescent performs a delinquent act right after the loss of a loved person.²³ He states that a loss or a sense of loss often pushes an adolescent toward delinquency.

²¹Morris Slansky, The High School Adolescent (New York: Association Press, 1969), p. 216.

²²Aichhorn, p. 40.

²³Raymond Keeler, "Children's Reaction to the Death of a Parent," Depression, Ed. P. Hock, 1952, pp. 109-122.

Kurt Glaser (1967) felt that one of the major adolescent reactions to depression was acting out.²⁴ Sometimes acting out behavior, including running away, prevents an adolescent from seeing himself as an unworthy person. Acting out serves to keep the adolescent from thinking. It also helps the adolescent see himself as being adequate.

U. S. News and World Report (1972) featured an article reporting on runaways in the country's major cities.²⁵ It states that more than 10,000 children run away weekly. The patterns and numbers have changed by the early 70's with many more girls included in the numbers. The average age had diminished. The destination was no longer the distant large urban areas but now often to the closest metropolitan center. Three important conditions seem to be responsible for the decision of more and more young people to run. First the youth culture influenced by television and youth oriented publications has made running away a socially acceptable alternative. These media have presented instructions on how to run and where to go. Secondly, with the shift of focus away from the largest cities to small nearby towns, the opportunity has become more available to the less daring. Finally there is a continuing loosening of family ties. The young have had to depend entirely upon the nuclear family

²⁴Kurt Glaser, "Masked Depression in Adolescence and Children," American Journal of Psychotherapy (1967), pp. 567-571.

²⁵ "Runaway Children--A Problem for More and More Cities," U. S. News and World Report, April 24, 1972, pp. 38-42.

which is becoming increasingly less stable as a result of divorce and mobility.

James Hildebrand (1963) states runaways represent young people who have a problem but have usually not yet developed a definite anti-social attitude.²⁶ He goes on to conclude that running is a strong indication of family problems and that with intervention, the young person may be deterred from more serious acting out behavior.

Ivan Nye and James Short (1957) found a correlation between running away and delinquency.²⁷ A sample population from normal high school students from several sections of the boys' training schools was used. They constructed a twelve item scale of anti-social and criminal behaviors. Running away was found to be the first item to occur in less than ten percent of the high school population while it occurred in 61% of the training school population.

Robert Shellow (1957) selected 775 young people reported missing to the police over a period of a year.²⁸ The resulting characteristics were noted as follows: they travelled short distances, rarely beyond their own metropolitan area, returning within 48 hours of their own volition and ran as often with others as they did alone.

²⁶James A. Hildebrand, "Why Runaways Leave Home," Journal of Criminal Law, Criminology and Political Science, Vol. 54 (June 1963), pp. 211-216.

²⁷Ivan Nye and James F. Short, Jr., "Scaling Delinquent Behavior," American Sociological Review, June 1957, pp. 326-331.

²⁸Robert Shellow, "Suburban Runaways of the 1960's," Monographs of the Society for Research in Child Development, XXXII, No. 3, 1967, pp. 1-37.

Two-thirds had experienced trouble with school and a greater proportion had come from broken homes. School records show that runaways were absent from school more often and had lower grades. Those questioned who had not run were asked if they had seriously thought of doing so. One out of three said yes. As a result, these authors advise caution in designating specific characteristics to runaways. They concluded that the deciding factor in the decision to run away may very well be the immediate circumstances.

Donald Holmes (1964) states that the purpose of runaways is rarely to make the discovery of independence.²⁹ Seldom does an adolescent leave residential treatment by runaway with a specific goal in mind. Holmes goes on to state that the adolescent who is running away usually drops a number of hints as to his intention.

A study executed by Amos Robey et al. (1964) indicated the Oedipal conflict as being the precipitant factor in girls running away.³⁰ It has been hypothesized that they were resisting domination of their mother and are fearful of an incestuous relationship with their father. "Running away is a complexed neurotic interaction between the parents and the daughter in a triangle situation."

²⁹Donald Holmes, The Adolescent in Psychotherapy (Boston: Little, Brown and Company, 1964), pp. 272-276.

³⁰Amos Robey, et al., "The Runaway Girl: A Reaction to Family Stress," American Journal of Orthopsychiatry, XXIV, No. 4 (July 1964), pp. 762-767.

Holmes states that it is common to hear girls returning from a run talk about sexual close calls in which they were approached by a male.³¹ It seems that often a factor in a girl's running away is the desire of the girl to place herself in a situation where she is at sexual risk. Having this bit of reality to build upon, she can support all sorts of thrilling fantasies of a sexual nature. Holmes states that the need to be dependent, the need to be cared for, recognized, and appreciated are also factors in children running away. It is difficult for any adolescent, especially disturbed adolescents, to state openly their need to be dependent, their need to have attention. For the adolescent it is sometimes less threatening to run away to get attention than to be close to get attention.

Clyde Vedder (1970) states that psychological withdrawal occurs in adolescent girls when attempts to handle feelings such as confusion, defeat, or rejection result in failure. This failure then leads to acting out and physical running away.³² Runaways result from extreme stress due to the girl's inability to gain approval. These are dependent girls who lack social skills necessary for interaction with their peers. They are unable to gratify needs. Some of the precipitating factors in their running away are early traumatic experiences, inadequate homes, parental rejection

³¹Holmes, pp. 272-276.

³²Clyde B. Vedder, The Delinquent Girl (Englewood, N. J.: Prentice-Hall, 1958), Chapter IV.

sibling rivalry, unrealistic parental expectations, and inadequate communication between parents and child.

Anne Bergmann (1967) states that studies show that homesickness and escape from reality are dominant factors in the tendency to run away from an institution.³³ Other factors are sensitiveness, excitable, apprehension, and poor self-concept. "The runaway girl tends to be more introverted, less emotionally stable, more compulsive, and more spontaneous than non-runaway girls."

Theodore Leventhal (1964) saw a measure of difference between the capacity for inner control of the runner as compared to the nonrunner.³⁴ His study of 42 runners and a like number of nonrunners was judged on those manifestations of uncontrol. His rating criteria for uncontrol was:

1. Discharge type of behavior such as bedwetting, impulsiveness, and temper tantrums.
2. Deficient mechanisms regulating behavior such as judgment and cognition.
3. A self image of helplessness and inability to control.

³³ Anne Bergmann, Characteristics Among Delinquent Girls (Ann Arbor, Michigan: University Microfilms, Inc., 1967), pp. 4-36.

³⁴ Theodore Leventhal, "Inner Control Deficiencies in Runaway Children," Archives of General Psychiatry (August 1964), pp. 170-176.

In summary, we can state that there are a number of factors in residential treatment facilities which tend to cause children to run away. The literature tended to suggest that residential treatment facilities should emphasize relationships between staff and girls and not organization. A good approach for residential treatment facilities is to have a cohesive structure within the organization. The organization needs to be stable and needs to endure over time. The organization needs to be flexible. It needs to be able to respond to the individual needs of the children. In addition an institution needs to be goal directed. It needs to plan for the treatment of the child and it needs feedback on whether these plans are successful. There needs to be an emphasis on the relationships between the staff and the children rather than an emphasis on control. In addition there needs to be a lack of distance between staff and children. Children should have easy access to staff members.

There seems to be a number of reasons why adolescents are running away. One factor is that running away is more popular, more socially acceptable than it once was. Family disfunction is another sure cause of running away. The literature also states that runaway often is the first step in the direction toward delinquency.

Other factors in running away are an adolescent inability to cope with her impulses toward her opposite sex parent and the power struggle with the liked sex parent. Impulse control is also seen as a reason for runaway.

Chapter III

METHODOLOGY

Introduction

Methodology will be divided into two sections. The first section will deal with the questionnaire which was administered to the staff. The second section will deal with the questionnaire which was administered to the girls. It was felt that the differences in the administration of the two questionnaires warranted separate considerations.

Section I: Staff Questionnaire

Setting. The information concerned with the setting of Villa St. Rose has been discussed previously in the introduction.

Subjects. The subjects for this questionnaire were the salaried members of the three treatment teams. This included Child Care Workers, Teachers, and Social Workers. Students and Volunteers were excluded. Administrative personnel, kitchen workers, maintenance workers were also excluded since they are not specifically assigned to a team. Also, their functions are different from those of team members. This narrowed the subjects to 30 salaried team members.

Instrument. The instrument used was a questionnaire made up of 49 questions. It took team members about half an hour to complete. The questionnaire had one major

purpose: to collect data about the methods of treatment of the three teams. The questionnaire also attempted to collect information about the composition of teams and team members' attitudes toward their team. There were three types of questions: essay, multiple choice, and rating of listed variables. A copy of the questionnaire is included in the appendix.

Procedure. During the last week of May 1975 a pretest was administered to one member of each of the three teams. The three subjects were chosen randomly. The subjects were as follows (according to team and job):

Team 1Child Care Worker
 Team 2Social Worker
 Team 3Child Care Worker

The subjects were given the questionnaire and instructions individually. The questionnaires were returned within two days. The criticism of the subjects in regard to the questionnaire was sought. This criticism resulted in minor wording changes. No questions were deleted or added as a result of the pretest.

The questionnaire was administered to the 27 remaining team members during the first week of June 1975. The researchers met with each team during their weekly meeting to distribute the questionnaire and give instructions. Of the 27 questionnaires 26 were returned. The 3 questionnaires from the pretest were excluded from the compiled data. Only

the 26 questionnaires from the actual test were compiled.

Analysis of the data will be in the following chapter:

Presentation and Evaluation of Data.

Section II: Girls' Questionnaire

The research setting was the Institution of Villa St. Rose as briefly described in Chapter I. Approximately 45 to 50 female adolescents reside at Villa 24 hours a day. School and mealtimes are activities the whole population share together. Other periods of time are spent in the three separate living groups with separate team members for each living group. As the size of this population was not exceptionally large and all of the population did assemble at specific times of the day, the researchers chose to administer the questionnaire to the total population at the same time. We also believed that testing the whole population of adolescents would lend more credibility to our study than a small sample group.

The Measurement Scale. The measurement was a questionnaire designed by Stan Jasper and Mary Cook, researchers, to gather information relevant to the three major questions outlined in Chapter I. The questions were also designed gain knowledge of past number of runaways, present attitudes influencing possible runaways, and type of treatment the adolescent was receiving. Most of the questions are seeking attitudes the female adolescents have about their peers, their team, and about running away.

There were 59 questions, the first fourteen are general information questions, 40 are forced choice statements, and five are essay questions. For a more complete understanding of the design of the pilot study and final questionnaire please see the appendix.

Procedure.

Pilot study: Five randomly selected female juveniles were selected by the researcher as subjects for the pilot study to test the reliability of the questionnaire. Two were from Living Group I, one from Living Group II, and two from Living Group III which constituted a ten percent sample of the whole population. These randomly selected females were taken to a quiet room on May 29, 1975 at 11 A. M. The questionnaire was given to each subject, the introduction was read and the researcher stayed in the room to answer questions or read the question for clarification of terms. No conversation or help between the subjects was allowed. The subjects completed the questionnaire within thirty minutes time with very few questions.

First Questionnaire: At 9 A. M. on June 5, 1975, during the first class period of school, the final draft of the questionnaire was administered to all of the female subjects except the pilot study subjects.

The teachers met with the researcher at 8:45 A. M. of that morning to discuss their role in administering the questionnaire. They were advised not to influence the subjects in any way in answering the questions.

The researcher periodically checked the classroom for progress on the questionnaire and to answer any questions. Some clarification of terms was necessary for some of the subjects. The questionnaire was completed in 60 minutes by all of the subjects.

Second Questionnaire: This questionnaire was the same as the first questionnaire, which was administered September 24, 1975. The researchers decided to administer the same questionnaire twice for the purpose of accumulating enough responses in any one group on a specific question for greater validity.

The same teachers were present, except one, and a brief meeting did occur before the questionnaire was given. The total population of subjects were tested in their individual classrooms as before and assisted by their classroom teacher. The researcher did administer the questionnaire to a selected group of female subjects who needed more clarification of terms than the general population. The subjects completed the questionnaire in 45 minutes.

Chapter IV

PRESENTATION AND EVALUATION OF DATA

The first section will deal with the results of the questionnaire which was given in June 1975 to the staff at Villa St. Rose.

The second section will deal with the results of the questionnaire which was given to the girls at Villa St. Rose.

Section I: Staff Questionnaire

This section will be divided into four parts. The first part will deal with the composition (staff members) of the teams. The second and third parts will be concerned with aspects of the treatment teams which proved to be significantly different at the $p < .05$ level of significance. The statistical tests used were chi square and analysis of variance. The fourth part will be concerned with the aspects of the treatment teams which weren't significantly different. The four parts are listed below.

1. Composition of the teams.
2. Team members' attitudes toward their team.
3. Treatment methods.
4. Aspects of the treatment teams which weren't significantly different.

Part 1: Composition of the Teams

There were differences among the teams in regard to the age of the team members and in the length of time a member had worked at Villa St. Rose. The results were as follows:

TABLE 2

Team Members' Average Age, Length of Time Employed at Villa,
Length of Time in Present Position at Villa

	Team 1	Team 2	Team 3
Average Age	37.1 years	28.3 years	27.9 years
Average Length of Time Employed at Villa	106.9 months	36.5 months	27.1 months
Average Length of Time Employed in Present Position	104.4 months	15.2 months	17.6 months

The members of team one tend to be older. Members of team one have worked (on the average) at Villa almost 9 years and have been in the same position for almost all of that time. The average length of time employed at Villa for teams two and three is much less than that. Also, teams two and three have been in their present positions on the average 17.6 and 15.2 months, respectively. So, members of teams two and three have been at Villa a much shorter period of time when compared to team one. They have been in their present positions an even shorter period of time.

Part 2: Team Members' Attitudes Toward Their Team

Each staff member was asked to estimate the number of runs from their team per month. Team one estimates averaged 1.0 per month; team two, 2.8 per month; and team three, 2.9 per month. These estimates were very nearly accurate when compared with the actual runaway data. The monthly average is listed below.

TABLE 3

Average Number of Runaways Per Month By Team
Compared With Team Members' Estimates

(July 1, 1974 - June 30, 1975)

	Average Number of Runaways Per Month	Team Members' Estimates
Team 1	1.2	1.0
Team 2	2.75	2.8
Team 3	2.5	2.9

The team members were asked in question 23 to rate the helpfulness of the following parts of their team's program on a scale of 1 (low) to 10 (high). Table 4 shows the results.

TABLE 4

Helpfulness of Parts of the Team's Program
(Average Rating)

	Team 1	Team 2	Team 3
1. Peer Pressure	9.6	6.6	8.0
2. Group Meetings	9.5	6.8	7.0
3. Family Meetings	8.7	5.5	7.4
4. Individual Counseling	8.2	7.2	7.8
5. School	8.3	6.7	6.7

Analysis of Variance was used to test for differences. There was a significant difference ($p < .05$) among the teams in regard to how helpful they felt peer pressure, group meetings, and family meetings were. Team one rated the helpfulness of these factors higher than did teams two and three.

Team members were asked two very similar questions. Question twenty-eight asked "How comfortable are you with your team members?" Question forty-four asked, "Is it hard for a number of different personalities in your team to work together?" Question twenty-eight was answered as follows:

TABLE 5

Degree Of Comfort Between Respondent and Team

	Team 1	Team 2	Team 3
Very Comfortable	3	1	1
Comfortable	4	7	8
Uncomfortable	0	2	0
Very Uncomfortable	0	0	0

Question forty-four was answered as follows:

TABLE 6

Is It Hard For Your Team To Work Together?

	Team 1	Team 2	Team 3
Yes	0	5	7
No	6	5	2

Chi square was used to test for a difference in response by team. There was a significant difference ($p < .05$) among the teams. On the average, members of the three teams reported feeling comfortable with their team. However in teams two and three there were a number of members who felt that it was hard for different personalities in the team to work together. These teams responded to these questions inconsistently. Question twenty-eight focuses on the individual responding, question forty-four on the team.

Part 3: Treatment Methods

The three most notable differences in the treatment methods of the teams (detected by our questionnaire) were the length of time a girl stays at Villa, the use of volunteers in treatment, and the use of the girls themselves in treatment.

Question ten asked if a girl's release date was affected by a runaway. The answers are reported in the following table.

TABLE 7

Affect of Runaway Upon Release Date

	Team 1	Team 2	Team 3
Never-Sometimes	1	7	9
Usually-Always	6	3	0

Chi square was used to test for a difference. There was a significant difference ($p < .05$) among teams. The majority of response for teams two and three indicated that a girl's release date tended to be unaffected by a runaway. The majority of team one indicated that a runaway usually or always affected a girl's release date.

Question eighteen asked the member the average length of stay at Villa for a girl in their group. Question nineteen asked the average length of time a girl is told she will stay at Villa. The response to these questions was as follows:

TABLE 8

Average Length of Stay

	Team 1	Team 2	Team 3
6 - 10 months	8	10	0
10 - Over 14 months	1	0	7

TABLE 9

Potential Average Length of Stay

	Team 1	Team 2	Team 3
6 - 10 months	0	10	0
10 - Over 14 months	9	0	7

(Both sets of responses have been collapsed from 4 choices-- 6-8 months, 8-10 months, 10-12 months, over 14 months--to 2 choices for statistical purposes.)

Chi square was used to test for differences in response to both questions. There was a significant difference ($p < .05$) among teams on both questions. On question eighteen teams two and three kept girls between six and ten months. Team one kept girls ten months and up to over fourteen months. Team three's response to eighteen was not consistent with their response to nineteen. Team three kept girls six to ten months but told girls they would stay ten to over fourteen months. Teams one and two were consistent. Team two tended to tell girls they would stay

at Villa six to ten months and then keep them that long. Team one tended to tell girls they would stay at Villa ten to over fourteen months and then keep them that length of time.

Moving now to questions dealing with use of girls and volunteers in the treatment process, question twenty-two asked, "To what extent are girls in the living group used to facilitate the treatment process?" Table 10 shows team member response. The responses have been collapsed from a four point scale to a two point scale for statistical purposes.

TABLE 10

Use of Girls in Treatment

	Team 1	Team 2	Team 3
Extensively-A Great Deal	7	3	5
Somewhat-Very Little	0	5	3

Chi square was used to test for difference. There was a significant difference among the teams ($p < .05$). Team one felt their team used the girls more in the treatment process than did teams two and three.

There were three questions in regard to the use of volunteers in the treatment process which showed a significant difference among teams. Question thirty-four asked, "How important are volunteers to the functioning of your

team?" The responses have been collapsed from a four point scale to a two point scale for statistical purposes. The answers were as follows:

TABLE 11
Importance of Volunteers

	Team 1	Team 2	Team 3
Very-Somewhat Important	6	2	3
Little-Not Important	1	6	5

Chi square was used to test for and demonstrate a significant difference ($p < .05$) among teams.

Question thirty-five asked, "How many volunteers does your group have?" The response (averaged by team) was 7.5 for team one, 0.2 for team two, 1.5 for team three. There was a significant difference ($p < .05$) among teams. The test used was Analysis of Variance.

Question thirty-seven asked, "How many girls in your group have an individually assigned volunteer?" The response (averaged by team) was 7.4 for team one, 0.0 for team two, and 0.5 for team three. There was a significant difference ($p < .05$) among teams. The test used was Analysis of Variance.

The response to these three questions indicates that, in the team members' opinions, team one uses more volunteers and in a more extensive manner than do teams two and three.

Part 4: Aspects of the Teams Which Weren't Significantly Different

This part will deal with areas of the teams' functioning and attitudes in which the differences proved to be statistically insignificant. Though statistically there was no difference, there were patterns which emerged which can't be ignored. This is one of the areas this part will deal with. This part will also deal with areas in which the teams are very similar in their functioning.

Question nine asked team members to "Rate individually on a scale of 1 (low) - 10 (high) the effectiveness of each of the following ways of dealing with a girl returning from a run." Answers (averaged by team) were as follows:

TABLE 12

Ratings of Effectiveness--
Different Ways of Dealing With a Girl Returning From a Run

	Team 1	Team 2	Team 3
1. Not allowed to talk of experiences on run	9.0	5.6	6.3
2. Returned to new girl status	9.4	7.1	7.1
3. Restriction from outings	6.9	6.5	7.1
4. Restriction from all privileges	6.7	6.1	6.0
5. Restriction from family contact	2.6	3.7	3.9
6. Confrontation by staff	7.1	5.7	6.2
7. Confrontation by girls in group	8.7	7.4	8.1

The statistical test used was Analysis of Variance. Team one rated factors two and three higher than did teams two and three. The difference proved not significant by a narrow margin.

Question twenty-one asked team members to "Rate individually on a scale of 1 - 10 the following subjects on the basis of how much they are emphasized in living group meetings." Table thirteen shows the response (averaged by team).

TABLE 13

Degree To Which Following Factors Are Emphasized
In Living Group Meetings

	Team 1	Team 2	Team 3
1. Group management	6.0	7.0	7.0
2. Relationships among girls	9.6	9.2	8.0
3. Relationships between girls and staff	5.6	4.5	6.8
4. Individual problems of girls	8.2	7.5	5.5
5. Girls' problems with school	7.2	4.5	5.7
6. Girls' problems with their families	7.2	1.8	4.0

The statistical test used was Analysis of Variance.

Team one rated factors two, four and six higher than did teams two and three. However, the difference proved to not be significant, again by a narrow margin.

Question seventeen asked, "How are family meetings most often scheduled?" Table fourteen shows the response.

TABLE 14

Scheduling of Family Meetings

	Team 1	Team 2	Team 3
1. Scheduled on a regular basis	0	2	6
2. Scheduled irregularly	1	5	4
3. Held in response to a crisis	2	0	0
4. Held on request of family or child	5	4	2

It is apparent that some team members responded more than once to this question, making statistical analysis invalid. A pattern does emerge, however. Team one tends to hold a family meeting on request or in response to a crisis. Teams two and three tend to schedule family meetings.

The areas in which the teams operated much the same (according to the questionnaire) are listed below.

1. No restrictions were placed on the group as a whole when a girl ran from the group. This was shown in responses to question eleven.
2. The factors in the decision to let a girl return to the group following a run were similar. This was shown in responses to question twelve.

3. The weekly schedules of meetings among team members and between staff and girls were almost identical from group to group. This was shown in the responses to questions 20, 25, 26, and 27.
4. The pressure on girls to conform to societal norms was similar as shown in responses to question 40.
5. Social workers spend similar amounts of time responding to crises at Villa as shown in responses to questions 13 and 14.

Section II: Pilot Study Questionnaire

The pilot study questionnaire was administered May 1975 without any resultant problems. The responses given on the pilot study among the five respondents were similar to the responses obtained in the research questionnaire.

The median age was fifteen. The average length of stay was eight months with a range of three to fifteen months at Villa St. Rose. The reasons given for being at Villa were parents, runaways, drugs, truancy, and out of control. The average number of runs away from home, foster home, or other institutions was five with a range of three to seven. Three respondents had run away from Villa once, whereas two respondents had not run before. All of the five respondents had an individual counselor and three respondents were also in a therapy group. The median frequency of outings in one week was three with a range

of three to five outings a week. There was unanimous agreement that it takes three months in all living groups to earn the privilege of walks. Statements fifteen through fifty-four were consistently the same as the research questionnaire responses except for eight of the questions. On statement thirty, (Family meetings have helped my relationship with my parents so much I feel like going home to them when I leave Villa.), four out of five respondents completely disagree with how much they help the adolescent to return home when they leave Villa.

Question thirty-five, (I feel closer to my family since I have been at Villa), three Completely Disagree and two Completely Agree. Five disagree on number thirty-seven, (Each girl has a right to run if she wants to.) Four agreed that they get different messages from different staff on number forty. Four disagreed on number forty-nine, (I think the other girls in my group help me with my problems more than the staff.) One agreed. The person they would most likely talk to about a personal problem at Villa, question number fifty-two, is the social worker and child care worker with one respondent indicating nobody. On question fifty-three, (To whom do you feel closest), three indicated the social worker and two respondents indicated the child care worker. On question fifty-four, (which form of therapy do you get the most personal help from), was four for individual counseling and one for Dr. S's group.

On the first of five essay questions, (What do you like the best about your team at Villa), they indicated fairness and justice, straightness, knowledgeable about themselves and the girls, show concern for the girls, keep the group together and work as a team.

On What do you like the least about your team at Villa, they indicated one member of the staff has no feelings, not open enough with me, they give me consequences before they know all the facts, we don't get to hear what they are saying about us, and I don't always know just what they feel about me.

On number fifty-seven, (What one thing would you change at Villa to make it a better place to live), the responses were less girls or more attention from staff; more friend calls, more hour-long walks; more privacy and more home visits.

For question fifty-eight, (What helps you to keep from running away from Villa), one of the childcare workers cares about me and if I ran it would hurt her; I don't want to run; I am almost ready to leave and I have no better place to go; running would hurt my foster family, it means a lot to me to face my problems here so I can face my problems at home better.

For the most part the pilot study questionnaire appeared to be workable and needed only minor changes in the directions for clarification purposes. The respondents did not appear to have any difficulties understanding the questions and were very cooperative.

Research Questionnaire

The first administration of the questionnaire June 1975 and the second administration of the same questionnaire September 1975 (see appendix B) were combined to render the following results. All girls in residence were surveyed on both occasions.

In Living Group I (Group 1) a total of thirty-two subjects were tested with an average age of 15.8 with a range of 14 through 17 (see Table 1). The median age was 16, the mode was age 16. Sixteen was the largest age group which constituted 44% of the subjects in Group 1. The second largest group was age 17 with 25%, age 15 with 22%, and last and smallest was age 14 with 9%.

Living Group 2 (Group 2) of 27 subjects had an average age of 15.3 with a range of 14 through 16. The median age was 15, the mode was age 16. Age 16 was the largest age group containing 48% of Group 2. Age 15 had 33% and the smallest was age 14 with 19%, with no subjects age 17.

Living Group 3 (Group 3) of 27 subjects had an average age of 15.4. The median was 15, the mode was also age 15. Age 15 had 33% of Group 3, age 16 had 30%, age 14 had 22%, and last was age 17 with 15%.

There were a total of 86 subjects with the largest age group throughout Villa of age 16 with 41% of the total. The smallest group was 14% for age 17 (see Table 15).

TABLE 15

Distribution Of Age Among Three Living Groups

Age	Living Group 1		Living Group 2		Living Group 3		Total Percent	
	number	percent	number	percent	number	percent		
14	3	.09	5	.19	6	.22	14	.16
15	7	.22	9	.33	9	.33	25	.29
16	14	.44	13	.48	8	.30	35	.41
17	8	.25	0	.00	4	.15	12	.14
TOTALS	32	1.00	27	1.00	27	1.00	86	1.00

Living group 1 has the largest number of 16 and 17 year old female adolescents whereas the other two groups have more adolescents age 14, 15, and 16.

The amount of time each individual subject has spent at Villa was obtained and categorized into five three-month groupings (see Table 16). At the time of the administration of the two questionnaires Group 1's largest group figure was 31% in the 6 to 8.99 months length of stay at Villa. Group 1 also had 19% in 3 to 5.99, 9 to 11.99 and 12 and over categories. There was 12% in the 0 to 2.99 category.

Group 2 showed 48% in the 6 to 8.99 length of stay category. There was 19% in 0 to 2.99, 33% in 3 to 5.99, and none in the 9 to 11.99 and 12 and over category.

Group 3 showed 30% in the 3 to 5.99 month group with 26% in 0 to 2.99, 22% in 6 to 8.99, 15% in 9 to 11.99, and 7% in 12 and over category.

The distribution of Group 1 indicates a much higher percent of the female adolescents have been there for a longer period of time, they tend to be older and there are fewer runaways to diminish the size of this group. From 7/74 through 6/75 there were 18% runaways from Group 1.

The distribution of Group 2 indicates that they had more female adolescents who have been there for a shorter period of time. Group 2 runaway rate was 43% during 7/74 through 6/75.

TABLE 16

Distribution Of Length Of Stay Between Three Living Groups

Month	Living Group 1		Living Group 2		Living Group 3		Total	
	number	percent	number	percent	number	percent	number	percent
0.- 2.99	4	.12	5	.19	7	.26	16	.18
3.- 5.99	6	.19	9	.33	8	.30	23	.27
6.- 8.99	10	.31	13	.48	6	.22	29	.34
9.-11.99	6	.19	0	.00	4	.15	10	.12
12-over	6	.19	0	.00	2	.07	8	.09
TOTALS	32	1.00	27	1.00	27	1.00	86	1.00

Group 3 distribution extends fairly evenly over all five length of stay categories but more heavily weighted on the shorter time periods also. Runaway rate for the same period of time was 39%.

The highest frequency of length of stay at Villa among all the groups was 6 to 8.99 which constituted 34%. The smallest was the 12 and over category with 9%.

The reason why female adolescents believe they have been placed at Villa ranged from family, runaway, school, drugs, to general misbehaving. Group 1 had 39% of their adolescents indicate family problems were the greatest influencing factor (see Table 17). Runaways was second highest at 26% of the group. Drugs were the lowest showing 4%.

Group 2 had 32% for runaways as their largest influencing factor for being at Villa. The next highest was family problems. Drugs and misbehaving tied for lowest frequency at 11%.

Group 3 indicated a 28% response to runaways as their biggest problem area leading to placement at Villa. The smallest was drugs at 10%.

Group 1 indicated a smaller problem with runaways before coming to Villa than Group 2 and Group 3 which indicate their female adolescents had a greater problem with runaways before coming to Villa. An incoming adolescent

TABLE 17

Distribution Of Why The Girls Believe They Are At Villa
According To Living Group

Why At Villa	Living Group 1		Living Group 2		Living Group 3		Total	
	number	percent	number	percent	number	percent	number	percent
Family	18	.39	12	.26	12	.24	42	.29
Runaway	12	.26	15	.32	14	.28	41	.29
School	8	.17	10	.21	9	.18	27	.19
Drugs	2	.04	5	.11	8	.16	15	.10
Misc. General Mis- behaving	6	.13	5	.11	7	.14	18	.13
TOTAL	46	1.00	47	1.00	50	1.00	143	1.00

is placed in the group which has space available and not according to the adolescent's problem.

All three groups did indicate a high problem area involving their families. School was the third largest problem with Group 2 leading by 3% over the other two groups. Drug problems were markedly lower in Group 1 with Group 3 being the highest by 5%.

The frequency of runaways before coming to Villa between the three living groups indicated the following responses.

Group 1 scored highest with 25% for having no history of runs before Villa (see Table 10). The second highest number was 14% for four runs previous to placement at Villa.

Fifty percent of Group 2 indicated nine or more runs before placement at Villa. The second highest frequency was 18% for no previous history of runs.

Group 3 also scored 33% for nine or more runs, 22% had no previous history of runs.

Throughout Villa the total highest score was 27% for nine or more runs previously with a close second of 22% with no previous history of runs. There appears to be a split with almost equal scores at both high runs and no runs, with an even distribution of runs in between ranging from 4% to 10%.

TABLE 18

Frequency Of Runaways Before Coming To Villa
According To Living Group

Frequency Of Runs	Living Group 1		Living Group 2		Living Group 3		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0	7	.25	6	.18	6	.22	17	.22
1	3	.11	1	.04	0	.00	4	.05
2	1	.03	3	.14	1	.04	5	.06
3	3	.11	0	.00	5	.18	8	.10
4	4	.14	0	.00	0	.00	4	.05
5	3	.11	0	.00	0	.00	3	.04
6	3	.11	1	.04	1	.04	5	.06
7	2	.07	0	.00	4	.15	6	.08
8	1	.03	2	.09	1	.04	4	.05
9+	1	.03	11	.50	9	.33	21	.27
TOTAL	28	1.00	22	1.00	27	1.00	77	1.00

This data indicated that a high percentage of female adolescents with no previous problem of runaways are being placed in Group 1. But, in both Group 2 and Group 3 they have high frequency of female adolescents with previous runaway behaviors.

The researchers also wanted to know the frequency of runaways while at Villa as indicated by those subjects who returned to tell about it. The highest scored for all three groups indicated no runs at all from Villa (see Table 19). Group 1 had 57%, Group 2 59%, and Group 3 was 72% without any runs from Villa.

This data indicated there are a few female adolescents who run away and return to Villa up to four times. But for the most part the subjects in this research investigation indicated their behavior while at Villa does not include running away. The subjects that were not included in these statistics were the female adolescents who ran away and have not returned to Villa.

Table 20 indicates the frequency of family meetings while at Villa according to the three living groups.

Group 1 indicated a tied frequency of 21% for two and three family meetings followed by 17% with no family meetings. At 14% there was indication of one and five family meetings.

TABLE 19

Frequency Of Runaways While At Villa

According To Living Group

Number of Runs	Living Group 1		Living Group 2		Living Group 3		Total	
	number	percent	number	percent	number	percent	number	percent
0	20	.57	16	.59	18	.72	54	.62
1	8	.23	7	.26	0	.00	15	.17
2	5	.14	4	.15	2	.08	11	.13
3	1	.03	0	.00	1	.04	2	.02
4	1	.03	0	.00	4	.16	5	.06
TOTAL	35	1.00	27	1.00	25	1.00	87	1.00

TABLE 20

Frequency Of Family Meetings While At Villa
According To Living Group

Number Of Family Meetings	Living Group 1		Living Group 2		Living Group 3		Total	
	number	percent	number	percent	number	percent	number	percent
0	5	.17	7	.26	7	.26	19	.26
1	4	.14	12	.44	2	.07	18	.25
2	6	.21	3	.11	2	.07	11	.15
3	6	.21	2	.07	2	.07	10	.14
4	2	.07	1	.03	3	.11	6	.08
5	4	.14	0	.00	3	.11	7	.09
6	1	.03	1	.03	2	.07	4	.05
7	0	.00	0	.00	1	.03	1	.01
8	0	.00	1	.03	0	.00	1	.01
9+	1	.03	0	.00	5	.19	6	.08
TOTAL	29	1.00	27	1.00	27	1.00	73	1.00

Group 2 had 44% showing one family meeting during their stay at Villa. And 26% showed no family meetings had occurred. Eleven percent had two family meetings, 7% had three family meetings, 3% for each of four, six, and eight family meetings. None showed five, seven or nine family meetings.

Group 3's highest was 26% with no family meetings during the female adolescent's stay. Second highest was 19% for nine family meetings. Eleven percent for both four and five family meetings, 7% for one, two and six family meetings, 3% for seven family meetings, and none for eight family meetings.

The total indicator for all three groups was 26% with no family meetings and 25% with one family meeting. The percentage then drops off rapidly with 15% for two family meetings.

Group 1 had the highest frequency of family meetings, two or three, during the length of stay. There were also 17% with no family meetings at all. Both Group 2 and Group 3 had high frequency of no meetings or only one since the adolescent's arrival at Villa. Their length of stay is much shorter.

One problem that is not clearly indicated here, but does influence the number of family meetings is the distance the family must travel for the meeting. Also, these

statistics are gathered from the adolescents and are dependent upon their ability to remember accurately what has happened.

Table 21 shows the number of girls with an individual counselor within each of the three living Groups. Sister P. sees 61% of Group 1 adolescents and Mr. S. counseled 32% individually. The total number receiving individual counseling in Group 1 was 28 out of 32 or 88%. Twelve percent did not receive individual counseling.

Group 2 total number seen individually was 18 out of 27 or 67%. Thirty-three percent were not seen individually. Mr. L. F. was counseling 56% and Mr. C. counseled 28% of Group 2 adolescents individually.

In Group 3 22 adolescents were receiving individual counseling out of 27 which was 81%. Nineteen percent were not seen individually. Sister P. counseled 27%, Mr. M. counseled 23% and Mr. L. F. counseled 23% of Group 3's adolescent group.

In Group 1 there were more adolescents receiving individual counseling than in any other group. Two staff people shared the major responsibility for this type of therapy.

Group 2 had the lowest number of adolescents receiving individual counseling and this responsibility was mainly carried by two staff members.

TABLE 21

Frequency Of Girls With An Individual Counselor
According To Living Group

Counselor	Living Group 1		Living Group 2		Living Group 3		Total	
	number	percent	number	percent	number	percent	number	percent
Sister P	17	.61	0	.00	6	.27	23	.34
Mr. S	9	.32	0	.00	0	.00	9	.13
Mr. M.	2	.07	0	.00	5	.23	7	.10
Mr. C.	0	.00	5	.28	0	.00	5	.07
Mr. H.	0	.00	1	.05	0	.00	1	.02
Ms. C.	0	.00	2	.11	0	.00	2	.02
Mr. J.	0	.00	0	.00	2	.09	2	.02
Mr. F.	0	.00	0	.00	4	.18	4	.06
Mr. L. F.	0	.00	10	.56	5	.23	15	.22
TOTAL	28	1.00	18	1.00	22	1.00	68	1.00

In Group 3, 22 adolescents received individual counseling but it was distributed among four staff members.

The subjects at Villa are also placed in group therapy when the team thinks this will be an appropriate form of therapy for the individual. Also, space in the groups is limited to a small number which is a restricting factor in placement in a group.

There were three groups indicated by the subjects. In Group 1 47% were placed in Dr. S's therapy group. Mr. M. had 33% of Group 1's adolescents and Mr. L. F. had 20%. (See Table 22.)

Group 2 relied more heavily on Mr. L. F.'s therapy group with 50% of their adolescents. Dr. S.'s had 33% of Group 2's adolescents in his therapy group. Mr. M. had 17% in his therapy group.

Group 3 also had the greatest number of her adolescents, 43%, in Mr. L. F.'s therapy group. Mr. M.'s and Dr. S.'s groups had 28% each of Group 3's adolescents.

The total result of all three groups indicated Dr. S's group had 37%, the highest percentage by a slim margin. Mr. L. F. had 36% of the adolescents in Villa, Mr. M. had 27% of the adolescents at Villa.

It appears that Group 1's team uses Dr. S's therapy group more than any other therapy group whereas Group 2 and Group 3 favor placing their adolescents in Mr. L. F.'s

therapy group. The misleading factor here is that Mr. L. F.'s and Dr. S's therapy groups have 15 members and Mr. M's group contains only 11.

Utilization of volunteer workers does occur at Villa but this varies between the three living groups. Seventy-seven percent of Group 1 said they had volunteer workers and 23% said no they did not. (See Table 23.) Group 2 had 65% no volunteer workers and 35% yes. Group 3 had 86% agreement they did have volunteer workers and 14% disagreed.

If a group does have volunteer workers then not all of that group knows who they are or if they have them. There appears to be a fairly large margin of disagreement among the subjects on whether they do or do not have volunteer workers.

The case could also be that the volunteer workers only come in contact with some individual members and not the whole group.

The frequency of contact between the female adolescents and volunteer workers was investigated according to the subjects' recall (see Table 24). All three groups were unanimously in agreement that the majority of the adolescents in each group had no contact with the volunteer workers. Group 1 showed 55% with no contact, Group 2 had 70% and Group 3 had 38%.

TABLE 22

Frequency Of Girls In Group Therapy According To Living Group

Therapist	Living Group 1		Living Group 2		Living Group 3		Total	
	number	percent	number	percent	number	percent	number	percent
Mr. L. F.	3	.20	6	.50	6	.43	15	.36
Mr. M.	5	.33	2	.17	4	.28	11	.27
Dr. S.	7	.47	4	.33	4	.28	15	.37
TOTAL	15	1.00	12	1.00	14	1.00	41	1.00

TABLE 23

Volunteer Workers In The Three Living Groups

Do You Have Workers?	Living Group 1		Living Group 2		Living Group 3		Total	
	number	percent	number	percent	number	percent	number	percent
Yes	24	.77	8	.35	19	.86	51	.67
No	7	.23	15	.65	3	.14	25	.33
TOTAL	31	1.00	23	1.00	22	1.00	76	1.00

TABLE 24

Frequency Of Contact Between Girls And Volunteer Workers
In The Three Living Groups

Frequency of Contact	Living Group 1		Living Group 2		Living Group 3		Total	
	number	percent	number	percent	number	percent	number	percent
0	18	.55	16	.70	9	.38	43	.54
1	4	.12	6	.26	4	.17	14	.18
2	6	.18	0	.00	2	.08	8	.10
3	4	.12	1	.04	4	.17	9	.11
4	0	.00	0	.00	5	.21	5	.06
5	1	.03	0	.00	0	.00	1	.01
TOTAL	33	1.00	23	1.00	24	1.00	80	1.00

According to the subjects' responses Group 3 had more frequent contact among more adolescents with their volunteer workers than the other two groups. But the overall use of volunteer workers appears to be low according to the frequency of contact as seen by the adolescents.

The number of outings per week among the three living groups shows some variability (see Table 25).

Group 1 shows 55% of their adolescents with no outings in one week's time. Eighteen percent indicated two outings a week and 12% each for one and three outings a week.

Group 2 showed 69% of the adolescents with three outings a week with 19% with two a week.

Group 3 had 55% with four outings a week and 25% with five outings a week.

Overall, the most frequent number of outings was three indicated by 32% for Villa. The second highest was none with 24%.

These statistics indicate Group 1 as having fewer outings than the other two groups. Their activities are more restricted to Villa's grounds.

Group 2 uses a consistent three outings a week for the majority of their adolescents. But Group 3 has the highest number of outings per week for more of their adolescents. Group 2 and Group 3 appear to indicate a different application of treatment than Group 1 in regard to outings.

TABLE 25

Frequency Of Outings In One Week's Time
For Three Living Groups

Number of Outings	Living Group 1		Living Group 2		Living Group 3		Total	
	number	percent	number	percent	number	percent	number	percent
0	18	.55	1	.04	0	.00	19	.24
1	4	.12	0	.00	1	.05	5	.06
2	6	.18	5	.19	0	.00	11	.14
3	4	.12	18	.69	3	.15	25	.32
4	0	.00	1	.04	11	.55	12	.15
5	1	.03	1	.04	5	.25	7	.09
TOTAL	33	1.00	26	1.00	20	1.00	78	1.00

Question number 13 of the questionnaire regarding the activities shared in each living group resulted in a myriad of activities equally shared by all adolescents in Villa. There were no outstanding differences in types of activities shared, henceforth there has been no analysis of the results of this question.

Question fourteen, (How long did it take for you to get walks in your group?), resulted in 55% of Group 1 subjects indicating that it takes them three months to get their walks. (See Table 26.) And 16% said they had not received their walks yet. Due to the wording of the question the subjects recorded their present situation. The researcher intended to investigate the usual length of time set by each living group before the adolescent earned her walks. Due to the high percentage of subjects who have not received their walks yet it is difficult to determine what length of time the group has and if this varies according to some rule.

Group 2 indicated 65% agreed that it took them 3 months to earn their walks. And 35% agreed that they had not yet received them.

Group 3 indicated an overwhelming majority of 64% for not yet receiving their walks. Several factors may be influencing this statistic such as the newness of the adolescent, longer period of time needed to receive the privilege of walks, or possibly the revocation of walks

TABLE 26

Length Of Time Before Girls Get Their Walks
Between Three Living Groups

Time	Living Group 1		Living Group 2		Living Group 3		Total	
	number	percent	number	percent	number	percent	number	percent
Not Yet	5	.16	8	.35	14	.64	27	.35
1 month	1	.03	0	.00	0	.00	1	.01
2 months	0	.00	0	.00	0	.00	0	.00
3 months	17	.55	15	.65	2	.09	34	.45
4 months	2	.06	0	.00	3	.14	5	.06
5 months	3	.10	0	.00	1	.04	4	.05
6 months	2	.06	0	.00	1	.04	3	.03
7 months	1	.03	0	.00	0	.00	1	.01
8 months	0	.00	0	.00	1	.04	1	.01
TOTAL	31	1.00	23	1.00	22	1.00	76	1.00

as a consequence of unwanted behaviors while at Villa. Any or all of the above factors may have influenced the response to this question.

But, the overall most popular length of time throughout Villa for receiving walks was 45% for three months. And for whatever reasons, 35% indicated they had not received them yet.

Statements fifteen through fifty-four of the questionnaire were forced choice statements focusing on the attitudes shared on different issues by the subjects. Of these forty questions only eight indicated outstanding differences between the three living groups. Chi-square analysis was the statistical test used on these eight questions. On the remaining questions there was close agreement between the three groups. For these 32 questions there will be a brief statement of the statistical result. There are four categories, Completely Agree, Mostly Agree, Mostly Disagree, and Completely Disagree. On the thirty-two questions the Completely Agree and Mostly Agree categories have been collapsed into one statistic of agreement. Mostly Disagree and Completely Disagree have been collapsed into one statistic of disagreement. The complete results for the entire questionnaire will be on file at Villa St. Rose for reference.

Statement number fifteen, (I feel better when I can talk to another girl in my living group), won a 94% agreement from Group 1, 89% agreement from Group 2, and 88% agreement from Group 3. Apparently there is agreement among the three groups that some help is derived from talking to the peers in their groups.

Number sixteen, (I think the child care workers are too strict), received from Group 1 a 72% disagreement, 74% disagreement from Group 2, and 75% disagreement from Group 3. They agree that child care workers are not too strict. This may indicate an agreement to the decisions of consequences and rewards from the child care staff.

On statement seventeen, (Getting what I want at Villa is easy), there were some differences between groups (see Table 27). In Group 1 63% disagree and 37% agree. Group 2 had 48% disagreement and a total of 32% agreement. It appears that more subjects in Group 2 believe it is easier to get what you want at Villa than the other two groups.

A Chi-square statistical test for significant difference from chance, or equal frequency, at the .05 level of probability was not significant ($p > .05$).

Statement number eighteen, (Consequences I have received from the team have been fair), got more responses of agreement from all three groups. Group 1's highest

TABLE 27

#17 Getting What I Want At Villa Is Easy

	Living Group 1		Living Group 2		Living Group 3		Total
	number	percent	number	percent	number	percent	
Completely Agree	3	.09	0	.00	0	.00	3
Mostly Agree	9	.27	14	.52	9	.32	32
Mostly Disagree	10	.30	10	.37	10	.36	30
Completely Disagree	11	.33	3	.11	9	.32	23
TOTAL	33		27		28		88

total response was 80% agreement, 80% agreement for Group 2 and 85% agreement for Group 3. For the most part all three groups believe the consequences they receive are fair.

Number nineteen, (To me getting out of Villa means running away), brought large responses in disagreement with this statement. Group 1 had a total of 91% disagreement, 92% disagreement for Group 2, and 92% disagreement for Group 3. The subjects appear to be almost unanimously in agreement that running away is not their preferred way to leave Villa.

Statement number twenty, (I only think about running when I am mad at the staff), brought the biggest responses in disagreement. Group 1 showed a total of 94% disagreement, Group 2 with 97% disagreement and 86% disagreement for Group 3. Their responses indicate that they do not only think of running in reaction to being angry at the staff.

On number twenty-one, (I don't think the staff really cares about anyone here), all three groups were mostly in disagreement with the statement. Group 1 had a total of 87% disagreement, 85% disagreement for Group 2 and 89% disagreement for Group 3. Their responses indicate that the majority believe the staff do care for them.

Statement number twenty-two, (Teachers at Villa have made it possible for me to like school), got responses mostly in agreement with the statement. Group 1 had a total of 85% in agreement, 82% agreement for Group 2 and

86% agreement for Group 3. The subjects appear to be in agreement that the teachers at Villa have helped them like school.

Number twenty-three, (The team asks me to do things that are for my own good), got a response of mostly agreement. Group 1 had a total of 79% agreement, 92% for Group 2 and 89% for Group 3. Evidently the subjects mostly agree that the team asks them to do things that are good for them.

Statement number twenty-four, (I think the team at Villa have helped me feel I can succeed in life), got most responses in agreement with this statement. Group 1 had a total of 74% in agreement, 85% in agreement for Group 2 and 67% in agreement for Group 3. The subjects indicate they may feel they can succeed in life due to the teams' efforts.

Number twenty-five, (I think talking someone out of running is showing you care for them), had mostly agreement responses from the three groups. For Group 1 a total of 97% agreed, 96% from Group 2 agreed, 85% of Group 3 agreed. The subjects agree that talking someone out of running is showing you care for them.

Statement number twenty-six, (The staff here is always looking for things to nag me about), resulted in mostly disagreement. Disagreement for Group 1 was 72%

89% for Group 2 and 96% for Group 3. It appears that the groups believe the staff do not nag them unnecessarily.

Number twenty-seven, (I don't think the social workers understand my problems), found the groups mostly in disagreement. Group 1's disagreement was 75%, 74% for Group 2 and 74% for Group 3. There is major agreement that social workers do understand their problems.

Statement number twenty-eight, (I make my own decisions about what I want to do differently), showed some dissimilar responses between the groups (see Table 28). Group 1 showed a 50% Mostly Agree and Group 2 showed a 60% Mostly Agree while Group 3 indicated a 37% Completely Agree and 33% Mostly Agree. A chi-square test was used at the .05 level of confidence but it was not significant ($p > .05$).

The general response is in agreement with the statement that the adolescents do make their own decisions about what they want to do.

Statement number twenty-nine, (I think in our group you have to work real hard to earn privileges like walks, etc.), resulted in predominantly agreement responses. Group 1 showed a total of 94% agree, 59% for Group 2 and 96% for Group 3. The subjects believe it is difficult to earn privileges in each of the three groups.

On number thirty, (Family meetings have helped my relationship with my parents so much I feel like going home to them when I leave Villa), got a varied response

TABLE 28

#28 I Make My Own Decisions About What I Want To Do Differently

	Living Group 1		Living Group 2		Living Group 3		Total
	number	percent	number	percent	number	percent	
Completely Agree	12	.38	7	.28	10	.37	29
Mostly Agree	16	.50	15	.60	9	.33	40
Mostly Disagree	2	.06	3	.12	4	.15	9
Completely Disagree	2	.06	0	.00	4	.15	6
TOTAL	32		25		27		84

from the three different groups. Group 1 had an even distribution in all four categories but the largest appeared to be in agreement with the statement (see Table 29). There was 58% agreement and 42% disagreement. Group 2 had 51% agreement and 50% disagreement. Group 3 showed 46% agreement and 54% disagreement. It appears to be close in all categories indicating possibly that the subjects are fairly evenly divided on their opinion of how much family meetings have helped their relationship with their family. A Chi-square test at the .05 level was not significant ($p > .05$).

Statement number thirty-one (I think smoke breaks are frequently and unfairly taken away from me), brought a united disagreement from all three groups. Group 1 had 86% disagreement, 81% disagreed for Group 2 and 89% for Group 3. They all agree that smoke breaks are not unfairly taken away.

Statement number thirty-two, (I cooperate with the team all the time), brought the three groups together in agreement. Group 1 showed 69% agreement, 68% for Group 2 and 84% for Group 3. The subjects believe they cooperate with the staff quite well.

Statement number thirty-three, (I think the staff is fair and just with me), met with most of the scores in agreement. Group 1 showed a total of 62% agreement, 77% agreement for

TABLE 29

#30 Family Meetings Have Helped My Relationship With My Parents
So Much I Feel Like Going Home To Them When I Leave Villa

	Living Group 1		Living Group 2		Living Group 3		Total
	number	percent	number	percent	number	percent	
Completely Agree	10	.34	9	.38	7	.29	26
Mostly Agree	7	.24	3	.13	4	.17	14
Mostly Disagree	6	.21	5	.21	3	.12	14
Completely Disagree	6	.21	7	.29	10	.42	23
TOTAL	29		24		24		77

Group 2 and 63% agreement for Group 3. The subjects indicate they believe the staff is fair and just with them.

For the statement number thirty-four, (If I ran, the girls in my living group would be mad at me), there was mostly agreement in all three groups. Group 1 had 84% agreement, 70% for Group 2 and 82% for Group 3. The subjects agree that running would make their peers angry with them.

Statement thirty-five, (I feel closer to my family since I have been at Villa), got more responses in agreement. Group 1 had 73% agreement, Group 2 was split with 48% agreement and 52% disagreement. Group 3 showed 64% agreement and 36% disagreement. Group 1 shows a much stronger belief that family meetings have helped their closeness to their family. Group 2 and Group 3's showed a substantial number of adolescents who do not believe family meetings have helped them feel closer to their family.

Statement number thirty-six, (I feel better about myself since I have been here at Villa), brought more responses in agreement than disagreement from the three groups. Group 1 showed a total agreement of 81%, 81% for group 2 and 81% for Group 3. Most of the subjects indicate they feel better about themselves at Villa.

For statement number thirty-seven, (Each girl has a right to run if she wants to), the three groups differed in their responses (see Table 30). Group 1 showed agreement

TABLE 30

#37 Each Girl Has A Right To Run If She Wants To

	Living Group 1		Living Group 2		Living Group 3		Total
	number	percent	number	percent	number	percent	
Completely Agree	12	.38	6	.22	5	.19	23
Mostly Agree	7	.22	6	.22	2	.07	15
Mostly Disagree	4	.13	6	.22	11	.41	21
Completely Disagree	9	.28	9	.33	9	.33	27
TOTAL	32		27		27		86

of 60% with 41% in disagreement. Group 2 indicated 44% agreement and 55% disagreement. Group 3 indicated 26% agree and 74% disagreement. Group 2 and especially Group 3 do not believe the individual adolescent has the right to decide to run, thereby expressing less freedom to choose what they do.

A Chi-square test at the .05 level of confidence was not significant ($p > .05$).

Statement number thirty-eight, (I think the staff lets me get away with a lot), brought mostly disagreement from the three groups. Group 1 showed a total of 81% disagreement, Group 2 had 85% disagreement, Group 3 had 85% disagreement. The majority of the subjects do not believe the staff let them get away with a lot.

For statement number thirty-nine, (The staff is "on my case" too much), resulted in mostly disagreement with the statement. Group 1 had a disagreement of 84%, Group 2 had 96% disagreement, Group 3 85% disagreement. The subjects believe the staff are not "on their case" too much.

On statement number forty, (I get different messages from different staff), resulted in dissimilar responses between the three groups (see Table 31). Group 1 indicated a total of 52% agreement and 48% disagreement. Group 2 showed 44% agreement and 56% disagreement. Group 3 indicated 82% agreement and 18% disagreement with the statement.

TABLE 31

#40 I Get Different Messages From Different Staff

	Living Group 1		Living Group 2		Living Group 3		Total
	number	percent	number	percent	number	percent	
Completely Agree	7	.23	2	.07	8	.30	17
Mostly Agree	9	.29	10	.37	14	.52	33
Mostly Disagree	11	.35	11	.41	3	.11	25
Completely Disagree	4	.13	4	.15	2	.07	10
TOTAL	31		27		27		85

Group 1 and especially Group 3 indicate they get "different messages" from different staff. The term "different messages" is open for interpretation by the subjects which does not clearly define what those messages are. But, what can be determined is that these two groups do not perceive consistency of messages received from their staff members.

Group 2 showed the most perceived consistency of messages received from staff members.

A chi-square test at the .05 level of significance was not significant ($p > .05$).

On statement forty-one, (I wish I had more family meetings), there were varied responses between groups (see Table 32). Group 1 had a total of 35% agreement and 66% disagreement. Group 2 had 52% agreement and 48% disagreement. Group 3 had 61% agreement and 38% disagreement.

Group 1 expressed a 31% less need for family meetings than those in the group who wanted them. Group 2 indicated 4% more subjects wanted more family meetings than those who did not want them. Group 2 indicated the greatest amount of need for more family meetings than any other group. These adolescents showed a 23% greater need for more family meetings than those who did not want more family meetings.

TABLE 32

#41 I Wish I Had More Family Meetings

	Living Group 1		Living Group 2		Living Group 3		Total
	number	percent	number	percent	number	percent	
Completely Agree	5	.16	7	.28	11	.42	23
Mostly Agree	6	.19	6	.24	5	.19	17
Mostly Disagree	8	.25	4	.16	5	.19	17
Completely Disagree	13	.41	8	.32	5	.19	26
TOTAL	32		25		26		83

A chi-square test at the .05 level of significance was not significant ($p > .05$).

Statement number forty-two, (My teachers don't have much to say about what I do here), resulted in similar responses of disagreement. Group 1 showed a total of 66% disagreement, Group 2 with 71% disagreement and Group 3 with 74% disagreement. The subjects in all three groups indicate they believe the teachers do have a lot to say about what they do at Villa.

Statement number forty-three, (I just play the "game" at Villa to get out but not really change), met with mostly disagreement response. Group 1 showed a total of 87% disagreement, Group 2 had 81% disagreement, Group 3 had 85% disagreement. Most of the subjects indicate they do not play a "game" or pretend to have changed in order to get out of Villa. This may indicate that what changes do occur in the adolescents behavior is genuine.

For the statement number forty-four, (The social workers make the decisions on what behaviors I have to change), there were some mixed responses between groups. Group 1 showed a total of 51% agreement and 48% disagreement. Group 2 showed a total of 46% agreement and 53% disagreement. Group 3 indicated a total of 67% agreement and 33% disagreement.

Although there was not as clear a distinction between those who agreed and disagreed, both Group 1 and Group 3 agreed for the most part that the social workers make the decisions on what behaviors they have to change. But Group 2 indicated a majority of subjects who believe social workers do not make the decisions on what behaviors they have to change.

On statement number forty-five, (The staff really have helped me work out my problems), there was mostly agreement responses. Group 1 had a total of 57% agreement, Group 2 had 78% agreement, and Group 3 had 59% agreement.

Group 1 and Group 3 indicate they believe the staff have helped them work out their problems less than Group 2. Group 2 was 19% more confident than Group 3 and 21% more confident than Group 1 of the help they received from staff in working out their problems.

Statement number forty-six, (It is good when girls in our group confront each other in living group meetings), resulted in mostly agreement responses from the three groups. Group 1's total indicated 80% agreement, Group 2 93% agreement, and Group 3 with 96% agreement.

Group 2 and Group 3 both indicate they think confrontation between adolescents during their living group meetings is good. Group 1 group also indicates this is good but not to such a large degree.

For statement number forty-seven, (Our living group meetings have helped me understand myself better), the majority of the subjects agree. Group 1's total agreement response was 60%, Group 2's was 67% agreement, Group 3's was 70% agreement. All subjects agreed to a large extent that the living group meetings helped them understand themselves better.

Statement number forty-eight, (I feel closer to the girls in our group because of things that have happened in living group meetings), resulted in predominate agreement. Group 1's total agreement was 61%, Group 2 had 71% agreement, and Group 3 had 67% agreement. The majority agree that living group meetings help the adolescents feel closer to their group members.

Statement number forty-nine, (I think the other girls in my group help me with my problems more than staff), brought some different responses. (See Table 33.) Group 1 agreement was 48% and 51% disagreement. Group 2 indicated 59% agreement and 41% disagreement, Group 3 51% agreement and 48% disagreement.

Slightly more than half the adolescents in both Group 2 and Group 3 indicated they believe the peers in their group help them more than staff with their problems. Slightly more than half of Group 1 adolescents indicated they do not believe their peers help more than staff,

TABLE 33

#49 I Think The Other Girls In My Group Help Me With My Problems
More Than The Staff

	Living Group 1		Living Group 2		Living Group 3		Total
	number	percent	number	percent	number	percent	
Completely Agree	4	.13	2	.07	1	.03	7
Mostly Agree	11	.35	14	.52	13	.48	38
Mostly Disagree	14	.45	8	.30	10	.37	32
Completely Disagree	2	.06	3	.11	3	.11	8
TOTAL	31		27		27		85

thereby indicating that staff help them more than they help each other.

A chi-square test at the .05 level of confidence was not significant ($p > .05$).

On question number fifty, (Who is the most important person in deciding your release date), there appeared to be some differences between groups (see Table 34). In Group 1 63% indicated the social worker, 33% the child care worker, and 3% the teacher. Group 2 indicated 52% for their child care workers, 44% for the social worker, and 4% for teacher. Group 3 indicated 72% for the social worker, 28% for child care workers, and none for teachers.

This data as indicated by the subjects' perception, indicated that in Group 1 and Group 3 the social workers are believed to be the most important person in deciding their release date. Group 2 indicated they believe child care workers to be the most important in deciding their release date.

A chi-square test at the .05 level of confidence was not significant ($p > .05$).

On question number fifty-one, (Who decides consequences most often?), there was a majority of subject responses for the child care worker. Group 1 indicated 69% for child care workers and 28% for social workers. Group 2 had 81% for child care workers and 22% for social workers. All three groups agreed that child care workers decide consequences

TABLE 34

#50 Who Is The Most Important Person In Deciding Your Release Date

	Living Group 1		Living Group 2		Living Group 3		Total
	number	percent	number	percent	number	percent	
Social Worker	17	.63	12	.44	18	.72	47
Teacher	1	.03	1	.04	0	.00	2
Child Care Worker	9	.33	14	.52	7	.28	30
TOTAL	27		27		25		79

most often, followed by social workers with a minor indication that teachers ever decide consequences. Group 1 did indicate a higher percent of decision on consequences given by social workers than any other groups.

Question number fifty-two, (If you had a personal problem here, which of the following people would you be most likely to talk it over with? social worker, teacher, child care worker, friend your age, or nobody), received these responses. Group 1 indicated by 47% they would go to a friend their age, 33% to a child care worker, 10% to a social worker, 6% nobody, and 3% to a teacher.

Group 2 indicated by 55% they would talk to a friend their age, 30% to a child care worker, 11% a social worker, 4% to nobody and none to a teacher.

Group 3 indicated by 41% they would talk to a friend their age, 26% to a social worker, 15% to a child care worker, 15% to nobody and 3% to teachers.

All three groups chose a friend their own age as the most likely person to talk to about a personal problem. Group 1 and 2 adolescents had their second largest category for child care workers. Group 3's second largest category was the social workers. Group 1 and Group 2 subjects' third largest were social workers while Group 3's was child care workers. Teachers appear to be the last and least frequently used person for talking over personal problems.

Question number fifty-three, (Among the people in your team and living group whom do you feel closest to? Social workers, teacher, child care worker, friend your age, nobody), received these responses. In Group 1 the most frequently chosen category was, friend your age by 47%, followed by 28% for child care worker, 13% nobody, 6% social worker and 6% for teachers.

Group 2's most frequently chosen category was, friend your age by 67%, followed by 22% for child care workers, 7% nobody, 4% for teachers, and none for social workers.

Group 3's most frequently chosen category was, friend your age by 48%, followed by 22% nobody, 19% for child care workers, 7% for social workers, and 3% for teachers.

All subjects agreed that a friend their age was the closest person with Group 2 tops by 19% over Group 3 and 20% greater than Group 1. Group 1 and Group 2 had a second highest frequency of child care workers as those the subjects felt closest to. Group 3's second highest was nobody. Social workers and teachers were low on the list with teachers being rated higher than social workers by 4% in Group 2.

Question number fifty-four, (Which one of these do you get the most personal help from? Living group meetings, individual counseling, rap group, Dr. S's group, Mr. M's group, Mr. L. F.'s group, family meetings, other), brought

varied responses from the subjects. Sixty-two percent of Group 1 indicated they received more personal help from individual counseling followed by 15% for living group meetings, 8% for both family and other, 3% for both Mr. L. F. and Mr. M's, and none for rap group or Dr. S's group.

Group 2 indicated a 33% preference for both individual counseling and "other." A 7% preference for Dr. S., Mr. L. F. and family meetings, a 4% for living group meetings, rap group and Mr. M.

Group 3 had a 33% preference for other, 22% for individual counseling, 19% for family meetings, 15% for living group meetings, and 3% for rap group, Dr. S., and Mr. L. F.

The most frequently chosen category for gaining personal help was the individual counseling followed by the nondescript category of "other." There is no definition for "other," also "peer members," was not listed as an alternative. Living group meetings rated high for Group 1 and Group 3. All of the groups said family meetings were rated the lowest. The exception was Group 3 which rated family meetings as third highest of all categories.

The next five questions are essay for the purpose of gaining information that may not have been brought to our attention in the body of the questionnaire.

The general trend in all three groups during their first three months at Villa tend to be more negative in their comments. They frequently left questions 55 and 56 regarding the "best" and "least" liked attributes of the staff blank and generally did not like the questionnaire. Girls who have been at Villa longer showed a more positive attitude towards the staff and running. Group 3 tended to be more negative throughout the group for all periods of time spent at Villa.

All three groups responded much the same on question fifty-five, (What do you like the best about your team at Villa?). They list care, understanding, listen to my problems, honest, fun to be with, friendly, try to help, reasonable and trust me.

On question number fifty-six, (What do you like least about your team at Villa?), Group 1 members frequently stated the staff played "games," did not tell the whole truth, lied to protect someone, talk behind your back, analysing you, and new staff upsets consistency of the team.

Group 2 found their team grouchy and quarrelsome, too strict, too nose, and most of them are quitting.

Group 3 say they like least about their team their inability to listen, too strict on privileges, non-caring attitude, not fair, hibernate in their office too much, push too hard sometimes.

For number fifty-seven, (What one thing would you change at Villa to make it a better place to live?), Group 1 preferred unlocked doors, less analysis, wanted visits from friends, more trust, more freedom, more privacy, more caring, counseling between dorms to reduce tension, take down the fences, more outings, more responsibility for older girls, be less strict, and have smaller living groups.

Group 2 would like to change the locked doors to unlocked doors, no fences, more home visits, more smoke breaks, more freedom in general, visits from friends and boyfriends, wish Villa could be more like a family, staff less nosey, more trust, more privacy, more outings, and stop the name calling and arguing.

Group 3 would prefer changing smoking to anytime, unlock the doors, better food, more outings, more privileges, visits from friends, no limit on phone calls, "socializing" on outings, no stealing, privacy and shorter time at Villa.

Question number fifty-eight, (What helps you to keep from running away from Villa?), got similar responses from all groups. Family relationship will be hurt, friends will be hurt, staff will be hurt, threat of Hillcrest, or ruining their chances of success. They indicated in all three groups that running away from your problems will not help solve them; it is better to stay and work out the problems where staff and girls can help. Frequently

the adolescents mentioned talking to their peers which kept them from running. Group 1 mentioned more frequently the help girls gave each other and the credit they deserve for giving this kind of help.

Many girls mentioned they had too much to lose to run. They felt they gained personal growth at Villa and did not want to leave by running. They did not want to run and return to Villa to start all over. Talking to the staff and or peer group members was indicated more frequently in Group 1. Hurting parents was Group 2's most frequent reason for not running. Group 3 gave a mixture of reasons with parents being the most frequent reason.

For the last question, (What do you think of this questionnaire?), Group 1 and Group 2 were more positive than Group 3. Group 1 was against the questionnaire by 24%, Group 2 by 29% and Group 3 by 40%.

The researcher also wanted to investigate possible attitude changes the longer a female adolescent has been in Villa. Time spent in Villa was broken down into five categories according to the three separate living groups. But with eighty-six total respondents spread out among the three groups and then five time categories left very few responses in any one period of time. Due to the small numbers which weaken the validity of this type of measure, there will not be a formal analysis of this data in this study.

Chapter V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Several interesting and possibly significant conclusions have been drawn from this research. The following limitations should be considered however:

First, the scope of this study encompasses only one institution. The researchers focused on the treatment and the effect of this treatment in comparison with run-aways. There were no comparisons made between different institutions.

Secondly we did not have the time, nor the inclination, to study each individual girl longitudinally for attitudinal and behavior changes.

Thirdly, we tested the total population of female adolescents on two separate occasions with the same questionnaire. Therefore, some subjects would have been tested twice. The purpose as mentioned in Chapter III was to accumulate larger numbers of respondents for improvement of the validity of this study.

Fourthly the questionnaires were lengthy. There were a number of questions in both questionnaires which, upon evaluation of the data, we found do not relate directly to the six major questions being explored in this study.

Lastly, the researchers are especially susceptible to bias. From October 1974 until June 1975 both researchers were in field placement at Villa St. Rose from Portland State University School of Social Work. One researcher worked in team two, the other in team three. They worked sixteen hours per week in the role of social worker. The researchers are personally acquainted with many of the subjects of these questionnaires.

The major conclusions of this study are related to the six major statements outlined in Chapter I. The conclusions, as related to the statements in Chapter I, for Section I are as follows:

Statement 1. Composition of the treatment teams will be different.

As stated in Chapter IV the staff in group one have been at Villa much longer and are older than the staff on teams two and three. Another factor is that the girls in group one are older and have been at Villa longer than the girls in groups two and three. If both girls and staff in group one have been at Villa longer than the staff and girls in teams two and three, it is reasonable to assume that there is less turnover in team one for both girls and staff. This means that there are fewer new girls and new staff in this team. The conclusion made here is that this leads to fewer causes of disruption in group one and results in a more consistent group life.

Statement 2. Team members' attitudes toward their team will be different among teams.

Members of team one reported having few runaways, they felt their team got along well, and they felt their team was very helpful.

Teams two and three reported that they have many runaways, they do not feel their team members got along well, and rate the helpfulness of their teams much lower than team one.

Our conclusion here is that team one is more confident than teams two and three. Members of team one might tend to act more quickly and with more confidence in a crisis. Members of teams two and three would tend to hesitate to take action in a crisis. The fact that team members do not get along is important here. In a team approach, action taken by a team member is usually open for criticism by other team members. If criticism among team members is a part of the team approach and there is conflict within the team, a number of things are likely to happen. Most important, for the purpose of this discussion, is that team members will probably anticipate this criticism and they will anticipate it while they are interacting with the girls at Villa. This hesitation may then be interpreted by the girls to mean, "the staff does not know what they are doing." This hesitation can also be interpreted by the staff to mean, "we don't know what we're doing."

In contrast, the high degree of confidence and agreement in team one could be a factor in giving each team members the support needed to deal effectively with the girls in their group.

Statement 3. Treatment methods will be different among the three teams.

On a number of factors listed in Chapter IV the teams proved to be very similar. In regard to differences, team one, in comparison to teams two and three, kept girls longer, was more likely to add time to a girl's stay at Villa if she ran away, used the girls more in the treatment process, and used volunteers more. There was a statistical difference in all these areas. In addition team one consistently, but not significantly, rated the effectiveness of the ways to treat runaways (listed in question number nine on staff questionnaire) higher than teams two and three. They tended to have more confidence in returning the girl to new girl status, not allowing her to talk to other girls about the run, and in confronting the girl.

The picture that emerges is that team one is very confident in its ability to deal with runaways. It employs a wider range of strategies to deal with runaways, and it employs them with more confidence and agreement than teams two and three. Team one also has more variety in its approach to treatment as a whole. Most notable here is the

high degree of involvement of volunteers and the girls in the treatment process. This may relate to the fact that the members of team one have been at Villa longer. Having been there a long time, and feeling secure with their team members, they may be more able to delegate responsibility to others. In this case, they delegate to volunteers and the girls. The interplay of confidence and agreement leads to a positive outcome: variety in treatment methods and the ability to delegate responsibility.

The major conclusions, as related to the statements in Chapter I, in Section II of this study as outlined in Chapter I are as follows:

Statement 1. Differences in the girls' attitudes towards staff as a result of differences in treatment.

There were some interesting differences in attitude among the girls towards their staff members. In group one the girls expressed a general respect for both social workers and child care workers although their responsibilities to the group were considered distinctly different. For instance, social workers decide what behaviors the girls need to change to graduate from Villa, social workers also set the release date. Child care staff decide consequences most often and social workers help to a lesser degree in deciding consequences. Group one indicated the staff help them with

their problems more than their peers. Child care staff are fair, just, care, not strict, do not nag, do not let them get away with a lot.

Although group one hold their staff members in high esteem they also indicate they receive different messages from different staff members. They would like to have more trust from their staff as indicated in the essay questions.

In group two they tended to respect and attribute more authority to the childcare staff than to social workers. The child care staff decide the behaviors the girls need to change, decide their release date, and decide consequences most often. The child care workers are fair, just, do not nag, and do not give the girls different messages. The social workers are definitely held in lower esteem than their child care staff. Their lack of power and significance in this group gives the researcher the impression the girls would do fine without the social workers.

Group three attributed more authority to social workers for making decisions on behaviors they need to change and release date than child care staff. Child care workers, as well as the other two groups, were fair, just, ask the girls to do what was good for them, and care. They also felt they received different messages from staff members. Although the social workers and child care workers share

decision making responsibilities this group was less supportive of their staff than the other two groups.

Throughout the three teams the teachers were not imbued with any significant decision making power as far as the girls were concerned. But, in the area of education, the teachers were known to be very effective by the girls.

Statement 2. Differences in attitude about running away as a result of the different treatment.

There were few differences of opinion among the three groups regarding running away. All three groups believe running is not a good way to leave Villa. They further believe that talking someone else out of running is showing you care for them. Being angry at the staff is not considered a good excuse for running either. Running was generally felt to be detrimental to their relationship with their family, friends, and detrimental to their own progress in overcoming their problems.

The only outstanding difference between groups was the right to run away, which group one believes a girl should do if she wants to. The other two groups do not believe a girl has a right to run if she wants to. If Groups two and three believe the staff exercise power over the girls regarding running away, they may respond rebelliously against this

authority. Group one girls tend to believe the decision on running is their individual responsibility that they assume, which I would see as a deterrent to their deciding to run.

Statement 3. Differences in the girls' attitudes toward their peer group as a result of the treatment.

This study did not clearly delineate differences between groups in their attitude toward their peer group. What did emerge was a common consensus that a great deal of personal support is received from their peer group and also given to their peers. The girls feel closer to their peers in all three groups than to their staff members. They feel they get more personal help on problems from their peer group than from staff. Although group one did indicate staff helped more than their peers they also indicated the questionnaire did not allow them to give as much credit to their peers as they would have liked to do.

In addition to these three major questions, there evolved a configuration of factors which in each of the three groups looks different. In group one they have more older girls who stay longer with fewer runaways. They also have a much lower incidence of runaway behavior prior to coming to Villa. More family meetings occur during their stay. Girls in group one have less desire for more family meetings and there is more satisfaction in their

relationships to their families. More girls receive individual counseling, which they prefer over group therapy.

Group two girls stay shorter period of time, have a high incidence of runaways prior to coming to Villa, and tend to run more from Villa. They have fewer family meetings. They do desire more family meetings than they presently get although they do not feel family meetings have been very helpful in improving their relationship to their families. They have three outings a week; they find it easier to get what they want than the other groups. They also have the lowest number of girls in individual counseling. These girls prefer individual counseling to group therapy.

Group three girls also have shorter lengths of stay, and a high number of girls with a run record before coming to Villa. They have infrequent family meetings. They desire more family meetings although the family meetings have not been considered to be helpful in improving their relationship to their families. They also have four outings a week on the average which is higher than the other two groups.

These different configurations of treatment factors may be contributing to the differences in the runaway rate. The most confounding factor we discovered in this

study in determining the influence of treatment was the low number of previous run behavior adolescents placed in group one, the low run group. Therefore the amount of influence treatment has in deterring running is unclear.

However, the fact remains that group one had fourteen runaways during the one year time period considered. Group two had thirty-three and group three had thirty. In this study, group one was found to have a more consistent group life. There is a higher degree of mutual support and acceptance among the team members. There is more variety in implementing their treatment program through a greater use of the girls and volunteers. Therefore, there is more delegation of responsibility for the treatment program of the group. Our overall conclusion is that there is a relationship between the low runaway rate in group one and the treatment elements existing in that group.

Implications For Further Study

As stated earlier, one institution was considered. Although the different groups were compared within Villa St Rose, an expanded study including institutions similar in population and organizational structure might provide more helpful information in how to treat runaways.

A longitudinal study of girls coming into residential treatment would be helpful in understanding their attitudinal changes over time. The researchers feel this is important.

Such a study could yield information such as the time periods at which a girl is most prone to running away.

We would recommend the development of a more precise instrument for measuring the attitudes and behavior of staff and girls. One way to accomplish this would be to limit the focus of the study to a fairly specific grouping of attitudes and behaviors. An example would be to measure anxiety in relation to running.

In this study the researchers were unable to draw a direct correlation between treatment methods and runaways, due largely to the imprecision of their questionnaires. Repetition of a more precise instrument measuring a limited number of variables would result in a more solid data base. The researchers feel that a more definite relationship could then be established between treatment and runaway.

BIBLIOGRAPHY

- Adessa, Sylvester. 1969, "Education in Residential Treatment," Forum For Residential Treatment, 92-97.
- Aichhorn, August. 1925, Wayward Youth.
- Alpert, Stuart W. & Star, Philip. 1972, "A Family Centered Approach to the Treatment of Emotionally Disturbed Children in Placement," Forum For Residential Treatment. 397-404.
- Balser, Benjamin Harris M. D. Edited. 1957, Psychotherapy of the Adolescent.
- Bergmann, Anne. 1967, Characteristics Among Delinquent Girls. 4-36.
- Bertcher, Harvey. 1966, Factors That Affect The Attitudes of Girls Toward Staff In a Correctional Institution.
- Broten, Alton M. 1970, "The Child Care Worker and Residential Treatment in the United States," Forum For Residential Treatment. 211-218.
- Cohen, Frank J. 1962, Children in Trouble.
- Conger, John Jandway, and Miller, Eilber C. 1966, Personality, Social Class and Delinquency.
- Cowie, John; Cowie, Valerie & Slater, Eliot. 1970, Delinquency in Girls.
- Dockar-Drysdale, Barbara. 1968, Therapy in Child Care. 52-67.
- Epstein, Eleanor. 1962, "The Self Concept of Delinquent Girls," Smith College Studies in Social Work, Vol. 32, 220-234.
- Farrington, Donald S.; Shelton, William & Mackay, James R. "Observations on Runaway Children from a Residential Setting," Child Welfare, Vol. 42, No. 6, 115.
- Feinstein, Sherman C.; Giovacchini, Peter & Miller, Arthur A. Editors. 1971, Adolescent Psychiatry.

- Giallombardo, Rose. 1974, The Social World of Imprisoned Girls.
- Glaser, Kurt. 1967, "Masked Depression in Adolescence and Children," American Journal of Psychotherapy. 567-571.
- Glasser, William M. D. 1960, Mental Health or Mental Illness.
- Glueck, Sherdon. 1959, The Problems of Delinquency.
- Hawthorne, Edward L. 1970, "The Child Care Function and Child Care Skills," Forum for Residential Treatment. 201-210.
- Hildebrand, James A. 1963, "Why Runaways Leave Home," Journal of Criminal Law, Criminology and Political Science, Vol. 54, 211-216.
- Holmes, Donald J. M. D. 1964, The Adolescent in Psychotherapy. 272-276.
- Jones, Howard. 1960, Reluctant Rebels.
- Keeler, Raymond. 1952, "Children's Reaction to the Death of a Parent," Depression. 109-122.
- Konopka, Gisela. 1966, The Adolescent Girl in Conflict.
- Korn, Richard R. Editor. 1968, Juvenile Delinquency.
- Leonard, Charles; Fueyo, Antonio & Gallagher, Thomas. 1972, "Organization, Communication, and Structure in Residential Treatment," Child Welfare League of America. 92-93.
- Leventhal, Theodore. 1964, "Inner Control Deficiencies in Runaway Children," Archives of General Psychiatry. Vol. II, 70-76.
- Levine, Stanley. 1962, "Runaways and Research in the Training School," Crime and Delinquency. Vol. 8, 40-45.
- Lunden, Walter A. 1964, Statistics on Delinquents and Delinquency. 269-271.
- McCorkle, Lloyd; Elias, Albert & Bixby, Lowell. 1958, The Highfields Story. 1-44, 68-96.
- Morris, Ruth R. 1964, "Female Delinquency and Relational Problems," Social Forces. Vol. 43, 82-89.

- National Conference of Superintendents of Training Schools.
1962, Institutional Rehabilitation of Delinquent Youth.
43-56.
- Nye, Ivan and Short, James F., Jr. 1957, "Scaling Delinquent
Behavior," American Sociological Review. 326-331.
- Redl, Fritz and Wineman, David. 1951, Children Who Hate.
- Reimer, Morris D. 1940, "Runaway Children," American Journal
of Orthopsychiatry. Vol. 10, 522-526.
- Robey, Amos, et al. 1964, "The Runaway Girl: A Reaction to
Family Stress," American Journal of Orthopsychiatry.
XXIV, No. 4, 762-767.
- Robins, O'Neal. 1958, "Mental Illness and the Runaway:
A 30-Year Follow-Up Study," Human Organization.
Vol. 16, No. 4, 11-15.
- Robins, O'Neal. 1958, "The Adult Prognosis for Runaway
Children," American Journal of Orthopsychiatry.
Vol. XXIX, No. 4, 752-761.
- "Runaway Children--A Problem for More and More Cities,"
U. S. News and World Report, 1972. 38-42.
- Shellow, Robert. 1967, "Suburban Runaways of the 1960's,"
Monographs of the Society for Research in Child
Development. XXXII, No. 3, 1-37.
- Slansky, Morris A. M. D. 1969, The High School Adolescent.
216.
- Street, David; Vinter, Robert and Perrow, Charles. 1966,
Organization for Treatment. 195-221.
- Vedder, Clyde B. and Somerville, Dora. 1970, The Delinquent
Girl.
- Voss, Harwin L. 1970, Society, Delinquency and Delinquent
Behavior.
- Whittaker, James K. 1970, "Training of Child Care Staff;
Pitfalls and Promises," Forum For Residential
Treatment. 231-235.

Appendix A

STAFF QUESTIONNAIRE

Dear Team Member,

This is a questionnaire that is designed to gather information about the operation of your team at Villa. We are wanting information about your team's method of operation, not Villa as a whole. We are interested in how your team operates now, rather than past or projected future operation.

This questionnaire is being given by Stan Jasper and Mary Cook, Graduate Students in Social Work at Portland State University. It has been reviewed and approved by the coordinators of Villa. The results of this questionnaire will be used in writing our thesis. Please do not identify yourself on this questionnaire. We thank you for your cooperation.

1. Which team do you work in at Villa?

Kathy's _____
 Marcia's _____
 Sister Monica's _____

2. What is your age?

3. What is your sex?

4. What is your position at Villa?

Social Worker _____
 Teacher _____
 Child Care Worker _____
 Other (please specify) _____

5. How many hours per week do you work at Villa?

6. How long have you worked at Villa?

7. How long have you worked in your present position at Villa?

8. Would you estimate the average number of runaways per month from your living group at Villa?

9. Rate individually on a scale of 1 (low) - 10 (high) the effectiveness of each of the following ways of dealing with a girl returning from a run.

Not allowed to talk of experiences on the run _____
 Return to new girl status _____
 Restriction from outings _____
 Restriction from all privileges _____
 Restriction from family contact _____
 Confrontation by staff _____
 Confrontation by girls in group _____
 Other action (please explain) _____

10. Is a girl's release date affected by a runaway?

Never _____
 Rarely _____
 Sometimes _____
 Usually _____
 Always _____

11. What kinds of restrictions are placed on the living group as a whole when a girl runs from the following situation?

	Group Outing	Individual Outing	Villa	Home Visit
a. None	_____	_____	_____	_____
b. Outings taken away	_____	_____	_____	_____
c. Privileges other than outings taken away	_____	_____	_____	_____
d. Restriction	_____	_____	_____	_____
e. Loss of family visits	_____	_____	_____	_____
f. All of the above	_____	_____	_____	_____
g. Other	_____	_____	_____	_____

12. Rate individually the following considerations on a scale of 1 - 10, on importance in deciding whether a girl who ran will be allowed to return to your group.

1. The girl's willingness to return to Villa. _____
2. The length of time she's been gone _____
3. The girl's impact on group _____
4. Whether the staff feel they can help the girl _____
5. Whether personality conflicts exist between the girl and staff _____
6. The number of times the girl has run from Villa _____
7. Other (please explain) _____

13. How often are social workers called for advice or in an emergency "after hours" by child care staff?

- Never _____
- Rarely _____
- Sometimes _____
- Often _____

14. How often do social workers come to Villa as a result of an after hours call involving an emergency or crisis involving the girls?

- Never _____
- Rarely _____
- Sometimes _____
- Often _____

15. How many girls in your group have an individual counselor?

- 0-6 _____
- 7-12 _____
- 13-18 _____
- All _____
- Don't know _____

16. Of the girls who have a counselor, how often are the girls seen individually (or on average)?

- Once a month _____
- 2-3 times a month _____
- 4-5 times a month _____
- Don't know _____

17. How are family meetings most often scheduled?

- 1. Scheduled on a regular basis _____
- 2. Scheduled irregularly _____
- 3. Held in response to a crisis _____
- 4. Held on request of family or child _____
- 5. Other (please explain) _____

18. How long is the average length of stay at Villa for a girl in your group?

- Under six months _____
- 6-8 months _____
- 8-10 months _____
- 10-12 months _____
- 12-14 months _____
- Over 14 months _____

19. What is the average length of stay that your team tells a girl she will be staying at Villa when she arrives?

- Under six months _____
- 6-8 months _____
- 8-10 months _____
- 10-12 months _____
- 12-14 months _____
- Over 14 months _____

20. Are living group meetings held with the girls?

Yes _____ No _____

If so, how often?

21. Rate individually on a scale of 1 - 10 the following subjects on the basis of how much they are emphasized in living group meetings.

- | | |
|--|-------|
| 1. Group management | _____ |
| 2. Relationships among girls | _____ |
| 3. Relationships between girls and staff | _____ |
| 4. Individual problems of girls | _____ |
| 5. Girl's problems with school | _____ |
| 6. Girl's problems with their families | _____ |
| 7. Other (please explain) | _____ |

22. To what extent are girls in the living group used to facilitate the treatment process?

- | | |
|--------------|-------|
| Extensively | _____ |
| A great deal | _____ |
| Somewhat | _____ |
| Very little | _____ |

23. Rate individually on a scale of 1 - 10 the helpfulness of the following parts of your team's program.

- | | |
|--------------------------|-------|
| 1. Peer pressure | _____ |
| 2. Group meetings | _____ |
| 3. Family meetings | _____ |
| 4. Individual counseling | _____ |
| 5. School | _____ |
| 6. Other | _____ |

24. In your opinion, which part of your team's program needs most improvement?

- | | |
|--------------|-------|
| Social work | _____ |
| School | _____ |
| Group living | _____ |

25. Are team meetings held (with teachers, child care workers, social workers, etc.)?

- | | |
|-----------|-------|
| Weekly | _____ |
| Bi-weekly | _____ |
| Not held | _____ |
| Other | _____ |

26. Are child care workers' meetings held by your team?

Yes _____ No _____

27. Does Social Work staff consult on a regular basis?
- Yes _____
 No _____
 Don't know _____
28. How comfortable are you with your team members?
- Very comfortable _____
 Comfortable _____
 Uncomfortable _____
 Very uncomfortable _____
29. How much influence do you have as a team member in decisions?
- A great deal _____
 Some _____
 Little _____
 Very little _____
30. How effective do you think you are as a member of the team?
- Very effective _____
 Effective _____
 Somewhat effective _____
 Not effective _____
31. Which of the following therapies would you have the most confidence in practicing at Villa?
- Learning theory _____
 Behavior Modification _____
 Reality Therapy _____
 Transactional Analysis _____
 Gestalt _____
 Psychoanalytic _____
 Don't know _____
 Other (please explain) _____
32. What functions do volunteers (students are not included as volunteers) serve in your group? (You can check more than one.)
- Role model _____
 Child Care Aide _____
 Recreation helper _____
 Companion _____
 Tutor _____
 Recreation resource _____

33. How is the decision for a girl to get walks arrived at?

1. Automatic after certain period of time _____
 2. When girl demonstrates responsibility _____
 3. Both the amount of time a girl has been
 at Villa and her demonstration of
 responsibility _____
 4. Other _____

34. How important are Volunteers to the functioning of your team?

- Very Important _____
 Somewhat Important _____
 Little Importance _____
 No Importance _____

35. How many volunteers does your group have?

36. How many girls in your group have visiting families?

37. How many girls in your group have an individually assigned volunteer?

8. How many yours per week do you spend with the living group?

- 2-4 _____
 4-8 _____
 8-12 _____
 12 or more _____

39. How many girls do you feel you have a significant relationship with?

- 1-3 _____
 3-6 _____
 6-10 _____
 10 or more _____

40. How much pressure does your team exert towards getting a girl to adopt current dominate societal norms? Rate on a scale from 1 (low) to 10 (high). _____

41. Do you feel it is the responsibility of staff to decide what behavior a girl must change.

Yes _____ No _____

42. Why does Villa have visiting families?

1. For girls whose families live far away _____
2. For girls whose family is not a resource _____
3. For girls who need a positive family
experience _____
4. For girls who have no other place
to go for visits _____

43. Which of the following methods do you use most often?

- Confrontation _____
Support _____

44. Is it hard for a number of personalities in your team to work together?

Yes _____ No _____

45. Stated briefly, will you indicate specifically how you try to keep girls from running?

46. What is your usual method of treating an emotional outburst by a girl?

47. What is your criteria for releasing a girl?

48. What role do you play most often in relating to a girl?

- Authoritative parent _____
Nurturing parent _____
Listener _____
Enabler _____
Model _____
Agency authority _____
Functioning adult _____
Other _____

49. What is your favorite approach for encouraging responsible behavior in the girls?

1. Problem solving _____
2. Discussing alternative
behavior _____
3. Dealing with reality _____
4. Talking about past _____
5. Talking about present _____
6. Emphasis on feelings _____
7. Using peer pressure _____
8. Talking about future _____

Appendix B

GIRLS QUESTIONNAIRE

Please check (X) to show whether or not you agree with the statements below. Please do not leave any question blank. Check only one answer for each question.

15. I feel better when I can talk to another girl in my living group.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
16. I think the child care workers are too strict.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
17. Getting what I want at Villa is easy.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
18. Consequences I have received from the team have been fair.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
19. To me, getting out of Villa means running away.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
20. I only think about running when I am mad at the staff.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
21. I don't think the staff really cares about anyone here.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____

22. Teachers at Villa have made it possible for me to like school.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
23. The team asks me to do things that are for my own good.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
24. I think the team at Villa have helped me feel I can succeed in life.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
25. I think talking someone out of running is showing you care for them.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
26. The staff here is always looking for things to nag me about.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
27. I don't think the social workers understand my problems.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
28. I make my own decisions about what I want to do differently.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
29. I think in our group you have to work real hard to earn privileges like walks, etc.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____

30. Family meetings have helped my relationship with my parents so much I feel like going home to them when I leave Villa.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
31. I think smoke breaks are frequently and unfairly taken away from me.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
32. I cooperate with the team all the time.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
33. I think the staff is fair and just with me.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
34. If I ran, the girls in my living group would be mad at me.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
35. I feel closer to my family since I have been here at Villa.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
36. I feel better about myself since I have been here at Villa.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
37. Each girl has a right to run if she wants to.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____

38. I think the staff lets me get away with a lot.
 Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
39. The staff is "on my case" too much.
 Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
40. I get different messages from different staff.
 Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
41. I wish I had more family meetings.
 Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
42. My teachers don't have much to say about what I do here.
 Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
43. I just play the "game" at Villa to get out but not really
 change.
 Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
44. The social workers make the decisions on what behaviors
 I have to change.
 Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
45. The staff really have helped me work out my problems.
 Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____

46. It is good when girls in our group confront each other in living group meetings.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
47. Our living group meetings have helped me understand myself better.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
48. I feel closer to the girls in our group because of things that have happened in living group meetings.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
49. I think the other girls in my group help me with my problems more than the staff.
- Completely agree _____
 Mostly agree _____
 Mostly disagree _____
 Completely disagree _____
50. Who is the most important person in deciding your release date?
- Social worker _____
 Teacher _____
 Child Care worker _____
51. Who decides consequences most often?
- Social worker _____
 Teacher _____
 Child Care Worker _____
52. If you had a personal problem here, which of the following people would you be most likely to talk it over with? (Check only one)
- Social Worker _____
 Teacher _____
 Child Care Worker _____
 Friend your age _____
 Nobody _____

53. Among the people in your team and living group whom do you feel closest to? (Check only one)

Social worker _____
 Teacher _____
 Child care worker _____
 Friend your age _____
 Nobody _____

54. Which one of these do you get the most personal help from? (Check one)

Living Group meetings _____
 Individual counseling _____
 Rap group _____
 Dr. Scott's group _____
 Ray's group _____
 Loren's group _____
 Family meetings _____
 Other _____

55. What do you like the best about your team at Villa?
 Be specific
56. What do you like the least about your team at Villa.
 Be specific.
57. What one thing would you change at Villa to make it a better place to live?
58. What helps you to keep from running away from Villa?
 Please explain.
59. What do you think about this questionnaire?