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A STUDY OF RUNAWAY BEHAVIOR AND OTHER FACTORS
IMPEDING TREATMENT AT ALBERTINA KERR CENTER,
A RESIDENTIAL TREATMENT CENTER FOR GIRLS

by

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

MASTER
of
SOCIAL WORK

Portland State University
1976

ABSTRACT

This report is a descriptive analysis of data obtained from the files of girls terminated from treatment at Albertina Kerr Center between January 1st, 1975 and July 1st, 1976. The purpose of the study is to identify factors that contribute to the high runaway rate which plagues the Center, and to offer the agency suggestions for dealing with the growing problem.

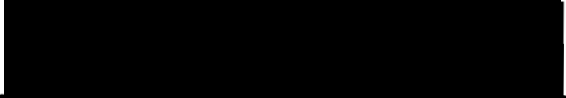
Our findings suggest that there are two groups of residents who are apt to be prematurely terminated from the program due to running behavior. We have called the first group character disordered children, while the second consists of children who experience extreme separation anxiety when placed in the institution.

The report concludes with recommendations for dealing with the identified groups.

TO THE OFFICE OF GRADUATE STUDIES AND RESEARCH: *

The practicum advisor approves the research report, A Study of Runaway Behavior and Other Factors Impeding Treatment at Albertina Kerr Center, a Residential Treatment Center for Girls, by June Anderson, Mary Coleman, Kristi Kennen and Tom Ross, presented June 4, 1976.

APPROVED:


Jack Finley, Practicum Advisor

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CHAPTER I

INTRODUCTION

The Problem

This study was undertaken at the request of Albertina Kerr Center, a residential program for teen-age girls, where staff have been troubled by the accelerating problem of runaways from the facility. The hazards facing the girl on the run, the intensification of her problems as a result of running, the break in the continuity of her treatment program and other logistic complications, constitute the basis for serious concern. This concern has intensified due to the increased number of girls being prematurely terminated from the program because of runaway behavior.

Premature termination of treatment has three separate facets. First there are the pre-existing factors within the girl and her environment, from which she has developed the pattern of coping with problems by flight. These factors, though external to the treatment facility, continue to influence her after placement. Probably the most potent of such influences is the family.

Second, there are factors internal to the agency which are significant, such as staff turnover, lack of adequate orientation, and limitations of the facility.

Finally, there are the philosophical differences between the agency and the community which constitute the third facet of the problem.

Albertina Kerr Center recognizes that running away may be an experience which can be integrated into the treatment process if a girl returns and is confronted with the consequences of her behavior. The community, however, may see her runs as a failure of the treatment program. In many instances the girl who has run is not returned to the Albertina Kerr Center after she has been located, but is placed elsewhere by her caseworker, her family or the court. The girl who is aware of this possibility may perceive running as a means of avoiding behavior change, and specifically as a means of getting out of the Albertina Kerr Center.

The present study is an outgrowth of Albertina Kerr Center's search for ways of dealing with their runaway problem.

Purpose of the Study

Essentially this study is designed to explore some of the demographic, social and institutional factors thought to be related to premature termination of treatment. Our purpose is to determine whether, on the basis of the above factors, it is possible to distinguish, at referral or early in the program, between girls who will achieve their treatment goals and those whose treatment will be terminated without behavior change. We have placed special emphasis on runaway behavior because running away has been identified by the Albertina Kerr Center staff as the primary reason for premature termination of treatment.

Our objective is to contribute descriptive information to Albertina Kerr Center which may be useful in dealing with the problem the agency has identified, by pointing to possible modifications in policies, programs, and procedures, and by identifying areas needing more definitive research.

Since the problem of premature termination due to runaway behavior is common to residential treatment centers in this area, we hope the results of the study will be informative to other agencies and institutions providing a similar service.

Agency Philosophy and Setting

To understand the unique problems besetting Albertina Kerr Center for Children it is necessary to examine 1) the philosophy of treatment and 2) the physical setting, because both are influencing the life experience of the child in residence. The agency staff has been struggling to determine the reasons for their high rate of runaway. Both the treatment philosophy and the living facilities are presently under examination to determine areas of potential change which might provide more effective care and treatment of the adolescent in the residential program.

Basically the Albertina Kerr Center treatment program has been developed on the principles of a therapeutic community. This therapeutic community model offers a total approach to treatment of disturbed adolescents, in the belief that all interpersonal interaction offers the opportunity for a therapeutic experience. The Center's program involves two primary assumptions: 1) The child's anti-social behavior is seen as an interpersonal and social phenomenon which reveals itself in the girl's troubled relationships with people; and 2) the Center's social milieu is regarded as a primary means of treatment because it provides the girl with an environment to test out new and successful behaviors in a safe atmosphere. An important aspect of milieu therapy is the constant feedback the child receives from her peers and

significant adults, providing her with support and reinforcement to continue these new, more positive behaviors.

A team treatment approach is in effect at Albertina Kerr Center. There are four treatment teams, each comprised of a social worker, a lead child care worker and several child care workers. Each team is assigned to a particular living group which cares for seven to fourteen girls. Each team operates a program reflecting the needs of the children in their care, emphasizing particular talents of team members. The use of the small group concept allows for stability, consistency and close relationships between staff and girls.

Various modes of treatment are available to the girls, including peer group therapy, individual therapy, single family or multiple family therapy, and mother-daughter group therapy. The living group also conducts group meetings weekly to deal with the problems related to group living. Further, the girls are given feedback regarding their behavior in weekly progress reports initiated by the child care staff. These reports give the girls additional information about their progress within the group.

Presently Albertina Kerr Center has an open-door policy: During the day there are no locked doors and the girls are allowed to come and go as they please, providing they secure permission of staff. Rationale for the policy is that the girls must learn inner control, learning which is best acquired when the setting does not impose external physical restraints.

The facility consists of three buildings. The main building, known as Kathryn Carlson Home, includes three living groups or "halls" called Lynn, Jean and Hobbit. The home building serves approximately

thirty girls. The two remaining buildings are James Lakin Cottage, which accommodates a maximum of thirteen girls, and the Max Tucker cottage, which houses eight boys. Both the Kathryn Carlson Home and the James Lakin Cottage serve as residential treatment facilities for emotionally disturbed and delinquent girls, ages 12 through 17 years. The Max Tucker cottage, which serves as a treatment facility for younger boys, was not included in our study because of its different population and treatment focus. The program, featuring a behavior modification approach, provides locked doors and close supervision.

Wynne Watts High School, located on the Albertina Kerr Center campus and operated by the Reynolds School District, serves the girls' educational needs. It is considered an important component of the total treatment experience, and girls' classes are carefully planned to meet their individual abilities and interests. Although a majority of the girls attend Wynne Watts, a few attend other public high schools within the community, provided they meet the educational and behavioral requirements of the particular school. Often public school attendance is the last step leading to a return to the community.

CHAPTER II

REVIEW OF THE LITERATURE

Concepts of Treatment

Schools and institutions for the youthful offender have a fairly long history in America. The first such establishment, the New York House of Refuge, was opened on 1/1/25. Clyde Vedder (1963)¹ states: "The founders of this House envisaged the institution as a 'prison, manufactory and school.'" Other such institutions, called reform schools, were founded in the 1800's, including the first Industrial School for girls, located in Lancaster, Massachusetts. Vedder notes that the term "Industrial School" was used in an effort to remove the stigma attached to the earlier label of "Reform School," but this name also developed undesirable connotations and eventually it became common practice to name correctional centers for persons or locations in an effort to avoid the stigmatizing label. However, as Vedder points out, name changing was not highly effective in changing the "Reform School" image, particularly since many such institutions were slow to revise their practices.

Traditionally the focus of American institutions for juvenile offenders has been punishment rather than socialization, despite the fact that the emphasis on punitiveness "seemed to produce only more hostile and aggressive responses from most boys and girls."²

Brutality and indifference were widespread in juvenile institutions in the mid-1900's, particularly in boys' schools but existing in institutions for girls as well. For example Vedder mentions the Home of the Good Shepherd in a western state:

..in which are confined all delinquent girls, since the state has no other facilities for them...Frustrating pressures (exist)..the girls are forbidden to talk or communicate in any way while in the dormitory... All the discipline is tied to a point system, stars given for so many points. Unusually good behavior earns an extra star, insolence can lose a star, and running away can lose all stars. Two stars allow a two hour visit with the girl's family.³

In general, Vedder questions the validity of institutionalization as an effective means of reconditioning offenders, and sees as a "hopeful trend" those facilities which "simulating home conditions, ...provide a background generally more suitable to rehabilitation."⁴

Slater, Cowie and Cowie (1968)⁵ do not see institutional care of the delinquent girl as necessarily counter-therapeutic. These authors studied 318 girls, ages 14-16, who were committed to the Magdalen Hospital Classifying School, a correctional school for girls in England, during the year 1958. Three quarters of the girls in the study were admitted for status offenses, i.e., offenses not subject to legal sanction after age 17. The remaining quarter were primarily charged with theft. After investigating personal characteristics and family relationships the authors conclude:

To us it seems more than doubtful whether children should be allowed to go on living in a hostile environment, just because it is the parental home, once their neurotic or delinquent reaction has been shown. It is indeed a widespread view that children should not be removed from their natural home even when it is a bad one...This opinion is based on no good evidence that we know. There is no evidence that institutional life as such must be detrimental..(though) Admittedly, in the

past, institutions have lacked much that we now recognize as vital for the child's needs.⁶

New trends in managing delinquent youth appear to be based on a growing awareness that the punitive approach of the past is ineffective, combined with an increased understanding of the children's needs and the belief that some families are too inadequate or pathological to socialize their children.

Since current residential programs tend to focus on socializing or treating the delinquent youngster rather than punishing him, it seems appropriate to consider, briefly, some of the factors which are believed to be involved in the development of the delinquent. Ruth Cavan (1962)⁷ reviews the subject comprehensively, documenting her position:

One by one the attempts to find a unitary explanation of all delinquency have failed..each child works out his adjustment to himself as a unique being through the guiding complex of socio-cultural relationships which he experiences.⁸

Some important factors Ms. Cavan recognized are group associations, cultural expectations, and unfavorable family conditions. Like the writers mentioned earlier, she places particular emphasis on the family, citing studies which indicate:

Delinquency-prone families as a group have a greater proportion of rejecting or harsh parents, parents who impress their children as indifferent to their welfare, parents who are erratic or lax in discipline, or who offer little for the (children) to admire or emulate. Delinquency-prone families are more likely than other families to be broken (for some delinquents there is no family at all), with the female-based family a common type in some groups. The delinquency-prone family frequently is financially dependent on outside assistance or public relief...There is evidence that an accumulation of unfavorable factors increases the likelihood that the (child) will become delinquent. .⁹

Ms. Cavan mentions the relative scarcity of studies of delinquent girls. Based on the fragmentary material available she concludes:

Girl delinquents resemble boy delinquents in age distribution, concentration in lower socioeconomic areas, and background of disorganized family life. Delinquent boys seem to be struggling to reach masculine values of success and status through various competitive devices such as outwitting police, showing courage superior to that of other delinquent boys, and finding a way to gain money without hard work. The delinquent girl is concerned with evading unpleasant interpersonal relationships at home and establishing successful relationships with boys, often defined in terms of sexual attraction.¹⁰

The delinquent girl, from this point of view, is primarily coping with a problem of interpersonal relations.

The therapeutic community model for treatment of delinquency is founded on this premise. Further, it is "based on the assumption that the social milieu itself can be the instrument of treatment..(that is) that people change, learn and mature as a result of their interpersonal and social relationships and experiences." (Kraft 1966)¹¹ In this treatment model, the traditional distinctions between delinquent and emotionally disturbed children may be seen as irrelevant. Regardless of the means by which a child chooses to express his disturbance, he is essentially responding to an environment with which he cannot cope.

Kraft identifies 5 characteristics of a therapeutic community, including: 1) Emphasis on social and group interaction, 2) Focus on communication, 3) Use of all aspects of daily life as living-learning experiences, 4) Shared responsibility of staff and residents, and 5) Role expansion, in which traditional sharp delineations between residents, staff and related professionals are blurred. The aim of the therapeutic community is to create a milieu in which individuals may "gain an awareness of their feelings, thoughts, impulses and behavior...try new skills in a relatively safe environment...achieve a realistic appraisal of their social and interpersonal environments..and increase

their self esteem."¹² Group process and a close relationship with the outside community are important features of such a program.

Fritz Redl (1972)¹³ whose thinking was basic in applying the therapeutic community concept to residential treatment for children, identifies 12 aspects of the milieu which must be considered in creating a treatment program for youngsters. Redl points out that the complexity of the milieu is an important consideration, in that the multiple interactions of youngsters, staff, and outside community are difficult either to predict or evaluate in terms of their impact on an individual child. Redl underlines the need for further investigation into the milieu, how it influences individuals and how it is created and molded by them.

In 1950 an experimental treatment center for delinquents was established, utilizing some of the principles of the therapeutic community. Highfields, (McCorkle 1958)¹⁴ a small facility associated with the New Jersey System of Corrections, houses 20 boys with serious delinquency records. Basic values are security, flexibility and non-punitive, non-aggressive attitudes on the part of the staff. The key part of the program is the group session, meeting five evenings a week. The boys bring out their problems in free discussion, gaining an understanding of the motivations for their misbehavior as well as being welded into a primary group. There are only two standing rules: 1) No boy may leave the grounds without being accompanied by a staff member, and 2) No boy may speak to the women who are patients at the hospital where the boys work part-time. All other rules are made by boys and staff together, and the group handles infractions. The boys have considerable freedom within the grounds, and may be given additional freedom outside the facility, with consent of the staff. A relationship is maintained with

the outside community through frequent contact, both on outings and in daily work experience in a nearby neuropsychiatric hospital.

Evaluative research reported by Ruth Cavan indicates that Highfields is somewhat more successful than the New Jersey State Reformatory for Males, in terms of recidivism. While results are not conclusive, Ms. Cavan states that "Highfields...is regarded as pointing the way toward new methods of rehabilitation for youthful offenders."¹⁵

The Runaway

"You can't treat 'em if you haven't got 'em."¹⁶

While Albertina Kerr Center, like Highfields, is based on a new and promising concept of treatment, it is plagued with an increasing runaway problem which undermines the treatment process in a large number of cases. This section of the review will therefore focus on literature relating to the runaway, with emphasis on the relationship between delinquency and running, causes of running, and studies concerned with youngsters who run from institutions.

Throughout the literature attention is given to the fact that the phenomenon of runaway youth is common in our modern society. Writers differ, however, as to the import of the phenomenon. An important issue is whether or not running is an indication of delinquency. James Hildebrand, (1963)¹⁷ in "Why Runaways Leave Home", regards running as a danger signal, the runner as a "pre-delinquent." As a police officer, he is aware that 70% of all delinquents have a history of running. His study suggests that poor home environment, including parental apathy, school problems and sexual concerns are the major factors which cause a youngster to run.

A second study which suggests that running behavior is predictive of delinquency was made by Ivan Nye and James Short (1957).¹⁸ They listed 12 antisocial behaviors and asked a normal high school population and the residents of a boys' training school to rate the behaviors they used most frequently. They found that less than 10% of the high school population listed running as a preferred behavior, while more than 61% of the residents of the boys' training schools were runners. The study clearly implies a relationship between social deviancy and running behavior.

Another point of view is taken by Shellow et al, (1967)¹⁹ in a study designed to determine whether or not running away is necessarily pathological. Choosing a sample of 776 young people listed as missing during a one year period, they concluded that runaways fell into two groups. The first group, relatively small in number, consisted of young people whose running was related to individual or family pathology. The second group, the majority, consisted of youngsters with no serious disturbance. These were normal young people who ran only once in response to an immediate circumstance.

Lillian Ambrosino (1971)²⁰ mentions that technically runaways are law breakers. A runaway can be arrested if the parents report the child's unauthorized absence to the police. Thus a child can be categorized as a delinquent for the act of running away. In a recent study of the runaway problem, Greer et al. (1972)²¹ conclude "running away is not a valid predictor of serious delinquency; although since running away is presently labelled delinquent behavior, runaways are likely to have previous and future delinquency." The authors imply that the delinquency label may operate as a self-fulfilling prophecy.

Douglas Thom (1933)²² represents the extreme position that there is no pathology in running away. He wrote in the 30's, "Every year, innumerable children 'run away' for no outstanding reason. They are pushed on by the spirit of wanderlust that urges the more venturesome to seek new scenes, new faces, new experiences, and real adventure."²³ Thom's view is not representative of most authors, however. The majority of studies suggest some psychological or environmental determinants, or a combination of both, which motivate a youngster to run.

In the population involved in our study, there is considerable evidence of deviancy or pathology, though views differ as to causal factors. Much of the literature concerning runaways deals with the issue of causation. Most frequently the runaway is seen as a symptom of family pathology; for example A. Robey and R. A. Rosenwald (1964)²⁴ studied 42 runaway girls and their families in a clinical setting. In the families, which were all intact, they found a general pattern of immature parents who had poor impulse control and a disturbed marital relationship. The girl was subtly pushed by her mother to grow up too soon, take over household responsibilities, and develop a close relationship with her father. When the girl developed sexually the father responded by becoming over-restrictive, and the girl ran from her father's restrictions, her own incestuous wishes, and the fear of causing family dissolution.

D. Wylie et al. (1958)²⁵ have a similar view of the runaway as a symptom of disturbed family relations. The authors present a case example in which treatment of the mother of a runaway girl successfully re-integrated the girl into the home.

Randall Foster (1963)²⁶ studied 175 juvenile delinquent boys and girls, dividing them into runaway and non-runaway groups. He obtained

information in three areas: 1) Demographic, 2) Information regarding the parent-child relationship, 3) Information regarding the runaway activity of the experimental group. He found a greater incidence of parent-child separations among the runaways, usually from the father and occurring before the child was five years of age. There was more often a step-parent in the home in the runaway group than in the homes of the non-runaway subjects. Foster also found that the incidence of physical aggression and open sexual activity in the home was three times as frequent in the runaway's homes. The author concludes from his study that..."the loss of a parent or the presence of a substitute parent is not in itself sufficient to determine this symptom, (running) nor is an intact family a guarantee that a child will not run away."²⁷

Linda Blood and D'Angello Rocco (1974)²⁸ studied runaways with respect to value conflicts existing between them and their parents. They studied both male and female runaways, using a control group of non-runaways. They constructed a thirty nine item instrument which differentiated runaways from other adolescents on 15 items, 8 of which were considered minor, 7 major. They hypothesized that minor issues were being used as proving grounds to test parental love. Their study revealed that key issues between runaway youth and their parents were parental failure to express love, parental non acceptance of the child, and parental lack of respect for the child's ideas and judgements. Rocco and Blood conclude that "it appears parents who recognize the adolescent's right to self expression and dissent are demonstrating a form of acceptance."²⁹ They concluded that the conflict between parents and youth might be reduced to lack of communication. Runaway youth's parents don't listen, and may suppress expression on the part of the

child by aggression and disengagement.

Morris Riemer (1940)³⁰ also concluded that the basic factor creating runaway problems is the lack of parental love for the child, brought about by inadequate parenting. The child, whose early needs are unmet, builds a strong system of defenses in which he denies feelings of helplessness. These defenses are expressed in negative attitudes which make it even more difficult for him to meet his needs. Unable to cope with an unyielding environment, he runs in an urge to find a new parent who will support and love him. At the same time, his run is an expression of his hostility toward the parents who failed to meet his needs.

Balzar (1939)³¹ studied 300 cases in a psychiatric clinic in New York. He found that among the 300 patients, 89 had the behavior problem of running away. He noted the causes of running to be:

- 1) Family problems or emotional problems in the home - 26 cases.
- 2) Children from broken homes - 19 cases.
- 3) Young wives and mothers - 13 cases.
- 4) Undetermined causes - 10 cases. (These, he speculated, were sociological causes related to the depression.)
- 5) Economic insecurity - 9 cases.
- 6) Specific physical and/or mental problems, e.g., deformities, being homosexual, or being mentally defective - 8 cases.
- 7) Spirit of adventure - 4 cases.

It is interesting to note that in 1939, of the 300 cases seen in this clinic for disturbed youth, only 89 were found to have a runaway problem. The incidence of running has apparently increased dramatically since that time.

This point is emphasized in the study done by Greer et al.³² in 1972. Their study, which attempted to distinguish between chronic runaways, non-chronic runaways, and non-runaways, has statistical

support for the escalation of the problem in the last decade. Their study was conducted in Oregon, and showed that in 1971 about 24% of the delinquency referrals to Multnomah Juvenile Court were because of run-away behavior. This represents the largest category of referrals to the court, and signifies a tremendous social problem. The study states, "In the last 5 years, running away has increased about 7% in proportion to the total delinquency referrals to the court. Thus the evidence seems clear that this pattern of behavior is becoming increasingly frequent."³³

The Greer study also identified 15 variables that occurred statistically more often in runaways than in non-runaways, or that showed a greater tendency to be associated with runaway behavior. These include:

- 1) Sex. Runaways were likely to be female.
- 2) Parents' marital status. Runaways were likely to have natural parents not married to each other.
- 3) Living arrangements. Runaways were apt to run more frequently from institutional custody than from a natural family or a foster home setting.
- 4) Feelings toward parents. Runaways had more negative attitudes toward parents.
- 5) Siblings. Runaways were more likely to have "unnatural" siblings (that is, siblings related by another marriage of the natural parent).
- 6) Ordinal position. Runaways tended to be the oldest child in the family.
- 7) Trouble in school. Runaways experienced more trouble in school than non-runaways.

This study concludes with the hope that the future will bring a reassessment of the concept of delinquency, removing the stigma of delinquency from behavior which is not criminally destructive. "Even when dealing with seriously deviant youth, the juvenile justice labelling process may have effects which are in the long range detrimental to the healthy adjustment of adolescents."³⁴

In summary, literature relating to runaways suggests that some juvenile runaways are delinquent, while others may run away for quite a variety of reasons. In instances where internal pathology and/or disruptive relationships with parents are involved, those children whose problems escalate to the point of their being labelled delinquent are apt to be the population in the residential treatment center.

There are some studies in the literature directly related to the problems of runaways from institutions. Greenburg, Blank and Argrett (1968)³⁵ studied runaway problems in a runaway treatment center. The authors suggest that running away is a highly complex act. They conclude that, as in other acting out behavior encountered on adolescent wards, staff dysfunction can be the primary causal factor. They also mention that running away can cause considerable tension in a staff which was previously functioning very well in a treatment milieu. Greenburg et al. recognized different kinds of running away and attempted to type the runs and the runaways as follows: 1) Elopement arising from the staff-client relationship. 2) Elopement as a function of parental resistance. 3) The charismatic eloper. This is the one who must escape from being locked up. 4) Elopement as a pre-discharge protest. 5) The scapegoated eloper, the one who is not accepted by his peers. 6) The near-group eloper. This is a subculture consisting of scapegoated elopers. 7) The starcrossed lovers, who feel that they are destined to run away. 8) Elopement and treatment shock, i.e., those who are overwhelmed by the idea that someone cares. 9) Elopement caused by staff dysfunction.

Three graduate students at the School of Social Work at the University of Utah (Hale, Ninnes and Huling, 1966)³⁶ studied the runaway problem at the Utah State Industrial School. The first study, by Hale,³⁷

compared non-runners, runners (students who ran once), and habitual runners, in relation to: 1) Characteristics of individual students, 2) Factors relating to commitment and runs, and 3) Relationship experiences. This study found that the culture represented by ethnic groupings did have some bearing on the tendency to run from the institution, and that traumatic life experiences were also significantly related to the runaway behavior of the students. In particular, early divorce of parents appeared to be a factor in the habitual runners' lack of adjustment to the school community. Hale further found that over one half of the students who ran from the institution ran during the first two months of confinement. He remarked that "the facts indicate that lack of adjustment to the institution is seen in the student soon after commitment and that the longer a student stays without running the more he is likely to refrain from running."³⁸

The second part of this study by Ninnes³⁹ focused on demographic data pertaining to the student and his family. In his sample, non-runners were the eldest, and habitual runners were the youngest of the population. He confirmed Hale's findings that runners and habitual runners ran during the first two months, with a marked decrease during the second two month period. Further it was found that the occupation of the runners' parents did not differ greatly from the non-runners' parents, and the source of the family income did not differ greatly between groups. Family factors in general did not appear to differ greatly between the two groups.

Part three of the Utah study was done by Huling⁴⁰ who compared the groups to see if the nature of the offense which resulted in commitment could be used as an index to predict runaway behavior.

He found no significant difference between runaways and non-runaways in terms of the offense, nor did he find differences in other questions considered, such as whether or not students sniffed glue, smoked or drank.

In 1975 a study was done by Loris Colbath et al.⁴¹ at the Portland State University School of Social Work. This group studied runaways from six residential treatment agencies, one of which was the Albertina Kerr Center. The purposes of the study were: 1) To examine a sample of both runaways and non-runaways at these treatment facilities. 2) To determine the type and amount of pre-placement visitation and counselling done within the agencies. 3) To determine the effect pre-placement visitation and counselling had upon the sample studied, with respect to decreasing or controlling the number of runs from the agencies involved. 4) To determine whether or not there were significant differences between runaway and non-runaway populations. In that study they found no statistically significant differences between runners and non-runners with respect to whether or not pre-placement counselling and visitation occurred. In examining other factors differentiating runners and non-runners, they found that school attendance, the marital status of parents, whether or not the child had been adopted, the number of placements prior to coming to the agency, and the average number of weeks spent in placements other than home, were not significantly different between groups. The only variable that was significant was the place of residence. Subjects were more likely to run if their residence was outside the Portland Metropolitan area. The authors note that the location of the placement appears to be important in relationship to the young peoples' homes and is a matter worthy of consideration when the

child is being placed in a treatment center.

Stanley Levine (1962)⁴² studied 74 boys who ran from the Illinois State Training School during a 16 month period. Like Colbath et al., Levine found that students whose homes were some distance from the institution were more apt to run than those whose homes were nearby. He also found that a large percentage of the runaways occurred before the student had been in the institution 30 days. He hypothesized that the high running occurrence was due to separation anxiety. The nature of the offense was also found to be significant. The boys who were referred because of escapist behavior, e.g. alcohol and drug usage, were 4 times as likely to run as those referred for other offenses. Levine used the results of his study to recommend revisions in intake procedures at the Illinois State Training School. The first recommendation was that the child should be brought into immediate contact with a supportive adult who could be counted on to maintain contact with the child throughout his stay at the institution. The second recommendation was that the child be given a tour of the grounds immediately upon his arrival, and familiarized with his surroundings as completely as possible. The third recommendation was that the child should be put in a small group immediately, to allow him to ventilate his anxiety and express the other feelings he experienced as a result of his placement.

John Cambareri et al. (1960)⁴³ conducted an experiment at the Utah State Industrial School, using a new treatment approach to the specific problem of the run-away. The Utah State Industrial School has an open campus, making it easy for students to run. Sixteen boys, who accounted for 60% of the runs at the time of the study, were selected for the experiment. The authors developed three groups for these boys,

equally divided, and instituted social programs as well as therapeutic discussions held on a regular basis. The three groups differed in leadership and method, but all were found to be effective. The results supported the view that running was due to separation anxiety, which was effectively dealt with by helping the boys develop positive ties at the Center, consequently feeling less urge to run.

Since Albertina Kerr Center population includes both emotionally disturbed girls and delinquent girls, it seems relevant to include a study dealing with runaways from a treatment center for the emotionally disturbed. Edwin Z. Levy (1972)⁴⁴ studied female patients who ran away from an adolescent residential treatment unit at the Menninger Clinic Children's Hospital. He found that 5 categories emerged describing the positions of runaway girls: 1) Angry defiance. Running away was a demonstrative act, which gave the girls an opportunity to communicate and bargain. 2) Psychotic disorientation. 3) Escape. To get away and stay away. 4) To go on one's own. 5) Fusion with parents. Girls placed in the institution desired to communicate with, or be with, their parents. Levy also found that adopted patients are a high runaway risk. Of 11 adopted girls, 8 ran, as compared to 31 non-adopted girls, 8 of whom ran. In summarizing his findings, Levy described factors contributing to running away as: 1) Group dynamics, 2) The striving for independence, 3) Feelings of abandonment caused by being adopted, family moves, parental travel, or death of a parent.

The final study in this section is not specifically concerned with runaways, but does deal with the population of a training school and does consider some of the factors which are also dealt with in our research. K. M. Koller (1971)⁴⁵ studied parental deprivation, family background,

and female delinquency in a training school in England. One hundred twenty one students were studied, ages 16 and 17. These girls were admitted for reasons similar to those of the Albertina Kerr Center population. Koller defined parental loss or deprivation as "loss or continuous absence of one or both natural parents for at least 12 months before the 15th birthday."⁴⁶ He found that 61.5% of the residents had experienced prolonged parental loss, much more than the control group of non-institutionalized youth. In most instances the missing parent was the father, or both parents. Koller also studied the birth order of the girls, excluding the children who left the family or who died soon after birth. He found that the middle child occurred at more than the expected frequency, in contrast to other studies which suggest that the oldest or the youngest child tend to be more delinquent.

CHAPTER III

METHODOLOGY

Questions to be studied

There are three general questions we are examining in this study:

- I. Is there a difference between groups based on demographic factors, such as age, race, location of family residence, family's economic status, and position in sibline?

- II. Does the social history of the Unplanned Release group differ from that of the Planned Release group?
 - A. Is there a difference in number of out-of-home placements prior to admission?
 - B. Is there a difference in number of recorded runaways prior to admission?
 - C. Is there a difference in the percentage of children using drugs or alcohol prior to admission?
 - D. Is there a difference in the number of parents reported to use alcohol by the referring social worker?
 - E. Is there a difference in the number of children having chronic health problems prior to admission?
 - F. Is there a difference in the number of parents having chronic health problems at the time of a child's admission?

- G. Is there a difference between groups based on natural parent's marital status?
- H. Where the family is disrupted by divorce or separation, is there a difference in the length of time since the separation of the natural parents?
- I. Do the two groups differ in their living arrangements before admission to Albertina Kerr Center?
- J. Do the two groups differ with respect to kind and seriousness of law violations prior to admission?
- K. Is there a difference in school achievement as measured by appropriate grade placement?
- L. Does one group include more adopted children than the other?

III. Are there differences in post-admission treatment and behavior?

- A. Are there differences in the number of runaways during the first three months after admission?
- B. Is there a higher incidence of children who end up as Unplanned Releases in some living groups?
- C. Is there a difference between groups in the frequency with which parents are involved in treatment?
- D. Are children who have had pre-placement visits more likely to fall in the Planned Release group?
- E. Is there a difference in length of residence between the two groups?

Definitions

Alcohol Use. -- Any use of alcohol significant enough to be mentioned in a girl's referral letter or medical report. No distinction is made between occasional and frequent drinkers.

Character Disorder. -- A personality disorder, characterized by: 1) An individual's inability to form lasting, intimate relationships. 2) Lack of internal impulse control. 3) An inability to learn from previous experience. 4) Lack of identification with societal norms. 5) Lack of clear personal identity.

Chronic Health Problem. -- Any persistent medical or psychological problem which impairs functioning to some degree. Such problems may range in severity from chronic upper-respiratory infections to totally incapacitating ailments such as severe emphysema.

Custodial Parent. -- The natural parent who had physical or legal custody of a child in instances of parental divorce or separation.

Drug Use. -- Any use of drugs mentioned in the referral letter or medical report. No distinction is made between marijuana and other habit forming or addictive drugs, nor are habitual users distinguished from occasional users.

Institution. -- The term is used here to designate any official residential facility larger than a group foster home, such as emergency homes, juvenile detention facilities, child-care centers, etc.

Living Group Placement. -- The particular cottage or living group to which a resident at Albertina Kerr Center is assigned.

Metropolitan Area. -- This area includes Multnomah, Washington and Clackamas Counties.

Middle Class. -- For purposes of this study we used the term middle class to distinguish all families who were self supporting rather than dependent on Public Welfare. We did not have sufficient information to make a finer distinction.

Open Campus. -- A residential treatment setting which does not utilize security measures such as locked doors.

Out-of-Home Placement. -- Any living arrangement where the person designated as responsible for a girl's care and custody is not a natural parent. The term includes relatives' homes, foster homes, institutions, placement with friends, etc.

Referral Letter. -- A document provided by the individual or agency referring a girl to Albertina Kerr Center. The letter includes comprehensive information about the girl and her family, according to an outline provided by Albertina Kerr Center. This information is used to decide whether or not an applicant is accepted for residential treatment.

Run-away. -- An unauthorized departure from Albertina Kerr Center, when a girl is absent long enough to be reported missing on an official report form. Length of absence ranges from several hours to a number of weeks.

Status Offense. -- Any offense which is illegal only if committed by a juvenile, e.g. runaway, curfew violation.

Statutory Offense. -- Any offense which would be illegal regardless of the age of the offender, e.g. theft, assault.

Treatment. -- Any encounter between Albertina Kerr Center staff and a girl or her parents in which the explicit purpose is to modify behavior, attitudes or otherwise promote constructive change. Contacts with parents for the purpose of exchanging information are excluded.

Unplanned Release. — A girl is categorized as an Unplanned Release when her residence is terminated prematurely; i.e., before she has made satisfactory progress toward her treatment goals. Usually such releases occur following a runaway from which a girl does not return because: 1) She cannot be located. 2) Her parents allow her to return home. 3) The agency (usually Children Services Division) having responsibility for the girl chooses to place her elsewhere.

Upper Class. — This term refers to families whose income, estimated from parents' occupation and other available information, appeared to be substantially greater than the average "middle class" family described in this study. In more usual terms these families would probably be categorized "upper middle class."

Methods of Data Collection and Data Analysis

Our initial plan was to compare success and non-success groups from January 1, 1974, through July 1, 1975. The first step in setting up the research design was to define our terms, decide what to look for and how to obtain data to answer our questions.

The measurement of success or non-success in this program posed a big problem, since such measurement would need to be done on an individual basis. Success is difficult to define and nearly impossible to measure since factors such as "self concept" and "the nature of interpersonal relationships" are intangible. Our population was large and most were released and unavailable, therefore a precise measure of behavioral and attitudinal change was not possible within the limits of this study. If a precise before and after study was not feasible, we faced the question of how success was to be defined and measured.

We chose to respond to this question by developing criteria based on an agreement between agency personnel and the research team. Since Albertina Kerr Center wanted data which would distinguish success or non-success groups as early as intake, we agreed, after consulting the appropriate agency staff, to substitute the term "planned release" for success and "unplanned release" for non-success.

We collected data to answer our questions by first examining individual case records to see what information was available. Second, we interviewed the director of treatment and three social workers who were each responsible for a distinct treatment team. Drawing upon what agency personnel deemed as important questions, we constructed a face sheet to be used in abstracting data from individual case records. Within individual case files we found the referral letter and medical history taken by the registered nurse at Albertina Kerr Center to be the best source of descriptive data.

In setting up the design, we were forced to exclude some interesting variables due to a lack of objective information. For example, we were interested in the immediate influence of the peer group during the first week after admission, but this variable would be interpersonal, highly subjective, and depend upon the recall of staff members. The number of variables examined was also limited by the need for consistent data among 85 admissions, the omission of required material from the referral letter and oversights by the person in charge of maintaining individual files. Our population included all admissions from January 1, 1974, through July 1, 1975, who were terminated before July 31, 1975. Our total of 85 cases included 60 Unplanned Releases and 25 Planned Releases. A random numbers table was used to draw a 40% sample from

each category. Our sample units were made up of 11 Planned Releases and 24 Unplanned Releases.

Since our design included discrete data, we performed a descriptive analysis, noting frequency, mode and mean on demographic characteristics. We compared percentages of Planned and Unplanned Releases on tables of percentage around each variable drawn from categories on the data collection sheet. A copy of the data collection sheet is available in the appendix, Section A.

CHAPTER IV

PRESENTATION OF DATA

Results

There are three general questions we are examining in our study. Following each question are the results of our findings including tables and comments answering the questions. In this chapter we have focused on documenting our results rather than drawing trends or implications.

A total of eighty five children were included in our study, from which a 40% random sample was drawn after separating Unplanned Release and Planned Release groups. A single child is worth 4% in the Unplanned Release group and 9% in the Planned Release group.

Literal interpretation of our tables should be hedged by recognizing that the differences in percentages between groups may, in some cases, be a result of which children end up in the random sample rather than clear differences between the Unplanned Release and Planned Release groups.

I. Is there a difference between groups based on demographic factors such as age, race, location of family residence, family's economic status and position in sibline?

A. Age — Unplanned Release Group - Mean age 14.4 years.

Planned Release Group - Mean age 15.0 years.

The mean age for the Unplanned Release group is slightly younger.

- B. Race -- The child's racial origin was not a distinguishing variable since only two children of other than Caucasian origin were included in the sample frame. The two non-Caucasian children were a half and a full-blooded Indian youth. Both fell under the Unplanned Release group.
- C. Location of child's residence in natural or surrogate family before placement.

TABLE I
GEOGRAPHICAL LOCATION

45%	or 11 children of the Unplanned group lived in the Metro area.
55%	or 14 children of the Unplanned group lived outside of the Metro area.

55%	or 6 children of the Planned group lived in the Metro area.
45%	or 5 children of the Planned group lived outside of the Metro area.

The data above illustrates that 10% more of the Planned Release group lived in the Metro area.

- D. There was very little difference between the Unplanned and the Planned Release groups with a nearly equal percentage of both falling in the middle class range in the following table.

TABLE II
ECONOMIC STATUS OF PARENTS

	Unplanned Release	Planned Release
Welfare	20% - 5	18% - 2
Middle Class	76% - 19	82% - 9
Upper Class	4% - 1	- -
	total 25 children	total 11 children

E. Chronological order of children in family.

TABLE III
CHILD'S POSITION IN SIBLINE

Unplanned Release	Planned Release
12% - 3 only children	9% - 1 first child
-	9% - 1 second child
8% - 2 middle children	54% - 6 middle children
32% - 8 next to last in sibline	-
48% - 12 last in sibline	27% - 3 last in sibline
4.6 average number of children in each family	4.9 average number of children in each family

Fifty-four percent more of Planned Group are middle children.

Twenty percent more of the Unplanned group were positioned last in the sibline. The last and next to last child positions combine to make up 80% of Unplanned Group. Many of the Unplanned Release group are the youngest children in their family of origin.

II. Does the social history of the Unplanned Release group differ from that of the Planned Release group?

- A. Is there a difference in the number of out-of-home placements prior to admission?

TABLE IV

OUT OF HOME PLACEMENTS PRIOR TO PLACEMENT

	Unplanned Release	Planned Release
None	20% - 5	9% - 1
Few (1 or 2)	64% -16	63% - 7
Many (3 or more)	16% - 4	27% - 3

Based on the above data there appears to be no difference between Unplanned Release and Planned Release group.

- B. Is there a difference in the number of recorded runaways prior to admission?

TABLE V

RECORDED RUNAWAYS PRIOR TO PLACEMENT

	Unplanned Release	Planned Release
None	4% - 1	18% - 2
Few (1 or 2)	20% - 5	27% - 3
Many (3 or more)	76% -19	55% - 6

There appears to be a slightly higher percentage of the Planned Release group in the first two categories (None-Few). Conversely, the Unplanned Release group has 20% more in the "many" category (3 or more runs). Perhaps this data would be more useful in predicting Planned Release or Unplanned Release if we had used defined categories beyond 3 or more runaways.

- C. Is there a difference in the percentage of children using drugs or alcohol prior to admission?

TABLE VI
CHILD'S ALCOHOL OR DRUG USE PRIOR TO PLACEMENT

	Unplanned Release		Planned Release	
	Yes	No	Yes	No
Drug Use	72%-18	28%- 7	54%- 6	45%- 5
Alcohol Use	32%- 8	68%-17	36%- 4	64%- 7

This data was extracted from the referral letter or medical intake before a child took up residence at Albertina Kerr Center. The data is limited by what the referring Social Worker chose to include or exclude, and what the child did or did not admit to the nurse at Albertina Kerr Center. Eighteen percent more of the Unplanned Release group were reported to have used drugs than the Planned Release group. There appears to be no difference between the Unplanned Release group and Planned Release group regarding alcohol use prior to admission.

- D. Is there a difference in the number of parents reported to use alcohol by the referring Social Worker?

TABLE VII
PARENTS' USE OF ALCOHOL

	Unplanned Release		Planned Release	
	Yes	No	Yes	No
Parents' Alcohol Use Mentioned in the Referral Letter	28% - 7	72% - 18	36% - 4	64% - 7

There appears to be very little difference between groups based on parents' alcohol use.

- E. Is there a difference in the number of children having chronic health problems prior to admission?

TABLE VIII

CHILDREN'S CHRONIC HEALTH PROBLEMS

	Unplanned Release		Planned Release	
	Yes	No	Yes	No
Psychosomatic Complaints	32% -8	68%-17	18%-2	82%- 9
Referred Child has a Chronic Health Problem	32% -8	68%-17	9%-1	91%-10
Parents of Referred Child has a Chronic Health Problem	36% -9	64%-16	18%-2	82%- 9

The table above reveals a large difference between groups based on reported major health problems. Note that 21% more of the children in the Unplanned Release group have a chronic health problem. It is also interesting to note that, with one exception, every child who had a chronic health problem came from a family where at least one parent also had a chronic health problem. It appears that children with chronic health problems are more likely to be Unplanned Releases at Albertina Kerr Center.

- F. Is there a difference in the number of parents having chronic health problems at the time of their child's admission?

Refer to the table used in the previous question.

Eighteen percent more of the Unplanned Release group have parents with reported chronic health problems.

- G. Is there a difference between groups based on natural parents' marital status?

TABLE IX

NATURAL PARENTS' MARITAL STATUS

	Unplanned Release	Planned Release
Still Married	32% - 8	27% - 3
Divorced	60% - 15	63% - 7
Both Deceased	4% - 1	-
1 Parent Deceased and 1 Parent Deserted	4% - 1	-
Widowed	-	10% - 1

Based on the data above, there is no difference between the Unplanned Release and Planned Release group based on the variable of parents' marital status.

- H. Where the family is disrupted by divorce or separation, is there a difference in the length of time since the separation of the natural parents?

TABLE X

LENGTH OF TIME SEPARATED - NATURAL PARENTS

	Unplanned Release	Planned Release
1 to 5 years	20% - 5	-
More than 5 years	48% - 12	64% - 7
Still Married	32% - 8	36% - 4

It is notable that 20% of the natural parents in the Unplanned Release group have been separated less than five years and all parents in the Planned Release group have been separated more than five years.

- I. Do the two groups differ in their living arrangements before admission to Albertina Kerr Center?

TABLE XI

CHILD'S PLACE OF RESIDENCE BEFORE PLACEMENT

	Unplanned Release	Planned Release
Natural Mother	24% - 6	9% - 1
Natural Father	4% - 1	9% - 1
Both Natural Parents	16% - 4	-
Natural Mother and Stepfather	4% - 1	-

Foster Parents	8% - 2	27% - 3
Relatives	-	9% - 1
Institutions	36% - 9	36% - 4
Shelter Care	4% - 1	9% - 1
Friends	4% - 1	-

On this table the data is widespread and not conclusive. It is notable that 48% of the Unplanned Release group were living with at least one natural parent at the time of placement. A slightly higher percentage of the Planned Release group were residing in foster care. Both groups had an equal percentage from institutions.

- J. Do the two groups differ with respect to kind and seriousness of law violations prior to admission?

TABLE XII

STATUTORY OFFENSES PRIOR TO ADMISSION

	Unplanned Release		Planned Release	
	Yes	No	Yes	No
Statutory Offenses	40%-10	60%-15	9%-1	90%-10

Thirty-one percent more of the Unplanned Release group had been charged with Statutory offenses.

K. Is there a difference in school achievement as measured by appropriate grade placement?

Both groups averaged one grade level below the appropriate level for their age.

L. Does one group include more adopted children than the other?

Our sample included only one child who was adopted. This child was the youngest child in a family in the Unplanned Release group.

III. Are there differences between groups in post-admission treatment and behavior?

A. Are there differences in the number of runaways during the first three months after admission?

TABLE XIII

NUMBER OF RUNAWAYS DURING THE FIRST THREE MONTHS

	Unplanned Release	Planned Release
None	4% - 1	54% - 6
Few (1 or 2)	60% - 15	27% - 3
Many	36% - 9	18% - 2

Fifty-four percent of the Planned Release group had no runaways within the first three months after placement as compared to 4% in the Unplanned Release group.

Ninety-six percent of the Unplanned Release group had one or more runaways during the first three months as compared to 45% of the Planned Release group.

- B. Is there a higher incidence of children who end up as Unplanned Release in some living groups?

TABLE XIV

LIVING GROUP PLACEMENT

	Unplanned Release	Planned Release
Lakin	24% - 6	45% - 5
Jean	28% - 7	5% - 2
Lynn	44% - 11	45% - 5
Sunnyside	4% - 1	-

Based on this data we cannot establish clear differences between living groups, since our percentages may be more a result of which children fell in our sample rather than revealing actual effectiveness of different living groups.

- C. Is there a difference between groups in the frequency with which parents are involved in treatment?

TABLE XV

PARENTS INVOLVED IN TREATMENT

	Unplanned Release	Planned Release
Never	80% - 20	18% - 2
Seldom (1 or 2 times)	16% - 4	27% - 3
Often (3 or more)	4% - 1	54% - 6

It is notable that 55% of the Planned Release group had parents which were involved in treatment three or more times. Increased parental involvement parallels these children's length of time in residence. Because of this parallel finding, it is not clear whether parents were involved because children were in residence longer or if

children remained longer, using treatment more effectively because parents were involved in solving family problems. Another percentage worth noting is that 80% of the parents of children in the Unplanned Release group were never involved in treatment. Again, it is not clear whether this is a reflection of parental attitude, child's length of stay, or child's place of residence.

- D. Are children who have had pre-placement visits more likely to fall in the Planned Release group?

TABLE XVI

PRE-PLACEMENT VISIT

Unplanned Release		Planned Release	
Yes	No	Yes	No
68%-17	32%-8	63%-7	36%-4

No, children who have had pre-placement visits are not more likely to fall in the Planned Release group.

- E. Is there a difference in length of time in residence between the two groups?

TABLE XVII

LENGTH OF TIME IN RESIDENCE

	Unplanned Release	Planned Release
0 - 2 months	56% - 14	-
2.1- 4.0 "	24% - 6	-
4.1- 6.0 "	4% - 1	18% - 2
6.1- 9.0 "	8% - 2	27% - 3
9.1-12.0 "	-	18% - 2
12.1-15.0 "	8% - 2	18% - 2
15.1-19.0 "	-	18% - 2

Although the range is widespread, there are obvious differences between groups. For example, 56% of the Unplanned Release group were in residence less than two months; whereas all of the Planned Release group were in residence at least 4 months. Twenty percent of the Unplanned Release group were in residence 4 to 15 months as compared to a hundred percent of the Planned Release group who were in residence 4 to 19 months.

CHAPTER V

CONCLUSIONS

Implications

It is apparent from our data that Albertina Kerr Center residents, during the period under study, included a severe runaway population. In our sample, only one of the Unplanned Release group had no recorded elopements prior to placement, and only one did not run during the first 3 months. In the Planned Release group, only two had no runs prior to placement, though a larger number, 6, did not run during their first three months in residence. In general, the Planned Release group ran less often both before and after placement, so for purposes of discussion we are designating this the low-runner group, while the Unplanned Releases are equated with the habitual or chronic runners in other studies. This distinction, while not precise, is useful in comparing our results to the findings of other authors.

Many of our results tend to support those of Colbeth et al.⁴⁷ (1975) whose study is particularly relevant because Albertina Kerr residents were included in the population studied. Their research compares a group of 25 youngsters who ran away from six institutions during a one month period, with a matched group of 25 who did not run. They designated the former group "runners" and the latter "non-runners", though in fact most of the non-runner group ran away at other times.

In their overall sample Colbath et al. found no difference in the mean age of runners and non-runners, a finding similar to ours, though in our sample the low-runner group tended to be slightly younger. It does appear from the data available so far that age is not a factor differentiating habitual runners from low-runners.

Colbath et al. also contrasted the racial composition of their groups, finding that both were primarily Caucasian. Our total sample contained only two non-Caucasians, a ratio which is roughly equivalent to that of the entire Albertina Kerr Center population at any given time. The reason appears to be that minority group children are seldom referred for treatment. Albertina Kerr Center does not discriminate on the basis of race and the staff is aware that they are seldom asked to consider a non-Caucasian applicant. An interesting side question, too complex to deal with here, is why so few minority group children are referred.

With respect to location of the child's residence, Colbath et al. found a significant difference between groups: Subjects were more likely to run if they lived outside the Portland Metropolitan area, where all the institutions being studied were located. Our results show a similar trend, though not as pronounced: We note that they may have been more significant had we chosen to limit the definition of the metropolitan area to a smaller territory. Our definition included one fair sized town, Hillsboro, approximately 40 miles from Portland. It is worth noting that the Hale study, done at the Utah State Industrial School, and the Levine Study at the Illinois State Training School, reported findings similar to ours and Colbath's. The consistency of such results suggests that the distance of a child's home from the institution is a factor worth considering in deciding on placement.

Regarding economic status of a child's family, we found, like Nannes⁴⁸ (1966), no difference between groups. Our categories were so loosely defined that the results are not particularly informative, except for the interesting fact that the population of Albertina Kerr Center tends to be quite homogeneous in that less than one fifth of the girls have parents on Welfare. The agency appears to be serving the children of middle class families, according to our loose definition used in this study.

While our results showed virtually no difference in size of family between groups, there was a marked trend for habitual runners to be the youngest or next to youngest in the family of origin, while the low-runners were more frequently middle children. This finding contrasts with Greer et al.⁴⁹ (1972), who found runaways were apt to be the oldest. Since the Greer study did not focus on institutionalized children, we speculate that oldest children may be more skilled at survival when they do run, a hunch which is supported by the fact that only one of our total sample is a first child. This child was in the low-run group. There were 3 only-children in the habitual-runner group, but we categorized them separately because their relationship to family as a whole differs from that of the oldest.

In considering the number of out-of-home placements girls experienced before admission to Albertina Kerr Center, we were surprised to find that the Unplanned Release group had a slightly larger percentage of girls with no previous placements than the Planned Release group. However, the difference was slight; in general the majority of the girls had 1-2 prior placements, a result very similar to Colbath's et al., who report the mean number of prior placements for Runners as 1.57, while

the mean for Non-Runners was 2.14.⁵⁰

In considering recorded elopements prior to placement, there is a decided trend toward more frequent runs in the Unplanned Release or habitual-runner group. These results support the simple proposition that a child who has developed running behavior as a means of coping is apt to retain this coping device when placed in an institution. Our results in this category may have been more meaningful had we broken down the "Many" category into smaller units. As it is, this category includes all subjects who ran 3 or more times prior to placement, hence fails to distinguish between the girl who ran 3 times and the girl who ran 20.

Both Levine⁵¹(1962) and Huling⁵²(1966) study the incidence of drug and alcohol use in runaway and non-runaway groups in institutions. Huling found no significant difference between groups, but Levine reported that children referred because of substance abuse were 4 times as likely to run as those referred for other offenses. Our results with respect to drug use tend to support Levine's findings, but those pertaining to alcohol use are the reverse: i.e., slightly more of the low-runaway group used alcohol prior to admission. We speculate that girls with more serious relationship problems tend to use drugs, or perhaps drug use results in more serious relationship problems than the use of alcohol. It seems important to stress here that our results are likely to have been more descriptive if we had distinguished between occasional and regular users, and, in the case of drugs, between marijuana and hard drugs.

Interestingly, there does not appear to be any particular relationship between alcoholic parents and a girl's use of alcohol, while

percentages of alcohol use are almost identical, the girls who drank did not come from alcoholic families.

In the area of health problems, there is a definite correlation between parent and child: In instances where a girl had a chronic health problem she was apt to have a parent who was similarly afflicted. While the girl's health difficulties were real in the sense that they had a physical basis, they were most frequently of a type which might be associated with emotional disturbance; for example the most common were upper respiratory infections. One implication of this finding is that the girls who had chronic health problems had learned, in their families of origin, to translate emotional distress into physical symptoms as a means of avoiding anxiety. It is notable that there is a higher incidence of chronic health problems in the chronic runaway group, and that this group also evidenced more symptoms identified as psychosomatic.

In comparing our two groups with respect to parents' marital status, we found, like Colbath et al., very little difference. However, the overall high degree of family disruption substantiates the view that runaway-delinquent behavior is related to family disturbances, as reported by the bulk of the literature.

It seems worth noting that, in 20% of the chronic runaway group, parental separation occurred within 1-5 years of placement, while in all instances the low-runaway group had parents who had been separated more than five years. We speculate that in those cases where the separation had occurred more recently, the girl may have had more unresolved feelings about the family disruption, hence a higher degree of anxiety about placement.

In this connection it is interesting to note that 48% of the habitual runners were living with one or both natural parents prior to placement, while only 18% of the low-runaway group had such living arrangements. The implication we see here is that it is apt to be more difficult for a girl to adjust to the Albertina Kerr Center when she is placed from her own home than when she is living in a foster home or an institution prior to placement.

Another trend we found in the chronic runaway group which was not present in the low-run group was a larger number of statutory offenses: 10 of the girls in the former group had committed such offenses, while only one of the girls in the latter group had done so. These figures suggest that the girl who has committed a serious offense is less likely to be amenable to treatment at Albertina Kerr Center than the girl whose delinquency involves juvenile code violations only.

Our data concerning school performance was very limited due to unavailability of information, but it is apparent that the Albertina Kerr Center population as a whole has more difficulty in school than the general population, since the total the children in the sample are behind in school an average of 1 year, even considering the maximum age at which a child might normally be in a given grade. This finding concurs with the Greer study, in which runaways in general are described as having more trouble in school than the normal population. While the possible causes of these difficulties are too numerous and complex to consider here, such findings clearly support the concept that the school program is a vitally important aspect of treatment.

Our data regarding the pre-placement visit tends to confirm the findings of Colbath et al., that a girl's running record after placement

was not a function of whether or not she had a pre-placement visit. We do not conclude from these results that a pre-placement visit is not important, because there is no data to indicate what experiences were offered the girl on her visit. This is an area that seems worth further research.

One of the most significant findings in our study is that, with one exception, the habitual runner eloped at least once in the first 3 months of placement, while 55% of the low-run group did not run during this period. Of equal significance is the fact that the majority of Unplanned Releases remained in residence less than two months, a finding reported again and again in the literature. Hence it is apparent that the first two months are critical, suggesting that special attention needs to be given to helping a girl adjust to her new environment. Levine, who noted that a high percentage of runs occurred in the first 30 days after a student was placed in the Illinois State Training School, hypothesized that such behavior was due to separation anxiety. We note that some of the findings in our study tend to support this hypothesis as a possible explanation for the behavior of part of our Unplanned Release group. Specifically the finding that 48% of the Unplanned Releases were living with one or both natural parents at the time of placement may be assumed to induce a higher degree of separation anxiety than that experienced by a child who has already undergone separation from both natural parents. The higher frequency of more recent family disruption in the Unplanned Release group hints at increased anxiety at placement in the girls who have had such an experience. The fact that the youngest child in the siblings tends to be a runner may also relate to the hypothesis, since, as youngest children, they may have more

infantile ties to the family.

As an addendum to our study we compiled a table illustrating each girl's delinquent behavior, to determine whether the girls in the Unplanned Release group were involved in more kinds of delinquency than those in the Planned Release group. (See Appendix, Section B, for table) While the data does not appear to reflect a decided difference between the two groups, we note that 9 (36%) of the Unplanned Releases had been involved in 3 or more kinds of delinquent behavior prior to admission, while only 2 (18%) of the Planned Releases had an equal degree of delinquency. In the Unplanned Release group one resident had a record of delinquent behavior in all four categories, while none of the Planned Releases were delinquent to this degree. The data suggests that girls who have been seriously involved in more than two of the four categories of delinquency are poor treatment risks at Albertina Kerr Center. Again, had we made more distinction within categories, our results are likely to have been more meaningful.

Recommendations

Our study suggests that there are two general categories of chronic runaways at Albertina Kerr Center. The first is the character disordered child whose history may include three or more of the following delinquent behaviors: 1. Numerous runs preceding admission; 2. Drug use; 3. Alcohol use; 4. One or more statutory offenses. We believe these girls need a locked facility if they are to be treated, and recommend that Albertina Kerr Center either develop greater security measures or refer such applicants to another facility.

The second kind of chronic runaway appears to be the child who is experiencing separation anxiety. She is apt to be placed from her own

home, to have more infantile family ties, and perhaps to have undergone a recent family disruption. On the assumption that there is validity to this hypothesis, we recommend developing ways of helping new girls deal with separation, by providing opportunities to express their feelings about being away from home. The girl who is suffering from separation anxiety needs to be helped to deal with her painful feelings, rather than encouraged to distract herself from them, both the one-to-one counselling and small groups now available at Albertina Kerr Center might be used in this way.

Our second recommendation for the new girl is a structured orientation program designed to lessen her anxiety about the strange setting. Such a program might include a pre-placement visit at which a staff member takes time to get to know the girl and answer her questions. Upon admission, the same adult would ideally be available to her to acquaint her with her surroundings and familiarize her with the structure of the program. The designated adult would then remain the primary staff person to whom the girl could turn with problems arising during her residence. Consideration might also be given to appointing a "Big Sister" for each new girl. Many programs have found it helpful to appoint a girl who has been in residence long enough to be well adjusted, to serve in this capacity. The Big Sister provides support, introduces the new arrival to the other girls, and generally watches out for her.

Our final recommendation addresses the problem of premature termination by agencies other than Albertina Kerr Center. We suggest that Albertina Kerr Center establish a policy explicitly stating the requirement that girls be returned from runs until the Albertina Kerr Center and the referring agency make a mutual decision to terminate treatment.

A contract signed prior to placement by all concerned parties, including parents, might be helpful. Consideration might also be given to negotiating a general contract with Children's Services Division, in which agreement to this policy is a condition of admission. The expectation that a girl will be returned following runs might be included in referral material sent to agencies and parents.

We realize such a policy would create mechanical problems for Albertina Kerr Center, but believe they would be outweighed by the advantages of increased continuity of care and more consistent planning for the girls.

Areas for Further Research

One important area which our study did not cover was that of interactions within the facility which may stimulate runs, such as conflict between staff and girls, or between a girl and her peers. Another provocative area is that of the relationship between parental attitudes and the girls' adjustment to the treatment program. At this point in our research it is impossible to estimate how great a part these influences may play in determining whether or not a girl runs away, though we speculate they are likely to be crucial in some cases.

Two specific areas of research are suggested to follow up on this study. The first consists of designing and assessing the effectiveness of an orientation program for new girls, perhaps using a control group with whom the new orientation procedures are not used. Second, a study might be designed to explore, in depth, those delinquent behaviors which appear to suggest that a girl is an inappropriate candidate for treatment in an unlocked facility.

Numerous other possibilities are suggested by the existing literature, and by the trends noted in this study. Certainly the difficult and complex problem of runaway youth offers many challenges to social research.

FOOTNOTES

¹Vedder, Clyde B., Juvenile Offenders, Springfield, Ill.: Charles Thomas, 1963. p. 189.

²Ibid., p. 195.

³Ibid., p. 198-199.

⁴Ibid., p. 208.

⁵Slater, Eliot; Cowie, John; and Cowie, Valeria; Delinquency in Girls, London: Heinemann Education Books Ltd., 1968.

⁶Ibid., p. 182.

⁷Cavan, Ruth Shonle, Juvenile Delinquency, New York: J. B. Lippincott Company, 1962.

⁸Ibid., p. 64.

⁹Ibid., p. 125.

¹⁰Ibid., p. 109.

¹¹Arieti, Silvano Ed., American Handbook of Psychiatry, Vol. 3, "The Therapeutic Community" by Alan M. Kraft, pp. 542-552, New York/London: Basic Books, Inc., 1966, p. 543.

¹²Ibid., p. 545.

¹³Whittaker, James K. and Trieschman, Albert E., Eds., Children Away From Home, Chicago and New York: Aldine-Atherston, 1972. "The Concept of a Therapeutic Milieu," Redl, Fritz, pp. 55-69.

¹⁴McCorkle, Lloyd; Elias, Albert; and Bixby, F. Lovell; The Highfields Story, New York, Henry Holt, 1958.

¹⁵Cavan, Ruth Shonle, Op. Cit., p. 338.

¹⁶This statement appears throughout the literature, but its origin is unknown.

¹⁷Hildebrand, James A., "Why Runaways Leave Home," Journal of Criminal Law, Criminology and Police Science, LIV, June, 1963, 211-216.

¹⁸Nye, Ivan F. and Short, James F., "Scaling Delinquent Behavior," American Sociological Review, XXII, June, 1957, pp. 326-331.

¹⁹Shellow, Robert; Schamp, Juliana; Liebow, Elliot; and Unger, Elizabeth; "Suburban Runaways of the 1960's," Monographs of the Society for Research in Child Development, XXXII, No. 3, 1967, pp. 1-37.

²⁰Ambrosino, Lillian, Runaways, Boston, Beacon Press, 1971, p. 31.

²¹Greer, Susan G.; Hertlein, Sarah J.; and Regner, Stephen C.; "A Study of the Characteristics of Runaways and Their Families in Two Social Agencies," Unpublished Master's Practicum, Portland State University School of Social Work, 1972, p. 109.

²²Thom, D. A., Normal Youth and Its Everyday Problems, New York, Appleton, 1933.

²³Ibid., p. 245.

²⁴Robey, Amos and Rosenwald, Q. E., "The Runaway Girls; a Reaction to Family Stress," American Journal of Orthopsychiatry, Vol. 34, No. 4, 1964.

²⁵Wylie, Dorothy C. and Weinreb, J.; "The Treatment of a Runaway Adolescent Girl Through the Treatment of the Mother," American Journal of Orthopsychiatry, XXVIII, January, 1958.

²⁶Foster, Randall M., "Intrapsychic and Environmental Factors in Running Away from Home," American Journal of Orthopsychiatry, XXXIV, April, 1962, pp. 486-491.

²⁷Ibid., p. 491.

²⁸Blood, Linda and D'Angelo, Rocce, "A Progress Research Report on Value Issues in Conflict Between Runaways and Their Parents," Journal of Marriage and the Family, Vol. 36, No.3, August, 1974; pp. 486-491.

²⁹Ibid., p. 490.

³⁰Reimer, Morris D., "Runaway Children," American Journal of Orthopsychiatry, Vol. X, July, 1940; pp. 522-526.

³¹Balser, B. H., "Behavior Problem—Runaways," Psychiatric Quarterly, XIII, 1939, pp. 539-557.

³²Greer, et al., Op. Cit.

³³Ibid., p. 2.

³⁴Ibid., p. 110.

³⁵Greenburg, H.; Blank, H. R.; and Argett, S.; "The Anatomy of Elopement From an Acute Adolescent Service: Escape From Management," Psychiatric Quarterly, 42: 28-49, 1968.

³⁶Hale, Ballard John; Nannes, Brent Wright; and Huling, Clinton H.; "Utah State Industrial School Runaways," Unpublished Master's Thesis, Graduate School of Social Work, University of Utah, 1966, Parts 1-3.

³⁷Ibid., Part 1.

³⁸Ibid., Part 1, p. 43.

³⁹Ibid., Part 2.

⁴⁰Ibid., Part 3.

⁴¹Colbath, Loris; Graf, Carolyn Krugel; McKinnon, Carol; and Newcomb, Jean; "A Study of Runaways from Six Residential Treatment Agencies," Unpublished Master's Practicum, Portland State University School of Social Work, 1975, pp. 1-84.

⁴²Levine, Stanley; "Runaways and Research in the Training School," Crime and Delinquency, VIII, January, 1962, p. 43.

⁴³Cambareri, John D.; Sagers, Paul S.; and Tatton, Donald; "The A.W.O.L. From a Juvenile Institution," Crime and Delinquency, 6, July, 1960; pp. 275-78.

⁴⁴Levy, Edwin Z., "Some Thoughts About Patients Who Run Away From Residential Treatment and the Staff They Leave Behind," Psychiatric Quarterly, Vol. 46 (I), 1972, pp. 1-21.

⁴⁵Koller, K. M., "Parental Deprivation, Family Background and Female Delinquency," British Journal of Psychiatry, Vol. 118, No. 544, 1971.

⁴⁶Ibid., p. 320.

⁴⁷Colbath et al., Op. Cit.

⁴⁸Hale et al., Op. Cit., Part 1.

⁴⁹Greer et al., Op. Cit.

⁵⁰Colbath et al., Op. Cit., p. 50.

⁵¹Levine, Op. Cit.

⁵²Hale et al., Op. Cit., Part 3.

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APPENDICES

APPENDIX A

DATA COLLECTION SHEET

Name _____

Category (check one)

I. Planned Release _____

II. Unplanned Release _____

I. Demographic Data

Age at admission _____ No. of children _____ Position in
in family _____ Sibline _____

	White	Black	Oriental	Indian	Mixed
Race					

	Metro Area	In Oregon Out of Metro	Out of State
Location of Family Home			

	Welfare	Middle Class	Upper Class
Family's Economic Status			

II. Social Data

A. Out of home placements prior to Albertina Kerr Center

None	Few	Many

B. Recorded runaways prior to placement

None	Few	Many

C. Drug use prior to placement, mentioned in referral letter

Yes	No

C1. Alcohol use, mentioned in referral letter (child)

Yes	No

D. Alcohol use, mentioned in referral letter (parent)

Yes	No

2

E. Chronic health problem
(child)

Yes	No

F. Chronic health problem
(parent)

Yes	No

G. Parents' marital status

Still married
Separated
Divorced
Widowed
Never Married
Don't Know

H. Length of time separated
or divorced

Less than 1 yr.
1 to 5 yrs.
More than 5 yrs.
Not applicable
Don't know

I. Who subject was living with before placement at Albertina
Kerr Center:

1. Natural mother _____
2. Natural father _____
3. Both 1 and 2 _____
4. Stepmother _____
5. Stepfather _____
6. Both 4 and 5 _____
7. Natural mother
and stepfather _____
8. Natural father
and stepmother _____
9. Foster parents _____
10. Relatives _____
11. Institution _____
12. Other _____

J. Statutory Offense

Yes	No

K. Grade in school at time of admission _____

L. Adopted

Yes	No

III. Institutional Data

	None	Few	Many
A. Number of runaways during first three months after admission			
	Lakin	Jean	Lynn
B. Living group placement	Sunnyside/Elda		
	Never	Seldom	Often
C. Parents (natural or foster) involved in treatment			
	Yes	No	
D. Pre-placement Visit			
E. Length of time in residence before release			
	0-2 mo.	2.1-4.0 mo.	4.1-6.0 mo.
	6.1-9.0 mo.	9.1-12.0 mo.	
	12.1-15.0 mo.	15.1-19.0 mo.	19.1 & over

APPENDIX B

COMPARISON OF DELINQUENT BEHAVIOR

	Subject	Drug Use	Alcohol Use	Prior Runs	Statutory Offenses	Total
U N R P E L L A E N A N S E E D	1	yes	yes	few	no	2
	2	yes	no	few	no	1
	3	yes	yes	none	no	2
	4	yes	yes	many	no	3
	5	yes	yes	many	no	3
	6	no	no	many	yes	2
	7	no	no	many	no	1
	8	yes	no	few	no	1
	9	yes	no	many	no	2
	10	yes	no	many	yes	3
	11	no	no	many	yes	2
	12	yes	no	many	yes	3
	13	yes	yes	many	no	3
	14	no	no	many	no	1
	15	yes	yes	few	no	2
	16	yes	yes	many	yes	4
	17	no	no	few	yes	1
	18	yes	no	many	yes	3
	19	yes	no	many	yes	3
	20	no	no	many	no	1
	21	yes	no	few	yes	2
	22	yes	yes	many	no	3
	23	yes	no	many	no	2
	24	no	no	many	no	1
	25	yes	no	many	no	2
P R L E A L N E N A E S D E	1	yes	yes	many	no	3
	2	no	no	few	no	0
	3	yes	no	none	no	1
	4	no	no	few	no	0
	5	no	no	many	yes	2
	6	yes	yes	few	no	1
	7	yes	yes	many	no	3
	8	no	no	many	no	1
	9	no	yes	none	no	1
	10	yes	no	many	no	2
	11	yes	no	few	no	1