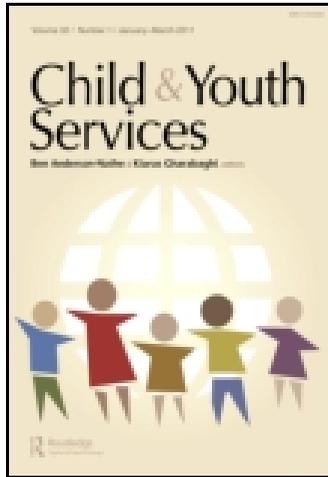


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# **A Family Reunification Intervention for Runaway Youth and Their Parents/Guardians: The Home Free Program**

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*This article presents a description and evaluation of the Home Free Program, a multi-component trauma-sensitive family reunification intervention based in a youth empowerment framework, which provides family-based crisis intervention and free transportation home for runaway youth. A mixed-methods evaluation was conducted with 107 parents/guardians whose children (ages 14–20) had run away from home. Qualitative data revealed changes in family interactional patterns related to physical reunification, clearer expectations, increased communication, improved communication, and increased awareness of differing perspectives. Quantitative data revealed decreases in family conflict, increases in family expressiveness, improvements in family dynamics, and improvements in youths' health outcomes.*

**KEYWORDS** *communication, evaluation, family dynamics, family reunification, intervention, runaway youth*

National estimates suggest that each year in the United States approximately 1.5 to 2 million youth are homeless and that 6.4% to 7.6% of youth between the ages of 12 and 17 run away from home (Hammer, Finkelhor, &

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Sedlak, 2002; Ringwalt, Greene, Robertson, & McPheeters, 1998; Sanchez, Waller, & Greene, 2006). Youth homelessness does not appear to be more common among any specific ethnic/racial group, as comparisons of national youth homelessness prevalence rates to U.S. Census data demonstrate that homelessness occurs proportionately across all ethnic/racial groups (Hammer et al., 2002). Obtaining accurate estimates of the actual number of runaway/homeless youth that exist in the United States is challenging since researchers may use an array of operational definitions to define this population, and may include youth classified as homeless, runaways, throwaways, street youth, and systems youth. One standard definition that is offered by the U.S. Department of Health and Human Services defines a runaway youth as one who is away from home without permission of his or her parents or legal guardian at least overnight (Moore, 2005).

Some youth may experience short bouts of homelessness with little to moderate negative consequence, particularly those youth who utilize runaway and homeless youth services (MacLean, Embry, & Cauce, 1999; Thompson, Pollio, & Bitner, 2000). However, many are on the streets for long periods of time and become involved in substance abuse, frequent sexual activity, and delinquent lifestyles, and are continuously exposed to violence and victimization (Baron & Hartnagel, 1998; Harper & Carver, 1999; Whitbeck, Hoyt, Yoder, Cauce, & Paradise, 2001). Studies report that symptoms of depression and other signs of compromised mental health (e.g., anxiety, conduct problems, and thought disorders) are more prevalent among homeless youth (Harper, Davidson, & Hosek, 2008; Rohde, Noell, Ochs, & Seeley, 2001; Votta & Manion, 2004). A recent literature review focused on homeless youth and interventions that target this population in the U.S. suggests that the chronic stress associated with being homeless may have long term effects on the development of these youth and contributes to poor physical and mental health outcomes (Edidin, Ganim, Hunter, & Karnik, 2012). The studies they reviewed demonstrate that youth homelessness negatively impacts critical developmental areas of functioning such as neurocognitive development, academics, and health.

## INTERVENTIONS FOR RUNAWAY AND HOMELESS YOUTH

Several relatively recent literature reviews have been published which explore the range of programs and interventions that are focused on improving the lives of runaway/homeless youth and other youth who are either marginally housed or living on the streets. These reviews have either focused exclusively on the United States/North America (e.g., Kidd, 2003; Sanabria, 2006; Edidin et al., 2012;) or have expanded their search to include programs from around the globe (Berckmans, Velasco, Tapia, & Loots,

2012; Altena, Brilleslijper-Kater, & Wolf, 2010; Slesnick, Dashora, Letcher, Erdem, & Serovich, 2009). When examining these reviews collectively there were several concerns and recommendations that appear across reviews. One concern raised by several authors was with the methodologies used in current intervention outcomes studies, noting that some studies are limited in their samples by only focusing on one city or geographic district, whereas others use limited outcome measures or focus on disparate outcomes which results in challenges when comparing findings across studies (Altena et al., 2010; Berckmans et al., 2012; Edidin et al., 2012). Another concern expressed was the lack of interventions focused on preventing youth from running away from home, as well as interventions focused on providing these youth with much needed psychosocial and physical supports (Edidin et al., 2012; Kidd, 2003; Sanabria, 2006). One of the most predominant messages across these reviews was the importance of family members in the lives of runaway/homeless youth. These authors discussed an array of positive outcomes found in the studies they reviewed when parents or other family members were involved in providing support when youth were not stably housed, as well as the benefits of youth returning to their family home after a bout of homelessness. In addition they discussed the critical role that parents and other family members can play in both runaway/homeless prevention and intervention efforts (Altena et al., 2010; Kidd, 2003; Sanabria, 2006; Slesnick et al., 2009).

In addition to these comprehensive literature reviews, an increasing number of studies have demonstrated the positive benefits of specific services and interventions that have been provided to runaway/homeless youth. These studies have explored the benefits of more general runaway/homeless youth services such as shelter facilities (Nebbitt, House, Thompson, & Pollio, 2007; Pollio, Thompson, Tobias, Reid, & Spitznagel, 2006; Thompson, Pollio, Constantine, Reid, & Nebbitt, 2002), as well as more specific programs such as the National Safe Place program (Walsh & Donaldson, 2010) and the Runaway Intervention Program (Edinburgh & Saewyc, 2009; Saewyc & Edinburgh, 2010). Other studies have focused more specifically on the benefits of using Ecologically Based Family Therapy (EBFT) for decreasing substance use and improving family functioning among homeless/runaway youth and their families (Slesnick & Prestopnik, 2005) or on using a family-based intervention based in cognitive-behavioral theories and focused on family problem solving and conflict resolution to reduce sexual risk behavior, drug use, and delinquent behaviors among newly homeless youth (Milburn et al., 2012). Several of these studies have noted the critical role that family members play in promoting and maintaining positive mental and physical health outcomes with these interventions (Edinburgh & Saewyc, 2009; Milburn et al., 2012; Nebbitt et al., 2007; Saewyc & Edinburgh, 2010; Slesnick & Prestopnik, 2005, 2009).

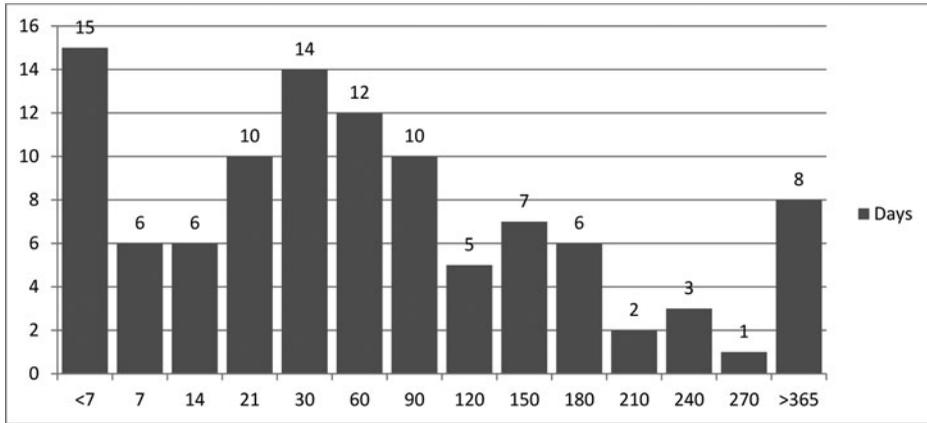
## THE ROLE OF FAMILY IN THE LIVES OF RUNAWAY AND HOMELESS YOUTH

Findings from runaway/homeless youth interventions clearly demonstrate that family members can be important sources of support and play a significant role in helping youth to regain a positive state of functioning after a bout of homelessness. The critical role of families and family members in promoting the health and well-being of runaway and homeless youth has also been reflected in quantitative cross-sectional and longitudinal studies conducted with this population. Findings from Milburn et al.'s (2005) longitudinal study of family bonds among newly homeless young people in the U.S. and Australia suggest that family-focused interventions that promote supportive interactions between homeless youth and their parents and siblings are essential for young people who are newly homeless. Two other cross-sectional studies of runaway and homeless youth recruited from shelter facilities in either the Eastern or Midwestern U.S. also demonstrated the strong potential protective and health-promoting influence of family members (Erdem & Slesnick, 2010; Thompson, Zittel-Palamara, & Maccio, 2004). These authors suggest that interventions that promote and enhance supportive relationships among family members will be effective in offering youth the support and resilience they need to face stressful and risky situations (Erdem & Slesnick, 2010; Thompson et al., 2004).

### HOME FREE PROGRAM

Given the critical role that family members play in promoting the health and well-being of runaway and homeless youth, the National Runaway Safeline (NRS) (in partnership with Greyhound Lines, Inc.) developed a family reunification intervention called the *Home Free Program* in 1995. This program provides crisis intervention with the goal of reuniting runaway youth with their parents/legal guardians. Youth 18–20 also qualify for transportation to a transitional or independent living program through Home Free. Since the inception of the Home Free program, over 14,000 youth have been reunited with their families. The Home Free program aims to help youth rebuild relationships with family and friends and develop connections with positive and caring adults. In addition to working with youth and guardians to develop a plan before returning home, NRS also provides resources in the youth's community that can help with ongoing support once home. Furthermore, NRS follows up to ensure the youth has arrived home safely and provides additional resources if necessary.

The purpose of the current study is to describe the Home Free Program and report on family-focused data from a mixed-methods (quantitative and qualitative) evaluation of the intervention in order to explore the influence



**FIGURE 1** Length of time away from parental/guardian home.

of the program on family dynamics and family communication from the perspectives of parents/guardians. Although data were collected from both parents/guardians and youth in the larger evaluation, the focus of the current investigation is on family-related data received from parents/guardians who received Home Free Program services during 2011.

## METHODS

### Participants

The target populations for the larger evaluation included (a) youth between the ages of 12–20 who had participated in the Home Free program during 2011, and (b) parents/guardians who were involved in the youth's reunification and who had been contacted for follow up after their son/daughter received a bus ticket from the Home Free program. In some cases, the youth and parent/guardian agreed that the youth would be placed with an extended family member in an Alternative Living Arrangement (ALA) and in those situations the ALA was administered the parent/guardian survey. The participants for the current report are the 107 parents and guardians with whom interviews were conducted. The children of these parents/guardians included 57% female and 43% male youth, and ranged in age from 14–20 (mean = 17.8; *SD* = 1.56; median = 18). They had been living away from their parental/guardian home for a range of time frames, from less than 7 days (15; 14.3%) to more than 365 days (8; 7.6%), with just over half being on the streets for 60 days or more (54; 51.4%) (see Figure 1). These youth were residing in 33 different states at the time when they ran away from home, representing youth from all geographic regions in the United States with the largest number of youth coming from Texas ( $n = 13$ ; 12.1%), California ( $n = 12$ ; 11.2%), Florida ( $n = 9$ ; 8.4%), and Michigan ( $n = 7$ ; 6.5%).

A total of 432 youth/families received services through the Home Free program during 2011. The existing NRS database included working telephone numbers for 313 (72.5% of 432) of the parents/guardians whose youth had received a Greyhound bus ticket through the Home Free program. All 313 of these numbers were called up to five times, and 172 (55.0% of 313) parents/guardians were not able to be reached for a phone interview after reaching the five call threshold. Of the 141 parents/guardians who were reached, 25 (17.7% of 141) refused to participate in the interview, and two (1.4% of 141) did not speak English and thus could not complete the interview. A total of 107 parents/guardians (75.9% of 141) completed the full interview, with an additional two parents/guardians (1.4% of 141) completing only part of the interview due to call interruptions.

### Home Free Intervention Components

The process of the Home Free program is initiated when a youth calls the NRS crisis call center and is seeking to return home. Most calls in the center are answered by a trained Crisis Line Worker (CLW) volunteer who receives 40 hours of training prior to answering calls as well as continuing professional education, with the remaining calls being answered by trained NRS staff members. Their mandatory training includes instruction and practice on strategies for addressing an array of calls, including specific training in trauma-informed care, harm reduction, and lesbian/gay/bisexual/transgender issues. The NRS crisis call center is also staffed with paid call center supervisors that ensure the crisis intervention model and all steps of the Home Free process are carried out to agency standards. Call center supervisors are on-hand to monitor calls and provide quality assurance during each step of the reunification process. NRS paid staff members often provide assistance during Home Free conference calls to assist CLWs in mediating conflicts between youth and parents, and in locating appropriate local referrals for families.

The Home Free Program contains three essential components to prepare for a successful family reunification. The first is that the youth must initiate the phone call to the National Runaway Safeline and express the desire to reunite with their family. This step ensures that the youth is empowered to make her/his own decisions and be an active participant in the reunification process. The trained CLW then goes through NRS' five-step trauma-sensitive solution-focused crisis intervention model.

NRS' trauma-informed, solution-focused crisis intervention model is grounded in an understanding of and responsiveness to the impact of trauma on the lives of youth and their families. It emphasizes physical, psychological, and emotional safety for both CLWs and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment. CLWs are also trained specifically in communication strategies that avoid

re-traumatizing callers during their interactions. The model also incorporates elements of solution-focused therapy/solution-focused brief therapy (Bond, Woods, Humphrey, Symes & Green, 2013; de Shazer, Dolan, Korman, Treppe, McCollom, & Berg, 2007; Gingerich & Eisengrat, 2000; Selekman, 2005), which is a practical future-orientated and goal-directed model that focuses on solutions rather than on the problems that lead clients to seek services. It is a strengths-based approach that emphasizes the skills and resources that people already possess as they work toward positive change. The common theme of solution-focused approaches is their emphasis on constructing solutions rather than resolving problems, and utilizing therapeutic interactions that help the client to imagine how he or she would like things to be different and what it will take to make that happen. CLWs assume callers want to change, have the capacity to envision change, and are doing their best to make change happen.

Several elements of solution-focused therapeutic approaches are incorporated into the five step model. Initially when the CLW is establishing rapport, s/he works to develop a positive and collaborative relationship with the caller, and throughout the interaction offers compliments that validate what the caller has already been doing well, and acknowledges how difficult their problems are. Also, the questions asked by the CLW during the call are focused on the present and the future, rather than focusing on the past and the origin of the problem. As the CLW explores the caller's initial facts and feelings, s/he assesses for existing strengths, resources, and successes. When the CLW elicits options and helps the caller to develop a plan of action for the solution, s/he again focuses on previous successful solutions, strengths, resources, and abilities. In the final closure of the interaction, the caller is encouraged to keep doing more of what has already been working, and is given affirmation regarding his/her ability to achieve the desired goals.

As the steps of the crisis intervention model are carried out, the CLW explores the youth's expectations related to going home. The five steps include the following: (1) *Establish Rapport*: This step utilizes supportive statements, active listening, and validation of callers' feelings to create a positive and collaborative environment for the caller to share details of her/his situation; (2) *Explore Facts and Feelings*: During this step the CLW engages in open ended questions designed to get the "whole picture" of the caller's experience and explores the caller's strengths and strategies used prior to calling that have been successful; (3) *Focus on the Main Issues*: To determine the focus, CLWs use paraphrasing and summarize the main points communicated by the caller to confirm the call is addressing the goal-directed issue(s) most important to the caller; (4) *Elicit Options*: While discussing options, CLWs explore both formal and informal options as well as discuss the short-term and longer-term options available to the caller. Here the CLW further explores previous solutions, strengths, resources, and abilities; and (5) *Develop a Plan of Action and Closure*: During the planning and closure step of the model,

the CLW walks through the specific goal-directed steps the caller will take once the call has ended. The CLW encourages the caller to consider the possible consequences and alternative plans should the original plan not bring about desired outcomes. The CLW then confirms the caller is comfortable with her/his next steps, provides encouragement for accomplishing plan of action, and reassures the caller that s/he can reach out to NRS at any time in the future for more assistance.

The second component is a mediated conference call between the youth and parent/guardian. After determining the youth meets the Home Free program's eligibility requirements, the CLW places a call to the legal guardian. At this point the youth is put on hold while the CLW speaks with the parent/guardian about their perspective on the youth's runaway episode, whether or not the youth is welcome to come home, and what expectations they have for their child once at home. The youth and parent/guardian are then brought onto a conference call to discuss the aforementioned topics. CLWs are trained to mediate the conference calls by first establishing ground rules for the call with the participants. The CLW then encourages the youth to begin to talk to her/his parent/guardian about the issues that caused the runaway episode, and what s/he would like to see happen differently at home to prevent future conflicts. The parent/guardian then has a chance to respond and express her/his feelings about the situation and what s/he would like to see change upon the youth's return. The CLW then summarizes and clarifies what has been discussed to ensure both parties are in agreement before moving on to booking the bus ticket.

A runaway episode is an ongoing crisis situation. NRS continues to offer support during the actual travel portion of the Home Free process, by encouraging youth to contact the toll free hotline at any point during their travel itinerary if they need assistance/support. NRS' support often involves advocating for the youth to receive food vouchers at lay over stations, conducting conference calls to check in with guardians, or troubleshoot itinerary issues such as missed bus transfers, bus delays, etc. This ongoing support lessens barriers for motivated youth to reunite with their families and ensures they are given the tools to safely navigate lengthy travel itineraries which can be intimidating to youth in crisis.

The third component is providing resources for the youth and family for use after the reunification. Utilizing NRS' nationwide referral agency database, the CLW will offer relevant local referrals to the family for use upon youth's return. Common referrals given are for counseling or therapy, drug treatment, alternative schooling or housing options such as Job Corp. The final step in the Home Free process is to explain to the family that NRS will make a follow up call to ensure the youth has arrived home as expected and to offer additional support and resources. During the follow up call, NRS seeks extensive feedback from participants utilizing a series of standard questions that address topics such as their experience with NRS staff, the

quality and appropriateness of resources provided, current placement status of the youth, and discussion of any additional resources/support needed.

### Study Procedures

Data for this evaluation were collected from participants through phone-based individual interviews. All potential participants were read an Introductory Script at the beginning of the interview to describe the evaluation and to detail expectations of participation. Following this introduction, potential participants were asked to give their verbal consent to participate and also to be recorded during sections of the interview. Those who agreed to participate were then administered the structured interview guide, which typically took 15–20 minutes to complete. Procedures were put in place for transferring any participants who experienced distress during the interview to NRS' Crisis Hotline, but no phone calls were transferred throughout the evaluation. All interviews were conducted at the NRS offices/call center. Parents/guardians were eligible to be entered in a raffle to receive a \$100 gift card (three parent/guardian gift cards were awarded). All phone interviews were conducted between February 2012 and June 2012.

In order to increase the likelihood of reaching potential participants, the Evaluation Team and NRS Professional Staff set a standard of making a minimum of five phone call attempts to reach a parent/guardian or youth. If the phone number on the NRS Home Free Data 2011 Form was no longer correct, five attempts to contact an individual were counted after the correct phone number was obtained. Each attempt to contact a potential participant was documented in a Participant Call Log, noting the date, time, outcome, and notes.

### Mixed-Methods Interview Guide

The structured interview guide included a mix of both close-ended quantitative survey questions, as well as open-ended qualitative interview questions. This mixed-methods (qualitative and quantitative) interview guide was created in a collaborative manner between research team members and NRS professional staff members. The final evaluation instrument included the following content areas: (a) demographics (quantitative); (b) family reunification following Home Free (quantitative); (c) utilization of resources provided by Home Free/NRS (quantitative); (d) family dynamics prior to and following the Home Free intervention (qualitative and quantitative); (e) family communication/family functioning prior to and following the Home Free intervention (quantitative); (f) youth health/risk outcomes following Home Free (quantitative); and (g) satisfaction with Home Free services and NRS staff members (qualitative). Responses to quantitative items were recorded manually on an interview guide response form, and responses to qualitative

questions were digitally recorded via a phone-based digital recorder. Quantitative responses were entered into an SPSS database for statistical analysis and digital recordings were transcribed verbatim for content and thematic analyses.

For the current paper, the primary focus of both the qualitative and quantitative data analysis was on family dynamics and family communication. The qualitative *family dynamics* questions asked parents to discuss their relationship with their child during three time periods: (a) one month prior to the runaway episode, (b) one month after their child returned home, and (c) at the time of the interview. Two additional *family dynamics* quantitative questions were developed to ascertain the sustainability of the Home Free intervention effects and asked parents to recall the degree to which the issues that led to their child running away were resolved at one month after their child returned home and at the time of the interview. Parents responded on a four-point scale with the anchors of *not at all resolved* to *completely resolved*.

Quantitative questions regarding *family communication* came from two subscales representing communication-focused dimensions of family functioning based on Bloom (1985) and Bloom and Naar's (1999) fifteen dimensions of family functioning. The "expressiveness" subscale assesses family members' level of free and open expression of their opinions and discussion of family problems, with a sample item as follows: "Family members felt free to say what was on their minds." The "conflict" subscale assesses family members' level of expressed criticism, anger, fighting, and violence, with a sample item as follows: "Family members got so angry they threw things." For the family communication subscales participants were first asked to think back to their family functioning one month prior to their child leaving home when responding to the pre-intervention scale items and then to think back to one month after their child returned home when responding to the post-intervention items. Each sub-scale included five statements and parents responded on a four-point scale with the anchors of *very untrue* (4) and *very true* (1).

Two sets of quantitative youth outcome questions were also utilized in the current analysis. The first set of questions asked parents if their child had run away from home prior to the recent episode where the Home Free services were utilized, as well as if their child had run away from home again since using the Home Free services. The second set of questions asked parents to report the degree of change they observed in their child following participation in the Home Free intervention with regard to engagement in six health risk behaviors (alcohol/other substance use, tobacco use, unprotected sexual activity, physical fights, breaking the law, leaving home), on a four-point scale with response options of *more*, *less*, *same*, or *not applicable*. The behaviors were selected based on the Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System's primary health focus

areas, since these are the behaviors that are the leading causes of death and disability among youth (Centers for Disease Control and Prevention, 2012).

## Analyses

Qualitative data analysis was conducted using a phenomenological framework, which focuses the analysis on describing what a given group of participants have in common as they experience a particular phenomenon (Creswell, 2012; Patton, 2002). Data coding and analysis were iterative and interactive processes conducted by a data analysis team which consisted of the first two authors. The first step involved reading all interview transcripts in order to increase familiarity with the data. After all of the transcripts were read and reviewed, content codes were created in order to capture the experiences described by participants. Transcripts were then re-read and pattern codes were created to connect subsequent concepts under larger headings within each transcript. Following this, consistent patterns in meaning, concepts, and themes across all interviews were identified (Creswell, 2007; Miles & Huberman, 1994). Coding and analysis activities were discussed by both analysts, and discrepancies in coding and interpretation were resolved through discussion and consensus.

Quantitative analyses primarily involved frequency reports and paired-samples *t* tests. After reporting socio-demographic characteristics of the same, paired-samples *t* tests were conducted to determine if the Home Free program had an effect on family communication. Additional paired-samples *t* tests were conducted with split samples to determine if the effect of the Home Free program on family communication was moderated by the amount of time youth were on the street or by the youth's status as a minor or an adult at the time of runaway. The sample was divided by the number of days the youth spent on the street (30 days or less vs. more than 30 days) and by the youth's status as a minor or a non-minor at runaway (age 17 and younger vs. age 18 or over). A paired-sample *t* test was conducted with each sub-sample.

## RESULTS

### Qualitative

#### FAMILY DYNAMICS

The focus of the qualitative analysis was on the parents' perceptions of how the Home Free Program influenced family dynamics. Although parents discussed the many ways in which youth had improved their individual functioning, such as returning to school, obtaining employment, and reducing health risk behaviors, the primary focus of these analyses is on changes in the interactional patterns between parents/guardians and the youth. Five primary themes emerged from this analysis including: (1) Physically Reunited Youth

and Family, (2) Set Expectations for Returning Home, (3) Opened Lines of Communication, (4) Facilitated Appropriate Dyadic Communication, and (5) Increased Awareness of Each Others' Perspectives.

One basic service that the Home Free Program provided was that it *Physically Reunited Youth and Family*, which is a critical first step to improving family dynamics. The following quote illustrates the relief that many parents experienced when they found out that the Home Free Program was going to be able to return their child to the parental home:

Uh . . . they [NRS] helped me get my son home, when I did—when I didn't have a way to get him home and I didn't know what was going to happen to him. I'm glad you um—the service was there.

In order to increase the potential for success with the family reunification process, the Home Free Program helped the parents and child to *Set Expectations for Returning Home* so that both the parent and child were aware of the conditions under which the child would return home, and the expectations and responsibilities of each party. The following quote is from a parent who was impressed with the way in which the NRS CLW was able to work with the child and parent to negotiate an agreement about rules that would need to be followed upon returning home.

And the counselors did I think very well with trying to get through and he [son] was here trying to demand things. "Okay if I come home you're going to do this and this for me" and they're like "Eric you can't do that." The counselors were very good and I think they finally got through to him. . . . He probably lied to them about how horrible our family is and everything but by the end of the phone call, to hear the way Eric was and we had said "Okay now if you are going to come home, here are our rules" and I laid down the five rules that we have. And so I like the idea that the counselors were actually on the kid's side but they were open to having their mind changed when they realized, you know maybe the kid's actually lying.

Since most families were experiencing communication challenges between the parent and child prior to the runaway episode, many parents voiced that an initial benefit of the program was that it *Opened Lines of Communication*, and helped parents and children to speak more clearly with each other. The following quote illustrates how the program helped a parent and child to begin the process of communicating by assisting with rephrasing messages.

It [Home Free Program] was very helpful. It let us speak more openly. It helped, like if he didn't understand what I was trying to say the person

[NRS] would help him understand by saying it in other terms and the same with him. It was very helpful.

Several parents expressed the more long-term benefit of how the program *Facilitated Appropriate Dyadic Communication* by helping parents and children engage in problem-focused and productive dialogue after the child returned home. The following quote demonstrates how the program assisted a daughter in being able to communicate with her parent about problems and challenges that she was having in an attempt to gain assistance.

It actually um . . . it [Home Free Program] did end up finally bringing my daughter and I closer. Um . . . cause she always was a little rebellious and you know, trying to be uh . . . more . . . too independent for her age. Which isn't a bad thing necessarily, but it—it showed her that you know she can talk to me and come to me about things you know, and I can help her work through them, so but she was . . . yeah it worked out pretty well.

The final area of improvement in family dynamics that was expressed by parents was the way in which the Home Free Program *Increased Awareness of Each Others' Perspectives*. Parents spoke not only about how the program was able to assist youth in seeing the perspectives of their parents, but also how the parents came to realize and understand the perspectives of their child. The last quote illustrates the differential areas of awareness that occurred for both the parent and the child.

Um . . . it actually shows—it [Home Free Program] helped because it showed her that I was more concerned than what she probably had assumed and it showed her that I was there for her. Um, and it showed me as well that she wanted to come home. It, it, it put us back on the page that we needed to be on. Together!

## Quantitative

### FAMILY COMMUNICATION

Internal consistency assessments for the two family communication subscales were acceptable (Cronbach's alpha = .70 for each scale). There was a significant difference in family expressiveness from pre-intervention (mean = 15.35) to post-intervention (17.29), with a mean improvement of 1.95,  $t(93) = -5.95$ ,  $p < .0001$ . There was also a significant difference in family conflict from pre-intervention (12.07) to post-intervention (9.43), with a mean decrease of 2.64,  $t(90) = 6.33$ ,  $p < .002$  (see Table 1).

Both sets of split sample analyses demonstrated that there were significant differences in family expressiveness and family conflict from pre-intervention to post-intervention across all groups. There was a significant

**TABLE 1** Change in Family Expressiveness and Conflict

Time Point	Expressiveness Mean	Conflict Mean
Pre-Intervention	15.35	12.07
Post-Intervention	17.29	9.43
Mean Difference	1.94**	-2.64*

\* $p < .01$ .

effect of the intervention on family expressiveness for families with youth who were on the street for 30 days or less,  $t(43) = -3.70$ ,  $p < .001$ , and for families with youth who were on the street for over 30 days,  $t(47) = -4.79$ ,  $p < .0001$ . There was also a significant effect of the intervention on family conflict for families with youth who were on the street for 30 days or less,  $t(42) = 3.72$ ,  $p < .001$ , and for families with youth who were on the street for over 30 days,  $t(45) = 5.30$ ,  $p < .0001$ . In addition, there was a significant effect of the intervention on family expressiveness for families with youth who were minors at the time of runaway,  $t(44) = -3.37$ ,  $p < .002$ , and for families with youth who were non-minors at the time of runaway,  $t(48) = -5.01$ ,  $p < .0001$ . There was a significant effect of the intervention on family conflict for families with youth who were minors at the time of runaway,  $t(42) = 4.61$ ,  $p < .0001$ , and for families with youth who were non-minors at the time of runaway,  $t(47) = 4.39$ ,  $p < .0001$ .

These results suggest that the effect of the intervention on family communication was not moderated by the amount of time youth were on the street or by the youth's status as a minor at the time of runaway.

#### FAMILY DYNAMICS

Valid data regarding whether or not the issues that resulted in the youth running away from home were resolved (for both one month after the runaway episode and at the time of the interview) were available on 102 of 107 participants. The majority of parents reported that the issues were either mostly or completely resolved (61.8%) one month following the runaway

**TABLE 2** Change in Resolution of Issues that led to Runaway Episode

		Issues resolved at time of interview			
		Not at all	Somewhat	Mostly	Completely
Issues resolved after 1 month	Not at all	9	2	2	2
	Somewhat	1	14	3	6
	Mostly	0	1	20	2
	Completely	0	0	1	39

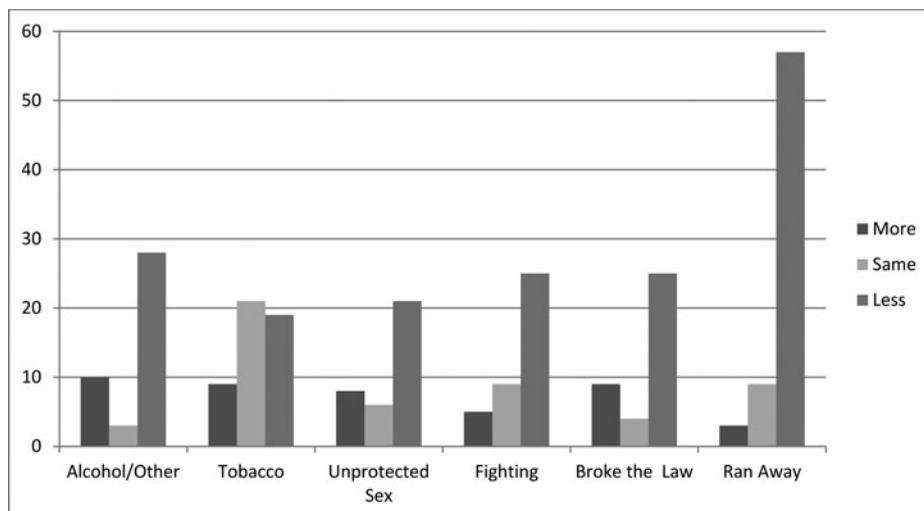
episode, and this increased to 73.5% at the time of the interview (see Table 2). Only 15 (14.7%) parents reported that the issue was not resolved at all one month following the runaway episode and this decreased to 10 (9.8%) at the time of the interview. There was also positive movement with regard to the number of parents reporting that the issue was only somewhat resolved, with 24 (23.5%) indicating this level of resolution one month following the runaway episode and only 17 (16.7%) offering such a response at the time of the interview. Given that there were decreases in both “not at all” and “somewhat” responses from the one month time frame to the time of the interview, with subsequent increases in “mostly” and “completely” responses, we can assume that improvement occurred between these two time frames with regard to resolution of the issue that was the catalyst for the runaway episode.

#### YOUTH OUTCOMES

Data regarding youth's history of running away from home showed a decrease from pre- to post-intervention. Prior to involvement with the Home Free program, half of the youth had a prior history of running away from home ( $n = 52$ , 50%). After participation in the Home Fee program only 22.3% ( $n = 23$ ) of the youth had another runaway episode. Decreases were also reported by parents with regard to their child's participation in various health risk behaviors from pre- to post-intervention. Responses were lower on these questions since parents could choose an option indicating that their child has not participated in the behavior. Of the parents that reported their child had participated in the following behaviors, there were a higher percentage of parents reporting a decrease in the behavior than either a maintenance or increase in the behavior: alcohol/other substances ( $n = 28$  decreased; 68.3%); unprotected sex ( $n = 21$  decreased; 60%); fighting ( $n = 25$  decreased; 64.1%); breaking the law ( $n = 25$ ; 65.8%); and running away ( $n = 57$  decreased; 82.6%). For tobacco, only 38.8% reported a decrease ( $n = 19$ ), whereas 42.9% reported a maintenance of the behavior ( $n = 21$ ). See Figure 2.

#### DISCUSSION

Given the negative physical and mental health effects of living on the streets, interventions are urgently needed that help return runaway and homeless youth to their families or legal guardians and provide them with much needed psychosocial and physical support (Edidin et al., 2012; Kidd, 2003; Sanabria, 2006). For many youth, one critical component of these interventions is involvement with family members or legal guardians, as several comprehensive literature reviews of interventions have demonstrated the critical



**FIGURE 2** Change in youth risk behaviors after Home Free program.

role that parents and other family members play in both runaway/homeless prevention and intervention efforts (Altena et al., 2010; Kidd, 2003; Sanabria, 2006; Slesnick et al., 2009). The critical role of families in promoting the health and well-being of runaway and homeless youth has also been reflected in cross-sectional and longitudinal studies conducted with this population (Milburn et al., 2005; Erdem & Slesnick, 2010; Thompson et al., 2004).

This article presents findings from a mixed-methods evaluation of the Home Free Program, a unique and innovative family reunification intervention conducted by the National Runaway Safeline in collaboration with Greyhound Lines Inc. This intervention provides transportation back home for a young person after a runaway episode, as well as family-based crisis intervention services for the runaway youth and her/his family with the goal of reuniting youth with their parent/legal guardian. Qualitative data from parents/legal guardians demonstrated several positive changes in family interactions and communication patterns following involvement with the Home Free Program. Parents/guardians felt that in addition to the direct benefit of having their child return to their home, the intervention helped to increase productive and mutually appreciative communication between parents and children, and provided the family unit with clear expectations for changes in the family dynamic once the child returned home.

Quantitative data also demonstrated several benefits experienced by youth and families who participated in the Home Free Program. There were significant improvements in family communication, with parents reporting increases in family expressiveness and decreases in family conflict following participation in the program. Split sample analyses demonstrated that these differences were consistent across sub-groups of youth who had spent

varying amounts of time living on the streets, as well as across older and younger youth. The ability of the program to have an effect on older youth and those youth who have been living on the streets for prolonged periods of time suggests that this intervention may be useful for reuniting hard-to-reach street youth with their parents/guardians, even if they have spent prolonged periods of time away from home and are more estranged from their families.

Changes in family dynamics following participation in the program were also demonstrated. While the majority (61.8%) of parents reported that the issue that resulted in their youth running away was mostly or completely resolved one month after the youth returned home, this increased to almost three-quarters of the sample (73.5%) at the time of the interview. The sustained effect of the intervention is further highlighted by the finding that only 9.8% of the sample reported that the issue was not resolved at all at the time of the interview. This is particularly impressive given that some participants could have received services more than a year prior to the time during which the interview took place since services were received at any point in 2011 and the interview took place between February 2012 and June 2012.

Parents also reported significant positive changes in their child's behavior after involvement with the Home Free Program. While half of the youth had a prior runaway episode when they left home, after the intervention less than a quarter (22.3%) had another runaway episode after their involvement in the Home Free Program. Significant decreases were also reported by parents with regard to their child's participation in alcohol/other substance use, unprotected sex, fighting, breaking the law, and running away from home.

The findings from the Home Free Program evaluation support prior comprehensive reviews of prior interventions for runaway/homeless youth which have demonstrated an array of positive outcomes from interventions that actively involve parents or other family members or that work toward reunification of youths with their family homes after a bout of homelessness (Altena et al., 2010; Kidd, 2003; Sanabria, 2006; Slesnick et al., 2009). The results also reinforce longitudinal and cross-sectional studies which have demonstrated the critical role that families play in promoting the health and well-being of runaway and homeless youth, particularly the importance of supportive interactions and relationships between youth and their families (Erdem & Slesnick, 2010; Milburn et al., 2005; Thompson et al., 2004).

### An Empowerment-Focused Trauma-Sensitive Model of Family Reunification

The Home Free Program is an innovative intervention program that is based in a youth empowerment framework where the young person who is on

the street has to initiate the process of reunification by contacting NRS directly. This differs from other programs which may be initiated by parents seeking to bring their children back home after they have run away. It also utilizes a five-step trauma-sensitive solution-focused crisis intervention model which acknowledges that many youth who are living on the streets have experienced varying degrees of trauma and thus may avoid or even become re-traumatized by less sensitive intervention approaches. The mediated conference call and action planning process that occurs between the parent/guardian and child also empowers the family/parents and the child to be active creators of their individualized service plan. By engaging youth and parents/guardians in this process both parties take ownership for the resolution. The incorporation of both the empowerment and trauma-sensitive elements of the intervention likely added to the acceptability of the intervention by youth, since many young people who run away from home experience repeated instances of disempowerment and trauma while they are away from their parental home. In addition, the provision of resources to families and youth assists with assuring that both have the tangible and social support mechanisms they may need when further problems arise. Ongoing support during the actual travel of reuniting with family lessens barriers for motivated youth to reunite with their families and ensures they are given the tools to safely navigate lengthy travel itineraries which can be intimidating to youth in crisis.

The Home Free Program is also a cost-effective, public and private collaborative model for delivering a family-based intervention to youth who have run away from home. The majority of the intervention is delivered by a trained CLW who is an agency volunteer. This individual facilitates all three essential components of the Home Free Program, including (1) taking the call from a youth who is seeking to return home and utilizing the NRS' five-step trauma-sensitive solution-focused crisis intervention model, (2) mediating the conference call between the parent/guardian and the youth, and (3) providing resources for the family and youth to use after reunification. The NRS crisis call center is also staffed with paid call center supervisors that ensure the crisis intervention model and all steps of the Home Free process are carried out to agency standards. NRS paid staff members often provide assistance during Home Free conference calls to assist CLWs in mediating conflicts between youth and parents, and in locating appropriate local referrals for families. Such a model of service delivery is replicable in other settings, and thus would make it feasible to replicate the Home Free Program in other service environments.

### Strengths, Limitations, and Future Research

This evaluation of the Home Free Program was unique in that parents were interviewed about their experiences after the child had returned home and

the family had time to enact their service plan. Given NRS's national scope, the evaluation also sought to include all parents who had received services, thus the sample included participants from 33 different states. The use of a mixed-methods (qualitative and quantitative) evaluation strategy was another strength since it allowed for inquiry regarding various aspects of the families' experiences with the Home Free Program.

One limitation is that although we made multiple attempts at contacting parents, 172 of the 313 parents/guardians (55%) were not able to be reached for the phone interview. Also, since families had participated in the intervention at various times during 2011, and the interviews were conducted between February and June of 2012, the time frames for responses that focused on changes that had occurred from the time of the intervention until the time of the interview varied. In addition, since much of the interview was based on recall of events that occurred in the past, recall of factors related to family communication and family dynamics may not be accurate and may be influenced by the family's current state of functioning.

Another limitation of the current analysis is that it only presents data and perspectives from the parents/guardians. The number of youth who completed the interviews for the larger study ( $n = 28$ ; 26.1% of 107) was much smaller than expected since the evaluation team was dependent upon the parents/guardians to obtain the best telephone number to reach the youth. Parents/guardians were not able to provide contact information for 33 (30.8% of 107) of the youth for the following reasons: ran away, incarcerated, in residential treatment, or no phone. Among the 74 youth for whom contact information was provided, 40 (54.0% of 74) were not able to be reached after reaching the five-call threshold, two (2.7%) refused to participate in the interview, and four (5.4%) completed only part of the interview due to call interruptions.

Future research should provide youths' voices and perspectives regarding the influence of family reunification interventions on them as individuals, and also on their relationships and interactions with family members. Subsequent studies should also continue to examine the longer term effects of the Home Free Program and other similar family reunification interventions for runaway youth. These evaluations may explore a range of physical and mental health outcomes among youth, parents/guardians, and other family members living in the home such as siblings. Studies also may attempt to conduct home assessment with youth and their families to more directly observe family interactional patterns. Future interventions should continue to find cost-effective ways to reunite runaway youth with their families utilizing empowerment and trauma-sensitive frameworks. Such interventions should also be developed in collaboration with the community-based organizations and agencies that will eventually deliver them, as well as incorporate feedback from the youth and families who will receive them.

## CONCLUSIONS

Data from this mixed-methods evaluation of the Home Free Program demonstrate the benefits of this multi-component trauma-sensitive family reunification intervention that provides family-based crisis intervention services along with free transportation home for runaway youth. Qualitative data revealed changes in interactional patterns between parents and children related to physical reunification, clearer family expectations, increased communication, improved communication, and increased awareness of differing perspectives. Quantitative data revealed decreases in family conflict and increases in family expressiveness that did not vary across child's age or time spent homeless. Additional changes in family dynamics were revealed, with the vast majority of parents reporting resolution of the initial conflict that led to the runaway episode at the time of interview. Positive youth outcomes were also reported by parents/guardians, with decreases in runaway episodes, alcohol/substance use, unprotected sex, fighting, and breaking the law following participation in the intervention. These findings support prior empirical work that has demonstrated an array of positive outcomes from interventions that actively involve parents/family members and that work toward reunification of youths with their family home after a bout of homelessness.

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## REFERENCES

- Altena, A. M., Brilleslijper-Kater, S. N., & Wolf, J. R. L. M. (2010). Effective intervention for homeless youth: A systematic review. *American Journal of Preventive Medicine, 38*(6), 637–645.
- Baron, S. W., & Hartnagel, T. F. (1998). Street youth and criminal violence. *Journal of Research in Crime & Delinquency, 35*, 166–192.
- Berckmans, I., Velasco, M. L., Tapia, B. P., & Loots, G. (2012). A systematic review: A quest for effective interventions for children and adolescents in street situation. *Children and Youth Services Review, 34*, 1259–1272.

- Bloom, B. L. (1985). A factor analysis of self-report measures of family functioning. *Family Process, 24*(2), 225–239.
- Bloom, B. L., & Naar, S. (1994). Self-report measures of family functioning: Extensions of a factorial analysis. *Family Process, 33*(2), 203–216.
- Bond, C., Woods, K., Humphrey, N., Symes, W., & Green, L. (2013). Practitioner review: The effectiveness of solution focused brief therapy with children and families: A systematic and critical evaluation of the literature from 1990–2010. *Journal of Child Psychology and Psychiatry, 54*(7), 707–723.
- Centers for Disease Control and Prevention. (2012). Youth risk behavior surveillance—United States, 2011. *Morbidity and Mortality Weekly Report, 61*(4), 1–45.
- Creswell, J. W. (2012). *Qualitative inquiry and research design: Choosing among five traditions* (3rd ed.). Thousand Oaks, CA: Sage.
- de Shazer, S., & Dolan, Y. with Korman, H., Trepper, T. S., McCollom, E., Berg, I. K. (2007). *More than miracles: The state of the art of solution-focused brief therapy*. Binghamton, NY: Haworth.
- Edidin, J. P., Ganim, Z., Hunter, S. J., & Karnik, N. S. (2012). The mental and physical health of homeless youth: A literature review. *Child Psychiatry & Human Development, 43*, 354–375.
- Edinburgh, L. D., & Saewyc, E. M. (2009). A novel, intensive home-visiting intervention for runaway, sexually exploited girls. *Journal for Specialists in Pediatric Nursing, 14*(1), 41–48.
- Erdem, G. & Slesnick, N. (2010). That which does not kill you makes you stronger: Runaway youth's resilience to depression in the family context. *American Journal of Orthopsychiatry, 80*(2), 195–203.
- Gingerich, W., & Eisengart, S. (2000). Solution-focused brief therapy: A review of the outcome research. *Family Process, 39*, 477–498.
- Hammer, H., Finkelhor, D., & Sedlak, A. J. (2002). Runaway/throwaway children: National estimates and characteristics. *National Incidence Studies of Missing, Abducted, Runaway, and Throwaway Children (NISMA)*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Harper, G. W., & Carver, L. J. (1999). Out-of-the-mainstream youth as partners in collaborative research: Exploring the benefits and challenges. *Health Education and Behavior, 26*(2), 250–265.
- Harper, G. W., Davidson, J., & Hosek, S.G. (2008). Influence of gang membership on negative affect, substance use, and antisocial behavior among homeless African American youth. *American Journal of Men's Health, 2*, 229–243.
- Kidd, S. A. (2003). Street youth: Coping and interventions. *Child and Adolescent Social Work Journal, 20*(4), 235–261.
- MacLean, M. G., Embry, L. E., & Cauce, A. M. (1999). Homeless adolescents paths to separation from family: Comparison of family characteristics, psychological adjustment, and victimization. *Journal of Community Psychology, 27*, 179–187.
- Milburn, N. G., Iribarren, F.J., Rice, E., Lightfoot, M., Solorio, R., Rotheram-Borus, M.J., et al. (2012). A family intervention to reduce sexual risk behavior, substance use, and delinquency among newly homeless youth. *Journal of Adolescent Health, 50*, 358–364.

- Milburn, N. G., Rotheram-Borus, M. J., Batterham, P., Brumback, B., Rosenthal, D., & Mallett, S. (2005). Predictors of close family relationships over one year among homeless young people. *Journal of Adolescence*, *28*, 263–275.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook (2nd ed.)*. Thousand Oaks, CA: Sage.
- Moore, J. (2005). Unaccompanied and homeless youth: Review of literature (1995–2005). Greensboro, NC: National Center for Homeless Education at SERVE.
- Nebbitt, V. E., House, L. E., Thompson, S. J., & Pollio, D. E. (2007). Successful transitions of runaway/homeless youth from shelter care. *Journal of Child and Family Studies*, *116*, 545–555.
- Patton, M. Q. (2002). *Qualitative research & evaluation methods (3rd ed.)*. Thousand Oaks, CA: Sage.
- Pollio, D. E., Thompson, S. J., Tobias, L., Reid, D., & Spitznagel, E. (2006). Longitudinal outcomes for youth receiving runaway/homeless shelter services. *Journal of Youth and Adolescence*, *35*, 859–866.
- Ringwalt, C. L., Greene, J. M., Robertson, M., & McPheeters, M. (1998). The prevalence of homelessness among adolescents in the United States. *American Journal of Public Health*, *88*, 1325–1329.
- Rohde, P., Noell, J., Ochs, L., & Seeley, J. R. (2001). Depression, suicidal ideation and STD-related risk in homeless older adolescents. *Journal of Adolescence*, *24*(4), 447–460.
- Saewyc, E. M., & Edinburg, L. D. (2010). Restoring healthy developmental trajectories for sexually exploited young runaway girls: Fostering protective factors and reducing risk behaviors. *Journal of Adolescent Health*, *46*, 180–188.
- Sanabria, J. J. (2006). Youth homelessness: Prevention and intervention efforts in psychology. *Universitas Psychologica*, *5*(1), 51–67.
- Sanchez, R. P., Waller, M. W., & Greene, J. M. (2006). Who runs? A demographic profile of runaway youth in the United States. *Journal of Adolescent Health*, *39*(5), 778–781.
- Selekman, M. D. (2005). *Pathways to change: Brief therapy with difficult adolescents (2nd ed.)*. New York, NY: Guilford.
- Slesnick, N., Dashora, P., Letcher, A., Erdem, G., & Serovich, J. (2009). A review of services and interventions for runaway and homeless youth: Moving forward. *Children and Youth Services Review*, *31*, 732–742.
- Slesnick, N., & Prestopnik, J. L. (2005). Ecologically based family therapy outcome with substance abusing runaway adolescents. *Journal of Adolescence*, *28*, 277–298.
- Slesnick, N., & Prestopnik, J. L. (2009). Comparison of family therapy outcome with alcohol-abusing, runaway adolescent. *Journal of Marital & Family Therapy*, *35*(3), 255–277.
- Thompson, S. J., Pollio, D. E., & Bitner, L. (2000). Outcomes for adolescents using runaway and homeless youth services. *Journal of Human Behavior in the Social Environment*, *3*, 79–97.
- Thompson, S. J., Zittel-Palamara, K. M., & Maccio, E. M. (2004). Runaway youth utilizing crisis shelter services: Predictors of presenting problems. *Child & Youth Care Forum*, *33*(6), 387–404.

- Thompson, S. J., Pollio, D. E., Constantine, J., Reid, D., & Nebbit, V. (2002). Short-term outcomes for youth receiving runaway and homeless shelter services. *Research on Social Work Practice, 12*(5), 589–603.
- Votta, E., & Manion, I. (2004). Suicide, high-risk behaviors, and coping style in homeless adolescent males' adjustment. *Journal of Adolescent Health, 34*(3), 237–243.
- Walsh, S. M., & Donaldson, R. E. (2010). Invited commentary: National Safe Place: Meeting the immediate needs of runaway and homeless youth. *Journal of Youth and Adolescence, 39*, 437–445.
- Whitbeck, L. B., Hoyt, D. R., Yoder, K. A., Cauce, A. M., & Paradise, M. (2001). Deviant behavior and victimization among homeless and runaway adolescents. *Journal of Interpersonal Violence, 16*, 1175–1204.