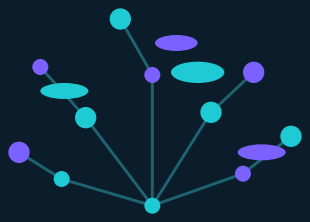
When leaving can become a safety risk



A family and school planning guide for wandering and elopement

RESEARCH-LED WEEKLY GUIDE

Plain language. Shared planning. No one-size-fits-all plan.

Why this need was chosen

Wandering may expose a person to traffic or water hazards and disrupt family routines. A nationally representative parent survey of 2011 CDC Pathways data found that 26.7% of 3,518 U.S. school-age children with autism and/or intellectual disability or developmental delay were reported to have wandered in the prior year [1]. In a separate voluntary online survey, caregivers reported that among children who went missing long enough to cause concern, 24% were reported in danger of drowning and 65% were reported in danger of traffic injury; families also described disrupted sleep and avoided outings [2]. The CDC reviewed its planning guidance in 2026 [3].

WANDERING	Direct safety and family-impact data; current CDC plan / prevent / teach guidance. Selected for immediate, shared safety planning.
SLEEP	AAN practice guideline and a systematic review; the review includes only three small controlled trials [6,7].
ASSENT	ABA/PBS ethical guidance supports ongoing, meaningful participation; empirical implementation evidence remains limited [8].

A priority for this guide - not a universal ranking.

The survey periods, populations, and measures differ. Current safety guidance does not mean current prevalence has been measured. Sleep, assent, and other needs remain important.

PRACTICAL RESEARCH GUIDE

Notice patterns without guessing

A behavior-analytic lens can help teams ask clearer questions. An observation is not a diagnosis or a complete functional assessment.

Start with context, not conclusions

1 WHERE / WHEN?

Note the place, transition, time, people present, and nearby exits, roads, or water. Stick to what you saw.

2 WHAT CAME BEFORE?

Was there a change, wait, demand, loud setting, movement opportunity, or something interesting nearby? Record, do not assume.

3 WHAT MAY HELP COMMUNICATE?

Make words, AAC, gestures, or pictures available for go, break, help, outside, or too much. Ask how the person prefers to communicate.

4 WHAT HAPPENED NEXT?

Note what adults did and what changed. A pattern may suggest a question for the team; one event cannot tell you why it happened.

A simple, neutral ABC note

BEFORE

What was happening just before?

LEAVING / MOVING

What did you observe, in plain words?

AFTER

What happened immediately after?

What ABA-specific research can and cannot tell us

A systematic review of 12 studies published from 2000-2015 found that the circumstances related to elopement varied; most included studies were small, single-case evaluations [4]. A 2025 journal case series examined 17 individualized treatments for 14 autistic children in an inpatient program [5]. These studies support careful, person-specific assessment by qualified teams; they do not establish one cause, home strategy, or outcome for every child.

Safety boundary

Do not recreate or arrange a chance to leave in order to test a theory. Functional assessment and treatment require qualified professionals and safety safeguards.

PRACTICAL RESEARCH GUIDE

Turn observation into a shared safety plan

CDC guidance groups practical steps into planning, prevention, safety-skill teaching, and responder coordination [3]. Adapt choices to the person and setting.

01

PLAN TOGETHER

- Agree which adult is actively responsible during transitions and hand-offs.
- Keep a current photo, brief description, key contacts, and the person's communication needs where responders can access them.
- Map likely exits and nearby hazards with the family and school team; decide who does what if the person is missing.

02

PREVENT WITH SUPPORT

- Make safe movement, breaks, and engaging options easier to access before high-risk transitions.
- Share the same supervision and hand-off plan across caregivers, classrooms, transport, and community activities.
- If using an environmental safeguard, check accessibility, local rules, and emergency exit requirements. No single device or barrier is a complete plan.

03

TEACH USEFUL OPTIONS

- Support an easy way to say or show go, break, help, finished, or outside in the person's preferred communication mode.
- If the person wants to practice safety cues such as stop, name / ID, or street skills, practice with a qualified instructor in a calm, controlled place.
- A practiced safety response adds a layer; it never replaces active adult supervision.

04

RESPOND, THEN REVIEW

- If someone is missing and may be near danger, promptly contact local emergency services and follow the agreed response plan.
- Use the current photo and contact information; check likely routes or preferred places while adults coordinate clear roles.
- Once safe, focus first on comfort and recovery. Review the sequence later with the person and team without blame.

Keep the person involved. Preserve communication, dignity, and safe access to preferred activities.

PRACTICAL RESEARCH GUIDE

A one-page plan to complete together

Use this as a conversation aid with the person, family, school, and relevant professionals. Share only details needed for safety.

1. The person's voice and communication

How I show or say the words go / break / help / finished:

People I trust / how I want adults to approach me:

2. Moments and places to plan for

Transitions, settings, interests, sensory conditions, or changes adults have noticed (describe, do not label):

3. Prevention and clear adult roles

- [ ] Who is actively supervising?
- [ ] Communication option ready:
- [ ] Who takes over at hand-off?
- [ ] Environmental change checked for safe egress?
- [ ] Safe movement / break option:
- [ ] Team / contact for plan review:

4. If the person is missing

- [ ] Updated photo and short description accessible to designated adults
- [ ] Likely routes / places adults will check; assign roles
- [ ] Who contacts local emergency services if there is immediate danger?
- [ ] Key communication / access needs to tell responders

Review this plan with the person and the adults responsible for safety.

This worksheet is not a validated assessment. Keep it current, private, and accessible to the right people. Any door or gate change must preserve emergency egress.

Evidence notes and source links

The practical suggestions are separated from research findings. Links open the original article or authoritative guidance.

Evidence-strength summary

Parent surveys plus current CDC guidance document the safety concern. ABA treatment evidence is narrow and based on small studies. This worksheet is a practical, untested organization aid.

1. Kiely B, Migdal TR, Vettam S, Adesman A. Prevalence and Correlates of Elopement in a Nationally Representative Sample of Children with Developmental Disabilities in the United States. PLoS ONE. 2016;11(2):e0148337. Cross-sectional 2011 CDC Pathways analysis.
   doi.org/10.1371/journal.pone.0148337
2. Anderson C, Law JK, Daniels A, Rice C, Mandell DS, Hagopian L, Law PA. Occurrence and Family Impact of Elopement in Children With Autism Spectrum Disorders. Pediatrics. 2012;130(5):870-877. Online parent survey; volunteer-sample limits apply.
   doi.org/10.1542/peds.2012-0762
3. Centers for Disease Control and Prevention. Wandering (Elopement). Child Development. Published 2024; updated 2025; reviewed January 29, 2026.
   www.cdc.gov/child-development/disability-safety/wandering.html
4. Boyle MA, Adamson RM. Systematic Review of Functional Analysis and Treatment of Elopement (2000-2015). Behavior Analysis in Practice. 2017;10(4):375-385. Review of 12 studies; literature search ended in 2015.
   doi.org/10.1007/s40617-017-0191-y
5. Nevill RE, Crawford MF, Zarcone JR, Maquera ES, Rooker GW, Schmidt JD. A Retrospective Consecutive Controlled Case Series Analysis of the Assessment and Treatment of Elopement in Children with Autism in an Inpatient Setting. Behavior Analysis in Practice. 2025;18:903-920. Published online 2024; n=14, inpatient setting.
   doi.org/10.1007/s40617-024-00979-1
6. Williams Buckley A, Hyman SL, McDougle CJ, et al. Practice guideline: Treatment for insomnia and disrupted sleep behavior in children and adolescents with autism spectrum disorder. Neurology. 2020;94(9):392-404. Evidence review through December 2017; reaffirmed 2026.
   doi.org/10.1212/WNL.0000000000009033
7. Keogh S, Bridle C, Siriwardena NA, et al. Effectiveness of non-pharmacological interventions for insomnia in children with Autism Spectrum Disorder: A systematic review and meta-analysis. PLoS ONE. 2019;14(8):e0221428. Three small controlled trials.
   doi.org/10.1371/journal.pone.0221428
8. Breaux CA, Smith K. Assent in applied behaviour analysis and positive behaviour support: ethical considerations and practical recommendations. International Journal of Developmental Disabilities. 2023;69(1):111-121. ABA/PBS ethical and practical discussion.
   doi.org/10.1080/20473869.2022.2144969

General education only. No source endorses NeuroSparkABA or its services.