

SNAP[®] Implementation Information Guide



POWERED BY THE MINDS AT CHILD DEVELOPMENT INSTITUTE

This package contains information to support an application for funding to implement the SNAP[®] Model Clinical Programs, SNAP[®] Boys and SNAP[®] Girls.

Enclosed in this package, please find the following documents:

1. SNAP[®] Model Implementation Overview
2. SNAP[®] Implementation Diagram, Principles and Framework
3. Approach to service delivery, program goals and target population details
4. SNAP[®] service description and sample program brochure
5. Site selection criteria
6. Other suggested reading and resources - SNAP[®] Fact Sheet
7. Contact information (*Budget details – available upon request*)



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www.stopnowandplan.com



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SNAP[®] MODEL IMPLEMENTATION OVERVIEW

OVERVIEW

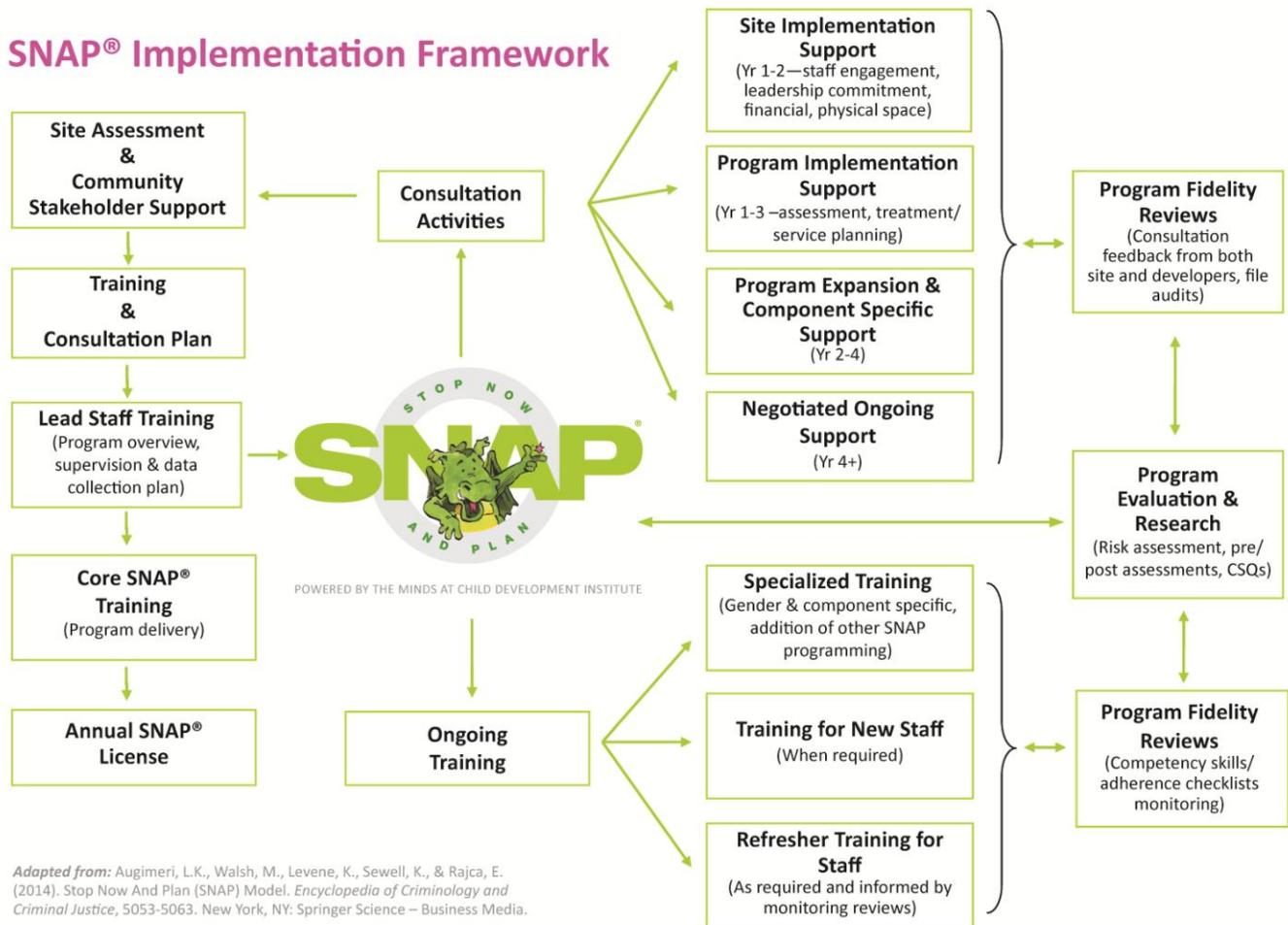
SNAP[®] (Stop Now And Plan) is an award-winning, evidence-based gender sensitive model that teaches children with behavioural problems, and their parents, how to make better choices “in the moment”. It is proven to reduce aggression, delinquency and antisocial behaviour while increasing social competency, emotion-regulation, and self-control skills with an end goal of keeping them in school and out of trouble. SNAP can reset decision making in just 13 weeks. It is noted in the scientific literature as: “the most fully developed and longest-sustained intervention to date for juvenile delinquents” (Howell, 2001), “best evidence-based program for aggressive children with serious violent and chronic potential” (Howell, Lipsey & Wilson, 2014), it “out performs treatment as usual” (Burke & Loeber, 2015) and the “monetary benefits of the SNAP program greatly exceed its monetary costs, reduces crime by 33% and saves money” (Farrington & Koegl, 2015).

SNAP’s proven cognitive behavioural multi-component and family-focused model was developed at the Child Development Institute (CDI; formerly EarlsCourt Child and Family Centre) in Toronto, Canada. The first SNAP program (SNAP Under 12 Outreach Project now SNAP Boys) was initiated in 1985 with the decriminalization of children under the age of twelve in Canada with the introduction of the Young Offenders Act (now the Youth Criminal Justice Act). CDI’s SNAP Research and Implementation team made two significant model enhancements in 1996: (1) the model became gender specific with the introduction of the SNAP[®] Girls Connection (now SNAP[®] Girls); and (2) the model went from a time limited to a continued *care* model.

SNAP is grounded on the following principles: Scientist-Practitioner, Client-Centered, Gender-Sensitive, Ecosystemic, Strength and Skill Based, Continuing Services, Collaborative, Community Responsive, and Accountable Service Excellence. The SNAP Model is based on a comprehensive framework (Augimeri, Walsh, Levene, Sewell, & Rajca, 2012) for effectively teaching children with serious behaviour problems, emotion regulation, self-control, problem-solving and social skills. Children learn how to stop and think in order to find solutions that ‘make their problems smaller, not bigger.’ Parents also learn how to use SNAP and effective parent management skills.

SNAP® MODEL FRAMEWORK

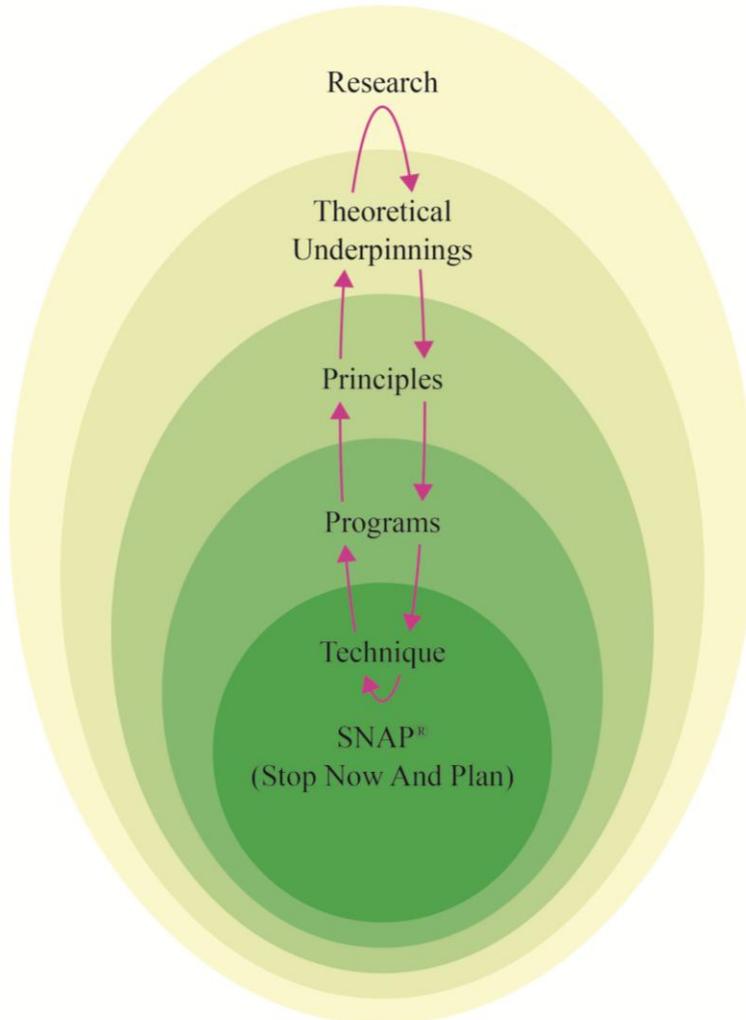
The SNAP Model Framework illustrates the interconnectedness and association with the theoretical underpinnings, principles, programs, and technique and how research plays a role in each of these key areas. It has been incorporated into the SNAP programs based on needs and risks of different populations of children, youth, families, and communities. The conceptual framework of the program draws several different theoretical models, including social interactional learning (parent management training), cognitive-behavioral, systems, feminist and attachment theories. SNAP fits in the classroom, in the clinician's office and at home. The program is culturally sensitive and can be situated in a variety of diverse community settings and real life community conditions with promising results.





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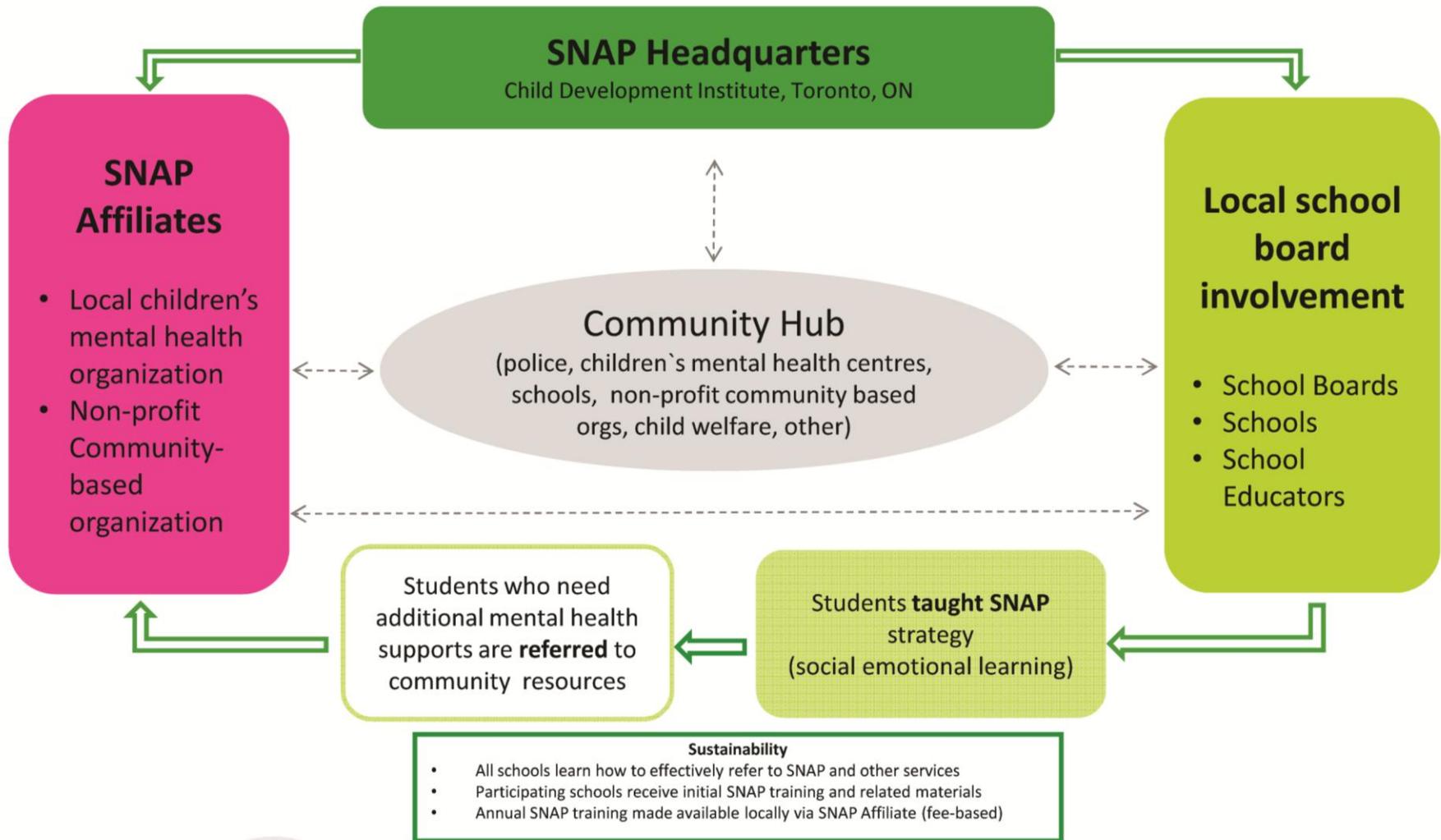
9 Principles of SNAP®



Principle	Indicator
Scientist-Practitioner	An interactive science-practice paradigm is sustained by regular cross-discipline work groups to support the high-quality evolution of SNAP program development, outcomes and research.
Client-Centred	Services are informed by client personal and cultural narratives and goals, ensuring client responsiveness through growth-oriented engagement and alliances.
Gender Sensitive	Specific gendered factors which account for differential development, learning styles and trajectories of boys and girls with conduct problems are integrated throughout SNAP programs.
Eco-Systemic	Each client's ecological system (individual, home, school, community) is assessed to identify and inform strengths, needs and risk and protective factors, and to match them with appropriate service components and treatment intensity.
Strength and Skill-Based	Specific, consistent use of positive reinforcement, as part of our evidence-based, cognitive-behavioural practice promotes and strengthens individual capabilities and the acquisition of primary SNAP skills: emotion regulation, self-control and problem solving.
Continuing Services	Continuing needs and commitment to service are regularly and jointly assessed to support and ensure high-risk families, children and youth are engaged in services.
Collaborative	Effective collaborations with appropriate child and family-oriented services are conducted to ensure service coordination and family support system development during and after SNAP services.
Community-Responsive	SNAP programs are adapted to diverse cultural and socio-economic factors that characterize communities in order to be responsive to social determinants of child and family mental health.
Accountable Service Excellence	Combination of high-quality staff development activities that include consistent supervision, training, integrity and the attainment of accountable standards assessed through a series of well-developed research, evaluation, fidelity and quality assurance activities foster overall service excellence.

Community Implementation Plan

Partnering to Help Children and Families



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APPROACH TO SERVICE DELIVERY

Children who are clinically assessed as engaging in above-average levels of aggressive, destructive, and/or oppositional behaviours such as stealing, lying, aggression and bullying are eligible for the clinical program. Typical referral sources are schools, child welfare, police, fire service, and parents. SNAP services are ecologically based and include working with the individual child, their family, school and community. Children, families, teachers and SNAP staff participate in evaluation activities first and foremost for treatment planning and then for ongoing program evaluation activities from the point of intake, at post core-group intervention (often the first phase of active treatment), and then every six months/annually until discharge to determine treatment outcomes and service requirements based on level of risk and need.

PROGRAM GOALS

The primary goal of the program is to keep at-risk boys and girls in school and out of trouble.

The other goals of SNAP are to:

- Increase emotion regulation, self-control and problem solving skills (children and their parents);
- Reduce aggression, delinquency and antisocial behaviour;
- Increase social competency;
- Prevent further and future delinquency;
- Improve academic success by decreasing behavioural issues at school;
- Engage high risk children/youth and their families in service;
- Increase effective parent management skills;
- Increase leadership skills; and
- Connect children/youth and parents to community based resources.

The SNAP Model is founded on a scientist-practitioner principle. This has resulted in the model being subjected to stringent evaluation and research activities (e.g., process and outcome evaluation, quasi-experimental designs, randomized controlled trials, long term follow-up – criminal record searches, cost-benefit analyses, 3rd party external evaluations, and neuroscience). Results for the evidence-based SNAP Boys and SNAP Girls programs have found that SNAP outperforms treatment as usual (Burke & Loeber, 2015) and is cost effective (Farrington & Koegl, 2015). For further details please see <https://childdevelop.ca/snap/science-behind-snap>.

TARGET POPULATION - Criteria

To be eligible to receive services through SNAP Boys or Girls, (targeted) children must be between the ages of 6–11 years at the time of admission. Children must be reported as experiencing behaviours that place them within the 2% (scoring in the clinical ranges) for conduct, oppositional and/or externalizing problems as assessed by either standardized measures (e.g., Child Behavior Checklist or Teacher Report; CBCL, Achenbach, 2001), adapted checklists and/ or through a clinical assessment. Children are also eligible for service if there has been police contact for engaging in antisocial behaviour (e.g., theft, assault, vandalism, fire setting, break and enter, truancy).

Both boys and girls typically present at admission with one or more of the following problems: aggression towards others in the home and/or at school, lying, stealing, bullying, hyperactivity/impulsivity, oppositional behaviour, having trouble keeping friends, vandalism, fire setting, lacking self-control and problem-solving skills, and/or having police contact for their own misbehaviour in one or more settings (e.g., at home, in the community, at school).

All children referred to the SNAP will also be assessed using a structured risk need assessment tool called the Early Assessment Risk Lists (EARL-20B, for Boys; EARL-21G, for girls).

Please Note: families whose children are exhibiting primarily internalizing problems, serious physical handicaps, developmental delays or autism are assisted in locating more appropriate resources.

SNAP[®] SERVICE DESCRIPTION

The SNAP Program is a gender specific multi-component and multi-systemic intervention focusing on emotion regulation, self-control and problem-solving. Based on an assessment of a child and families unique treatment needs clients can access a range of various SNAP treatment components. The two core components offered to all children and their families are: (1) a 13-week SNAP Children's Group (SNAP Boys and Girls Club)—structured treatment groups delivered after-school hours once a week for 1.5 hours and (2) a 13-week concurrent SNAP Parent Group that focuses on teaching parents effective child management skills. Additional SNAP components can be offered based on a child and families level of risk and need include: (3) family counseling based on SNAPP (Stop Now And Plan Parenting); (4) academic tutoring (homework club); (5) school advocacy and teacher support; (6) victim restitution; (7) individual counseling/mentoring, which links children with a worker or in some cases a trained volunteer to strengthen skill-building and to become involved in structured community-based activities and/or to provide counseling sessions related to areas of concern; (8) SNAP Youth Leadership Program, a continued care component involving an evening club for high-risk boys and girls who have completed the SNAP Children's Group; and (9) SNAP Problem-Solving Groups for parents who have completed the SNAP Parent group.

Note: Service components noted above are offered at various stages of a new sites implementation and development. For example items 8 and 9 are only added once a site is established and has a significant number of graduates eligible for the service. Sites are required to ensure children and families are able to access other services, when needed, such as Arson Prevention Programs (e.g., TAPP-C) for children with fire-specific problems.

Referrals and Costs

Referrals

Parents are encouraged to contact the intake line at 416-603-1827, ext. 3143. Teachers, social workers, police and other service providers may facilitate a referral with written consent from the parent or legal guardian.

Toronto Centralized Services Police Protocol:

Children under 12 who have had contact with the law can be directly referred by police through a specific intake line: 416-654-8989

Costs

Funding from the Ontario Ministry of Children and Youth Services and corporate and private donations allow us to offer this service at no cost. Free child care for younger children is available while parents attend group sessions. Assistance with TTC transportation to and from group sessions is available upon request.

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CHILD DEVELOPMENT INSTITUTE

offers a range of programs and services to meet the needs of children and families, including:

- Five licensed, not-for-profit early learning (child care) centres in the City of Toronto
- Parkdale-High Park Ontario Early Years Centre
- Parent/guardian, family and group counselling
- Parent/guardian support and education
- A summer day camp for children (ages 6-11) with behavioural problems
- Programs for children and mothers who have experienced abuse
- Specialized classrooms and other school-based services
- Programs for girls and boys (ages 6-11) with conduct disorders and disruptive behaviour
- Consultation and support for child care centres working with children with special needs
- Counselling, therapy and a residential therapeutic camp for children and youth with learning disabilities and mental health issues

Child Development Institute, an accredited children's mental health agency in Toronto, is a groundbreaker in developing innovative programming. We offer evidence-based programs for children ages 0-12 and youth ages 13-18, and their families across four streams: Early Intervention Services, Family Violence Services, the Integra Program and Healthy Child Development. Built on a legacy of more than 100 years of helping children and families, we have an established track record of success in children's mental health and family violence.

SNAP® Boys/SNAP® Girls

SNAP is delivered by Child Development Institute. These SNAP programs take place at our St. Clair Gardens location in Toronto (St. Clair Ave. West and Dufferin). For more information about SNAP or to make a referral, please contact:

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CONFIDENTIALITY, USE AND DISCLOSURE OF PERSONAL INFORMATION: We collect personal information so that we can provide children and families with professional and appropriate services and programs to meet their needs. Personal information is confidential and is only shared with other professional individuals or organizations with written permission. Exceptions for sharing personal information without permission are, for example, if the court subpoenas the file or if we suspect there is or has been child abuse which we must, by law, report to a child welfare agency such as Children's Aid Society. Should you require more information on privacy or personal information protection, or wish to review your files to make corrections or changes, please contact your caseworker or consultant, or the Privacy Officer at 416-603-1827, ext 2290. You may also contact the Information and Privacy Commissioner of Ontario office at 1-800-387-0073 or www.ipc.on.ca if you would like more information or are not satisfied with how we address your questions or concerns.

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**SNAP® Boys/
SNAP® Girls**



POWERED BY THE MINDS AT CHILD DEVELOPMENT INSTITUTE

Charitable Registration Number: 119292795RC0002

SNAP® Boys/SNAP® Girls

What is SNAP?

SNAP, which stands for STOP NOW AND PLAN, is an evidence-based, cognitive-behavioural model powered by the minds at Child Development Institute (CDI). SNAP® helps troubled children and their parents learn how to effectively manage their emotions and “keep problems small.”

The gender-sensitive SNAP Boys and SNAP Girls programs are designed for children ages 6-11 who are engaging in aggressive, anti-social behaviour and/or have come into contact with authority figures at school or in the community. Experienced and highly-trained staff work with each family to assess challenges and problems and develop an action plan. Children and families may participate in the following components, with the goal of preventing future anti-social behaviour and reducing the chances of conflict with family, peers and authority figures.



SNAP Boys & SNAP Girls Components

SNAP Boys/SNAP Girls Groups

Boys and girls attend gender-specific weekly group sessions for 13 weeks. They learn how to use SNAP in different situations through engaging activities including discussions, role-playing and interactive games. A variety of topics, including dealing with angry thoughts and feelings, self-control, problem-solving and bullying are addressed.

SNAP Parenting Group

The parent groups meet at the same time as the SNAP Boys/SNAP Girls groups. Parents learn effective child management and SNAP strategies. The group also provides parents with an opportunity to make connections with other parents facing similar challenges.

Homework Club/Tutoring

Weekly tutoring sessions/homework clubs with specially-trained volunteers are available for SNAP clients functioning below grade level.

Individual Child Counselling/Mentoring and Community Connections

Individual counselling/mentoring with a SNAP staff member or volunteer provides children with individualized support to enhance the skills learned in the SNAP groups and continued work on goal attainment.

School Advocacy/Teacher Support

Program staff help families ensure that their children receive the help and support needed at school.

SNAP Parenting: Family Counselling

Ongoing, outcome-oriented counselling related to implementing SNAP strategies and individual issues is offered to parents and/or families.

Crisis Intervention

Available to help families involved with SNAP deal with challenging situations as they arise and/or refer them to appropriate crisis services.

Victim Restitution

Children learn how to apologize and redress their behaviour. An apology letter or some form of community service are typical restitution approaches.

Access to (TAPP-C) Arson Prevention Programs

Offered to children with fire interest and/or fire setting concerns.

Long-term Connections/Continued Care

Families may continue to be involved in program components when there is a need and interest. Youth leadership services and extended parent counselling/groups are available for youth up to age 18 and their families. In addition, parents and youth may participate as peer or parent mentors.

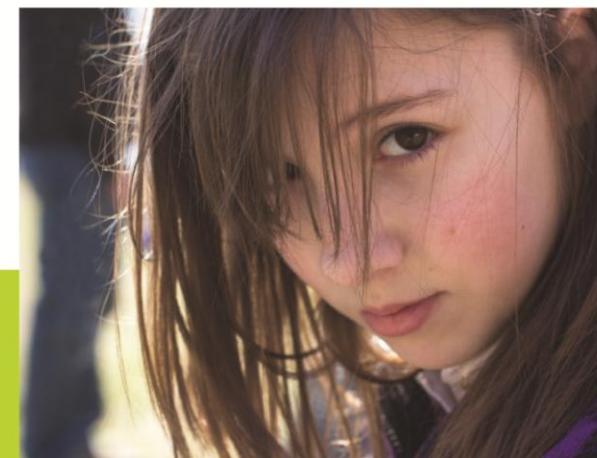
Girls Growing Up Healthy

Eight to 10 session mother-daughter groups focusing on relationship-building, and physical and sexual health. This core group is offered to mothers and girls ages 9 and up following SNAP groups.

Who should attend SNAP®?

Boys and girls ages 6-11 experiencing serious behavioural problems at home, at school, with persons in authority and in the community are referred to these programs. Presenting problems may include:

- Problems with family relationships
- Physically and/or verbally aggressive behaviour
- Defiant behaviour
- Lack of self-control and problem-solving skills
- Difficulty making and keeping healthy relationships
- Stealing
- Bullying others
- Vandalizing or damaging property



SITE SELECTION CRITERIA

CDI requires all professionals and/or organizations delivering SNAP to commit to the following implementation standards and principles:

1. Replication sites must enter into a formal SNAP licensing agreement.
2. The organization's treatment philosophy should be consistent with CDI's (e.g., cognitive behavioural family-centred approach).
3. The replication site must have a strong history of collaboration with other social service programs and relevant stakeholders (e.g., child welfare, police, schools).
4. Replication sites should allocate full-time, dedicated, and trained staff to operate programs.
5. Training and consultation should be built into the implementation plan.
6. Any adaptations to the model must be first approved by CDI.
7. Research must be an integral part of the replication.

Successful applicants will understand the importance of the following key implementation and replication standards that ensure successful SNAP outcomes (Augimeri, Walsh, Levene, & Slater, 2015):

1. *Adherence to the model*
An integral tool used to ensure this is the use of program manuals. Given that SNAP is a cognitive-behavioural, social learning skills-based approach, requiring a certain level of knowledge, understanding, and expertise, the manuals provide clinicians with clear and distinct direction on how to implement the components with the highest integrity and fidelity.
2. *Restraint from Making Modifications*
We understand the importance of making programs "fit" within an existing practice or make it more "culturally appealing". Minor adaptations such as changing the esthetic appeal of a learning tool can be a helpful improvement, one that may offer a different look, but not dramatically change the content of what is to be achieved. Caution and careful consideration must be taken so that key treatment ingredients are not altered in any way.
3. *Training and Ongoing Consultation (see SNAP Implementation Framework below)*
It is an investment that both the replication team and CDI commit to including providing clinical staff with the necessary skills and information to implement the program as intended; ensuring ongoing communication, feedback support, and a quality assurance mechanism.
4. *Engagement in Ongoing Fidelity/Integrity Audits*
Audits help to ensure the program is being delivered with the highest possible efficacy to achieve the desired outcomes. Auditing program integrity and fidelity is the responsibility of both the replication team and CDI.
5. *Selecting the Right Staff*
Hiring dedicated, passionate, knowledgeable, and skilled team members is important for quality and delivery of services. Clinicians must be able to engage high-risk clients and establish therapeutic relationships.
6. *Adoption of Community Teams/Hubs*
These teams/hubs establish a community support system that comprises of representatives from various sectors (e.g., children's mental health, policing, child welfare, and school personnel). The *Community Team/Hub* will assist in establishing referral protocols ensuring children and families are connected to the appropriate gender-sensitive services in their neighbourhood.

Performance Measures:

All applicant agencies will be assessed using the following performance measures that the selected proposer must emphasize: (a) compliance with the applicant's community/city mental health standards; (b) a reputable track record of connectedness and high regard/trust within the community; (c) demonstrated fiscal budget management; and (d) expertise working with children with disruptive behavior problems and their families using an ecological-based approach.

Records, Reporting, & Monitoring:

The qualifying agency must agree to the following contract requirements:

- (a) To maintain complete and accurate records pertaining to clients served in the SNAP Program;
- (b) To provide relevant data assessing process and outcome indicators on an ongoing basis; and
- (c) To allow designated CDI staff access to SNAP program files/records to monitor levels of fidelity.

Confidentiality of Client Information:

The qualifying agency will need to have in place a written confidentiality policy to ensure the practice of confidentiality of all client information (e.g., cannot disclose or make use of information concerning any client or family member except in the course of performing the agency's official business – except in instances required by law, such as suspected child abuse or neglect or criminal activity).

Additional Requirements:

That the qualifying agency is able to demonstrate that they have active and written policies regarding, for example, parent involvement, cultural competence, privacy of personal information, client complaints, benefits and concerns about participating in treatment, ending services and client feedback mechanisms.

Insurance:

The qualifying agency needs to ensure that all necessary insurances (e.g., worker liability) are in place to provide SNAP[®] Program services.

Staffing should be configured as follows:

- Senior staff with administrative and clinical skills to oversee the program and provide leadership (program champion)
- Dedicated program-specific staff (# of staff will be dependent on the # of children served/year)
 - Family and Child Workers (F/T)
- Trained staff are able to engage high risk children and their families, and demonstrate clinical competencies such as group facilitation skills (parent and child), adherence to program manuals, access to community resources and participate in ongoing consultation and evaluation activities

Collaboration:

Qualifying agencies must have a strong track record of collaborating with social service and other relevant stakeholders. The SNAP Program will require specific collaborations, including:

- CDI's SNAP Implementation and Research Team:
 - Training
 - Consultation
 - Onsite support
 - Offsite (e.g., teleconferencing, videoconferencing, reviewing clinical session DVDs)
 - Program Integrity and Fidelity activities
 - Research and Evaluation Child Welfare, Law Enforcement, - Fire Services, School Boards and other relevant service providers

Physical Requirements/Location: (see attached score sheet for more details)

- Centrally located or agencies that have multiple sites
 - Accessible via public transportation
 - Child/family friendly environment
 - Physical space to conduct intervention
 - Child friendly group room (minimum space required approximately 14' x 16')
 - Round table that seats 9 individuals (2 adults and 7 children)
 - Dry eraser/Chalk board
 - Wall space to post program materials
 - Video camera
 - Monitor and play back device
 - Preferable – observation/video capabilities to observe or, minimally, video tape the group sessions
 - Parent friendly group room
 - adequate number of chairs and space for participating parents
 - Monitor and play back device

OTHER SUGGESTED READING AND RESOURCES

Please access additional information on the SNAP website www.stopnowandplan.com.

The following SNAP publications are suggested reading to further enhance your understanding of the SNAP Model Program.

Augimeri, L.K., Walsh, M., Levene, K., & Slater, N. (2015). Scaling Deeper: SNAP® Model and Implementation Frameworks. In Raymond Corrado, Alan Leschied, Patrick Lussier, & John Watley (Eds), *Serious and Violent Young Offenders and Youth Criminal Justice: A Canadian perspective*. Simon Fraser University Press.

Augimeri, L.K., Walsh, M., Levene, K., Sewell, K., & Rajca, E. (2014). Stop Now And Plan (SNAP) Model. *Encyclopedia of Criminology and Criminal Justice*, 5053-5063. New York, NY: Springer Science – Business Media.

Burke, J. & Loeber, R. (2015). Mechanisms of behavioral and affective treatment outcomes in a cognitive behavioral intervention for boys. *Journal of Abnormal Child Psychology*. DOI: 10.1007/s10802-015-9975-0.

Burke, J., & Loeber, R. (2014). The effectiveness of the Stop Now and Plan (SNAP) Program for boys at risk for violence and delinquency. *Prevention Science*. Printed online, April 24, 2014, DOI 10.1007/s11121-014-0490-2.

Farrington, D. P. & Koegl, C. J. (2015). Monetary benefits and costs of the Stop Now And Plan program for boys aged 6-11, based on the prevention of later offending. *J Quant Criminol* (2015) 31:263–287, DOI 10.1007/s10940-014-9240-7 [Published online: 22 November 2014_ Springer Science+Business Media New York 2014]

Woltering, S., Liao, V., Liu, Z-X., & Granic, I. (2015). Neural Rhythms of Change: Long-Term Improvement after Successful Treatment in Children with Disruptive Behavior Problems. *Neural Plasticity*, Article ID 873197; <http://dx.doi.org/10.1155/2015/873197>, [Hindawi Publishing Corporation].

Woltering, S. Granic, I. Lamm C. Lewis, MD. (2011). Neural Changes Associated with Treatment Outcome in Children with Externalizing Problems. *Biological Psychiatry*. 70 (9), 873-879.



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SNAP® (Stop Now And Plan) Fact Sheet

SNAP is a proven program that teaches children with behavioural problems, and their parents, how to make better choices “in the moment”

CHILDREN WITH BEHAVIOURAL PROBLEMS

- Conduct problems represent the dominant mental health issue for children under the age of 12
- Up to 20% of children experience disruptive behaviour problems, effecting thousands of children across Canada
- The majority of these children will not “grow out of it,” but will continue down a trajectory of worsening behaviour
- If left untreated, 75% of these children are at risk of engaging in criminal behaviour, being incarcerated and suffering serious mental health concerns
- 60% of incarcerated males have a history of childhood conduct problems
- The middle years (ages 6 to 11) are the optimal age range for learning self-control skills

WHAT IS SNAP?

- SNAP is a proven, evidence-based model for children ages 6 to 11 with serious disruptive behaviour problems that place them in the top 2% of severity on externalizing behaviour (aggression, conduct) and internalizing issues (anxiety, depression) as compared to other children their age
- SNAP’s core strategy teaches children how to stop and think before they act. Children learn to identify triggers (what makes them angry or upset) and make the connection between their body awareness (body cues) and what stops they can use to effectively help their bodies calm down in order to make a plan
- Key skill acquisition training techniques (role-play, modeling, self-talk) and generalization activities (home practice assignments) transfer learned SNAP skills from the clinical environment to real life settings
- Children and families typically begin by completing the core manualized 13-week group components that focus on teaching the SNAP strategy with a special emphasis on challenging cognitive distortions/thinking errors
- Adjunct components are offered based on the child’s and family’s identified goals, strengths, risks and continued treatment needs

MEASURABLE IMPACT

- SNAP reduces aggression, delinquency and antisocial behaviour; increases social competency; prevents further and future delinquency; improves academic success by decreasing behavioural issues at school; engages high-risk children and their families in service; increases effective parent management skills and connects children and parents to community-based resources
- A large-scale SNAP random control trial found that SNAP outperformed standard treatment with significant reductions in aggression, conduct problems and overall externalizing behaviours (Burke & Loeber, 2014; 2015)
- Neuroscience researchers from the Hospital for Sick Children and the University of Toronto found SNAP produced significant changes in brain systems responsible for cognitive control and self-regulation after just 13 weeks (Lewis et al., 2008; Woltering et al., 2011)
- A SNAP cost-benefit study found that SNAP reduced crime by 33%, prevented 168 crimes per 100 boys, and saved society \$147,423 per boy. The benefit-to-cost ratio is \$32 for every \$1 spent on SNAP (Farrington & Koegl, 2014)

COST-EFFECTIVE AND REPLICABLE

- On average, it costs approximately \$3,900 for a high-risk child and their family to participate in the SNAP program
- An incarcerated youth would cost society \$1.5 to \$2.5 million in custody, policing, probation, health and victim costs between the ages of 12 and 21
- SNAP is currently being replicated in 27 communities worldwide
- SNAP supports organizations with training, ongoing consultation, video reviews, fidelity checks, materials and data collection

INTERNATIONAL RECOGNITION AND AWARDS

- Inaugural Outstanding Achievement Research and Evaluation Award from the Child Welfare League of Canada (2004)
- Highest effectiveness designation (Level 1) by the U.S. White House's Helping America's Youth initiative (now called FindYouthInfo.gov; 2006)
- Effective Program by the U.S. National Gang Center (2006)
- Exemplary Program by the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (2007)
- Model Program by Public Safety Canada's National Crime Prevention Centre (2008)
- Canadian Violence Prevention Best Practice by the Public Health Agency of Canada (2011)
- Inaugural Prime Minister's Volunteer Award for Social Innovation in Ontario (2012)
- Effective Crime Solution Program by the U.S. Department of Justice's National Institute of Justice (2012)

SELECT MEDIA COVERAGE

SNAP has been highlighted in the media over 200 times. Below are some current examples.

- "Making children's health a top priority" – National Post, 03.15
- "School safety requires early intervention against violence, advocate says" – CBC News, 09.14
- "Program helps children stay in school and out of trouble" – Global News, 08.14
- "Program helps Alliston boy manage anxiety" – Alliston Herald, 05.14
- "Bobby Crane says anger management program saved his life" – CBC News, 03.14
- "To cut crime, help kids believe in future" – TwinCities.com – Pioneer Press, 04.14
- "SNAP with Dr. Leena Augimeri" – CBC Here and Now, 02.14
- "Control yourself: Self-regulation is one of the secrets to good mental health" – Parents Canada, 10.13

CONTACT INFORMATION

For further information about how to become a SNAP[®] Affiliate Site, SNAP[®] Licensing and SNAP[®] Training and Budget details, please contact:

Nicola Slater, Manager, SNAP[®] Implementation

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E-mail: nslater@childdevelop.ca

Web site: www.stopnowandplan.com

For further information about the SNAP[®] Model and research (in addition to the Centre for Children Committing Offences, EARL Risk Assessment Tools & Police-Community Referral Protocols), please contact:

Dr. Leena K. Augimeri

Director, Scientific and Program Development & Centre for Children Committing Offences

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