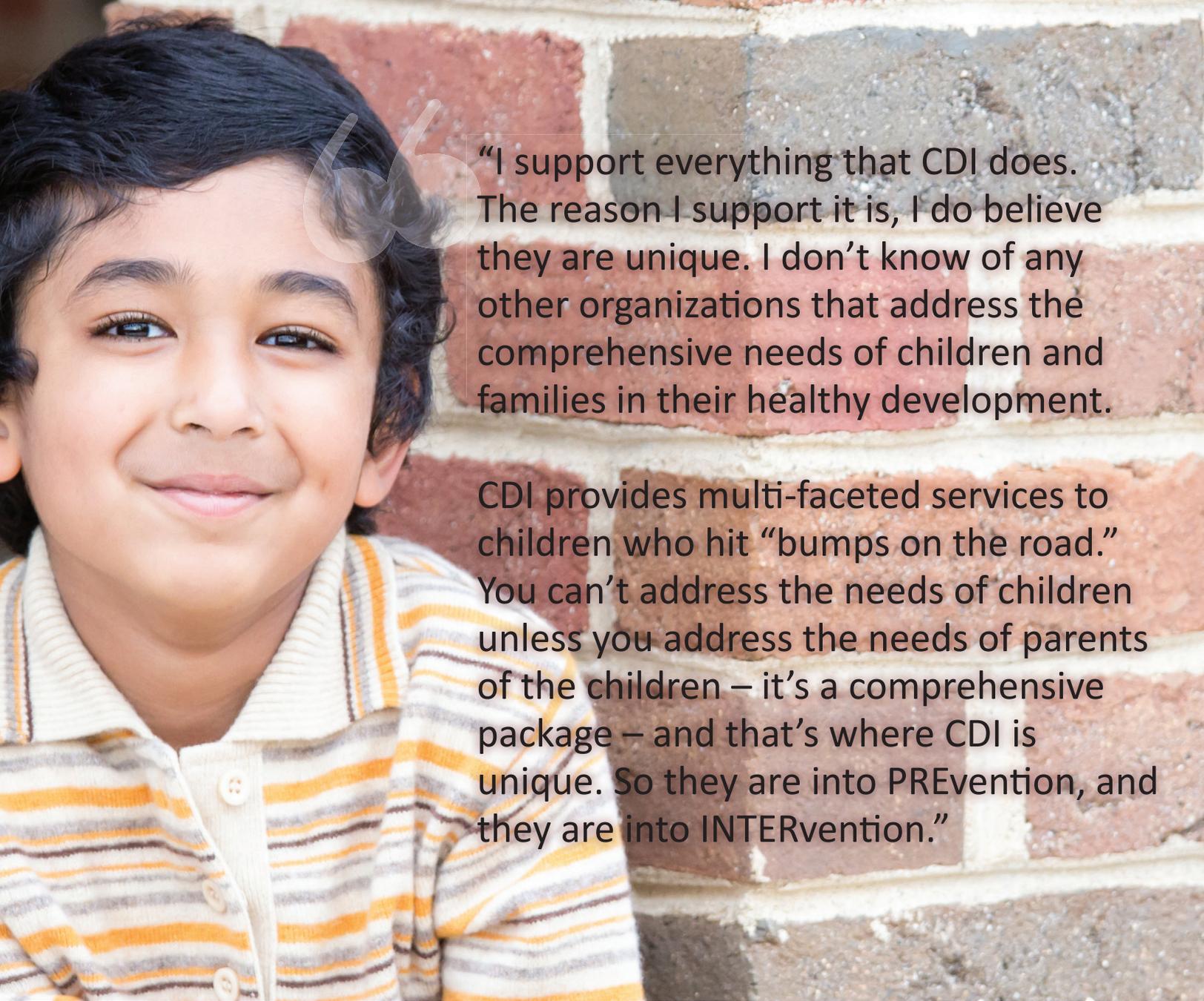




POWERED BY THE MINDS AT CHILD DEVELOPMENT INSTITUTE

An evidence-based, gender sensitive  
children's mental health solution.



“I support everything that CDI does. The reason I support it is, I do believe they are unique. I don’t know of any other organizations that address the comprehensive needs of children and families in their healthy development.

CDI provides multi-faceted services to children who hit “bumps on the road.” You can’t address the needs of children unless you address the needs of parents of the children – it’s a comprehensive package – and that’s where CDI is unique. So they are into PREvention, and they are into INTERvention.”

The Honourable Margaret McCain, O.C., O.N.B., The 27th Lieutenant Governor of New Brunswick, Margaret and Wallace McCain Family Foundation, CDI Advisory Board and SNAP Campaign Honourary Chair

# Why Choose SNAP<sup>®</sup>?

- Affordable
- Easy to replicate
- It works: Gives families hope
- Over 30 years of evidence-based results
- Focused on one of the most prevalent children's mental health issues and needs – Disruptive Behaviours
- Teaches emotion regulation, self-control and problem-solving
- Professional and supportive implementation and training team
- Works in communities just like yours - community-based
- Promotes staff clinical skills and core competencies
- Fully developed materials and resources
- Web-based tools and support
- Well-established licensing framework
- Strong fidelity and integrity practices
- Supports a community of practice - collaboration creates sustainability

STOP NOW  
AND PLAN



# STOP NOW AND PLAN

# Why Use SNAP?

We know that in Canada one in five children has a mental health disorder. Within this group, the dominant diagnosis across North America for children with disruptive behaviour problems is Conduct Disorder (CD) and/or conduct problems (e.g., oppositional, rule breaking, aggression). These problems are linked with poor impulse control (self-control), problem-solving and parent-child issues, which constitute the main focus of SNAP.

Because of the prevalence and long-term negative impact of such problems, the cost of failing to treat children with CD is enormous. Poor lifespan outcomes include persistent criminality (approximately 60% of incarcerated males have a history of CD), poor vocational and social functioning, mental illness, increased rates of hospitalization, family and parenting dysfunction and substance abuse.

Not including indirect social and victim costs, research indicates that children with CD have been conservatively shown to consume 7-10 times more resources than children who do not experience this disorder. The largest proportion of these costs is associated with youth crime. We also know a large percentage of children (up to 75%) who get in trouble with the police before age 12 have a high probability of getting in trouble again.

Most antisocial children who go on to experience CD in their adolescence and adulthood show signs as early as age two, although their identification is more reliable once they enter school. The middle years (6 – 11) are the years of opportunity – a critical phase for teaching self-control. SNAP's effective strategy addresses these issues, and prevents an antisocial life from ever taking hold.



## SCHOOL-BASED SNAP PROGRAMS

“I just left a meeting where the school board said SNAP was the best thing they'd ever done and was amazing!”

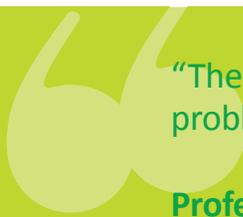
**Retired Detective Constable Nadine Wallace, Niagara Police Service**

# SNAP – Stop Now And Plan

SNAP, an evidence-based, cognitive behavioural, family-focused model, provides a framework for teaching children and their parents emotion regulation, self-control and problem-solving skills. 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 program is focused on children with serious levels of disruptive behaviours as assessed by standardized measures. Both child and parent/caregiver participate in SNAP services that include group, family and individual counselling.

Based on cognitive behavioural therapy, SNAP helps children and their parents deal effectively with problematic impulses and provides a tactical and strategic option for reducing such impulses. SNAP enables children to make better choices in the moment to calm themselves and generate solutions to challenges they face.



“The SNAP Boys and SNAP Girls programs for children with disruptive behaviour problems are the leading intervention programs for children at risk.”

**Professor David Farrington, OBE, Professor of Psychological Criminology, Institute of Criminology at Cambridge University, UK**

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

### SNAP will:

- Increase emotion regulation, self-control and problem-solving skills for children, their parents and siblings
- Reduce aggression, bullying and antisocial behaviour
- Increase social competency
- Improve academic success by decreasing behavioural issues at school
- Engage high-risk children and their families in service
- Increase effective parent management skills
- Connect children and parents to community-based resources
- Prevent delinquency

Mental health issues cost Canada \$51 billion each year in substance abuse, lost productivity and workplace absenteeism. Importantly, these costs do not include those borne by the children themselves who may experience pain, suffering, injuries, lack of fulfilment, lost opportunities, low education, illiteracy, addictions and substance abuse, and teenage pregnancy; nor do they include secondary costs borne by other persons such as family members, partners and friends.

“The SNAP program fills a critical gap in services for troubled children and their families. This well researched, evidence-based program meets the needs of children and their families by helping them develop critical emotional and behavioural regulation, as well as perspective-taking skills.”

**Professor Debra Pepler, Distinguished Research Professor of Psychology, York University, Scientific Co-Director of PREVNet and Senior Associate Scientist at SickKids**

# SNAP Research

SNAP research uses standardized measures from a variety of sources and informants and the most stringent research and evaluation designs including Randomized Controlled Trials, Quasi-Experimental, Qualitative Studies, Third Party External Multi-Site Evaluations, Ongoing Pre-Post and Long-Term Follow-Ups (risk and treatment intensity), Long-Term Criminal Outcomes (via Court Order) and Collaborative Neuroscience Research. Our research and evaluation is focused on establishing measureable, positive and sustainable changes across time for both child and parent.

## SNAP Proven Outcomes

- **Increased** emotion regulation, self-control, problem-solving, prosocial communication, remorse, and executive functioning
- **Decreased** anxiety, police contact, aggression, rule-breaking, conduct, oppositional behaviour and depression
- Ability to make better choices in peers
- School success: decrease in disciplinary issues
- Connection to positive community activities
- Effective child management strategies, positive support systems, coping abilities and communication skills
- Decreased parental distress and increased parental competency
- Prosocial values and behaviour
- Positive conduct, and increased social competence

## Long-Term Outcomes (12+ months)

- Post-group program achievements are maintained
- Continued improvement in the parent's ability to use effective child management strategies
- No involvement with criminal justice system
- Delayed and less frequent trouble with the police/delayed entry into youth justice system
- Continued improvement in the child's executive functioning

## Behavioural & Brain Changes Associated with Treatment Outcomes

University of Toronto & Hospital for Sick Children  
(Drs. Lewis, Stieben, Granic, Woltering, Lamm & Pepler 2008 – 2015)

SNAP enables children to regulate their emotions and control their impulses in just 13 weeks. Over the course of the program, imaging shows a decrease in activity in the ventral brain regions and an increase in activity in the dorsal brain regions, signifying emotional self-regulation and deliberate cognitive control.



### SNAP Benefit Cost Analysis (BCA)

**18% - 33%**

**REDUCTION**  
OF CRIME AFTER SNAP PROGRAM

**\$17 - \$32**

**BENEFIT**  
TO COST RATIO\*

**\$80,412 - \$147,423**  
**SAVED PER BOY**

\*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. *Journal of Quantitative Criminology*, 31, 263-287, DOI 10.1007/s10940-014-9240-7.



“Vandalism, starting fires, fights; I didn’t really care what I was doing.”  
**Bobby, SNAP Boys participant**

“Two polar opposites, I would either be really withdrawn or really aggressive.”  
**Paul, SNAP Boys participant**

“We all shared one thing and that was SNAP and trying to get help for ourselves.”  
**Che, SNAP Boys participant**

# SNAP BOYS

SNAP Boys is a family-focused, early intervention program for boys ages 6 to 11 who are engaging in problematic, aggressive, antisocial behaviour and/or have come into contact with authority figures. The program aims to prevent antisocial behaviour and reduce the chance of future conflict with authorities through timely and effective early intervention. Experienced and highly-trained SNAP staff work with parents to assess problems and create and evaluate treatment/action plans.

The program typically consists of five key components:

- SNAP Boys Group – A structured group that meets weekly for 13 weeks and teaches boys self-control, problem-solving, realistic thinking and emotion-regulation skills.
- A concurrent SNAP Parenting Group that teaches parents effective child management strategies.
- One-on-one family counselling based on the SNAP Parenting Skills Guide.
- Individual counselling/mentoring for boys who require extra support.
- School advocacy and teacher support to assist boys who are struggling behaviourally and/or not performing at their age-appropriate grade level at school.

Other components of the program that may be used, where appropriate, include academic tutoring, victim restitution, community connections and long-term continued care services. A parent problem-solving group is also offered several times each year for parents who have completed the SNAP Parenting group.

**SNAP Youth Leadership Services** provide continuing supports for SNAP graduates aged 11 to 18. The program helps SNAP youth address and navigate the complex social and emotional challenges they face during adolescence.

Youth are admitted to SNAP Youth Leadership Services through internal referral upon completion of SNAP programs. Youth may decide to become engaged in continuing services, including SNAP Youth Leadership Clubs, individual and family counselling, school support and advocacy, job readiness and external referrals, as needed.



“A Canadian program, SNAP Boys is the most fully developed intervention for child delinquents to date” (Howell, 2003), and “the leading evidence-based program for aggressive children with serious violent and chronic potential” (Howell, Lipsey & Wilson, 2014).



“I used to always lose my temper and fight with people, but when I came here I learned I didn’t have to get into fights, I could just use SNAP.” **SNAP Girls participant**

“In this program the girls say I am going to stop, I am going to think about what I have to do or I am going to walk away.” **Bernadette, mother of a SNAP Girls participant**

# SNAP GIRLS

SNAP Girls is a family-focused, gender-specific early intervention program for girls ages 6-11 exhibiting early disruptive behaviour problems at home, school and in their community. The program components are similar to the SNAP Boys program, but there are important differences based on research and best practices for treating girl aggression. In SNAP Girls, for example, there is greater emphasis on communication and relationship-building.

Experienced and highly trained SNAP staff work with parents to assess problems and create and evaluate treatment or action plans. Typically the program consists of six key components:

- SNAP Girls Group – a structured group that meets weekly for 13 weeks and teaches girls the SNAP technique to achieve emotion-regulation, self-control, realistic thinking and problem-solving skills.
- A concurrent SNAP Parenting Group that teaches parents the SNAP technique in conjunction with effective child management strategies.
- Girls Growing up Healthy – typically offered after SNAP groups are completed, the caregiver-daughter group aims to strengthen this essential relationship at the critical pre-teen stage and address issues related to physical development and healthy relationships.
- Family counselling based on SNAP Parenting Skills Guide.
- Individual counselling/mentoring for girls who require extra support.
- School advocacy and teacher support to assist girls who are struggling behaviourally and/or not performing at their age-appropriate grade level at school.

As girls reach adolescence, they may decide to become engaged in continuing services including SNAP Youth Leadership Services, individual and family counselling, school support and advocacy, job readiness and external referrals as needed. As well, a parent problem-solving group is offered several times each year to support parents after they have completed the SNAP Parenting group.

“As an agency we are now seeing the positive results from SNAP, through our Research and Evaluation department. The positive impact for families and children from this program extends to staff implementing the program as it further energizes them in the work they are doing.”

**Anita Vlaar, Chair, SNAP Implementation Team, Kinark Child and Family Services (SNAP Affiliate)**

# Frequently Asked Questions

## **1. Who is the target population for the SNAP program?**

SNAP Boys or SNAP Girls services are offered to children meeting the following criteria:

- Between 6 – 11 years of age at the time of admission.
- Exhibiting disruptive behaviour (e.g., aggression, rule-breaking, conduct).

## **2. How do we know SNAP is getting to the right children?**

To determine if a child meets admission criteria, a thorough intake assessment using a battery of forms and measures is completed. This helps to validate that a child and their family are appropriate for SNAP services. This comprehensive intake assessment helps to determine the right treatment plan based on the child's level of risk and needs and ensures timely access to service.

## **3. What are some of the risk factors targeted by the SNAP program?**

- Emotion regulation
- Self-control and problem-solving
- Bullying
- Delinquency
- Aggression and violence
- Antisocial values and conduct
- Cognitive distortions or thinking errors
- Parent management strategies (e.g., limit setting and monitoring)
- Parent-child interactions
- Authority contact
- School failure
- Isolation (e.g., community, peers)
- Coping skills

## **4. Does SNAP also work for children experiencing co-morbid issues (e.g., disruptive and depression/anxious behaviour)?**

In addition to the positive changes on disruptive behaviour, SNAP research is also showing significant impact on co-morbid issues such as anxiety and depression.

## **5. Is the program still being widely disseminated?**

Yes. Over the past 15 years, we have issued over 100 SNAP licensing agreements to culturally diverse organizations interested in replicating SNAP. To date, SNAP licenses have been issued to children's mental health and other community and social service organizations nationally and internationally.

**6. Has the program been tested in “real world” conditions?**

Yes. The SNAP Boys and SNAP Girls programs have been tested in a variety of settings over the past three decades. SNAP was initially launched in Toronto (Child Development Institute; 1985) by a multi-disciplinary team of practitioners and researchers. Typically, research intervention programs find their beginnings within university communities. SNAP is a rarity as this scientist-practitioner model was developed, tested and implemented in a community-based setting. As a result, SNAP has been endorsed as an effective evidence-based model by international accredited bodies (e.g., Crime Solutions, Public Safety Canada).

**7. Are there training materials and implementation procedures?**

Yes. Well-developed SNAP training materials and implementation processes are easily accessible as part of the basic partnering agreement. Replication sites known as SNAP Affiliates enter into a formalized licensing agreement and implementation process that includes assessing site readiness, ongoing training and consultation and a regulated fidelity and quality assurance process.

**8. Is there technical support available?**

Yes. Technical support is available to help with new implementations. We take a measured and strategic approach to replication, evaluation and knowledge transfer/dissemination. A state-of-the-art implementation tool, SNAPiT supports SNAP implementations through a web-based data system that includes: case management, operations, fidelity and evaluation protocols.

**9. Is there a fidelity protocol or assessment?**

Yes. A fidelity framework has been developed and implemented since SNAP’s inception that monitors pre-implementation, training/consultation and service delivery activities.



# Licensing SNAP

## Financial resources required to deliver the intervention

### Direct SNAP Costs:

- Pre-Implementation Consultation
- SNAP Lead Staff Training
- Initial SNAP Core Training
- Risk Need Assessment Training (EARL-20B, EARL-21G and EARL-PC)
- Annual Consultation (includes fidelity and integrity audits)
- Annual SNAP Licensing
- Supplies: SNAP Resource Materials

### Additional SNAP Costs:

- Training for new staff and/or refresher training
- Onsite Consultation Activities
- CDI Research Consultation and SNAP Implementation Tool (SNAPiT)
- Community Mobilization Activities

### Indirect Costs (Paid to Others):

- Research Materials (e.g., standardized measures, forms, software)
- Capital Cost (e.g., equipment)
- Travel & Accommodations (e.g., trainers, consultants, staff)

### Ongoing Program Costs:

- Staffing
- Program Delivery Space

For specific costs please contact **Nicola Slater, Manager, SNAP Business Development and Affiliate Relations** at 416-603-1827 ext. 3148 or email: [nslater@childdevelop.ca](mailto:nslater@childdevelop.ca)

# Awards and Achievements

CDI has become a Centre of Excellence in children's mental health and research. Recent awards and distinctions include the following:

- SNAP was highlighted in the **Roots of Violence Committee**, led by the Hon. Roy McMurtry and Dr. Alvin Curling, as a crime prevention and intervention model for children under age 12 in conflict with the law.
- Centre for Children Committing Offences (CCCO) was awarded the inaugural Outstanding Achievement Research and Evaluation Award from the **Child Welfare League of Canada** (2004).
- SNAP was rated as an "effective" evidence-based program by the **U.S. White House's Youth.gov Program** (2006).
- CDI's Dr. Leena Augimeri was named an Innovator by the Centre for Excellence in Children's Mental Health honouring her work with at-risk youth (2007).
- **Public Safety Canada's** National Crime Prevention Centre identified SNAP as a model crime prevention program, and since 2008, has provided funding to communities to replicate SNAP in Canada.
- Dr. Leena Augimeri received a fellow award by the **Academy of Experimental Criminology** at the American Society of Criminology Conference for outstanding research conducting random trials in an applied setting (2008).
- **Public Health Agency of Canada** selected SNAP as a Canadian Violence Prevention Best Practice (2011).
- The U.S. Office of Justice Programs (OJP) endorsed SNAP Boys as an Effective Program under their **Crime Solutions** effort (2012).
- Dr. Leena Augimeri was selected as a recipient of **The 2012 Elizabeth Manson Award for Community Service in Children's Mental Health** (The Hospital for Sick Children).
- SNAP was selected as a recipient of **The 2012 Prime Minister's Volunteer Awards for Social Innovation**.
- SNAP was selected by **LEAP: The Centre for Social Impact (incubated by The Pecaut Centre)** as their inaugural social innovation to scale-up across Canada using a Venture Philanthropy Model (2013 - present).
- SNAP was the recipient of the prestigious **Ruth Atkinson Hindmarsh Award** by the Atkinson Foundation (2015).
- Ontario Ministry of Children and Youth Services (MCYS) endorsed SNAP as a key middle years program for their enhanced **Ontario Youth Action Plan** (2015).

"As SNAP continues to grow in reach and recognition, we look forward to CDI being at the forefront of the movement to make Ontario a healthier and more equitable province for all children."

**Colette Murphy, Executive Director of the Atkinson Foundation**



# STOP NOW AND PLAN

# Child Development Institute

Child Development Institute (CDI) is a leading children's mental health agency in the City of Toronto. CDI offers a range of services to approximately 4,000 children ages 0-12, youth 13-18 and their families each year. We provide four streams of service to families in need: early intervention including the SNAP (Stop Now And Plan) program; family violence and shelter services; Integra programs for children, youth and their families with learning disabilities and mental health issues (LDMH) and healthy child development programs.

Our approach is family-focused, and we work with each child and family's unique strengths, needs and challenges. We help them to uncover their abilities, give them tools to succeed and support them in overcoming challenges.

We share our research and knowledge in child development through partnerships and collaborations, training, consultation and publications. We are a respected leader in child and youth programming, not only because our solutions are developed out of research, but also due to the innovative solutions that result from our approach.

Within CDI, the SNAP programs lead the children's mental health stream. In 1985, CDI initiated the SNAP programs to meet the needs of young children with serious mental health issues and their families. Subsequently, rigorous evaluations have proven that SNAP is an effective, evidence-based model that ensures young children who have previously engaged in aggression, bullying and violence learn to master self-control and problem-solving skills that keep them in school and out of trouble and make our communities safer.



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