SNAP® FULL-CONTINUED CARE MODEL (CLINICAL) INTERVENTION – LOGIC MODEL

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SITUATION/CONTEXT

- Need/goal:
  - ✓ Reduce the likelihood of contact with the criminal justice system
- Admission Criteria:
  - ✓ Child (under 12 years of age), **AND**
  - ✓ No significant developmental delays, **AND**
  - ✓ Child able to communicate in language the program is delivered, **AND**
  - ✓ Police contact for engaging in general offences, antisocial activities or having conduct problems **AND/OR**
  - ✓ T Score > or = to 70 on the CBCL CD/Rule Breaking/Aggressive subscales

ASSUMPTIONS

That early intervention and crime prevention can be achieved through a structured, multifaceted model designed to mitigate risk factors and promote protective factors.

Primary Theoretical Underpinnings

1. Cognitive-Behavioral
2. Social Interactional Learning
3. Systems
4. Attachment
5. Development
6. Feminist

INPUTS

1. Financial
2. Identify and form relationships with relevant community partners working with at risk children in the community (e.g., Police, Fire Service, Child Welfare, School Boards)
3. Police/Community Referral Protocol
4. Recruit and train staff
5. Space and materials to operate program
6. Community education strategy

ASSESSMENT/SCREENING

(Multiple Gating System - determines appropriateness for the SNAP® programs)

1. Referral Assessment. If criteria met, go to step 2; if not, refer out.

2. Intake referral screen (e.g., SNAP® Intake Screening Checklist) to determine child's behavioural/ social functioning.

3. Early Assessment Risk Lists (EARL) – to assess child, family, community & responsivity risk issues.

4. SNAP® Intake Review Face Sheet & Eco-systemic Assessment – case conference and treatment planning report.

5. Battery of assessment measures & forms.

OUTPUTS (Intervention)

Core components:

- SNAP® Children's Group* (gender specific)
- SNAP® Parent Group*
- Individual Counseling/Mentoring/Community Connections
- SNAPParenting: Individualized Family Counseling*
- School Advocacy/Teacher Support
- Girls Growing Up Healthy (for girls only)

Individualized components (as needed):

- Homework Club/Academic Tutoring
- Victim Restitution*
- TAPP-C (fire prevention)*
- Crisis Intervention
- SNAP® Youth Leadership Club
- Continued Parent Problem-Solving Group
- External referrals, as needed

** manualized component*

MEDIATORS

Proximal Factors:

Children

- Poor emotion regulation (self-control & problem solving skills)
- Antisocial attitude
- Cognitive distortions/thinking errors
- Low empathy
- Poor social skills
- School failure
- Learning disabilities
- Poor coping ability
- Unstructured free time
- Susceptibility to peer pressure

Parents

- Poor emotion regulation (self-control & problem solving)
- Punitive or laissez-faire discipline techniques
- Inconsistency
- Poor monitoring and supervision
- Strained parent-child relationship

Distal Factors:

- Lack of supports
- Stressors
- Parents antisocial values & conduct
- Poverty
- Substance abuse

OUTCOMES Short/Medium Term

Short Term (post groups – 3 months)

Children:

- Emotional regulation: Use SNAP® techniques for self-control and problem-solving
- Decreased antisocial behaviour
- Reduced police contact
- Increased social competence
- Healthy peer relationships
- School success: decrease in discipline issues
- Connected to positive community activities
- Improved body image and gender identity

Parents:

- Emotional regulation: Use SNAP® techniques for self-control and problem-solving
- Effective child management strategies
- Enhance communication skills
- More positive support systems in place
- Connected to positive community activities
- Increased self-efficacy
- Greater positive pro-social values and conduct

Medium Term (12 months)

- Short term achievements have been maintained
- Continued improvement in children's social competence and pro-social behaviour
- Continued improvement in the parents' ability to use effective child management strategies

OUTCOMES Long Term

- Improved Self-Regulation (emotion regulation, self-control & problem-solving)
- Reduced involvement with criminal justice system
- Children stay in school and out of trouble
- Families remain engaged in positive community activities
- Families maintain positive support systems

SNAP PRINCIPLES

1. Scientist-Practitioner
2. Client-Centered
3. Gender Sensitive
4. Eco-Systemic
5. Strength- and Skill-Based
6. Continuing Services
7. Collaborative
8. Community-Responsive
9. Accountability Service Excellence

ONGOING EVALUATION

In accordance with these principles, assessments are conducted pre- and post-treatment, as well as throughout the treatment process (measures: CBCL, CR-P, SSIS, TOPSE; EARL 20B/21G; quality assurance questionnaires). These will be used for both INTERNAL and EXTERNAL EVALUATION, including pre-post and follow-up analyses.

TIMEFRAME

All components – except SNAP® Children's Group and Parent Group – can continue until the child is 18.

POWERED BY THE MINDS AT CHILD DEVELOPMENT INSTITUTE

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