

How to Improve Emotion Regulation and Self-Control in Children Experiencing Conduct Problems and their Families: The SNAP® Model

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What you need to know

There is an emerging body of literature that highlights the strong links between conduct problems and lack of emotional regulation and self-control. Children who have difficulty controlling their emotions are much more likely to have higher levels of aggression, rule-breaking, and other externalizing and disruptive behaviours, collectively referred to as conduct problems. Children between the ages of 6 – 11 are considered to be in the most critical years for learning self-control and problem-solving skills. Furthermore, for this age group, referred to as the middle years, exposure to certain risk factors increases (i.e. negative peer influences, school achievement, social skills, peer rejection etc.) and these continue to increase as time in the home decreases. Therefore, self-control at a young age is critical for success later in life and has been found to predict physical health, substance dependence, personal finances and criminal offending outcomes.

What is the issue?

One of the most commonly referred mental health issues for children under the age of 12 is conduct problems. Conduct problems can result in frequent outbursts of anger and rage, withdrawing, destructive behaviour, habitual bullying, hopelessness, and avoidance of family and friends. These problems are often present across multiple settings and when left untreated can result in substance use, failure to complete school, delinquency, and violence. These early-onset offenders are 2-3 times more likely to engage in violent offending, serious offenses, and chronic offending. The need for early intervention is being recognized as essential for shifting the potential negative pathways of these young children.

Why is this important? What does the evidence tell us?

This presentation will briefly highlight the key research findings on self-control and introduce an evidence based gender specific, multi-component, family-focused model called SNAP® (Stop Now And Plan), developed to help school-aged children with conduct problems. SNAP teaches children and their families how to regulate their emotions in order to gain better self-control and effectively problem-solve, 'in the moment.' There will be videos demonstrating the SNAP strategy with a review of the exciting research showing how within just 13 weeks, SNAP can promote changes in brain systems responsible for self-control and emotional regulation. Such results impact benefits/cost ratios, criminal outcomes, and improve the quality of family relationships.

SNAP has been referred to in scientific literature as “the most fully developed and longest sustained intervention to date for child delinquents” and the “leading evidence based program for aggressive children with violent and chronic potential”. Numerous internal and external studies have continued to show that children who participate in SNAP improve

significantly more than children receiving “treatment as usual” across an 18-month period. Boys and girls who learn SNAP are less aggressive, better at making and keeping positive peer relationships, better at controlling their anger, less disruptive in the classroom, and report increased positive relationships with their parents

Of the children who start offending before the age of 12, 75% are at a high risk for continuing down this path, creating what has been referred to as ‘the seven years of warning’. The cost of having a high-risk youth between the ages of 12 and 21 has been estimated to be in the millions of dollars. Therefore, when evaluating an intervention for conduct problems the impact on criminal offending should be the primary indicator of long-term success. A promising preliminary study found that 68% of children in SNAP will not have criminal record by age 20. Additionally, families show an ability to rebuild repair relationships better after difficulty parent-child interactions after participating in SNAP. Innovative brain-imaging studies conducted at the Hospital for Sick Children and the University of Toronto found changes in the brain areas that play a role in self- and emotional-control after just 13 weeks.

SNAP works through a scientist-practitioner model, where clinicians and researchers work together in a collaborative process; with research informing practice, and practice informing research. This model helps to continuously update the theoretical approaches of the SNAP model, as well as ongoing program evaluation and development. It also means being responsive and ensuring that programming is able to address the specific risks and needs associated with disruptive boys and girls. Using a scientist-practitioner framework promotes a high standard of clinical practice, ensuring these protocols are constantly being evaluated and updated. Finally, programs like SNAP are effective at producing positive outcomes because they focus on the family unit. Parent’s participation is essential so they can learn to enhance their parenting skills, increase their confidence, and increase the positive communication and relationships. Ultimately, parents reinforce SNAP during and after the intervention helping to instill positive long-term change in their children.

Key to crime prevention is early identification and targeted evidence-based interventions. Not just for children and their families, but for the communities and service providers that share the responsibility for ensuring the healthy development of our children. When children do not have their problems addressed early, disruptive behaviour problems become increasingly resistant to change with age despite treatment efforts. What this means is ensuring programs like SNAP have community support that help to guide at-risk children to the right service provider in a timely manner and ensure that such programs have sufficient support to be sustained. 3

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