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Mentorship in action: david farrington's transformative influence on the SNAP children's mental health and crime prevention program and the early assessment risk list (EARL) for children

Leena K. Augimeri | Debra J. Pepler

Abstract
In this paper, we reflected on the decades of guidance that David Farrington provided to the Stop Now And Plan (SNAP®) program and the Early Assessment Risk List (EARL). SNAP is a trauma-informed, evidence-based, gender-sensitive early intervention program for 6- to 11-year-old children with disruptive behavior problems, such as aggression, rule-breaking, and conduct issues. The program equips children with practical skills to pause and think before acting, fostering improved decision-making in challenging situations. The EARL is a structured professional judgment assessment scheme designed to identify risks and inform risk management strategies. It guides clinical assessments and treatment planning tailored to the needs of children with disruptive behavior and their families. We discuss how David guided us in identifying the causal risk and protective factors associated with children's aggression, delineating the active ingredients of the multi-faceted SNAP intervention, and applying rigorous methods, such as randomized controlled trials, to evaluate its effectiveness. David also spearheaded benefit-cost analyses of SNAP, demonstrating its monetary value and efficacy – an essential step in establishing its impact. His unwavering dedication to advancing the field, combined with his kindness and encouragement to think boldly, has left an indelible mark on our work and the broader discipline. To improve clinical practice, we must adopt a culturally responsive and safety-focused approach, remain accountable, and ensure our efforts are practical, cost effective and contribute meaningfully to advancing the field (Augimeri, 2019). These principles underscore the transformative power of the scientist-practitioner framework in bridging research and practice to develop scalable, impactful solutions.

Keywords: Children's aggression, antisocial behavior, evidence-based interventions, risk assessment tools, program scalability, crime prevention solutions, children's mental health

Leena K. Augimeri, Senior Fellow, The Sonor Foundation and Adjunct Professor, University of Toronto, OISE | **Debra J. Pepler**, Distinguished Research Professor, York University

L. K. Augimeri. D. J. Pepler

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The main challenges for the paradigm [of delinquency prevention] are to determine which risk factors are causes, to establish what are protective factors, to identify the active ingredients of multiple component interventions, to evaluate the effectiveness of area-based intervention programs, and to assess the monetary costs and benefits of interventions (Farrington, 2000, p. 1).

"Saving children from a life of crime" has been the lifelong mission of David Farrington, Leena Augimeri, and Debra Pepler. Together, we have dedicated over 140 years to examining this critical issue from diverse perspectives - criminological, developmental, relational, educational, social, familial, individual, structural, health, legal, socioeconomic, cultural, and global. David was an extraordinary scientist, researcher, teacher, mentor, colleague, and friend whose groundbreaking research has inspired countless scientists, practitioners, students, and governments to focus on "what works for children, offenders, victims, and places." His influence extends far beyond academia - shaping our personal careers as scientist-practitioners. We are profoundly grateful for his invaluable mentorship, his willingness and generously in sharing his wisdom and vision, and his unwavering commitment to improving outcomes for at-risk children and their families.

David has guided us in identifying the causal risk and protective factors associated with children's aggression, the active ingredients of the multi-faceted Stop Now And Plan (SNAP®) intervention, and in applying rigorous methods, such as randomized controlled trials (RCT), to our work in evaluating the effectiveness of SNAP. He also conducted the first benefit-cost analysis of SNAP with Christopher Koegl, assessing monetary costs and benefits of the program (Farrington & Koegl, 2015), a critical step in demonstrating its value and efficacy. All this has been instrumental in establishing SNAP as an evidence-based model program. His dedication to advancing the field, coupled with his kindness and encouragement to think boldly, has left an indelible mark on our work and the field at large. In collaboration with David and other colleagues, we also developed the Early Assessment Risk List (Augimeri et al., 2021), a pioneering tool for identifying and addressing risk factors associated with childhood antisocial behavior. Together, these efforts exemplify the power of a scientist-practitioner framework in bridging research and practice to create scalable, impactful solutions.

David's passion for tackling complex challenges related to the development and consequences of criminality, to-gether with his ability to think both creatively and analytically were unmatched. For example, his pioneering research included the longitudinal Cambridge Study in Delinquent Development (e.g., Farrington, 2021) and two critical and timely Study Groups he co-led with Rolf Loeber, funded by the United States Office of Juvenile Justice and Delinquency Prevention (OJJDP): Serious Violent Offenders (1997) and Very Young Offenders (1999). These study groups produced two important books with invaluable insights into young children in conflict with the law: *Serious Violent Offenders* (Loeber & Farrington, 1998) and *Child Delinquents: Development, Intervention, and Service Needs* (Loeber & Farrington, 2001).

In his 1999 Presidential Address to the American Society of Criminology, David observed, "Prior to the 1990s, there was relatively little contact between scholars who were concerned with explaining crime and policymakers and practitioners who were implementing programs designed to reduce offending" (Farrington, 2000, p. 1). With the opportunity to bridge science and practice, David became interested in SNAP and our research. We met David, along with Drs. Rolf Loeber and Magda Stouthamer-Loeber, in November 1989 at the 41st American Society of Criminology (ASC) conference in Reno, Nevada. At that time, the SNAP program was in its early stages and their attendance at our presentation was both encouraging and inspiring, because it led to decades of consultation and collaboration for SNAP with all three of these exemplary scholars.

In their research on the development of criminality, David and Rolf identified a critical seven-year window between ages 7 and 14, during which children's minor behavioral issues can escalate into serious delinquent behaviors if unaddressed (Loeber, Farrington, Petechuk, & OJJDP, 2003). Recognizing SNAP's potential to intervene and alter a child's developmental trajectory during this critical period, David took a keen interest in our SNAP program and research. Over decades, he provided invaluable guidance and support, in addition to exposing us to incredible learning and sharing opportunities (e.g., invited Leena Augimeri to participate in the Study Group on Very Young Offenders) David became a SNAP champion helping us create a clear roadmap for developing and refining our comprehensive SNAP mental health and crime prevention framework and associated research. His mentorship was instrumental in enhancing the program's approach and expanding its reach. Under his guidance, SNAP evolved into an internationally recognized, evidence-based program, transforming the lives of thousands of children, families, and communities.

In a book dedicated to Farrington's work, *Raising the Bar: Transforming Knowledge to Practice for Children in Conflict with the Law* (Loeber & Welsh, 2012), Augimeri and Koegl acknowledged the profound influence that David had on both the practitioners and researchers working on SNAP:

He inspires our thinking and continues to push us to raise the bar in regard to risk and promotive factors, self-control, intervening early in the lives of high-risk children, and methodological issues in evaluating effectiveness of crime prevention models... Over the intervening years, we have been fortunate to have had many stimulating discussions [and participate in his study groups], for example, about the importance of randomized controlled trials; how to define and measure treatment success; understanding outliers; addressing risk factors; and incorporating scientist-practitioner ideals into our work (2012, p. 204).

David's commitment and vision to bridging the gap between research and practice has been instrumental in shaping effective interventions for children in conflict with the law.

Stepping Into SNAP

The best developed and validated programs for child delinquents (ages 6-11) are the Stop Now And Plan (SNAP)... boys and corresponding [girls] program implemented in Toronto, Ontario Canada (Farrington, 2012, p. 269).

SNAP is a trauma-informed, evidence-based, gender-sensitive early intervention program tailored for children aged 6 to 11 with disruptive behaviour problems, such as aggression, rule-breaking, and conduct problems. At its core, SNAP equips children with practical skills to pause and think before acting, fostering improved decision-making in the heat of the moment. By focusing on emotional regulation, self-control, problem-solving, and social competencies like peer interactions and social skills, SNAP works holistically with children, their families, schools, and communities. A key feature of SNAP is that parents/caregivers participate in parallel programming to enhance their parenting capacities and understanding of their children's developmental needs (Hrynkiw-Augimeri et al., 1993; Levene, 2010; Levene et al., 2005; Pepler et al., 2010).

The foundational work for SNAP began in 1985, led by a collaborative team of scientists and practitioners (Kenneth Goldberg, Leena Augimeri, Debra Pepler, Kathy Levene, Camille Hannays-King and Elizabeth Leggett) at Earlscourt Child and Family Centre. Based in Toronto, Canada. Earlscourt was an applied community-based, not-for-profit, children's mental health organization (now the Child Development Institute, CDI). SNAP was developed in response to changes in Canadian legis-

lation that raised the age of criminal responsibility from 7 to 12 in 1984. At that time, the new Young Offenders Act left a critical gap in services for young children exhibiting antisocial behaviors or in conflict with the law. Under Ken Goldberg's leadership, the beginning of the SNAP program (formerly called the Under 12 Outreach Project; ORP) was implemented with the overall goal of 'keeping kids in school and out of trouble'.

From its inception, the SNAP early intervention model has exemplified the scientist-practitioner approach by integrating rigorous research and comprehensive program evaluation. This integration not only established SNAP's effectiveness and impact, but also highlighted the pivotal role of interconnected systems shaping children's development - family, school, peers, and community. By embedding these relational elements, the SNAP model ensures a holistic understanding and support of the multifaceted relational and developmental contexts that comprise the risk and protective influences on children's wellbeing.

The extensive research on SNAP consistently demonstrates reductions in aggression, conduct problems, rule-breaking, anxiety, and depression (e.g., Augimeri et al., 2018; Burke & Loeber, 2015; Pepler et al., 2010). The research also confirms that SNAP enhances prosocial behavior, problem-solving skills, and emotion regulation while alleviating parental stress tied to managing challenging child behaviors (e.g., Burke & Loeber, 2016). Notably, SNAP proves to be particularly effective for high-risk children with severe conduct problems (Smaragdi et al., 2020). Research on the outcomes of SNAP by neuropsychologists indicates improvements in the cortical underpinnings of emotion regulation (Lewis et al., 2008; Smaragdi et al., in press), as well as structural changes in executive functioning associated with improvement in impulsivity and brain gray matter volume (Kolla et al., 2022).

SNAP operates within a comprehensive three-pronged mental health and crime prevention framework (Augimeri, 2001; Augimeri et al., 2021; Augimeri et al., 2010; Koegl et al., 2008;). The SNAP referral, assessment, and intervention framework includes:

1. Community referral protocols: Streamlining access to timely mental health services for at-risk children and their families (e.g., Augimeri et al., 1999; Koegl et al., 2000).
2. Structured professional judgment risk and needs assessment: Using the Early Assessment Risk List (EARL-V3; Augimeri et al., 2021; Augimeri et al., 2021b) to evaluate risk factors across child, family, and treatment barrier domains, with guidance for interventions to address identified concerns and reduce antisocial potential.
3. Gender-specific SNAP programming: Addressing the unique needs of boys and girls with disruptive behavior problems and supporting their families (e.g., Augimeri et al., 2017; Augimeri et al., 2014)

Building a SNAP Evidence Base

The challenge is to find out what works through high quality scientific research (Welsh & Farrington, 2006)

When we met David in 1989, we were at the beginning of developing and implementing what would become the SNAP program. In 1993, we published on the development and preliminary evaluation of the program then called the Earlscourt Under 12 Outreach Project, ORP (Hrynkiw-Augimeri et al.,1993) – as noted above was renamed SNAP as a result of the children and families identifying the program as such. The foundational program was a 12-week early intervention that included multiple components: children's self-control and problem-solving skill groups, individual befriending for the children, parent training groups, school advocacy, and crisis intervention. The core aspect of the group program was teaching the children and their families how to 'Stop Now And Plan' (SNAP) – a strategy for self-control and problem-solving. Our preliminary study of program effectiveness was with 54 boys and 10 girls, aged 6 to 12 years. We found significant improvements on parent ratings of externalizing, internalizing, and total behavior problems measured immediately after, and 6- and 12-months following participation in the program (Hrynkiw-Augimeri, et al., 1993). These findings suggested that the program was a viable response for young children in contact with the police. We postulated that the multi-dimensional approach may have been critical to its success, which was consistent with David Farrington's (2000) call for multiple component interventions to prevent the development of delinquency.

In our first randomized controlled trial (RCT), Day and Augimeri (1996) studied 16 pairs of children who were matched on age, sex, and severity of delinquency at admission, and randomly assigned to either a treatment or recreational control group. Preliminary results indicated that the treatment group showed significant improvements on measures of child behavior problems, parenting attitudes, stress and self-efficacy, which were maintained over the 6- and 10- month follow-up periods. With David's encouragement, we subsequently conducted a search of criminal records ten years later to assess long-term effects of the program. This study showed that fewer SNAP treatment children (31%) had criminal records at follow-up compared to recreational controls (57%), a difference that was not statistically significant, but represents a positive trend for delinquency prevention (Augimeri et al., 2007).

With a comprehensive SNAP manual and implementation training and consultation process and dedicated CDI SNAP Scaling, Research and Development unit, other organizations were able to offer the program and evaluate its effectiveness. Researchers at SNAP affiliate sites in Ontario and the United States have reported similar decreases in rule-breaking, aggression, and conduct problems, along with increased social skills and emotion regulation in children completing the SNAP program (e.g., Lipman et al., 2008; SNAP Pittsburgh Steering Committee, 2011; Burke & Loeber, 2015).

As a result of research and program evaluation, SNAP became a gender-specific and continued care model in 1996. We began differentiating the SNAP programming for boys and girls and began evaluating the SNAP Girls program (then called the Girls Connection) through several studies (e.g., Levene et al., 2005). The first study included all girls who had participated in the specific girls' program from 1996 through to 2000. We found significant decreases in externalizing behavior and improved social skills between admission and follow-up at 6 and 12 months (Walsh et al., 2002). Girls who remained in the clinical range after completing the program had higher scores on externalizing scales and higher co-morbidity at admission, which highlights the need to address these complex presenting problems in treatment planning (Walsh et al., 2002). We subsequently conducted a RCT on the girls' program and found significant reductions in parents' ratings of the girl's aggression, rule-breaking, conduct and internalizing problems, as well as improved girls' relationship quality with parents (Pepler et al., 2010).

The largest third-party SNAP RCT involving 252 boys between 6 – 11 years of age was conducted at the University of Pittsburgh by Jeffrey Burke and Rolf Loeber (2015). They found that SNAP significantly reduced parent ratings of aggression, conduct problems, rule-breaking, and overall externalizing behavior, as well as depression and anxiety. In addition, the SNAP program was more effective for boys with higher severity of initial behavioral problems. There were significantly fewer criminal charges for the SNAP boys compared to those in standard services. Overall, SNAP significantly outperformed treatment as usual. In addition, SNAP reduced symptoms of oppositional defiant disorder (ODD) and attention deficit hyperactivity disorder (ADHD). These treatment gains were maintained one year later.

In a follow-up study, Burke and Loeber (2016) analyzed the mechanisms that led to the behavioral changes. They reported that the children who participated in SNAP improved in problem-solving skills, prosocial behavior, and emotion regulation. Their parents reported reduced parenting stress associated with difficult child behavior. These improvements through SNAP predicted improvements in aggression. In addition, improved emotion regulation skills predicted improvements in children's anxiety and depression symptoms.

Qualitative evaluations of the program have also been conducted. Lipman and colleagues (2011) interviewed 35 families in the first SNAP affiliate site. They found that parents reported improvements in parenting skills and communication with their child, as well as overall improvements in the family relations. These results demonstrated the importance of including the parenting component of SNAP.

Recent SNAP Research

The evidence base for SNAP continues to grow through ongoing research activities. In their Campbell Systematic Review on self-control and problem behaviors, Piquero, Jennings, and Farrington (2010) concluded that early intervention programs should be used to enhance self-control and reduce delinquency and problem behaviors prior to the age of ten. Self-control, emotion regulation and problem-solving are core aspects of the SNAP program; however, previous SNAP studies did not focus on this important aspect of SNAP and its relation to externalizing behaviors such as aggression and rule-breaking. Augimeri and colleagues (2018) explored the effects of SNAP on improving self-control as a critical mechanism of change. They found significant increases in self-control, as measured by the Social Skills Improvement System (SSIS; Gresham & Elliott, 2008), in both boys and girls from the start of the program to six months follow up. These benefits were maintained over the next year. In a subsequent study, Walsh and colleagues (2018) focused on the effectiveness of SNAP for children from diverse racial backgrounds. They looked at 599 boys and girls who had participated in SNAP from 2001 and 2013. They examined the children's pre- and post- behavior problem scores using the Child Behavior Checklist (CBCL; Achenbach & Rescola, 2001) according to their racial self-identification (White, Black, Bi-Racial, Other, and Not Identified). Analyses revealed that children in all four racial groups improved significantly on their parents' CBCL ratings of rule-breaking, aggression, and externalizing scores.

Of note, the SNAP program has been adapted through cultural consultations for both Black and Indigenous children and families. Starting in the early 2000s, SNAP developers and researchers worked with Indigenous experts to co-develop a SNAP Indigenous Guide to build awareness and understanding of how to implement and culturally adapt a mainstream program, like SNAP, in Indigenous communities (see Chabbert, 2024). In 2016 the Ontario Government selected the SNAP program to be tested and possibly adapted for Black communities under the Black Youth Action Plan (see Turner Consulting & CDI, 2018a, 2018b).

Long-Term Benefits of SNAP

Early prevention of delinquency and later offending saves lives by diverting the very children who may embark on a life of crime and endure its consequences (Farrington & Welsh, 2007, p 167).

To evaluate the risks faced by SNAP children and the potential long-term outcomes and benefits of the SNAP program, Augimeri obtained a court order to access criminal and death records of program participants aged 12 and older (the age of criminal liability in Canada) who had participated in SNAP since 1985, from provincial and federal authorities. As a central part of her graduate research (Hrynkiw-Augimeri, 1998; 2005), she co-developed and validated a risk/need assessment tool, Early Assessment Risk List (EARL) for children at risk of antisocial and violent behavior (described below). Augimeri and colleagues (2007) found that the number of criminal offences (obtained up to age 18) were almost halved for the children who had participated in SNAP, relative to a recreational control condition. Access to court records of SNAP children has facilitated unique follow-up studies using criminal outcome data. To date, we have analyzed three waves of data: Wave 1 (N=447, SNAP children involved from the program's inception to 1996), Wave 2 (N=953, SNAP children involved between 2001 and 2008), and Wave 3 (N=1,523, including the Wave 1 sample and SNAP participants from 2001 to 2009). In the most recent analysis (Wave 3), the mean age was 17.5 for boys and 18.5 for girls. Results indicate that approximately 68% of SNAP children are estimated to avoid contact with the criminal justice system by age 20.5. As expected, boys had higher rates of criminal justice involvement than girls (Augimeri et al., 2016). Currently, we are in the process of obtaining data for a fourth wave of analysis. In a recent study, Day and colleagues (2024) analyzed a subsample from Wave 3 (N=551) and compared it to a sample of children who were referred to SNAP but not admitted (N=525). The children were followed up to an average age of 18.06 years (SD = 3.13, range = 12–28, N=1076). The mean ages of first conviction for the SNAP and non-SNAP groups were 17.15 years (SD = 2.33, Median = 16.9, N = 64) and 17.61 years (SD = 2.33, Median = 17.2, N = 70), respectively, with no statistically significant difference between the groups (t (132) = 0.25, p = 0.25). Results indicated that 11.6% of the SNAP group and 13.3% of the non-SNAP group had at least one criminal conviction, consistent with findings from previous studies (e.g., Augimeri et al., 2012b).

To put the above findings into perspective, typically research indicates that children engaged in antisocial and/or delinquency prior to age 13 are likely to continue onto a serious violent and chronic pathway (Loeber & Farrington, 2000). The findings from these follow-up studies of youth who participated in SNAP demonstrate the positive long-term effectiveness of this early intervention in preventing delinquency for children with disruptive behavior problems and their families.

With his close connections and deep understanding of SNAP, David, along with James C. Howell and Rolf Loeber encouraged us to submit SNAP to external accreditation systems (e.g., www.crimesolutions.ojp.gov). With its comprehensive, multidimensional and evidence-based approach, SNAP has become a benchmark in children's mental health and crime prevention programming. Recognized for its robust research foundation, SNAP has earned numerous top-tier accreditation ratings (e.g., Promising to Model Plus) and is celebrated as the most fully developed and longest-running evidence-based program for addressing child delinquency (Howell, 2001; Howell et al., 2014).

David's thinking influenced every aspect of SNAP research and implementation. He guided our evaluation framework and pushed us to use stringent methods. His consultations were critical in building SNAP's evidence through robust and 'gold standard' research methods such as RCTs (Farrington, 1983) and benefit-cost analysis (Farrington & Koegl, 2015). To monitor and track SNAP development, research and implementation activities, we created the *Evidence-based Implementation, Evaluation Checklist/Barometer* (Augimeri et al., 2011; Augimeri et al., 2015). This tracking tool enables us to systematically identify the various steps and stages of SNAP program development, evaluation, research, and implementation activities. The checklist helps us assess affiliate sites' readiness, feasibility, and capacity for scaling a program, such as SNAP. Progress is registered on a Barometer, which indicates the level of completion within three stages along a continuum to establish an efficacious intervention:

1. Program Planning includes – comprehensive literature review, development of a program logic model and theory of change, use of program manual(s), and fidelity and integrity audits.
2. Process Evaluation includes – tracking the number of referrals, admission criteria, and utilization rates, and cultural competency.
3. Research and Outcome Evaluation ranging in intensity includes – client satisfaction questions, collaborative satisfaction questionnaires, qualitative analysis/focus groups, reviewing pre- post-data, quantitative analysis and standard measures, monitoring statistically significant results and sustained effects for at least one year, quasi-experimental research design with well matched comparison groups, randomized controlled trials, replications, third party external evaluations, benefit-cost analysis, and implementation science outcomes.

Importance of Risk Assessment

Improving the risk factor prevention paradigm is not merely an academic exercise designed to advance knowledge about explaining and preventing crime. It is also an intensely practical exercise designed to reduce crime and to improve people's lives. The twin aims of advancing knowledge and increasing the sum of human happiness are what criminology is all about (Farrington, 2000, p. 19).

David emphasized that for crime prevention programs and initiatives to be effective, they must address the specific risks and needs of a defined target population. Therefore, assessing risks for children with behavioral problems is a necessary first step to direct them to effective prevention and intervention programs and is one of the most important challenges in the field of clinical-developmental psychology.

As he continued to guide the development of SNAP,

David asked about risk factors in the lives of the SNAP children and families, which would inform the development of clinical risk management plans. As he noted, "It is important to implement effective interventions with children aged 6-11 who get into trouble, to prevent them escalating into serious, violent, and chronic juvenile offenders. Such interventions should be based on an assessment of risks and needs" (Farrington, 2012, p. 271). This critical question was linked to David's research on the Cambridge Study, which identified early risk factors linked to a criminal trajectory. He noted that, if early prevention programs target these risk factors, there can be impressive results (Farrington & Welsh, 2007). The issue was the absence of risk assessment tools specifically designed for children within the developmental criminological literature. As a result, David became extremely interested in the EARL as it focused on risk identification and risk management, which guided clinical assessments and treatment planning to meet the needs of children and their families. Over 25 years, (1996 – 2021), he participated in numerous consultation and working group sessions focused on the various EARL development projects and revisions.

The first structured professional judgment assessment scheme for boys was created and tested in 1998 (Hrynkiw-Augimeri, 1998) and then published the same year as the *Early Assessment Risk List – V1 Consultation Edition* (EARL-20B V1; Augimeri et al.,1998). After further consultation and development over two years, Version 2 was published, *Early Assessment Risk List for Boys – V2 Consultation Edition (EARL-20B*; Augimeri et al., 2001). A parallel scheme for girls was created concurrently and published as the *Early Assessment Risk List for Girls (EARL-21G*; Levene et al., 2001). In 2021, the third version of the EARL, *Early Assessment Risk List-V3* (Augimeri et al., 2021), was published. For this version, the boys and girls' risk factor lists were combined; however, the EARL-V3 maintained a gendered lens and included cultural considerations when assessing children and families' risks.

The aim of the EARL is to:

1. Increase general understanding of early childhood risk factors for clinicians and researchers;
2. Offer a structure that helps clinicians systematically identify risks to plan appropriate treatment; and
3. Improve the reliability and validity in predicting the likelihood of antisocial children engaging in antisocial behavior

The EARL is designed to balance clinical utility (e.g., service planning, resource allocation) with prediction as a "decision-enhancing" tool (Enebrink, et al., 2006). In addition, Koegl (2011), a graduate student of David's and co-author of the EARL, indicated the EARL "could also be used in a broader sense to mobilize system resources and to facilitate linkages between relevant service providers" (p. 205). To illustrate the importance of early identification of risk factors, David and colleagues (Koegl

et al., 2019) used the EARL scores to evaluate the monetary costs associated with childhood risks, including costs to victims, correctional, and other criminal justice systems. They found that boys who fell into the highest risk group based on their EARL scores in middle childhood incurred a 2.5 times higher cost (close to $900,000) in their teenage years compared to the group rated as low risk on the EARL. In a subsequent study, Koegl and Farrington (2021) investigated the relationship between childhood risk factors for antisocial behavior and monetary costs associated with criminal convictions of 379 SNAP boys. They found that the EARL helped them to quantify childhood risks in monetary terms. The EARL was valuable in helping them inform the importance of effective early intervention programs like SNAP in helping to target at-risk children before they reach the age of criminal responsibility.

David emphasized that "In preventing offending, ideally, risk and protective factors should be identified, and then risk factors should be reduced while protective factors are enhanced" (Farrington & Welsh, p. 23). Guided by this principle, we collaborated with colleagues in The Netherlands and CDI to develop the Structured Assessment of Protective Factors – Child Version (SAPROF-CV) (de Vries Robbé et al., 2023). This structured assessment tool focuses on protective factors and was designed to complement the EARL as part of the Structured Professional Judgment (SPJ) family of assessment guides for children with serious behavioral challenges.

The SAPROF-CV includes 16 empirically supported, dynamic protective factors that are amenable to change through targeted interventions. Like the EARL, the SAPROF-CV is intended to serve as a "decision-enhancing tool," aiding clinicians and practitioners in developing and guiding effective treatment plans. By integrating the SAPROF-CV alongside the EARL, we aim to strengthen the dual focus on mitigating risks and bolstering protective factors, ultimately supporting better outcomes for children facing significant challenges.

The adult (SAPROF; de Vogel et al., 2012) and youth (SAPROF-YV; de Vries Robbé et al., 2015) versions of the SAPROF have demonstrated robust evidence of their effectiveness in both research and practice (e.g., de Vries Robbe et al., 2020). While the SAPROF-CV is still in the early stages of implementation, we anticipate similarly strong evidence of its validity and utility as more data become available. Ongoing research and evaluation will be critical to confirm its effectiveness and ensure it serves as a reliable tool for enhancing protective factors and guiding intervention strategies for children with serious behavioral challenges.

Benefit-Cost Analyses

Consistent with his 1999 ASC Presidential address calling on the field to assess the monetary costs and benefits of interventions, David led evaluations of SNAP's cost-effectiveness. Through an extensive analysis including a review of the criminal records of youth who had participated in SNAP, Farrington and Koegl (2015) estimated that SNAP saves between $17 and $32 for every dollar invested, reducing crime by up to 33% (linked to an effect size = 0.4). These estimates align with analyses by the Washington State Institute for Public Policy, which reported an 86% likelihood that SNAP generates benefits exceeding its costs (Washington State Institute for Public Policy, 2018).

David strongly believed in benefit-cost analysis and determining a program's value for dollars received. He recognized that a benefit-cost analysis was one of the best ways to evaluate interventions and establish which programs prevent serious crimes with benefits outweighing costs (Farrington 2012). He teamed up with Christopher Koegl and they published the first benefit-cost analysis on SNAP (Farrington & Koegl, 2015). They found that SNAP can save significant dollars that would otherwise be spent on addressing mental health and crime within communities. SNAP's demonstrable benefit-cost analysis sees future savings of $147,423 per child with serious behavioral issues who fall within the top 2% of the general population. This cost aligns with Public Safety Canada's estimate that troubled youth with no interventions can cost society approximately $1.5M (Public Safety Canada, 2016). These costs are stark contrast with data indicating that SNAP costs only $1,000 to $8,000 per child and family depending on level of risks and needs, and the length of time in the comprehensive program

SNAP National Expansion and Beyond

Crime prevention should be rationale and based on the best possible evidence. One would expect that decision makers would take account of what works. How can a program that has produced no discernible evidence be considered for implementation? Unfortunately, this happens all too often (Welsh & Farrington, 2006, p.1).

In 2000, the first SNAP implementation took place in Hamilton, Ontario at Banyan Community Services (Lipman et al., 2007, 2008, 2011). Since that time there have been more than 240 SNAP implementation sites that span Canada, United States, Europe, and the Cayman Islands. In 2012, SNAP was selected by the LEAP|Pecaut Centre for Social Impact (https://leap-pecautcentre.ca) as their inaugural social innovation to scale SNAP across Canada, pioneering a new venture philanthropy model. This initiative brought together innovative expertise from investors and private sectors (business, government, private donors and foundations) to help create massive social change in children's mental health and crime prevention in Canada. This initiative focused on developing an implementation strategy that was measurable and would bring sustainable benefits to society. The five-year (2017 – 2021) SNAP National Expansion Strategy 1.0 (Augimeri, 2017) was designed to bring SNAP to 100

communities reaching an estimated 20,000 children. Despite the worldwide pandemic and restrictions on in-person services that occurred in the middle of the five-year plan, SNAP was able to pivot and conduct virtual sessions with children and families. By the end of 2021, SNAP was implemented in 160 Canadian communities exceeding its target by 60%. In addition, there were 30 international SNAP sites (Augimeri, 2022).

In 2022, the SNAP 2.0 strategy (Banting, 2022) was launched, building on the insights and successes of the SNAP National Expansion Strategy 1.0 (Augimeri & Pepler, 2024). This new phase focuses on further advancing SNAP programming in communities across Canada and internationally. Its primary goal remains to transform the life trajectories of at-risk children and youth by enhancing their emotion regulation, self-control, and problem-solving skills, while improving mental health outcomes and strengthening crime prevention efforts.

Additionally, the strategy prioritizes increasing efficiencies in delivering children's and youth mental health programming, ensuring cost-effectiveness while maintaining the high fidelity of SNAP implementations. For example, a geo-mapping analysis conducted by the Boston Consulting Group, a business sector partner of LEAP, revealed key insights about SNAP's reach and potential impact (see Banting, 2022 for details). The analysis found that 46% (approximately 95,000) of children who could benefit from SNAP live in areas served by an existing SNAP affiliate site. Rather than establishing additional sites in these areas, the focus will shift to enhancing the capacity of these affiliate sites to serve more children and their families. Another 25% (approximately 51,000) of eligible children reside in areas outside the reach of a current SNAP affiliate site but live in communities with sufficient populations (>100,000) to make the implementation of a new SNAP site cost-effective. For these areas, expanding SNAP through new site development is a viable strategy. The remaining 29% (approximately 59,000) live in areas with populations of less than 100,000, where it may not be cost-efficient to establish a traditional SNAP site. In these communities, alternative methods of delivering SNAP programming, such as virtual SNAP services, may need to be explored to ensure these children and their families still have access to the support they need.

This approach reflects the strategy's commitment to maximizing impact and resource efficiency while expanding access to SNAP programming for vulnerable children and families across diverse communities.

Conclusion

David Farrington was a remarkable visionary who deeply understood the critical importance of assessing both risk and protective factors to inform clinically relevant and effective interventions, ultimately saving children from a lifetime of crime. In his mentoring of us, he consistently emphasized the need to prioritize rigorous SNAP research

and the development of robust risk/need assessment tools to better understand and address the complex needs of children engaged in antisocial behavior and their families. David recognized that early identification and intervention are essential to disrupting the seven-year incubation period that places high-risk children on a trajectory toward criminal behavior. With his unwavering commitment to bridging the science and practice of criminology, he became a champion for SNAP and the EARLs as catalysts for meaningful change.

He entrusted us with a profound call to action: to continue this critical work with the same grit, passion, and courage he exemplified, ensuring these evidence-based approaches reach a significant proportion of children and families. This requires a unique form of leadership—one that integrates a scientist-practitioner framework and appreciates the developmental-relational underpinnings of children's antisocial behavior (Pepler et al., 2025).

David's legacy highlights the necessity of blending program development and intervention with a deep commitment to research. By elucidating the mechanisms of change and fostering effective, sustainable programs, his work continues to guide us in transforming lives and creating lasting impact. Perhaps one of David's most enduring messages was that it is "never too early" to intervene in a child's life - and never too late to make a difference (Farrington & Welsh, 2007). His mentorship and vision remind us of the profound impact we can have by translating science into action and moving effective interventions into broader policy and practice. We leave with you David's vision that national governments along with researchers and community partners invest in a national council to support and monitor the implementation of evidence-based early intervention programs and crime prevention strategies to divert at-risk children from a life of crime.

References

Achenbach, T. M., & Rescorla, L. A. (2001). Manual for the ASEBA school-age forms & profiles. Burlington, VT: University of Vermont.

Augimeri, L.K. (2017, June 21). Scaling for social impact: Building an evidence-based program, SNAP, and taking it to scale (presentation). Global Implementation Conference (Theme: Expanding Implementation Perspectives: Engaging Systems). Toronto, Canada.

Augimeri, L. (2019). Chapter 25: Early assessment of risks and their amelioration by the Stop Now And Plan (SNAP) model – National and international research. In D. Eaves, C.D. Webster, Q. Haque & J. Eaves-Thalken (Eds), Risk rules: A practical guide to structured professional judgment and violence prevention, (Chapter 25, pages 219-224). East Essex, UK: Pavilion Publishing & Media.

Augimeri, L.K. (2022, April 4). SNAP National Expansion: Supporting children with behavioural challenges improve their emotional regulation, self-control and problem-solving skills (presentation). LEAP|Pecaut Board Meeting. Toronto, Canada.

Augimeri, L.K. (2001). Centre for Children Committing Offences - Brief. Toronto, ON: Earlscourt Child and Family Centre.

Augimeri, L.K., Farrington, D.P., Koegl, C.J., & Day, D.M. (2007). The Under 12 Outreach Project: Effects of a community-based program for children with conduct problems. Journal of Child and Family Studies, 16, 799-807. Published Online, January 10, 2007. DOI: 10.1007/s10826-006-9126-x

Augimeri, L., Goldberg, K., & Koegl, C. (1999). *Canadian children under 12 committing offences: Police protocols*. Toronto, ON: Earlscourt Child and Family Centre.

Augimeri, L.K., & Koegl, C. (2012). Raising the bar: Transforming knowledge to practice for children in conflict with the law. In R. Loeber and B.C. Welsh (Eds.), The Future of Criminology (pp. 204-210). New York, NY: Oxford University Press.

Augimeri, L. K., Koegl, C.J., Wesbter, & Levene, K. (2001). *Early assessment risk list for boys: EARL-20B, Version 2.* Toronto, ON: Earlscourt Child and Family Centre.

Augimeri, L.K., & Pepler, D. (2024, November 4). 40 years of SNAP: What we have learned (presentation). SNAP Symposium – Building a SNAP Community of Practice. Child Development Institute. Toronto, Canada.

Augimeri, L.K., Pepler, D., Walsh, M., & Kivlenieks, M. (2017). Addressing Children's Disruptive Behavior Problems: A Thirty-Year Journey with SNAP (Stop Now And Plan). In P. Sturmey (Ed.), Handbook of Violence and Aggression, Volume 2: Assessment, Prevention, and Treatment of Individuals. U.S.: Wiley-Blackwell.

Augimeri, L. K., Smaragdi, A., Walsh, M., Koegl, C.J., & Webster, C.D. (2021). *Early Assessment Risk List – Version 3 (EARL-V3).* Toronto, ON: Child Development Institute.

Augimeri, L. K., Walsh, M., Enebrink, P., Jiang, D., Blackman, A., & Kanter, D. (2021b). Gender-specific childhood risk assessment tools: Early Assessment Risk Lists for Boys (EARL-20B) and Girls (EARL-21G). In R. K. Otto & K. S. Douglas (Eds.), Handbook of violence risk assessment, 2nd edition (Chapter 11, pgs. 227-252). Oxford, UK: Routledge, Taylor & Francis.

Augimeri, L.K., Walsh, M., Jiang, D., & Woods, S. (2012b). Risk assessment and clinical risk management for young antisocial children: The forgotten group. Universitas Psychologica, 11(4), 1147-1156

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.

Augimeri, L.K., Walsh, M.M., & Donato, A. (2016, June 21). SNAP (Stop Now And Plan) and future criminial outcome: A case for intervention during the middle years (presentation). International Association of Forensic Mental Health Services Conference. New York, NY.

Augimeri, L. K., Walsh, M., Donato, A., Blackman, A., & Piquero, A. R. (2018). SNAP (Stop Now And Plan): Helping children improve their self-control and externalizing behavior problems. Special Issue - Advances in Research on Self-Control, *Journal of Criminal Justice*, 56, 43-49. [Printed online, November 2017, DOI: 10.1016/j.jcrimjus.2017.08.010]

Augimeri, L.K., Walsh, M., & Slater, N. (2011). Rolling out SNAP® an evidence-based intervention: A summary of implementation, evaluation, and research. International Journal of Child, Youth and Family Studies, 2.1: 330-352.

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.M, Liddon, A.D., & Dassinger, C. R. (2010). From risk identification to risk management: A comprehensive strategy for young children engaged in antisocial behavior. In D. W. Springer and A. Roberts, (Eds), Juvenile Justice and Delinquency (pp. 117-140). United States: Jones & Bartlett.

Augimeri, L., Webster, C.D., Koegl, C., & Levene, K. (1998). *Early assessment risk list for boys: EARL-20B, Version 1, Consultation Edition.* Toronto, ON: Earlscourt Child and Family Centre.

Banting, K. (2022, May 31). SNAP 2.0 Strategy: Directional Alignment (CDI Board Approved Strategy). Toronto, Ontario: Boston Consulting Group (BCG).

Burke, J., & Loeber, R. (2015). The effectiveness of the Stop Now and Plan (SNAP) Program for boys at risk for violence and delinquency. Prevention Science, 16 (2): 242-253. [Printed online, April 24, 2014, DOI 10.1007/s11121-014-0490-2]

Burke, J. & Loeber, R. (2016). Mechanisms of behavioral and affective treatment outcomes in a cognitive-behavioral intervention for boys. Journal of Abnormal Child Psychology, 44(1):179-189. [Printed online, January 27, 2015, DOI: 10.1007/s10802-015-9975-0]

Chabbert, P. (2024, 3rd Edition). Supporting Our Journey: A Companion Guide for SNAP® Staff Working in partnership with Indigenous Communities. Patty Chabert Consulting & Child Development Institute, Toronto, ON. [Previous title: SNAP® Companion Guide for Indigenous Communities: Starting your community's journey with SNAP®, 2nd Edition. (2013 1st edition; 2020 2nd edition).]

Day, D. M., & Augimeri, L.A. (1996). Serving children at risk for juvenile delinquency: An evaluation of the Earlscourt Under 12 Outreach Project (ORP). Report submitted to the Department of Justice. Toronto, ON: Earlscourt Child and Family Centre.

Day, D. M., Wiesner, M., Walsh, M., & Augimeri, L. (2024, online). Criminal trajectories of SNAP (Stop Now And Plan) and non-SNAP children and predictors of trajectory group membership among SNAP children using the Early Assessment Risk Lists (EARLs). Journal of Developmental and Life Course Criminology, 1-22. https://doi.org/-10.1007/s40865-024-00263-4

de Vries Robbé, M., Geer, M., Stapel, M., Hilterman, E., & de Vogel, V. (2015). Structured Assessment of Protective Factors for violence risk – Youth Version (*SAPROF-YV). Guidelines for the assessment of protective factors for violence risk in juveniles. Van der Hoeven Kliniek.*

de Vries Robbé, M., Smaragdi, A., Hilterman, E., Walsh, M., & Augimeri, L. (2023). Structured Assessment of Protective Factors for serious problem behavior in children - *Child Version (SAPROF-CV). Guidelines for the assessment of protective factors for serious problem behavior in children.* Utrecht, The Netherlands: SAPROF International.

de Vogel, V., de Ruiter, C., Bouman, Y., de Vries Robbé, M., (2012). Structured Assessment of Protective Factors for violence risk (*SAPROF). Guidelines for the assessment of protective factors for violence risk. 2nd Edition.* Van der Hoeven Stichting.

Enebrink, P., Långström, N., & Gumpert, C.H. (2006). Predicting aggressive and disruptive behavior in referred 6-

to 12-year-old boys: Prospective validation of the EARL-20B Risk/Needs Checklist. *Assessment, 13*, 356-367.

Farrington, D. P. (1983). Randomized Experiments on Crime and Justice. In *Crime and Justice: An Annual Review of Research*, Vol 4, edited by Michael Tonry and Norval Morris, 257-308, Chicago: University of Chicago Press.

Farrington, D. P. (2000). Explaining and Preventing Crime: The Globalization to Knowledge. The American Society of Criminology 1999 presidential address. *Criminology, 38 (1)*: 1-24.

Farrington, D. P. (2012). Should the juvenile justice system be involved in early intervention? *Criminology & Public Policy, 11*(4), 903-918. https://doi.org/10.1111/j.1745-9133.-2012.00863.x

Farrington, D.P. (2021) New findings from the Cambridge Study in Delinquent Development. In Barnes, J.C. and Forde, D.R. (Eds.) The Encyclopedia of Research Methods in Criminology and Criminal Justice. Hoboken, N.J.: Wiley (vol. 1, pp. 96-103).

Farrington, D. P., & Welsh, B. C. (2007). Welsh, *Saving Children from a Life of Crime: Early Risk Factors and Effective Interventions*, Studies in Crime and Public Policy. Oxford University Press.

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 [Published online: 22 November 2014_ Springer Science+Business Media New York 2014]

Farrington, D. P., & Welsh, B. C. (2007). Saving Children from a Life of Crime: Early Risk Factors and Effective Interventions. New York, NY: Oxford.

Gresham, F. M., & Elliott, S. N. (2008). Social skills improvement system rating scales manual. Minneapolis, MN: NCS Pearson.Hrynkiw-Augimeri, L.K. (1998). Assessing risk for violence in boys: A preliminary risk assessment study using the Early Assessment Risk List for Boys: EARL-20B. Unpublished master's thesis, Ontario Institute for Studies in Education, University of Toronto, Ontario, Canada.

Hrynkiw-Augimeri, L.K. (2005). Aggressive and antisocial young children: Risk prediction, assessment and management utilizing the Early Assessment Risk List for Boys (EARL-20B). Unpublished doctoral dissertation, Ontario Institute for Studies in Education, University of Toronto, Ontario, Canada.

Hrynkiw-Augimeri, L., Pepler, D., & Goldberg, K. (1993). An outreach program for children having police contact. *Canada's Mental Health, 41*, 7-12.

Howell, J.C. (2001). Juvenile justice programs and strategies. In R. Loeber and D.P. Farrington (eds.). Child delinquents: Development, interventions, and service needs (p. 305 – 321). Thousand Oaks, CA: Sage.

Howell, J.C. (2001). Risk/Needs Assessment and Screening Devices. In R. Loeber and D.P. Farrington (eds.). Child delinquents: Development, interventions, and service needs (p. 395-404). Thousand Oaks, CA: Sage.

Howell, J.C., Lipsey, M.W., & Wilson, J.J. (2014). A Handbook for Evidence-Based Juvenile Justice Systems. London, UK: Lexington Books.

Koegl, C.J., Augimeri, L.K., & Caddell, J. (2000). *Children under 12 in conflict with the law: An evaluation of the Toronto centralized services protocol in conjunction with the Toronto police service*. Report submitted to the Ontario Ministry of the Solicitor General. Toronto, ON: Earlscourt Child and Family Centre.

Koegl, C.J., Augimeri, L.K., Ferrante, P., Walsh, M., & Slater, N. (2008). A Canadian programme for child delinquents. In R. Loeber, N. W. Slot, P. van der Laan, and M. Hoeve, (Eds), Tomorrow's criminals: The development of child delinquency and effective interventions, (pp. 285-300). Aldershot: Ashgate.

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 [Published online: 22 November 2014_ Springer Science+Business Media New York 2014]

Koegl, C.J. (2011). High-risk antisocial children: Predicting future criminal and health outcomes. Unpublished doctoral dissertation, University of Cambridge.

Koegl, C.J. & Farrington, D.P. (2021). Estimating the monetary cost of risk factors for crime in boys using the EARL-20B. Psychological Services, 18, 441-453.

Koegl, C.J., & Farrington, D.P., & Augimeri, L. (2019). Predicting Future Criminal Convictions in Children Under Age 12 using The Early Assessment Risk Lists. *Journal of Developmental and Life-Course Criminology*. Special issue: Developmental and life-course approaches to crime prevention, *7*:17-40. Printed online (2019). https://doi.org/10.1007/-s40865-019-00129-0

Kolla, N. J., Smaragdi, A., Gainham, G., Karas, K.A., Hawco, C., Haas, J., Skilling, T. A., Walsh, M., & Augimeri, L. (2022) Psychosocial Intervention for Youth with High Externalizing Behaviors and Aggression is Associated with Improvement in Impulsivity and Brain Gray Matter Volume Changes. *Front. Psychiatry 12:788240*. https://doi:10.3389/-fpsyt.2021.788240

Levene, K. (2010). *SNAPP Stop-now-and-plan-parenting: Parenting children with behaviour problems*. Toronto, ON: Child Development Institute.

Levene, K.S., Augimeri, L.K., Pepler, D.J., Walsh, M.M., Koegl, C.J., Webster C.D. (2001). *Early assessment risk list for girls: EARL-21G, Version 1, Consultation Edition*. Toronto, ON: Earlscourt Child and Family Centre.

Levene, K.S., Madsen, K., Pepler, D.J. (2005). Girls growing up angry: A qualitative study. In D.J. Pepler, K. Madsen, C.D. Webster, & K.S. Levene (Eds.), The development and treatment of girlhood aggression (pp. 169-190). Hillsdale, NJ: Erlbaum.

Lewis, M.D., Granic, I., Lamm, C., Zelazo, P.D., Stieben, J. Todd, R.M., Moadab, I., & Pepler, D. (2008). Changes in the neural bases of emotion regulation associated with clinical improvement in children with behaviour problems. *Development and Psychopathology, 20*, 913-939.

Lipman, E.L., Kenny, M., Brennan, E., O'Grady, S., & Augimeri, L. (2011). Helping boys at-risk of criminal activity: Qualitative results of a multi-component intervention. BMC Public Health, 11:364. http://www.biomedcentral.-com/1471-2458/11/364.

Lipman, E.L, Kenny, M., Sniderman, C., O'Grady, S., Augimeri, L., Khayutin, S., & Boyle, M.H. (2008). Evaluation of a community-based program for young boys at risk of antisocial behaviour: Results and issues. Journal of the Canadian Academy of Child and Adolescent Psychiatry, 17 (1), 12-19. http://www.ncbi.nlm.nih.gov/pubmed/18392161

Lipman, E.L., Kenny, M., Waymouth, M. (2007). Banyan Community Services Girls Connection Program: Final Evaluation Conducted by Offord Centre for Child.

Loeber, R., & Farrington, D.P. (Eds.) (1998). Serious and violent juvenile offenders. Thousand Oaks, CA: Sage.

Loeber, R., & Farrington, D. P. (2000). Young children who commit crime: Epidemiology, developmental origins, risk factors, early interventions, and policy implications. Development and Psychopathology. 12(4):737-762. doi: 10.1017/s0954579400004107.

Loeber, R., & Farrington, D.P. (Eds.) (2001). Child Delinquents: Development, Interventions, and Service Needs. Thousand Oaks, CA: Sage.

Loeber, R., Farrington, D. P., Petechuk, D. & United States Office of Juvenile Justice and Delinquency Prevention. (2003) *Child Delinquency: Early Intervention and Prevention.* [Washington, DC: U.S. Dept. of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention] [Pdf] Retrieved from the Library of Congress, https://www.loc.gov/item/2023692093/.

Loeber, R., & Welsh, B.C. (Eds.) (2012). The Future of Criminology. New York, NY: Oxford University Press. Serious and violent juvenile offenders. Thousand Oaks, CA: Sage

Pepler, D., Bondi, B., & Augimeri, L. (2025). Developmental-Relational Perspective for Assessments and Interventions with Children Experiencing Behaviour Problems. In J. Andrews & D. Saklofske (Eds.) *Clinical Reasoning and Decision-Making Process: Child and Adolescent Assessment and Intervention.* Elsevier

Pepler, D., Walsh, M., Yuile, A., Levene, K., Vaughan, A. & Webber, J. (2010). Bridging the Gender Gap: Interventions with Aggressive Girls and Their Parents. Prevention Science 11: 229-238. Published online, 27 January 2010. DOI: 10.1007/s11121-009-0167-4.

Piquero, A. R., Jennings, W. G., & Farrington, D. P. (2010). Self-control interventions for children under age 10 for improving self-control and delinquency and problem behaviors. Campbell Systematic Reviews 2010:2. DOI:10.4073/-csr.2010.2.

Public Safety Canada (2016). Tyler's troubled life: The story of one young man's path towards a life of crime. Research Report 2016 – R005. Ottawa, ON: Public Safety Canada.

Smaragdi, A., Blackman, A., Donato, A., Walsh, M. & Augimeri, L. (2020). Sex Differences in the Classification of Conduct Problems: Implications for Treatment. *Journal of Developmental and Life-Course Criminology*, 6: 280-295; DOI: https://doi.org/10.1007/s40865-020-00149-1

Smaragdi, A., Austevik, T. J., Woods, S., & Augimeri, L. K. (2025). *Neurobiological Underpinnings of Treatment Success for High-Risk Children Displaying Antisocial Behavior. Youth Deviance, Crime, and Justice: The Neuro-Psycho-Criminological Perspective*, 181-200.

SNAP-Pittsburgh Steering Committee (2011). SNAP Pittsburgh - Report of a Two-Year Demonstration of SNAP. Unpublished report, Pittsburgh, PA: SNAP-Pittsburgh Steering Committee.

Turner Consulting & CDI (2018a). Adapting the SNAP Program for use in the African Canadian Community – Report 1: Research Report. Co-created/developed Turner Consulting Group and SNAP at Child Development Institute (CDI), Toronto, ON.

Turner Consulting & CDI (2018b). Adapting the SNAP Program for use in the African Canadian Community – Report 2: Companion Guide. Co-created/developed Turner Consulting Group and SNAP at Child Development Institute, Toronto, ON.

Walsh, M.M., Pepler, D.J., & Levene, K.S. (2002). A model intervention for girls with disruptive behaviour problems: The Earlscourt Girls Connection. *Canadian Journal of Counselling, 36*, 297-311.

Walsh, M.M., Woods, S., & Smaragdi, A. (2018). SNAP pre- and post-scores according to their racial self-identification. Presentation for internal review. Toronto, Ontario: Child Development Institute.

Welsh, B.C., & Farrington, D.P. (2006). Preventing Crime: What Works for Children, Offenders, Victims, and Places. Dordrecht, The Netherlands: Springer.

Washington State Institute for Public Policy (WSIPP; December 2018). Updated Inventory of Evidence-Based, Research-Based, and Promising Practices: For Prevention and Intervention Services for Children and Juveniles in the Child Welfare, Juvenile Justice, and Mental Health Systems. Seattle, WA: Washington State Institute for Public Policy.