

Report 2 of 3

# BRAIN STORY: ORGANIZATIONAL CHANGE MANAGEMENT

QUALITY IMPROVEMENT IMPLEMENTED USING  
THE RESILIENCE SCALE: AN ALBERTA FAMILY  
WELLNESS INITIATIVE PROOF OF CONCEPT

Project Report and Initial Learnings  
October 2023

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Quality Improvement Implemented Using the Resilience Scale:  
An Alberta Family Wellness Initiative Proof of Concept



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## EXECUTIVE SUMMARY

In 2023, the Palix Foundation and Alberta Family Wellness Initiative (AFWI) set in motion the **Resilience Scale Framework**, a three-part approach to applying the Resilience Scale at the level of individuals, organizations, and systems. The Resilience Scale Framework is communicated in a series of three reports prepared by the AFWI. This is *Report 2 of 3: Brain Story: Organizational Change Management. Quality Improvement Implemented Using the Resilience Scale: An Alberta Family Wellness Initiative Proof of Concept*.

In 2022, a team of evaluators representing the AFWI visited organizations in and around Calgary, Alberta, Canada that volunteered to participate in a quality improvement project. The participating organizations represented the fields of health, education, children's services, and addiction services, and were selected because of their continued engagement with the Brain Story. The project used the Resilience Scale Metaphor and Harvard Center on the Developing Child's Frontiers of Innovation template to code the programs and services offered by these organizations based on whether they were designed to reduce the burden of adversity, add positive supports, or improve skills and abilities. The following report details the development, execution, and evaluation of the project and highlights next steps.

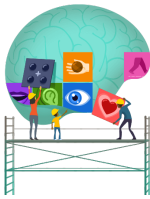
## BACKGROUND

The **Palix Foundation** is a private foundation based in Calgary, Alberta, Canada that works to mobilize the science of childhood development, mental health, and addiction from the related disciplines of developmental neuroscience, behavioural neuroscience, genetics, and epigenetics. In 2007, the Foundation founded the **Alberta Family Wellness Initiative (AFWI)** to turn ‘what we know’ about addiction and mental health into ‘what we do’ in practice and service delivery.

### The Brain Story

At the heart of the work of the AFWI is the **Brain Story**, a collection of metaphors that were crafted by the National Scientific Council on the Developing Child, the Harvard Center on the Developing Child,<sup>1</sup> and the FrameWorks Institute<sup>2</sup> to close the gap between what the public understands about brain development, mental health, and addiction and what science has informed us about these topics. The AFWI shares the Brain Story via the **Brain Story Certification Course**,<sup>3</sup> a free, self-paced online resource that blends the metaphors with scientific lectures and readings.

The metaphors of the Brain Story are as follows.



**Brain Architecture**<sup>4</sup>: Brains are not simply born, they are built over time. Just like a house, a brain requires a sturdy foundation to support all future development. This highlights the importance of early childhood experiences and the seriousness of adverse childhood experiences (ACEs), which compromise the brain’s foundation.

**Serve and Return**<sup>5</sup>: The most important mechanism of building a sturdy brain foundation is attentive, responsive, serve and return interactions between a child and caregiver. Just like in a game of tennis, a child serves by making eye contact, smiling, laughing, or babbling, and the caregiver returns the serve by sharing in the exchange.



<sup>1</sup> Center on the Developing Child at Harvard University. (n.d.). *Center on the Developing Child*. Retrieved August 2023, from <https://developingchild.harvard.edu/>

<sup>2</sup> FrameWorks Institute. (n.d.). *FrameWorks*. Retrieved August 2023, from <https://www.frameworksinstitute.org/>

<sup>3</sup> Alberta Family Wellness Initiative. (n.d.). *Training*. Retrieved August 2023, from <https://albertafamilywellness.org/training/>

<sup>4</sup> Alberta Family Wellness Initiative. (n.d.). *Brain Architecture*. Retrieved August 2023, <https://albertafamilywellness.org/what-we-know/brain-architecture/>

<sup>5</sup> Alberta Family Wellness Initiative. (n.d.). *Serve and Return*. Retrieved August 2023, <https://albertafamilywellness.org/what-we-know/serve-and-return/>



**Air Traffic Control**<sup>6</sup>: Responsive serve and return interactions and a sturdy brain foundation support the development of executive function and self-regulation skills. Much like air traffic control at a busy airport, these essential skills help us plan, prioritize, and organize our daily demands to help prevent a mental collision.

**Toxic Stress**<sup>7</sup>: Negative experiences that are not buffered by safe, stable, and supportive relationships lead to toxic stress, which can undermine brain architecture and contribute to poor mental and physical health outcomes.



**Reward Dial**<sup>8</sup>: Certain experiences in life can derail the brain's inherent reward and motivation systems, leading to adverse health outcomes like addiction.

Finally, the **Resilience Scale** metaphor summarizes how these aspects of brain development interact to influence lifelong mental and physical health outcomes.<sup>9</sup>



## THE RESILIENCE SCALE

Resilience is the ability to adapt and remain healthy in the face of adversity, and is strengthened or weakened over time in response to our experiences.<sup>10</sup> The Resilience Scale metaphor, developed by the National Scientific Council on the Developing Child, helps to illustrate how three principles interact to determine our capacity for resilience: the accumulation of adversity and other sources of toxic stress, access to positive supports, and the functioning of learned skills and abilities. The Resilience Scale (**Figure 1**) aligns perfectly with the Harvard Center on the Developing Child's three principles to improve outcomes for children and families: reducing sources of adversity, adding positive supports, and strengthening core life skills.<sup>11</sup>

<sup>6</sup> Alberta Family Wellness Initiative. (n.d.). *Air Traffic Control*. Retrieved August 2023, from <https://albertafamilywellness.org/what-we-know/air-traffic-control/>

<sup>7</sup> Alberta Family Wellness Initiative. (n.d.). *Stress*. Retrieved August 2023, from <https://albertafamilywellness.org/what-we-know/stress/>

<sup>8</sup> Alberta Family Wellness Initiative. (n.d.). *What is Addiction?* Retrieved August 2023, from <https://www.albertafamilywellness.org/what-we-know/what-is-addiction/>

<sup>9</sup> Alberta Family Wellness Initiative. (n.d.). *Resilience Scale*. Retrieved August 2023, from <https://albertafamilywellness.org/what-we-know/resilience-scale/>

<sup>10</sup> National Scientific Council on the Developing Child. (2015). *Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper 13*. <http://www.developingchild.harvard.edu>

<sup>11</sup> Center on the Developing Child at Harvard University (2021). *Three Principles to Improve Outcomes for Children and Families, 2021 Update*. <http://www.developingchild.harvard.edu>

## Understanding the Resilience Scale

The Resilience Scale is dynamic and illustrates how these three principles interact to influence lifelong physical and mental health outcomes.

### Red boxes

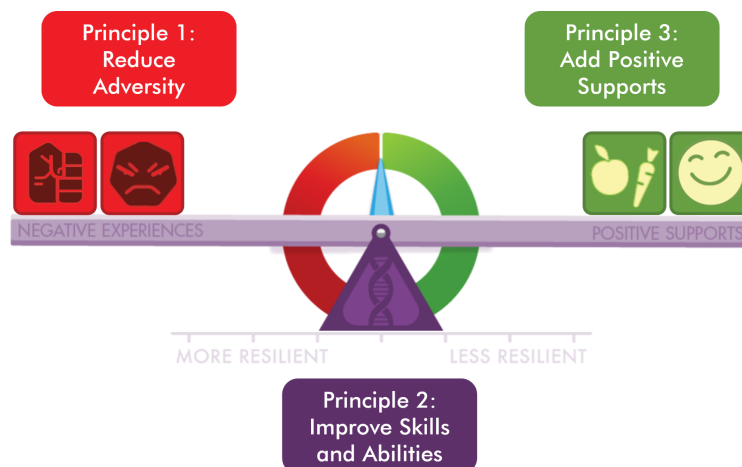
Negative experiences in life can cause adversities to pile up on the left side of the beam (represented as red boxes), tipping the Scale and causing the blue arrow at the Scale's center to point towards a negative outcome.

### Green boxes

By adding positive supports in the form of safe, stable, and supportive environments and safe, stable, and supportive relationships to the right side of the Scale (represented as green boxes), the Scale can be tipped in the positive direction causing the blue arrow to point towards a positive outcome.

### Purple Fulcrum

The starting position of the fulcrum (represented as a purple triangle) can be understood as our original capacity for resilience and is determined by genetic and epigenetic factors. However, the fulcrum can shift to the left or right over time. With training to build our skills and abilities—such as serve and return, air traffic control, and reward motivation—that fulcrum can shift to the left, giving less leverage to negative experiences. The Resilience Scale is a robust tool that helps people identify the many factors that create or reduce their capacity for change, including a tool for self-reflection to enhance self-efficacy and hope.<sup>12</sup>



**Figure 1.** The Resilience Scale can be used to visualize how three principles (reducing adversity, improving skills and abilities, and adding positive supports) can contribute to lifelong physical and mental health outcomes.

<sup>12</sup> National Scientific Council on the Developing Child. (2015). *Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper 13*. <http://www.developingchild.harvard.edu>

## Applying the Resilience Scale

Early learnings indicate that beyond its use as a metaphor, the Resilience Scale is an effective visual **tool** to facilitate communication between service providers and their clients or patients.<sup>13</sup> When used as a practical tool, the Resilience Scale provides a picture of a service user's current functioning and helps the service provider match them with appropriate supports.

Loading the Resilience Scale can be accomplished through serve and return interactions between service provider and users. Because it is universal and non-stigmatizing, the Resilience Scale can help an individual communicate their story and form an understanding of their own resilience. Questions like the ones below will help the service provider identify red and green boxes, as well as fulcrum-related skills and abilities.

- Has the individual encountered adversity or toxic stress in their past or present?<sup>14</sup>
- What relationships and/or environments in their life are safe, stable, and supportive?<sup>15</sup>
- Have they developed well-functioning skills and abilities in the areas of air traffic control,<sup>16</sup> serve and return,<sup>17</sup> and reward motivation?<sup>18</sup>

The interaction between these experiences and skills and abilities shapes an individual's capacity for resilience. Once the individual's Resilience Scale is created, service providers can suggest targeted programming and interventions that will help move the Scale in a direction that supports better outcomes. An individual's Scale can then be used to manage change over time, as they access services to address red boxes, add green boxes, and improve skills and abilities. By contextualizing this information using the Resilience Scale, we can better understand the trajectory of lifelong physical and mental health outcomes.

### THE HARVARD CENTER ON THE DEVELOPING CHILD FRONTIERS OF INNOVATION

The Harvard Center on the Developing Child's former research and development platform (2011 to 2023), Frontiers of Innovation (FOI), coded research projects according to

<sup>13</sup> McCann, C., Cook, J., & Loiseau, E. (2021). *Early Learnings About Uses for the Resilience Scale Metaphor in Practice*. Alberta Family Wellness Initiative

<sup>14</sup> Garner, A., Yogman, M., & Committee on Psychosocial Aspects of Child and Family Health, Section of Developmental and Behavioral Pediatrics, Council on Early Childhood. (2021). Preventing childhood toxic stress: Partnering with families and communities to promote relational health. *Pediatrics*, 148(2), e2021052582

<sup>15</sup> Garner, A., Yogman, M., & Committee on Psychosocial Aspects of Child and Family Health, Section of Developmental and Behavioral Pediatrics, Council on Early Childhood. (2021). Preventing childhood toxic stress: Partnering with families and communities to promote relational health. *Pediatrics*, 148(2), e2021052582

<sup>16</sup> National Scientific Council on the Developing Child. (2011). Building the Brain's "Air Traffic Control" System: How Early Experiences Shape the Development of Executive Function: Working Paper No. 11. <http://www.developingchild.harvard.edu>

<sup>17</sup> National Scientific Council on the Developing Child. (2004). Young Children Develop in an Environment of Relationships: Working Paper No. 1. [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)

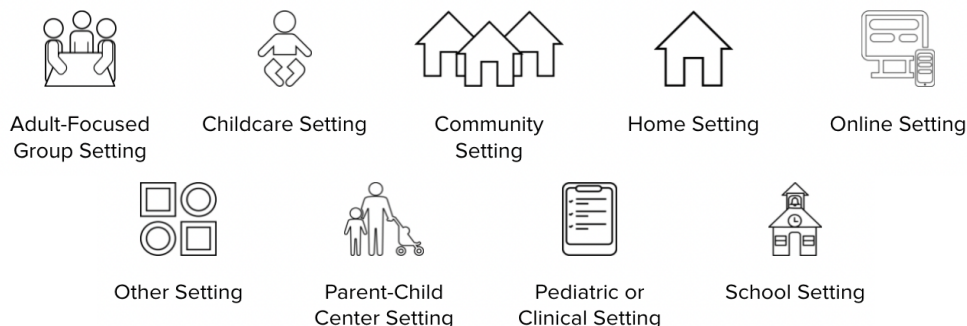
<sup>18</sup> National Scientific Council on the Developing Child. (2018). Understanding Motivation: Building the Brain Architecture That Supports Learning, Health, and Community Participation: Working Paper No. 14. [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)



three primary design principles as well as the context in which they are delivered. According to FOI, interventions target specific components of resilience by reducing sources of stress, supporting positive relationships, and/or strengthening core life skills, and occur in various settings (e.g., medical clinic, childcare setting, community setting).<sup>19</sup>

These primary design principles, as they are identified in the FOI programs, map directly on to the Resilience Scale. As such, health interventions, social services, and community programs themselves may be mapped onto the Resilience Scale according to what aspect of resilience they target (be it reducing adversity, adding positive supports, and/or improving skills and abilities). To build capacity for service providers and increase system competency, the Palix Foundation sought to unify this FOI template with the Resilience Scale tool and code the programming available in the local social services and healthcare landscape. Consistent with the FOI template, the coding system only consists of two parts, thus being simple to administer. First, simple graphics serve as a clear means of identifying the context of the programming (**Figure 2**). Second, a simple change of colour from the original FOI template visualizes the primary objective of the programming being described as either reducing adversity (red), adding positive supports (green), or improving skills and abilities (purple) (**Figure 3**).

### Where does the intervention happen?



**Figure 2.** Graphic representation of the context in which a program/service takes place. Taken from the Harvard Center on the Developing Child's FOI template (accessed August 2023).

### What does the intervention target?



**Figure 3.** Coding colours represent the primary purpose of the program/service; to reduce adversity (red), to add positive supports (green) and/or to improve skills and abilities (purple).

<sup>19</sup> Center on the Developing Child at Harvard University. (n.d.). *Frontiers of Innovation*. Retrieved August 2023, from <https://developingchild.harvard.edu/https://developingchild.harvard.edu/innovation-application/frontiers-of-innovation/>

## Examples:

The following are two examples of Alberta-based projects with the amended coding applied to match the three components of the Resilience Scale.

1. Building Brains Together<sup>20</sup> - Developed at the University of Lethbridge, Building Brains Together improves executive function skills in children by increasing adult capabilities and knowledge about the importance of play to improve school readiness. The target audience is the general population of children aged three to five years. The program has also been expanded to zero to two years and adolescents, and now includes a series of traditional Blackfoot games. The primary goal of Building Brains Together is to improve skills and abilities and is conducted in both a home and school environment.



2. University of Calgary - ATTACH™ Program<sup>21</sup> - Developed at the University of Calgary, the Attachment and Child Health (ATTACH™) program is a 10-week program which improves parent-child attachment by improving parental capabilities, specifically reflective function (the ability to imagine mental states in oneself and in others).<sup>22</sup> Pilot studies with low-income mothers and children and those impacted by toxic stress (e.g., family violence) showed improved serve and return, attachment security, child development, immune health, and parental reflective function. To date, more than 70 ATTACH™ facilitators have been trained and ATTACH™ is working with 12 agencies across western Canada. The ATTACH™ Program's primary goal is to improve skills and abilities and add positive supports, and the program takes place in a parent/child centre setting.



These examples demonstrate the simplicity of applying the coding to align programs and services with the Resilience Scale and FOI template. Applied at the organizational level, this quality improvement framework will offer organizations a simple means of assessing their programming by clarifying what services are offered and what those services are intended to do. When applied on a large scale, this framework will facilitate inter-agency communication and assist service providers and service users in identifying the types of programs with the most meaningful impact on health outcomes. This benefit is compounded when service providers also use the Resilience Scale as a tool with their clients or patients.<sup>23</sup> The quality improvement

<sup>20</sup> Building Brains Together. (n.d.). *Building Brains Together*. Retrieved August 2023, from <https://www.buildingbrains.ca/>

<sup>21</sup> ATTACH. (n.d.). *Our Team*. Retrieved August 2023, from <https://attach.teachable.com/p/our-team>

<sup>22</sup> ATTACH. (n.d.). *Mentalization Theory*. Retrieved August 2023, from <https://attach.teachable.com/p/m-rf-info>

<sup>23</sup> Alberta Family Wellness Initiative (2023). *Brain Story: Organizational Change Management. Quality Improvement Implemented Using the Resilience Scale: An Alberta Family Wellness Proof of Concept*

framework, and the larger Resilience Scale Framework, will continue to build knowledge by serving as a learning platform for service providers and a foundation for future communities of practice. By building knowledge, the quality improvement framework will improve practice and interventions across systems.

## QUALITY IMPROVEMENT PROOF OF CONCEPT

### OBJECTIVE

The AFWI launched the quality improvement framework to evaluate if the Resilience Scale and FOI template could be used to effectively and efficiently code programs and services on a large scale (e.g., community, regional, provincial), beginning in a small number of candidate organizations in and around Calgary, Alberta, Canada. The goal of the project was twofold. First, the project was designed to assess if coding using the Resilience Scale and FOI template would offer participating organizations an opportunity to reflect on their services and identify those best suited to their client's and/or patient's needs. Second, the project sought to explore the feasibility of this system of coding across a range of organizations to determine if the approach could be used to facilitate a referral network that positions services along a continuum of care from prevention to intervention, treatment, and recovery. An evidence-based referral network founded in the science of the Brain Story and Resilience Scale could help individuals to better navigate a large and complex system, assist service providers in more effectively identifying and targeting needs, and facilitate collaboration and communication (both between individuals and service providers, as well as across organizations).

This project focused on applying the FOI template to programs and services based on descriptions provided by the organization. At this stage, we did not seek information about and/or review the effectiveness of individual services and programs, although this level of evaluation will be advantageous at a later stage.

### PARTICIPATING ORGANIZATIONS

Between April and August 2022, the evaluators (Appendix 1) visited organizations in Calgary, Alberta and Lethbridge, Alberta to learn about their work with children, families, and communities (Appendix 2). These organizations were selected based on their ongoing engagement with the Brain Story and success in embedding the science into their practice.

**Table 1**

*Summary of the participating organizations and their involvement with the Brain Story*

Organization	Is the Brain Story Mandatory for Employees?	# of Employees Enrolled or Certified in the Brain Story as of September 1st, 2023 <sup>24</sup>	Has the organization completed the Resilience Masterclass?
<b>Alberta Health Services Child and Adolescent Addiction, Mental Health, and Psychiatry Program (CAAMHPP)</b> Appendix 3	Yes	Unknown	Yes, some members attended Calgary Resilience Day (May 3rd, 2022).
<b>Big Brothers Big Sisters of Calgary and Area</b> Appendix 4	Yes	72	Yes, as an organization (April 17th, 2023) and some members attended Calgary Resilience Day (May 3rd, 2023).
<b>Children’s Cottage Society</b> Appendix 5	Yes	202	Yes, some members attended Calgary Resilience Day (May 3rd, 2022).
<b>CUPS (Calgary Urban Project Society)</b> Appendix 6	Yes	341	Yes, some members attended Calgary Resilience Day (May 3rd, 2022).
<b>Fresh Start Recovery Centre</b> Appendix 7	Yes	114	Yes, some members attended Calgary Resilience Day (May 3rd, 2022) and Lethbridge Resilience Day (March 1st, 2023).
<b>Family Centre Society of Southern Alberta</b> Appendix 8	Yes	49	Yes, some members attended Calgary Resilience Day (May 3rd, 2022) and Lethbridge Resilience Day (March 1st, 2023).
<b>Providence Child Development Society</b> Appendix 9	Yes	373	Yes, some members attended Calgary Resilience Day (May 3rd, 2022).
<b>Renfrew Educational Services</b> Appendix 10	Yes	412	Yes, some members attended Calgary Resilience Day (May 3rd, 2022).
<b>SPEECHified</b> Appendix 11	Yes	1	Yes, attended the Edmonton Resilience Day (Sept 27th, 2022).

<sup>24</sup> Alberta Family Wellness Initiative (2023). *Brain Story Certification Course: Analytics as of September 1st, 2023*.

<b>University of Calgary - ATTACH™ Program</b> Appendix 12	No	Unknown	Yes, some members attended a virtual Resilience Scale Masterclass (June 6th, 2023).
<b>YWCA Calgary</b> Appendix 13	Yes	327	Yes, some members attended Calgary Resilience Day (May 3rd, 2022).

*Note.* Number of enrolled or certified employees reflects the number of employees who have enrolled in the Brain Story Certification since its launch (2016), not necessarily the number of current employees enrolled or certified in the certification course. The number of employees enrolled is listed as "Unknown" when the coded organization was a program within a larger organization such that an accurate number of enrollees could not be obtained.

#### PROGRAM IMPLEMENTATION

To gather the necessary information to conduct the coding exercise, the team of evaluators visited each participating organization to meet with leadership. In these meetings, which averaged three hours, organization representatives walked evaluators through the programming and services offered by the organization. After each visit, the team of evaluators created a list of discrete programs and services with descriptions that were coded according to the Resilience Scale/FOI template. The documents were then returned to each organization for review and internal use. Finally, participating organizations were asked to complete a short feedback form to share their thoughts and impressions. The feedback form was shared with a primary contact at each participating organization, and those contacts were encouraged to circulate the form to other involved staff members and partners. We recognize that this feedback may not be representative of the opinions held by all members of these organizations.

#### EARLY LEARNINGS

#### POST-PROJECT FEEDBACK

After coding each organization's programs and services, evaluators asked representatives of the participating organizations to complete a short feedback form sharing their impression of the project. The survey was administered as an online Google Form consisting of the following questions:

1. Do you see value in coding your organization's programs and services using this system?
2. What was the most challenging part of the coding exercise for you and your agency?
3. Would you use a referral network that is based on this system of coding?
4. Would you prefer to make referrals for clients who need additional support to Brain Story Certified agencies?
5. What aspects of this referral network would you find advantageous?
6. Do you anticipate any concerns regarding this coding/referral network?

7. Would your organization have the time and resources to maintain continued participation in this referral network (e.g., updating program coding and descriptions)?

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QUESTION 1: DO YOU SEE VALUE IN CODING YOUR ORGANIZATION'S PROGRAMS AND SERVICES USING THIS SYSTEM?



Of the organizations surveyed, 100% of respondents saw value in coding their organization's programs and services using this system. Respondents noted that this means of coding provided an opportunity to assess **how closely their programming aligns with clients' needs** and an opportunity for **quality improvement and strategic planning**. This speaks directly to the intended quality improvement element of this project and suggests that organizations were able to see the value in reflecting on their services using the Resilience Scale. For more on the ability of the Resilience Scale to serve as a tool by which to inform strategic planning, see Appendix 16.

*"Examining and coding our programs through the lens of resilience-based interventions and the Resilience Scale can support a more intentional alignment between a client's needs and specific programmatic and service responses that apply brain science learnings and are deliberately designed to reduce adversity, and/or add positive supports/environments, and/or improve skills and abilities...."*

*"It helps [the organization's] staff and board of directors with determining what we offer and how programs impact our community. It can also give the board of directors' information as they determine the direction [the organization] will take in the coming years. For example, if the board decides we need to expand our scope to reduce adversity, management can then look at where we might be able to realign or change programming to fit this area."*

*“...The coding provided a more accurate picture of [organization’s] supports and services. This also provides insight to us for program improvement.”*

Respondents also thought this coding system and the use of a common language would contribute to **better systems alignments**, painting a clearer picture of the landscape of interventions and services that are accessible across the continuum of care.

*“... This work can also help to develop and strengthen our shared understanding and the way we speak about individual resilience and brain science-based interventions between agencies and service sectors, furthering opportunities for interagency collaboration and enhanced integration of client-centred services across agencies.”*

*“I think it will be exceptionally helpful to have an idea of what other organizations are doing to support the families and community we work with, specifically those that are trauma informed.”*

*“I like the coding system because it's a quick way to at least narrow down the type of program you are looking for. I also appreciate that it ensures everyone is using a common language to define what a program does.”*

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QUESTION 2: WHAT WAS THE MOST CHALLENGING PART OF THE CODING EXERCISE FOR YOU AND YOUR AGENCY?

While many respondents expressed that they experienced no challenges with the coding process, those who did suggested challenges arose when finding a way to apply the coding to existing services as **programming often served more than one goal**, or in some cases, all three (to reduce adversity, add positive supports, and improve skills and abilities). This was a difficult but necessary part of the project. Difficulty with discerning the primary goal of an intervention should be the first indicator to evaluate if the program is indeed serving the purpose or the people for which it was intended.

*“Trying to focus on the core service aspects. For most of our programs we do a bit of all activities related to the Scale, so it was tricky to focus on what we do most and what we do best. Having said that, it was a good exercise to help us get clear on what we really should focus on.”*

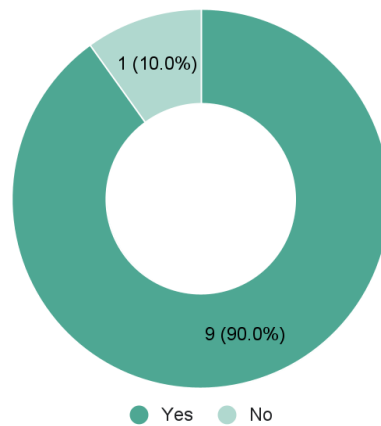
Some respondents also expressed challenges in **ensuring the breadth of services were accurately represented**, largely because many organizations offer such a vast array of services

outside of what might traditionally be defined as a “program.” The appendices included in this report capture these accessory offerings, and any resulting database or resources should attempt to do the same.

*“Due to the broad spectrum of partnerships, and relationships that [the organization] holds it is challenging to identify and effectively capture all the positive resources we offer.”*

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QUESTION 3: WOULD YOU USE A REFERRAL NETWORK THAT IS BASED ON THIS SYSTEM OF CODING?



Ninety percent of respondents confirmed that they would use a referral network based on this system of coding. One respondent stated that they would not use such a network to make referrals, noting “There is a concern of limitations, not recognized or captured in the evolution and development of existing partnerships and relationships.” However, they did note in comment that “...there is a sense of opportunity associated [with] the coding but at this point there is a further concern this may be pre-mature at this time.” Evaluators acknowledge that there are many programs/systems available which attempt to serve this purpose. However, systems are often siloed, creating networks and referral pathways within one sector alone. The Resilience Scale acknowledges the importance of the interplay between the three principles of the scale as being critical for improving outcomes. This requires services from across the continuum of care and relies on service providers having resources outside their field of practice. A Brain Story informed network would provide that resource. Anecdotally, one respondent shared that while their programming is best suited to add green boxes to clients’ Resilience Scales, they often find themselves dealing in the realm of red boxes out of necessity. They expressed that the use of a quality assured referral network would enable them to focus on their ability to add green boxes, as they could have confidence in referring certain clients to organizations that also have a strong understanding of the Brain Story but are better suited to work with reducing red boxes.



Respondents that identified they would be inclined to use a referral network based on this system of coding believed that it would be an **efficient referral system for service providers**.

*“It would be helpful to have a referral network in one place where you can clearly see what they do and what type of clients they serve best so we could make proper referrals in an efficient manner.”*

*“We think it would be quite an efficient system.”*

*“I believe this will also save staff so much time rather than having to Google search or find an agency resource list to go through.”*

Usability of a referral system was also considered in the context of sharing information with the individuals utilizing these services. Several respondents identified that they believed this system would **help service providers more effectively communicate and engage with clients/patients**.

*“It would make it easier to help families determine which programs or services would best fit their needs.”*

*“We definitely support a referral network that helps families understand what's available to them using a system where staff know what kinds of resiliency support, they will be receiving”*

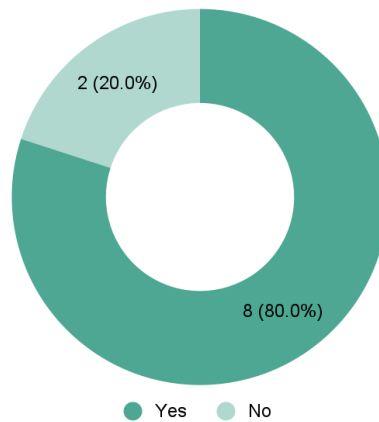
*“You could also prioritize your approach in collaboration with the family and this makes the conversation easier. When you look at the scale you can visually see that maybe adding green boxes achieves a better result or perhaps building skill would - in this way you could strategize an approach that you feel would work best.”*

Respondents also reiterated that a referral network based on this system of coding would **contribute significantly to systems alignment**.

*“If agencies agree to use and maintain this coding system, then it could be valuable for referral, sharing of information, building on, and comparing of client outcomes across agencies and engaging in an integrated client-centred, outcome-focused way.”*

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QUESTION 4: WOULD YOU PREFER TO MAKE REFERRALS FOR CLIENTS WHO NEED ADDITIONAL SUPPORT TO BRAIN STORY CERTIFIED AGENCIES?



Eighty percent of respondents would prefer to refer clients to Brain Story Certified organizations, with several specifically citing the **trauma-informed nature of the Brain Story** as being important for their practice. Respondents noted that while it would be desirable to make referrals to only Brain Story Certified agencies, an individual client/patients' situation or the status of the system can necessitate otherwise. As the common competency of the Brain Story becomes more widespread, the likelihood of being able to make referrals to other Brain Story Certified organizations will also continue to grow.

*“Ideally, we would always refer clients to agencies that understand and apply the brain science learnings of how our experiences shape brain development, impact behaviour, learning and health and build resilience. We acknowledge however that some agencies will have an understanding but are not certified.”*

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QUESTION 5: WHAT ASPECTS OF THIS REFERRAL NETWORK WOULD YOU FIND ADVANTAGEOUS?

Respondents noted that one advantage of this system is the **clarity and simplicity of the coding scheme**, which identifies organizations/programs as red (those which reduce adversity), green (those which add positive supports), purple (those which improve skills and abilities), or a combination thereof.

*“Clarity, transparency, linkage to theory and evidence.*

*“The clarity and coding of programs and that it will bring all the agencies together.”*

*“I would find the coding advantageous to be able to make quick, intentional and focused referrals.”*

*“The simplicity [of a referral network based on this coding].”*

Mapping systems, services, and programming to the Resilience Scale offers both service providers and their clients/patients the **ability to effectively understand needs** in terms of reducing adversity, adding positive supports, or improving skills and abilities. This is especially true when organizations employ the Resilience Scale at the individual level as a tool for assessment or to track change over time with their clients/patients. Respondents shared that this system of coding would **provide clarity for service providers, resulting in better care for their patients/clients.**

*“As above, it [the coding] helps staff and participants to determine what the presenting need is and then locate a referral area that the participant can then look to see what programs/services are available to them.”*

*“The most advantageous point would be being able to determine and direct an individual to specific resources addressing the most prevalent issues at hand.”*

*“I also like that you can determine where a gap may be and be strategic in filling that gap, in other words if a family is doing well in one colour you know that you may want to look for the colour that they need to balance\* their scale [sic].”*

\*It should be noted that the ultimate goal of interventions is to *tip* the Resilience Scale towards a positive outcome, rather than to balance the Scale.

Respondents again noted that this system of coding would be advantageous for **quality improvement and system standardization**, not only within an agency/provider but also between providers.

*“Having a standardized approach for identifying program focus between agencies will be beneficial when it comes to identifying specific supports and services and client may require (please see earlier responses). This will also strengthen our capacity to compare and contrast common outcomes across programs and service areas, enabling us to have a better sense of what is working, what is not working and for whom.*

*Having this information can have further strategic and funding implications, for as we come to better understand which program designs are more effective for which clients and in what situations or contexts, a more intentional support for “growing” these particular programs can occur.”*

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QUESTION 6: DO YOU ANTICIPATE ANY CONCERNS REGARDING THIS REFERRAL NETWORK?

Respondents raised three main concerns when considering the practical application of a referral network based on this system of coding. The first was a concern over **limited uptake across the system**.

*“The only concern I can think of at the moment is if not enough programs participate then front line staff are having to look in multiple locations to find the right supports.”*

*“Uptake may be a challenge.”*

A second concern was raised regarding **maintenance** of the referral network. In order to be useful for service providers, the network must remain up to date. Due to the often changeable nature of funding and the potential for changes in program/service offerings, the network will require regular attention to remain a useful and up to date tool. This concern is further addressed in later sections.

*“Challenges in having the resources and time to maintain current coding across an agency’s programs will prove difficult for agencies, further drawing on already limited resources.”*

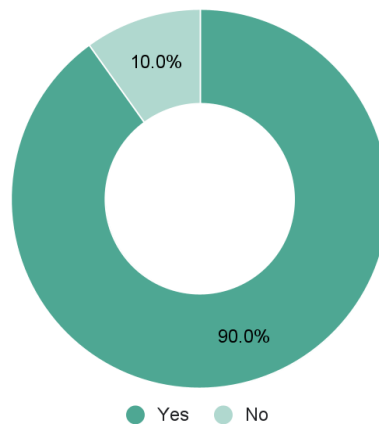
*“I think it will be hard to keep the list up to date as we know many agencies and programs are funding dependent.”*

Finally, a concern was raised regarding the **training that would be required** to become competent with this system of coding and to maintain the network.

*“Consistency in how we undertake the coding across the referral network and the need for training to ensure that the network is able to undertake and maintain this work.”*

*“A concern would be around ensuring the education of people using the network and ensuring they are clear on the coding system.”*

QUESTION 7: WOULD YOUR ORGANIZATION HAVE THE TIME AND RESOURCES TO MAINTAIN CONTINUED PARTICIPATION IN THIS REFERRAL NETWORK (E.G. UPDATING PROGRAM CODING AND DESCRIPTIONS)?



Ninety percent of respondents said that their organization would have the time and resources to maintain continued participation in a referral network using this coding system.

When asked to share any concerns over continued participation, **staff turnover** was identified as one of the top concerns.

*“Staff turnover can be high, so maintaining one contact might not be the best for continued participation. It might be better to have two contacts at each agency.”*

*“We would need to have a few staff who know how to maintain the updating so we don't lose that skill with staff turn over [sic].”*

*“Changing staff - this is an issue for many non-profits who cannot pay wages that other organizations do.”*

Respondents also noted that their participation in this referral system would be contingent on receiving external support, or that at least some form of **external support would make participation more feasible**.

*“It would be helpful to have additional support outside of relying on existing agency resources to ensure timeliness and accuracy of the coding.”*

*“I think continued support from PALIX makes this much more achievable.”*

*“We would want ongoing support.”*

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QUESTION 8: WHAT FEATURES WOULD YOU LIKE TO SEE IN THE REFERRAL NETWORK?

Two main themes were identified in the responses to this question. First, respondents mentioned the importance of **accessibility and user-friendliness**, including comments on the technological design of the platform, importance of including a provincial landscape, and discussion of other methods that could ensure efficient and effective communication with service users.

*“[A] provincial landscape - where do other programs/services lie within the coding.”*

*“A way to direct[ly] link a family to a service without having to give contact information and then they have to do all the legwork to connect. It would be nice to send an electronic form to the program and have them follow up with the family. This might also be a way to prevent families having to repeat information over and over...”*

In addition to accessibility, other respondents noted **operational details** they would like to see included in this network, such as contact information, wait times, and various forms.

*“[E]mbedded forms and DocuSign, information sharing abilities, easy referral process. Trainings, courses and events being offered in the city that we can share with families.”*

#### PROJECT FEASIBILITY

A primary goal of this project was to determine if the Resilience Scale and FOI template could be applied on a large scale with respect to the time commitment and the level of expertise required to accurately implement and maintain a system based on this coding.

Evaluators typically spent three hours visiting an organization, followed by an average of eight hours researching additional information, coding the programs and services, and drafting reports to be returned to the organizations. When evaluating feasibility, it is also necessary to consider the time commitment required from the organizations, as a process that requires too much time on behalf of the service providers would likely not be sustainable. Following initial coding, the ongoing maintenance of the coded organizations would require a variable time commitment depending on changeability of program offerings, which can be influenced by staff turnover and changes in funding availability. Ongoing maintenance was identified as a possible hurdle to wide scale adoption by the organizations that participated in the project (see feedback, questions six and seven). However, 90% of the respondents indicated that, in their opinion, their organization would have time and resources available to maintain the coding.

The process of coding programs and services based on the Resilience Scale and FOI template necessitates a deep understanding of both, as well as of the underlying science of

resilience. Fortunately, the Brain Story Certification course, Resilience Scale Masterclass, and FOI website provide all the necessary background information. As described in the Next Steps section of this report, a “train the trainer” program is currently in development to increase the number of evaluators capable of facilitating this coding process. Using these resources, evaluators could be trained in approximately 25 to 30 hours and then use their expertise to provide ongoing support to coded organizations. The facilitators would then be able to help participating organizations not only maintain their contribution to the referral network, but also explore applications of the coding and Resilience Scale for the purposes of quality improvement.

## ADAPTABILITY

The original FOI portfolio curated by Harvard University’s Center on the Developing Child includes interventions that focus on innovative services for children and families. In working with organizations offering a diverse range of programs and services, the evaluators determined a need to expand the scope of the template to include a wider range of target populations (e.g., adults in recovery from addiction, adults seeking emergency shelter from domestic violence). To do so, the evaluators expanded the available contexts to include programs which take place in an organizational facility (on-site), in a shelter setting, and in one-on-one counselling settings (illustrated in the coding by the icons below). As this system of coding is utilized more broadly, further adaptations may be required.



Organizational  
Facility  
Setting

Shelter  
Setting

One-on-One  
Counselling  
Setting

## ORGANIZATIONAL CHANGE MANAGEMENT SNAPSHOTS

To further explore how the Resilience Scale is used as a tool to drive organizational change, evaluators met with three participating organizations to discuss their use of the Resilience Scale in practice. These findings are featured in series of snapshots, each exploring a different form of application:

- At CAAMHPP, the Resilience Scale is used as a clinical tool with patients (Appendix 15)
- At Big Brothers Big Sisters of Calgary and Area, the Resilience Scale is used as a tool to guide strategic planning and development (Appendix 16)
- At Fresh Start Recovery Centre, the Resilience Scale is used as an assessment tool with clients (Appendix 17)

## NEXT STEPS

### RESILIENCE SCALE FRAMEWORK

This proof of concept is part of a larger Resilience Scale Framework to integrate the Resilience Scale at an individual, organizational, and systems level across sectors including health, education, children’s services and justice. At the individual level, the Resilience Scale Toolkit provides service providers with the opportunity to practice applying the knowledge of the Brain Story and Resilience Scale in practice.<sup>25</sup> For a full description of the application of the Resilience Scale at the individual level, please see *Report 1 of 3: Brain Story: Using the Resilience Scale as a Tool for Individuals*. **At the organization level, the Resilience Scale serves as a tool for organizational change management and a quality improvement framework by which to code services and programs based on whether they are designed to target red boxes (i.e., reduce sources of adversity), green boxes (i.e., add positive supports), or the fulcrum (i.e., build skills and abilities).** At a systems level, the Resilience Sale can be used to create systems integration and improve outcomes for individuals, families, and communities.<sup>26</sup> For a full description of the application of the Resilience Scale at the systems level, please see *Report 3 of 3: Brain Story: Creating Systems Integration Using the Resilience Scale*.

### BRAIN STORY CERTIFIED ORGANIZATIONS

While completing this project, evaluators concurrently reached out via email and phone to organizations which require the Brain Story Certification of their employees. These organizations were identified based on individuals’ responses to the question of “Please tell us why you are interested in taking the Brain Story Certification course” which is asked during the Brain Story Certification Course enrollment process. To be Brain Story Certified, an organization needs to require completion of the Brain Story Certification Course either for all staff members or a well-defined subset (e.g., frontline workers). The evaluators received replies from 91 Albertan organizations that meet this criterion. Moving forward, consistent tracking of Brain Story Certified organizations through regular outreach will be critical to the expansion of this project. Moreover, sustained communication with existing Brain Story Certified organizations will also provide essential feedback as to potential uses and applications of the Resilience Scale.

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<sup>25</sup> Alberta Family Wellness Initiative. (2023). *Report 1 of 3: Brain Story: Using the Resilience Scale as a Tool for Individuals*.

<sup>26</sup> Alberta Family Wellness Initiative. (2023). *Report 3 of 3: Brain Story: Creating Systems Integration Using the Brain Story*.



## ORGANIZATIONAL AND SYSTEMS CHANGE MANAGEMENT

Scaling this coding project is essential to create effective and sustainable systems change. With over 64,000 Albertans enrolled in the Brain Story Certification Course as of September 2023, the competency to deliver evidence-based services is well-distributed in our province.<sup>27</sup> Therefore, there exists significant potential to scale this coding system throughout the province to include all major city centers, rural and remote communities, and Indigenous communities. As an immediate next step, it is logical to first expand to other Brain Story Certified organizations. This expansion should include a diverse range of sectors from across the continuum of care including but not limited to health, education, children’s services, and justice. Supported by the positive feedback from the organizations included in the project, we anticipate that as the adoption of this system of coding continues to grow, it will encourage other organizations to embrace the Brain Story and join the system shift.

## TRAIN THE TRAINER PROGRAM

To achieve adequate scaling of the project, it will be necessary to increase the number of people who are capable of working with organizations to gather information about their services, apply the coding template, and maintain the referral network. These individuals must be Brain Story Certified, be familiar with the Resilience Scale, and have a thorough understanding of the FOI template. An efficient means of maintaining this system may be to follow a “train the trainer” model which would equip the “quality improvement consultants” with the tools and knowledge they need to maintain and expand the coded network. It is our hope that organizations that join the network will complete the process of coding their programs with initial technical support provided by the AFWI or a trained facilitator and submit information for regular maintenance. Therefore, it is essential that there be central support and oversight to ensure accuracy with the science of the Brain Story and integrity of the coding and network.

The training program will consist of the following components:

1. Brain Story Certification
2. Resilience Scale Masterclass
  - a. The Resilience Scale as a clinical tool (What Do Individuals Need?) with practice exercises.
  - b. Orientation to Frontiers of Innovation (What Do Organizations Do?) with practice examples.
  - c. Mapping the system (What Does the System Have?)

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<sup>27</sup> Alberta Family Wellness Initiative. (2023). *Brain Story Certification Course: Analytics as of September 1st, 2023*.

## REFERRAL NETWORK

For the coding of services to make a significant cross-sector impact, proper infrastructure will be required. The Palix Foundation is currently exploring a partnership with 211 Alberta to embed the coding template within existing referral infrastructure. 211 Alberta is a helpline and database that provides information and resources to Albertans seeking community and social services, as well as serves as a communication and referral platform for service providers. Our vision is that this coding system be integrated into 211 Alberta's existing network to identify Brain Story Certified organizations and their available programming, as it aligns with the Resilience Scale, for both the benefit of service providers and the general public. Therefore, users of the network could have confidence that they are referring their clients and patients to scientifically validated programs. In order to most effectively aid service providers, a searchable referral network featuring this coding system should allow filtering results based on primary design principles (i.e., reduce adversity, add positive support, improve skills and abilities) and context. Additional features of this network that would be advantageous may include the possibility to search based on location, target population, sector, cost, and other features of the programs and services.

## FINAL THOUGHTS

To reiterate, the primary goal of this project and report was to assess the usability and feasibility of a system of coding programs and interventions according to the Resilience Scale and FOI template to facilitate organizational change management. Assessment by evaluators as well as feedback from participating organizations suggest this system is both usable and feasible. The coding system as described in this report will be advantageous in facilitating systems-level understanding of resilience and will enable service providers to more effectively, and efficiently, manage referrals for their clients. It will also provide clarity across the system, and, as evidenced in this report, will serve as an opportunity for quality improvement by which healthcare and social service organizations can evaluate their own programs and services for clarity of purpose (i.e., are programs designed to add green boxes, actually adding green boxes?), effectiveness, efficiency, and potential redundancy.

APPENDIX 1: THE EVALUATORS



**Dr. Serena Jenkins, PhD.,**  
*University of Lethbridge*  
*Palix Foundation*

Serena Jenkins is a Scientific Associate with the Palix Foundation. She has a Ph.D. in Behavioural Neuroscience from the University of Lethbridge, where she studied under Dr. Robbin Gibb, with additional mentorship from Dr. Bryan Kolb. Serena's research explored how maternal experiences can be transferred across generations to influence brain and behavioural development via epigenetic mechanisms.



**Claire Niehaus, MSc.,**  
*University of Lethbridge*  
*Palix Foundation*

Claire Niehaus is a Scientific Associate with the Palix Foundation and graduate of the University of Lethbridge having received her MSc. in Behavioural Neuroscience. An active member of her community, she volunteers with Let's Talk Science and serves as a secretary on the board of Big Brothers Big Sisters of Lethbridge and District.



**Alexandra Zehner, B.A.,**  
*Barnard College*  
*Palix Foundation*

Alexandra (Allie) Zehner graduated in 2023 from Barnard College of Columbia University with her Bachelor's in Neuroscience & Behaviour, on the cognitive/behavioural track. During university, she worked in neuroscience labs at both the New York State Psychiatric Institute and Columbia University Irving Medical Center. She is also a member of the Phi Beta Kappa academic honor society and upon graduation received the Neuron Prize for Distinguished Accomplishment in Neuroscience.

## APPENDIX 2: LIST OF PARTICIPATING ORGANIZATIONS

### **Alberta Health Services Child and Adolescent Addiction, Mental Health, and Psychiatry Program**

Alberta Health Services is responsible for providing healthcare services in the province of Alberta. The Child and Adolescent Mental Health and Psychiatry Program provides psychological treatment and assessment for children and youth.

### **Big Brothers Big Sisters of Calgary and Area**

Big Brothers Big Sisters is a nationally recognized mentorship organization. BBBS of Calgary and Area work to ensure children and young people ages six to 24 years old in Calgary, Airdrie, Cochrane, Rocky View and Okotoks, Alberta, are supported in meaningful mentorship relationships to realize their full potential.

### **Children's Cottage Society**

Children's Cottage Society works intergenerationally with children, parents, caregivers, and families through prevention programs and support services designed to increase protective factors and decrease risk factors, encouraging healthy parenting and child development.

### **CUPS (Calgary Urban Project Society)**

CUPS is a social service agency in Calgary, Alberta, seeking to improve the life-long outcomes of Calgarians of all ages living with adversity through integrated healthcare, education, and housing services.

### **Fresh Start Recovery Centre**

Fresh Start Recovery Centre is an addiction treatment centre with locations in both Calgary and Lethbridge, Alberta. Recognizing addiction as a chronic brain disease, Fresh Start offers treatment and programming to help people 18 years of age and older and their families lead fulfilling lives in recovery.

### **Kindred**

Founded in 1957 (formerly Calgary Catholic Family Services), Kindred offers a variety of individual, family, and community programming intergenerationally for both young people and adults with the goal of building strong relationships between children and caregivers, healing for and from ruptured relationships, and building capacity and confidence in relationships with self and others.

### **Family Centre Society of Southern Alberta**

The Family Centre is a non-profit organization based in Lethbridge, Alberta, which provides a wide range of intergenerational programming for children, parents, caregivers, and families across southern Alberta, including early childhood programming, parent education and support, and family support services.

### **Providence Child Development Society**

Providence Child Development Society provides educational and therapeutic programs for children in the Calgary area ages two years eight months to six years old with identified delay or disability. Programming also includes community services and childcare to support parents, caregivers, and families.

### **Renfrew Educational Services**

Renfrew Educational Services is a registered charity and Special Education School based in Calgary, Alberta. An interdisciplinary team of certified teachers, healthcare providers, and specialized service providers (e.g., music therapists/specialists, Deaf and hard of hearing, assistive technology, and audiology, etc.) seek to provide children aged two years eight months-12 years old with quality education and programming, and their families with intergenerational programs and support services.

### **SPEECHified**

Created by Sarah Mosaico, a Speech-Language Pathologist based in Edmonton, Alberta, the SPEECHified program supports parents and early childhood educators in learning to do Serve and Return with a child who has communication delays/disorders.

### **University of Calgary - ATTACH™ Program**

Developed at the University of Calgary, the Attachment and Child Health (ATTACH™) program is a 10-week, intergenerational program which improves parent-child attachment by improving parental capabilities, specifically reflective function. To date, more than 70 ATTACH™ facilitators have been trained and ATTACH™ is working with 12 agencies across western Canada.

### **YW Calgary**

For more than a century, YW Calgary has supported clients to meet their most basic needs and work towards positive change in their lives. YW Calgary works with women and their families through intergenerational programming which includes shelter and housing services, case management and outreach, counselling, childcare, job training and language instruction.

## Palix Foundation/Alberta Family Wellness Initiative



### Child and Adolescent Mental Health and Psychiatry Program, Alberta Health Services

ALBERTA HEALTH SERVICES IS RESPONSIBLE FOR PROVIDING HEALTHCARE SERVICES IN THE PROVINCE OF ALBERTA. THE CHILD AND ADOLESCENT MENTAL HEALTH AND PSYCHIATRY PROGRAM PROVIDES PSYCHOLOGICAL TREATMENT AND ASSESSMENT FOR CHILDREN AND YOUTH.<sup>28</sup>

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<sup>28</sup> Alberta Health Services. (n.d.). *Child and Adolescent Addiction Mental Health and Psychiatry Program Community Clinics*. Retrieved August 2023, from <https://www.albertahealthservices.ca/findhealth/service.aspx?id=1001217>

# Coding Key

Adapted from the Harvard Center on the Developing Child's  
Frontiers of Innovation Platform



Center on the Developing Child  
HARVARD UNIVERSITY

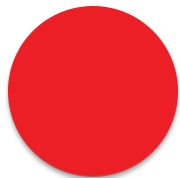


Frontiers  
OF INNOVATION

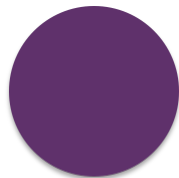
## Context:

 Adult-Focused Group Setting	 Childcare Setting	 Community Setting	 Home Setting	 Online Setting	 Shelter Setting
 Organizational Facility Setting	 Other Setting	 Parent-Child Centre Setting	 Pediatric or Clinical Setting	 School Setting	 One-on-One Counselling Setting

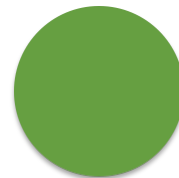
## Primary Design Principle:



**Reduce  
Adversity**



**Improve  
Skills and  
Abilities**



**Add Positive  
Supports**

## Discrete Services/Programs

As of August 2023

Note: In consultation with the CAAMHPP and because AHS services are not open to external referrals, we have elected to represent programming as categories of care, beginning with basic services and increasing to inpatient care.



### **BASIC SERVICES: Prevention and Health Maintenance Basic Services**

These services are designed to prevent the onset of illness and/or to limit the magnitude of morbidity associated with individual family or social risk factors, developmental delays, and existing emotional disorders in various stages of improvement or remission. Services may be developed for individual or community application and are generally offered in a variety of community settings. Prevention and community support involve education and referral services and may be provided through traditional means, as well as through print and broadcast media (e.g., public service announcements and/or targeted mailings). The expectation that individuals utilizing these services may have complex needs requires that these services should be designed to be welcoming to all individuals and provide preventive, holistic, co-occurring/complexity capable care.



### **LEVEL ONE: Recovery Maintenance and Health Management**

These services are designed to provide initial steps to limit the magnitude of morbidity associated with individual family and/or community risk and protective factors. Level One services typically provide follow-up care to reinforce family strengths and family connections with natural supports. Those appropriate for Level One services may either be substantially recovered from an emotional disorder or other problem, or their problems are sufficiently manageable within their families, such that the problems are no longer threatening to expected growth and development. This is a “step down” level of care, or service intensity, designed to prevent or mitigate future episodes of illness or deterioration of function. Treatment and service needs do not require supervision or frequent contact when community support plans are in place. Although this is a low intensity service level, there should be an expectation that



individuals utilizing these services may have complex needs. As such, these services should be designed to be welcoming to individuals (and caregivers) who have multiple conditions and to provide co-occurring/complexity capable services.



### **LEVEL TWO – Low Intensity Community-Based Services**

This level of care includes mental health services for children, adolescents, and families living in the community. Level Two services frequently are provided in mental health and/or substance use disorder clinics or clinicians' offices that most resemble traditional "outpatient" services. However, services also may be provided within a Medical Home as part of an integrated behavioural health program, juvenile justice facility, school, social service agency, or other community settings. Children and adolescents appropriate for Level Two services generally do not require the extensive systems coordination and case management of the higher levels of service intensity, since their families are able to use community supports with minimal assistance. The degree of individualization of services at Level Two also may not be as extensive as at higher levels of service intensity but continuity of care will still be important. There should be an expectation that individuals utilizing these services will often have complex needs, that these services should be welcoming to individuals (and caregivers) who have multiple conditions and designed to provide co-occurring/complexity capable services.



### **LEVEL THREE – High Intensity Community-Based Services**

This level of care generally is appropriate for children and adolescents who need more intensive outpatient treatment and who are living either with their families or in alternative families or group facilities in the community. The family's strengths and available community resources should allow many, but not all, of the child's needs to be met through natural supports. Treatment may be needed several times per week, with daily supervision of the child or adolescent provided by the family or facility staff. There should be an expectation that individuals utilizing these services will commonly have complex needs, so these services should be welcoming to individuals (and caregivers) who have multiple conditions and be designed to provide co-occurring/complexity capable services. Targeted or limited care

coordination may also be needed at this level of service intensity, services may be provided in a mental health clinic or a clinician's office, but often are provided in other components of the system of care with mental health consultation, including a primary care, or Medical Home setting.



#### **LEVEL FOUR – Medically Monitored Community-Based Services: Intensive Integrated Services Without 24-Hour Psychiatric Monitoring**

This level of care refers to services provided to children and adolescents capable of living in the community with support, either in their family, or in placements such as group homes, foster care, homeless or domestic violence shelters, or transitional housing. To be eligible for Level Four services, a child or adolescent's service needs will require the involvement of multiple service elements or interventions within the system of care (i.e., medical, behavioural health, education, substance use, developmental disabilities, and/or probation), both for the child/adolescent as well as for their families/caregivers. These children and adolescents, therefore, need intensive, clinically informed and integrated care coordination for multi-system and multidisciplinary interventions. Because co-occurring MH, SUD, medical and developmental conditions are an expectation, all services should be designed to be co-occurring/complexity capable. Optimally, an individualized service plan is developed by a wraparound or other team-based planning process that includes a dedicated care coordinator, and when desired by the parents or youth, a family partner and/or youth peer mentor. Services in this level of care include partial hospitalization, intensive day treatment, treatment foster care, and home-based care. In addition, Level Four services also may be provided in schools, substance use disorder treatment programs, juvenile justice facilities, or child welfare congregate care facilities. A detailed Crisis, or Safety Plan and transition planning for discharge to a lower level of service intensity should be part of the plan of care.



**LEVEL FIVE: Medically Monitored Intensive Integrated Services: Non-Secure, 24-Hour Service with Psychiatric Monitoring**

This level of service intensity refers to treatment in which the essential element is the maintenance of a milieu in which the therapeutic needs of the child or adolescent and family can be addressed intensively. This level of care traditionally has been provided in non-hospital settings such as residential treatment facilities or therapeutic foster homes. Equivalent services have been provided in juvenile justice facilities and specialized community-based residential schools, hospitals with designated “step down” program units and could be provided in homeless and/or domestic violence shelters or other community settings. The involvement of a wraparound team is essential and may allow this level of care to be provided in the family’s home if adequate resources are available. If so, the Crisis, or Safety Plan must be quite detailed and access to needed “back-up” services must be immediate. Because co-occurring MH, SUD, developmental and/or medical conditions are an expectation, all services should be designed to be co-occurring/complexity capable.



**LEVEL SIX – Medically Managed Secure, Integrated Intensive Services: Secure, 24-Hour Services with Psychiatric Management Level Six**

These Services are the most restrictive and the most intensive in the level of care continuum. Traditionally, Level Six services have been provided in a secure facility such as a hospital or locked residential program. This level of service intensity also may be provided through intensive application of mental health and medical services in a juvenile detention and/or educational facility, or even in the child’s home provided that these settings are able to adhere to medical and psychiatric care standards needed at Level Six. Although high levels of restrictiveness are typically required for effective intervention at Level Six, every effort to reduce, as feasible, the duration and pervasiveness of restrictiveness is desirable to minimize its negative effects. Collaborative transition planning that maintains connections with wraparound planning services should be in place to promote a rapid and safe return to community-based services. It is essential that the community-based Wraparound team remain active when a child

is in a residential treatment center or hospital setting. With the expectation that individuals (and their caregivers) utilizing these services will almost always have complex needs, these services should be welcoming to individuals and caregivers who have multiple conditions and should be designed so that all services are co-occurring/complexity capable.

## Palix Foundation/Alberta Family Wellness Initiative



### Big Brothers Big Sisters of Calgary and Area

BIG BROTHERS BIG SISTERS IS A NATIONALLY RECOGNIZED MENTORSHIP ORGANIZATION. BBBS OF CALGARY AND AREA WORK TO ENSURE CHILDREN AND YOUNG PEOPLE AGES SIX TO 24 YEARS OLD IN CALGARY, AIRDRIE, COCHRANE, ROCKY VIEW AND OKOTOKS, AB, ARE SUPPORTED IN MEANINGFUL MENTORSHIP RELATIONSHIPS TO REALIZE THEIR FULL POTENTIAL. <sup>29</sup>

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<sup>29</sup> Big Brothers Big Sisters of Calgary and Area. (n.d.). *About*. Retrieved August 2023, <https://bbbscalgary.ca/about/>

# Coding Key

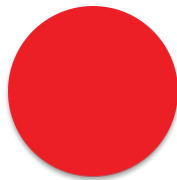
Adapted from the Harvard University Center on the Developing Child's Frontiers of Innovation platform



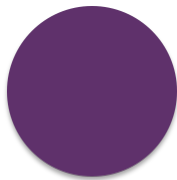
## Context:

					
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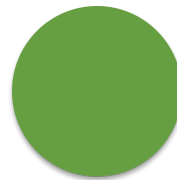
## Primary Design Principle:



**Reduce Adversity**



**Improve Skills and Abilities**



**Add Positive Supports**

## Discrete Services/Programs

As of June 2022



### **Traditional Mentoring (Community-Based) (Green)**

The Big Brothers Big Sisters community-based program aims to create and nurture one-to-one mentoring relationships for children and youth (aged six to 24 years old) in and around Calgary who are facing adversity but not yet in crisis. In an extensive and thoughtful matching process, adult mentors are paired with mentees who are both ready for and could benefit from a developmental relationship. Matches meet for two-five hours a week over the course of a year and participate in a variety of activities tailored to the interests of the individuals, with the end goal of building supports and broadening the mentees' experiences of the world.

- **Intake and Assessment (SPRINT)** - Throughout the in-depth intake process, Big Brothers Big Sisters aims to identify mentees that could both benefit from a developmental relationship and are ready to form that connection. To do so, they utilise a readiness checklist that evaluates both the home environment and individual factors, with comparatively more weight placed on the former category. To assess the home environment, they consider Child & Family Services involvement, family concerns, basic needs, and natural supports. For individual factors, they take physical health, mental health, cognitive learning behaviours, unsafe behaviours, and individual resiliency into consideration. Additionally, a family interview is conducted.
- **Volunteer Vetting** - Big Brothers Big Sisters of Calgary is a volunteer-based mentoring program and as such, volunteers seeking to enter into mentoring relationships are thoroughly vetted by the organisation. For the benefit of both the mentee and the mentor themselves, volunteers complete an initial inquiry then meet with BBBS staff to determine their compatibility with the program. Mentors complete BBBS training, as well as Alberta mentoring training, submit three references, complete a background check, and are then

matched with a mentee based on interests, goals, availability/location, lived experience, etc.



### **School-Based Mentoring (Adult Mentors) (Green)**

Youth (aged six to 14 years old) and their matched adult mentors meet for one hour, once a week, during school hours, and on school property for the course of a year. This one:one mentorship builds support for the child, as well as gives them opportunities to participate in a variety of activities tailored to their interests (from board games to arts and crafts to reading to sports). School-Based Mentoring largely serves those who cannot be involved in community-based programming but would still benefit from a developmental relationship. The intake process is more condensed compared to getting involved in community-based programming.



### **School-Based Mentoring (Teen Mentors) (Green)**

The Big Brothers Big Sisters of Calgary and Area School-Based Teen Mentoring program seeks to create and nurture one-to-one mentoring relationships between children (aged six to 12 years old) and teens (aged 14 to 17 years old). This positive, supportive dynamic between a closely aged match helps to build self-confidence and resiliency among the elementary-aged children. The pair meets for one hour every week (during school hours and on school property) for a duration of one year, with activities ranging from board games to arts and crafts to reading.



### **Between Generations Program (Green)**

The Between Generations Program is designed to form one:one mentor/mentee relationships between youth (aged six to 12 years old) and older citizens (aged 50+years old). This program is conducted for one hour every week on school grounds and during school hours for the course of one year.



### **Big Couple Mentoring (Green)**

The Big Couple mentoring program pairs spouses/long-term partners with a mentee (aged six to 12 years old) in the hopes of building a developmental relationship and providing engaging experiences in the community. Matches meet for two-five hours per week over the



course of a year and partake in different community-based activities depending on individual interests.



### **BIG Pen Pal Program (Purple/Green)**

Formed in response to the pervasive sense of isolation during the pandemic, this intergenerational mentoring program matches adult mentors with elementary-aged students to foster connections, alleviate social isolation, and improve literacy. The time commitment for this program is around one to two hours every two weeks.



### **Game On! (Purple/Green) (Note: some language borrowed from national website)**

A group mentoring program serving young boys and men, Game On! encourages healthy lifestyle practices. Through seven, 75-minute sessions that utilise non-traditional physical activities, participants learn about healthy eating, emotional health, and life skills.



### **Go Girls! (Purple/Green)**

A group mentoring program serving young girls and women ages 12 to 14 years old, Go Girls! encourages, supports, and seeks to foster positive self-images for participants. BBBS hosts seven group-mentoring sessions on school property, with a focus on four themes: physical activity, healthy eating, self-esteem, and communication skills.



### **Wee Read (Purple)**

The Wee Read program is designed to improve literacy in Preschool, Kindergarten, and Grade 1one children. BBBS of Calgary volunteers visit schools and early childcare centres to share stories, lead vocabulary and literacy games, and inspire a love of reading by building meaningful relationships with children.



### **Read-Up (Purple)**

Read-Up is an in-school tutoring program aiming to improve literacy in early-grade school children (Grades 1 and 2) through meaningful mentorship. BBBS volunteers visit schools and work with children who have difficulty reading, working together to improve skills and inspire interest.



### **Matched Events (Green)**

Matched events, organized and hosted by Big Brothers Big Sisters of Calgary and Area, are a time for Bigs and Littles to come together, get to know each other, and engage with other mentoring pairs.



### **Sensory Rooms (Green)**

The Big Brothers Big Sisters main campus offers a number of sensory spaces for participating youth. These spaces feature various sensory experiences, including different sights, sounds, and textures that allow users to relax and center themselves, as well as explore a safe and controlled environment.



### **PRISM Program (Green)**

PRISM (standing for Pride, Respect, Identity, Safety, and Mentoring) connects mentees (aged six to 24 years old) and mentors who identify as 2SLGBTQI+. These matches help young people to build strong and supportive relationships, as well as explore new opportunities under the mentorship of another member of the community.

## Palix Foundation/Alberta Family Wellness Initiative



### Children's Cottage Society

CHILDREN'S COTTAGE SOCIETY WORKS INTERGENERATIONALLY WITH CHILDREN, PARENTS, CAREGIVERS, AND FAMILIES THROUGH PREVENTION PROGRAMS AND SUPPORT SERVICES DESIGNED TO INCREASE PROTECTIVE FACTORS AND DECREASE RISK FACTORS ENCOURAGING HEALTHY PARENTING AND CHILD DEVELOPMENT.<sup>30</sup>

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<sup>30</sup> Children's Cottage Society. (n.d.). *About*. Retrieved August 2023, from <https://childrencottage.ab.ca/main/about-us/>

# Coding Key

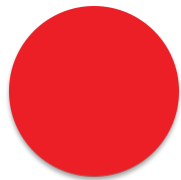
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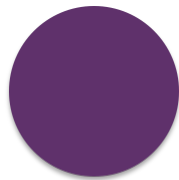
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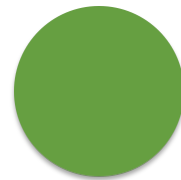
## Primary Design Principle:



**Reduce Adversity**



**Improve Skills and Abilities**



**Add Positive Supports**

## Discrete Services/Programs

As of June 2022



### Crisis Nursery (Red/Green)

The 14-bed Children's Cottage Crisis Nursery offers a safe haven for children 24 hours a day, seven days a week. Parents call when they are feeling significantly stressed, overwhelmed, exhausted, or afraid that they may hurt their child, and the nursery provides up to 72 hours of childcare services for those in the age range of new-born to eight years old. The centre always maintains a minimum of four, highly trained staff members consisting of a team lead, two workers with specialised degrees in child support, and an early childhood educator. During the stay, staff place significant emphasis on maintaining a sense of schedule and routine and ensure that kids still attend school when applicable. After the child's stay, all families are offered the voluntary service of a family coach, in addition to other resources. Children's Cottage also works with Child Services to temporarily house children working to find a foster home.



### Family Coaches (Purple/Green)

Family Coaches are a voluntary service offered to members of the community, including those who have used the Crisis Nursery. Coaches employ the Family Star Plus model, which includes ten parenting areas (ranging from physical health to family routine to meeting emotional needs) and emphasises setting actionable goals with timelines.



### Family Coach Partnership with Stoney Nakoda (Purple/Green)

In this partnership with United Way, Children's Cottage pairs a family coach with a Stoney Nakoda cultural coach to better serve First Nations populations. Using the Natoo'si strategy, the goal of this service is to support First Nations families in connecting to their culture, one example being by hosting a naming ceremony for babies.



### Volunteer Day-care Program (Green)

Children's Cottage Society's Volunteer Day-care Program coordinates no-charge daytime childcare at licensed, high-quality centres

throughout Calgary on behalf of the parents/caregivers. Space is subject to availability and is for single day-use only.

### **Brenda's House (Red/Green)**



Brenda's House is an emergency shelter located in southwest Calgary that serves families (with children younger than 18) that are facing homelessness. It provides a space where each family can be together in a safe, home-like environment that includes their own bathroom, access to on-site laundry facilities, and three healthy meals and snacks each day. Additional resources include a child development centre, 24/7 crisis support, after-school tutors for kids, financial management programming, and parenting courses. Serving 14 families at a time, Brenda's House consistently and actively engages its residents with a housing plan during the whole duration of their stay, with most groups staying on average for 30 days or less. This space is a dry facility but takes a harm reduction approach by having open and honest conversations about substance use.

### **Homebridge (Red/Green)**



To prevent homelessness and shelter stays, the Children's Cottage Society's Homebridge Program provides families with one-time financial support, coaching, and resource connections.

### **Home Visitation Services (Purple/Green)**



Children's Cottage Home Visitation Services provide support to families (with kids in the age range of prenatal to six years old) surrounding child development matters, referrals to resources, basic needs, and building caregiver capacity. A member of the Home Visitor Services staff meets with families on a regular basis (typically weekly) and provides service for approximately 12 months. Visits take place in-home, via phone, and/or on zoom.

### **Early Years Family Support (Red/Purple)**



Early Years Family Support is an in-home program that serves new parents with kids between zero and three months old. This relatively intensive program works to promote positive child outcomes, provide educational support, and build effective parenting skills. As part of this service, families participate in the Nurturing Parent program

(which focuses on fostering parenting skills and sharing educational information) and work with a Family Life Coach (which involves completing the Ages and Stages Questionnaire, a developmental screen).

- Must be referred to by Children's Services Alberta Vulnerable Infant Response Team



### **In-Home Infant Respite Program (Green)**

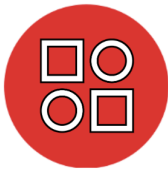
The In-Home Infant Respite program provides support for families with children up to six months old by having a respite worker visit the home for four hours every week to take care of the infant. During those hours, the parent(s) can rest, take time to themselves, and prioritise self-care. Respite workers can also offer referrals to community resources. This is not an income-based program.



### **Rapid Rehousing (Red)**

The Rapid Rehousing program serves families who have undergone sudden changes and are now susceptible to facing or have begun facing homelessness. A Case Manager meets with them on a flexible schedule over the course of six to nine months to provide support, information, and connections to community resources, as well as helps them to develop and execute a stable housing plan.

- Call directly or referred by a community agency.



### **Adaptive Case Management (Red)**

The Adaptive Case Management Housing Program works with families who have faced occasional homelessness (either short-term or long-term). This relatively intensive program requires weekly appointments over the course of six to 12 months, wherein a Case Manager helps to develop and execute a stable housing plan, as well as provides connections to supports and resources (over the course of the program, weekly meetings may eventually transition to bi-weekly or monthly). Because of their housing first approach, it usually takes less than a month to identify a place for the family to live.

- Must be referred to by the Family Placement Committee -- Coordinated Access and Assessment. Once taken up by a Case

Manager, Children's Cottage then has a triage list that they look over once a week.



### Homelinks Program (Red)

The Homelinks Housing Program serves families who repeatedly face homelessness for extended periods of time. This intensive program involves weekly meetings with a Case Manager over the course of 12 to 24 months (over the course of the program, weekly meetings may eventually transition to bi-weekly or monthly). The family and Case Manager work together to develop and execute a successful and stable housing plan, as well as get connected to community resources. Because of their housing first approach, it usually takes less than a month to identify a place for the family to live.

- Must be referred to by the Family Placement Committee -- Coordinated Access and Assessment. Once taken up by a Case Manager, Children's Cottage then has a triage list that they look over once a week.



# Palix Foundation/Alberta Family Wellness Initiative



## CUPS

CUPS IS A SOCIAL SERVICE AGENCY IN CALGARY, AB, SEEKING TO IMPROVE THE LIFE-LONG OUTCOMES OF CALGARIANS OF ALL AGES LIVING WITH ADVERSITY THROUGH INTEGRATED HEALTHCARE, EDUCATION, AND HOUSING SERVICES.<sup>31</sup>

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<sup>31</sup> CUPS Calgary. (n.d.). About Us. Retrieved August 2023, from <https://www.cupscalgary.com/about-us>

# Coding Key

Adapted from the Harvard University Center on the Developing Child's Frontiers of Innovation platform



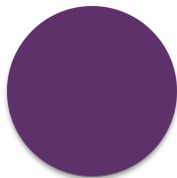
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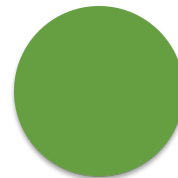
## Primary Design Principle:



**Reduce Adversity**



**Improve Skills and Abilities**



**Add Positive Supports**

## Discrete Services/Programs

As of June 2022

### Health Services



#### Primary Care Health Services (Red)

The CUPS Health Clinic serves low-income Calgarians who need medical care but don't have access to a regular family doctor. CUPS also extends these services to individuals currently seeing another medical provider. The treatment team consists of physicians, nurse practitioners, and nurses who provide on-site care, including check-ups, screenings, treatments, prescriptions, immunizations, lab work, and referrals to specialists and other support services.



#### Primary Care Health Services (Red)

The CUPS Health Clinic serves low-income Calgarians who need medical care but don't have access to a regular family doctor. CUPS also extends these services to individuals currently seeing another medical provider. The treatment team consists of physicians, nurse practitioners, and nurses who provide on-site care, including check-ups, screenings, treatments, prescriptions, immunizations, lab work, and referrals to specialists and other support services.



#### Family and Women's Health (Red)

The Women's Health Clinic is for women and children who need free health care. Available services include check-ups, well-woman exams, birth control, sexually transmitted infection (STI) testing, pregnancy care (gynecology and obstetrics services), children's check-ups and treatment, and referrals to specialists and/or other support services (including LUNA and PLH).



#### Mental Health (Red/Purple)

The CUPS Mental Health Clinic is for people who use CUPS Health Services and require extra support in the form of counselling services, psychiatric assessment, medication support, and/or prescriptions. Services are also available to individuals seeking referrals for addiction counselling, occupational therapy assessments, other

mental health support agencies/programs, as well as hospital programs.



### **Specialist Care (Red)**

CUPS Health Services offers access to a number of specialised medical professionals and programs, including rheumatology, internal medicine, neurology, gastroenterology, dermatology, chronic pain, cardiology, EKG, kidney disease, and diet.



### **Liver Clinic (Red)**

The CUPS Liver Clinic provides screening/testing for patients who think they have been exposed to Hepatitis C and/or other blood-borne pathogens. The clinic's services also include consultations with registered nurses and infectious disease specialists, disease monitoring and treatment, vaccination, and education surrounding blood-borne pathogens.



### **Opioid Agonist Treatment Team (Red)**

This Opioid Agonist Treatment Team offers treatment for people managing opioid dependency through providing prescription drugs (e.g., Suboxone and methadone).



### **Connect 2 Care (C2C) (Red)**

Nurses and health navigators form intensive case management teams that provide support to homeless, low-income, and socially vulnerable patients. These patients face barriers to accessing care due to a lack of personal identification, consistent means of transportation, and/or a means of communication. The teams work to bridge hospitals with the community, providing navigational support in order to decrease recurrent acute care use and improve access to health, addiction, housing, social, financial, and mental health supports. C2C is part of a partnership between CUPS, Alpha House, and the O'Brien Institute at the University of Calgary.



### **Calgary Allied Mobile Palliative Program (CAMPP) (Red)**

Intensive case management teams, composed of nurses and health navigators, provide transitional support from acute care to the community for low-income and socially vulnerable patients. CAMPP places particular emphasis on serving patients who have terminal illnesses and/or are reaching the end of life. The teams work to provide navigational support to individuals to improve access to health, addiction, housing, social, financial, and mental health supports in the community.

## **Housing Services + Economic Supports**



### **Key Case Management (Red/Purple)**

The two main goals of the Key Case Management program are maintaining long-term housing stability and improving physical and mental well-being. Serving adults who have chronically or episodically faced homelessness but have some form of income, CUPS case managers provide housing subsidies, individualised service plans, furnishings, community connections, referrals, and education surrounding both budgeting and enhancing other key life skills.



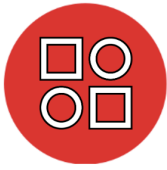
### **Graduated Rent Subsidy Program (Red/Purple)**

The Graduated Rent Subsidy Program serves 180 individuals and families who have already completed a housing first case-management program by supplying them with rental subsidies. As a secondary focus, CUPS staff help connect clients with community resources and other natural supports.



### **Community Development Housing (Red/Green)**

The Community Development Housing program has access to four subsidised buildings in the Calgary area. Once clients sign a lease and move in, Community Developers work with tenants to build supports (both within the building and the larger community), as well as operate an on-site Resource Room that connects clients to resources (both internally and externally). This is a housing-first program.



### **Crisis Intervention Fund (Red)**

This program provides a one-time financial payment that covers housing costs (such as damage deposits, first month's rent, utility disconnection, and eviction notices). Clients must be a low-income earner and CUPS client in jeopardy of losing their housing in order to apply.



### **Virtual Tax Clinic (Purple)**

Serving CUPS clients filing taxes in Alberta, this year-round online clinic provides assistance in completing and filing income tax forms. Tax filing is necessary to receive social assistance benefits.

## **Developmental Resources**



### **Child Development Centre (Red/Green)**

The Child Development Centre offers Preschool and Kindergarten to children aged three to six years old from low-income families who may or may not face educational challenges. The Centre provides breakfast, lunch, and snacks. Priority enrolment is given to referrals from the CUPS housing programs.



### **Access to Specialists (Red/Purple)**

Children attending the CUPS Child Development Centre have access to a paediatrician bi-weekly, an occupational therapist, a physiotherapist, a speech-language pathologist, and a play therapist.



### **Transition Readiness Assessment (Green)**

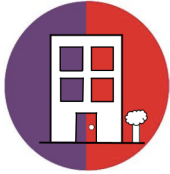
Educational Assistants from Grade one classrooms visit the CUPS Child Development Centre to conduct readiness assessments and ease the transition from Kindergarten at the Centre to Grade one in a traditional school setting.



### **Family Development Centre (Purple/Green)**

The Family Development Centre serves families with or expecting children. The Centre offers various courses, such as Nurturing Parent, Super Dads, Super Kids, and ATTACH™. Each of these courses provides parenting education and strategies to improve the

child-caregiver relationship and build caregiver capacity. Free childcare, lunch, and transportation are offered to families while they are attending appointments/sessions in the Centre.



### **Nurturing Parenting Program (Red/Purple)**

Family-centred, trauma-informed parenting education to stop the intergenerational cycle of abusive and neglectful parenting practices. This program takes place at CUPS and is offered to low-income parents of children aged zero to six years in the form of community drop-in sessions, one-on-one sessions, or group sessions lasting 18 weeks.



### **Super Dads, Super Kids (Purple)**

Originally funded by the Public Health Agency of Canada, Super Dads, Super Kids is a 12-week virtual or in-person program to help dads relate to, connect with, and teach their children about emotions, health, and communication.



### **ATTACH™ (Purple/Green)**

Developed at the University of Calgary, ATTACH™ is a parenting program that seeks to build attachment between caregivers and children through increasing adult capability, specifically with respect to reflective functioning, or the ability to think and talk about the thoughts and emotions of oneself and of others. ATTACH™ is delivered using a hybrid virtual and in-person model.



### **Circle of Security (Purple)**

Circle of Security is an internationally recognized, evidence-based “guided learning experience” designed to strengthen connections between parents and children, as well as support kids’ cognitive, social, and emotional development. Designed for low-income families, this eight-week in-person program helps build attachment between caregivers and children.

## Programs On Hold



### Dental Health (Red)

CUPS Calgary is equipped with a fully outfitted dental suite at their Main Site. Services are currently on hold due to the COVID-19 pandemic.



### Ophthalmology (Red)

CUPS Calgary is equipped with a fully outfitted ophthalmology suite at their main site. Services are currently on hold due to the COVID-19 pandemic.



### Diabetes Group (Red/Purple)

The Diabetes Group is a regular education session for individuals who are pre-diabetic or diabetic. This service is currently on hold due to the COVID-19 pandemic but typically takes place at the CUPS Main Site.



## Palix Foundation/Alberta Family Wellness Initiative



### Fresh Start Recovery Centre

FRESH START RECOVERY CENTRE IS AN ADDICTION TREATMENT CENTRE WITH LOCATIONS IN BOTH CALGARY AND LETHBRIDGE, AB, WHICH OFFERS TREATMENT AND PROGRAMMING THAT RECOGNIZES ADDICTION AS A CHRONIC BRAIN DISEASE AND SEEKS TO HELP PEOPLE 18 YEARS OF AGE AND OLDER AND THEIR FAMILIES LEAD FULFILLING LIVES IN RECOVERY.<sup>32</sup>

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<sup>32</sup> Fresh Start Recovery Centre. (n.d.). *About us*. Retrieved August 2023, from <https://www.freshstartrecovery.ca/about-us/>

# Coding Key

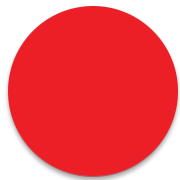
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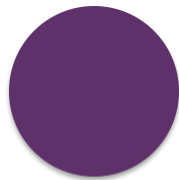
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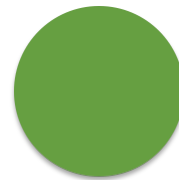
## Primary Design Principle:



**Reduce Adversity**



**Improve Skills and Abilities**



**Add Positive Supports**

## Discrete Services/Programs

As of June 2022



### **Residential Addiction Treatment Program (Red)**

Fresh Start Recovery Centre is a residential addiction treatment centre with locations in both Calgary and Lethbridge, AB, which offers treatment and programming that recognizes addiction as a chronic brain disease and seeks to help people 18 years of age and older and their families lead fulfilling lives in recovery.



### **Intake and Waitlist (Red/Green)**

Potential participants call Fresh Start Recovery Centre, and staff complete intake surveys to gather initial history, including the adverse childhood experience (ACE) questionnaire, Devereux Adult Resilience Survey (DARS), and any information that may provide a barrier to treatment. While on the waitlist, participants must call back every day to check in, and staffers provide referrals to community services – such as counselling, pharmacy, and medical care – until space is available. Participants are triaged such that their wait is determined by their vulnerability and their time on the waitlist.



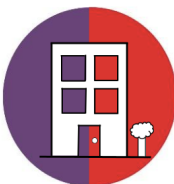
### **Pre-Group (Purple)**

When a bed becomes available for a participant, more detailed information is gathered regarding their areas of focus. Participants are assigned a counsellor and coincidentally begin addressing contributing factors to addiction, as well as other immediate concerns. They must remain in Pre-Group until a full cohort is formed to begin Phase One, typically a few days to a couple of weeks. During Pre-Group, Fresh Start facilitates half-day groups discussing some of the current modalities they will be using in treatment, and the importance of treatment and a support network. This is often facilitated by the outreach department using peer support and fostering relationships that will follow the client throughout the treatment process. If needed, staff help new participants apply for provincial identification and a healthcare number.



### Goal Setting (Purple)

The program is delivered in four phases which emphasize the completion of SMART (sustainable, measurable, attainable, realistic, and timely) goals in 12 different areas of life (recovery, mental and emotional well-being, spiritual well-being, intimate relationships, family relationships, social well-being, physical well-being, employment and education, legal, financial, housing, and hobbies/entertainment/interests). During the first two weeks of Phase 1 (16 weeks in length), goals are identified and discussed between the counselor and participant. Action steps chosen by the participant are selected for completion weekly and reviewed in a group session with the counselor. During these group sessions, counselors use the Resilience Scale to illustrate how participants are increasing their resilience by completing actions steps and advancing their goals. Weekly informal goal conversations also occur to discuss obstacles and solutions. There are three formal goal reviews in Phase 1. At the end of Phase 1, new goals are set, or the participant plans the continuation of current goals into Phase 2 (next 100 days) and Phase 3 (up to one year). After one year, participants identify their goals for Phase 4 (up to five years) and/or focus on the maintenance of progress.



### Addiction Manual Approach to Treatment (Red/Purple)

Over the course of 60 days, participants progress through the 12-step method. This traditional approach to recovery, originally developed by Alcoholics Anonymous, is abstinence-based, spiritually guided, and emphasises the importance of community in the journey to recovery. The manual encompasses a total biopsychosocial spiritual model of recovery, which includes emotional health, resilience, morals, values, beliefs, the grieving process, and forgiveness. The 12 steps are meshed with a focus on goal setting in the 12 areas of life.



### Peer Mentorship (Green)

Two current participants serve as peer mentors to provide ongoing support to others as they progress through the phases of the program. All new participants are paired with a more senior participant for peer-to-peer support.



### **Counselling (Purple)**

Upon admission to the program, participants are paired with a counsellor with whom they work closely to identify, set, and work towards treatment and life goals. This counsellor remains alongside the participant as they move through the program, which helps to establish a trusting relationship. Participants engage in daily individual and group counselling sessions.



### **Cohort Approach (Green)**

Programs operate using a cohort approach. There are four groups that run over a 90-day period, with either two or four weeks between each of the groups. This enables participants to build a social support network with their peers.



### **Meditation (Purple)**

Daily meditation (morning and evening sessions) provides participants with the opportunity to centre themselves, reflect on their progress, and be cognizant of their current state of being.



### **Structure and Routine/Chores and Responsibility (Purple)**

Participants take part in a routine of daily chores and are tasked with the day-to-day maintenance of the building, such as custodial services. These responsibilities help to improve essential life skills, foster a sense of community and accountability, and provide a sense of pride and accomplishment.



### **Fresh Start Environment (Green)**

The Fresh Start Recovery Centre is designed so that participants feel at home as much as possible. High-quality finishes, communal spaces, and extensive amenities give the centre a warm and comfortable feel that is far from “institutional.” Red Seal chefs provide three hot meals a day as part of a complete and balanced diet. Decor in the facility celebrates the successes of participants in their recovery journey, including hanging jerseys from the ceiling of the gymnasium to mark milestones in sobriety. Staff share a sense of pride in and commitment to the facility, thereby leading by example for the participants.



### **Community Continued Recovery Housing (Purple/Green)**

These homes, supported by a team of Outreach Counselors, offer not only addiction recovery support but also full case management for support and referral in additional major life areas. These fully abstinent recovery communities have a modern layout and feel like home. They support long-term recovery and serve as the basis for allowing people to transition to fully independent living at their own pace. This facet of Fresh Start Recovery Centre is an important part of their mission to recover lives by housing, treating, and supporting all people affected by the disease of addiction.



### **Fitness and Exercise (Green)**

Fresh Start Recovery Centre, in partnership with Mission Fitness, offers daily, on-site, and online fitness routines and training to participants. The Fresh Start Centre is also equipped with a full-size athletic gym, weight training space, and fitness centre.



### **Relapse Prevention Class (Purple)**

Fresh Start Recovery Centre offers a relapse prevention class to the network of alumni who have already moved through the program. The goal is for participants to reinforce the knowledge base built while at Fresh Start, as well as carry it forward into the community. This group is run over a four-week period and is counsellor-led with an emphasis on peer support for experiential learning.



### **Alumni Network (Green)**

Participants who have completed the program remain in contact with the Centre as alumni, where they provide essential connections and support for current participants, and foster accountability and a sense of pride and accomplishment.



### **Be a Great Dad Program (Purple/Green)**

The “Be a Great Dad Program” offered by Fresh Start Recovery, teaches participants parenting skills through forming meaningful peer relationships. Members of the community at large attend events to share parenting tips and tricks in a peer-mentoring arrangement with interested participants.



### **AHS Addictions and Mental Health (Red)**

Visit once per month to provide information about programs and will complete assessments/intake for those interested.



### **Community Links (Red)**

Visit bi-weekly to provide information about housing services and refer where needed. They complete assessments (VI-SPDAT) with clients and connect them with appropriate supports (housing and funding). Clients may qualify for more intensive case management through Community Links - this includes getting connected to a caseworker and outreach services. Clients have secured housing for when they complete treatment with this resource.



### **Horses for Healing and Horses in the Window Programs (Green)**

Offered by the Lethbridge Therapeutic Riding Association (LTRA), clients are invited to LTRA to spend time with horses, or the horses come to Fresh Start Recovery Centre. Recreation therapists affiliated with Alberta Health Services contribute to Horses for Healing.



### **Training Inc. (Purple)**

Personalized job search assistance, employment counselling and assistance with obtaining training for employment. This resource has helped clients secure employment for when they complete treatment.



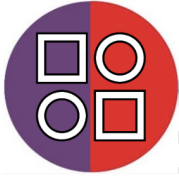
### **Support from Calgary Legal Guidance (Red)**

In partnership with Calgary Legal Guidance, Fresh Start Recovery Centre offers free legal advice and guidance to participants who may be in need.



### **John Howard Society Literacy Program (Purple)**

In partnership with the John Howard Society of Calgary, Fresh Start Recovery Centre offers literacy programming. Their goal is to improve reading, writing, and communication skills for participants in the program.



### **Family Visitation/ Family Sessions (Red/Purple)**

Fresh Start Recovery Centre offers family programming for not only the families of participants engaging in Fresh Start programming, but also to families of any member of the community at large who may be impacted by addiction. This programming includes 2-hour classes, which are conducted once a week, as well as one-on-one counselling.



### **Community Engagement (Green)**

Fresh Start Recovery Centre leads a number of initiatives and events to engage the local community. There are two annual community events, the Stampede barbeque, and Christmas Open House. The Centre also has an active social media presence and publicly releases an annual report (digital and print). The Good Neighbor Agreement encourages the community to visit and tour the facility and engage staff and participants in community events such as spring and fall clean up, maintaining a community garden, preparing, and serving food for seniors, and helping build a park for children. Lastly, the 12 Stop Ride for Recovery Motorcycle Run raises funds and awareness of the impacts of addiction and the importance of recovery.



## Palix Foundation/Alberta Family Wellness Initiative



### Lethbridge Family Centre

THE LETHBRIDGE FAMILY CENTRE IS A NON-PROFIT ORGANIZATION BASED IN LETHBRIDGE, AB, WHICH PROVIDES A WIDE RANGE OF INTERGENERATIONAL PROGRAMMING FOR CHILDREN, PARENTS, CAREGIVERS, AND FAMILIES ACROSS SOUTHERN ALBERTA INCLUDING EARLY CHILDHOOD PROGRAMMING, PARENT EDUCATION AND SUPPORT, AND FAMILY SUPPORT SERVICES.<sup>33</sup>

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<sup>33</sup> Family Centre. (n.d.). About us. Retrieved August 2023, from <https://www.famcentre.ca/>

# Coding Key

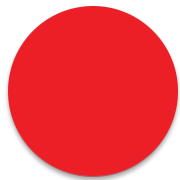
Adapted from the Harvard University Center on the Developing Child's Frontiers of Innovation platform



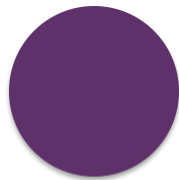
## Context:

Adult-Focused Group Setting	Childcare Setting	Community Setting	Home Setting	Online Setting	Shelter Setting
Organizational Facility Setting	Other Setting	Parent-Child Centre Setting	Pediatric or Clinical Setting	School Setting	One-on-One Counselling Setting

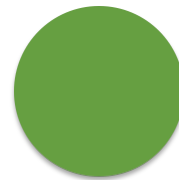
## Primary Design Principle:



**Reduce Adversity**



**Improve Skills and Abilities**



**Add Positive Supports**

# Discrete Services/Programs

As of June 2022

## Universal Programming



### Drop-in Play (Green)

This free drop-in play program, hosted at the Lethbridge Family Centre's Main Campus, is staffed by certified early childhood educators and facilitators. In this space, families have the opportunity to interact and engage in various forms of play, with their children taking the lead. The Play Zone offers many unique areas and play settings, including sensory spaces, sand tables, and small play structures.



### Baby Pack (Purple)

This educational program extends and elaborates on the information provided by Alberta Health Services' Baby Steps program. Baby Pack offers parents the opportunity to learn about child development milestones, as well as to hear from specialized care providers (e.g., sleep experts, massage therapists, and dental hygienists). Registration is required.



### Baby Gym Time (Green)

This program, offered at Lethbridge Family Centre's Main Campus, gives parents and their infants the opportunity to explore and play with infant-centred, soft, gym equipment. Registration is required.



### Rhymes and Riddles (Purple)

Rhymes and Riddles is a free oral literacy program during which parents teach their children about language and (as they get older) reading uses rhymes, riddles, songs, and simple gestures. Based in oral tradition, this program is formatted in parallel with the Rhymes that Bind program.



### Baby Signing (Purple)

This educational program teaches parents and their infants (eight to 14 months) how to communicate through American Sign Language.

Baby Signing offers another form of developmentally essential communication between caregiver and child.



### Parents and Children Together (PACT) (Purple/Green)

This program focuses on building strong relationships between children (infants up to 12 months) and parents/caregivers through play. Facilitators provide families with interactive games and activities that both aid brain development and are tailored to the child's interests. This program was developed in partnership with Building Brains Together. PACT is free, and pre-registration is required.



### Sensory Play for Little Adventurous Tykes (SPLAT) (Green)

SPLAT facilitates parent-child play by exploring different sensory experiences (touch, smell, taste, movement, balance, sight, and hearing). With a focus on the scientific process, children use their senses to explore and investigate the world around them.



### Cooking Classes (Green)

Cooking Classes at Lethbridge Family Centre, delivered in partnership with the Interfaith Foodbank, are open to all community members who may be experiencing food insecurity. It offers an opportunity to learn about healthy meal ideas, how to stretch a food plan on a budget, nutritional facts, food safety, and new cooking techniques. Taking an intergenerational approach, this program also seeks to build community and highlight cultural expression. Specific classes are also offered in partnership with detox programming for youth and individuals with disabilities.

- **Big Chef Little Chef** - Big Chef Little Chef is a program that offers the opportunity for parents/caregivers and their children (aged three to six years old) to learn/teach basic kitchen skills and cook together. Registration is required.
- **Kids in the Kitchen** - Kids in the Kitchen is a hands-on cooking program offering children (aged seven to 10 years old) the opportunity to learn about basic kitchen skills, food safety, and how to prepare healthy nutritious recipes.
- **Food Explorers** - Food Explorers is a hands-on cooking program providing kids (aged nine to 12 years old) with the opportunity to learn to cook balanced, nutritious recipes.

Skills learned in the kitchen may then empower children's independence and expand life skills.

- **Young Chefs** - Young Chefs is a hands-on cooking program for youth (aged 12 to 15 years old) to learn kitchen skills, food safety, and how to prepare economical, nutritious recipes. Skills learned in the kitchen may then empower children's independence and expand life skills. Pre-registration is required.
- **Plants to Plates** - Plants to Plates is a hands-on food education program for children aged eight to 11 years old. Over the course of three weeks, kids learn about how food is grown, how it moves from the earth to the table, and how to prepare nutritious, balanced meals.



### Come Build with Us (Green)

This free drop-in program for all ages explores the foundations of engineering (including patterns, cause and effect, gravity, stability, balance, and shapes) in a playful and interactive format. Using toys, LEGO, and household items, participants are encouraged to use their creativity to design items for fun, build objects that accomplish a goal, or test the limits of their materials.



### Me and My Dad (Green)

This free, drop-in program features activities and games that facilitate the connection between children and their fathers, grandfathers, and/or male caregivers. Staff are on hand to provide information and resources about the importance of male caregivers in shaping and encouraging healthy child development.



### Solo Dads (Green)

This program, designed for single male caregivers, offers both community and educational resources.



### Art in the Garden (Green)

This program investigates the intersection of art and nature, offering children, parents, and families the opportunity to explore their

creative, artistic side out in nature and using natural materials. Registration is required.



### **Art in the Park (Green)**

This program investigates the intersection of art and nature, offering children, parents, and families the opportunity to explore their creative, artistic side out in nature and using natural materials. Registration is required.



### **Family Outdoor Play (Purple/Green)**

Family Outdoor Play -- offered in partnership with Building Brains Together -- provides outdoor play opportunities to children, caregivers, and families across Lethbridge during the summer months. It features games, activities, and educational resources about brain development.



### **Lethbridge Senior and Kids Intergenerational Program (LSKIP) (Green)**

LSKIP, offered in partnership with Nord-Bridge Seniors Centre, connects the oldest and youngest members of the community to engage in activities, conversations, and connections. Active play, facilitated games, table activities, puzzles, art, and card games bridge the divide between generations, offering all participants the opportunity to make meaningful connections while also having fun.



### **Senior Walk (Green)**

This monthly walk program offers the chance for connection between the oldest and youngest members of the community while encouraging physical activity in an outdoor setting.



### **Random Acts of Play (Purple/Green)**

During this drop-in program, children work with facilitators to explore different forms of play (e.g., dramatic, messy, science, outdoor sport, games, etc.). Such programming builds relationships, encourages independence, promotes physical activity, and builds critical, flexible thinking.



### Random Acts of Play (Purple/Green)

During this drop-in program, children work with facilitators to explore different forms of play (e.g., dramatic, messy, science, outdoor sport, games, etc.). Such programming builds relationships, encourages independence, promotes physical activity, and builds critical, flexible thinking.



### Dungeon Crawlers (Green)

A partnership between the Lethbridge Family Centre and Lethbridge Public Library, Dungeon Crawlers lets kids (aged six to 10 years old) create adventure games. Using HeroKid as a model, children are encouraged to role-play and learn skills in the realm of collaboration and creativity. This program is free, and pre-registration is required.

## Targeted Programming



### Positive Parenting Program (Purple)

The Positive Parenting Program is an evidence-based, psychoeducational program which offers parents and caregivers the opportunity to learn about practical strategies to build strong relationships and promote healthy child development. Topics of discussion include positive parenting, teaching new skills, creating healthy learning environments for kids, discovering activities that keep children engaged, and helping parents learn how to take care of themselves. Staff at the Lethbridge Family Centre are Level Four certified in the Positive Parenting Program. An individualised version of the program allows parents and caregivers with specific goals to work with staff to develop personalised strategies and methods.



### Postnatal Parenting Program (Purple)

This program, serving caregivers of children under nine months, offers both educational information about child development, as well as resources regarding available community support.



### Separation and Divorce (Red/Purple)

This free program is available to parents and caregivers experiencing separation or divorce. Topics of discussion include managing emotions, communication skills, attachment styles, coping with transitions, co-parenting plans, and helping children to adjust.



### **All My Relations (Purple/Green)**

Offered in partnership with Opokaa'Sin Early Intervention Society, All My Relations seeks to strengthen family relationships, build parenting capacity, and solidify and/or re-establish a strong connection with the Blackfoot community. Programmed sessions explore topics such as: parenting styles, collaborative problem solving, communication, fathers' role, child development, self-care, families of origin, and community support.



### **Growing Abilities Program (Green)**

Growing Ability is a free support and play group for differently abled children (aged 0 to 12 years old), as well as their parents/caregivers and siblings. In this program, kids engage in activities that suit their abilities and interests. Parents/caregivers are also given the opportunity to learn and talk about how to best support and engage with their kid. No pre-registration is required.



### **Intensive Programming (Red/Purple)**

This strength-based program connects families involved with Children's Services to family success coaches. These coaches provide the parents/caregivers with resources, support with goal setting and safety planning, and assistance in system navigation.



### **Assessment and Screening (Green)**

Using the ASQ assessment tool, Lethbridge Family Centre offers screenings and assessments for children entering Preschool and Kindergarten. This information is shared with teachers and support staff in order to inform them about how to best serve the children entering their classrooms.



### **Family Connector (Green)**

Family Centre staff act as facilitators and provide families with resources based on their individual needs. Beginning with an interview, family connectors assess the needs and goals of the family and offer access to both internal programming, as well as referrals to alternative external community programming.





### **Family Centre Counselling (Purple)**

Lethbridge Family Centre offers subsidised individual, couple, and family counselling services to community members. Counselling services are offered by three independent contracted counsellors at the Lethbridge Family Centre.



### **Kids Have Stress Too Program (Purple)**

Kids Have Stress Too is an educational program operated in partnership with Lethbridge Holy Spirit School Division. Offered to all community members, program facilitators and Family First workers coordinate with educators to share lessons and activities with children aged nine to 12 years old about stress (e.g., what causes it and how to manage it). Facilitators also connect with parents to share lesson plans and materials, as well as follow up with families throughout the duration of the program to offer additional support.



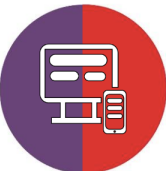
### **Worry Dragons Program (Purple)**

The Worry Dragons program offers both youth programming (aged seven-12 years old) and parent education. Through interactive sessions and creative expression, children explore their fears, anxieties, and worries. They then delve into the causes of these feelings and learn new skills regarding how to manage them. Parents are also provided with the Worry Dragons curriculum and work in tandem with their children to explore these emotions (and learn how to manage them).



### **Brave Program (Red/Purple)**

The Brave Program is an eight-week adult anger management program, facilitated by counsellors at the Lethbridge Family Centre.



### **Self Help Packages (Red/Purple)**

Lethbridge Family Centre offers a number of free, online, self-help information packages to all community members. Topics include addiction, anger, anxiety, communication, divorce and separation, emotional coaching, gender expression, and suicide.



### **Partnership with Immigrant Services (Green)**

Lethbridge Family Centre partners with Immigrant Services Lethbridge to offer both parenting and child programming. LFC facilitators work with newly immigrated families to provide resources and help with systems navigation.

# Palix Foundation/Alberta Family Wellness Initiative



## Providence Child Development Society

PROVIDENCE CHILD DEVELOPMENT SOCIETY PROVIDES EDUCATIONAL AND THERAPEUTIC PROGRAMS FOR CHILDREN AGES TWO YEARS EIGHT MONTHS TO SIX YEARS OLD, WITH IDENTIFIED DELAY OR DISABILITY IN THE CALGARY AREA. PROGRAMMING ALSO INCLUDES COMMUNITY SERVICES AND CHILDCARE TO SUPPORT PARENTS, CAREGIVERS, AND FAMILIES.<sup>34</sup>

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<sup>34</sup> Providence. (n.d.). *Providence*. Retrieved August 2023, from <https://www.providencechildren.com/>

# Coding Key

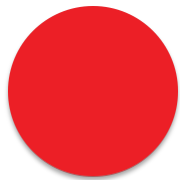
Adapted from the Harvard University Center on the Developing Child's Frontiers of Innovation platform



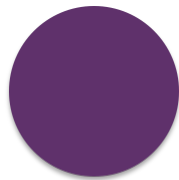
## Context:

Adult-Focused Group Setting	Childcare Setting	Community Setting	Home Setting	Online Setting	Shelter Setting
Organizational Facility Setting	Other Setting	Parent-Child Centre Setting	Pediatric or Clinical Setting	School Setting	One-on-One Counselling Setting

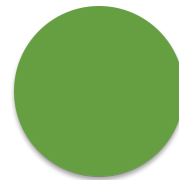
## Primary Design Principle:



**Reduce Adversity**



**Improve Skills and Abilities**



**Add Positive Supports**

# Discrete Services/Programs

As of June 2022

## School Programs



### Supportive Classroom Environments (Green)

The Providence School Program, located across six locations throughout Calgary, includes Preschool (two years eight months to four years old), Junior Kindergarten (four to five years old), and Kindergarten (five to six years old). Sites have between two to 12 classrooms, with each classroom serving 10 to 14 children. In addition to each having one teacher and three therapeutic teaching assistants, all classrooms have the same basic set-up in terms of educational materials, furniture, and toys, allowing for consistency and predictability as the children move from one space to another. Teachers rotate themes in their classrooms, which determine the toys and activities that the kids will engage with over a two-week period. The Providence curriculum for both Kindergarten and Pre-Kindergarten aged children follows the Alberta Education curriculum. To qualify for admission, children must have a code of 42 (severe emotional/behavioural disability), 44 (severe physical or medical disability), or 47 (severe delay involving language) (see note).



### Easing Transitions (Green)

Providence staff work to ease the transition from Pre-Kindergarten to Kindergarten and Kindergarten to Grade one (as children age out of the program). In January, assessments are conducted, and agency referrals are made when appropriate. Records are uploaded to a provincial system so that they are accessible by school boards. Moreover, classroom assistants are welcomed into Providence classrooms to observe children and better learn how to serve their needs.



### Extra-Classroom Spaces (Green)

In addition to traditional classrooms, Providence offers a number of alternative spaces for children to explore and teachers to utilise.

- Providence is outfitted with a number of sensory rooms filled with items of different textures, lights, sounds and smells. They offer a space for children to explore, or alternatively, for children to calm down and relax should they find themselves in a stressful situation.
- A number of breakout spaces are transformable to suit the needs of the instructor.
- Assessment rooms offer a safe and secluded space for children and teachers/care providers to work through evaluations and assessments.



### **Physical Therapy (PT) Gym (Green)**

A specialised PT gym offers physical therapists and children a designated space to work together and, using specialised equipment, make meaningful advancements towards accomplishing their physical therapy goals.



### **Access to Specialists (Purple)**

Providence employs a team of occupational therapists, physical therapists, speech-language pathologists, and psychologists, as well as therapeutic teaching assistants.



### **Individualised Program Plan (IPP) (Purple)**

Parents, teachers, and specialists work together to develop a series of goals for children to work towards during their time with Providence. These might include exposure goals, social and communication goals, and play skills.



### **Community Engagement (Green)**

Teachers are encouraged to engage their classes with the surrounding community whenever possible. This includes taking children on neighborhood walks, field trips (e.g., to the local fire station), and engaging in community programming (e.g., those offered by the public library).



### **Accommodated Transportation (Green)**

Providence Childcare Centres offers accommodative transportation for all participants. Children are picked up by bus -- either from home

or alternative childcare -- and taken to and from the centres according to their schedule.



### **LEARN Program (Green)**

The LEARN program facilitates communication between Providence and other childcare providers (like schools and alternative childcare) and ensures they are equipped to provide the service and care that children require.



### **Toy Library (Green)**

Providence Childcare Centre is equipped with an extensive library of toys and activities that are lent out to affiliate sites on an as-needed basis.

## **Community Services**



### **Inclusive Childcare Provider Program (Purple)**

Providence's Inclusive Childcare (ICC) Program provides short-term coaching to educators in early childcare settings so that they can better work with all children and move towards inclusion. The ICC team, consisting of program coaches, occupational therapists, speech-language pathologists, and social workers, provides assessments and strategies that identify both strengths and areas of improvement. They help to build educator capacity during the initial six weekly visits and provide support in the longer-term three-month follow-up. Areas of focus include schedules, routines, transitions, engagement and play, and behaviour expectations.



### **Expanded Capacity Learner Supports (ECLS) (Purple)**

Providence Expanded Capacity Learner Supports, in collaboration with Renfrew Educational Services, offers assessments and strategic planning regarding how to best support children's needs, as requested by independent and private schools (Grades K to 12). In one-on-one, small group, and class settings, the Providence team of speech-language pathologists, occupational therapists, physical therapists, and psychologists, provides education and resources based on the specific needs and interests of the group.



### Contract Services (Purple)

Providence contract services provide direct, individualised therapy to children with specific needs in the independent and private school system (grades K to 12). These in-school supports include access to specialised therapists (e.g., occupational therapists and speech-language pathologists) who work with children and their families to develop a strategy of care that best suits the child's individual needs.

**Note:**

**SEVERE EMOTIONAL/BEHAVIOURAL DISABILITY (Code 42)** A student/child with a severe emotional/behavioural disorder is one who: • displays chronic, extreme and pervasive behaviours and requires close and constant adult supervision, high levels of structure, and other intensive support services in order to function in an educational setting. The behaviours significantly interfere with both the learning and safety of the student/ECS child and other students/ECS children. For example, the student/child could be dangerously aggressive and destructive (to self and/or others), violent and/or extremely compulsive; and • (for grades 1–12 students) has a diagnosis including conduct disorder, schizophrenia or bi-polar disorder, obsessive/compulsive disorders, or severe chronic clinical depression; and may display self-stimulation or self-injurious behaviour. In the most extreme and pervasive instances, severe oppositional defiant disorder may qualify; or • (for ECS children) has either a diagnosis or a statement by a qualified professional indicating that the child experiences severe behavioural difficulties. A clinical diagnosis of a severe emotional/behavioural disorder by a psychiatrist, registered psychologist or a developmental pediatrician is required, in addition to extensive documentation of the nature, frequency and severity of the disorder by school authorities. In the case of an ECS child who is not currently placed in an educational environment, extensive documentation of the nature, frequency, and severity of the disorder by the referring specialist may suffice. The effects of the disability on the student's/ECS child's functioning in an education setting should be described. An ongoing treatment plan/behaviour plan should be available, and efforts should be made to ensure that the student/ECS child has access to appropriate mental health and therapeutic services. A clinical diagnosis of a severe emotional/behavioural disorder is not necessarily sufficient to qualify under this category. Some diagnoses with behavioural components that are not sufficient to qualify are: attention-deficit/hyperactivity disorder (ADHD), attention deficit disorder (ADD). Note: Students/ECS children diagnosed with fetal alcohol spectrum disorder (FASD) in the most severe cases should be reported under Code 44 rather than Code 42.

**SEVERE PHYSICAL OR MEDICAL DISABILITY (Code 44)** A student/child with a severe physical, medical or neurological disability, including autism, is one who: a) has a medical diagnosis of a physical disability, specific neurological disorder or medical condition which creates a significant impact on the student's/ECS child's ability to function in the school environment (note: some physical or medical disabilities have little or no impact upon the student's/ECS child's ability to function in the school environment); and b) requires extensive adult assistance and modifications to the learning environment in order to benefit from schooling. A student/ECS child with severe autism (or other severe pervasive developmental disorder) is included in this category. A clinical diagnosis by a psychiatrist, registered psychologist, or medical professional specializing in the field of autism is required. A clinical diagnosis of Autism Spectrum Disorder is not necessarily sufficient to qualify under this category. Eligibility is determined by the functioning level of the student/ECS child with autism. In order for a diagnosis of autism to be made, the student/ECS child needs to demonstrate impairment in • social interaction and • communication, and • exhibit stereotyped pattern of behaviour (e.g., hand flapping, body rocking, echolalia, insistence on sameness and resistance to change). A student/ECS child diagnosed with severe fetal alcohol spectrum disorder (FASD) may have fetal alcohol syndrome (FAS) or alcohol-related neurodevelopmental disorder (ARND) and is included in this category. A clinical diagnosis by a psychiatrist, registered psychologist with specialized training or medical professional specializing in developmental disorders is required. A clinical diagnosis of FASD is not necessarily sufficient to qualify under this category. Eligibility is determined by the functioning level of the student/ECS child with FASD. Students/ECS children with severe FASD who exhibit significant impairment in the areas of social functioning, life skills, behaviour, learning, attention, and concentration will need extensive intervention and support.

**SEVERE DELAY INVOLVING LANGUAGE (Code 47)** – For ECS children only. A child with a severe delay involving language is one who has difficulty communicating with peers and/or adults because of a severe delay in expressive, receptive, or total language. Please use the following criteria for determining eligibility in this category: a) A child who has sufficient communication ability to permit formal speech/language assessment should demonstrate results less than or equal to the first percentile in expressive, receptive, or total language. If formal language assessment is not possible, a parental report measure and/or observational measure may be used; or b) A child who has a severe phonological delay and at least a moderate expressive, receptive or total language delay (on a formal assessment of language); or c) A child who has at least a moderate to severe expressive, receptive or total language delay (on a formal assessment of language) and at least a moderate to severe delay in one or more of the following areas of development: fine motor, gross motor, vision, hearing. Alberta Education criteria for a severe delay involving



language are based on a child's developmental profile, not on individual subtest scores in any single area of development. Eligibility documentation must include an assessment completed by a speech and language pathologist that includes the results of measures used and a description of the child's communicative ability. In order to qualify, the language delays must have a significant impact on such areas as functional language, social use of language, vocabulary, language concepts, mean length of utterance, grammar, and acquisition of early literacy. If the child qualifies on the basis of a language delay in combination with delays in other areas, those areas of delay must be assessed by an appropriate specialist and must result in a significant impact on the child's ability to function in an ECS environment.

## Palix Foundation/Alberta Family Wellness Initiative



### Renfrew Educational Services

RENFREW EDUCATIONAL SERVICES IS A REGISTERED CHARITY AND SPECIAL EDUCATION SCHOOL BASED IN CALGARY, AB. AN INTERDISCIPLINARY TEAM OF CERTIFIED TEACHERS, HEALTHCARE PROVIDERS, AND SPECIALIZED SERVICE PROVIDERS (E.G., MUSIC THERAPISTS/SPECIALISTS, DEAF AND HARD OF HEARING, ASSISTIVE TECHNOLOGY, AND AUDIOLOGY, ETC.) SEEK TO PROVIDE CHILDREN AGED TWO YEARS EIGHT MONTHS TO 12 YEARS OLD WITH QUALITY EDUCATION AND PROGRAMMING AND THEIR FAMILIES WITH INTERGENERATIONAL PROGRAMS AND SUPPORT SERVICES.<sup>35</sup>

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<sup>35</sup> Renfrew. (n.d.). *About Renfrew*. Retrieved august 2023, from <https://renfreweducation.org/about/>

# Coding Key

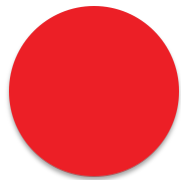
Adapted from the Harvard University Center on the Developing Child's Frontiers of Innovation platform



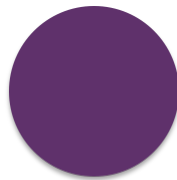
## Context:

					
Adult-Focused Group Setting	Childcare Setting	Community Setting	Home Setting	Online Setting	Shelter Setting
					
Organizational Facility Setting	Other Setting	Parent-Child Centre Setting	Pediatric or Clinical Setting	School Setting	One-on-One Counselling Setting

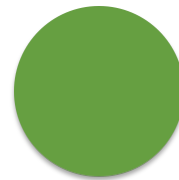
## Primary Design Principle:



**Reduce Adversity**



**Improve Skills and Abilities**



**Add Positive Supports**

# Discrete Services/Programs

As of June 2022

## School-Based Services



### Classroom Environment (Green)

The Renfrew In-School Program includes Preschool (two years eight months to four years old), Junior Kindergarten (four to five years old), Kindergarten (five to six years old), and Elementary (six to 12 years old) classrooms across four locations throughout Calgary. Each classroom is led by one teacher accompanied by three-four child development facilitators, depending on the children's ages (three for Elementary-aged and four for Preschool-aged). Classrooms, designed in a modular fashion, have a heavily play-focused environment that is able to suit the individual needs and goals of the kids. Moreover, Renfrew classrooms utilise a modified curriculum that, while using the Alberta Education curriculum as a framework, also addresses the needs and goals of each child.



### Access to Specialists (Purple)

A team of speech-language pathologists, occupational therapists, physical therapists, and psychologists rotate through classrooms on a weekly basis, fostering a transdisciplinary approach to therapy. Renfrew also employs assistive technology specialists, early learning specialists, an educational audiologist, a vision teacher, and a hard-of-hearing teacher.



### Extra-Classroom Spaces (Green)

In addition to traditional classrooms, Renfrew offers a number of alternative spaces for children to explore.

- Renfrew is outfitted with a number of sensory rooms. These areas are filled with items of different textures, lights, sounds, and smells. They offer a space for children to explore, or alternatively, for children to regulate themselves and relax should they find themselves in a stressful situation.
- Small, furnished spaces around the school offer an alternative area for children and teachers and therapists to engage.

- Assessment rooms provide safe and secluded spaces for a child and teacher or therapist to work through evaluations and assessments.
- A space dedicated to developing life skills (including being outfitted with a functioning kitchen), gives students the opportunity to experiment with home economics and build foundational abilities.



### **Physical Therapy (PT) Gym (Green)**

A specialised PT gym offers physical therapists and children a designated space to work together and, using specialised equipment, make meaningful advancements towards accomplishing their physical therapy goals.



### **Gym/Fitness Room (Green)**

A full-sized gymnasium and adapted fitness room offers space for children to exercise and work towards physical, mobility, and exploratory goals.



### **Greenhouse (Purple/Green)**

A fully functioning greenhouse at the Renfrew main campus is outfitted with accessible equipment to ensure that all children are able to fully engage in the experience.



### **Rennie the Service Dog (Green)**

Rennie, a certified service dog, engages with children daily.



### **Individualised Program Plan (IPP) (Purple)**

Parents, teachers, and specialists work together to develop a series of goals for each child to work towards during their time with Providence. These might include exposure goals, social and communication goals, and play skills.



### **Accommodative Transportation (Green)**

For a monthly fee, Renfrew offers bussing to and from programming for children and families. A fleet of 48 buses outfitted with car seats and four-point seat belts are driven by "S" endorsed drivers with CPR and First Aid certifications. They deliver door-to-door service to ensure children are transported safely to and from school and home.



### **Integrated Services for Children with Motor Disabilities (Purple)**

Renfrew's Integrated Services for Children with Motor Disabilities (ISMD) program is designed specifically for children with motor disorders who meet the criteria for funding through Family Support for Children with Disabilities (FSCD). This team, comprised of certified teachers, child development facilitators, psychologists, occupational therapists, physiotherapists, rehabilitation specialists, speech-language pathologists, assistive technology specialists, and family support workers, works to both build parent capacity and develop individualised programs that reflect the physical, social, emotional, and cognitive areas of growth for each child.



### **Specialised Services Program (Purple)**

Specialised Services is an intensive half-day program designed to help children improve their daily living skills at home and in the community. The therapy team, consisting of child development facilitators, psychologists, speech-language pathologists, occupational therapists, and physical therapists, works with families to provide targeted supports and interventions across a wide range of areas, including communication, socialisation, self-care, adaptive functioning, regulation, and physical and motor development. This program is primarily home-based and tailored to the individual needs of each child and family.

## **Community Based Services**



### **Assessment and Therapy Services (Purple)**

This community-based self-referral program provides a multidisciplinary approach to consultation, assessment, screening, and intervention for families either at home or at Renfrew Centres.

Additionally, Renfrew Assessment and Therapy Services offers parent education workshops and professional development sessions.



### **Community Contract Services (Purple)**

Renfrew Educational Services provide public, private, and independent schools and early childcare services with individualised contract services. These services include conducting assessments, developing strategies for success, providing therapeutic support, and facilitating classroom engagement in order to support students' educational requirements. Contract services are offered by psychologists, educational consultants, speech-language pathologists, occupational therapists, physical therapists, and therapy assistants.



### **Stepping Out on Saturdays Respite Program (Green)**

Renfrew Educational Services offer a public respite program for parents of children with special needs on select Saturdays during the school year. Children are supervised by trained staff and engage in a variety of play-centred, gross motor, and group-focussed activities throughout the day.



### **Assistive Technology Program (Purple)**

As part of the Assistive Technology Program, speech-language pathologists, occupational therapists, teachers, assistive technology specialists, vision specialists, and deaf & hard of hearing specialists provide services and support for children with complex communication needs. Renfrew Educational Services is a level three authorizer for assistive communicative technologies and provides education, support, and facilitations for parents, staff, and care providers as to the use of these alternative and augmentative communication (AAC) tools and strategies.



### **Augmented and Assistive Communication Everywhere Program (Purple)**

This five-session parent education series, facilitated by a speech-language pathologist, assistive technology specialist, and AAC user advisor, offers parents the opportunity to learn about strategies that can be used to best support their child's communication needs, ask questions of knowledgeable experts, and converse with other parents. Renfrew Educational Services also offer a two-session youth

engagement series facilitated by a speech-language pathologist, assistive technology specialist, and AAC user advisor that offers young people (aged 13 to 17 years old) the opportunity to learn about and test out alternative, augmentative communication technologies in a variety of community-based settings.



### **MAPS Early Intervention Program (Purple/Green)**

The MAPS Early Intervention Program offers mentoring, advocacy, partnership, and support to parents, caregivers, children, and youth impacted by fetal alcohol spectrum disorder (FASD). This program, coordinated with four other social service agencies, offers strategies, interventions, and support to people affected by



### **Wellness Empowerment Program (Purple)**

This school-based program builds mental health capacity in students (aged zero to five years old), teachers, and parents/caregivers. Events, workshops, and information sessions offered by success coaches use hands-on and educational activities that strengthen knowledge, build skills, and support positive mental health outcomes.



## Palix Foundation/Alberta Family Wellness Initiative



### SPEECHified

CREATED BY SARAH MOSAICO, A SPEECH-LANGUAGE PATHOLOGIST BASED IN EDMONTON, AB, THE SPEECHIFIED PROGRAM SUPPORTS PARENTS AND EARLY CHILDHOOD EDUCATORS IN LEARNING TO DO SERVE AND RETURN WITH A CHILD WHO HAS COMMUNICATION DELAYS/DISORDERS.<sup>36</sup>

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<sup>36</sup> SPEECHified. (n.d.). *Home*. Retrieved August 2023, from <https://www.speechified.org/>

# Coding Key

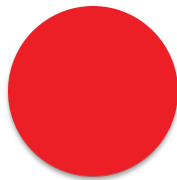
Adapted from the Harvard University Center on the Developing Child's Frontiers of Innovation platform



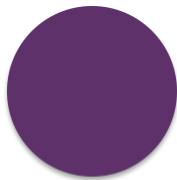
## Context:

					
Adult-Focused Group Setting	Childcare Setting	Community Setting	Home Setting	Online Setting	Shelter Setting
					
Organizational Facility Setting	Other Setting	Parent-Child Centre Setting	Pediatric or Clinical Setting	School Setting	One-on-One Counselling Setting

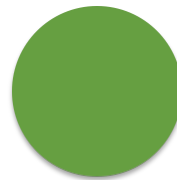
## Primary Design Principle:



**Reduce Adversity**



**Improve Skills and Abilities**



**Add Positive Supports**

## Discrete Services/Programs

As of June 2023



### **SPEECHified Caregiver Program**

Through the SPEECHified program, caregivers learn strategies to overcome barriers and enhance their serve and return with children who have communication delays or disorders. Caregivers participate in a 90 min learning module with a speech-language pathologist, either in person or online. The module uses the serve and return metaphor and the Brain Story framework to reinforce communication-boosting skills. After a period of time working towards their individual goals to improve their skills, caregivers are invited to receive video coaching wherein a short caregiver-child interaction video is shared with their SPEECHified Coach (see Coach Training description below), who offers encouraging feedback regarding general serve and return strategies, and also child-specific recommendations related to speech and language development. SPEECHified improves the skills and abilities of both the caregivers and the children in their care.



### **SPEECHified Coach Training**

Using a train-the-trainer model, Sarah Mosaico is expanding the reach of the SPEECHified program by training SPEECHified Coaches at frontline organizations. SPEECHified Coaches then receive ongoing support from a speech-language pathologist as they work with families. For example, at ABC Head Start in Edmonton, AB, staff (in collaboration with their speech-language pathologists who are trained as SPEECHified Coaches) have been trained to provide ongoing support and video coaching to the parents who access the program on an as-needed basis. For organizations that do not have a speech-language pathologist on staff, such as daycare centres, ongoing support for the SPEECHified Coaches is provided by Sarah Mosaico directly. Additional examples can be found throughout Alberta. The Coach Training program improves the skills and abilities of the Coaches, as well as establishes a supportive relationship between the Coach and the caregivers they train.

## Palix Foundation/Alberta Family Wellness Initiative



### ATTACH™ (Attachment and Child Health)

DEVELOPED AT THE UNIVERSITY OF CALGARY, THE ATTACHMENT AND CHILD HEALTH (ATTACH™) PROGRAM IS A 10-WEEK, INTERGENERATIONAL PROGRAM WHICH IMPROVES PARENT-CHILD ATTACHMENT BY IMPROVING PARENTAL CAPABILITIES, SPECIFICALLY REFLECTIVE FUNCTION. TO DATE, MORE THAN 70 ATTACH™ FACILITATORS HAVE BEEN TRAINED AND ATTACH™ IS WORKING WITH 12 AGENCIES ACROSS WESTERN CANADA.<sup>37</sup>

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<sup>37</sup> ATTACH. (n.d.). *About*. Retrieved August 2023, from <https://attach.teachable.com/p/about>

# Coding Key

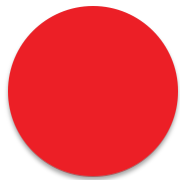
Adapted from the Harvard University Center on the Developing Child's Frontiers of Innovation platform



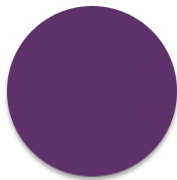
## Context:

					
Adult-Focused Group Setting	Childcare Setting	Community Setting	Home Setting	Online Setting	Shelter Setting
					
Organizational Facility Setting	Other Setting	Parent-Child Centre Setting	Pediatric or Clinical Setting	School Setting	One-on-One Counselling Setting

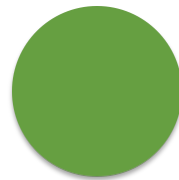
## Primary Design Principle:



**Reduce Adversity**



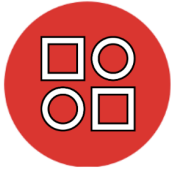
**Improve Skills and Abilities**



**Add Positive Supports**

## Discrete Services/Programs

As of June 2022



### ATTACH™ Program Intake

The ATTACH™ program primarily serves families with infants and/or young children who are experiencing toxic stressors. Therefore, facilitators trained to administer this program typically work in agencies serving populations experiencing domestic violence, housing insecurity, addiction, and poverty. Parents/caregivers typically enrol in the ATTACH™ program through one of these intermediate agencies and begin by working with a trained facilitator (or facilitators), to complete the Ages & Stages Questionnaire, NCATS teaching scale (a parent-child interaction assessment), depression screening, and child behaviour checklist, as well as undergo a blood collection (which is used to monitor biological markers). After this initial information is collected, participants begin a 10 to 12 session program that takes place over the course of approximately 10 weeks (exact duration varies slightly on a case-by-case basis).



### ATTACH™ Program Session

The goal of each session is to build secure parent-child attachment by strengthening reflective functioning in parents (the parent's capacity to consider and comprehend the mental states and feelings of their child). As opposed to a purely education-based approach that teaches about developmental milestones, ATTACH™ emphasizes dialogue, engagement, and hands-on practice. In a typical session, participants complete three activities:

1. Together, the trained facilitator and parents review a recorded video from the session or week prior of the parent interacting with their child. Facilitators and parents pause the video and discuss with the parent what they were thinking and feeling, as well as how they felt connected to their child.
2. The parent is guided through a hypothetical, mildly stressful daily situation (e.g., "You're at the dinner table, and your child throws food all over the floor"). Facilitators encourage the parent to reflect on how they would respond. After sharing an

initial impression, the parent is asked to think about the situation a second time and respond in a different way. This activity places significant emphasis on cognitive flexibility.

3. The caregiver then shares a stressful real-life situation from the past week, and the facilitator asks about what they felt and how they might approach the situation differently in the future.



### Co-Parenting Sessions

For two of the 10 total sessions (or three of the 12 total sessions), the caregiver's co-parent support (e.g., the other parent, a grandparent, etc.) also attends the ATTACH™ session. The session consists of a video review of a recorded parent-child interaction, as well as a discussion of a hypothetical, mildly stressful daily situation (both activities taking place with a trained facilitator). These co-parenting sessions do not involve a discussion of a real-life stressful scenario from the past week.



### Virtual Delivery of ATTACH™

In response to the COVID-19 pandemic, the ATTACH™ program developed an app that can be used to administer the program virtually. Such an option provides the same programming but in a virtual setting, enabling a wider geographic reach.



### Post-Program Follow Up

ATTACH™ conducts brief two-month follow-ups with program participants to inquire about impact and progress.



### Staff/Agency Training

For an agency to offer the ATTACH™ program, staff undergo: 40 hours of online training, and two days of in-person instruction which includes delivering a supervised session. If located close geographically to a certified instructor they are observed in-person, if not, the session is filmed and reviewed virtually. The cost of the training to the agency is \$5,000.

## Palix Foundation/Alberta Family Wellness Initiative



## YW Calgary

FOR MORE THAN A CENTURY, YW CALGARY HAS SUPPORTED CLIENTS TO MEET THEIR MOST BASIC NEEDS AND WORK TOWARDS POSITIVE CHANGE IN THEIR LIVES. YW CALGARY WORKS WITH WOMEN AND THEIR FAMILIES THROUGH INTERGENERATIONAL PROGRAMMING WHICH INCLUDES SHELTER AND HOUSING SERVICES, CASE MANAGEMENT AND OUTREACH, COUNSELLING, CHILDCARE, JOB TRAINING AND LANGUAGE INSTRUCTION.<sup>38</sup>

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<sup>38</sup> YW Calgary. (n.d.). *About Us*. Retrieved August 2023, from <https://www.ywcalgary.ca/about-us/>



# Coding Key

Adapted from the Harvard University Center on the Developing Child's Frontiers of Innovation platform



## Context:



Adult-Focused Group Setting



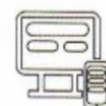
Childcare Setting



Community Setting



Home Setting



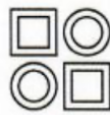
Online Setting



Shelter Setting



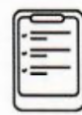
Organizational Facility Setting



Other Setting



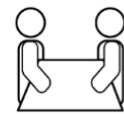
Parent-Child Centre Setting



Pediatric or Clinical Setting

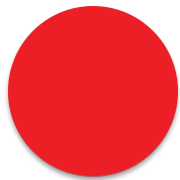


School Setting

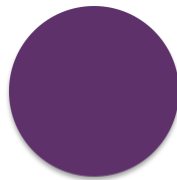


One-on-One Counselling Setting

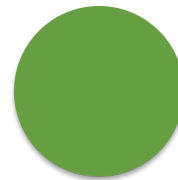
## Primary Design Principle:



**Reduce Adversity**



**Improve Skills and Abilities**



**Add Positive Supports**

## Discrete Services/Programs

As of June 2022



### **Domestic Violence Shelter (Red/Green)**

The YW Sheriff King Home is a short-stay crisis shelter for women and their children leaving domestic abuse and violence. The shelter provides basic needs, including food, personal items, and child support services, as well as individual domestic abuse support. Staff also help individuals to navigate systems, obtain housing, and facilitate connections with resources, as they build a safe, secure life.



### **Emergency Housing (Red/Green)**

The YWCA offers an emergency bed program for single, unaccompanied women who are: facing (or at risk of facing) homelessness, fleeing violence, and/or experiencing challenges with mental wellness, addictions, or other barriers. This harm-reduction-based 30-day program is free of charge and individuals are admitted on a first-come-first-served basis.



### **Transitional Housing (Red/Green)**

YW Transitional Housing provides safe and affordable housing for women who are in crisis or transition, and helps them find and secure a safe, affordable permanent residence. While residing in the shelter, women have 24/7 access to client support. Transitional Housing works closely with other YW programs to offer program participants a variety of different supports.



### **Transitional Housing Supports (Purple)**

After obtaining housing, participants are connected with community resources that provide further support as they move towards self-reliance, personal growth, and independence. Client support teams also offer life-skill-building workshops on topics such as employment, budgeting, and community engagement.



### **Affordable Housing (Red/Green)**

The YW Affordable Housing program offers safe, secure and permanent housing for women and children fleeing domestic violence. Tenants may receive referrals to other YW supports including counselling, Women’s Economic Prosperity, family support programs, and other life-skill-building resources. YW simultaneously works to support these women in overcoming trauma, focusing on healing, developing economic stability, and finding secure, sustainable accommodations. Connections to community resources are also available to further help them move towards self-reliance, personal growth, and independence.



### **Domestic Violence Case Worker Program (Red)**

Individuals who call the YWCA Calgary domestic violence helpline are connected with case workers who provide resources and referrals.



### **Domestic Violence Case Worker Programming for Children (Red/Purple)**

Children whose parents are working with domestic violence case workers can be paired with a youth focussed case manager. These child-oriented case managers help kids to develop skills that enable them to navigate their difficult situations. Examples of what they may learn include safety planning, understanding they are not to blame, handling strong emotions, and discerning between violent and non-violent behaviour.



### **Equally Safe Program (Red)**

In the Equally Safe Program, case managers partner with police officers in scenarios involving domestic violence. Domestic violence-related calls to the police are first passed on to screeners, who then dispatch both an officer and a caseworker. Such a collaboration enables fast dissemination of information regarding YWCA programming, as well as accelerated referrals.



### **Intensive Case Management Outreach (ICM) (Red/Green)**

Serving single women and their children who are facing (or are at risk of facing) homelessness, fleeing violence, or experiencing challenges with mental wellness, addictions, or other barriers, the ICM team offers one-on-one support in the form of counselling, street outreach, and basic life-skills development. They create flexible, individualised plans for each client based on their identified needs and goals and follow up with them for a three-year period. The ICM team also refers clients to other agencies that can help address complex needs.



### **Language Instruction for Newcomers to Canada (LINC) (Purple)**

Language Instruction for Newcomers to Canada (LINC) provides basic English language training that helps permanent residents and/or refugees with social, cultural, and economic adaptation. This program is designed to help people adjust and build confidence. Participants learn about both their local community and Canadian society at large, develop practical English-language skills, and widen their social circle. LINC classes are organised by Canadian Language Benchmark levels — YWCA currently offers CLB 1 to CLB 4.



### **Childcare (Green)**

The YWCA Childcare Centre is a licensed facility which offers full-time, part-time, and drop-in space for children up to five years of age. YW believes in high-quality childcare that encourages children's individual development, while emphasising creative play and child-centred activities. Parents can expect daily reports with information about the day-to-day experiences of their child and are able to drop into the centre at any time.

- YW Childcare is open to the public



### **Family Access Services (Red/Green)**

The YW Family Access Services provide an opportunity for children to visit with the non-custodial parent in a safe and secure environment. The primary role of staff is to protect the child's safety while allowing both the child and parent to have a meaningful interaction during supervised parenting time. Visitation Services is available to parents and families with children between zero and 18.

- **Group Supervised Parenting** is a subsidised fee-for-service program. Supervised parenting time takes place at the YW Hub, a space available for use by multiple families, each group with their own family access facilitator supporting their parenting time. YW offers one, one-and-a-half-hour visit per week, depending on court orders or agreed upon schedules.
- **Parenting Time Alternatives** is YWCA Calgary's flexible, full-fee, service where parents and caregivers have privacy for their supervised parenting time, without other families sharing the same space. The Parenting Time room has a variety of toys, games, craft materials and supplies for use. Visits can be up to four hours in length.



### Strengthening Families for the Future (Red/Purple)

With an emphasis on serving families undergoing separation or divorce, the YWCA Strengthening Families for the Future workshops helps parents gain knowledge and skills that can be used to support their children and enhance overall family well-being during family transitions.



### Parent and School Supports (Purple)

The Community Parent and School Support program (COMPASS) is an in-home visitation program that offers education and support to parents of children up to 12 years old (grade 6) with identified behavioural challenges. Participants learn positive parenting strategies (including strategies specific to their child), problem-solving skills, and goal setting. Weekly in-home visits for up to one year and referrals to community services further help families access the support they need to create a healthy, independent future.

- Referrals typically come from an educator or doctor but can also come from community agencies, childcare centres, psychologists, and Child & Family services.

## Counselling and Personal Development

YW Counselling and Personal Development department offers both treatment and preventative programming for adults, children, and families.



### Adult Individual Counselling (Purple)

Individualised therapeutic counselling for adults who are facing challenges around communication, relationship conflict, stress management, and mental health. Adult counselling focuses on the individual's needs and strengths while developing skills for mindfulness, emotion regulation, interpersonal effectiveness, and resiliency. Sessions are weekly (for up to 16 weeks), and an affordable and flexible sliding scale fee is applied.



### Mindfulness for Life (Purple)

This program looks at the connection between mindfulness and overall wellness. Delivered as a course, facilitators teach participants how, where, and when to use mindfulness skills. Such practices have the cascade effect of reducing feelings of stress, improving coping, and bettering the ability to recognize and appreciate pleasant feelings. This course is a good fit for anybody looking to improve their overall wellness in a group-learning environment.



### Mindful Moments (Purple)

This free, eight-week program teaches kids (ages eight to 12 years old) how and when to use mindfulness skills to cope when challenging situations arise, helping to reduce stress and anxiety. Sessions are weekly but participants are also encouraged to implement their newly learned strategies between sessions.



### Provincial Family Violence Treatment (Red/Purple)

Domestic Violence Treatment groups are for men and women (groups delivered separately) who have been professionally referred and mandated by the legal system due to intimate partner violence. The focus of the program is to provide skills for healthy relationships and enhance family and community safety through promoting change. Sessions are weekly and meet for a total of 16 weeks.



### **Building Healthy Relationships (Purple)**

In this program, facilitators teach participants skills related to mindfulness, effective relationships, managing strong emotions, and distress tolerance. Developing skills in these areas allows participants to have healthy connections with others. Delivered as a course, participants learn these skills in a group setting, allowing for practice, communal problem-solving, and connection with others. This course is a good fit for anyone interested in the topic of healthy relationships and who enjoys group learning environments.



### **Child and Family Counselling (Purple)**

Individualised therapeutic counselling for families with children ages four to 17 years old. Family counselling provides a safe and supportive environment for families to build stronger relationships and a healthy future. It includes art and play therapy, talk therapy, and mindfulness practice. These free sessions are weekly and take place for up to 16 weeks.



### **Effective Parenting Group (Purple)**

This program is for parents/caregivers with children ages five years old and up who want to learn new skills and information about how to manage parent-child conflict and strengthen family relationships. Participants learn how to effectively handle strong emotions and challenging behaviours, incorporate positive discipline, build effective communication, and improve problem-solving. This program is free and meets weekly for eight weeks.



### **YWCA Fitness Centre (Green)**

The YWCA is equipped with a full indoor training gym which is open to use by the general public.



### **Women's Economic Prosperity (WEP) (Purple)**

Serving women between 18 and 35, this program is built on the foundation that when women are financially empowered, they are better equipped to exercise control over their lives, improve financial security for themselves and their families, and participate more

equitably in the workforce. WEP programs aim to provide women with the tools, knowledge, and support to overcome economic disadvantages.

- **Money Matters** - Delivered in partnership with Momentum, Money Matters is a financial empowerment program for women 18+ living with cognitive, mental health, and/or addiction challenges. It aims to support participants in becoming more financially independent, increasing financial stability, and improving mental wellness. YWCA provides daily one-on-one support to help participants manage their money (Financial Administration), as well as workshops to improve financial literacy (Financial Education).
- **Financial Literacy Workshops** - These workshops teach fundamentals of finance, including budgeting, banking, credit, and assets, in order to equip participants with skills for the future. Sessions are two hours, free to join, delivered virtually, and open to women 18+. Workshop certificates are issued upon completion.

### **YW Programs included in the Calgary City Centre Family Resource Network**

(Note: we did not code all of this network, as some of these organizations are not a part of the project). Family Resource Network programs focus on supporting the whole family. This includes providing caregivers and parents with skills and knowledge to strengthen family relationships, teaching children and teens to cope with trauma, and improving child and youth development by building resilience and fostering well-being. YW Calgary serves as the hub for the Calgary City Centre Family Resource Network.



#### **Family Champions (Purple)**

This program includes free in-person interactive sessions and virtual workshops (typically between one and a half and two hours) for parents and caregivers tackling common topics for families with children of all ages. Topics may include anxiety in children, healthy sleep routines, parenting styles, challenging behaviours, coping skills, and many more. Activities to build connections and healthy relationships along with support/education groups are also offered.





### **Families Forward (Purple)**

Families Forward offers free in-home support (virtually or face-to-face) to parents of children ages zero to six years old. This program aims to build skills and problem-solving strategies that can in turn enable effective and safe home environments for kids. Open to all parents looking for coaching and parenting suggestions for their children under 6.



### **LENA Start (Purple)**

With end goals of closing the early talk gap, improving school readiness, and building stronger families, the LENA Start program helps to increase interactive parent-child dialogue by using a “talk pedometer.” Over the course of 10 weekly sessions, parents and caregivers receive regular feedback from the talk pedometer, learn about the importance of conversational turns, and discover ways to incorporate more dialogue into their daily routines. The program combines the use of LENA technology (which is used to measure the home language environment) with parent group meetings that teach simple techniques to improve the quantity and quality of adult-child talk.

## APPENDIX 14: OVERVIEW OF THE RESILIENCE MASTERCLASS

The Resilience Masterclass is an interactive workshop that allows representatives from across the continuum of care to interact with each other, learn about potential applications of the science of the Brain Story, and provides an introduction on how to use the Resilience Scale in practice to improve the lives of individuals in our community and achieve systems change. This workshop consists of three main components:

### Part 1: What Do Individuals Need?

- Introduce the Resilience Scale as a tool to assess resilience and monitor change over time at the individual level
- Explore the utility of the Resilience Scale to help individuals identify their needs and the types of services they require to strengthen their resilience

### Part 2: What Do Organizations Do?

- Introduce the Frontiers of Innovation template as a tool for organizations to code programs and interventions
- Explore how the template can facilitate a referral network by fostering a common language and approach to thinking about programs
- Discuss early learnings from the quality improvement project to implement this strategy in a sample of organizations

### Part 3: What Does the System Have?

- Explore systems-level resilience by identifying organizations that primarily target red boxes (i.e., reduce adversity) and those that primarily target green boxes (i.e., add positive supports) using data from the Brain Story Certification Course

## APPENDIX 15: ORGANIZATIONAL CHANGE MANAGEMENT IN PRACTICE - ALBERTA HEALTH SERVICES

### PURPOSE OF THE EXPLORATION:

To generate a brief summary which explores organizational implementation of the Resilience Scale within the Child and Adolescent Addiction, Mental Health, and Psychiatry Program (CAAMHPP), Calgary Zone. This snapshot will showcase a unique aspect of the application and implication of the Resilience Scale in organizational change: the use of the Resilience Scale as a clinical tool.

### BACKGROUND

From 2010 to 2014, the AFWI hosted a series of eight symposia which brought together over 300 interdisciplinary leaders from across the continuum of care in Alberta. These knowledge-building events featuring intensive sessions, workshops, and activities were designed for participants to advance their scientific knowledge while broadening their networks. Along with other members of this cohort, representatives from the CAAMHPP helped build skills and strategies to apply the latest scientific knowledge related to brain development and its relationship to lifelong health and addiction. The change agents who emerged from the Symposia returned to their communities and organizations with new perspectives and strategies to strengthen their networks, seek opportunities to collaborate across sectors, and find more effective ways to deliver services.

In the fall of 2020, the CAAMHPP, Calgary Zone began to embark upon Phase II of their Adverse Childhood Experiences (ACE) / Trauma-Informed Care (TIC) 2.0 Resilience Initiative. The mission statement of the five-year Resilience Initiative, as outlined by the CAAMHPP, is:

“To provide world class mental health and addiction services from a trauma responsive lens that optimizes the health and well-being of children, youth, and their families.”<sup>39</sup>

Phase I of the Resilience Initiative involved reviewing relevant research for inclusion in clinical practice, expanding the collection of ACE data within the CAAMHPP, developing knowledge translation opportunities, and developing system-wide competency to target the reduction of risks associated with ACEs. During Phase I, the advisory committee focused heavily on building upon the already robust understanding within the CAAMHPP of the impact of early adversity and resilience. As part of Phase I, over 10,000 ACE scores were collected from clients over the course of five years. These data, combined with retrospective case reviews, clinician

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<sup>39</sup> McCann, C., Cook, J., & Loiseau, E. (2021). *Early Learnings About Uses for the Resilience Scale Metaphor in Practice*. Alberta Family Wellness Initiative.

interviews, and patient advisor feedback prompted the CAAMHPP to embark on a service redesign.

Phase II of the Initiative sought to<sup>40</sup>:

- Bolster client/family resilience to change the trajectory of ACE/trauma accumulation in early childhood
- Intervene early to change the trajectory of ACE/Trauma accumulation in early childhood
- Evaluate trauma interventions to see what works, with who, and when (frequency, intensity, dosing, timing)
- Creating, evaluating, and scaling up clinical pathways and interventions for this population
- Continuing knowledge translation and staff professional development to build overall trauma competence
- Strengthen partnerships within Addiction and Mental Health as well as with other organizations/agencies who are engaging in this work

According to the FOI, healthcare providers are typically “red box” organizations as their primary goal is to reduce adversity for those seeking their services. Therefore, the left side of the Scale might be of particular focus. However, in addition to enabling users to understand and visualize the importance of lessening the burden of adversity or minimizing the accumulation of red boxes, the Brain Story and Resilience Scale also allows us to understand the importance of adding positive supports in the form of safe stable and supportive environments and relationships and building skills and abilities in strengthening our capacity for resilience.

#### THE RESILIENCE SCALE IN PRACTICE

A crucial element of Phase II involved incorporating the metaphor of the Resilience Scale as a **clinical tool**. To utilize the Scale as a clinical tool, the CAAMHPP developed a protocol or checklist for “Expanding the Resilience Metaphor.” This protocol contains a series of step-by-step instructions that a clinician may follow to guide conversations with patients and their families about the impact of adversity on lifelong physical and mental health outcomes. The checklist supports clinicians in having these conversations by providing a script that healthcare providers can use to introduce patients to these concepts and how they interact to determine an individual's capacity for resilience.

The checklist features two AFWI videos. The first video, “How Brains are Built: The Core Story of Brain Development,” shares with viewers information about how early life experiences,

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<sup>40</sup> McCann, C., Cook, J., & Loiseau, E. (2021). *Early Learnings About Uses for the Resilience Scale Metaphor in Practice*. Alberta Family Wellness Initiative.

including toxic stress, safe stable supportive relationships and environments, and skills and abilities like air traffic control, serve and return and reward motivation, affect the developing brain. The AFWI developed the video in collaboration with partners at the Harvard Center on the Developing Child and the FrameWorks Institute. Using metaphors developed by FrameWorks and tested with audiences both in the US and in Alberta, “How Brains are Built” infuses Brain Story concepts with energy, accessibility, and high fidelity to the science. The second video, “Brains: Journey to Resilience” describes the Resilience Scale metaphor in detail, explaining how adversity, positive supports, and skills and abilities contribute to understanding an individual’s capacity for resilience and how these factors interact to determine lifelong physical and mental health outcomes.



*Note.* This photo is a simulation of clinician, client, and parent viewing the Brain’s Journey to Resilience video as part of the Expanding the Resilience Metaphor protocol.

After having these introductory conversations around early adversity, resilience, and the Brain Story, clinicians are then prompted to continue their typical clinical assessment process, including taking an adverse childhood experience (ACE) history using the ACE questionnaire. In February of 2022, Alberta Health Services, through Connect Care, moved to expand the ACEs field in all electronic medical records across the province. This advancement is not only significant for clinicians including physicians who will be able to use this information to create more informed care plans to better treat their patients, but ultimately for individuals who will

ideally receive more specialized and targeted care to suit their needs. Additionally, using the Resilience Scale as a clinical tool also captures patient data pertaining to positive supports and skills and abilities, which contribute significantly to the data that supports the three principles of the Scale.

In consideration of the conversations had, videos watched, and history taken, the clinicians, youth, and their parents then work together to create a personalized Resilience Scale. Patients start by identifying and naming sources of adversity in their life. These sources of toxic stress are represented as red boxes drawn on the left side of the Scale. The patient then works to identify the positive supports in their life, including safe, stable, and supportive relationships and environments. These supports are represented as green boxes and drawn on the right side of the Scale. Finally, the patient places the fulcrum along the bottom of the scale based on where they think their capacity lies in terms of their skills and abilities, such as serve and return, air traffic control or executive function skills, and the reward motivation system. Finally, clinicians administer a resilience survey to both the patient and parent, and discuss the outcomes, implications, and care plans moving forward. Using the Resilience Scale as a **clinical tool** is a crucial part of the “Expanding the Resilience Metaphor” protocol as it allows patients to visualize their history, assess their needs, and actively participate in their assessment and care planning.



*Note.* This photo is a simulation of a client, along with their parent and a clinician, creating their personalized Resilience Scale according to the Expanding the Resilience Metaphor protocol.

## CONCLUSION

Using the Resilience Scale as a clinical tool is advantageous for the patient, the clinician, and the health system. Using the Resilience Scale as a clinical tool empowers patients to take an active role in their treatment by identifying and directing attention to areas of concern, but also identifying positive supports in their lives and the skills and abilities they already have and can continue to build. This strength-based approach to assessment is advantageous for the individual, the family, and the care provider. Clinicians can use the Resilience Scale Metaphor as a teaching tool to explain complex scientific concepts in an easy to understand, visual manner. Along with the ACE history and accounting for positive supports, and skills and abilities, we envision a capacity to house this data within the electronic medical record such that the patient's Resilience Scale lives with them as they move through the health system, changing and evolving as the patient accesses care. The use of the Resilience Scale in clinical practice will lead to better alignment with community agencies that also employ the Scale as a tool, leading to services across the continuum of care being delivered in a cohesive, competent, and comprehensive manner. At an organizational level, the CAAMHPP Calgary zone has moved to adopt the pencil and paper version of the Resilience Scale as well as piloting a manipulatable (physical) Resilience Scale model as a clinical tool to drive organizational change by providing this foundational knowledge and language in an accessible manner to all clinicians and, by extension, patients and their families.

## APPENDIX 16: ORGANIZATIONAL CHANGE MANAGEMENT IN PRACTICE - BIG BROTHERS BIG SISTERS OF CALGARY AND AREA

### PURPOSE OF THE EXPLORATION

To generate a brief summary which explores organizational implementation of the Resilience Scale within Big Brothers Big Sisters of Calgary and District (BBBS). This snapshot will showcase a unique aspect of the application and implication of the Resilience Scale in organizational change: guiding strategic direction and planning.

### BACKGROUND

In November of 2014, with financial support from the Robert Wood Johnson Foundation and the Palix Foundation, the Alliance for Strong Families and Communities partnered with the Alberta Family Wellness Initiative to explore ways of leveraging the latest neuroscience research to create broader system change and improve outcomes for individuals, families, and communities. In 2015, 10 agencies across the United States and Canada (five in Alberta) were selected to be included in the “Change in Mind: Applying Neurosciences to Revitalize Communities” initiative. Organizations were selected based on their knowledge of the importance of early life experiences and the impact of early life adversity, their experience providing trauma-informed care, and proposals for how they planned to pursue systems-level change with their learnings. Selected sites were given funding and a mandate to infuse, align, and accelerate established neuroscience discoveries about the effects of life-altering toxic stress into their community-based work.

As part of the Change in Mind cohort, BBBS sought to:

“Apply brain science research to programs, practices, and training while leveraging existing partnerships and networks to share research and advance systemic change.”<sup>41</sup>

As part of this initiative, BBBS developed five different prototypes for including the science of the Brain Story in practice. In the intervening years, BBBS has worked to integrate the science of the Brain Story into different aspects of their work from staff and volunteer training, to informing marketing and communications decisions, to influencing the way they engage with the BBBS National Office.

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<sup>41</sup> Hargreaves, M. B., Cabaj, M., White, A., and Jones, J.A. (2017). Change in Mind Overview, Findings, and Lessons Learned. Brief 1. Change in Mind: Applying Neuroscience to Revitalize Communities. Washington, DC: Alliance for Strong Families and Communities



## THE RESILIENCE SCALE IN PRACTICE

In May of 2022, representatives of BBBS joined members of the Calgary community at Calgary Resilience Day, hosted by the AFWI. This event was intended to introduce the community to a new strategy by demonstrating how the Resilience Scale can be applied at the individual level (What Do Individuals Need?)<sup>42</sup>, the organizational level (What Do Organizations Do?) and the community level (What Does the System Have?)<sup>43</sup>. Participants, representing sectors spanning health, education, children’s services, and justice, among others, were introduced to this strategy during the three-hour Resilience Scale Masterclass training. One portion of the Masterclass presentation proved particularly relevant to BBBS representatives. **Part 2 (What Do Organizations Do?)** of the Masterclass introduces participants to the Frontiers of Innovation template, which, when combined with the Resilience Scale, serves as a tool for organizations to code their programs and interventions. Part 2 further explores how the template can facilitate a referral network by fostering a common language and approach to thinking about interventions. As part of the Masterclass, participants were asked to code their own organization based on the primary objective of their work. Red organizations are coded as such because they possess a specialized set of skills to address adversity in the populations they serve. Green organizations are coded as such because they possess a specialized set of skills to add positive supports in the populations they serve.

The Resilience Scale offered a way to conceptualize the services that BBBS offers and provided an opportunity to reflect upon and compare their programming to the needs of the populations utilizing these services. The mentoring relationships offered by BBBS serve as green boxes, and it is through these relationships that youth build the skills and abilities that help them shift their fulcrums towards a more resilient outcome. Using the Resilience Scale to conceptualize their services confirmed for BBBS that they are a “midstream service.” The organization, its staff, and volunteers are specialized to offer safe, stable, supportive relationships and environments, not to directly reduce adversity as was often necessitated. Those that benefit most from the developmental mentoring relationships offered by BBBS are those not actively in crisis. This understanding played a significant role in shaping and defining the **strategic direction** of the agency, as outlined in the strategic plan:

“The BBBS model is the right intervention for youth facing adversity but who are not yet in crisis. We are a ‘midstream’ agency adding positive supports and improving skills and abilities for those we serve. By focusing on the core strengths offered by our model, we can target, attract and serve those most able to benefit so that we can realize the best possible outcomes for a greater number of young people. Our intervention can change the trajectory of a young

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<sup>42</sup>Alberta Family Wellness Initiative. (2023). *Report 1 of 3: Brain Story: Using the Resilience Scale as a Tool for Individuals*.

<sup>43</sup>Alberta Family Wellness Initiative. (2023). *Report 3 of 3: Brain Story: Creating Systems Integration Using the Brain Story*.

person's life, preventing young people from ending up further downstream, with higher needs, and in need of more, and more costly interventions."<sup>44</sup>



Focusing on the skills and abilities that are built through developmental relationships at BBBS can also profoundly change how the organization engages with youth through a strength-based approach. Members of BBBS noted that the dynamic nature of the Resilience Scale and our ability to work towards improving our resilience by building positive support and improving skills and abilities is another vital element of the strategic direction of the agency.

## CONCLUSION

Big Brothers Big Sisters of Calgary and District exemplifies how the Resilience Scale can be used to effectively guide strategic planning and direction to achieve organizational change. The Scale serves as a conceptual framework by which organizations can better understand the purpose of the services/programs/care they offer to determine how they can most effectively serve their target populations. It also clarifies who makes up that target population. At an organizational level, this application of the Resilience Scale is crucial to improving service delivery and achieving systems integration. Using the Scale in this manner offers opportunity for other organizations to critically reflect on their service/programs/care to determine if they are indeed offering the kind of services they intend to for the populations they should be targeting. A system where service providers from across the continuum of care are clear about the target

<sup>44</sup>Big Brothers Big Sisters of Calgary and Area. (2022). *Boost: Our 10-Year Strategic Direction*. Retrieved August, 2023, from [https://bbbscalgary.ca/wp-content/uploads/2023/08/BBBS\\_StratDir\\_7x11\\_Aug23Edit.pdf](https://bbbscalgary.ca/wp-content/uploads/2023/08/BBBS_StratDir_7x11_Aug23Edit.pdf)

(both population and intended goal) of their services and are supported by a referral network founded in a common competency and language is a pivotal step in working to build more resilient individuals, families, and communities.

## APPENDIX 17: ORGANIZATIONAL CHANGE MANAGEMENT IN PRACTICE - FRESH START RECOVERY CENTRE

### PURPOSE OF THE EXPLORATION

To generate a brief snapshot which explores organizational implementation of the Resilience Scale within Fresh Start Recovery Centre. This snapshot will showcase a unique aspect of the application and implication of the Resilience Scale in organizational change: the use of the Resilience Scale as an assessment tool.

### BACKGROUND

From 2010 to 2014, the AFWI hosted a series of eight symposia which brought together over 300 interdisciplinary leaders from across the continuum of care in Alberta. These knowledge-building events featuring intensive sessions, workshops, and activities were designed for participants to advance their scientific knowledge while broadening their networks. Along with other members of this cohort, representatives from Fresh Start helped build skills and strategies to apply the latest scientific knowledge related to brain development and its relationship to lifelong health and addiction. The change agents who emerged from the Symposia returned to their communities and organizations with new perspectives and strategies to strengthen their networks, seek opportunities to collaborate across sectors, and find more effective ways to deliver services.

As outlined in their 2022 Annual Report:

“Fresh Start’s program recognizes addiction as a chronic brain disorder.”<sup>45</sup>

Following the symposia, Fresh Start embraced the Brain Story, requiring all staff to become certified. To this day, Fresh Start remains a Brain Story Certified Organization as all staff are certified and use the language and metaphors of the Brain Story in their practice.

### THE RESILIENCE SCALE IN PRACTICE

In 2020 Fresh Start joined 200 other crucial community partners including practitioners, policymakers, and researchers as a part of the AFWI’s “From Knowledge to Action: Using Brain Story Science to Improve Outcomes for Children and Families in Alberta” events.<sup>46</sup>

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<sup>45</sup> Fresh Start Recovery Centre. (2023). *Annual Report*. <https://www.freshstartrecovery.ca/about-us/annual-reports/>

<sup>46</sup> From Knowledge to Action: Using Brain Story Science to Improve Outcomes for Children and Families in Alberta. Proceedings Report. (2020). Calgary, AB, Canada: Palix Foundation.

Even prior to this event, the metaphor of the Resilience Scale had proven particularly insightful for those at Fresh Start. The Resilience Scale is a powerful communication and teaching tool and provides an additional means of explaining the complex science of resilience to clients. All staff at Fresh Start are taught how to build a Resilience Scale with clients. The visual representation of a client's story can help them better understand how the adversity they have experienced has impacted their lives, how positive supports can influence their future trajectory, and how their skills and abilities can be improved and leveraged to build their resilience.

Rather than continuing to work with the Resilience Scale in a two-dimensional form, either on paper or a whiteboard, Fresh Start developed a physical model of the Resilience Scale, one which they felt would better allow for their clients to engage with the changeable nature of the Scale.<sup>47</sup> This physical scale allows clients to identify, name, and load red boxes (representing adversities) on one end of the scale and to identify, name, and load green boxes (representing positive supports) on the opposite end of the scale. Finally, the fulcrum of the scale is made of a movable pin which allows the client to position their fulcrum at a position they feel accurately represents their own skills and abilities.



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<sup>47</sup> McCann, C., Cook, J., & Loiseau, E. (2021). *Early Learnings About Uses for the Resilience Scale Metaphor in Practice*. Alberta Family Wellness Initiative

Use of the physical scale varies across the organization, depending both on the counsellor and client. The Scale is useful upon intake as staff find it an effective tool for communicating many of the metaphors of the Brain Story. Setting the stage by using the meteors and language of the Brain Story helps provide consistency as clients move through Fresh Start's programming, encountering both the language and themes again and again. As a staff member of Fresh Start noted, the Story is a touchstone throughout the whole program, from intake to alumni programming.



Giving individuals the opportunity to visualize their story not only creates a sense of ownership but is motivating and creates change from within. For many, the power of the Brain Story and the Resilience Scale is that it offers relief and hope, a sentiment shared by those at Fresh Start.<sup>48</sup> Using the Scale as a tool enables counsellors/staff and clients to work together to **assess** their current functioning in all aspects of the Scale (adversity, positive supports, and skills and abilities). Re-engaging with the Scale at different stages of programming allows clients to **assess** their change over time and to visualize their improvement as they move through programming at Fresh Start. Moving forward, Fresh Start would like to expand their use of the Scale as a tool to measure change over time with their clients. Finally, using the Resilience Scale as a **tool for assessment** also helps clients work with staff to identify their own needs and contribute to determining how to proceed with programming/treatment.

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<sup>48</sup> Tilghman, L., Cain, M., McCann, C., & Cook J. (2020). *Commentary and AFWI Developmental Evaluation: Evaluation Report and Case Studies*. Alberta Family Wellness Initiative.

## CONCLUSION

The Brain Story has powerful implications in shifting the public mindset when it comes to mental health and addiction. For individuals, the Resilience Scale is a powerful tool which empowers them to better understand their own story, assess their needs, and track change over time as they access programs and services across the spectrum of care. For organizations, the Scale serves as an effective teaching, communication, and individualized assessment tool which can be used to develop specialized treatment/care plans based on client needs. The Brain Story and Resilience Scale are embedded at Fresh Start Recovery Centre, from theory to application, empowering clients with a different means of understanding their own narrative, assessing their needs, and building a bridge back to community.