



**PALIX FOUNDATION SYMPOSIUM | NOV 24-26, 2025**

# THE FUTURE IS NOW

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**MOBILIZING KNOWLEDGE, DATA & TOOLS  
TO ENABLE SYSTEM TRANSFORMATION**

ALBERTA STRATEGY FOR PATIENT ORIENTED  
RESEARCH SUPPORT UNIT

FOR THE

ALBERTA FAMILY WELLNESS INITIATIVE

# EXECUTIVE SUMMARY

*From November 24-26, 2025, the Palix Foundation hosted a symposium which brought together 155 experts, decision-makers, and community leaders from Alberta and beyond.*

The event was designed to foster collaboration, clarify shared goals, and enhance the precision and alignment of the Brain Story and Resilience Scale Framework implementation.

Participants described a system with high effort but poor alignment, marked by siloed data, reactive funding, and fragmented accountability. Across presentations and workshops, recurring themes emphasized the need to expand “green box” capacity, prioritize early intervention, and treat prevention as a structural investment rather than an add-on.

The Brain Story science and Resilience Scale Framework emerged as foundational, providing a shared language that supports culture change and mental-model shifts alongside structural reform.

Key findings from the data workshop include:

- Stable, aligned funding is a strong system lever.
- Collaboration works best when roles are clear and relationships are strong.
- Resilience depends on both workforce and organizational sustainability.

Overall, recommendations focus on enabling actionable and interoperable data, aligning funding around shared outcomes that include prevention and early intervention, and using pragmatic pilots to demonstrate the real-world human and economic impact of the Brain Story and Resilience Scale Framework — making resilience **measurable**, **actionable**, and **investable**.



**FIGURE 1**

Participants gather for a session on Day 1.

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# EVENT OVERVIEW

*The 2025 Palix Foundation Symposium brought together 155 experts, decision-makers, and community leaders\* to accelerate the alignment of science, policy, and practice to build resilience across the lifespan.*

The event had three core purposes:

- Provide an overview of the Brain Story science and Resilience Scale Framework.
- Share stories of the value and impact of using the Resilience Scale and applying the science of the Brain Story in various communities and settings.
- Collect input/feedback on key questions around data, impact, and the support required to further the use and impact of the Brain Story and Resilience Scale Framework.

## FIGURE 2

Guest speaker Mahmoud Azimae, P.Stat, Chief Information Officer at the Canadian Centre of Recovery Excellence (CoRE), delivers a presentation on Day 2.

## FIGURE 3

Attendees participate in a collaborative working session.

FIGURE 2



FIGURE 3

\*See Appendices A and B for more information regarding event attendees

# INTRODUCTION

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*Over the past 19 years, the Palix Foundation — through the Alberta Family Wellness Initiative (AFWI) — has convened a series of events and symposia designed to move the science of brain development into policy and practice, aligning efforts across health, education, justice, and children’s services.*

Each convening has contributed to the iterative development of the Brain Story and Resilience Scale Framework as practical anchors for cross-sector alignment — establishing a common language, common knowledge, and biologically grounded approach to systems transformation.

In June 2025, Palix convened a strategic symposium to examine next-generation approaches for improving resilience-related outcomes in Alberta. Discussions centered on integrating the Brain Story and Resilience Scale Framework across settings, strengthening cross-system collaboration, and advancing data infrastructure — including biological indicators and predictive datasets — to support more precision and clarity in intervention strategies.

The November 2026 symposium built directly on this groundwork, shifting from exploration to applied implementation. The focus moved toward real-world application of the Framework across sectors and in communities, as well as advancement of supports and data needed to strengthen prevention, intervention, and treatment across the lifespan. This report synthesizes insights from this symposium, situating its findings within this broader arc of system transformation using the Brain Story Science and Resilience Scale Framework.

Nancy Mannix, Chair and Patron of the Palix Foundation, opened the symposium by providing a summary of the work done by the Alberta Family Wellness Initiative, including the creation of the Brain Story and Resilience Scale Framework, to ongoing system transformation work and a focus on measuring outcomes, within and across sectors.

*Continued on next page*

Key milestones included:

- the Embedding the Brain Story report 2019,<sup>1</sup>
- a 2021 evaluation introducing the Resilience Scale,<sup>2</sup>
- and multiple reports demonstrating theory-to-practice impact, including the report from NORC at the University of Chicago (2025).<sup>3</sup>

Brain Story Certification and Resilience Scale Training (including the [Masterclass](#)) remain central to scaling knowledge across sectors. There are ongoing opportunities to embed these learning opportunities in workplaces and educational settings.

Outcome measurement is advancing at:

- **The Individual Level** – using the Resilience Scale as a tool throughout life across the health, education, child services, and justice sectors
- **The Organizational Level** – scaling the coding of interventions, programs, and services
- **The Community/System Level** – exploring which data/evaluation frameworks will enhance the clarity and precision of impact measurement to strengthen overall system performance

Momentum for the implementation and application of the Brain Story science and Resilience Scale Framework is growing through local, provincial, national, federal, and international engagement.



**FIGURE 4**

Attendees take advantage of a break between presentations as an opportunity to network with one another, building connections across organizations and sectors.

# SYNTHESIS OF PRESENTATIONS

## DAY 1: MOBILIZING KNOWLEDGE

The first day focused on mobilizing knowledge, with a review of key advancements in the science of brain development and its impact on life outcomes.

Sensitive periods of development occur prenatally, in early childhood, and during adolescence. Exposures to adversity during these phases can impact physical and mental health later in life. Through the study of epigenetics, we can understand at a finer level what environmental factors or life experiences are associated with epigenetic changes that contribute to both sides of the Resilience Scale (see Figure 4).<sup>4</sup> Adverse childhood experiences

may lead to epigenetic changes that move the fulcrum towards a lower capacity for resilience, tipping the Scale into negative outcomes.

Conversely, a key theme was the importance of flipping the narrative: rather than focusing solely on removing adverse experiences, the science supports proactively promoting positive ones, which are essential to flourishing whether or not adversity is present.<sup>5, 6</sup> The Flourishing Paradigm argues that recognizing and adding more “green boxes” (positive supports) instead of just identifying and reducing “red boxes” (adversity), is key to mitigating the impact of adversity and preventing it across generations to come.



**FIGURE 5**

The Resilience Scale illustrates how three factors interact to determine an individual’s capacity for resilience: adversities (represented by red boxes), positive supports (represented by green boxes), and acquired skills and abilities (represented by the purple fulcrum). The position of the fulcrum and the presence of red and green boxes determine whether the scale will tip toward a positive or a negative outcome.

Relationships are very important during adolescence — a neuro-sensitive period for brain development. The Adolescent Brain Cognitive Development (ABCD) Study is the largest long-term study of brain development and child health, involving 21 research sites in the United States.<sup>7</sup> The study tracks nearly 12,000 children aged 9-10 years into early adulthood and collects a wide range of data, including MRI brain imaging, cognitive and behavioral assessments, physical and mental health measures, genetic and environmental data, substance use patterns, as well as school performance and family dynamics. Using advanced algorithms such as RiskPath<sup>8</sup> to help understand the trajectory or development of mental illness, there is potential to design interventions for primary and secondary prevention by introducing more green boxes and providing more opportunities to build skills and abilities during adolescence. A focus on prevention and adolescent support can shift population-level curves, with significant impact across communities and systems.

## DAY 2: THE RESILIENCE SCALE IN PRACTICE & DATA

The second day highlighted specific uses of the Resilience Scale in practice as well as a dive into data — considering what is currently being collected and what should be collected.

In Medicine Hat, local partners are taking the Brain Story science and starting to incorporate it into everyday life — using the Resilience Scale Framework to guide programs, policy, and partnerships. Recognizing that resilience is built in families, schools, workplaces, and neighborhoods, the community is drawing on a common knowledge base and the shared framework to bring people together. This enables this science to become part of the foundation of Medicine Hat — understanding that decisions within communities have the potential to add green boxes and remove red ones. Though implementation is still in its early stages, Medicine Hat is working collectively to build the right supports — recognizing that anyone can be someone's green box.

Just outside of Medicine Hat, the Prairie Rose School Division focuses on delivering green boxes to students, increasing opportunities for students to thrive. Rather than just focusing on students' red boxes, they recognized that students need safe, stable, and supportive relationships with their teachers and a safe, stable, and supportive school environment. As a result, they concentrate on providing those positive experiences and skills through specialized programs such as the South Alberta Flight Academy and South Alberta Fire and Rescue — creating green boxes and opportunities to build skills and abilities for all students.

Another group looking to embed the science into their work, the Alberta RCMP, partnered

with Palix to develop a manual that outlines the Resilience Scale for law enforcement. They were interested in bringing health and social services into policing, which required frontline examples of how to apply the principles of the Scale in practice; how to navigate interactions with individuals and communities impacted by trauma. Tailoring the training in this way has increased the relevance for officers and helped them to apply the Brain Story science in their day-to-day work. Having a common language and common understanding acts as a bridge to connect people to the right resources and services in the community.

One resource available to community agencies is ATTACH™, a parenting program that builds on Parental Reflective Function, promoting secure parent-child attachment that can reduce the negative effects of toxic stress.<sup>9</sup> The ATTACH™ team has developed training for community agencies to deliver this program to parents and, in partnership with Palix, has trained agencies in High Level, Medicine Hat, Lethbridge and Calgary to support parents in improving their serve and return interactions and attunement to their children (purple fulcrum).

In the data session, participants explored data sharing, data-driven decision-making, and how to create impact. Key insights included:

- Data sharing enables smarter policy, faster responses, and broader public benefit, while also making research more reliable and generalizable.



**FIGURE 6**

Primary design principles for coding services and programs. Adapted from the [Frontiers of Innovation](#), Center on the Developing Child at Harvard University.

- The Canadian Centre of Recovery Excellence (CoRE), the data and research arm of the Alberta Ministry of Mental Health and Addiction, is building a data repository capable of linking health and social services data to evaluate and inform policies, programs, and services across Alberta.
- Data is necessary but not sufficient for impact. Demonstrating and communicating impact also requires collaboration and storytelling — moving from individual stories to a community voice, and from “what” happened to “who” benefited. By co-designing with the end in mind — following the Palix Foundation's approach — meaningful, systems-wide impact can be achieved.

## DAY 3: INTERNATIONAL PERSPECTIVES

The third day brought us international stories of applying the Brain Story and Resilience Scale.

Similar stories were told from Australia (from Queensland Kids Partnership) and the UK (Oxford Brain Story)<sup>10</sup> on the value and impact of embedding Brain Story training into early educator, nursing, and medical curriculums to create a common foundation — reaching service providers early in their career and supporting consistent, real-world use of the science across sectors.

The symposium wrapped up with a workshop focused on applying the Resilience Scale Framework as a quality improvement framework at the organizational level. To build a common competency in using this framework, participants coded example services and programs by their primary design principle in alignment with the elements of the Resilience Scale (Figure 5). Participants reflected on opportunities of this coding, particularly in improving how staff and clients navigate and access resources within an organization.

### FIGURE 7

Michelle Cole, Principal Partnership Manager in Capability Development at Queensland Kids Partnership, speaks about efforts to embed the Brain Story in Australia.

### FIGURE 8

Guest speaker Louise Dalton, MA (Cantab), DClInPsych, associate professor at the University of Oxford, shares insights from the Oxford Brain Story's work across the UK.

FIGURE 7



FIGURE 8

# SUMMARY OF DISCUSSIONS

## FROM DATA MAPPING TO IMPACT: ADVANCING DATA COLLABORATION

The workshops planned in the symposium were designed to sharpen focus, align messaging, and build collective commitment to implementing the Brain Story science and Resilience Scale Framework. One workshop in particular guided attendees to discuss questions around Data, Impact, or Support. The feedback from the workshop is summarized below.

### Data

Participants converged on the idea that the primary value of the Resilience Scale lies in its ability to act as a shared organizing framework — one that can align fragmented data, siloed systems, and disconnected decision-making. Whether discussing workflows, interoperability, or proof-of-concept, respondents consistently pointed to the absence of common standards, language, and governance as the central barrier to meaningful integration. The challenge is not a lack of data or technology, but the lack of coordinated system design: shared mandates, agreed-upon indicators, and accountability structures that allow data to move across sectors and inform collective action. Without this, data



## DATA QUESTIONS

- 1 How could data framed in the Resilience Scale enable workflows, decision-making, and system integration?
- 2 Where are the data pools within each sector, and what could practically link them across sectors? (Considerations include interoperability, standards, agreements, and platforms.)
- 3 How could we demonstrate proof-of-concept that the Resilience Scale supports meaningful data mapping and measurable impact across sectors?

remains isolated, under-used, and unable to support prevention-oriented system change.

At the same time, there was strong agreement that credibility at the system and policy level depends on demonstrable, quantifiable impact, grounded in real-world settings. Participants emphasized pragmatic pilots, such as community-based, organizational, or cross-

sectoral, that show how the Resilience Scale Framework changes practice, improves coordination, and supports better outcomes, while also making a clear economic case for aligning investment across both upstream and downstream efforts. Quantification is not seen as an end in itself, but as a necessary bridge between values-based frameworks and the realities of funding, policy, and scale.

Taken together, the data suggest that the path forward is neither purely conceptual nor purely technical, but strategic: pairing a common resilience-based framework with targeted pilots, shared standards, and governance mechanisms that enable prevention, integration, and smarter investment across systems.

### Impact

Participants articulated a clear vision for system-level change: one that replaces fragmented, output-driven approaches with collaborative, outcome-focused systems oriented toward prevention and whole-person well-being. Data grounded in Brain Story science and the Resilience Scale is seen as a powerful lever, but only when it informs funding, policy, and practice in tangible ways. (See Appendix C for proposed indicators aligned with the Resilience Scale.) Success is defined not by service volume or program completion, but by whether individuals and families experience improved stability, connection, and capacity over time. To support this shift, participants emphasized the need for upstream investment as well as



## IMPACT QUESTIONS

- 1 Which shared indicators would enable us to know how building capacity and resilience leads to better outcomes for individuals, families, and communities?
- 2 What specific system or policy changes should these data inform, and how would we know they're working?
- 3 How can sectors work together to ensure individuals' needs are met and that they can build their capacity for resilience while remaining within their intended roles?
- 4 What supports — funding, policy shifts, or operational resources (i.e. data platforms) — would accelerate system-level change using the foundations of the Brain Story science?

downstream services, shared outcome frameworks, and funding models that enable organizations and sectors to work together.

At the same time, respondents were explicit that system change is not primarily a technical challenge; it is a governance, relationship, and culture challenge. Data sharing, interoperability, and policy reform matter, but they only accelerate impact when paired with trust, role clarity, coordination capacity, and a shared mental model of what systems are trying to achieve. The Brain Story and Resilience Scale Framework offer a common language that can

align sectors while respecting their distinct mandates.

Taken together, the impact question discussions point to a coherent strategy: align incentives and outcomes, invest in both preventative and response-oriented services, embed shared language and learning, and build the operational and relational infrastructure needed to turn data into meaningful, sustained change.

### Support

Participants described a system that depends on green box organizations for prevention and relationship-building, yet too often undermines them through unstable funding, role confusion, and crisis-oriented pressures. The consistent

message was that green box work must be intentionally protected and enabled, not expanded by default to fill gaps elsewhere in the system. Stable, prevention-aligned funding; clear mandate protection; and accessible pathways for families and communities are foundational conditions for sustaining green box environments. When these supports are absent, green box organizations are pulled into red box responses, eroding both staff capacity and long-term impact.

*Continued on next page*



### SUPPORT QUESTIONS

- 1 How can we strengthen and sustain the role of green box organizations so they remain focused on creating safe, stable environments or building safe, stable relationships?
- 2 What supports or resources are needed to help increase meaningful use of green box organizations?
- 3 When green box organizations encounter 'red box' challenges, how can they respond appropriately while maintaining their core purpose?



**FIGURE 9**

A group of event attendees collaborates during the data workshop.

At the same time, participants emphasized that effective systems do not isolate green box organizations — they connect them deliberately to red box supports through trusted relationships, warm referrals, and shared language. Meaningful use increases when communities understand green box work as normal, positive, and universally relevant, and when organizations have the workforce stability, training, and internal resilience to respond thoughtfully to inevitable red box challenges without losing focus.

Taken together, the responses point to a clear design principle: green box organizations thrive when systems align funding, access, collaboration, and culture around prevention, allowing them to do what they do best, consistently and at scale.

FIGURE 10



FIGURE 10

Christina Bethell, PhD, MPH, MBA, professor at Johns Hopkins University, addresses the crowd on Day 1.

FIGURE 11

A group collaborates and compares notes during a workshop on Day 3.



FIGURE 11

# KEY LEARNINGS & IMPLICATIONS FOR ACTION

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Across all discussions, participants described a system that is rich in effort but poor in alignment — characterized by siloed data, crisis-driven funding, and fragmented accountability. The consistent message was that system-level change does not hinge on new tools alone, but on the intentional alignment of frameworks, incentives, and relationships. The Brain Story science and Resilience Scale Framework emerged as unifying anchors, offering a shared language through which data can become actionable, collaboration can remain role-appropriate, and prevention can be made visible and fundable.

Taken together, the findings point to a coherent strategy: protect and invest in green box capacity, enable interoperable and decision-relevant data, align funding and policy around shared outcomes, and demonstrate impact through pragmatic pilots that show both human and economic benefit. When systems are designed to value prevention and response, support workforce sustainability, and coordinate across sectors without collapsing roles, green boxes expand, purple fulcrum skills strengthen, and red box burdens decrease. In this way, resilience shifts from an abstract concept to a measurable, actionable property of individuals, organizations, and systems.

## OPPORTUNITIES AND NEXT STEPS:

### 1. Generate community-based, organizational, or cross-sectoral pragmatic pilots

- Demonstrate how the Resilience Scale changes practice, improves coordination, and supports better outcomes, while also making the economic case for upstream investment

### 2. Align resources to create sustained upstream investments and shared outcome frameworks that enable organizations and sectors to work together

- Build the operational and relational infrastructure needed to turn data into meaningful, sustained change

### 3. Protect and enable green box work done by organizations

- Align funding, access, collaboration, and culture around the role of safe, stable supportive relationships and environments in building capacity for resilience
-

# REFERENCES

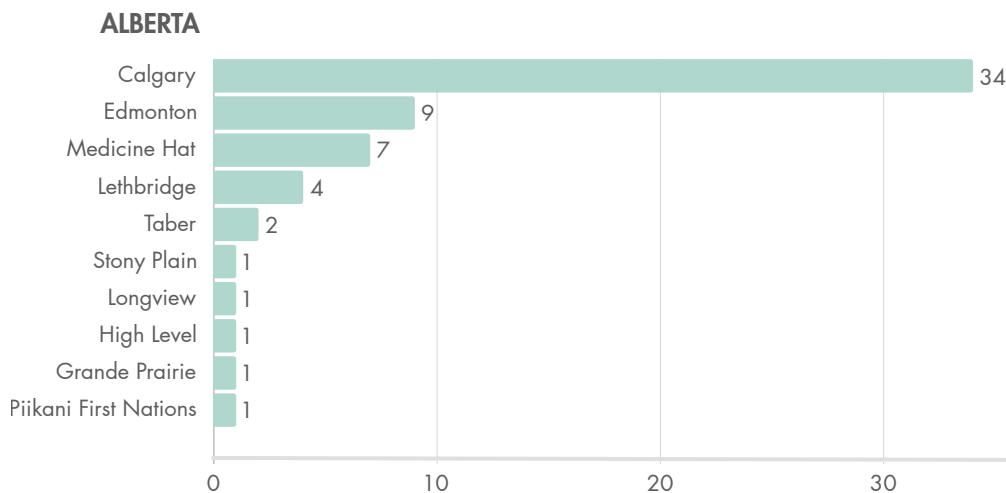
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# APPENDIX A: KEY METRICS FROM EVALUATION DATA

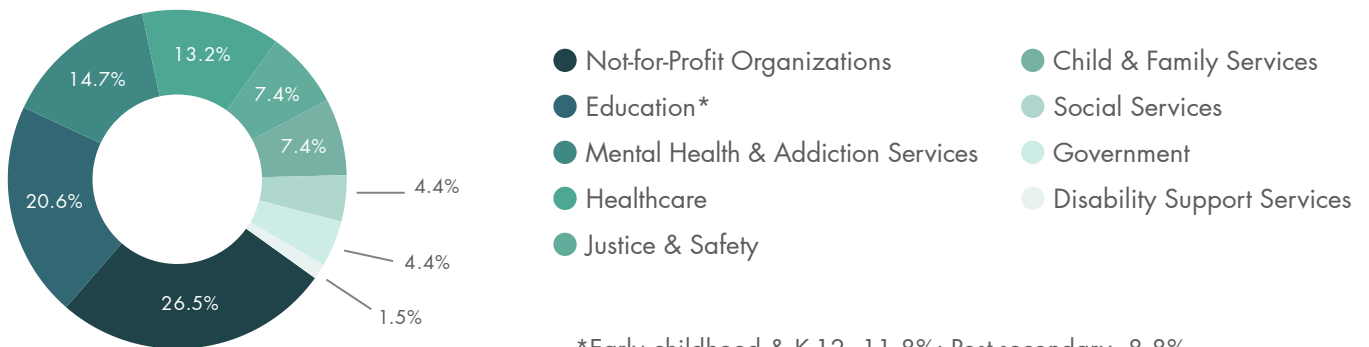
At the end of the symposium, participants were asked to complete an evaluation of the event. This appendix summarizes key results. There were 70 respondents to the survey; however, not all questions were mandatory, resulting in varied response counts across items.

## ATTENDEES BY LOCATION\* | FIGURE A1



\*Not shown in this figure: one guest each from Ottawa, ON, Canada; London, UK; and Queensland, Australia

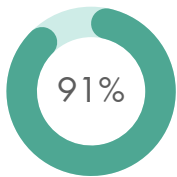
## ATTENDEES BY FIELD OF WORK | FIGURE A2



\*Early childhood & K-12, 11.8%; Post-secondary, 8.8%

## CHANGE IN UNDERSTANDING AMONG ATTENDEES

At the conclusion of the symposium, attendees were asked to rate their change in understanding of Brain Story science and the Resilience Scale. Participants were asked to rate their agreement with the following statements on a scale of 1-5 stars, with 5 indicating the strongest agreement.



**of attendees gave a 4- or 5-star rating to the statement:**

*"As a result of attending this event, I better understand how the Resilience Scale can be used as a tool to assess an individual's resilience across the lifespan."*



**of attendees gave a 4- or 5-star rating to the statement:**

*"As a result of attending this event, I better understand how the Resilience Scale Framework can be used to support staff and clients navigate and access resources within an organization."*



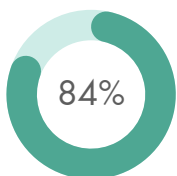
**of attendees gave a 4- or 5-star rating to the statement:**

*"As a result of attending this event, I better understand how the Resilience Scale Framework can be used to code programs and services."*



**of attendees gave a 4- or 5-star rating to the statement:**

*"As a result of attending this event, I better understand how the Brain Story science can be used to support system collaboration and integration."*



**of attendees gave a 4- or 5-star rating to the statement:**

*"As a result of attending this event, I better understand how the Resilience Scale Framework may be used to strengthen data collection, data interpretation, data use, and impact."*

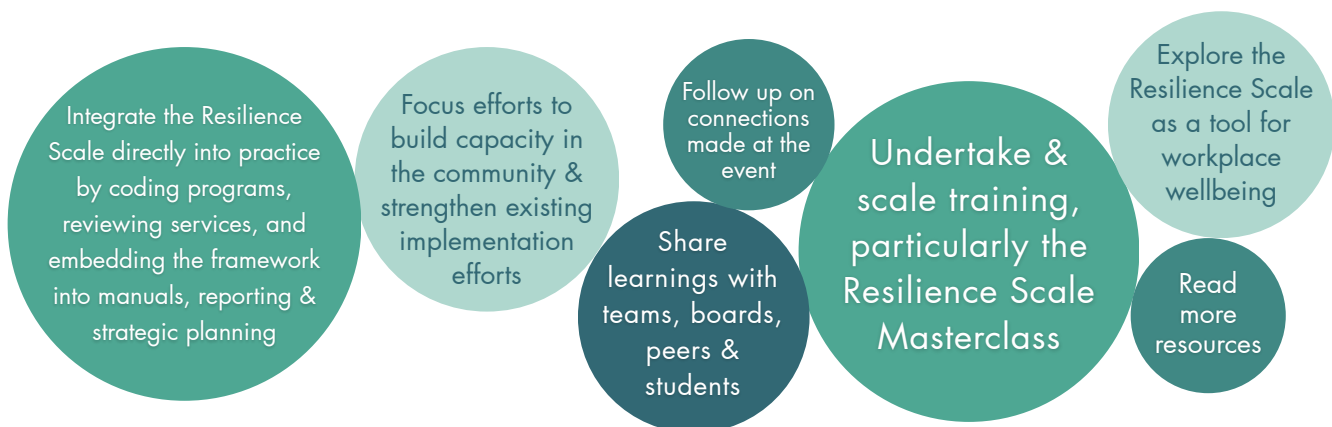
## ATTENDEE INSIGHTS

Attendees were asked to share an “a-ha” moment from the symposium. Of the 59 responses received, 7 key themes emerged, which are summarized below.

1. Resilience is the driver of health, learning, wellbeing, and long-term outcomes.
2. Eliminating adversity is not enough; resilience requires intentional investment in positive supports — “green boxes” and skills and abilities — the “purple fulcrum.”
3. Everyone can be a green box. Individuals, organizations, and systems all actively shape resilience and can act or be designed to function as green boxes.
4. The Resilience Scale is not just an individual tool; it provides a shared language and structure for organizational and system-level transformation.
5. Cross-sector integration is possible and necessary. Education, health, early childhood, corporate, and community systems can all embed this work without losing fidelity.
6. Practical tools, data, AI, and customization move resilience science from theory into implementation.
7. The symposium, discussions and tools presented in the symposium fostered momentum, alignment, and optimism rather than focus on red boxes/problem-fixation.

## ACTIONS & TAKEAWAYS

Attendees were asked what actions they planned to take as a result of attending the symposium. They overwhelmingly identified concrete next steps focused on action and implementation rather than awareness alone. The most common responses are summarized below.



# APPENDIX B:

## ATTENDEE LIST

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**Aaron Park** – Interim Deputy Executive Director | Calgary Stampede Foundation

**Adrienna Doerksen** – Program Manager, Hotchkiss Brain Institute | University of Calgary

**Aleta Ambrose** – Business Strategist | City of Calgary

**Alexandria Lozowchuk** – Master's Student, CHILd Studies Program | University of Calgary

**Amelia Potter-Dickey** – Faculty of Nursing / Research Staff, CHILd Studies Program | University of Calgary

**Angela Hollander** – Intake Counsellor | Sanare Centre

**Anise-Marie Fast** – Director of Programming | Fresh Start Recovery Centre

**Arlene Oostenbrink** – Director | Closer to Home Community Services

**Arlene Weidner** – Healthcare Consultant | Arlene Weidner Consulting Ltd.

**Brennan Romanovitch** – Director of Operations | Fresh Start Recovery Centre

**Bruce Holstead** – Executive Director | Fresh Start Recovery Centre

**Candace Windisch** – Director of Services | EnviroS

**Capri Rasmussen** – Clinical Administration Manager | Aventa Centre of Excellence for Women with Addiction

**Carla Eckstrom** – Assistant Executive Director | Pace Centre

**Carlie Burnett** – Manager of Stride Therapeutic Foster Caregiving and YTA | EnviroS

**Christina Bethell** – Professor, Bloomberg School of Public Health and School of Medicine | Johns Hopkins University

**Christina Lawrence** – Manager of the Child, Youth and Family Mental Health and Addiction Portfolio in Lethbridge, Alberta | Alberta Health Services

**Claire Petersen** – Director of Psychology Services | Medicine Hat Public School Division

**Cody Edwards** – Associate Superintendent, Learning & Student Supports | Medicine Hat Public School Division

**Cort Roszell** – Principal and Instructor | Piikani Outreach Academy

**David Wheeler** – Chief Operating Officer, Children and Family Services | Government of Alberta

**Deanna Branson** – Manager, Foster Care & Respite Care Connection | EnviroS

- Debbie Bridge** – Program and Communication Manager | Parents Empowering Parents Society
- Diana Lowe** – Principal Consultant / Co-Lead of the RFJS | Re-imagining Justice / Reforming the Family Justice System (RFJS)
- Diane Thompson** – Director of Quality Assurance, Research, and Planning | Office of the Child and Youth Advocate
- Eileen McCabe** – Right from the Start Program Manager | Canadian Rockies Public School
- Elizabeth Allen** – Executive Advisor, Strategic Policy and Programs | Canadian Centre on Substance Use and Addiction
- Emily Ruttan** – CEO | Winnifred Stewart
- Emma Anderson** – Program Officer | HRJ Consulting
- Esma Trejic** – Manager, Policy Implementation Unit | Government of Alberta
- Fawna Bews** – Programs Director | Canadian Mental Health Association Alberta & Centre for Suicide Prevention
- Flo Lye** – Program Director | Peer Mediation and Skills Training
- Francis Kahihu** – Continuous Improvement Specialist, Center for Transformation | University of Calgary
- Francois Bernier** – Director at ACHRI & One Child Every Child Project Lead | University of Calgary
- Gabrielle Zimmerman** – Program Coordinator, Knowledge Translation & Implementation Science | Alberta SPOR SUPPORT Unit
- Georgia Balsevich** – Senior Sector Innovation Manager | Genome Alberta
- Gijs van Rooijen** – Chief Scientific Officer | Genome Alberta
- Gillian Bowerman** – Provincial Program Director | Calgary Police Youth Foundation
- Gina Nicole Cherkowski** – Executive Director | Werklund Institute for Social Emotional Intelligence Canada
- Gina Somerville** – Manager, Family Resource Network | Strathcona County Family and Community Services
- Grace Geatros** – Veteran Family Program Coordinator & Family Navigator | Calgary Military Family Resource Network
- Grace Kiely** – Team Lead, Integrated Support Services | Inn from the Cold
- Graham Abela** – Chief of Police | Taber Police Service
- Gwendolyn Cham** – Executive Director | Hull Services
- Heather Macdonald** – Registered Psychologist | Wayfound Mental Health Group
- James Porter** – Director of Campaigns and Major Programmes | CW+
- Jamilah Edwards** – Executive Director | Lionheart Foundation
- Janice Heard** – Clinical Assistant Professor, Department of Pediatrics, Cumming School of Medicine | University of Calgary
- Jason Cabaj** – Medical Officer of Health, Director of Public Health and Preventive Medicine (PHPM) Residency Program at University of Calgary | Alberta Health Services

- Javier Marcet** – Lawyer and International Affairs Professional | Fuster-Fabra
- Jean Dacko** – Family Support Worker | Yukon Government
- Jeff Round** – Professor of Health Economics | University of Alberta
- Jennifer Deheer** – Student | Red Deer Polytechnic
- Jennifer Zwicker** – Director of Social Policy and Health | University of Calgary
- Jessica Turowski** – Project Manager & Director | CMHA Alberta Division
- John Waterhouse** – Director, Edmonton Office | Alberta Professional Learning Consortium
- Josephine Adda** – Manager, Projects and Partnerships | Mathison Centre for Mental Health Research & Education
- Karen Benzies** – Professor and Director, Social Innovation Initiative | University of Calgary
- Kate Pedlow** – Vice President | HRJ Consulting
- Kathryn Graham** – Professor of Research Impact Assessment, Research Impact Assessment Lab | University of Calgary
- Ken Lima-Coelho** – President & CEO | Big Brothers Big Sisters, Calgary
- Kenzie Handforth Noel** – Program Officer | HRJ Consulting
- Kerrie Moore** – Consultant Indigenous Trauma Specialist
- Kim Tateson** – Vice President, Operations | CUPS
- Kristine Williamson** – President & CEO | PolicyWise for Children and Families
- Laura Bernard** – Provincial Professional Practice Director for Physiotherapy | Alberta Health Services
- Laura Gale** – Principal | Dr. Ken Sauer Fine Arts School
- Laura Jones**
- Leah Martens** – Supervisor of Learning Services, Connectivity | Fort Vermillion School District
- Lerena Greig** – Executive Director | Parents Empowering Parents (PEP) Society
- Liana Sharma** – Manager | Renfrew Education Services
- Lindsay Alfaro** – Manager of Interprofessional Practice | CASA Mental Health
- Lindsay Hacking** – Director of Programs | Families Matter
- Lisa Barton** – Executive Director | Families Matter
- Lisa Lindsay** – Assistant Superintendent of Student Experiences | Prairie Rose Public Schools
- Lisa Stern** – Director, Family Support Services | The Family Centre of Northern Alberta
- Louise Dalton** – Associate Professor and Consultant Clinical Psychologist | Oxford University
- Lynn Liu** – Community Outreach Coordinator | Government of Alberta - Premier's Southern Office

- Madeleine Renouf** – Senior Business Partner, Health System and Care Model Innovation | Alberta Innovates
- Madeline Kleinfeld** – Membership & Community Engagement Coordinator | Association of Early Childhood Educators of Alberta
- Mahmoud Azimae** – Chief Information Officer | Canadian Centre of Recovery Excellence
- Mara Grunau** – CEO | Canadian Mental Health Association, Alberta Division
- Mark Moland** – Manager, Provincial Pediatric Rehab | Alberta Health Services
- Martha Hart** – Professor, ATTACH | University of Calgary
- Matt Adams** – Program Manager for Data Science | Alberta Children's Hospital Research Institute
- Melani Carefoot** – Registered Social Worker, Author, and Parenting Coordinator | Positive Choices Counselling
- Menasha Nikhanj** – Director, Community Engagement and Wellbeing | RCMP
- Michael Giuffre** – Pediatric Cardiologist / Clinical Professor, University of Calgary / Chairperson of the Board of Directors | Brightsquid Secure Communications
- Michelle Cole** – Principal Partnership Manager | Queensland Kids Partnership
- Mirta Mottaghi** – Research and Grants Associate, Centre for Transformation | University of Calgary
- Mona Hunter** – Strategic Advisor | Hunter Family Foundation
- Morgan Pelley** – Program Facilitator at The Summit Centre for Youth Resilience | Recovery Alberta
- Natasha Carvalho** – Executive Director | Medicine Hat Women's Shelter Society
- Nathan Hodder** – Archivist | Otipemisiwak Métis Government
- Nick Woodhouse** – Program Officer | HRJ Consulting
- Nina de Lacy** – Assistant Professor at the Huntsman Mental Health Institute, Kahlert School of Computing and Scientific Computing Institute | University of Utah
- Pamela Geddes** – Executive Director | Alberta Parenting for the Future Association
- Patty Wickson** – Consultant | Genome Alberta
- Rachel Bailie** – Executive Director of Family Support Order Services | Alberta Justice
- Ramona Big Head** – Assistant Superintendent | Peigan Board of Education
- Randy Thornhill** – Director of Organizational Impact | YWCA Calgary
- Reagan Weeks** – Superintendent | Prairie Rose Public Schools
- Rhonda Conway** – President & CEO | Providence Child Development Society
- Robbin Gibb** – Professor and Chair of the Neuroscience Department | University of Lethbridge
- Rod Tomlinson** – Associate Professor of Social Work | University of Calgary

**Rodney Noel** – Community Liaison | City of Calgary

**Ryan Clements** – Director | Recovery Alberta

**Salimah Kassam** – Executive Director | Rise Calgary

**Sandra Petersson** – Executive Director | Alberta Law Reform Institute

**Sarah Hughes** – Chief Strategy Officer | Big Brothers Big Sisters

**Sarah Meilleur** – CEO | Calgary Public Library

**Shannon Nelson** – Director of Services | McMan Youth, Family & Community Services

**Shannon Phelan** – Senior Director of Engagement | Little Warriors

**Shari Wallace** – Child and Youth Team Lead | Discovery House

**Shea Wood** – Senior Knowledge Broker | Canadian Centre on Substance Use and Addiction

**Stefan Kurbatfinski** – Doctoral Student, HERO-CAN Study, CHILD Studies program | University of Calgary

**Stephanie Savage** | Fear is Not Love

**Susan Brooke** – Vice President of Community Impact and Partnerships | United Way Calgary

**Talida Ionicel** – Director, Child & Youth Development | YWCA Calgary

**Tara Schneider-Pichette** – Executive Director | Our Collective Journey

**Tara White** – Executive Director, Mental Health and Addiction | Government of Alberta

**Tatiana Cheremnykh** – Family Liaison Officer | Calgary Military Family Resource Network

**Terri Pelton** – Child and Youth Advocate of Alberta | Office of the Child and Youth Advocate

**Tonya Wolfe** – Associate Vice President, Applied Research | Red Deer Polytechnic

**Tracy Hensel** – Superintendent of Schools | Medicine Hat Public School Division

**Treena Klassen** – Executive Director | Palliser Primary Care Network

**Val Crosby** – Executive Director | The Village - Mackenzie Family Resource Network

**Zahra Shajani** – Associate Dean Undergraduate Programs, Faculty of Nursing | University of Calgary

All attendees listed provided explicit consent for their names to be published in this report.

# APPENDIX C:

## SHARED INDICATORS OF RESILIENCE IDENTIFIED IN THE DATA WORKSHOP

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### SUGGESTED CORE CROSS-SECTOR INDICATORS


- **Quality of life (self-reported)** - A brief, age- and context-appropriate self-report of overall well-being and life satisfaction, used consistently across sectors.
  - **Progress toward personally defined goals** - Whether individuals and families report meaningful progress toward goals they identify themselves (not just program-defined milestones).
  - **Strength & stability of key relationships** - The presence, quality, and stability of at least one supportive relationship (family, caregiver, mentor, trusted adult).
  - **Sense of safety & stability perceived** - Safety and predictability in daily life (housing, relationships, systems), including freedom from acute harm or crisis.
  - **Access to and use of appropriate supports** - Whether people are able to access supports they need when needed (and are choosing to engage), rather than cycling through services.
  - **Decreased reliance on emergency, acute, or punitive systems as a primary response**
  - **Continuity across transitions** - Whether individuals experience supported transitions between services, life stages, or systems without falling through gaps or re-starting from zero.
  - **Capacity for resilience** - Using the Resilience Scale as the tool for engagement.
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TABLE C1

Health	Child & Family Services	Education	Justice
<p><b>Green Boxes</b></p> <ul style="list-style-type: none"> <li>• Quality of life</li> <li>• Self-reported trust in healthcare systems</li> <li>• Continuity of care</li> <li>• Access to appropriate supports when needed</li> <li>• Uptake of preventive and voluntary supports</li> <li>• Workforce stability and retention</li> <li>• Fidelity of resilience-informed implementation</li> </ul>	<p><b>Green Boxes</b></p> <ul style="list-style-type: none"> <li>• Secure attachment</li> <li>• Strength and stability of family relationships</li> <li>• Presence of a trusted adult or caregiver</li> <li>• Family preservation</li> <li>• Successful reunification</li> <li>• Uptake of family resource network services</li> <li>• Community belonging for children and families</li> <li>• Intergenerational stability (children not re-entering systems)</li> <li>• Workforce stability and retention</li> </ul>	<p><b>Green Boxes</b></p> <ul style="list-style-type: none"> <li>• School attendance and sustained engagement</li> <li>• Return to school after disruption</li> <li>• Graduation and program completion</li> <li>• Sense of belonging at school</li> <li>• Participation in extracurricular and community programs</li> <li>• Availability of educational assistants and supports</li> <li>• Resilience Scale-trained school environments</li> <li>• Workforce stability and retention</li> </ul>	<p><b>Green Boxes</b></p> <ul style="list-style-type: none"> <li>• Resolution of conflict outside courts (mediation, counselling)</li> <li>• Community safety (actual and perceived)</li> <li>• Trust in justice and public safety systems</li> <li>• Access to community-based alternatives</li> <li>• Coordinated responses across justice, health, and social services</li> <li>• Reduced reliance on punitive responses</li> </ul>
<p><b>Skills &amp; Abilities</b></p> <ul style="list-style-type: none"> <li>• Self-reported coping skills</li> <li>• Motivation to change</li> </ul>	<p><b>Skills &amp; Abilities</b></p> <ul style="list-style-type: none"> <li>• Caregiver capacity and confidence</li> <li>• Serve-and-return interactions between child and caregiver</li> </ul>	<p><b>Skills &amp; Abilities</b></p> <ul style="list-style-type: none"> <li>• Social-emotional learning skills</li> <li>• Executive function and learning readiness</li> </ul>	<p><b>Skills &amp; Abilities</b></p> <ul style="list-style-type: none"> <li>• Conflict resolution skills</li> <li>• Emotional regulation under stress</li> </ul>

TABLE C1 (CONT.)

Health	Child & Family Services	Education	Justice
<p><b>Skills &amp; Abilities</b></p> <ul style="list-style-type: none"> <li>• Ability to engage with care and follow plans</li> <li>• Executive function / learning readiness</li> <li>• Self-assessment and repeated Resilience Scale use</li> <li>• Ability to navigate health systems</li> </ul>	<p><b>Skills &amp; Abilities</b></p> <ul style="list-style-type: none"> <li>• Co-created family goals</li> <li>• Ability of families to identify needs and supports</li> <li>• Social-emotional development of children</li> <li>• Caregiver regulation and coping skills</li> </ul>	<p><b>Skills &amp; Abilities</b></p> <ul style="list-style-type: none"> <li>• Peer relationship quality</li> <li>• Motivation to learn and persist</li> <li>• Ability to self-regulate in learning environments</li> <li>• Serve-and-return interactions with educators</li> </ul>	<p><b>Skills &amp; Abilities</b></p> <ul style="list-style-type: none"> <li>• Ability to engage in restorative processes</li> <li>• Serve-and-return interactions with trusted professionals</li> <li>• Capacity to comply with court-related expectations when supported</li> <li>• Ability to navigate justice processes</li> </ul>
<p><b>Red Boxes</b></p> <ul style="list-style-type: none"> <li>• Morbidity and mortality rates</li> <li>• Symptom severity</li> <li>• Addiction / substance use severity</li> <li>• Overdose events</li> <li>• Emergency room visits</li> <li>• Hospital admissions and readmissions</li> <li>• Length of hospital stay</li> </ul>	<p><b>Red Boxes</b></p> <ul style="list-style-type: none"> <li>• Child protection involvement</li> <li>• Child apprehension</li> <li>• Child welfare recidivism</li> <li>• Domestic violence exposure</li> <li>• Sexual trauma</li> <li>• Parental substance use</li> <li>• Parental mental health crises</li> <li>• Aging out of care without supports</li> </ul>	<p><b>Red Boxes</b></p> <ul style="list-style-type: none"> <li>• School absenteeism and dropout</li> <li>• Behavioral crises linked to unmet needs</li> <li>• Disciplinary actions driven by trauma</li> <li>• Exclusionary practices</li> <li>• Workforce burnout and turnover</li> <li>• Learning disruption due to instability</li> </ul>	<p><b>Red Boxes</b></p> <ul style="list-style-type: none"> <li>• Justice system involvement</li> <li>• Court involvement (family or criminal)</li> <li>• Recidivism</li> <li>• Arrests as primary response</li> <li>• Financial burden from court processes</li> <li>• Domestic violence cases</li> <li>• Suicide and murder-suicide related to family conflict</li> </ul>

TABLE C1 (CONT.)

Health	Child & Family Services	Education	Justice
<p><b>Red Boxes</b></p> <ul style="list-style-type: none"> <li>• Missed appointments / no-shows</li> <li>• Workforce burnout and turnover</li> </ul>	<p><b>Red Boxes</b></p> <ul style="list-style-type: none"> <li>• Intergenerational system involvement</li> <li>• Stigma associated with accessing services</li> <li>• Workforce burnout and turnover</li> </ul>		

