MASTERCLASS SERIES
in Systems Thinking

SYSTEMS THINKING FOR ECD

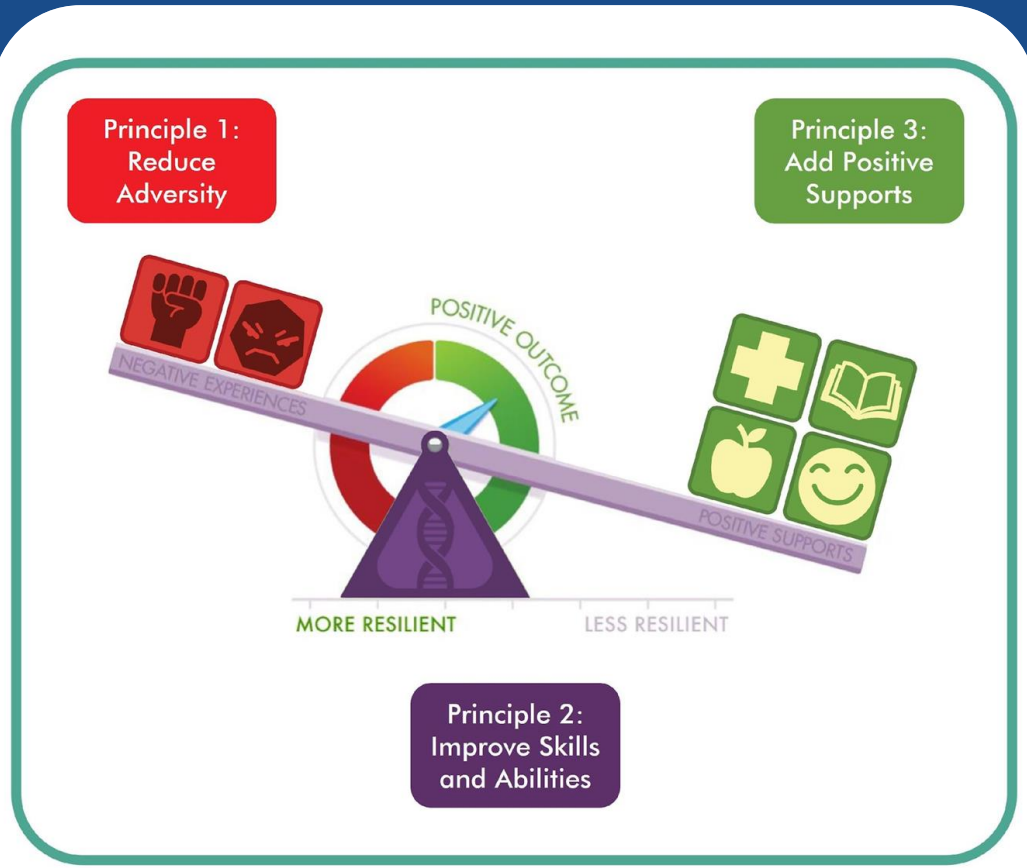
Using the Science of Brain Development to Create a Framework to Evaluate Resilience

25 APRIL 2024

SPEAKERS: Nancy Mannix, Claire Niehaus & Jenna Hille

ECD EXPERT: Sonja Giese

MODERATOR: Shekufeh Zonji



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Palix Foundation

Alberta family wellness initiative

The Systems Thinking for Early Childhood Development (ECD) Initiative is a partnership between ECDAN and Harvard University and supported by Porticus.

ECDAN Early Childhood Development Action Network

HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH

The Palix Foundation

- Private foundation in Alberta working in the related areas of childhood development, addiction, and mental health
- The Palix Foundation created the Alberta Family Wellness Initiative (AFWI) to improve global health by mobilizing science in these areas
- Office in Calgary, Alberta, Canada

Palix Foundation

The Alberta Family Wellness Initiative

Created in 2007

Neuroscience framework with three core concepts:

1. Connection between early brain development, addiction, and mental health
2. Addiction is more than drugs, alcohol, and gambling
3. Brains can change

Alberta family wellness initiative

Palix Foundation

Vision

The Alberta Family Wellness Initiative is a catalyst for concrete action and change to advance the understanding and approach to childhood development and its life-long impact on addiction and other negative health outcomes.

AFWI Advisory Council and Curriculum Committee

Judy Cameron
(2016 – present)
PhD
Professor, Psychiatry &
the Clinical Translational Science
Institute, University of Pittsburgh

Christine Chambers
(2019 - present)
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Scientific Director, Institute of
Human Development, Child & Youth
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Health Research (CIHR)

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PhD
Senior Advisor, Canada and
International Economic Advisor,
Bennett Jones

George F. Koob
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PhD
Director, National Institute
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MBBS FRCPC, PhD
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Professor, Department of
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Thomas McLellan
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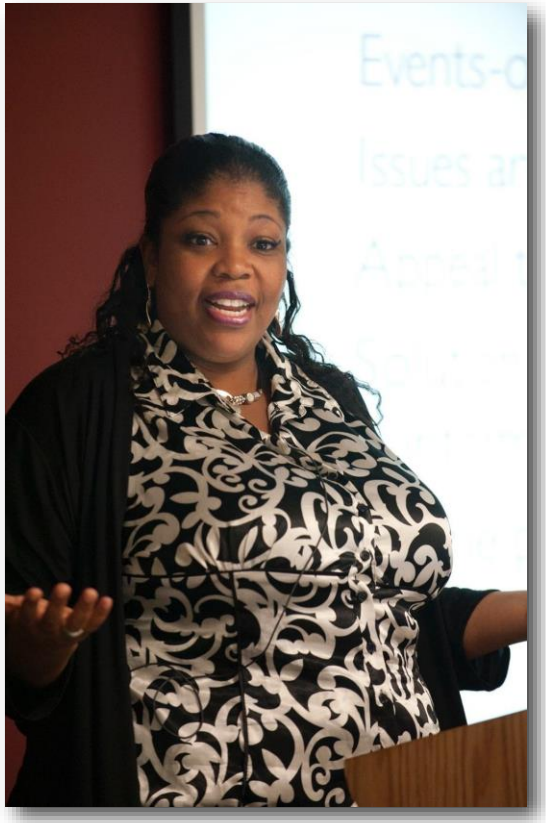
PhD
Founder and Chairman
of the Board of Directors,
Treatment Research Institute

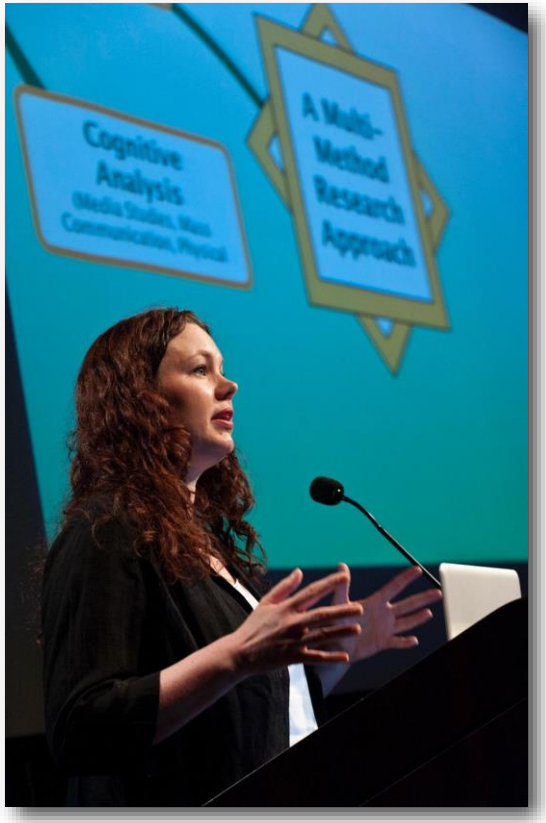
Anthony Phillips
(2010 – present)
PhD
Scientific Director, Institute of
Neurosciences Mental Health and
Addiction, CIHR 2009-2017

Knowledge Generation:
The Core Story of Brain Development

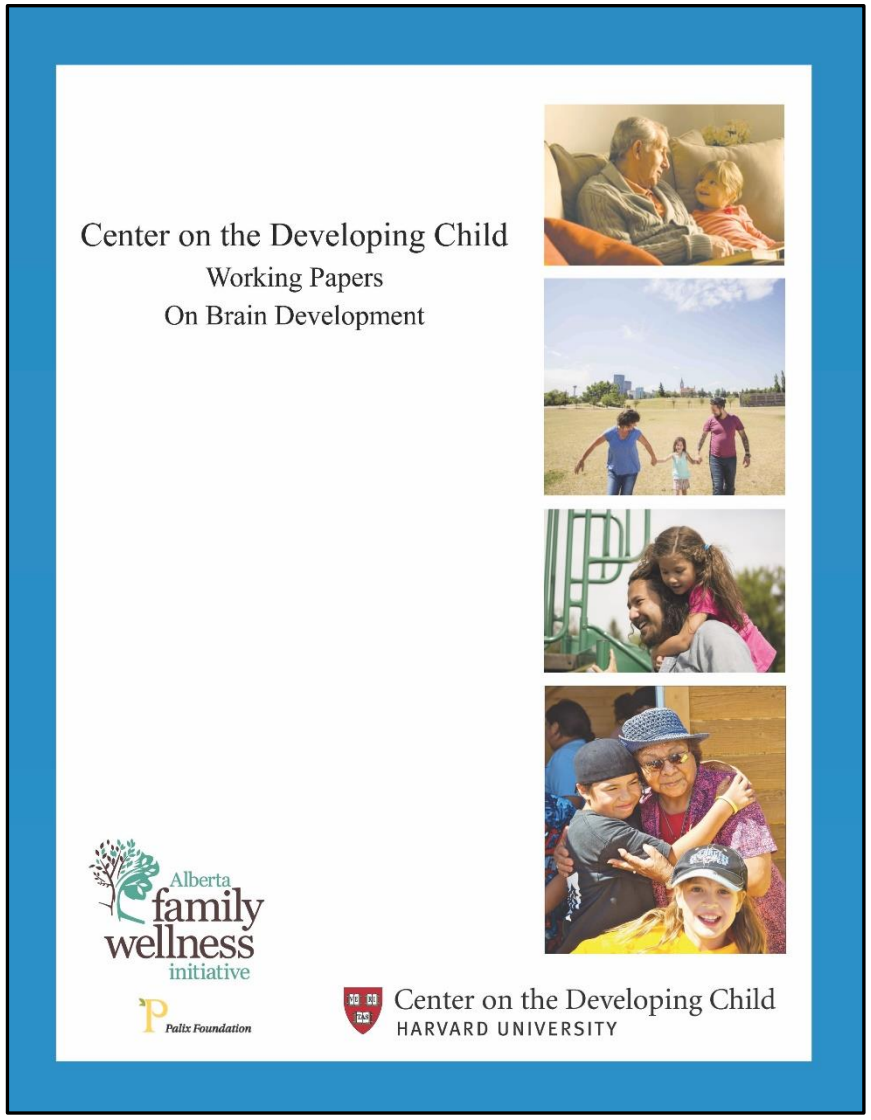
The National Scientific Council on the Developing Child

The FrameWorks Institute





Harvard Working Papers



How Does the Public Understand Child Development, Children's Mental Health, Addiction and Resilience?

Child development: what matters?

- Parents ("good" parents)
- Genetics (nature vs nurture)
- Discipline, hard work
- Personal determination, choice
- Inner strength
- Individual temperament

Children's mental health:

- Do children have mental health?
- Mental illness
- Hard to detect
- Lack of mental health challenges

What is addiction?

- Anything
- A substance
- Control and need

What causes addiction?

- Underlying issues
- Chemical imbalance
- Genetics
- Lack of willpower

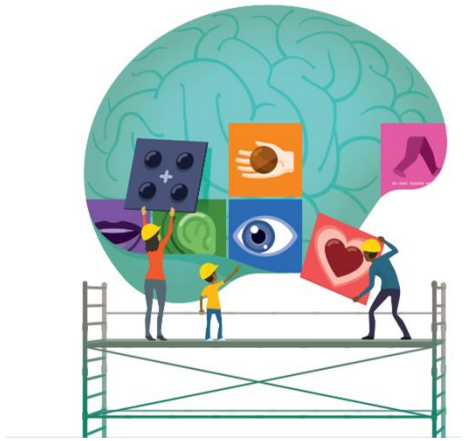
Resilience: what matters?

- Effort explains individual differences
- Parent behaviour explains individual differences
- No challenge or adversity is too great
- Resilience is yours if you want it
- Resilience is an innate substance

Brain Story Metaphors - Core Concepts

BRAIN ARCHITECTURE

Early experiences build brains

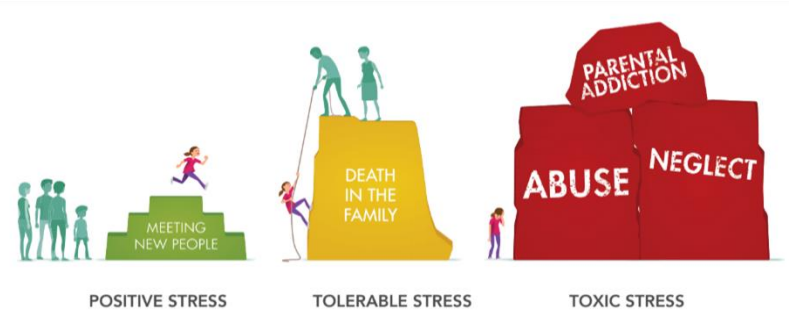


SERVE & RETURN

Positive interactions build sturdy brain architecture

TOXIC STRESS

A force that disrupts brain architecture

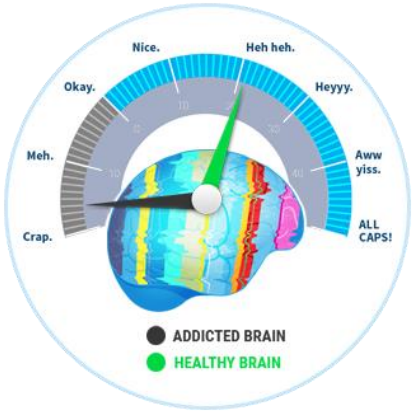


AIR TRAFFIC CONTROL

The "executive function" system of the brain

REWARD DIAL

The brain's inherent motivation system



RESILIENCE

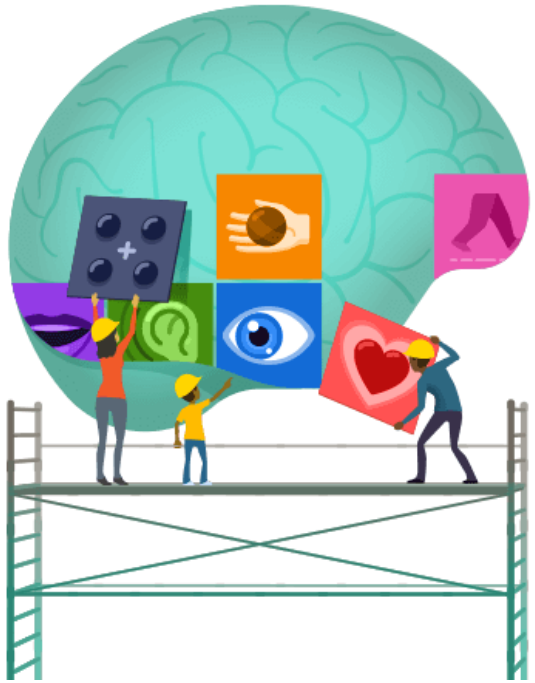
Tipping the scale toward positive outcomes

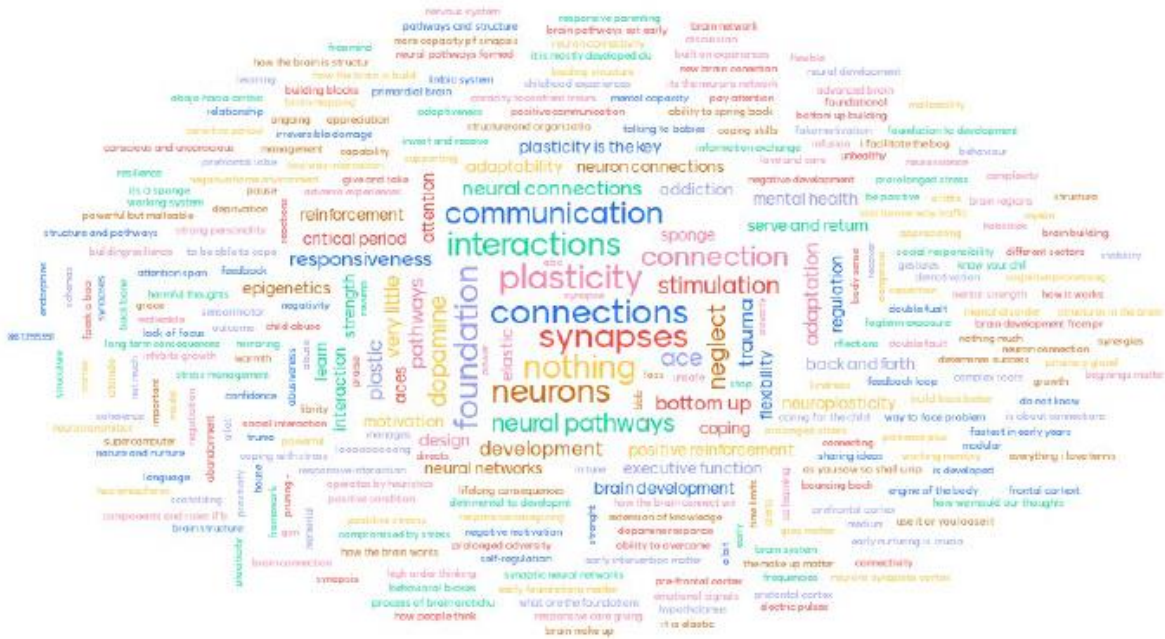
What do you know about…?

To join the conversation:
Scan or go to Menti.com (code 8613 5351)

What do you know about Brain Architecture?

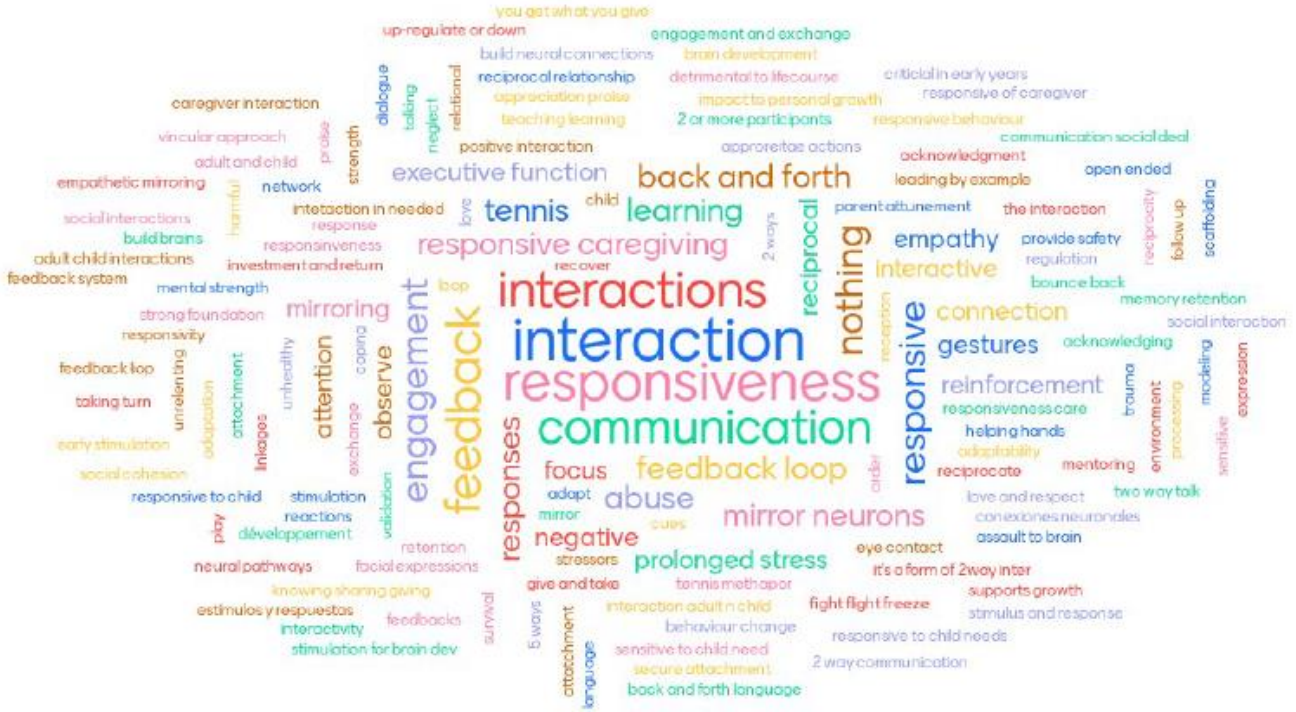
435 responses





What do you know about Serve and Return?

234 responses



6 89

TOXIC STRESS

What do you know about Toxic Stress?

204 responses

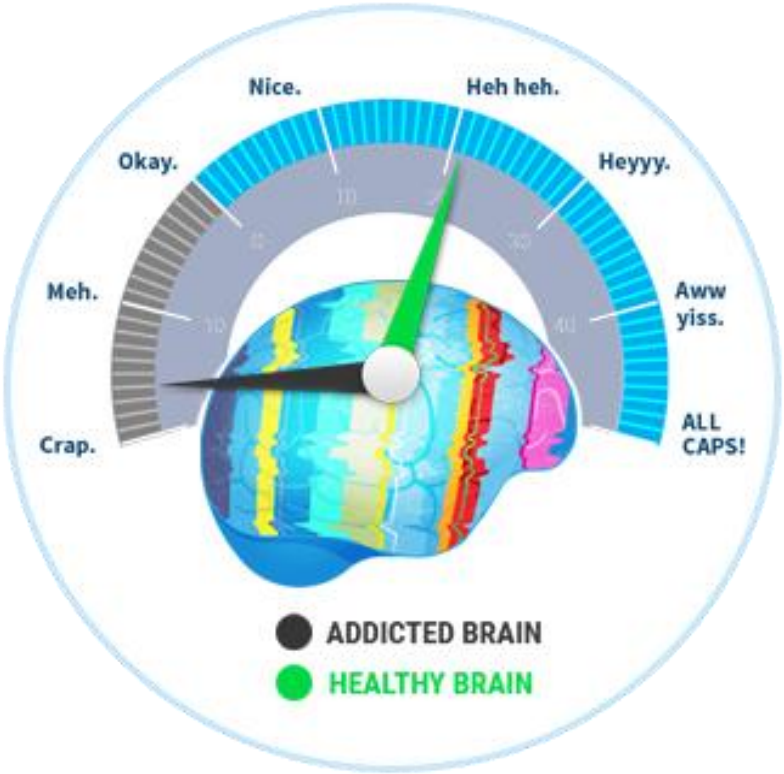
What do you know about Air Traffic Control?

107 responses

3 73

What do you know about the Reward Dial?

117 responses



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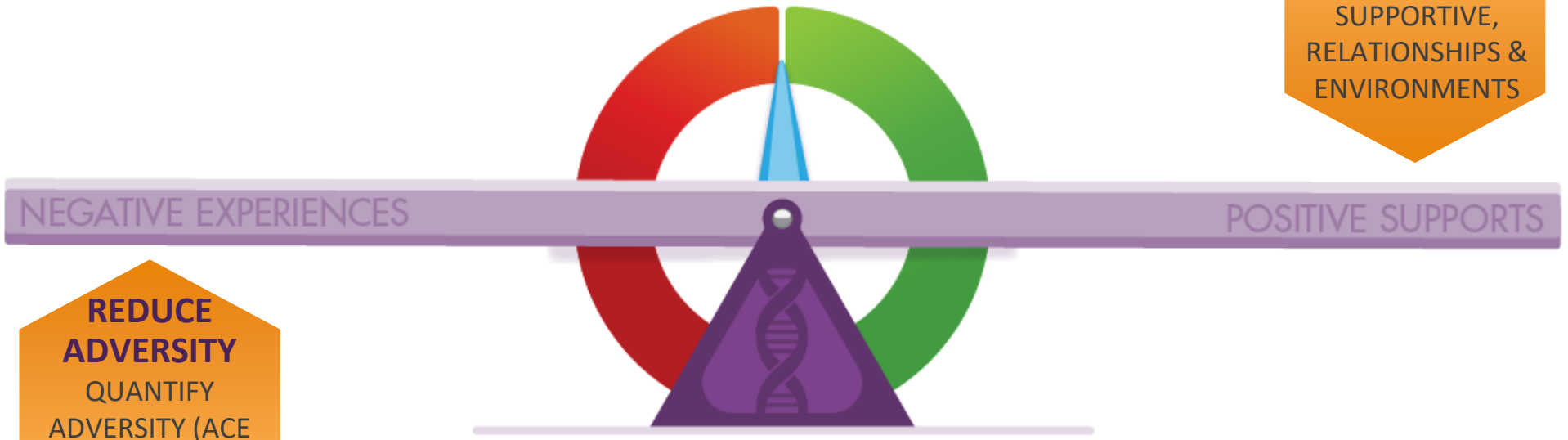
What do you know about Resilience?

111 responses

5 76

ADD POSITIVE SUPPORTS

SAFE, STABLE, SUPPORTIVE, RELATIONSHIPS & ENVIRONMENTS



REDUCE ADVERSITY

QUANTIFY ADVERSITY (ACE QUESTIONNAIRE & CURRENT ADVERSITY)

IMPROVE SKILLS & ABILITIES

EXECUTIVE FUNCTION SKILLS, SERVE & RETURN SKILLS

Knowledge Mobilization:
Theory of Knowledge to Theory of Practice

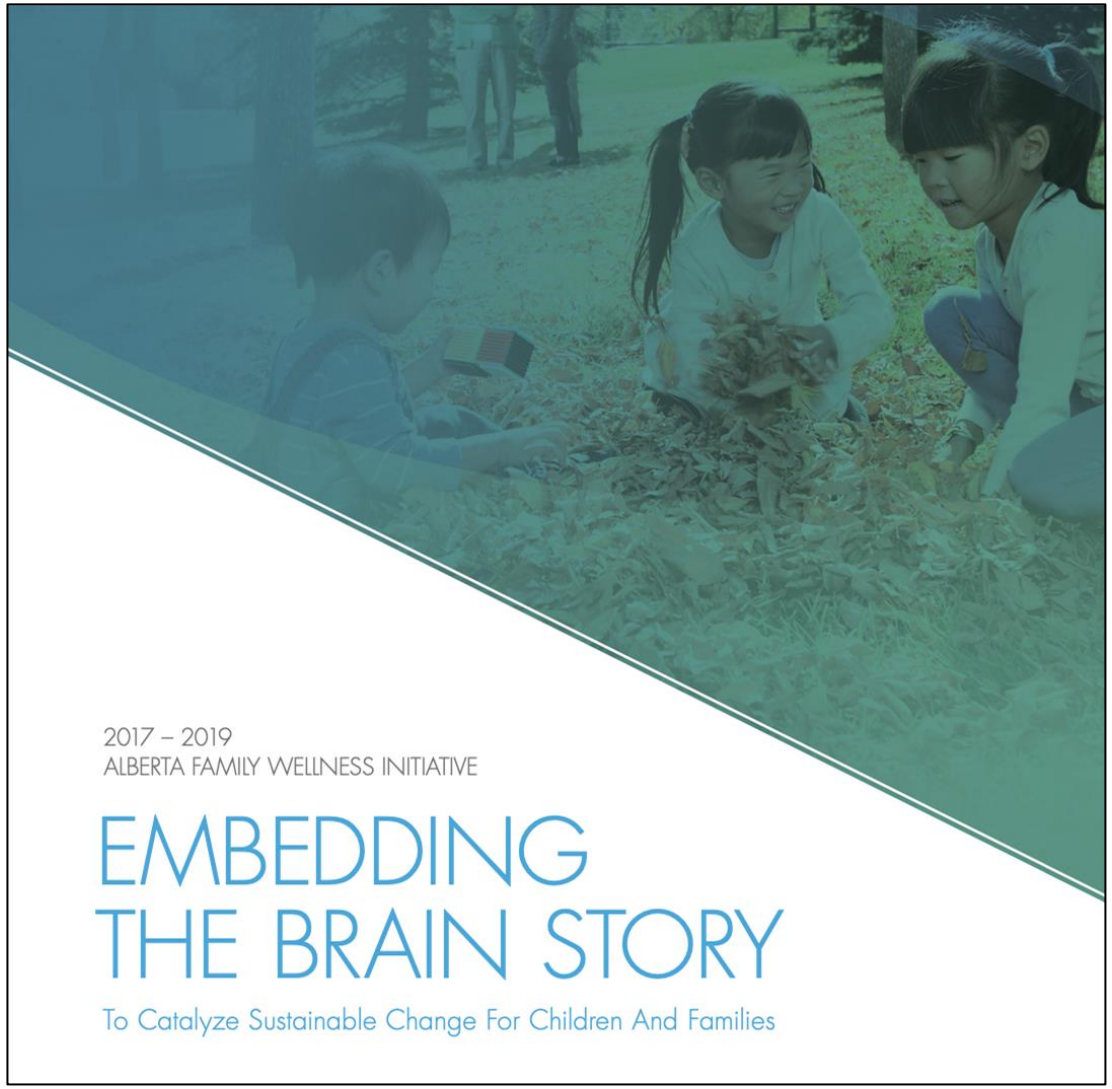
2010 - 2014 Symposia Series

- Held in Banff, Edmonton and Calgary
- Over 473 participants from Canada, the United States, Great Britain and Germany
- 150 organizations within:
  - Research
  - Policy
  - Practice

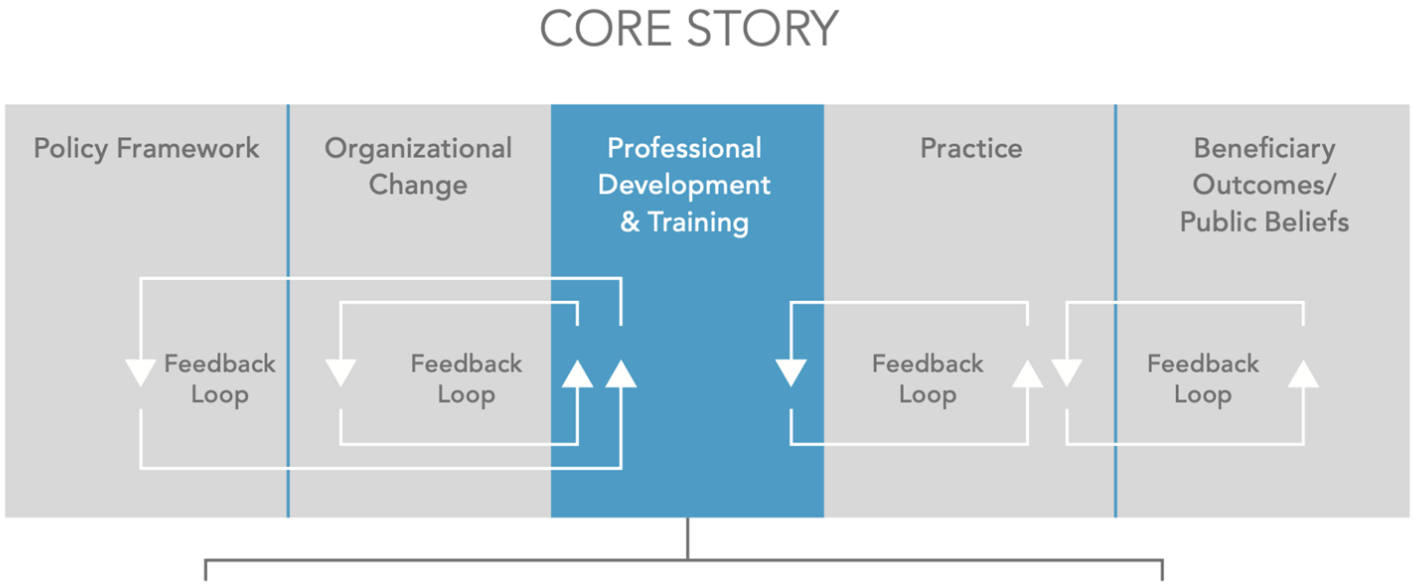
- Focused on early brain development, children's mental health and addiction prevention treatment and recovery
- Key objective to create positive change and outcomes for children by mobilizing knowledge about the intergenerational impact of addictions and toxic stress on the developing brain

Embedding the Brain Story

Building Workforce Competency



Building Workforce Competency



POTENTIAL AGENDA ELEMENTS

- Forums to share perspectives from professionals on supports/ barriers to improved practices

- Certification
- Basic competency curriculum
- Extended curricula tailored to specific professional groups
- Targeted workforce development programming
- Supplemental materials to support sharing and the spread of best practices and evidence of a link to improved outcomes

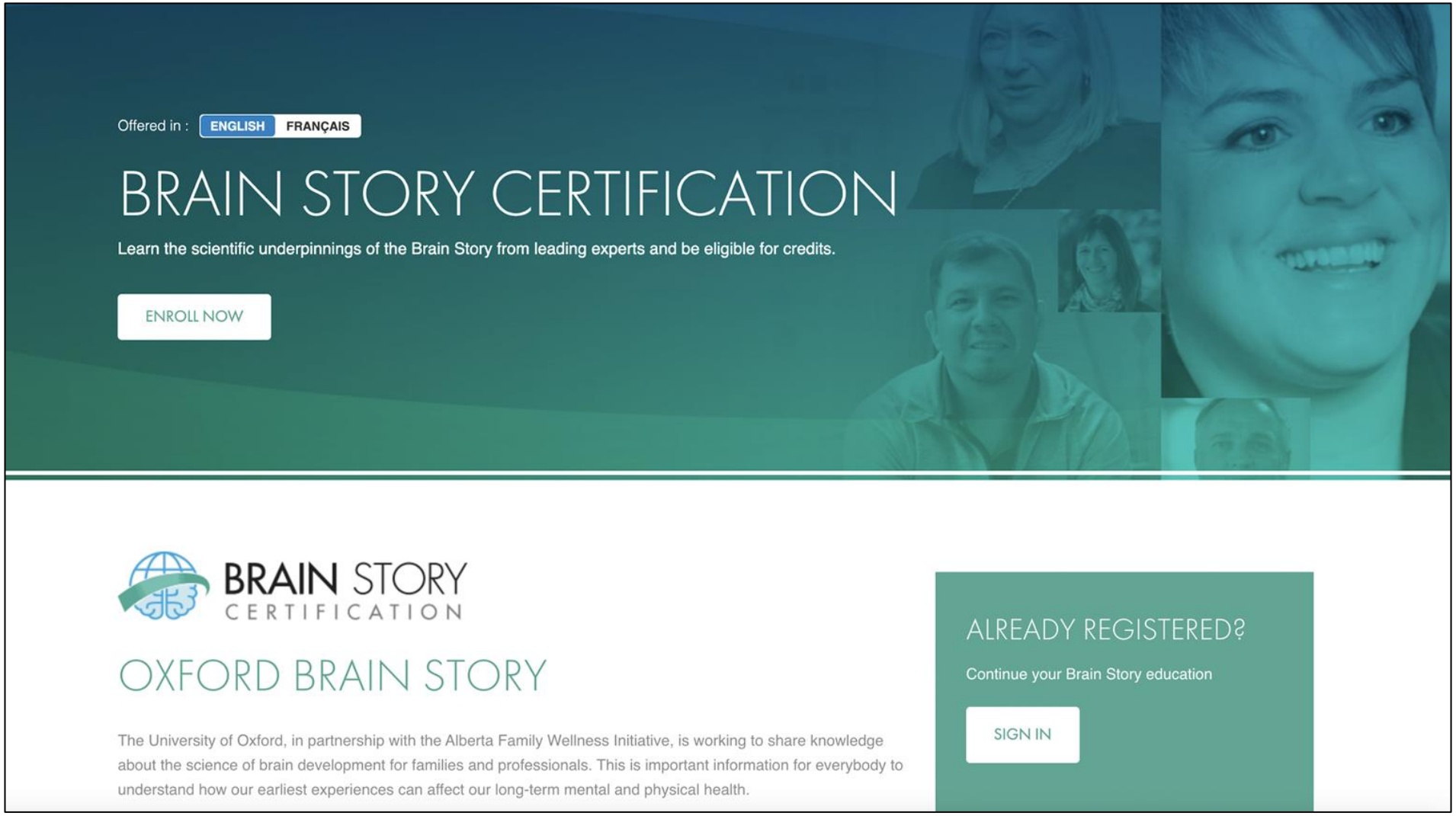
- Practice advisory councils
  - By professional group
  - Overseeing curriculum
  - Curating best practices
  - Supporting/distilling evolutions of links to improved outcomes
  - Highlighting supports/barriers to improved practices

CATALYTIC CONVENOR

KNOWLEDGE ENTREPRENEUR

LEARNING PARTNER FOR SYSTEMS

Building Workforce Competency



Brain Story Certification Course

Analytics as of April 19th, 2024

Global Enrollment and Certification

ENROLLED

140,292

CERTIFIED

43,505

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ENROLLMENT BY COUNTRY

140,292 Enrolled 43,505 Certified

As of April 19th, 2024

CANADA

TOTAL ENROLLMENT

116,257

In all provinces and territories in Canada

UNITED STATES

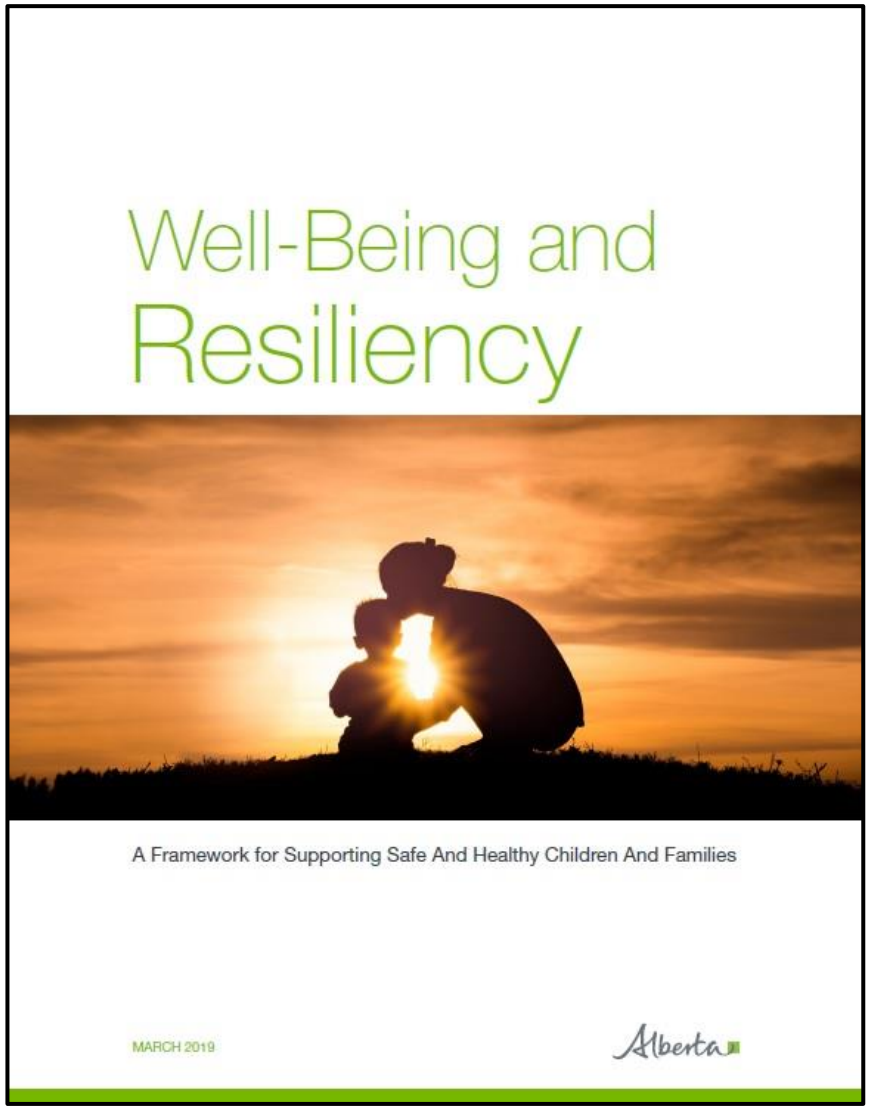
TOTAL ENROLLMENT

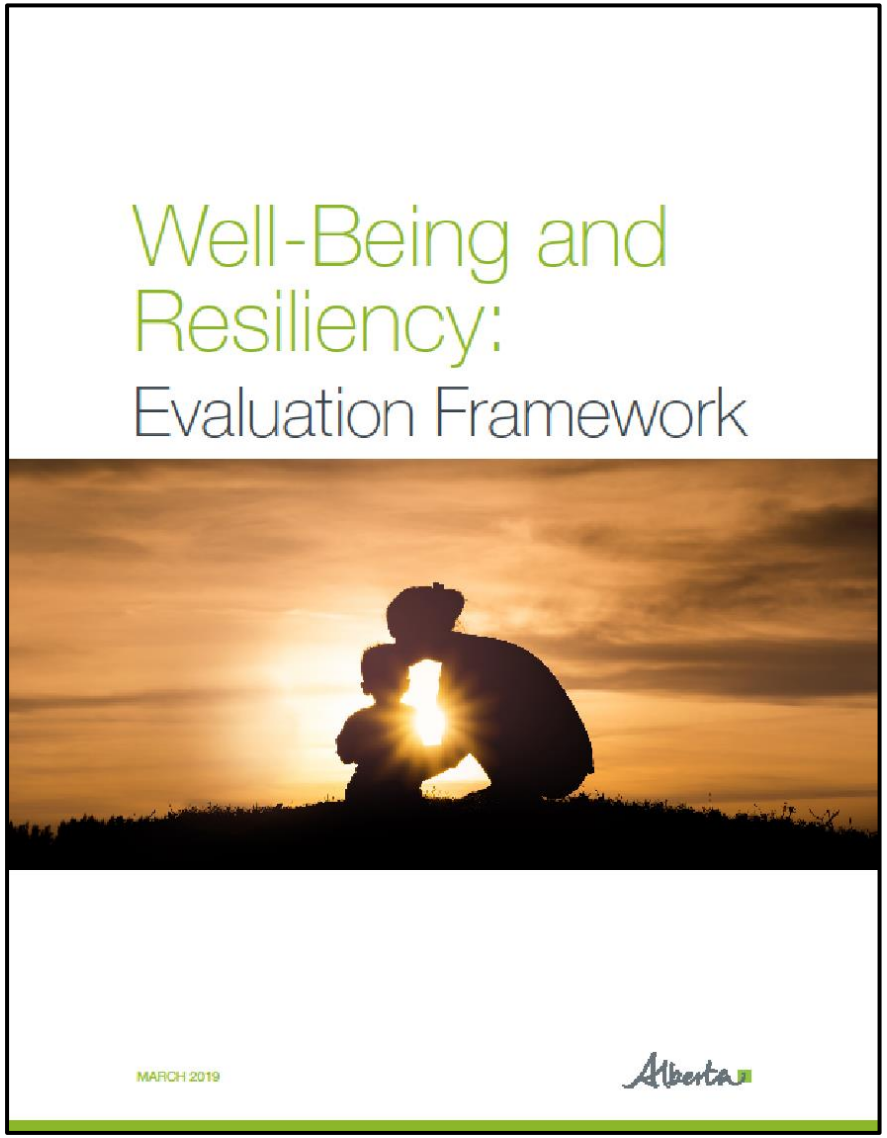
10,798

In all 50 states in the US

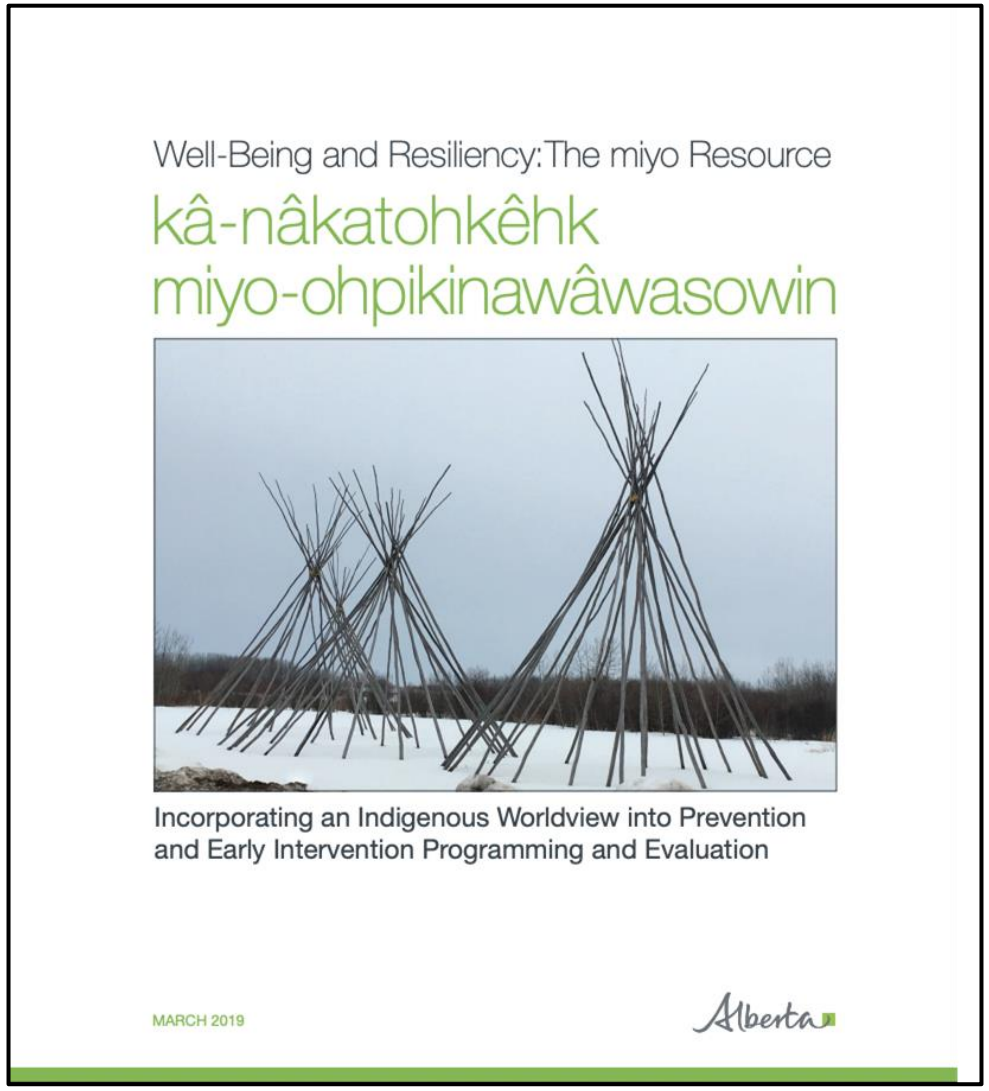
Example of Policy and Practice Changes: Child Services Ministry

Policy Change – Child Services Ministry

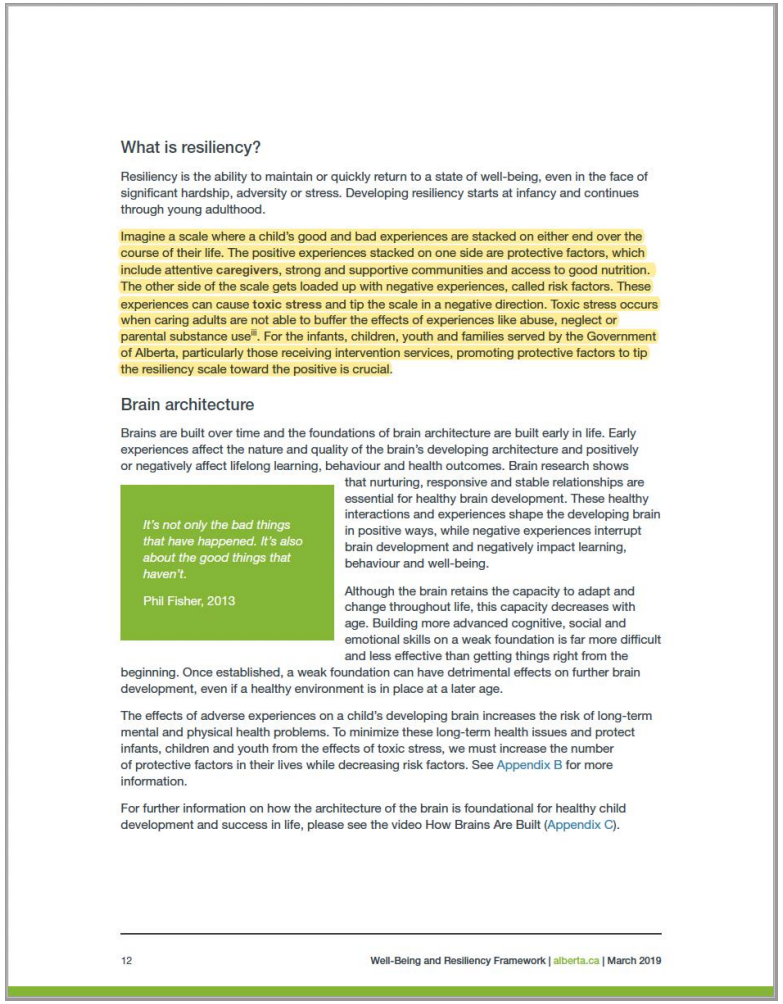




Policy Change – Child Services Ministry



Children's Services Policy



What is resiliency?

Resiliency is the ability to maintain or quickly return to a state of well-being, even in the face of significant hardship, adversity or stress. Developing resiliency starts at infancy and continues through young adulthood.

Imagine a scale where a child's good and bad experiences are stacked on either end over the course of their life. The positive experiences stacked on one side are protective factors, which include attentive caregivers, strong and supportive communities and access to good nutrition. The other side of the scale gets loaded up with negative experiences, called risk factors. These experiences can cause toxic stress and tip the scale in a negative direction. Toxic stress occurs when caring adults are not able to buffer the effects of experiences like abuse, neglect or parental substance use[iii]. For the infants, children, youth and families served by the Government of Alberta, particularly those receiving intervention services, promoting protective factors to tip the resiliency scale toward the positive is crucial.

Brain architecture

Brains are built over time and the foundations of brain architecture are built early in life. Early experiences affect the nature and quality of the brain's developing architecture and positively or negatively affect lifelong learning, behaviour and health outcomes. Brain research shows that nurturing, responsive and stable relationships are essential for healthy brain development. These healthy interactions and experiences shape the developing brain in positive ways, while negative experiences interrupt brain development and negatively impact learning, behaviour and well-being.

It's not only the bad things that have happened. It's also about the good things that haven't.

Phil Fisher, 2013

Although the brain retains the capacity to adapt and change throughout life, this capacity decreases with age. Building more advanced cognitive, social and emotional skills on a weak foundation is far more difficult and less effective than getting things right from the beginning. Once established, a weak foundation can have detrimental effects on further brain development, even if a healthy environment is in place at a later age.

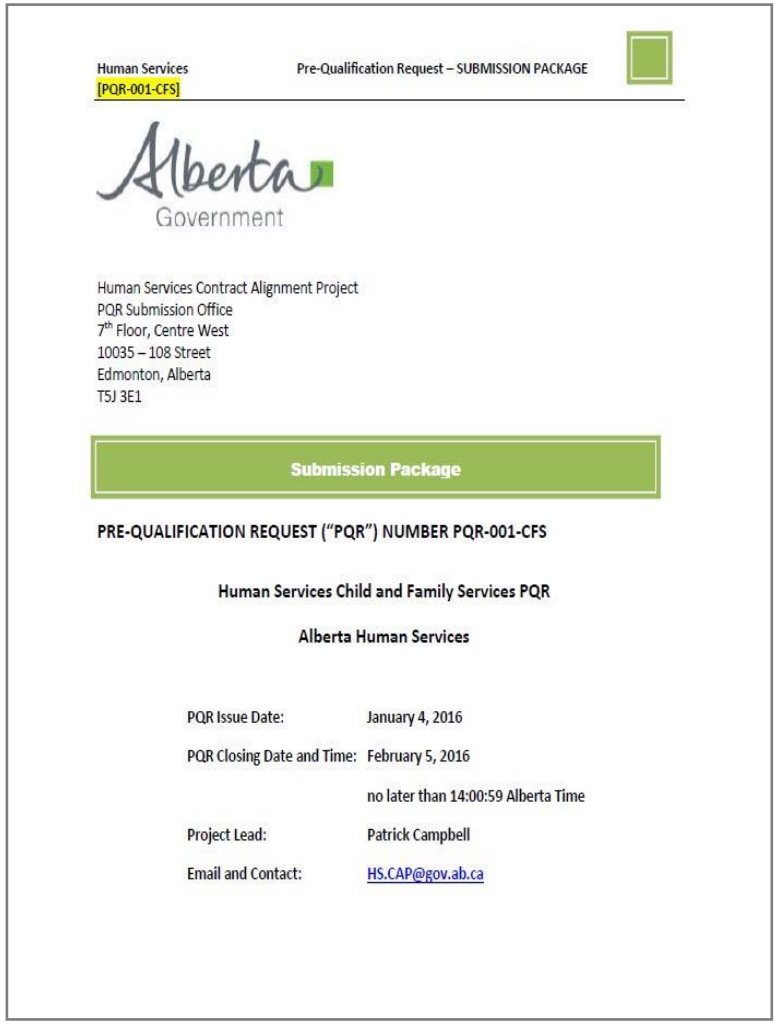
The effects of adverse experiences on a child's developing brain increases the risk of long-term mental and physical health problems. To minimize these long-term health issues and protect infants, children and youth from the effects of toxic stress, we must increase the number of protective factors in their lives while decreasing risk factors. See Appendix B for more information.

For further information on how the architecture of the brain is foundational for healthy child development and success in life, please see the video How Brains Are Built (Appendix C).

12 Well-Being and Resiliency Framework | alberta.ca | March 2019

"Imagine a scale where a child's good and bad experiences are stacked on either end over the course of their life. The positive experiences stacked on one side are protective factors, which include attentive caregivers, strong and supportive communities and access to good nutrition. The other side of the scale gets loaded up with negative experiences, called risk factors. These experiences can cause toxic stress and tip the scale in a negative direction. Toxic stress occurs when caring adults are not able to buffer the effects of experiences like abuse, neglect or parental substance use. For the infants, children, youth and families served by the Government of Alberta, particularly those receiving intervention services, promoting protective factors to tip the resiliency scale toward the positive is crucial."

Children's Services Policy and Practice Implementation



Human Services [PQR-001-CFS] Pre-Qualification Request – SUBMISSION PACKAGE

Alberta Government

Human Services Contract Alignment Project
PQR Submission Office
7th Floor, Centre West
10035 – 108 Street
Edmonton, Alberta
T5J 3E1

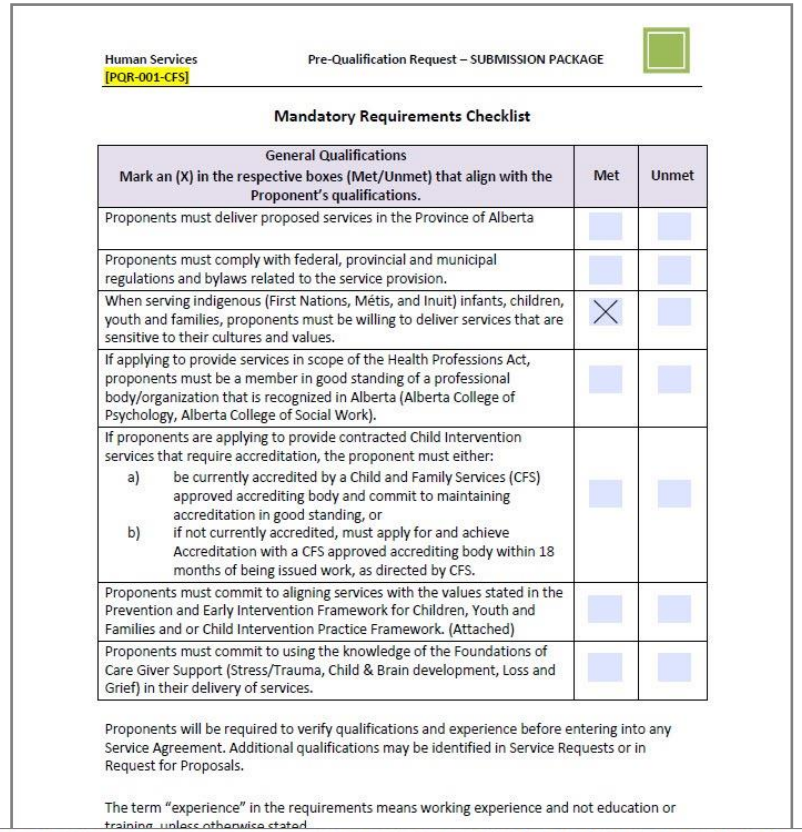
Submission Package

PRE-QUALIFICATION REQUEST ("PQR") NUMBER PQR-001-CFS

Human Services Child and Family Services PQR

Alberta Human Services

PQR Issue Date:	January 4, 2016
PQR Closing Date and Time:	February 5, 2016
	no later than 14:00:59 Alberta Time
Project Lead:	Patrick Campbell
Email and Contact:	HS.CAP@gov.ab.ca



Human Services [PQR-001-CFS] Pre-Qualification Request – SUBMISSION PACKAGE

Mandatory Requirements Checklist

General Qualifications Mark an (X) in the respective boxes (Met/Unmet) that align with the Proponent's qualifications.	Met	Unmet
Proponents must deliver proposed services in the Province of Alberta		
Proponents must comply with federal, provincial and municipal regulations and bylaws related to the service provision.		
When serving indigenous (First Nations, Métis, and Inuit) infants, children, youth and families, proponents must be willing to deliver services that are sensitive to their cultures and values.	X	
If applying to provide services in scope of the Health Professions Act, proponents must be a member in good standing of a professional body/organization that is recognized in Alberta (Alberta College of Psychology, Alberta College of Social Work).		
If proponents are applying to provide contracted Child Intervention services that require accreditation, the proponent must either: a) be currently accredited by a Child and Family Services (CFS) approved accrediting body and commit to maintaining accreditation in good standing, or b) if not currently accredited, must apply for and achieve Accreditation with a CFS approved accrediting body within 18 months of being issued work, as directed by CFS.		
Proponents must commit to aligning services with the values stated in the Prevention and Early Intervention Framework for Children, Youth and Families and or Child Intervention Practice Framework. (Attached)		
Proponents must commit to using the knowledge of the Foundations of Care Giver Support (Stress/Trauma, Child & Brain development, Loss and Grief) in their delivery of services.		

Proponents will be required to verify qualifications and experience before entering into any Service Agreement. Additional qualifications may be identified in Service Requests or in Request for Proposals.

The term "experience" in the requirements means working experience and not education or training, unless otherwise stated.

Proponents must commit to aligning services with the values stated in the Prevention and Early Intervention Framework for Children, Youth and Families and or Child Intervention Practice Framework. (Attached)		
Proponents must commit to using the knowledge of the Foundations of Care Giver Support (Stress/Trauma, Child & Brain development, Loss and Grief) in their delivery of services.		

Policy and Practice Implementation – Association of Early Childhood Educators of Alberta

$3.6 million to give 3,000 educators access to the Brain Story Certification Course

Educators will also have an opportunity to participate in theory-to-practice sessions, helping transfer knowledge from the course to daily practice.

August 2022

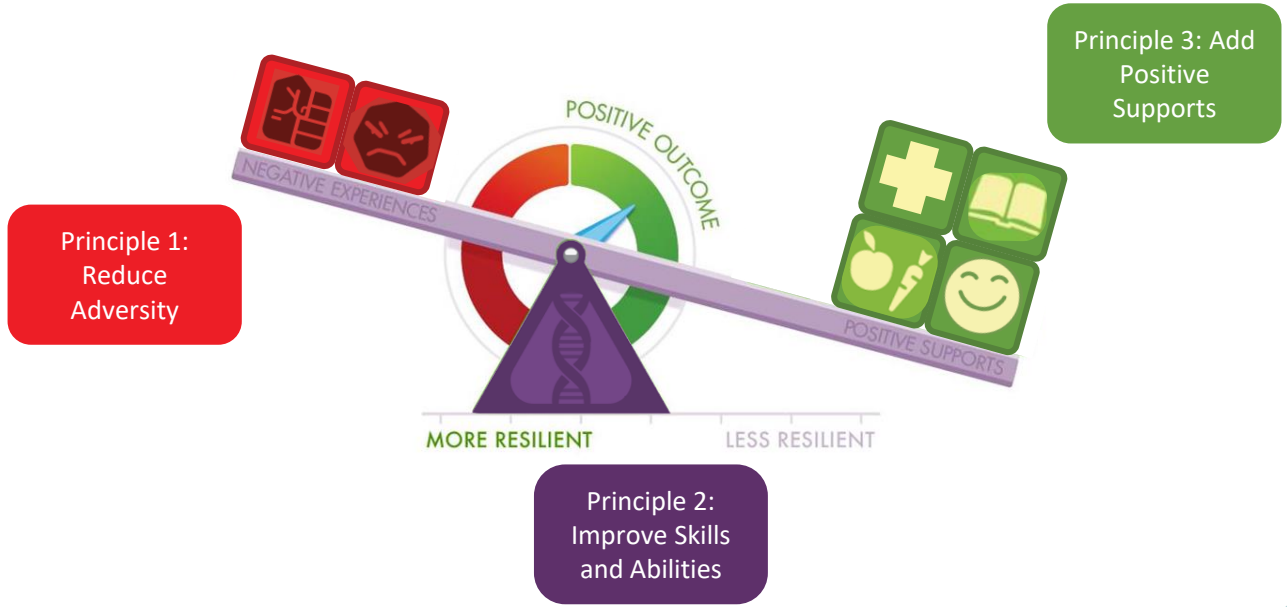
Resilience Scale Masterclass

Resilience Scale Masterclass Training

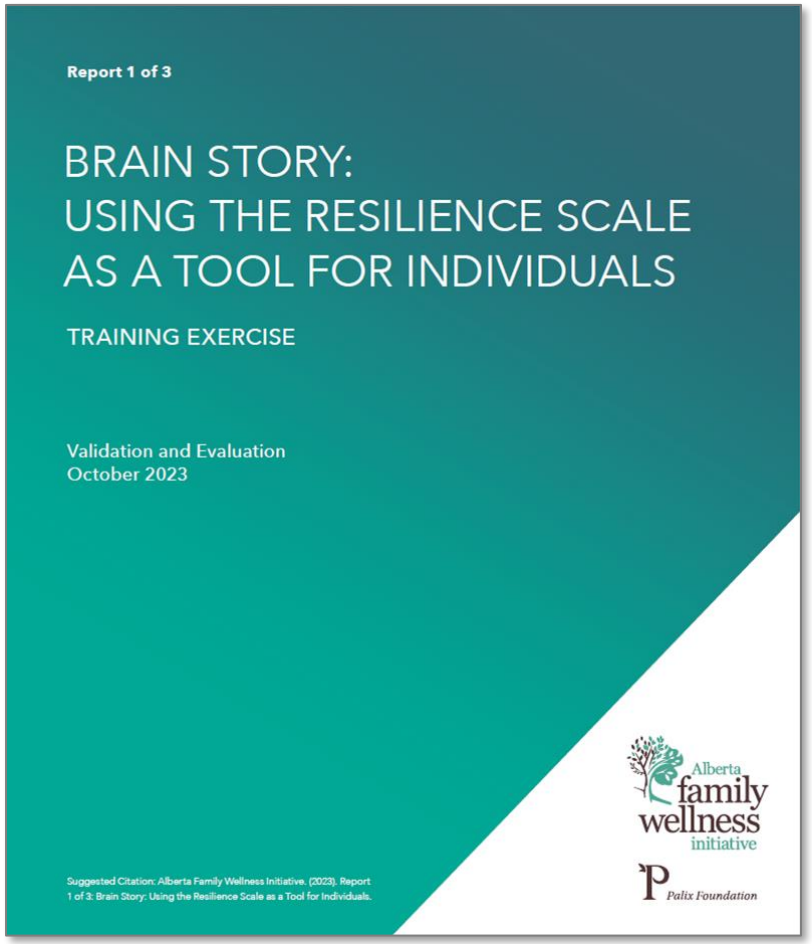
The Resilience Scale Masterclass Training is a 3-hour session designed to move individuals, organizations, and institutions into understanding the application of the Brain Story using the Resilience Scale. The Resilience Scale Masterclass brings together critical partners who we believe will be change agents working together with the Palix Foundation and Alberta Family Wellness Initiative to build more resilient communities.

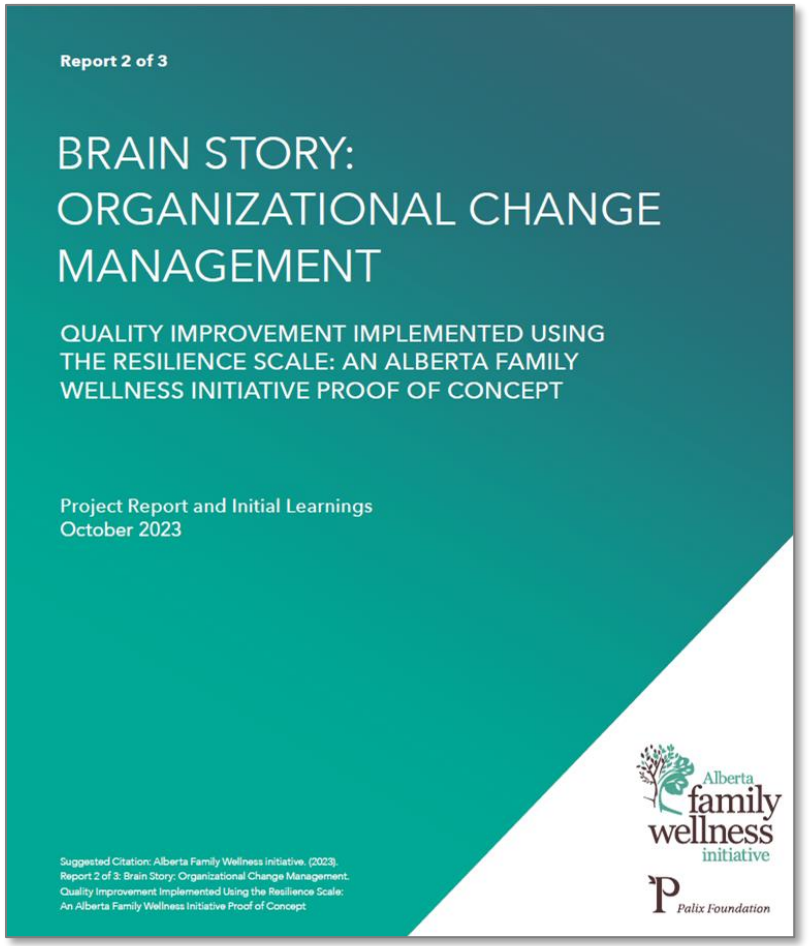
This workshop consists of 3 main components:

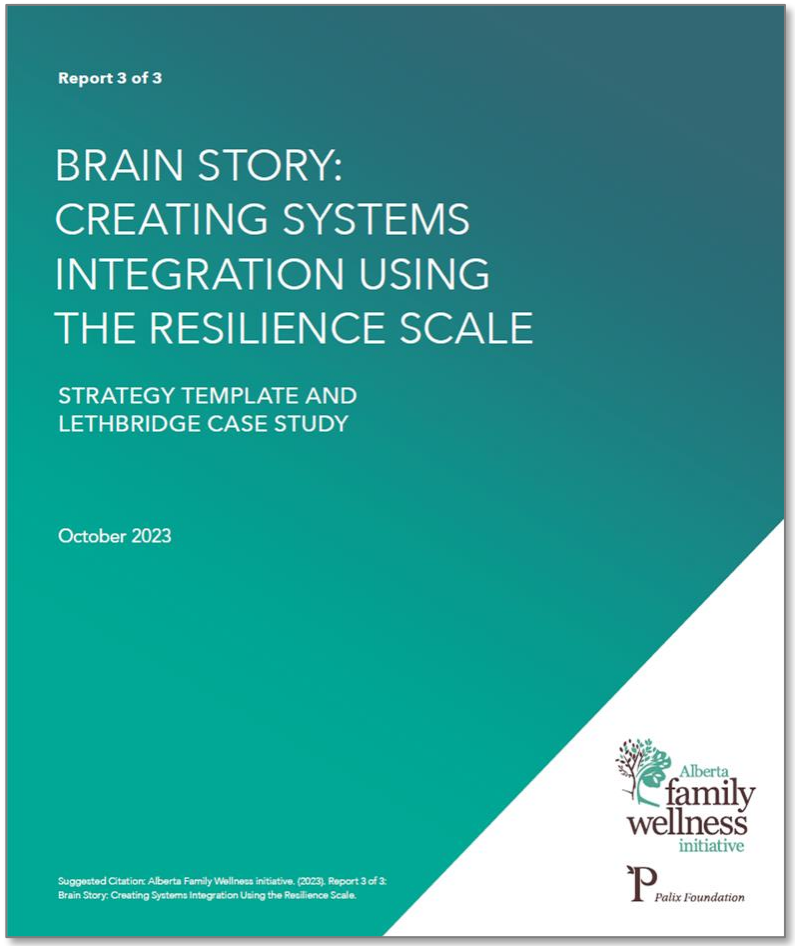
- What do individuals need?
- What do organizations do?
- What do systems have?



The Resilience Scale Framework - Field Data

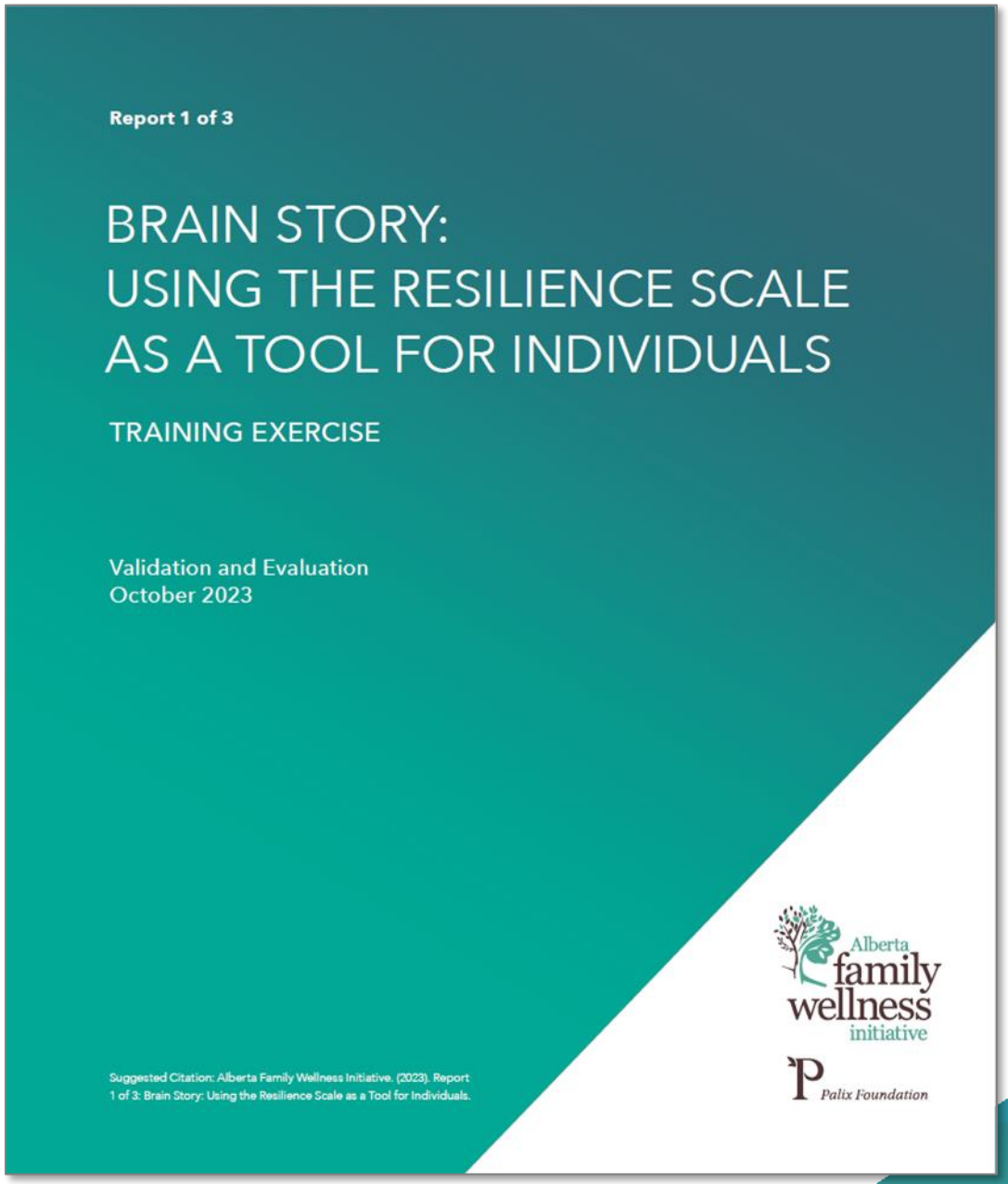


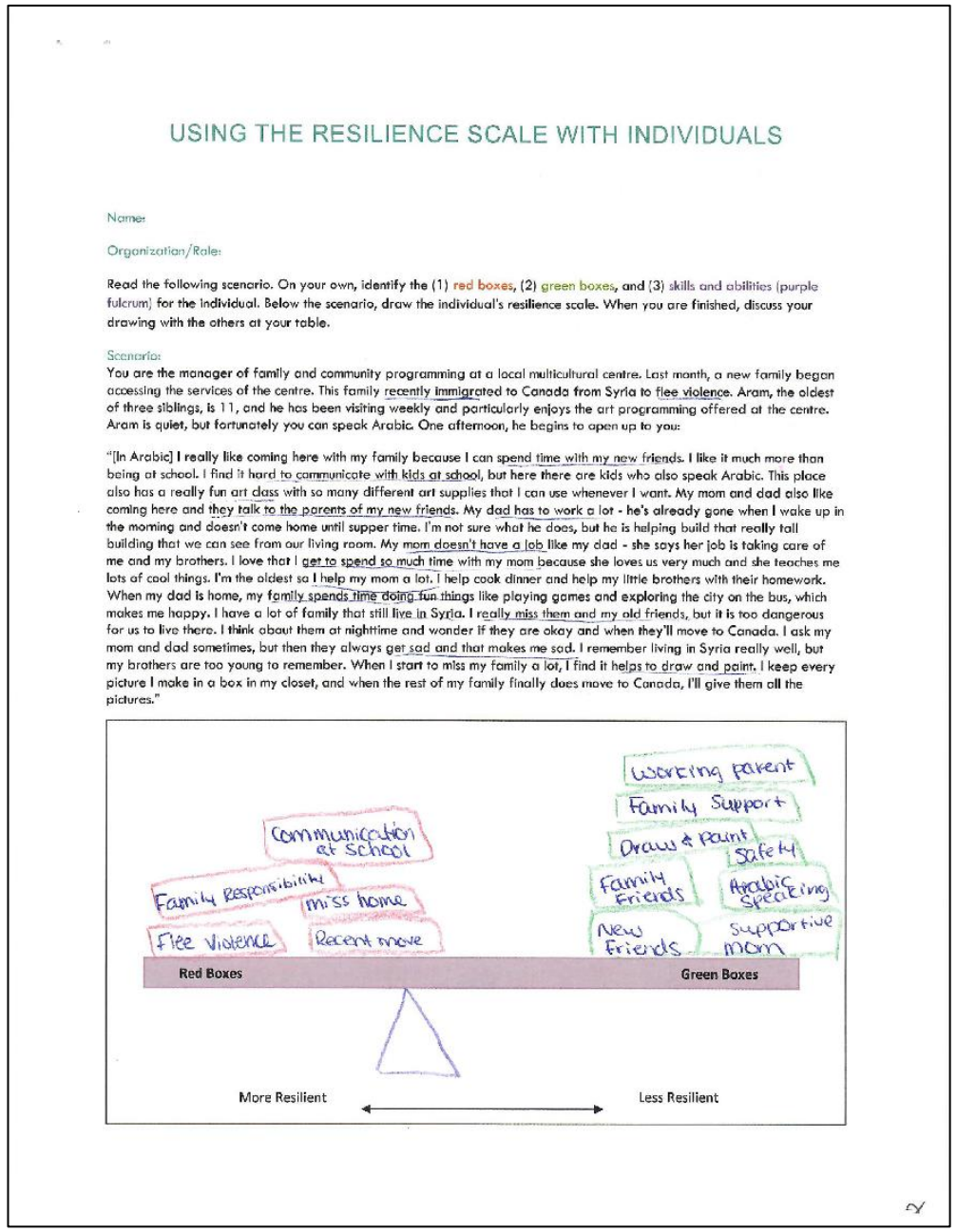




Resilience Scale Framework: Training Exercise

At the individual level, the Resilience Scale Toolkit provides service providers with the opportunity to apply the knowledge of the Brain Story and Resilience Scale in practice.





USING THE RESILIENCE SCALE WITH INDIVIDUALS

Name:

Organization/Role:

Read the following scenario. On your own, identify the (1) red boxes, (2) green boxes, and (3) skills and abilities (purple fulcrum) for the individual. Below the scenario, draw the individual's resilience scale. When you are finished, discuss your drawing with the others at your table.

Scenario:
You are the manager of family and community programming at a local multicultural centre. Last month, a new family began accessing the services of the centre. This family recently immigrated to Canada from Syria to flee violence. Aram, the oldest of three siblings, is 11, and he has been visiting weekly and particularly enjoys the art programming offered at the centre. Aram is quiet, but fortunately you can speak Arabic. One afternoon, he begins to open up to you:

"[In Arabic] I really like coming here with my family because I can spend time with my new friends. I like it much more than being at school. I find it hard to communicate with kids at school, but here there are kids who also speak Arabic. This place also has a really fun art class with so many different art supplies that I can use whenever I want. My mom and dad also like coming here and they talk to the parents of my new friends. My dad has to work a lot - he's already gone when I wake up in the morning and doesn't come home until supper time. I'm not sure what he does, but he is helping build that really tall building that we can see from our living room. My mom doesn't have a job like my dad - she says her job is taking care of me and my brothers. I love that I get to spend so much time with my mom because she loves us very much and she teaches me lots of cool things. I'm the oldest so I help my mom a lot. I help cook dinner and help my little brothers with their homework. When my dad is home, my family spends time doing fun things like playing games and exploring the city on the bus, which makes me happy. I have a lot of family that still live in Syria. I really miss them and my old friends, but it is too dangerous for us to live there. I think about them at nighttime and wonder if they are okay and when they'll move to Canada. I ask my mom and dad sometimes, but then they always get sad and that makes me sad. I remember living in Syria really well, but my brothers are too young to remember. When I start to miss my family a lot, I find it helps to draw and paint. I keep every picture I make in a box in my closet, and when the rest of my family finally does move to Canada, I'll give them all the pictures."

This report provides valuable insight into how the Toolkit has been received by service providers as of June 2023. Over 300 completed scenarios have been collected and analyzed.

Included in this sample are scenarios completed by the following:

- Addictions Counsellors
- Mental Health Workers
- Social Workers
- Psychologists
- Family and Youth Counsellors
- Educators
- Crisis Support Workers
- Nurses
- Psychiatrists
- Law Enforcement Officers
- University Professors
- University Administrators
- Government Officials
- Occupational Therapists
- Physiotherapists
- Pastors

Example Worksheet: Angela

USING THE RESILIENCE SCALE WITH INDIVIDUALS

Name:

Organization/Role:

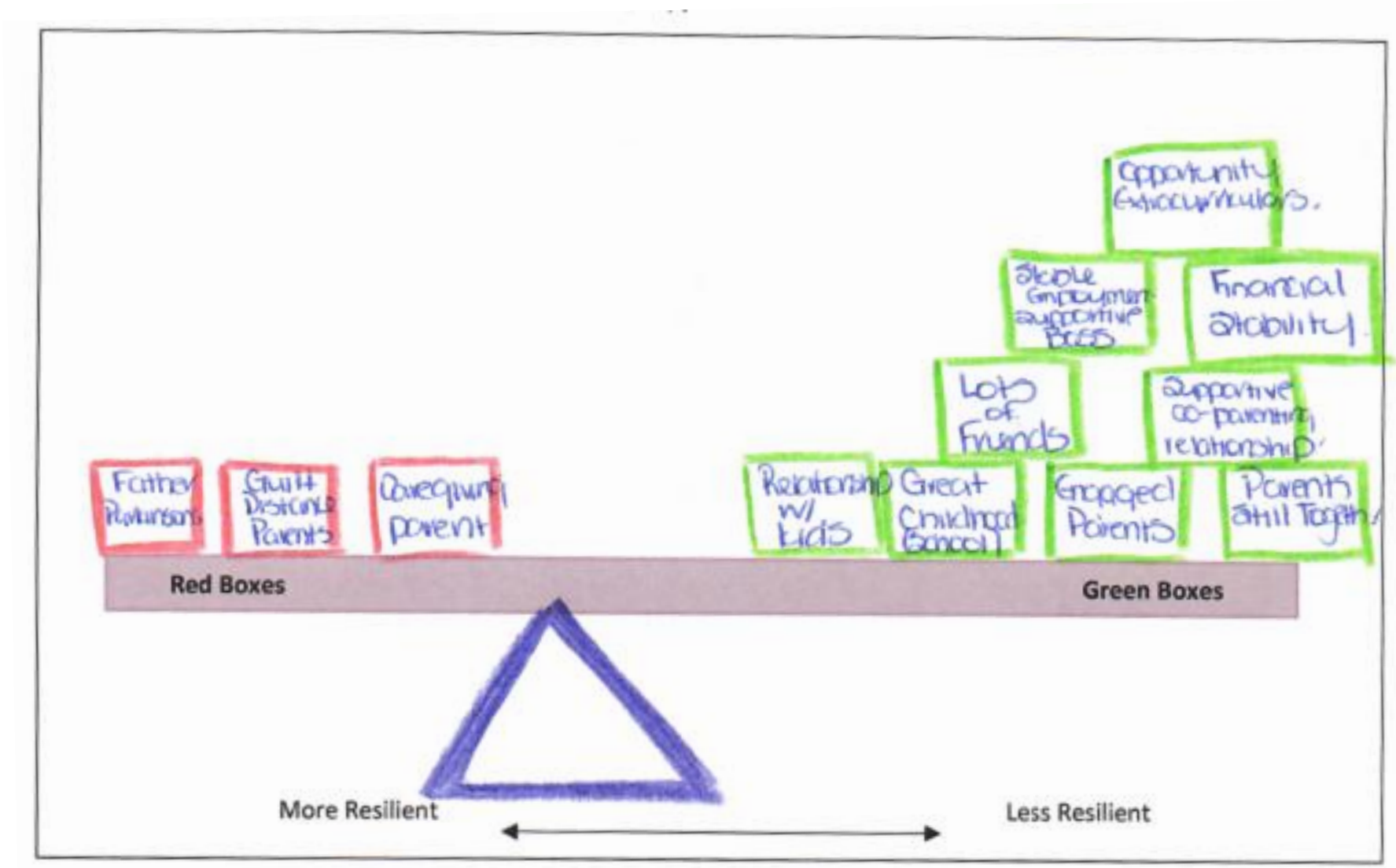
Read the following scenario. On your own, identify the (1) red boxes, (2) green boxes, and (3) skills and abilities (purple fulcrum) for the individual. Below the scenario, draw the individual's resilience scale. When you are finished, discuss your drawing with the others at your table.

Scenario:

You are a support worker at a community group for individuals who have parents or loved ones with Parkinson's Disease. Angela, a young mother of two, has come to her first meeting and generously shared her story with the group:

"My father is 67 and has an advanced case of Parkinson's. He has difficulty moving around the house and requires help from my mother for most daily activities. My mother is his primary caregiver, and they still live in the house I grew up in. Gosh, I have so many great memories of that house. About my whole childhood really; my home, my parents, my school, extracurriculars. I was pretty lucky. My dad and I built a treehouse in the backyard when I was 8 - now my kids get to play in it when we visit on holidays. Holidays were a blast growing up. My parents always went above and beyond - for Christmas, Easter, Thanksgiving, Halloween. I was an only child but you'd never know it because I always had friends around. I still have that same group of childhood friends now. I have one friend whose father had dementia, so she's been a really valuable support for me as I go through this with my dad. It's a little sad now because with dad being ill, mom just doesn't have the time or energy to get excited about the holidays anymore. I visit them most weekends to lend a hand. I would go more often but they live four hours away. I really struggle with the guilt of feeling like I'm not doing enough to help. I also have two young kids, 2 and 5 who are my pride and joy. Me and their dad have recently separated but it was amicable. We're still on good terms and have a good co-parenting arrangement - he takes the kids every other week and we split all of their expenses 50/50. I work as an insurance broker and am able to work from home. It's a good job - it provides stable income and benefits and my boss is very accommodating. Both of my kids are in daycare or kindergarten, so I do a lot of drop-off and pick-up, and Greg, my boss, is completely supportive.

Example Worksheet: Angela



Example Worksheet: Angela

Red Boxes

In the space below, please name and list every "red box" you identified in the given scenario. Below that, please write a brief rationale as to why you interpreted that piece of information as a "red box".

Please note: You may not require all the spaces provided.

Box: Father - Illness
Rationale: Stress related to ill parent

Box: Guilt about Distance Between Parent
Rationale: Emotional/mental Stress

Box: Caregiving Parent
Rationale: Grief, stress

Box:
Rationale:

Box:
Rationale:

Box:
Rationale:

Box:
Rationale:

Box:
Rationale:

Box:
Rationale:

Box:
Rationale:

Box:
Rationale:

Example Worksheet: Angela

Green Boxes

In the space below, please name and list every "green box" you identified in the given scenario. Below that, please write a brief rationale as to why you interpreted that piece of information as a "green box".

Please note: You may not require all the spaces provided.

Box: Extra Curriculars in childhood
Rationale: Opportunity, connection, skills.

Box: Engaged Parents.
Rationale: Attachment

Box: Stable Employment/SupportiveBoss
Rationale: Stability, Opportunity to work from home, supportive

Box: Parents still together.
Rationale: Stability, Security, Support

Box: Financial ~~PRAM~~ Stability
Rationale: Ability to meet needs.

Box:
Rationale:

Box: Friends.
Rationale: - Support, Connection

Box:
Rationale:

Box: Co-Parenting Relationship.
Rationale: Amicable Seperation/Supportive

Box:
Rationale:

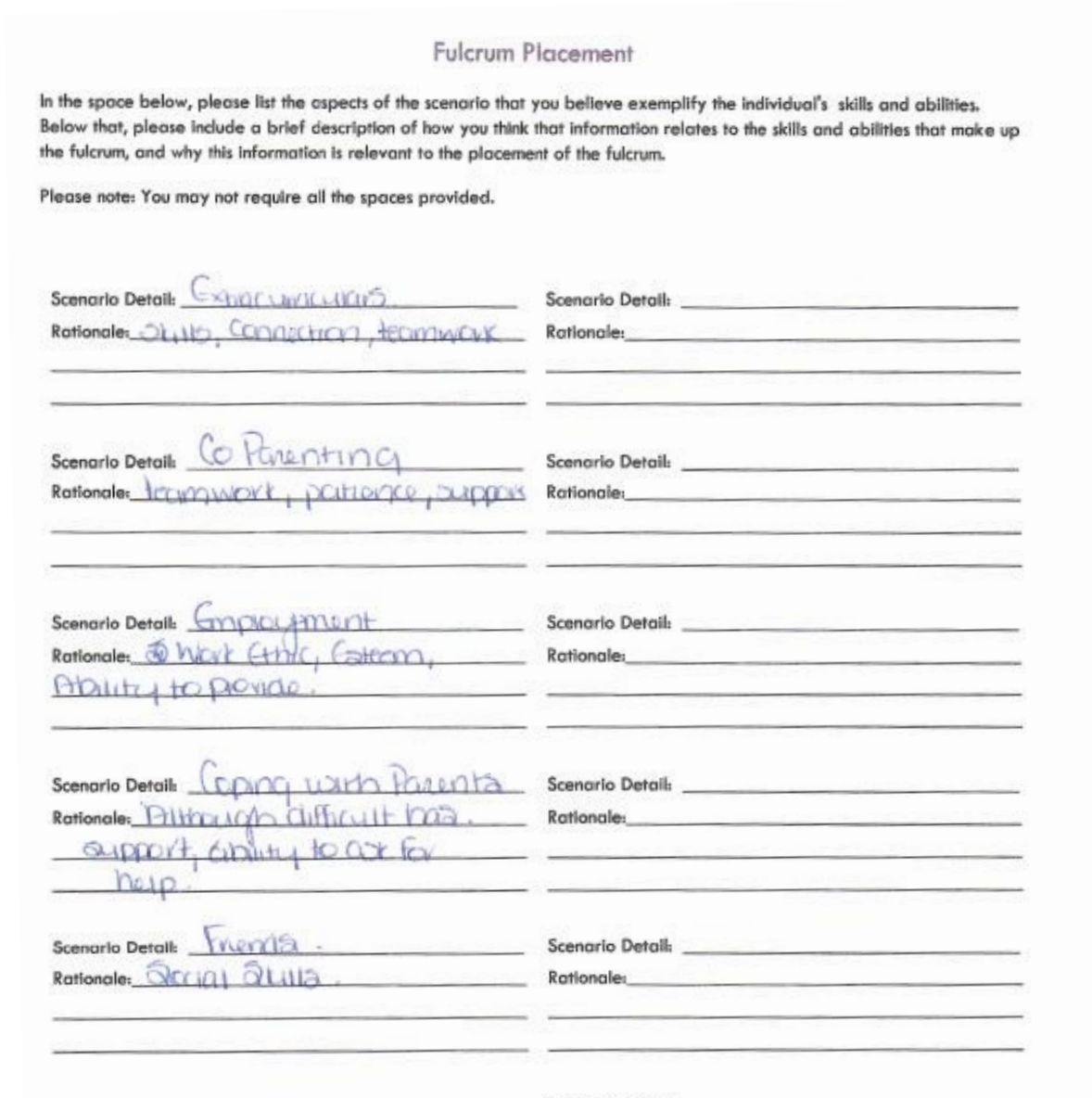
Box: Relationship w/ kids
Rationale: Engaged", Picks "kids"

Box:
Rationale:

Box: Stable Childhood
Rationale: Schooling, extracurriculars engaged parents

Box:
Rationale:

Example Worksheet: Angela



Fulcrum Placement

In the space below, please list the aspects of the scenario that you believe exemplify the individual's skills and abilities. Below that, please include a brief description of how you think that information relates to the skills and abilities that make up the fulcrum, and why this information is relevant to the placement of the fulcrum.

Please note: You may not require all the spaces provided.

Scenario Detail: Extracurriculars
Rationale: Skills, Connection, teamwork

Scenario Detail:
Rationale:

Scenario Detail: Co Parenting
Rationale: teamwork, patience, support

Scenario Detail:
Rationale:

Scenario Detail: Employment
Rationale: Work Ethic, Esteem, Ability to provide.

Scenario Detail:
Rationale:

Scenario Detail: Coping with Parents
Rationale: Although difficult has support, ability to ask for help.

Scenario Detail:
Rationale:

Scenario Detail: Friends.
Rationale: Social Skills.

Scenario Detail:
Rationale:

Conclusion on Effectiveness of Training

- The Resilience Scale Toolkit was shown to be valid, feasible, and acceptable
  - Participants found the exercise useful, clear, and applicable to their work

93% of worksheets met the criteria for inclusion

92% of the rationales provided by each participant were appropriately aligned with the science of the Brain Story and the Resilience Scale.

Resilience Scale Activity

Activity – Aram

You are the manager of family and community programming at a local multicultural centre. Last month, a new family began accessing the services of the centre. This family recently immigrated to Canada from Syria to flee violence. Aram, the oldest of three siblings, is 11, and he has been visiting weekly and particularly enjoys the art programming offered at the centre. Aram is quiet, but fortunately you can speak Arabic. One afternoon, he begins to open up to you:

"[In Arabic] I really like coming here with my family because I can spend time with my new friends. I like it much more than being at school. I find it hard to communicate with kids at school, but here there are kids who also speak Arabic. This place also has a really fun art class with so many different art supplies that I can use whenever I want. My mom and dad also like coming here and they talk to the parents of my new friends. My dad has to work a lot - he's already gone when I wake up in the morning and doesn't come home until supper time. I'm not sure what he does, but he is helping build that really tall building that we can see from our living room. My mom doesn't have a job like my dad - she says her job is taking care of me and my brothers. I love that I get to spend so much time with my mom because she loves us very much and she teaches me lots of cool things. I'm the oldest so I help my mom a lot. I help cook dinner and help my little brothers with their homework. When my dad is home, my family spends time doing fun things like playing games and exploring the city on the bus, which makes me happy. I have a lot of family that still live in Syria. I really miss them and my old friends, but it is too dangerous for us to live there. I think about them at nighttime and wonder if they are okay and when they'll move to Canada. I ask my mom and dad sometimes, but then they always get sad and that makes me sad. I remember living in Syria really well, but my brothers are too young to remember. When I start to miss my family a lot, I find it helps to draw and paint. I keep every picture I make in a box in my closet, and when the rest of my family finally does move to Canada, I'll give them all the pictures."

Answer – Aram

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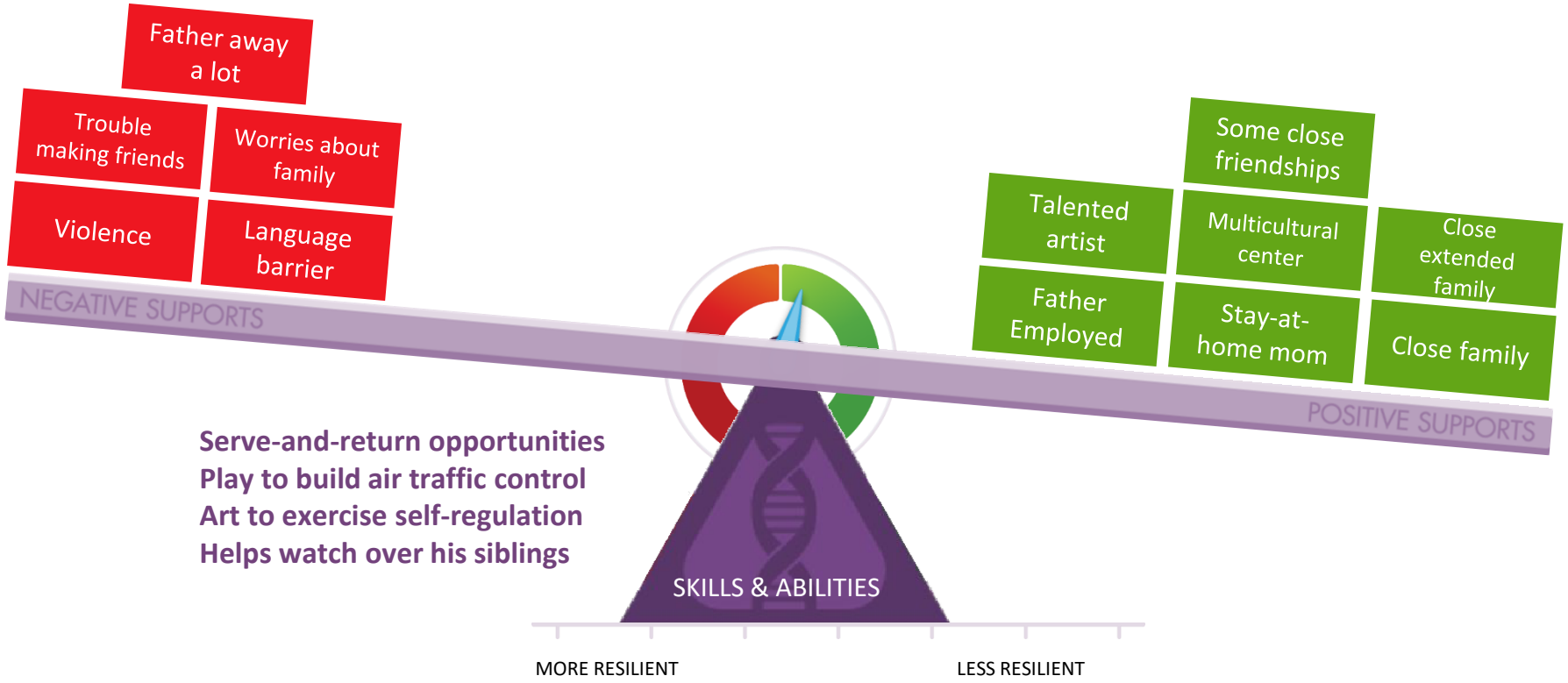
Answer – Aram


Father away a lot
Trouble making friends
Worries about family
Violence
Language barrier
NEGATIVE SUPPORTS
Some close friendships
Talented artist
Multicultural center
Close extended family
Father Employed
Stay-at-home mom
Close family
POSITIVE SUPPORTS
Serve-and-return opportunities
Play to build air traffic control
Art to exercise self-regulation
Helps watch over his siblings
SKILLS & ABILITIES
MORE RESILIENT
LESS RESILIENT

Alberta Health Services Calgary Zone
Child & Adolescent Addiction, Mental Health and Psychiatry –
Resilience Scale Tool Clinical Protocol

Alberta Health Services Calgary Zone: Child and Adolescent Addiction Mental Health and Psychiatry – Resilience Scale Tool Clinical Protocol

Clinical simulation

Alberta Health Services Calgary Zone: Child and Adolescent Addiction Mental Health and Psychiatry – Resilience Scale Tool Clinical Protocol

Clinical simulation

Clinical Implementation of the Resilience Scale

1. Mobilize the knowledge of the Resilience Scale among mental health professionals and other specialists from Alberta Health Services (AHS), Primary Care Networks (PCNs), education, community settings, and justice.
2. Implement the use of the Resilience Scale as a clinical tool, employing a Train the Trainer model.
3. Monitor and improve the implementation of the Resilience Scale as a clinical tool.
4. Develop communities of practice.

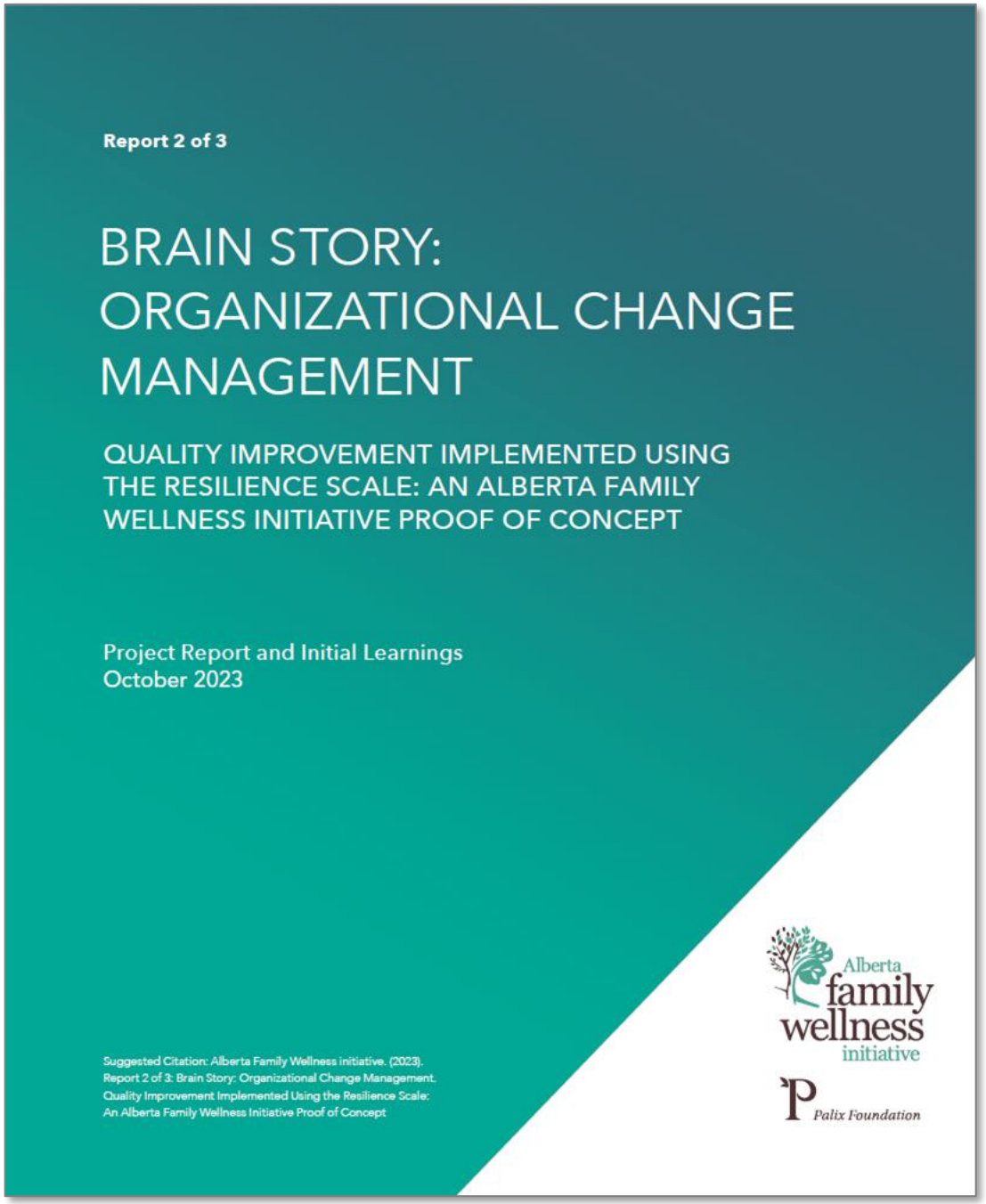
Conclusion

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

Overall, the Toolkit is acceptable, valid, accurately assesses understanding of the material, and shows that participants were able to effectively synthesize the training to use the Resilience Scale as a practical tool.

Resilience Scale Framework

At the organization level, the Resilience Scale serves as a tool to support organizational change management by coding program design to address an individual's Resilience Scale.



Harvard Center on the Developing Child - Frontiers of Innovation

Frontiers of Innovation (FOI) is the Research and Development platform of the Harvard Centre on the Developing Child

Accelerate development and adoption of science-based interventions

Center on the Developing Child
HARVARD UNIVERSITY

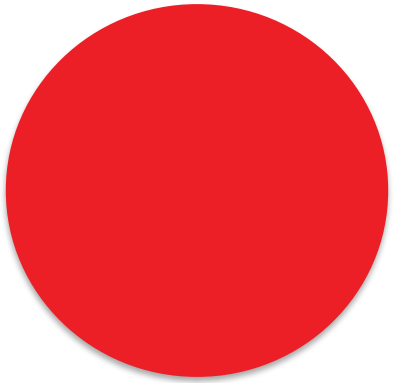
Frontiers OF INNOVATION

Adapted Context

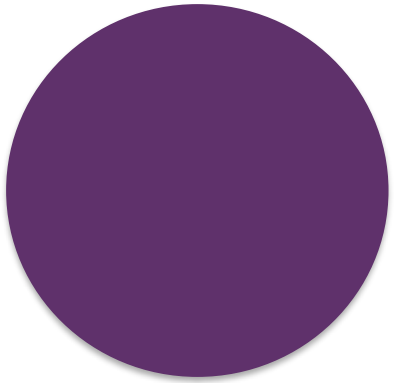
Key Context:

Current Frontiers of Innovation Projects

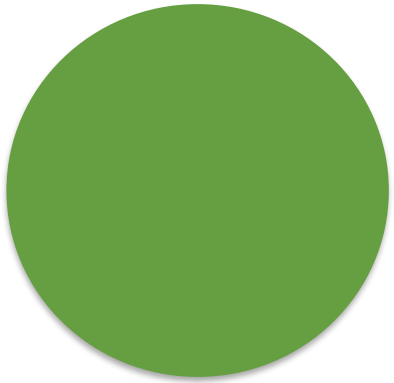
Primary Design Principles:



Reduce Adversity



Improve Skills and Abilities

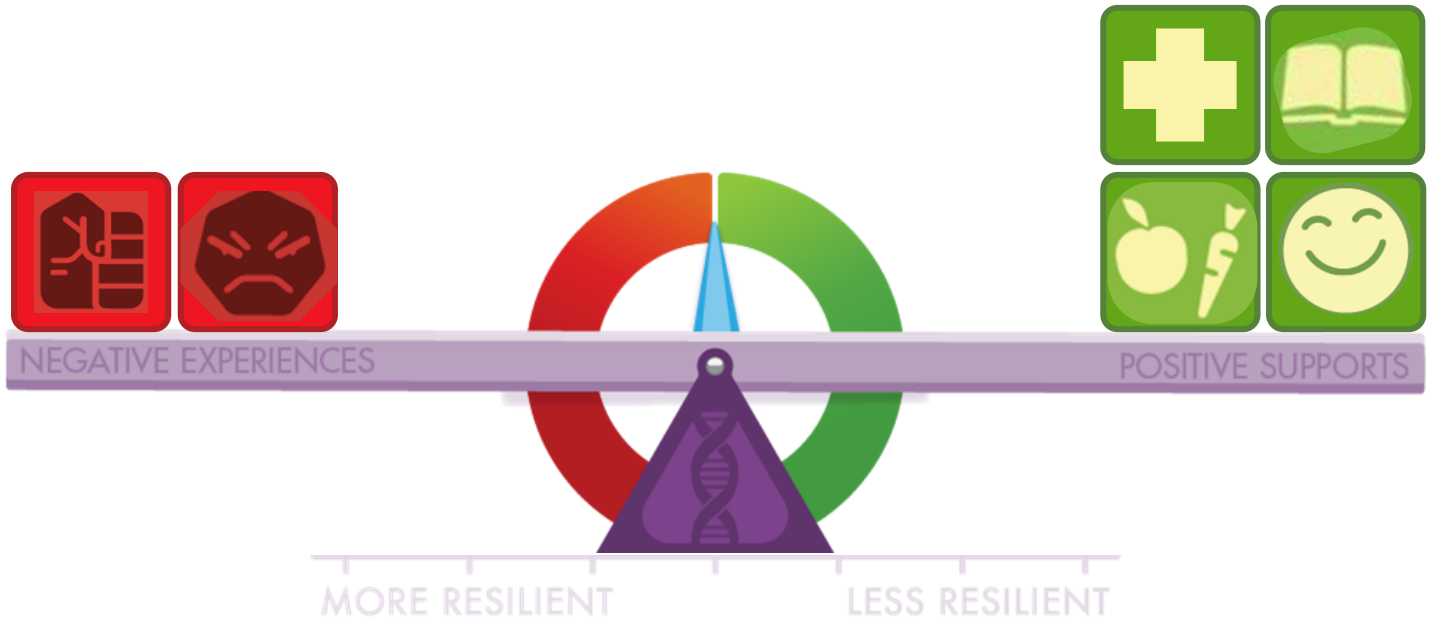


Add Positive Supports

Adapted from the Center on the Developing Child at Harvard University

Frontiers of Innovation and the Resilience Scale

Principle 1: Reduce Adversity



Principle 3: Add Positive Supports

Principle 2: Improve Skills and Abilities

Pilot Coding - Program Design

Objectives:

Launch a quality improvement pilot to improve services that address an individuals needs based on their Resilience Scale using the Frontiers of Innovation (FOI) template to code program design.

Participating organizations included:

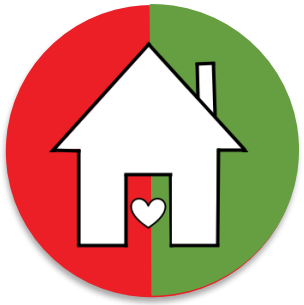
- Providence Child Development Society
- Renfrew Educational Services
- University of Calgary ATTACH™ Program
- SPEECHified
- Lethbridge Family Centre
- CUPS
- Fresh Start Recovery Centre
- YWCA of Calgary
- Alberta Health Services in Calgary
- Big Brothers Big Sisters of Calgary and Area
- Children’s Cottage Society

Alberta Programs – YWCA Calgary

The YWCA Calgary is a non-profit organization working with clients to meet their most basic needs and work to create positive change in their lives. The YWCA of Calgary works to support men, women, and their families through intergenerational programming which includes shelter and housing services, counselling, childcare, job training and language learning.

Identified 26 discrete programs or services across 9 different settings

Alberta Programs – YWCA Calgary



Domestic Violence Shelter
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-minding services, as well as individual domestic abuse counselling and support. Staff also help individuals to navigate the system and facilitate connections with resources for housing programs, legal services, and educational support as they build a safe, secure life.

Language Instruction for Newcomers to Canada (LINC)
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. 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 organized by Canadian Language Benchmark levels — YWCA currently offers CLB 1 to CLB 4.

Childcare
The YWCA Childcare Centre is a licensed facility that 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 kids' individual development, emphasizing 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.

Child and Family Counselling
Individualized therapeutic counselling for families with children ages 4 to 17. Family counselling provides a safe and supportive environment for families to build stronger relationships and a healthy future. Programming includes art and play therapy, talk therapy, and mindfulness practice. These free sessions are weekly and take place for up to 16 weeks.

YWCA Calgary

Alberta Programs – 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.

Identified 13 discrete programs or services.

Programs include:

- Prevention and Health Maintenance Basic Services
- Recovery Maintenance and Health Management
- Low and High Intensity Community-Based Services
- Medically Monitored Community-Based Services

Alberta Programs – Providence Child Development Society

Inclusive Childcare Provider Program (Purple)
Providence's Inclusive Childcare (ICC) Program provides short-term coaching to educators in early childcare settings (**children aged zero to three**) 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.

Individualized 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. **19 months to six years old**

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.

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. 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).

Post-Participation Survey – Quantitative Results

Value

Do you see value in coding your organization's programs and services using this system?

- Program alignment with client needs
- Quality improvement and strategic planning
- Better systems alignment

Referral Network

Would you use a referral network that is based on this system of coding?

- Efficient referral system for service providers
- Help service providers more effectively communicate and engage with clients/patients.
- Contribute significantly to systems alignment

BSC Referrals

Would you prefer to make referrals for clients who need additional support to Brain Story Certified agencies?

- Trauma-informed nature of the Brain Story

Resources

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

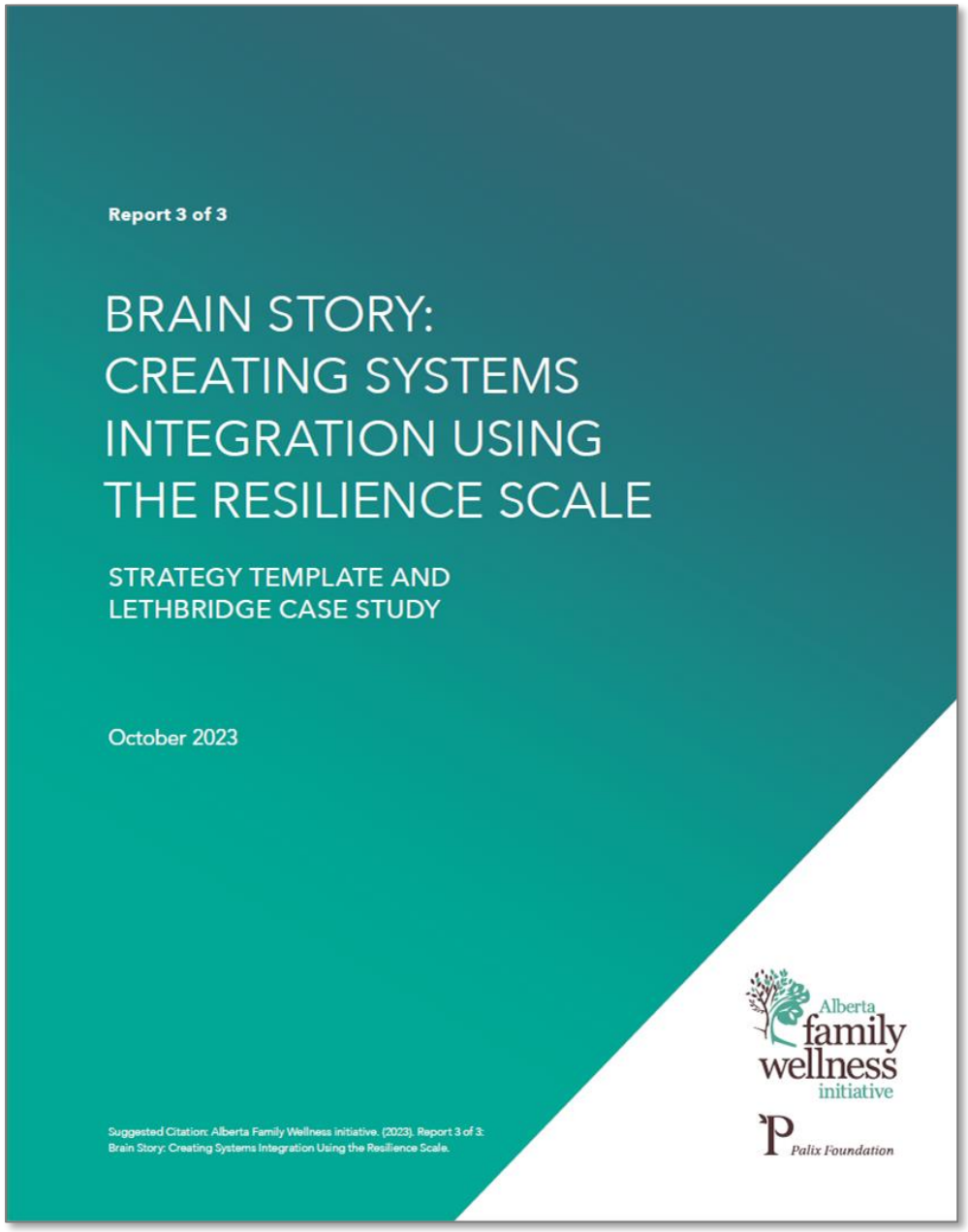
- Staff turnover
- External support would
- make participation more feasible.

Conclusion

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).

Resilience Scale Framework: Map

At a systems level, the Resilience Scale can improve outcomes for individuals, families, and communities by promoting systems integration and refining service delivery through wide scale adoption of a common competency in Brain Story and the Resilience Scale Framework.



Strategy for Community Integration

The Resilience Scale Framework can also be applied at the community-level by:

- Increasing uptake of the Brain Story and application of the Resilience Scale as a tool for individuals
- Using the Resilience Scale Template to code programs and services. Providing a learning platform for Communities of Practice.
- Mapping the community's assets and resources

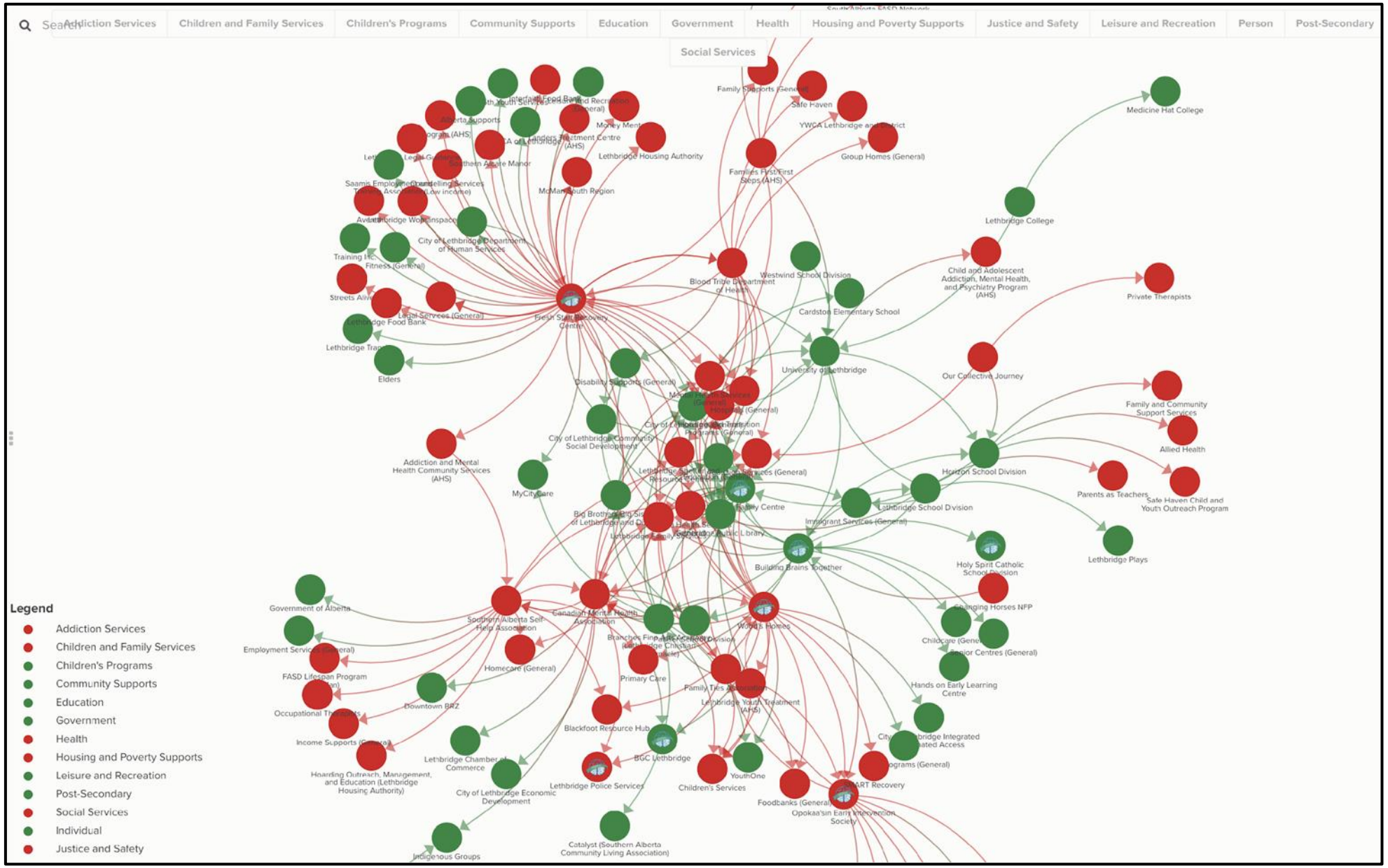
The Lethbridge Community Map

The Lethbridge Community Map was created using responses to the question:

What organizations and groups would you like to collaborate with or refer clients/patients to in order to help improve outcomes for the population you serve?

Based on the responses, we mapped 93 organizations/groups and 181 connections.

The Lethbridge Community Map



The Resilience Scale as a Clinical & Resilience Tool

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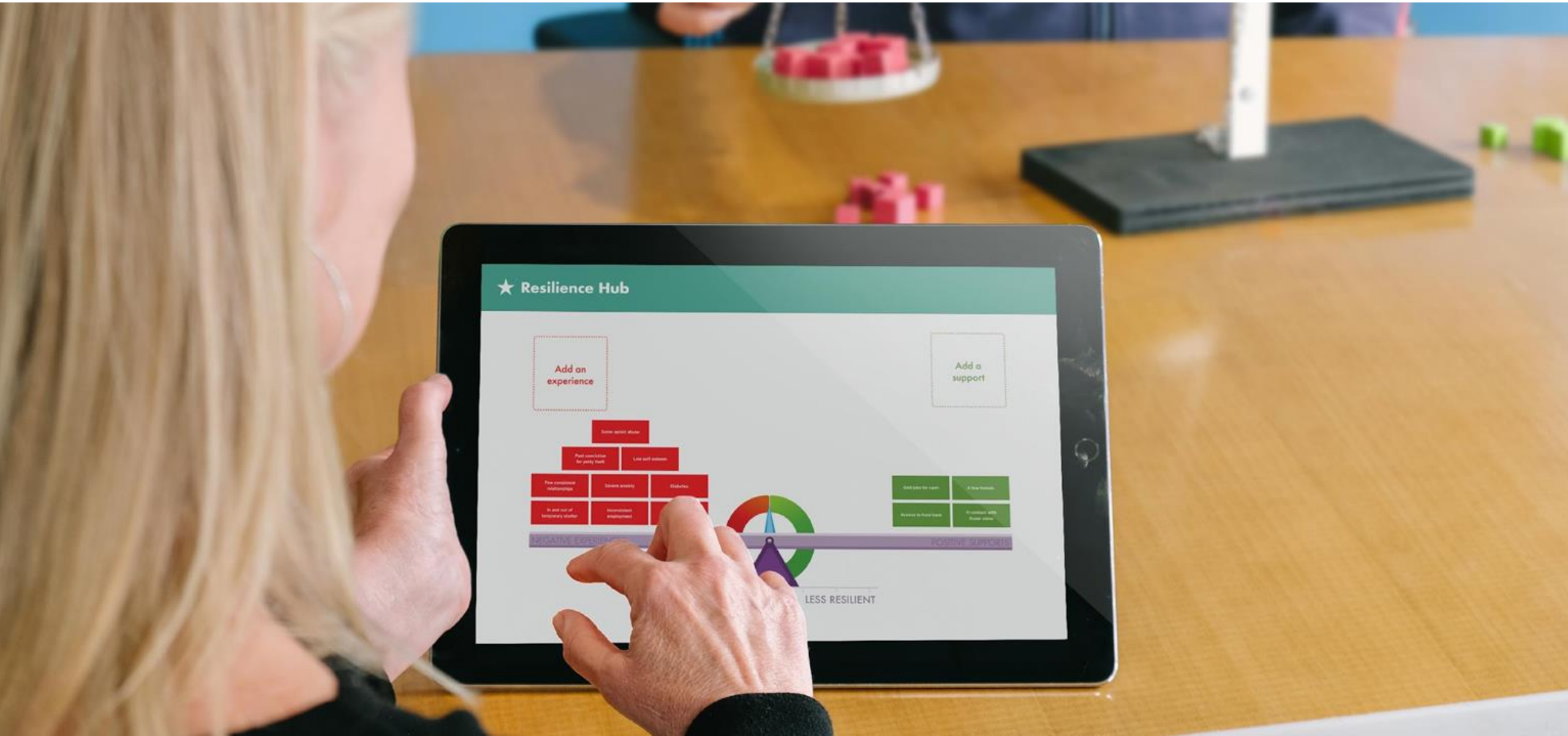
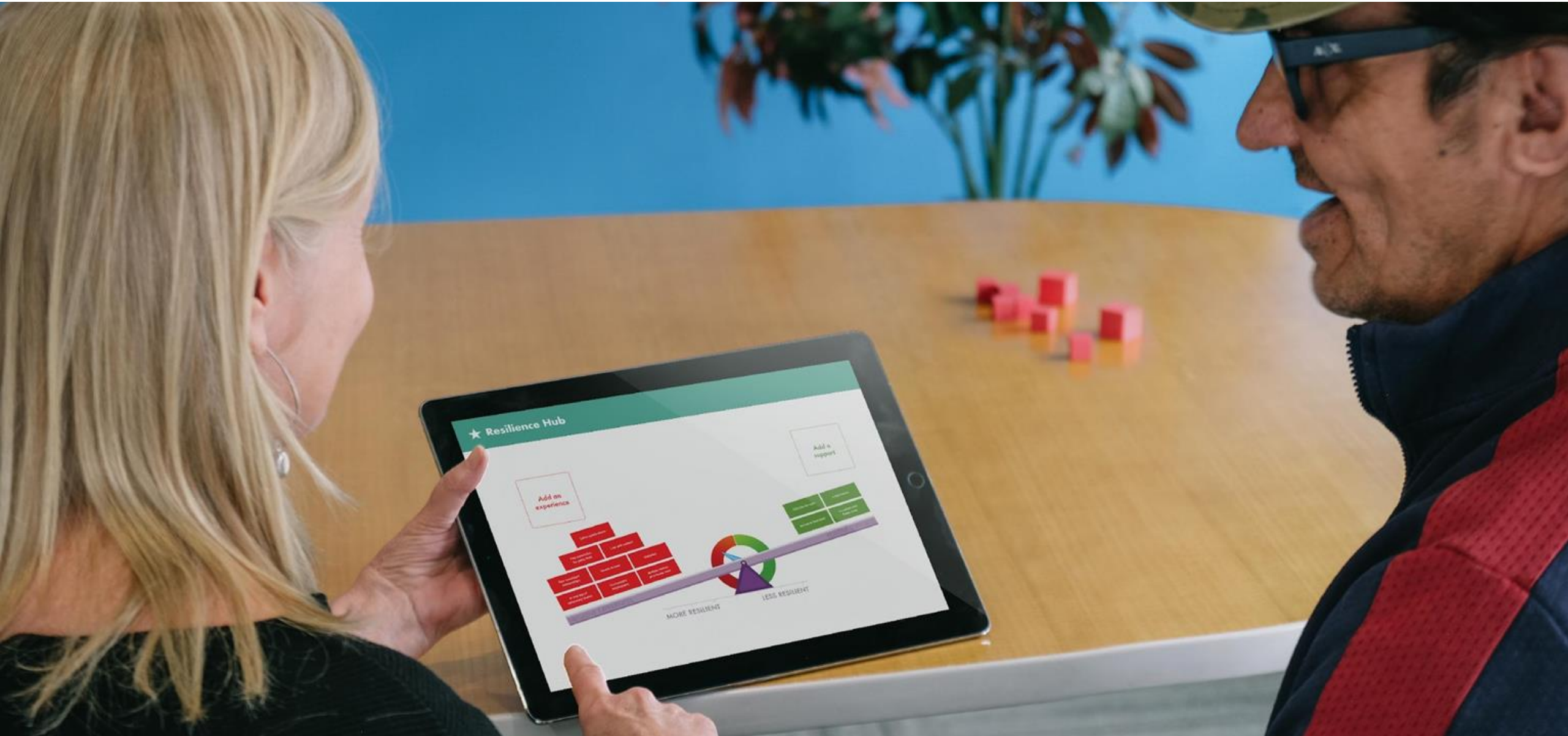
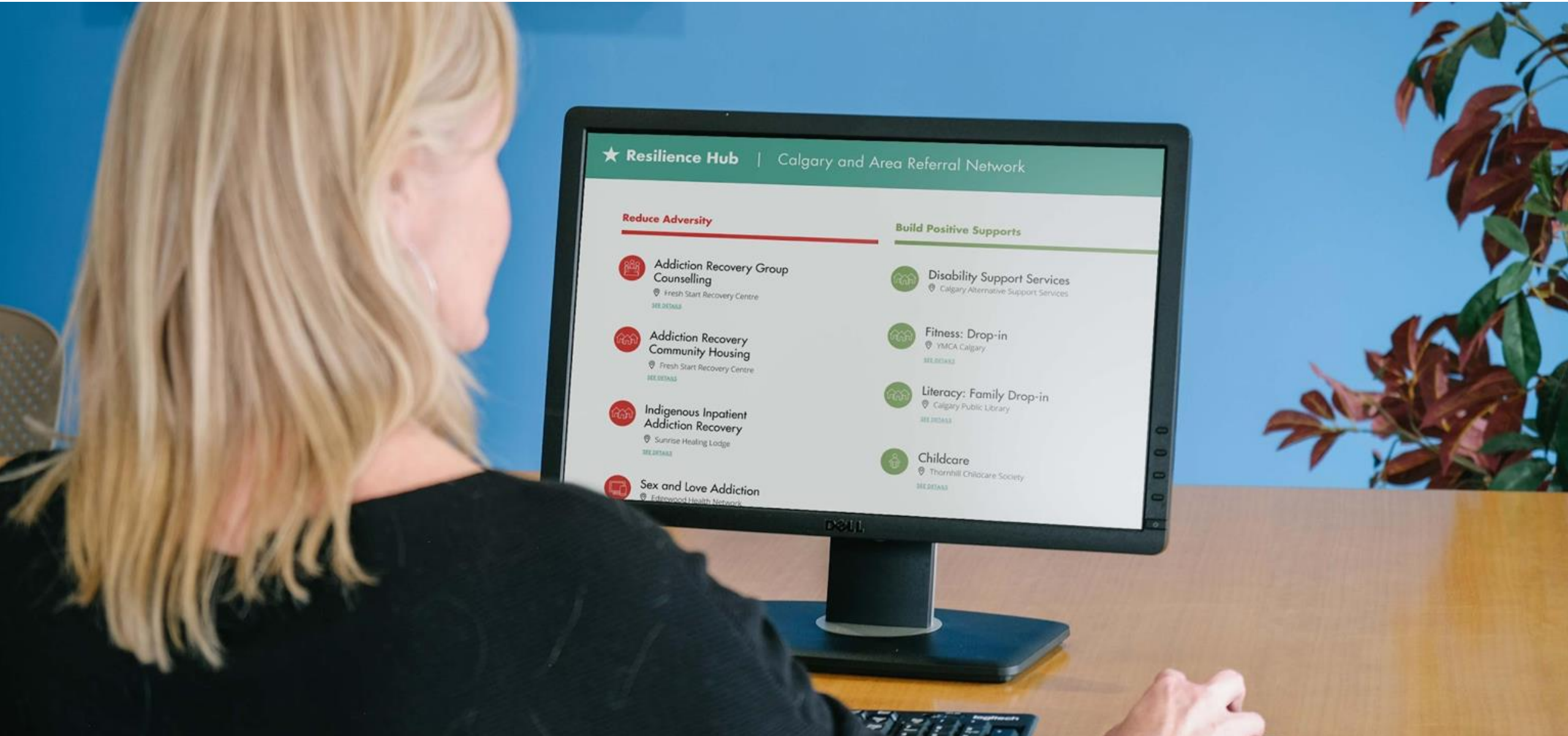


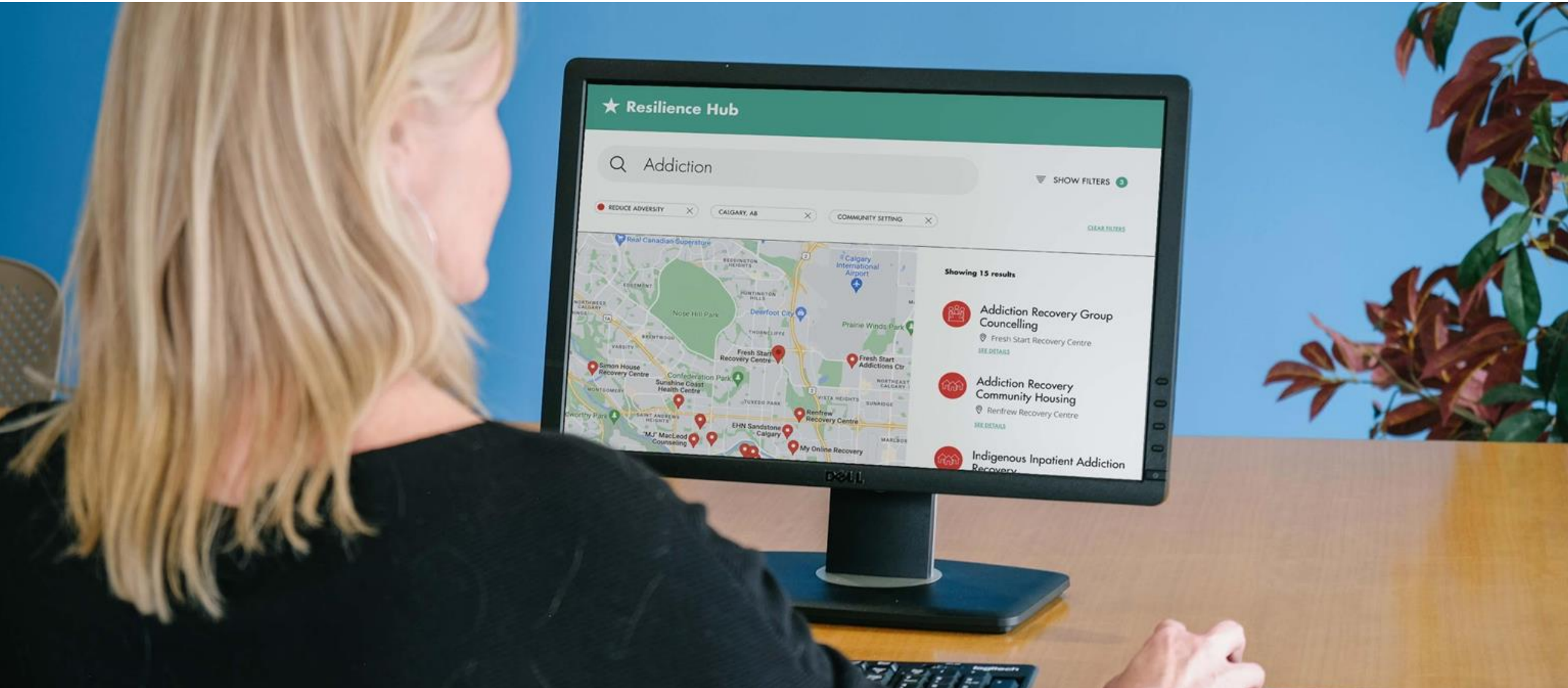
The Resilience Scale as a Clinical & Resilience Tool



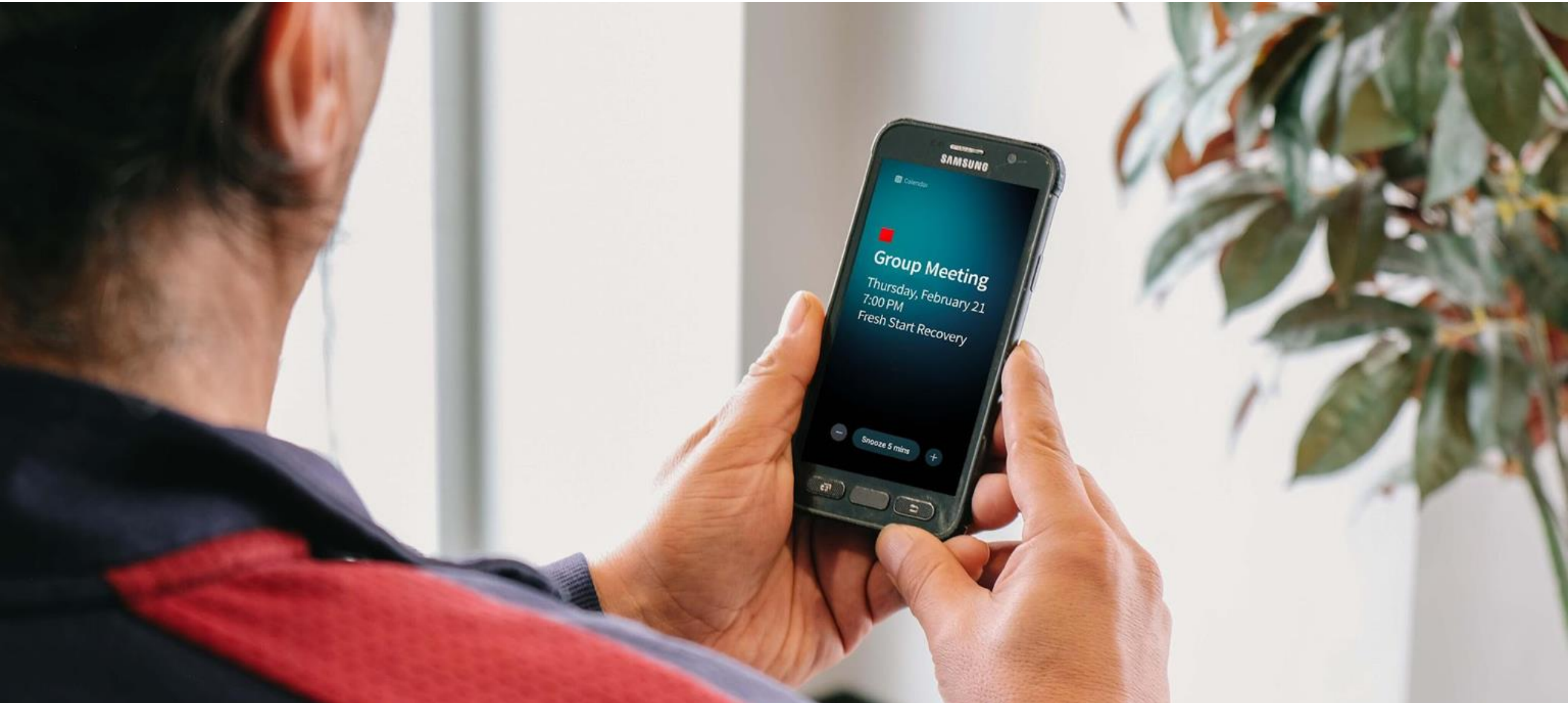
The Resilience Scale as a Clinical & Resilience Tool



The Resilience Scale as a Clinical & Resilience Tool: Referral Network



The Resilience Scale as a Clinical & Referral Tool: Application for Individuals



Conclusion

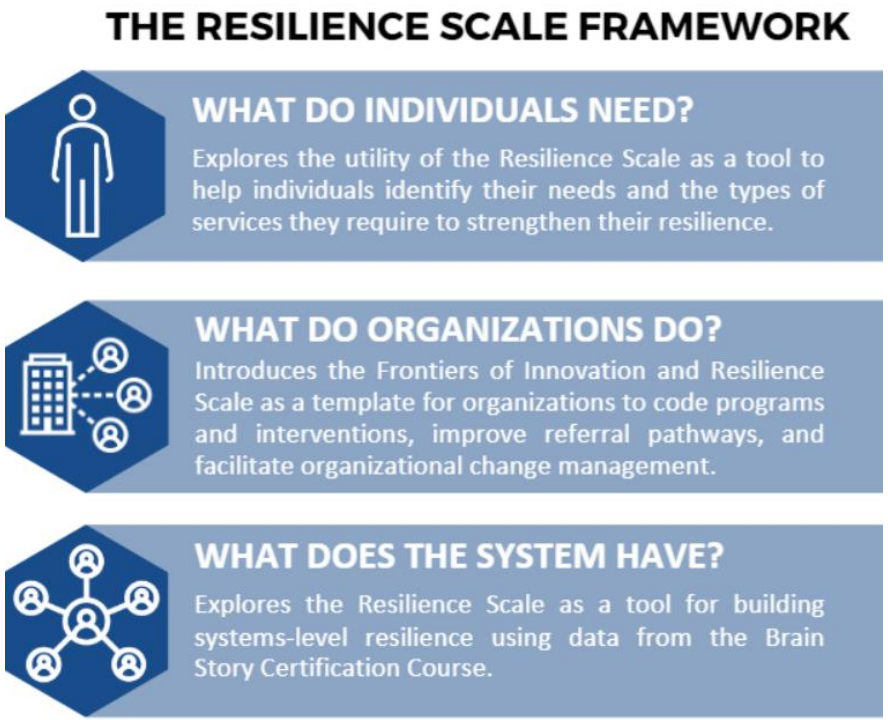
Effective systems-level change requires all elements of the Resilience Scale Framework.

At the individual level, the Resilience Scale is a practical tool to apply the knowledge of the Brain Story in order to measure an individual's change over time.

At the organizational level, the Resilience Scale is a template for coding programing and a tool for organizational change management.

At the systems level, this Framework gives policymakers and service providers access to a common knowledge base and common language. This facilitates the ability to understand and navigate the spectrum of care which, we believe, will contribute to improved outcomes over time.

Resilience Scale Masterclass



Join the AFWI for the Resilience Scale Masterclass: A free, 2.5-hour, virtual workshop which introduces the Brain Story and Resilience Scale Framework to community leaders and professionals from the health, education, justice, and children's services systems in order to build resilience and improve outcomes for individuals, families, and communities.

Contact Us:

To inquire about booking a Resilience Scale Masterclass, contact us at **contact@palixfoundation.org**
http://www.albertafamilywellness.org/