



Training and Consultation for Addressing Complex Behaviors for Direct Service Professionals and Frontline Staff, Using the 'Think Brain First' Framework

Executive Summary

This specialized training is for frontline staff in the Think Brain First framework, developed and delivered by Eileen Devine, LCSW. The trauma-informed, neuroscience-aligned approach equips staff with the understanding and tools necessary to compassionately and effectively support Alaska's most behaviorally complex clients, while also addressing chronic staff burnout and turnover. It integrates the best available research evidence on neurobehavioral conditions with the staff member's existing expertise and the client's values and preferences, resulting in improved outcomes across systems of care for the most vulnerable Alaskans.

This proposal outlines the following three tiers of the Think Brain First Training for Professionals:

Tier 1: *Think Brain First Specialist Certificate Program* – a 12-hour, Zoom-based foundational training for direct service professionals and frontline staff across various sectors and service systems.

Tier 2: *Think Brain First Liaison Certificate Program* – an advanced 6-hour intensive training for identified staff persons, or Liaisons, who will serve as “in-house” experts, provide staff support, and lead integration efforts on an on-going basis. Tier 1 certification is a prerequisite to participate in Tier 2.

Tier 3: *Community of Practice consultation* provides ongoing Zoom consultation for Liaisons for 60 minutes per month, over six months.

This tiered structure offers the opportunity to create sustained culture change across multiple service systems—enhancing care outcomes for clients and promoting workforce resilience for those who serve them.

Supportive Research

Think Brain First curriculum draws upon the publications and research of the following individuals:

Daniel Siegel, MD: author and researcher, clinical professor of psychiatry at the UCLA School of Medicine and executive director of the Mindsight Institute, developed the field of Interpersonal Neurobiology

Stephen Porges, MD: author of the *Polyvagal Theory*, researcher of the relational neurosciences, creator of Safe and Sound Protocol, and Professor of Psychiatry at the University of North Carolina, and Professor Emeritus at both the University of Illinois at Chicago and the University of Maryland

Bessel van der Kolk, MD: author of *The Body Keeps the Score*, world's leading expert in the research and treatment of trauma

Bruce Perry, M.D., Ph.D: author, developer of the Neurosequential Model, neuroscience and clinical researcher, with neuroscience research examining the impact of prenatal drug exposure, the neurobiology of human neuropsychiatric disorders, the neurophysiology of trauma and adversity, and the development of neurotransmitter receptors in the brain. His clinical research and practice have a focus on the complex impact of developmental adversity.

Ira Chasnoff, MD: author, leading researcher in the field of prenatal exposure to alcohol and illicit drugs.

Ross Greene, Ph.D.: author, child psychologist, originated the evidence-based Collaborative & Proactive Solutions (CPS) model of intervention.

Tier 1: Think Brain First Specialist Training

Target Audience: Frontline staff serving individuals with complex needs and behavioral challenges working for community provider agencies. The following agencies have sent letters of support and need: AK Child & Family (Anchorage, statewide), Ptarmigan Connections (Mat-Su), JAMHI Health & Wellness (Juneau), Frontier Community Services (Kenai Peninsula), Alaska Center for Children & Adults (Fairbanks), and Liitfik Behavioral Health Services (Nome).

Format: Virtual | 12-hour training | Cohorts of (no more than) 25 Participants

Specialist Training Overview (Tier 1)

The Think Brain First framework teaches staff to interpret challenging behavior through a neurobehavioral lens, one that is rooted in neuroscience research. Instead of relying on traditional behavioral management techniques—which often escalate stress responses in individuals with neurological vulnerabilities—participants learn to:

- Understand brain function and a fragile nervous system as the root of behavioral symptoms
- Use regulation-first strategies rooted in co-regulation, attunement, and felt-safety
- Identify lagging cognitive skills and hidden stressors contributing to "non-compliance" and other behavioral challenges
- Adapt environments, expectations, and interactions to match each client's brain-based needs, thus reducing the intensity and frequency of behavioral symptoms
- Incorporate the Think Brain First framework into treatment plans, behavioral plans, transition plans, safety plans, treatment team meetings, team huddles and other clinically based activities.

Tier 2: Think Brain First Liaison Training

Target Audience: Staff who have completed Think Brain First Specialist Training (Tier 1) and have been identified to serve as internal support for their team, with the on-going role as an “in-house” Think Brain First Liaison.

Format: Virtual | 6-hour training | Cohorts with a minimum of five participants (drawn from the Tier 1 Cohort)

Liaison Training Overview (Tier 2)

Participants in this level will deepen their understanding of neurobehavioral conditions and systems-level implementation of the Think Brain First framework. They will become Liaisons who:

- Serve as peer consultants and guides within their teams
- Model the use of Brain First strategies during team consultation and care planning
- Facilitate sustained implementation of the framework at their site

Benefits of Liaison Model

- Builds internal capacity and sustainability for framework implementation
- Encourages consistent and aligned staff practices across shifts and sites
- Offers a professional development pathway that retains high-performing staff
- Creates a shared language and lens for multidisciplinary team

Tier 3: Think Brain First Community of Practice Consultation

Target Audience: Staff who have completed Think Brain First Liaison Training (Tier 2) and have been identified to serve as internal support for their team, with the on-going role as an “in-house” Think Brain First Liaison.

Ongoing Community of Practice Consultation (Tier 3)

Each Liaison will participate in monthly, 1-hour Zoom sessions over six consecutive months. These Community of Practice calls will include:

- Real-time problem solving of client- and system-specific challenges
- Ongoing learning and refinement of the Think Brain First principles
- Connection with peers to share insights and adaptations

Outcomes

Improved Client Treatment Outcomes:

- Reduced behavioral incidents and need for physical or chemical restraint
- Increased engagement and trust between staff and clients
- Enhanced client dignity and safety through strength-based interactions
- Reduction in failed placements and treatment noncompliance
- Reduced psychiatric hospitalizations and crisis events

Reduction in Staff/Caregiver Burnout and Turnover:

- Staff/caregiver shift from blame and frustration to understanding and purpose
- Empower staff/caregivers to feel more competent and connected to their work
- Reduced emotional exhaustion from repeated failure in traditional interventions
- Reduction in safety-risks amongst staff/caregivers
- Increased staff/caregiver retention and system stability

Alignment with AMHTA's Mission and Vision

The Think Brain First initiative directly aligns with AMHTA's strategic goals:

- Holistic, person-centered care
- Sustainable workforce
- Improved outcomes for beneficiaries
- Cross-system collaboration

Evaluation Metrics

To assess the effectiveness, sustainability, and impact of the Think Brain First training initiative, the following metrics are proposed for consideration:

Pre/Post Training Assessments

- Staff Knowledge & Confidence Surveys
- Burnout and Compassion Satisfaction Scale (e.g., ProQOL)

Implementation Tracking

- Training Completion Rates
- Practice Change Reflections
- In-House Expert Feedback & Activity Logs

Client-Centered Outcomes

- Reduction in Behavioral Incidents
- Improvement in Client Engagement
- Retention & Turnover Monitoring

Community of Practice Engagement

- Participation Rates
 - Problem-Solving Effectiveness
-

Eileen Devine, LCSW

Eileen Devine, LCSW, is founder of Brain First Parenting and Think Brain First Training for Professionals. With nearly 25 years of clinical experience, she has provided training and consultation for parents (of individuals with complex behaviors) as well as professionals across the U.S., Canada and Australia. Eileen was trained as a FASCETS facilitator in 2014 and also serves as a trainer for the Center for Adoption Support and Education's (C.A.S.E.) accredited Training for Adoption Competency (TAC) Program, where she instructs other clinicians across the state of Oregon on what it means to be an adoption and foster competent therapist. Prior to developing the Brain First framework for parents and professionals, Eileen spent 15 years as a national administrator for a large healthcare organization, where she supported clinical teams, managers and healthcare administrators in systemwide change, focused on improving clinical care and outcomes for patients. In addition to her clinical and administrative expertise and training, she is the parent of a teenager who lives with a serious brain-based condition, providing a daily opportunity to put into practice the strategies and approaches she teaches parents and practitioners in her professional role.