ATLAS INSTITUTE
FOR VETERANS AND FAMILIES

Call for applications

IMPLEMENTATION SUPPORT PROGRAM — NEUROFEEDBACK

IMPORTANT DATES

The following dates pertain to the full *Application for Implementation support program* submission:

Application open: November 24, 2026

Application close: December 18, 2026

Anticipated notice of clinics selected for an interview: by January 30, 2027

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BACKGROUND

The Atlas Institute for Veterans and Families works with partners to strengthen mental health services and supports for Canadian Armed Forces (CAF) and Royal Canadian Mounted Police (RCMP) Veterans and their Families. An independent intermediary organization, hosted within The Royal Ottawa Health Care Group and funded by Veterans Affairs Canada, Atlas brings together research, practice, and lived expertise to help ensure that evidence informs care.

About the Implementation team

Atlas's implementation team works with service providers and organizations to integrate evidence-based practices into routine care. Through training, consultation, implementation planning, and ongoing support, the team helps organizations address local barriers, strengthen capacity, and sustain improvements in practice.

PROGRAM OVERVIEW

The Atlas Institute is seeking applications from clinics interested in participating in the Implementation support program for **neurofeedback**.

This implementation initiative is designed to support clinics to build capacity to deliver neurofeedback to Veterans and their Families through training, consultation, implementation planning and ongoing support. Participating clinics will receive support to prepare clinicians and leaders for successful implementation and long-term sustainability of the intervention within their practice setting. This includes building clinical capacity, integrating neurofeedback into routine practice and increasing access to evidence-based PTSD treatment for Veterans.

What is neurofeedback?

When people develop posttraumatic stress disorder (PTSD), certain parts of their brain can be over- or under-activated, triggering thoughts, emotions, moods and behaviours that can be unhelpful or distressing. These responses can happen very quickly and it is often hard for the person experiencing these feelings to know why they are happening. This contributes to making them hard to manage.

Neurofeedback is a type of biofeedback that helps people learn how to self-control brain activity and regulate PTSD symptoms. It can be used alone or along with other forms of treatment such as psychotherapy, cognitive behavioural therapy or medication.

Visit this webpage for more information on neurofeedback therapy

What evidence exists for neurofeedback?

Neurofeedback is a non-invasive brain-computer interface in which neural processes are measured and displayed back to participants in real time through auditory and/or visual cues, allowing individuals to learn to regulate their own brain states[1]. This approach has been shown to successfully target and regulate neural alterations associated with a broad range of psychiatric conditions including PTSD[2-28]. Recent systematic reviews and meta-analyses have consistently reported significant improvements in PTSD symptoms following neurofeedback interventions[3,18,20,29-36], including among individuals with treatment-resistant PTSD[21,31,37].

Electroencephalogram-based neurofeedback (EEG-NFB), the predominant form of neurofeedback, offers up to millisecond-level temporal resolution at a low cost and minimal participant burden, which makes it well-suited for scalable clinical deployment. Multiple independent trials have demonstrated that EEG-NFB can modulate the aberrant oscillatory activity associated with PTSD, with corresponding reductions in symptom severity[16,17,21,29,35,38-45]. For example, van Der Kolk et al.[21] conducted a randomized controlled trial demonstrating significant reductions in PTSD symptoms following EEG-NFB relative to a control condition. Kluetsch et al.[40] linked EEG-NFB training to normalization of resting-state connectivity alongside improvements in subjective well-being. More recently, du Bois et al.[42] extended this evidence base using low-cost, wearable EEG-NFB, demonstrating meaningful symptom reductions in a chronic PTSD population outside a traditional laboratory setting, a finding with direct relevance to scalable implementation. A recent 20-week randomized controlled trial of alpha-rhythm EEG-NFB found significant decreases in PTSD symptoms, with over 60% of participants no longer meeting the diagnostic criteria for PTSD by the end of the trial. Additionally, there were no participant dropouts in the trial, together indicating that neurofeedback therapy is both highly tolerable and clinically effective[16,17].

Why is this initiative important?

This initiative emerged from ongoing conversations with service providers, researchers, organizations, and Veterans and Families about opportunities to improve access to mental health supports for Veterans and their Families.

During a 2023 webinar on neurofeedback hosted by the Atlas Institute, service providers expressed considerable interest in learning more about neurofeedback and how it could be integrated into clinical practice. These discussions highlighted both interest in neurofeedback as a potential adjunct treatment option and the practical challenges associated with accessing training, developing competency and implementing neurofeedback within real-world clinical settings.

These early conversations were reinforced through Atlas's service provider needs assessment. Of the 322 service providers who completed neurofeedback-specific questions, 69% reported being interested in delivering neurofeedback despite 91% having not yet administered it. Lack of access to training (72%) and associated costs (46%) were identified as the most common barriers. Open-ended responses consistently identified service provider training as one of the most valuable supports Atlas could offer to increase access to neurofeedback services.

Together, these findings suggested that interest in neurofeedback exists across the sector, but that significant implementation barriers remain. This initiative was developed in direct response to those identified needs and aims to support organizations and providers in exploring how neurofeedback can be implemented, delivered and sustained within settings that serve Canadian Veterans and their Families.

Why neurofeedback?

Neurofeedback is an emerging adjunct treatment option for Veterans living with PTSD. Outcome studies have demonstrated positive results, however, without knowledge and understanding of delivering this treatment in clinical settings outside of a research environment and the associated barriers and facilitators, it may not have as much of an impact as it potentially could. Biofeedback/neurofeedback is approved by Veterans Affairs Canada as an adjunct therapy for PTSD, generalized anxiety disorder and major depressive disorder, with a referral by a primary doctor or registered mental health professional. Neurofeedback offers a non-invasive treatment option that may be used independently or alongside existing approaches such as psychotherapy, cognitive behavioural therapy and medication. However, finding a certified neurofeedback practitioner and accessing the service in local clinics can be challenging due to limited awareness among the general public and service providers.

As the need for effective PTSD treatments continues to grow, particularly within Veteran populations experiencing challenges accessing specialized mental health care, neurofeedback may provide an additional treatment option that could expand service availability and improve patient choice. To do this, adequate planning and resources are required to meet service providers and front-line organizations where they are. Implementation (including preparation and evaluation) is necessary to systematically identify barriers at the client, provider, clinic and systems levels so that we can then work to employ strategies to overcome them.

As the clinical research team at Atlas continues to build the evidence base to support neurofeedback as an effective treatment option through clinical trials, the Atlas Institute is also working to raise awareness about neurofeedback and to decrease barriers in accessing evidence-based neurofeedback treatment. One way of increasing availability of this treatment is for the Atlas clinical research and implementation teams to collaborate with external partners to support a trial implementation of neurofeedback treatment in a clinic. The goal would be to support the implementation and evaluation of neurofeedback in a clinical environment to assess feasibility and take the learnings to eventually support the scale-up and spread to other specialized Veteran mental health organizations across Canada.

Why is implementation support valuable?

Training in a new evidence-based therapy (EBP) requires ongoing effort after the training workshop to ensure the best care for Veterans and their Families. Having an effective program, practice or policy is only part of how a positive change in outcomes is achieved. How well it is implemented also influences what it achieves. Systematic implementation takes time and resources, all of which can shift the focus away from client care. The implementation team at the Atlas Institute was developed for this very reason: to support clinics that serve Veterans and Families to be able to implement effective practices well with a limited impact on client care time so that interventions can lead to the best outcomes possible.

Implementation support, beyond just attending a training workshop, is a critical component because it bridges the gap between acquiring theoretical knowledge and successfully applying EBPs in real-world clinical settings. Research has consistently demonstrated that training workshops alone are insufficient for sustainable practice change. For example, Beidas and Kendall[30] found that without ongoing support and supervision, the fidelity of cognitive-behavioral therapy implementation declines over time, directly impacting patient outcomes. Implementation support often includes structured consultation and feedback on developing skills. These supports provide clinicians with the necessary scaffolding to integrate new skills into their therapeutic repertoire while maintaining adherence to treatment protocols. The research literature on evidence-based

psychotherapy practice notes that this combination of structured guidance and contextual integration reduces drift and accelerates successful adoption of EBP, ultimately improving patient outcomes.

Evaluation and quality improvement are integral to this implementation initiative. Together, the Atlas Institute will support participating clinics with monitoring progress, understanding how the intervention is implemented across different clinical contexts, identifying opportunities for improvement, and generating learning to inform sustainability and potential future scale-up.

What supports will clinics receive?

The Atlas Institute will provide the following supports, covering the associated costs. Supports will be delivered over the course of approximately one year.

Note: At this time, supports are only available in English. The Atlas Institute is investigating how to facilitate the development of neurofeedback-specific materials and resources in French as well as enhancing training capacity in French.

Clinical training

- Access to the required clinical training program
- Opportunities to develop intervention-specific knowledge, skills and applications specific to the Veteran and Family population
- The training program meets the criteria necessary for application for Biofeedback Certification International Alliance (BCIA) certification (the gold standard professional credential for practitioners of biofeedback and neurofeedback)
- Online pre-recorded didactic neurofeedback training (approximately 36 hours)
- Three-day in-person neurofeedback practicum

Training materials and resources

- Equipment for the in-person practicum training component
- Information regarding different options for purchasing neurofeedback equipment
- Access to 10 group mentoring and clinical supervision sessions (90 minutes per session)

Clinical mentoring and supervision

- Access to 10 group mentoring and clinical supervision sessions (90 minutes per session)

Implementation support

- Access to implementation expertise from Atlas Institute staff
- Support identifying implementation barriers and facilitators
- Guidance in developing a local implementation plan
- Support with outcomes tracking and measuring impacts
- Development of a post-training sustainability plan

Evaluation and quality improvement support

Guidance and tools to monitor implementation progress, identify challenges, and support ongoing evaluation and quality improvement

Support with collecting and interpreting information about neurofeedback implementation and delivery

- Opportunities to review evaluation findings and use them to inform local implementation planning and quality-improvement activities

EXPECTATIONS AND REQUIREMENTS

Clinics are expected to:

- Hold professional indemnity or liability insurance for the clinic.
- Identify a sponsor in a leadership position with decision-making power who will support implementation activities and organizational planning throughout the program.
- Designate a Clinic Implementation Lead who will serve as the primary point of contact with Atlas throughout the implementation support program.
- Identify a team member who will serve as the primary contact for evaluation and quality-improvement activities.
- Commit to engaging persons with lived experience throughout the lifespan of the implementation program, including in implementation planning and opportunities to provide feedback on program progress and improvement. Persons with lived experience include Veterans or Veteran Family members from the CAF or RCMP.
- Form an implementation team with a minimum of three team members who will be responsible for the implementation of the EBT at the clinic. The clinic will decide the composition of the team, but we recommend a minimum of:
    - One clinician who will be learning and delivering the EBP
    - One administrator
    - One lived expert (Veteran or Veteran Family member)
- Support clinician participation in all required training, consultation, implementation, and evaluation activities.
- Ensure clinicians have protected time to meet program requirements.
- Participate in implementation planning activities.
- Support the ongoing delivery and sustainability of the intervention following training.
- Assist with administrative and operational activities required for implementation.
- Commit to participating in program evaluation and quality-improvement activities. These may include completing surveys or interviews, supporting the collection of relevant clinical and implementation data, monitoring implementation progress, and reviewing findings to inform ongoing improvement.
- While equipment required for the delivery of the training will be provided by Atlas through this initiative, clinics are expected to secure their own equipment and related resources for ongoing neurofeedback service delivery after the training has concluded. This may include neurofeedback hardware, software and any associated technological infrastructure.

The Clinic Implementation Lead is expected to:

- Serve as the primary point of contact with Atlas throughout the implementation support program.
- Champion implementation within the clinic.

- Support clinician participation in required training, consultation, implementation, and evaluation activities.
- Assist with local implementation planning.
- Participate in implementation-related meetings and activities.
- Help monitor progress and support sustainability efforts.
- Complete the clinical training, pending their eligibility.
- Facilitate communication between Atlas and relevant clinic personnel regarding evaluation and quality-improvement activities
- Support the coordination of local data collection, as appropriate to the role.

Participating clinicians must meet the following requirements:

- Be a regulated/licensed health professional in Canada and authorized to provide mental health treatment within their scope of practice and jurisdiction.
- Examples of eligible professions may include: psychiatrists, psychologists, psychological associates, physicians, social workers, psychotherapists, occupational therapists, mental health nurses, counsellors, licensed marriage and family therapists. and other regulated health professionals whose scope of practice includes treatment of PTSD.
- Regularly provide treatment to Veterans experiencing PTSD as part of their professional responsibilities.
- Have an active caseload that includes Veterans with PTSD and be able to identify appropriate clients for the EBP.

Participating clinicians are expected to:

- Complete approximately 36 hours of online didactic training.
- Attend a three-day, in-person practicum.
- Participate in 10 mentoring and clinical supervision sessions (90 minutes each, 15 hours total).
- Complete required activities for BCIA certification, including the certification exam and any additional mentoring and clinical supervision hours beyond those provided through the project, as required to meet BCIA's current 26-hour mentoring and supervision requirement.
- Participate in implementation and evaluation activities.
- Commit to implementing the intervention with eligible Veteran clients following training.
- Hold their own professional liability insurance (or be covered under the clinic's liability insurance)
- Retain clinical and professional responsibility for the provision of client care. Training and consultant personnel will provide feedback on the implementation of a specific EBP. The recommendations provided by the training and consultant personnel are non-binding and the clinician retains professional responsibility for all client care.

Note: For a full list of roles, please see **Appendix A**.

HOW TO APPLY

Who can apply?

Applications are accepted from clinics that meet the following criteria:

- Provide care to Veterans and Veteran Families, including Veterans from the CAF and former RCMP members
- Employ clinicians who meet program eligibility requirements

- Demonstrate clinic readiness and commitment to implementation, evaluation, and quality improvement
- Have leadership support for participation
- Are located in and provide care in Canada

How can my clinic apply?

The Atlas Institute uses Cvent for the Implementation support program. To apply, the clinic will need to:

1. Identify a "Primary Applicant" and a "Sponsor"
    a. The Primary Applicant (PA) is the main point of contact for the implementation support program application. The PA may also be the Sponsor, pending the PA meets the requirements. The PA may later be the Clinic Implementation Lead.
    b. The Sponsor must be an individual in a leadership position at the clinic with decision-making power. For example, the Sponsor may be a Manager, Director, CEO, or President at the clinic.
2. Complete the following forms:
    a. Application form (to be completed by the PA)
    b. Sponsor form (to be completed by the Sponsor)
3. Upload the forms to Cvent before the deadline.

Submit now: bit.ly/neurofeedback-application.

What are the selection criteria?

Applications will be reviewed by Atlas staff and will be assessed on the following:

- Commitment to and experience with serving Veterans with PTSD
- Commitment to engaging with persons with lived experience throughout the implementation program
- Clinic commitment to implementation, evaluation, and quality improvement
- Team capacity and readiness, including the ability to participate in required implementation and evaluation activities
- Leadership support
- Geographic representation
- Potential for sustainability following program completion

What can we expect?

Following submission, applications will be reviewed by the Atlas team to assess eligibility, organizational readiness, and alignment with program objectives.

The application process will include the following steps:

1. **Application review:** Applications will be screened to confirm eligibility and assess program fit.
2. **Interview:** Selected clinics will be invited to participate in an interview to learn more about the program and explore organizational readiness and fit.
3. **Selection notification:** Clinics will be notified by January 30, 2027 regarding the outcome of their application.

Selected clinics will receive further information about activities, timelines, roles, data requirements, and applicable privacy and confidentiality procedures before the implementation support program begins.

Submission deadline

Submissions received after the application deadline will not be considered. There will be no appeal process (extensions will not be granted). It is the applicant's responsibility to ensure their application is submitted by the indicated deadline.

CONTACT DETAILS

If you have questions about this opportunity or require accommodations during the application process, please contact: implementation@atlasinstitute.ca

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APPENDIX A: ROLES

To support role clarity during the application period and implementation period, a table has been developed.

Application period	Sponsor	
	Primary applicant	
Implementation period	Sponsor	
	Clinic Implementation lead	
	Implementation team	Clinician Administrator Lived expert
	Clinicians	

The **application period** refers to when the clinic is applying to the Implementation support program. The clinic has not yet been selected at this time. There are two roles required during the application period: the sponsor and the primary applicant. See "How can my clinic apply?" for descriptions of each role. Further details about each role are also available in the application and sponsor forms.

The **implementation period** refers to when the clinic is formally enrolled in the Implementation support program. At this point, the clinic has applied to the program and been selected to continue. With the support of the Atlas Institute, the clinic will name the sponsor, Clinic Implementation lead, clinicians, and the Implementation team. Clinics ***do not need*** to have each role filled at the time of application. The sponsor may remain the same between the application and implementation period. The primary applicant may transition into the role of the Clinic Implementation lead or onto the Implementation team; however, this is not required. The roles outlined for the Implementation team may overlap with other outlined roles (i.e., sponsor, clinic implementation lead, or clinicians). The Implementation team must have a minimum of 3 members. Clinicians refer to the individuals who will be trained and delivering the EBP.