ATLAS INSTITUTE
FOR VETERANS AND FAMILIES

Call for applications

IMPLEMENTATION SUPPORT PROGRAM

IMPORTANT DATES

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

Application open: November 4, 2026 at 12 p.m., Eastern time

Application close: November 27, 2026 at 12 p.m., Eastern time

Anticipated notice of clinics selected for an interview: December 2026

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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 written exposure therapy (WET).

This implementation initiative is designed to support clinics to build capacity to deliver WET 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 WET into routine practice and increasing access to evidence-based PTSD treatment for Veterans.

What is written exposure therapy?

WET is a brief evidence-based treatment for posttraumatic stress disorder (PTSD) that has the potential to improve services for Veterans and Families seeking care as it requires fewer and shorter sessions, is associated with low treatment dropout rates, can be administered face-to-face or virtually and has demonstrated effectiveness[1,2]. There is also emerging evidence that WET can be used with teens through to adults and is effective within diverse communities, including when translated materials are provided[3-6].

WET can be conducted in as few as five treatment sessions and is supported by applying measurement-based care practices. The first session is approximately one hour with the remaining four sessions being about 50 minutes in duration. WET consists of psychoeducation, having the client write about their trauma using writing prompts, and processing their writing experience[7]. The first session is slightly longer because the service provider takes the time to explain PTSD symptoms and treatment rationale before engaging the client in the written intervention. In the subsequent four sessions, clients are provided with individualized feedback regarding the previous session's narrative after a brief symptom check. Clients are then asked to respond to specific writing prompts focused on their trauma, and in the latter sessions examine the impacts of trauma. Each session concludes with a 10-minute post-writing check-in with the service provider and encouragement from the provider to approach trauma-related thoughts, memories and emotions between sessions. Clients are not required to complete formal homework between sessions.

For more information about WET, visit the website published by the treatment developers.

What evidence exists for written exposure therapy?

WET has enough evidence to merit it as a suggested individual, manualized psychotherapy for the treatment of PTSD in the VA/DoD clinical practice guidelines[8]. WET is also included in other international treatment guidelines for PTSD[9,10]. Fewer and shorter sessions are advantageous for the mental health system as more clients can receive treatment and recover quickly, which has the potential to improve system efficiency. WET has also been shown to be well-received by patients, which is partially attributed to its fewer sessions and the absence of required homework between sessions[11]. Clinical trials of WET have seen lower dropout rates (6-25%) compared to cognitive processing therapy (CPT) and prolonged exposure (PE) therapy (30-69%) in similar trials and in routine practice[1].

Clinical trials have also demonstrated clinically significant reductions in PTSD symptoms among civilians and Veterans who have received WET[11-14]. While WET shows demonstrated effectiveness, it may not be available to all clients. Service providers work with clients, using shared decision-making, to identify the therapeutic activities and individual goals that will determine which treatment is best for the client. This approach recognizes that clients presenting with PTSD have their own unique needs and contexts that may influence which treatment option is appropriate and feasible[15]. WET is one option that can be considered within the broader menu of PTSD treatments clients can access, though service providers require training to deliver it with fidelity and effectiveness.

Why is this initiative important?

WET is another effective PTSD treatment option for Veterans and Family members living with PTSD that is less affected by implementation barriers experienced by PE and CPT treatments[7]. For example, service providers have been reported to alter their PE or CPT treatments due to clinical care demands[7]. Lack of fidelity to the treatment impacts its effectiveness and, ultimately, Veteran care. With WET, there may be less burden on clinician time because the treatment is delivered in five sessions and may require less preparation than some other trauma-focused treatments. If successfully implemented, WET has the potential to improve timely access to evidence-based PTSD treatment and clients can recover faster, returning to valued life activities. Clients who are uncomfortable with discussing their experiences aloud would have an alternative option and the highly structured WET protocol improves fidelity and patient outcomes[7]. Piloting a systematic approach to implementing WET within the Canadian Veteran mental health care system will provide an opportunity to assess its feasibility across different service settings, identify factors that support or hinder implementation, and inform decisions about future spread and scale-up. To do this, adequate planning and resources are required to meet service providers and front-line organizations where they are.

Why is implementation support valuable?

Training in a new evidence-based practice (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[16]. 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[17] 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 the 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 WET-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
- Training materials and resources (asynchronous ahead of the live training)
- High-quality, live training workshop with continuing education credits (2 days, 7 hours per day)

Training materials and resources

- Ongoing access to resources and materials to support evidence-based psychotherapy practice
- Related assessment materials, client facing materials and additional support materials for service providers

Clinical consultation

- Weekly group consultation delivered virtually with a licensed mental health clinician with extensive training and experience with WET. Consultation will last approximately 12 to 16 weeks. Clinicians are expected to complete two full cases as approved by the consultant and attend 75% of calls to successfully complete consultation. Clinicians can expect to dedicate 4 hours per week to consultations:
    - 1 hour for virtual consultation call
    - 2 hours for direct patient-facing care delivering WET
    - 1 hour for administration related to WET (e.g., preparing for cases, reading client narratives, reviewing measurement-based care, preparing for consultation, etc.)

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 WET 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.
- Purchase copies of treatment manual for WET for PTSD for participating clinicians

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 10 hours of asynchronous pre-work.
- Attend a two-day workshop (7 hours per day).
- Participate in weekly consultation calls (4 hours per week over 12–16 weeks).
- Facilitate weekly individual treatment sessions.
- Participate in relevant implementation, evaluation and quality improvement activities, such as completing surveys or interviews and supporting implementation monitoring as required.
- Complete all required materials and activities to receive a certificate of completion.
- 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: **https://cvent.me/3XM8xl**

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 December 2026 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.