

REQUEST FOR APPLICATIONS

For

Trauma and Grief Component Therapy for Adolescents (TGCTA) Training and Implementation

Learning Collaborative for Louisiana Medicaid Behavioral Health Agencies



Issued by

LSUHSC-NO, School of Public Health- Center for Evidence to Practice



Application Release Date: Tuesday, February 3, 2026

APPLICATIONS MUST BE RECEIVED BY FRIDAY, MARCH 20, 2026

All applicants will be notified by Wednesday, April 1, 2026

Please direct questions to the Center for Evidence to Practice at
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1. TRAINING OVERVIEW

A. INTRODUCTION

The Center for Evidence to Practice (Center for E2P) has written this Request for Application (RFA) in order to identify behavioral health practitioners in Louisiana who are equipped to successfully participate in ***Trauma and Grief Component Therapy for Adolescents (TGCTA)*** training and implementation.

The **goal of this RFA** is to help providers determine if this EBP is a good fit for their clinicians, organization, and the communities they serve. *It should also help providers determine if they are able to commit to the expectations of participating in this training opportunity and of delivering the EBP.* The application requests information about the providers' qualifications, the services they provide to Medicaid-insured children and families, and their readiness to participate in the training and to deliver the EBP. The trainer, Lucine Center Team along with the Center for E2P staff will be reviewing applications based on the ***Application and Selection Process (Section 3) to select providers that are best able to take advantage of this training opportunity and to sustain delivery of the EBP.***

Through this Request of Applications (RFA), the Center for E2P and the trainer look forward to identifying a strong cohort to participate in this training and learning collaborative opportunity.

B. INFORMATION ABOUT THE LOUISIANA CENTER FOR EVIDENCE TO PRACTICE

The Center for E2P is a partnership between LDH-OBH and the Louisiana State University Health Sciences Center, New Orleans (LSUHSC-NO) – School of Public Health, which is tasked with improving access to evidence-based behavioral health practices for Louisianan children and families insured by Medicaid. Our mission is to support the state and its agencies, organizations, communities, and providers in selecting and implementing evidence-based interventions to promote youth and family well-being, improve behavioral health outcomes, and address challenges related to sustaining quality practice. For more information on E2P please visit our [website](#) and [subscribe](#) to our newsletter for updates.

C. CONTINUING EDUCATION CREDITS

The Center is a continuing education (CE) pre-approval organization through the Louisiana State Board of Social Work Examiners (LABSWE) and the National Board for Certified Counselors (NBCC) as an Approved Continuing Education Provider (ACEP). Upon the conclusion of training, trainees who have complied with the Training Guidelines, met the minimum time requirements, and completed the post-training evaluation, will receive a certificate of completion containing their CE hours. For trainees whose credentials are outside of LABSWE and NBCC; the Center encourages applying for CE hours with their respective licensing board independently upon renewal.

Trainees who do not adhere to the Training Guidelines or who do not meet the minimum time requirements will have the opportunity to receive a certificate of participation denoting the number of hours completed. This certificate can then be used to apply for CE hours independently with their respective licensing board upon renewal.

D. TRAINING COMMITMENT AND EXPECTATIONS

Dedication and commitment to this training is of the utmost importance to participating in any training opportunity offered by the Center. These trainings are typically very costly and would be a significant financial investment for practitioners and agencies were they to enroll independently. *However, the Center offers these trainings at zero cost to trainees.* Due to this, **we emphasize the necessity of**

completing all components and adhering to the Training Guidelines for those selected to join this training. Should an individual or agency drop out of this opportunity, it may impact whether or not they are selected for future training opportunities offered through E2P. ***All participants must demonstrate their commitment to participating in all days of training and consultation as well as actively using the model with clients.***

This training and implementation program aims for participating Medicaid agencies to successfully implement TGCTA in their agency and community. Providers should be able to demonstrate the capacity to identify and engage appropriate adolescents and families for TGCTA, deliver the model to fidelity, and sustain the model long-term.

Upon selection, all applicants will be required to complete a **TRAINING COMMITMENT** between their agency, themselves, and E2P to indicate their commitment to completing all training components in their entirety as presented in this RFA.

E. TRAINING COSTS

There will be no cost to agencies for the course itself; however, agencies must financially commit to the time and effort required to complete the training and the delivery of the EBP. Agencies and clinicians must set aside the allotted training time to fully participate in this training opportunity, including any expectations outside of training (e.g. reading training manuals and related materials, completing web-based training, changing operations to accommodate delivery of the EBP). Trainees are encouraged to work with their agency leadership to ensure their schedules are open and available to complete all training components without other work obligations interfering.

For in-person training, the provider is responsible for covering the cost of travel and travel time. If applicable, training materials will be provided by the Center.

2. SCOPE OF WORK

A. INFORMATION ABOUT TGCTA

Trauma and Grief Component Therapy for Adolescents (TGCTA) is an evidence-based, assessment-driven, modularized treatment for adolescents aged 12 to 18 whose histories of exposure to trauma, bereavement, traumatic bereavement, and other major life adversities place them at high risk for severe persisting distress, functional impairment, risky behavior, and developmental disruption. Originally designed for small-group settings, TGCTA can also be used effectively in individual treatment. TGCTA has been implemented in school districts, mental health clinics, and juvenile justice sites across the U.S. and abroad. It has shown effectiveness in reducing posttraumatic stress reactions, maladaptive grief reactions, depression, school problems, and disruptive and/or violent behavior. Positive outcomes include improved peer relations, GPAs, school rule compliance, and school interest.

TGCTA contains four modules, which can be flexibly selected and sequenced to match youths' individual assessment profiles. This design allows therapists great flexibility in tailoring treatment according to the specific intervention objectives for each individual client or therapy group. A description of the four modules is as follows:

- **Module I** (8 sessions)
 - Strengthening the therapeutic alliance
 - Establishing positive group norms (if applicable),
 - Enhancing self-regulation and coping skills
 - Deepening adolescents' insight into the ongoing effects of trauma and bereavement; including the ways in which trauma and loss reminders (as well as the posttraumatic stress and grief reactions they evoke) continue to affect their daily lives
 - Improving adolescents' ability to recruit social support
- **Module II** (number of sessions can vary)
 - Processing traumatic experiences by constructing a trauma narrative, identifying worst moments, and challenging and modifying traumatic expectations and other maladaptive appraisals
 - Strengthening youths' impulse control by helping adolescents understand and predict the ways in which trauma reminders can activate emotional dysregulation and risky behavior in addition to developing more adaptive ways of coping with trauma reminders
- **Module III** (6 sessions) intervention objectives include:
 - Identifying personal loss reminders and clarifying the grief reactions they evoke
 - Identifying personal grief reactions
 - Reducing various types of maladaptive grief reactions
 - Promoting adaptive grieving and mourning practices
- **Module IV** (4 sessions)
 - Promoting adaptive developmental progression by reflecting on trauma-induced disruptions in their personal development, including lost developmental opportunities
 - Forming positive, realistic life plans and ambitions and taking concrete steps to achieve them
 - Increasing youths' problem-solving abilities, reducing risky behavior, facilitating prosocial behavior, and helping youth prepare for the roles and responsibilities of young adulthood and becoming well-functioning citizens within greater society

B. TARGET POPULATION CHARACTERISTICS

TGCTA is for adolescents aged 12-18 years who may have been exposed to or experienced bereavement, trauma, traumatic loss, or other adverse childhood events (ACEs) that may be impacting their cognitive and/or behavioral development and/or functioning. These adolescents may be identified as having persistent posttraumatic stress symptoms, risky or disruptive behaviors, or functional impairment. Examples of exposure and experiences are as follows:

- Trauma exposure: Community violence, gang violence, serious accidents, natural disasters, political violence, war, illness, terrorist attacks, witnessing interpersonal/domestic violence, physical assault sexual assault, medical trauma
- Bereavement exposure: loss of a significant person in their life in a non-violent manner, i.e.: peaceful death of a family or community member due to old age
- Traumatic bereavement: loss of a significant person due to a sudden/unexpected violence-related manner, i.e.: homicide, suicide, car accidents, overdose, etc.
- Other ACEs: having parents/caregivers who abuse substances, unstable housing/moving excessively in childhood, experiencing divorce, displacement, etc.

C. PHILOSOPHY AND TREATMENT APPROACH

TGCTA has four modules that may be broken down into 8-24 sessions, depending on which modules are implemented with each client. Due to the modular nature of the treatment, it is highly adaptable and can be augmented to suit each individual client differently based on their specific needs. Sessions are designed to take up to 50 minutes but can be shortened (down to 40 or 45 minutes) or lengthened (up to 90 minutes) based on setting and the time allotment.

This modality was originally developed to disseminate in a group setting but has been adapted to implement on an individual basis. As such, this model can be used in either setting; groups sessions require 5-10 participants.

In addition to working with youth aged 12-18 years, clinicians may also present optional parent/caregiver sessions to help coordinate and supplement youth skills and reinforce therapeutic gains.

Clinicians are encouraged to use assessment tools throughout the treatment process to assist in case conceptualization, treatment planning, and progress tracking. Assessment tools can also be used in screening and triage as well as evaluating post-treatment outcomes.

D. GOALS

The goals of TGCTA are to help adolescents label and cope with distress reactions, manage trauma and loss reminders, and promote adaptive development progression by improving adolescents' capacity to work on developmental tasks.

E. LEARNING COLLABORATIVE APPROACH

All training will be executed virtually and will take place over six (6) months. During this time, selected clinicians will be required to:

- Attend two full days of seven and half (7.5) hours of training,
- Participate in at least 75% of the six (6) one-per-month consultation calls,
- Complete TGCTA with at least one (1) case or group,
- Completion of other required fidelity metrics.

To be eligible to participate in training, clinicians must:

- Have a master's degree or higher in a mental health field and
- Be an independently licensed mental health service provider or be working under the supervision of a licensed mental health service provider.

Multiple organizations will be selected to join this training opportunity; each organization is encouraged to send clinicians and/or supervisors to the training, which will occur over the course of a year.

The goal of this training and implementation program is for participating Medicaid agencies/clinicians to successfully implement TGCTA with youth and families in their community. Providers should be able to demonstrate the capacity to identify and engage appropriate adolescents and families for TGCTA, deliver the model to fidelity, and sustain the model long-term. The Center for E2P expects all selected practitioners, supervisors, and administrators to complete all required responsibilities over the duration of the training. Once training is complete, clinicians will be expected to obtain the TGCTA Rostered designation as part of the national TAG Coalition.

F. TGCTA APPLICATION TIMELINE

Events	Date
INFORMATIONAL WEBINAR:	LIVE: Tuesday, February 3, 2026, 12-1pm CST
REQUEST FOR APPLICATIONS (RFA) RELEASE:	Tuesday, February 3, 2026
APPLICATION DEADLINE:	FRIDAY, MARCH 20, 2026
NOTICE OF APPLICATION STATUS:	Wednesday, April 1, 2026

G. TGCTA VIRTUAL TRAINING TIMELINE

Events	Date
TRAINING COMMITMENT & TEXTBOOK REQUEST FORM DUE:	Wednesday, April 15, 2026
MANDATORY TGCTA Orientation Meeting:	Tuesday, April 21, 2026 12:00pm-1:00pm CDT
TGCTA TRAINING DAYS:	Wednesday-Thursday May 13-14, 2026 9:00am-4:30pm CDT
TRAINING CE EVALUATION DUE:	Thursday, May 21, 2026
CONSULTATION CALL COMMITMENT:	1-hr Monthly calls for 6 months

CE Eligibility: The total number of hours required for participants to attend all parts of the TGCTA training will be **approximately 15.0 hours**. Participants will be eligible to receive up to **approximately 15.0 CE hours** should they participate in all training components and meet the online training requirements. Trainees missing more than 15 minutes of instruction outside of the scheduled break time on any given day of the training will be **ineligible** to receive continuing education (CE) credit.

H. SUSTAINING EBP PRACTICE AND ACHIEVING EBP QUALIFICATIONS

As soon as clinicians begin training, they are encouraged to identify potential cases with which they can begin practicing the model.

Consultation calls have shown to be integral to growing and sustaining EBP practices. To further develop TGCTA confidence and competence, clinicians will be required to participate in **1-hour monthly consultation calls for six (6) months** following training. These calls will be offered from **June 2026-November 2026**. The purpose of these calls is to help support clinicians in implementing TGCTA with their clients.

Following the completion of the full course, consultation calls, and implementation program, agencies will be expected to independently sustain TGCTA, including:

- Facilitating ongoing referrals and engagement.
- Maintaining a caseload.
- Ensuring supportive supervision, leadership, and policy.

Agency leadership will be expected to provide support to the TGCTA program and the clinicians by ensuring that schedules are adjusted to meet the needs of all aspects of the TGCTA program.

3. APPLICATION AND SELECTION PROCESS

A. ELIGIBILITY REQUIREMENTS AND EXPECTATIONS

Selection will be based on organization's readiness for TGCTA implementation, acceptance of Medicaid-insured families, and relevance of TGCTA to the population served by the applicant organization. **Preference will be given to organizations with multiple practitioners applying to be trained, in recognition of the long training process TGCTA entails and the necessity of inter-practitioner support.**

Organizations must also demonstrate an understanding of the necessary changes to practitioners' caseload in order for a trainee to include TGCTA in their sessions. ***We highly encourage participation from supervisors and administrators as their understanding and support of the model contributes to long-term sustainability.***

Training Acceptance Criteria: *Qualified behavioral health agencies/providers will be those who: serve Medicaid-insured individuals and/or provide clinical therapy services to adolescents and their caregivers in Louisiana free of charge; are licensed (or actively working towards licensure); and are actively (i.e. currently) treating adolescents and their caregivers.*

*Note: Only complete applications will be considered. Applications consist of two components, the Agency Agreement and the Individual Application. All applicants, **including sole practitioners**, must submit a **FULLY FILLED** and **SIGNED** Agency Agreement with their Individual Application to be considered as having a "complete application". All applicants from a given agency must be listed on the same Agency Agreement and each applicant must submit a copy of the same Agency Agreement via the upload portal on the Individual Application.*

B. INFORMATIONAL WEBINAR

The Center for E2P previously hosted a TGCTA Webinar where attendees had the opportunity to meet the trainer(s), learn about the basics of the modality, and get an overview of the application process. A question and answer (Q&A) session followed. This informational webinar was recorded and the Q&A summarized; both have been added to the TGCTA RFA webpage for those who were unable to attend. ***If you plan on applying to the upcoming TGCTA training, it is highly recommended that you watch the recording and review the Q&A summary.***

C. APPLICATION REVIEW PROCESS

Upon the closure of the application window, an initial review will be executed to assess which of the applicants meet the threshold criteria outlined in the **Eligibility Requirements** section. Following the initial review, E2P staff will meet with the trainer(s) to further review the applicants based on their individual application and agency agreement responses.

D. APPLICATION MATERIALS

The **TGCTA** online training is scheduled to start in **Spring 2026**. The course instructor for this training opportunity is the Lucine Center team.

1. The **TRAINEE APPLICATION** can be accessed via REDCap and must be completed by each applicant by **FRIDAY, MARCH 20, 2026**.
2. The **AGENCY AGREEMENT** must be filled out and signed **ELECTRONICALLY** by a supervisor and/or administrator at the agency requesting participation in the training using **Adobe Acrobat (or a similar PDF filling/editing software)**. *Even if an applicant is a sole practitioner, they must submit an agency agreement on behalf of themselves.* The agency agreement **MUST BE SUBMITTED in the Individual Application via REDCap by FRIDAY, MARCH 20, 2026**.

BOTH FORMS MUST BE SUBMITTED TO BE CONSIDERED FOR THIS TRAINING OPPORTUNITY

E. APPLICATION CHECKLIST

- Please review the **Request for Application (RFA)** to be aware of training expectations.
- (HIGHLY RECOMMENDED)* **WATCH RECORDING OF THE INFORMATIONAL WEBINAR** to be aware of the training expectations and time commitment.
- SAVE ALL IMPORTANT TRAINING DATES:** See **pg. 7 of the RFA** for important dates and deadlines.
- Submit a **TRAINEE APPLICATION** on behalf of yourself as an applicant. Acceptance into the program will be evaluated on an individual basis, based on the application responses.
- Submit an **AGENCY AGREEMENT** on behalf of your agency. *This step is necessary for those that are sole practitioners as well, please fill it out on behalf of yourself.*

F. NOTIFICATION OF APPLICATION STATUS

Applicants will be notified via email by **Wednesday, April 1, 2026**, regarding their status in the training.

G. ARTIFICIAL INTELLIGENCE (AI) POLICY

Applications that appear to have been completed with the assistance of AI will not be considered. Additionally, due to confidentiality concerns, the Center strictly prohibits the use of all AI notetakers in training. If selected to join training, participants will be expected to ensure that any AI notetakers are **DISABLED** prior to the start of training; otherwise, we will remove them from the meeting manually. Not following these guidelines could lead to removal from the training and may affect your eligibility for future opportunities.

H. NON-DISCRIMINATORY POLICY

The Center for Evidence to Practice appreciates diversity and does not discriminate based on race, national origin, religion, color, ethnicity, age, sex, ability status, sexual orientation, or gender identity.

*Thank you for your commitment to serving Louisiana's children and families.
We look forward to reviewing your application!*