REQUEST FOR APPLICATIONS

For

Eye Movement Desensitization and Reprocessing (EMDR)

Learning Collaborative for Louisiana Medicaid Behavioral Health Agencies

Issued by

LSUHSC Center for Evidence to Practice

Application Release Date: Tuesday, July 28, 2026

APPLICATIONS MUST BE RECEIVED BY: MONDAY, AUGUST 10, 2026

All applicants will be notified by Thursday, August 13, 2026

Please direct questions to the Center for Evidence to Practice at
EvidencetoPractice@lsuhsc.edu

TABLE OF CONTENTS

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 ***Eye Movement Desensitization and Reprocessing (EMDR)*** training and implementation.

Due to the identified need for Medicaid behavioral health services specific to children and their caregivers, EMDR has been selected by the Louisiana Department of Health (LDH) - Office of Behavioral Health (OBH) as an evidence-based program that will be expanded statewide. OBH has published a Medicaid service definition for EMDR in their LA Medicaid Behavioral Health Services Provider Manual.

The **goal of this RFA** is to help providers determine if EMDR 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 Louisiana Medicaid-insured children and families, and their readiness to participate in the training and to deliver the EBP. The trainer, Carol Miles, LCSW, 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 for Applications (RFA), the Center for E2P and EMDR trainer and Consultant, Carol Miles, LCSW 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 the 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 Louisianian 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 the Center for 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 Expectations and Form

Dedication and commitment to training are of the utmost importance when 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 providers to successfully implement EMDR in their agency and community. Providers should be able to demonstrate the capacity to identify and engage appropriate children and families for EMDR, 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/manuals will be provided by the Center.

2. SCOPE OF WORK

A. Information about EMDR

(Source: LA Medicaid Provider Manual)

Eye Movement Desensitization and Reprocessing (EMDR) Therapy is an evidence-based psychotherapy that treats trauma-related symptoms. EMDR therapy is designed to resolve unprocessed traumatic memories in the brain. The therapist guides the client to process the trauma by attending to emotionally disturbing material in brief, sequential doses, while at the same time focusing on an external stimulus. The most commonly used external stimulus in EMDR therapy is alternating eye movements; however, sounds or taps may be used as well.

B. Target Population Characteristics

EMDR therapy may be used with children as young as two years of age, through adolescence and adulthood. Scientific research has established EMDR therapy as clearly effective for post-traumatic stress and trauma-related symptoms. Trauma may result from a single event, multiple events or a

series of events which are chronic in nature. Clinicians have also reported success using EMDR therapy in the treatment of the following conditions:

- Anxiety, panic attacks, and phobias
- Chronic Illness and medical issues
- Depression and bipolar disorders
- Dissociative disorders
- Eating disorders
- Grief and loss
- Pain
- Performance anxiety
- Personality disorders
- Sleep disturbance
- Substance abuse and addiction

C. Philosophy and Treatment Approach

Using standardized procedures, EMDR therapy helps the client access stored memories, activate the brain's information system and, through reprocessing, helps move the disturbing information to an adaptive resolution. The model on which EMDR therapy is based, Adaptive Information Processing (AIP), posits that much of psychopathology is due to the maladaptive encoding of and/or incomplete processing of traumatic or disturbing adverse life experiences. This impairs the client's ability to integrate these experiences adaptively. The eight-phase, three-pronged process of EMDR therapy facilitates the resumption of normal information processing and integration. This treatment approach, which targets experience, current triggers, and future potential challenges, results in the alleviation of presenting symptoms, a decrease or elimination of distress from the disturbing memory, improved view of self, relief from bodily disturbance, and resolution of present and future anticipated triggers.

The EMDR treatment approach follows a three-pronged protocol to target and reprocess each presenting complaint. The protocol requires the following:

1. Attention to past experiences as the basis for clinical complaints
2. Attention to current situations that trigger dysfunctional emotions, beliefs, and sensations
3. Attention to positive experiences to enhance future adaptive behaviors and mental health

During EMDR therapy, the therapist guides the client through 30-second exercises using bilateral stimulation, either eye movements, tones, or taps. While the stimulation is ongoing, the client focuses on the target disturbing experience and on any related negative thoughts, associations, and body sensations. Through adaptive information processing, this exercise disrupts the client's stored memory of the trauma and facilitates in the elimination of negative beliefs, emotions, and somatic symptoms associated with the memory. Once recall of the trauma no longer elicits negative beliefs, emotions, or somatic symptoms, and the memory shifts to a more adaptive set of beliefs, emotions, and somatic responses and is stored again, replacing the original dysfunctional memory.

After phases 1-6 are conducted, the client focuses on the image, negative thought, and body sensation while simultaneously engaging in EMDR processing via bilateral stimulation (eye movements, taps, or tones). The type and length of stimulation depends on each individual client and should be decided together with the clinician and client. Following stimulation, clients are instructed to note any thoughts, feelings, images, memories, or sensations arise while maintaining dual awareness of the past and present. The clinician will then choose next focus of attention based on client's report of sensations. These steps are repeated several times throughout the session with directed focus of attention on a different aspect of the disturbing/traumatic event.

Once the traumatic target memory triggers no more signs of distress in the client, the client will then be asked to think of the preferred positive belief that was identified at the start of the session. The client can adjust the positive belief and focus on it during the next set of bilateral stimulation. Following this set of bilateral stimulation instilling the positive cognition, the client will then consider the distress in their body. Once the body memory is clear, the processing is considered complete.

EMDR treatment proceeds in eight phases:

1. Phase 1: History-taking
    a. Psychosocial interview to
        i. Evaluate the client's presenting issues, self-soothing skills, and readiness for reprocessing
        ii. Develop treatment goals
        iii. Go over informed consent
        iv. Identify potential treatment targets from positive and negative events in the client's
2. Phase 2: Preparation
    a. Prepare the client for EMDR processing of traumatic targets through
        i. Psychoeducation
        ii. Strengthening the relationship between the clinician and client
        iii. Setting expectations for the course of treatment,
        iv. Identifying coping skills
3. Phases 3-6: Assessment, Desensitization, Installation, and Body Scan
    a. A target memory is identified
        i. Client selects an image that represents the worst part of the disturbing event,
        ii. Identifies the negative cognition associated with the image as well as a positive cognition they would like to believe instead
        iii. Client also identifies emotions and body sensations associated with the target memory
4. Phase 7: Closure
    a. Closing out session and reorienting client
        i. Reorient client's focus of attention to the present
        ii. Bring closure to the reprocessing, regardless if reprocessing was complete or not
        iii. Stabilize client and close session
        iv. Develop a plan for the time between sessions
5. Phase 8: Reevaluation
    a. Opens subsequent session after reprocessing
        i. Clinician revisits the impact of previous sessions
        ii. Conduct reevaluation to ensure clinical focus is on appropriate target memory
        iii. Identify other relevant associations that may have developed as a result of reprocessing
        iv. Evaluate patient progress

D. EMDR GOALS

The overall goal of EMDR therapy is to fully process pathogenic memories and experiences and sort out the emotions attached to those experiences. After effective EMDR therapy, the client is expected to experience:

- Relief from distress and physiological arousal
- Replacement of negative thoughts and feelings that are no longer useful, with positive thoughts

and feelings that will encourage healthier behavior and social interactions.

Learn more about EMDR at the EMDR International Association (EMDRIA)'s website.

E. Learning Collaborative Approach

The objective of this Introductory Course in EMDR Basic Training is to support the adoption and implementation of EMDR by behavioral health providers and organizations in Louisiana who serve trauma-exposed, Medicaid-insured children and families. Providers should be able to demonstrate the capacity to identify and engage appropriate children and families for EMDR, deliver the model to fidelity, and sustain the model long-term. Over approximately one year, clinicians and supervisors will learn the EMDR model and how to implement systems and infrastructure for long-term sustainability of the model. Once the course is complete, clinicians will be highly recommended to continue pursuing national certification with EMDRIA.

This training collaborative consists of:

1. A 1-hr **MANDATORY** Orientation Meeting
   a. Scheduled for **THURSDAY, AUGUST 27, 2026**, from **12:00pm-1:00pm CDT**
   b. **Accepted applicants MUST attend this orientation to fully understand the scope and commitment of the EMDR training** as well as **receive an introduction to the online learning platform** to be used for the duration of the training and consultation process
2. 40.0 hours of training, split into two learning session installments
   a. Learning Session 1: Thursday-Friday & Monday, September 10-11 & 14, 2026 from 9:00am-5:30pm CDT
   b. Learning Session 2: Thursday-Friday & Monday, November 5-6 & 9, 2026, from 9:00am-5:30pm CST
3. 10.5 hours of Consultation, which will take place as monthly 1.5-hr calls for up to seven (7) months following the first installation of training, September 2026-February 2027

All training and consultation components will take place via Zoom; all practitioners must have access to a computer or other device with audio-visual capability (i.e. a camera and microphone) and a stable internet connection to participate in the training.

Upon achieving EMDR Basic-Trained status, licensed practitioners will be able to use an EBP tracking code to document the delivery of this model within outpatient therapy. The EBP Tracking code for EMDR (EB08), as outlined in the Louisiana Medicaid Behavioral Health Services Provider Manual on pages 449-460. Practitioners can also reference the EBP Qualifications & Billing Guide, which provides a summary of the EBP tracking codes and Medicaid billing guidance. Upon certification, it is ***highly recommended*** that practitioners utilize the EB08 to document the utilization of the EMDR model.

F. EMDR Leadership Development Meetings

The Center has found that having agency leadership (e.g., CEO, supervisors, and other decision-makers) directly involved in the implementation of an EBP is key to its long-term success. Strategies of engaged leadership include being knowledgeable about EMDR and directly involved in:

1) supporting clinicians and supervisors in maintaining fidelity to EMDR,
2) recruiting staff to participate in learning and using the EBP,
3) integrating the EBP into the culture of the agency, and
4) demonstrating a commitment to the EBP through follow-through with the implementation plan.

In addition, each agency should also consider how their policies might support or conflict with EBP practice and identify ways to integrate EMDR into their policies and procedures.
Examples may include:

- Considering an applicant's knowledge of (or openness to) EBPs in hiring decisions and integrating information about EMDR into new employee orientations
- Setting participation in EBP supervision as a regular requirement
- Creating processes to track fidelity and measures in electronic medical records
- Integrating EMDR into clinical documentation
- Recognizing EBP clinicians formally in performance reviews and merit raises and informally in newsletters, websites etc.

Agencies with clinicians accepted into this training opportunity will be expected to have agency leadership representation at four (4) separate EMDR-specific Agency Leadership Meetings. These meetings are intended to offer agency leadership support in supervising their staff who are learning and implementing the EMDR model. The meetings are also intended to give insight into the commitment to training and consultation expected of clinicians and will serve to assist leadership in working with their clinicians' schedule to ensure they are able to properly commit to the training requirements.

G. EMDR Application Timeline

EVENT	Timeline
EMDR RFA OPENS	Tuesday, July 28, 2026
EMDR RFA CLOSES	Monday, August 10, 2026
NOTICE OF APPLICATION STATUS	Thursday, August 13, 2026

H. EMDR Virtual Training Timeline

Event	Timeline
EMDR TRAINING COMMITMENT AND TEXTBOOK REQUEST FORM DUE	Friday, August 21, 2026
MANDATORY ORIENTATION MEETING	Thursday, August 27, 2026, 12:00pm-1:00pm CDT
EMDR AGENCY LEADERSHIP MEETING #1	Tuesday, September 8, 2026, from 12:00pm-1:00pm CDT
LEARNING SESSION (LS) 1	Thursday-Friday & Monday, September 10-11 & 14, 2026, from 9:00am-5:30pm CDT
LS1 CE EVAL DUE	Monday, September 21, 2026
EMDR AGENCY LEADERSHIP MEETING #2	Tuesday, October 13, 2026, from 12:00-1:00pm CDT
LEARNING SESSION (LS) 2	Thursday-Friday & Monday, November 5-6 and 9, 2026, from 9:00am-5:30pm CST
LS2 CE EVAL DUE	Monday, November 16, 2026
EMDR AGENCY LEADERSHIP MEETING #3	Monday, January 12, 2027, from 12:00-1:00pm CST
EMDR AGENCY LEADERSHIP MEETING #4	Tuesday, April 13, 2027, from 12:00-1:00pm CDT
CONSULTATION CALL COMMITMENT	Monthly 90-min. consultation calls, 2 calls scheduled between LS1 and LS2; and 5 calls scheduled after LS2

CE Eligibility: *The total number of hours for the EMDR training will be* ***approximately 40.0 hou****rs and participants will be eligible to receive up to* ***approximately 40.0 CE hours*** *if 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 credit.*

I. Sustaining EBP Practice & Achieving EBP Qualification

For best results throughout the training and consultation process, agency leadership will be expected to provide support to clinicians by ensuring that schedules are adjusted to meet the needs of all aspects of the EMDR program.

Additionally, as soon as clinicians begin training, they are encouraged to identify potential cases with which they can begin practicing the model. Successful delivery and completion of all eight (8) phases of the model with at least two (2) different clients and presentation of both of these cases during consultation is necessary to become EMDR Basic-Trained.

Following the completion of the full course and implementation program, agencies and providers will be expected to independently sustain EMDR, including:

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

The Center for Evidence to Practice expects all selected agencies/clinicians to complete the entire course and all consultation calls. Consultation calls have shown to be integral to growing and sustaining EBP practices. To further develop EMDR confidence and competence, clinicians will be required to participate in ninety (90)-minute monthly consultation calls for seven (7) months following training. These calls will be offered from September 2026-Februayr 2027. The purpose of these calls is to help support clinicians in implementing EMDR with their clients. Once all components are complete, clinicians will be eligible to become EMDR Basic-Trained and have the option to continue pursuing international EMDR certification independently by applying through the EMDR International Association (EMDRIA). More information on the EMDRIA certification process can be found using the following link: Become and EMDRIA Certified Therapist.

As soon as clinicians begin training, they are encouraged to identify potential cases with which they can begin practicing the model. Successful delivery and completion of the model with at least two different clients is necessary to become EMDR Basic Trained.

J. Post-Training Follow-Up Surveys

Following training, the Center for E2P will maintain regular contact with the provider agency and clinicians to track progress toward EMDR Basic-Trained status. A part of this contact will consist of a six (6) month and one (1) year follow-up survey to be administered 6 months and 1 year following the last day of training, respectively.

Clinicians who completed all training days will be contacted via email by a member of the E2P team to complete a short survey to gather information on the progress of EMDR implementation, including any possible barriers to implementation. Completion of this training protocol in totality will require participation in these surveys. All accepted participants will be expected to submit a response.

Should a clinician leave the provider agency with whom they joined training, said clinician will be expected to provide a viable email address by which the Center can contact them to complete these surveys.

3. APPLICATION AND SELECTION PROCESS

A. Eligibility Requirements and Expectations

Selection will be determined based on organizational readiness for EMDR implementation, acceptance of Medicaid-insured families, and relevance of EMDR to the population served by the applicant organization. ***In recognition of the extensive duration of the training process and necessity for inter-practitioner support, preference will be given to organizations with multiple practitioners applying to be trained.*** Organizations must also demonstrate understanding of the necessary changes to practitioners' caseload in order for a trainee to include EMDR 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 children and their caregivers in Louisiana free of charge; are licensed (or actively working towards licensure) in Louisiana; and are actively (i.e. currently) treating children 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 in order 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. EMDR Informational Webinar and Introduction to EMDR Online Course

The Center for Evidence to Practice has previously hosted an EMDR Webinar where attendees had the opportunity to meet the trainer, learn about the basics of the modality, and get an overview of the application process. A question and answer (Q&A) session followed. This previous informational webinar was recorded and added as a free course on our learning platform, E2P:Learn. ***If you plan on applying to the upcoming EMDR training, it is highly recommended that you take this free online course to learn more about the model and training requirements.*** Individuals who already have an account can login and self-enroll. If an applicant has an account and has taken the course previous to 2025, they will need to re-take it as the content matter has changed.

Make an account here: Register for a FREE Account
Sign-Up for the course here: Introduction to EMDR

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 requirements outlined in the **Eligibility Requirements.** Following the initial review, the E2P staff will meet with the trainer(s) and review the applicants based on their individual trainee application and agency agreement responses.

D. Application Materials

The **EMDR** online training is scheduled to begin in **Fall 2026**. The course instructor is Carol Miles, LCSW for this training opportunity. **This EMDR Learning Collaborative is limited to fifty (50) trainees.**

1. The **TRAINEE APPLICATION** can be accessed via REDCap and must be completed by each applicant by **MONDAY, AUGUST 10, 2026.**

2. The **AGENCY AGREEMENT** must be filled out and signed **ELECTRONICALLY** using **Adobe Acrobat (or a similar PDF editing/filling software)** by leadership from the agency requesting participation in the training**. All applicants from the same agency must submit the same Agency Agreement**. *Sole practitioners are also **required** to submit an Agency Agreement on behalf of themselves.* The Agency Agreement **MUST BE SUBMITTED in the Individual Application via REDCap** by **MONDAY, AUGUST 10, 2026.**

BOTH FORMS MUST BE TO BE CONSIDERED FOR THIS TRAINING OPPORTUNITY

E. Application Checklist

- □ Please review the **Request for Applications (RFA)** to be aware of training expectations.
- □ *(HIGHLY RECOMMENDED)* **WATCH RECORDING OF THE INFORMATIONAL WEBINAR via E2P:Learn** to ensure that applicants are aware of the training expectations and time commitment.
- □ **SAVE ALL IMPORTANT TRAINING DATES:** See **pg. 8 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. 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.

G. Non-Discrimination Policy

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

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