CPT-TS Pilot Logic Model

PROBLEM

Posttraumatic Stress Disorder (PTSD) is a significant problem among Service members and despite the DoD's efforts to train Military Health System (MHS) behavioral health providers in the use of evidence-based treatments for PTSD, a majority of behavioral health providers do not use these treatments with their patients

OBJECTIVE

Establish and evaluate the CPT-trained trauma specialist care delivery model for PTSD treatment in the MHS

INPUTS

PBI Network implementation pilot expertise

CPT-trained trainers and consultants

Complete IRB process

Socialize Directors of Psychological Health (DPHs) and behavioral health providers to establish buy-in and participation in the pilot

ACTIVITIES

Develop and execute general and site-specific implementation plans

Conduct site visits

Partner with stakeholders to organize and track virtual training

Collaborate with stakeholders to organize and track consultation calls

Conduct facilitation calls

OUTPUTS

# of site visits

# of implementation plans and support resources developed

# of providers enrolled

# of providers to achieve CPT-trained trauma specialist status

# of patients to complete a full course of CPT with trauma specialists

# of collected patient scores on PCL-5 and PHQ-9

and type of implementation barriers and facilitators identified

of presentations and reports disseminated

SHORT-TERM OUTCOMES

Increased session availability for providers enrolled in the CPT-TS pilot

Increased adherence to the CPT protocol by the CPT-trained trauma specialists

Increased self-efficacy rating when integrating CPT in clinical care

Seventy-five percent of providers trained achieve CPT-trained trauma specialist status

Improvement in PTSD symptoms for patients with PTSD assigned to CPT-trained trauma specialists

Increased understanding of barriers and facilitators of this implementation model

Increased clinic organizational readiness

INTERMEDIARY OUTCOMES

Increased number of CPT-trained trauma specialists within MHS clinics

Increased use of CPT for PTSD in the MHS

IMPACT

Increased use of evidence-based practices within the MHS

Improved patient outcomes

ASSUMPTIONS

Modification of provider templates
Modification of patient contact hour requirements
Pilot will not test effectiveness of CPT for PTSD patients

EXTERNAL FACTORS

Patient demographics at clinic
Competing demands on provider time