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
- 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