

# INTREPID VOICES

## SPECIAL ISSUE FALL MEETING: THE WAY FORWARD

Publication of the Defense Intrepid Network for Traumatic Brain Injury (TBI) & Brain Health

### DIRECTORS CHART A COURSE FOR THE NETWORK'S FUTURE

#### NICoE WELCOMES MHS LEADERS AND NETWORK FOUNDERS TO FALL MEETING

The Defense Intrepid Network for Traumatic Brain Injury & Brain Health Fall Meeting took place Sept. 14-15 at the National Intrepid Center of Excellence (NICoE), drawing senior leadership from across the Military Health System (MHS)—including the Office of the Assistant Secretary of Defense for Health Affairs, the Defense Health Agency (DHA), the Uniformed Services University (USU), and the Intrepid Spirit Centers (ISCs)—and from the Intrepid Fallen Heroes Fund (IFHF), which funded construction of the NICoE and the ISCs. It was the first such meeting in two years. Greeting attendees were Lt. Gen. Ronald J. Place, DHA director; Rear Adm. Anne M. Swap, director of the DHA National Capital Region Market; and Brig. Gen. Jack M. Davis, director of Walter Reed National Military Medical Center (WRNMMC).



IFHF Honorary Chair Arnold Fisher opens the Defense Intrepid Network Fall Meeting.



Brig. Gen. Jack Davis, Director of WRNMMC, attends the leadership update and speaks to attendees.



Rear Adm. Anne Swap, Director of DHA's National Capital Region Market, gives opening remarks.

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DHA Director Lt. Gen. Ronald Place addresses attendees during the Defense Intrepid Network Fall Meeting.



Gen. Richard Cody (Ret.), a board member of the IFHF, discusses the Network's past and future.

### HOW IT ALL STARTED

In his opening remarks, IFHF Honorary Chairman Arnold Fisher thanked the Network site directors for surpassing expectations. "We couldn't have imagined a success rate of over 90% [of patients returning to active duty]," said Mr. Fisher, recalling the early stages of IFHF's plan to build the centers that now form the Defense Intrepid Network. "I am so proud to be associated with this effort."

Gen. Richard Cody (Ret.), an early supporter of the plan, recalled Mr. Fisher bringing a model of the NICoE building to a meeting with Pentagon leadership and asking, "Where can we put this?"

They proposed building and equipping TBI treatment centers for service members if the DoD funded staffing and operations. The NICoE opened its doors in 2010; since then, IFHF has built eight Intrepid Spirit Centers (ISCs), with a ninth in progress at Ft. Carson, Colorado. Construction on the final one, at Fort Bliss, Texas, is expected to start in May 2022.

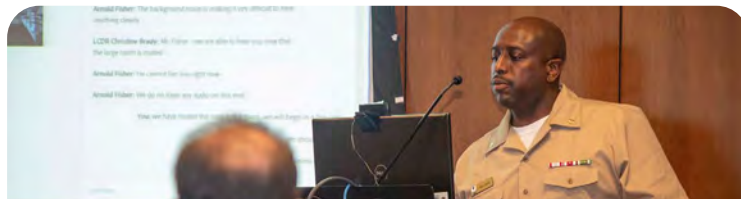
## NETWORK NEXT STEPS: BECOMING A PROGRAM OF RECORD

“Eleven years ago, we had an idea; you all took that idea and made it better,” Gen. Cody told Network site directors during the first part of the Fall Meeting.

Lt. Gen. Place talked about how the unique interdisciplinary care model has changed the lives of beneficiaries over the past 11 years. To ensure that this essential work continues, he said, “we must move this Network to the next level.” He emphasized the importance of standardizing services, building a network research infrastructure, and expanding on the success of the last decade.

During the leadership update, he gave the charge for the Intrepid Network Centers to become a DHA Program of Record. “Ten years ago, it wouldn’t have been possible,” said Lt. Gen. Place. “It makes sense to do it now.” Gen. Cody echoed the need to become a Program of Record, an idea that resonated with attendees.

Capt. Williams embraced the direction to seek Program of Record status. “We began 2021 with the overarching priority of bringing this Network together for the ultimate purpose of improving and maintaining the life-changing care that we provide,” he said. “Becoming a Program of Record secures funding and allows us to standardize our programs and services to ensure consistent high-quality service across the Network. We are establishing a multisite research framework and advancing innovative technologies, all focused on improving the lives of our patients. We are excited to receive the charge and the support from our leadership and founders.”



Capt. Williams accepts the charge to seek Program of Record status.

## THE WORK CONTINUES

The first day of the Fall Meeting gave an overview of the Defense Intrepid Network’s past and present, with senior MHS leadership recalling the NICoE’s ribbon-cutting and being briefed on each of the 11 centers that make up the Network. But the second was all about the Network’s future—specifically, what it means to be a Program of Record and how to pursue the directive to become one.

During Network Formalization Working Group sessions, directors discussed several key points including which services and positions are critical for every ISC, what the Network organizational structure should look like, and how to standardize the unique model of high-quality interdisciplinary care across the Network.

In the coming months, the work will continue as Network representatives develop a Plan of Action & Milestones (POA&M) to achieve Program of Record status. Over the next several months, the team will be working diligently to establish the Concept of Operations (CONOPS) for the Network, the governance framework, MOUs, and the DHA Interim Procedures Memorandum (IPM) and Procedural Instruction (PI).



Network directors, joined here by NICoE officials and DHA leaders, gather at the NICoE for the Defense Intrepid Network Fall Meeting, held Sept. 14-15, 2021.



# NATIONAL ENDOWMENT FOR THE ARTS DEEPENS NETWORK PARTNERSHIPS

The Defense Intrepid Network's partnership with the National Endowment for the Arts (NEA) goes back to 2011, the year after the NICoE opened its doors. That's when the NEA offered to leverage national expertise to expand the new center's creative arts therapies programming. Today, Creative Forces: NEA Military Healing Arts Network supports 12 clinical sites (including six ISCs) across the DoD and the VA offer some combination of art therapy, music therapy, dance/movement therapy, and therapeutic writing instruction.

During a Sept. 14 presentation at the Fall Meeting, Creative Forces Senior Military Medical Adviser Dr. Sara Kass showed images of ISC patients' art from the online multimedia exhibition [Healing the Invisible Wounds of War](#). Dr. Kass also discussed ways Creative Forces could further support the creative arts therapies both across the Defense Intrepid Network and through programs like WRNMMC's hospital-wide Arts in Health program.

The Arts in Health program may one day be ready to replicate throughout the Network, like the 2011 creative arts therapies pilot. Formalizing the Network would streamline the process, further standardize clinical and non-clinical arts programs across the Network, and give broader access to network resources.

"We are incredibly encouraged to see the centers working together to establish the Defense Intrepid Network as a single, coordinated entity," said Creative Forces Director Bill O'Brien, who attended the presentation. "This will only enhance our ability to coordinate efforts to deliver consistent, high-quality care across these anchor Creative Forces partner clinics."

## NETWORK SEEKS VA PARTNERS TO CLOSE GAP IN THE CONTINUUM OF CARING AND HEALING



Defense Intrepid Network directors and VA program leaders discuss ways to close a gap in patient care.

Strengthening the partnership and collaboration between the Defense Intrepid Network and the Department of Veterans Affairs (VA) could close a significant gap in patient care, said NICoE Director Capt. Williams during a sync session with VA representatives at the Network's Fall Meeting.

"Once our patients leave [the IOP] and return to their units, we often don't engage with them again," Capt. Williams told meeting attendees. "Before they leave, we want them to know where to find help going forward."

The Network's new Continuum of Caring and Healing Initiative is intended to provide a safety net for such patients, facilitating a seamless transition of care by showing them where to find both mental-health treatment and peer networks. The plan is to identify partners at both the VA and non-governmental organizations (NGOs) and share these resources during the last week of the IOP.



Creative Forces' online exhibit includes art from ISC patients at Camp Lejeune (*Lakota*, top; *Traditions Reflected*, bottom) and Fort Belvoir (*Untitled 8*, middle). Credit: Amanda Voisard

Specialized mental health care is critical for continued recovery from PTSD, anxiety, and depression, and the VA offers a wide variety of treatment options as well as peer liaisons, telehealth, and other tools. While continuing professional treatment is essential for Network patients, peer networks provide something professionals cannot.

"The camaraderie our patients get in the military can be hard to find in civilian situations, and they find it important" said NICoE social worker Scott McRae, a former peer-support specialist for a warrior care NGO. "Working with other people in similar situations can help reduce the severity of mental health conditions."

McRae is coordinating outreach to NGOs who serve the same demographic and could help cover different points along the continuum of care. For example, the Wounded Warrior Project has a thriving network of peer support groups, while RallyPoint offers counseling and Team Rubicon sends teams of veterans on disaster-relief missions.

# TRIP INITIATIVE TAKES SHAPE

The Translating Research into Practice (TRIP) initiative welcomes experts from both inside and outside the Department of Defense to help identify cutting-edge research findings that can be translated into clinical standards of care. This initiative is a clear example of what formalizing the Defense Intrepid Network would mean to its patients.

Theresa Woo, PhD, a neuroscientist at the NICoE, has coordinated the TRIP effort since it began in May 2021. On Sept. 15, during the Defense Intrepid Network Fall Meeting, Dr. Woo reported that TRIP leadership and operational teams have been established, a truly interdisciplinary group of staff members distributed across the Network. Additional cross-sector collaboratives of clinicians, researchers, and policymakers will be launching shortly. These groups will provide the foundation for TRIP's idea submission process, by which Network-related research proposals and clinical recommendations can be vetted.

"Endorsing a proposal means that we will be partners in the research, not just a platform for researchers to use," NICoE director Capt. Williams told ISC directors during the presentation. "We want to make sure that research priorities are aligned with the needs of the warfighter, DHA priorities, and the Network."

As a partner, the Network offers a unique platform to conduct multisite TBI research. "Researchers who partner with the Network through this process will be joining a nationwide network of TBI clinics and researchers," said Dr. Woo.

But getting there, she added, requires two significant tasks: conducting an environmental scan of research capabilities across the Network and finalizing a Network-level cooperative agreement to facilitate multisite collaborations and data sharing efforts from a regulatory perspective.



Dr. Theresa Woo presents an overview of the TRIP Initiative on Sept. 15.

## TRIP Concept of Operations and Proposal Submission Process

NETWORK-RELATED PROPOSALS

ENDORSED PROPOSALS LETTERS OF SUPPORT





# MEASURING THE MEANS: STUDY SHOWS IOP OUTCOMES

The patient-centered interdisciplinary treatment model championed in the NICoE's Intensive Outpatient Program (IOP) has served as a foundation for care throughout the Defense Intrepid Network. It combines conventional rehabilitation therapies and integrative medicine techniques with the goal of reducing service members' symptoms from TBI and associated psychological health conditions. In patient surveys, 98% of IOP participants strongly agreed that they would recommend the program to others, a figure that Lt. Gen. Place called "extraordinary." But is the model effective?

Yes, according to [results of a study](#) led by NICoE Chief Innovations Officer Thomas DeGraba, MD, and published earlier this year in *Frontiers in Neurology*. Dr. DeGraba summarized the findings over two sessions at the Fall Meeting, while stressing the importance of standardizing assessment tools and outcome measures across the Defense Intrepid Network IOPs.

Over the last 7½ years, NICoE researchers collected data from 1,456 patients who were assessed and treated through the NICoE's four-week IOP. The study recorded significant and clinically meaningful improvement in multiple areas—including anxiety, sleep disturbances, post-traumatic stress, depression, and life satisfaction—that was sustained up to six months after leaving the IOP.

Many service members in the study had not responded to conventional therapies. Without this intervention, they would likely have had to disengage from active duty status or medically retire, thereby reducing military readiness.



Dr. DeGraba emphasizes the importance of synchronizing clinical care, assessment, treatment, and outcomes across the Defense Intrepid Network.

## STANDARDIZING ASSESSMENT TOOLS ACROSS THE NETWORK

Dr. DeGraba led a discussion about developing a methodology to synchronize clinical care, assessment, treatment, and outcomes across the Network. He emphasized that the interdisciplinary care model treats clusters of symptoms rather than individual ones; for instance, treating sleep issues means the patient's attention will likely improve.

"The fractured, siloed approach to clinical care does not recognize the complex interaction of problems they have," said Dr. DeGraba. Attendees debated the value of numerous existing assessment tools.

Over the next several months, subject matter experts from the Network will assemble a consensus list of metrics and assessment tools to be submitted as part of the Program of Record Submission package.

## DIRECTORS CLOSE WITH REVIEW OF NEXT STEPS

On the morning of Sept. 16, Intrepid Network directors gathered for a wrap-up session. They reviewed the progress made during the Fall Meeting and discussed next steps to becoming a Program of Record, as Lt. Gen. Place had directed during the opening session. Most stayed for the Defense Intrepid Network Research Symposium, which began immediately afterwards. For more on the symposium, see p. 6-7.



## INTERDISCIPLINARY TBI GRAND ROUNDS DEBUTS

The 2021 Defense Intrepid Network Research Symposium—originally launched in 2018 as NiCoE’s annual Research Fair—drew record turnout on Sept. 16. Approximately 125 providers, researchers, and policymakers from the TBI community convened for this hybrid in-person/virtual event to discuss the latest research, including some being done across the Network.

The plenary session, themed “High-tech vs. High-touch Approaches to Brain Health,” marked the debut of the Network’s Interdisciplinary TBI Grand Rounds. The new educational series is intended to bring together professionals from different disciplines for a presentation and then “immediately, collaboratively, holistically start discussing impacts,” said facilitator Lt. Cmdr. Marie Manteuffel, NiCoE’s clinical education and outreach lead. Keynote speakers were Kathleen M. Chard, PhD, director of the Cincinnati VA Medical Center’s Trauma Recovery Center, and Albert “Skip” Rizzo, PhD, director of medical virtual reality at the University of Southern California Institute for Creative Technologies (ICT).

Dr. Chard described the cognitive processing therapy (CPT) approach to treating PTSD. A key difference from other techniques is that rather than encouraging the patient to talk about the traumatic event, therapists use cognitive techniques to dissipate natural emotions and inaccurate



Dr. Treven Pickett (left) moderates a Q&A session with Dr. Kathleen Chard (on screen) and Dr. Skip Rizzo.



Dr. Skip Rizzo discusses high-tech approaches to PTSD treatment.

thoughts related to the trauma. In the past, she said, PTSD providers believed patients “had to process the memory on some cognitive level—talking about it, writing about it. But we’ve found that ... that is a myth.”

CPT typically lasts 7 to 15 sessions. It can be used for patients with comorbid conditions such as depression, anxiety, personality disorder, and even non-imminent suicidal ideation. Some patients may respond better to other evidence-based treatments such as prolonged exposure or eye movement desensitization and reprocessing (EMDR). “My bottom line is: The therapy the patient will do is the best therapy for them,” said Dr. Chard.

Prolonged exposure figured heavily in Dr. Rizzo’s presentation on medical uses of virtual reality (VR). He discussed how far VR technology has come since the early years, showing examples of graphics and interfaces from the past few decades. As VR graphics evolved, so did the therapeutic possibilities. Originally, VR-based therapy was used mainly for anxiety and specific phobias; now, researchers are studying how it can treat PTSD, sexual trauma, addiction, persecutory delusions, depression, chronic pain, and more.

Dr. Rizzo’s team at ICT developed VR software for PTSD exposure therapy that uses 14 diverse customizable scenarios—complete with smells, vibrations, and 3D sound—unique to the military. This type of treatment may break down barriers to health care, particularly for the digital generation of service members. “They may seek it out in a way they might not seek out what they see as traditional talk therapy, even though we follow lockstep the traditional prolonged exposure protocol,” said Dr. Rizzo. “We’re just using VR as a tool for that.”

Afterwards, the two speakers participated in a Q&A moderated by NiCoE Department Chief of Research Treven Pickett, PsyD. Among the topics discussed were gaps in the assessment and treatment of PTSD; ways COVID-19 changed PTSD treatment, myths of therapy, and ways to improve PTSD therapy success and retain study participants, particularly in the area of prolonged exposure.



# SYMPOSIUM FEATURES 24 RESEARCH PRESENTATIONS

After the Interdisciplinary TBI Grand Rounds plenary session, 24 researchers from six sites across the Defense Intrepid Network presented their work in either a poster session or oral presentation. These sessions consisted of 24 concise presentations of recent or ongoing efforts designed to characterize or assess treatments for TBI, PTSD, and comorbid behavioral health problems. Specific topics included randomized controlled trials for post-traumatic headache, PTSD, TBI, and dizziness; examination of imaging correlates of TBI and PTSD symptoms; characterization of blast exposure sequelae; and the development of research resources for future use.



Ms. Annabel Raboy of Uniformed Services University accepts the award for Best Poster from Dr. Thomas DeGraba.

## AWARD WINNERS

### Best Poster: Ms. Annabel Raboy, Uniformed Services University

Treatment of Acute Post-Traumatic Headache with Erenumab 140 mg, a Calcitonin Gene-Related Peptide (CGRP) Monoclonal Antibody, in Service Members and Civilians with Mild TBI (mTBI): A Randomized, Double Blind, Placebo Controlled, Multicenter 12-Week Study with a 4-Week Open-Label Extension

### Best Lightning Talk: Dr. Paul Savage, Intrepid Spirit Center, Joint Base Lewis-McChord

Randomized Controlled Trial of Prazosin for Prophylaxis of Post-traumatic Headaches in Active Duty Service Members and Veterans

### Best in Show: Dr. Michael Roy, Uniformed Services University

Evaluation of Navy SEALs During Heavy Weapons Training: the INvestigating training assoCiated blasT pAthology (INVICTA) Study



Dr. Paul Savage (on screen) won Best Lightning Talk; Dr. Rachel Satter, director of the ISC at Joint Base Lewis-McChord, accepts on his behalf.



Dr. Michael Roy of Uniformed Services University gives a presentation that won Best in Show on 16 September.

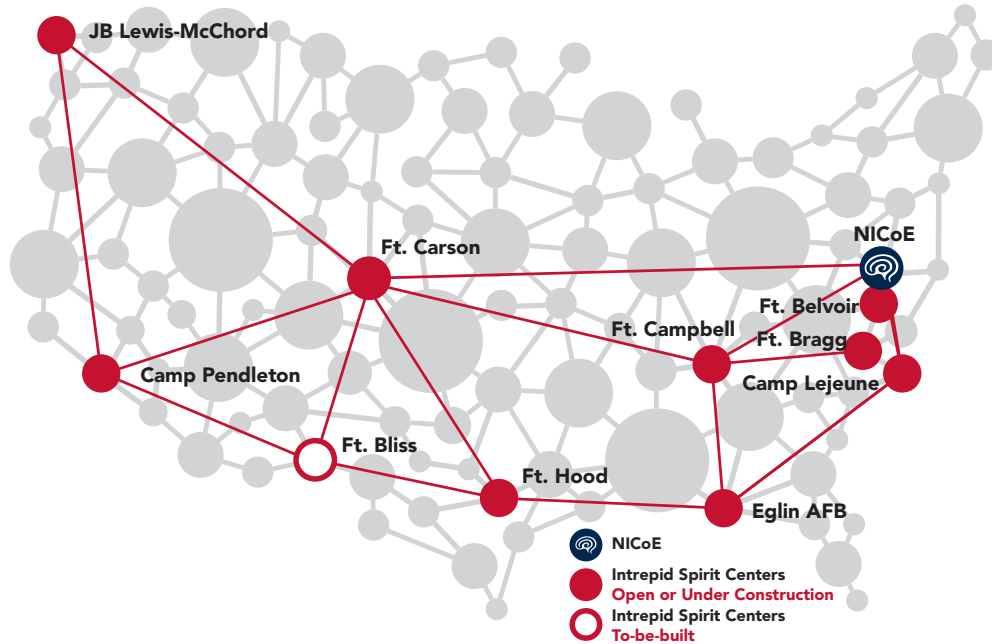
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# Defense Intrepid Network for TBI & Brain Health



## Camp Lejeune

*Director: Capt. Diana Fu*  
180 Hospital Corps Blvd.  
Camp Lejeune, NC 28547  
(910) 449-1100

## Camp Pendleton

*Director (Acting): Cmdr. Jeffrey Bullock*  
2016 Jacinto Road, Bldg 2169  
Oceanside, CA 92055  
(760) 763-9384

## Eglin AFB

*Director: Col. Laura Lewis*  
1 Ash Drive  
Eglin Air Force Base, FL 32542  
(850) 883-9484

## Ft. Belvoir

*Director: Lt. Cmdr. Christine Brady*  
5980 9th Street, Bldg 1259  
Fort Belvoir, VA 22060  
(571) 231-1210

## Ft. Bliss

*Director: Dr. Sean Sebesta*  
5005 N. Piedras St.  
El Paso, Texas 79930  
(915) 742-4517

## Ft. Bragg

*Director: Capt. Scott Klimp*  
3908 Longstreet Rd  
Fort Bragg, NC 28310  
(910) 907-7777

## Ft. Campbell

*Director: Mr. Terry James*  
2403 Indiana Ave  
Fort Campbell, KY 42223  
(270) 412-5114

## Ft. Carson

*Director: Capt. Alicia Souvignier*  
Sutherland Circle, Bldg 7488/7489  
Fort Carson, CO 80913  
(719) 526-3286

## Ft. Hood

*Director: Dr. Scot Engel*  
36029 58th St.  
Fort Hood, TX 76544  
(254) 287-8179

## JB Lewis-McChord

*Director: Dr. Rachel Satter*  
90390 Gardner Loop  
Tacoma, WA 98431-1100  
(253) 968-9002

## National Intrepid Center of Excellence (NICoE)

*Director: Capt. Carlos Williams*  
4860 South Palmer Road  
Bethesda, MD 20889  
(301) 319-3600