

INTREPID VOICES

Newsletter | May 2022 | Publication of the Defense Intrepid Network for TBI & Brain Health

MAY IS MENTAL HEALTH AWARENESS MONTH



Mental health care is an important, essential component of overall health care. At the Defense Intrepid Network for TBI and Brain Health (Intrepid Network), we recognize that mental health and physical health often go hand in hand. Because invisible wounds of war can impact both, our providers assess and treat both types of symptoms. As part of the holistic interdisciplinary model of care, providers and clinicians across the Intrepid Network use a myriad of traditional and complementary methods to optimize mind-body wellness.

But none will work (at least not completely) without first addressing a fundamental problem many TBI patients experience: sleep disturbances. "If you don't fix sleep, all the other therapies will be impeded," says Thomas DeGraba, M.D., chief innovations officer at the **National Intrepid Center of Excellence (NICoE)**. "That's why all our patients get a sleep study."

For Mental Health Awareness Month, this issue covers some innovative ways Intrepid Network providers are helping patients get a good night's sleep. You'll also read about a new type of group therapy at **Intrepid Spirit Center (ISC) Camp Lejeune** and about two novel therapeutic activities at **ISC Eglin** (hint: it was the first ISC to use a kiln for art therapy).

Educational Opportunities

JUNE
2

Morally Injurious Combat Events as an Indirect Risk Factor for Post-Concussive Symptoms Among Veterans, NICoE Educational Webinar with guest lecturer Adam R. Kinney, Ph.D., a Research Health Science Specialist at the Department for Veterans Affairs. 1200–1300 ET on [Adobe Connect](#).

JUNE
3

Cognition with Traumatic Brain Injury, TBI Didactic Lecture with NICoE Clinical Neuropsychologist Wendy Law, Ph.D. 0730–0830 ET on [Adobe Connect](#).

JUNE
4-8

Sleep 2022, 36th annual meeting of the Associated Professional Sleep Societies. Charlotte Convention Center, Charlotte, North Carolina.

JUNE
10

Cognitive Dysfunction in Cancer and TBI: Unique Characteristics and Shared Attributes, TBI Didactic Lecture with NICoE Brain Fitness Center Director Kate Sullivan, Ph.D. 0730–0830 ET on [Adobe Connect](#).

Improving Sleep to Help Heal TBI and PTSD

OBSTRUCTIVE SLEEP APNEA (OSA)

"Multiple large-population studies have identified a significantly increased risk of obstructive sleep apnea (OSA) after TBI," said Navy Lt. Cmdr. J. Kent Werner, M.D., director of research at the Walter Reed National Military Medical Center Sleep Disorders Center. "In our own clinical population of warfighters with TBI seeking medical treatment at the NiCoE, we observe that nearly half of these patients have OSA."

Though the link between TBI and OSA is well established, the reasons behind it are not. "It could be related to disruption of circuitry that maintains muscular tone in the airway," said Werner. Other theories range from anatomical abnormalities caused by head trauma to weight gain caused by medications for associated conditions such as depression and anxiety. Like other sleep disorders, OSA is diagnosed through polysomnography, which records several physiologic data points as the patient sleeps.

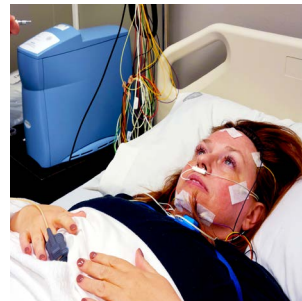
Nurse Practitioner Teresa Floyd evaluates polysomnography results from patients at ISC Fort Campbell. With eight beds, this ISC's sleep clinic is the largest in the Intrepid Network.

"We can see how long it takes patients to get to sleep, how they cycle through their sleep, and how many respiratory events they have," said Floyd, ISC Fort Campbell's TBI clinical team leader. "It allows us to rule out or confirm obstructive sleep apnea, identifying obstructive or central apneic episodes and obtaining a view of their overall sleep architecture."

She says screening for sleep apnea is essential because OSA can amplify chronic pain, depression, irritability, and other TBI symptoms.

"Untreated sleep apnea is low hanging fruit," said Floyd. "Until patients are back in restorative sleep, you can't really determine what else may be causing the symptoms."

The usual treatment for OSA is a continuous positive airway pressure (CPAP) machine. Some patients have found success using a mandibular advancement device (MAD).



Jeff Ference, a registered polysomnographer, prepares a patient for their polysomnography (PSG) testing.

COGNITIVE BEHAVIORAL THERAPY FOR INSOMNIA (CBT-I)

The toll of chronic insomnia is well documented. Prolonged lack of sleep decreases energy, focus, mood level, and cognitive ability, and makes it harder to recover from depression, post-traumatic stress (PTS), and chronic pain. More than half of service members with TBI develop insomnia, according to several studies, and most Intrepid Network patients present with at least some of these accompanying symptoms.

NiCoE Clinical Psychologist Brian Schopfer, Psy.D, assesses and treats patients with chronic insomnia, defined as having sleep disturbances three times a week for at least three months. Often it's much longer; when he asks patients when they last had a good night's sleep, most say it was before joining the military.

Over six to eight sessions, Schopfer helps them change that. He uses cognitive behavioral therapy for insomnia (CBT-I), which he calls the gold-standard treatment. Based on the 3P Model of Insomnia (see below), it targets beliefs and behaviors that impact the ability to initiate and maintain restful sleep. These vary by patient, but the most common recommendation is to develop and follow a consistent sleep schedule.

"People think they will 'catch up' on sleep by taking a nap or sleeping in on weekends," said Schopfer. "But that's not really possible. If you try to do it too often, it can backfire."

Before treatment begins, patients must keep a sleep diary for one to two weeks. "I tell them it's their ticket to my office," said Schopfer. The diary reveals how much time is spent in bed, how long it takes to fall asleep, and how much time is spent awake in the middle of the night. It also records the time patients wake up and what time they actually exit their bed.

The treatment plan is designed around maximizing sleep efficiency, defined as the ratio of total sleep time to the total amount of time in bed. "Many people focus on the total number of hours they're sleeping without considering how much time they're actually spending in bed," said Schopfer. "Spending excessive time awake in bed can lead to broken, shallow sleep. There's a big difference between getting six hours of good consolidated sleep and nine hours of broken sleep."

Predisposing Factors

- Genetics
- Tendency to ruminate or worry
- Sleep schedule and environment

Precipitating Factors

- Situational stressors
- Illness/injury
- Acute stress reaction
- Environmental changes

Perpetuating Factors

- Irregular sleep schedule
- Habits of reading or using screens in bed
- Dysfunctional beliefs and attitudes

Imagery Rehearsal Therapy (IRT) For Nightmares

Nightmares are common for service members with post-traumatic stress (PTS), and they can persist even after other symptoms resolve. Left untreated, nightmares can lead to other sleep disturbances such as insomnia and fragmented sleep. More troubling, post-traumatic nightmares have been associated with a marked increase in suicidal ideation.

At some Intrepid Centers, imagery rehearsal therapy (IRT) offers patients the chance to flip the script. Treatment protocols vary, but all involve creating a new dream narrative to replace the disturbing one.

"IRT is based on two principles: Nightmares involve imagination and they are learned habits. In IRT, we use imagination to rescript the nightmare and then rehearse visualizing the new dream until it becomes a habit," said Art Therapist Adrienne Stamper, a contractor working in support of Creative Forces®: NEA Military Healing Arts Network at the National Intrepid Center of Excellence (NICoE). Stamper has completed specialized IRT training.

Unlike bad dreams, nightmares awaken the dreamer—usually at the moment of peak distress. Because the nightmare never ends, said Stamper, "our brain wants to close the loop. This perpetuates the nightmare into happening again, only to be cut short every time, thus reinforcing the pattern."

She helps patients understand the etiology of nightmares, and the importance of separating them from memories—even when they feel the same. "This distinction is what gives us permission to change the story."

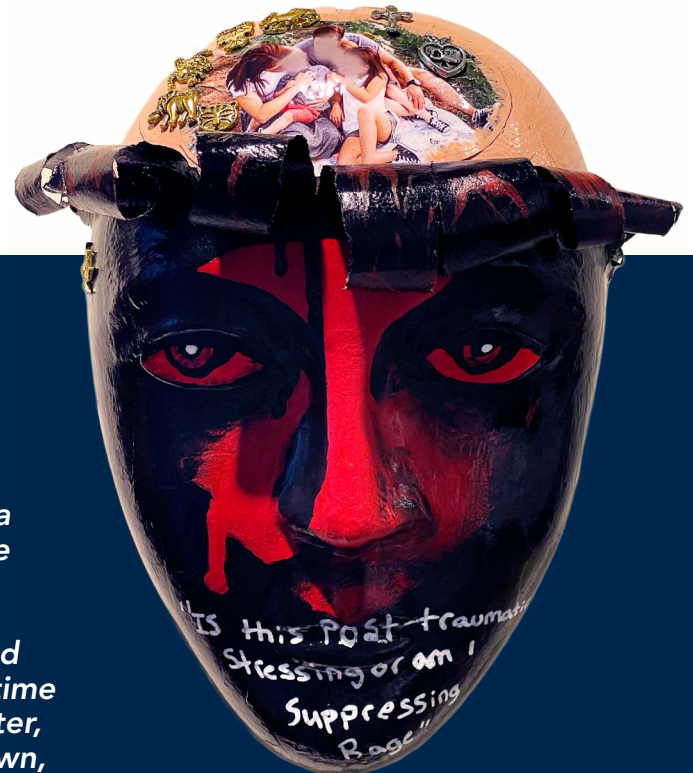
Patients write down the nightmare in first-person present tense, complete with sensory and emotional detail. Then they write a new dream, changing the original one so it is no longer disturbing to them or their sleep. They rehearse the new one through visualization until it replaces the nightmare.

Most patients referred to her for IRT are in NICoE's four-week Intensive Outpatient Program, where art therapy and therapeutic writing are part of the standard model of care. Because they have already had several sessions of each by the time she starts IRT, some patients express the dream transformation through art. Stamper sees this as a natural progression.

"Nightmares come up a lot in art therapy," she said. "IRT always starts as a written exercise. For some patients, making a visible, sensory representation of what they wrote can help with the visualization."

“*For some patients, making a visible, sensory representation of what they wrote can help with the visualization [of the dream].*”

"I could feel that the years of traumatic experiences from my deployments were pushing me further and further away from my family. I was suppressing all the rage and pain of what I had seen and been through . . . and it was turning me into someone I no longer recognized. In my Art Therapy sessions, I symbolized this by painting the image of a 'monster' on the face of a mask. This same feeling showed up in a nightmare where my skin was being painfully peeled back, which really disturbed me. I used Art Therapy as a way to take that nightmare and recreate it into something good. I decided to peel back the surface layer of the 'monster,' but this time symbolizing my 'true self' underneath. Behind the monster, I collaged a picture of my family with the sun shining down, and then added symbols for faith, hope, and love. As I did this, I began to see myself and my life in a new light; finally shedding the 'monster' and leaving it behind me."



– NICoE IRT Patient

ISC Fort Carson Pays Tribute to Longtime Leader



USPHS Capt. Alicia Souvignier led the ISC Fort Carson for nearly 13 years.

After nearly 13 years at Fort Carson, Intrepid Spirit Center (ISC) Director and U.S. Public Health Service (USPHS) Capt. Alicia Souvignier has started a new assignment with the Department of Health and Human Services: staffing underserved clinics in six states for the National Health Service Corps Program.

Read about her legacy in this piece written on behalf of her staff by USPHS Cmdr. Selena Bobula (now ISC director):

In 2009, USPHS Capt. Alicia Souvignier joined Evans Army

Community Hospital's Warrior Recovery Center (now Intrepid Spirit Center) at Fort Carson, Colorado. She served as the clinic's officer in charge of rehabilitation service from 2011 to 2019, when she became clinic director.

"Working for the Army Traumatic Brain Injury program has been a true honor," said Souvignier. "I have seen the lives of countless service members changed by the care and compassion they received in our clinic. The clinical staff at Fort Carson shows initiative, creativity, and a true desire to

help patients, creating an environment that makes work fun and rewarding."

Capt. Souvignier was instrumental in creating our clinic's interdisciplinary intensive outpatient program (IOP) and the hospital's Pain Clinic Functional Restoration Program. A physical therapist by training, she continued patient care during her three years as director, seeing over 600 patients in over 1,600 encounters.

Under her leadership, the TBI clinic was able to maintain over 60% productivity throughout the pandemic. With innovative telehealth options, she was able to maintain occupational therapy, neurology, speech-language pathology, and behavioral health services.

She is a nationally recognized leader in vestibular rehabilitation and has led the only clinic to offer it in the DHA's Colorado market. She is also a regular speaker at national conferences to include the American Academy of Neurology, the American Academy of Orthopedic Surgeons, the American Physical Therapy Association, and the Military Health System Research Symposium.

We, her staff, would like to recognize and thank Capt. Souvignier for her superior vision, selfless service, and clinical leadership that has allowed us to meet the needs of the mission and our unique patient population.

Joint Base Lewis-McChord Hosts TBI Conference

Over three days in March, ISC Joint Base Lewis-McChord (JBLM) held a Traumatic Brain Injury Research and Education Conference to spotlight the latest TBI research and treatments. The slate of presenters featured authorities in the fields of TBI, post-traumatic stress disorder, and neuroscience. Among them were subject matter experts from Madigan Army Medical Center, Department of Veterans Affairs, and Creative Forces: NEA Military Healing Arts Network.

Held both in person and online, the conference drew more than 90 attendees including military leaders from JBLM, senior staff from Intrepid Network sites, and providers and medical staff from multiple clinics.

The presentations highlighted current services, specialty provider education, the latest innovative TBI research, and acute concussion management tools and resources. In addition, the conference offered continuing medical education credits and professional networking opportunities.

ISC Director Rachel Satter, PhD, MSCP, hosted the event, welcoming attendees and leading the opening and

closing sessions. She credited her staff with the event's success.

"The interdisciplinary care model that characterizes Intrepid Network clinics fosters a spirit of collaboration that was evident throughout the event," said Dr. Satter.

ISC Nurse Educator Vivian Ramage, who helped coordinate the conference, said that the team plans to make it an annual event.



Dr. Trisha Trujillo, an occupational therapist, partners with Lt. Col. Paula Young, the 25th Infantry Division's surgeon who came from Hawaii, to practice vestibular ocular motor screening during the VOMS skills lab section of the first day of the first Brain Injury Awareness Month Conference on March 24. (U.S. Army photo by Ryan Graham)

Around the Network



ISC Eglin patient receiving glass blowing instructions. According to Creative Arts Therapist Kevin D'Augustine (MA, ATR-BC), engaging in programs such as glass blowing provides patients a creative activity aimed at reducing TBI, post-traumatic stress, and other symptomatology, while increasing community engagement and helping them to achieve fulfillment. Supporting patients through creative arts is part of the holistic approach espoused by the clinic (March 2022).

GLASS CLASS SPARKS CREATIVITY

Most Intrepid Spirit Centers offer creative arts therapies as part of their holistic interdisciplinary approach to clinical care. But how many offer glassblowing? At **ISC Eglin**, Creative Arts Therapist Kevin D'Augustine teaches patients how to form basic shapes like cones, spheres and cylinders, which are foundation elements for all glass objects. One patient wrote afterwards that the lesson helped by "getting me to isolate my surroundings, and to focus on the task at hand. For me, the effort invested in this activity will be invaluable for a lifetime."

ISC CLINICIAN LEADER RECEIVES AWARD

Each month, Fort Belvoir Community Hospital presents a Front Line Hero award to staff who exemplify excellence in six areas of patient care. In March, the award went to **ISC Fort Belvoir** Clinical Operations Deputy Kendra Mitchell. Congratulations, Ms. Mitchell!

RECEPTION CELEBRATES CREATIVE ARTS THERAPIES WEEK

The **ISC Fort Belvoir** creative arts therapists hosted a reception in the lobby of the Intrepid Pavilion to celebrate Creative Arts Therapies Week. The March 17 event included a newly curated display of patient artwork, a gallery talk, and live music.

TRANSFORMING TRAUMA GROUP LAUNCHES AT LEJEUNE

At **ISC Camp Lejeune**, a new group therapy program is helping service members understand the overlap between TBI and mental health. Developed and run by Clinical Psychologist Jessica Dunham, Ph.D., the four-week Transforming Trauma program focuses on the psychological injuries of post-traumatic stress, moral injury, and bereavement through the lens of post-traumatic growth.

SOMETHING FISHY AT ISC EGLIN

Not only was **ISC Eglin** the first to use a kiln for art therapy, it also provides monthly opportunities to learn fly-tying. Speech-language therapist Evelyn Galvis partners with an organization that uses fly fishing and associated activities to promote rehabilitation for service members and veterans. Instructors from the organization lead a monthly group fly-tying activity for ISC patients that involves complex attention, sequencing, processing speed, and fine-motor tasks.

A group fly-tying activity is offered monthly at ISC Eglin ISC as an adjunct to their cognitive rehabilitation treatment plan as it allows patients to engage in complex attention, sequencing, processing speed and fine-motor tasks. The group context allows patients to generalize skills learned in individual therapy as well as provide an opportunity for peer interaction.



Resources for Mental Health After TBI

Want to learn more about the connection between TBI and mental health? Check out the **Traumatic Brain Injury Center of Excellence (TBICoE) [fact sheets](#) Changes in Behavior, Personality, or Mood Following Concussion and Concussion and Post-Traumatic Stress Disorder**. This month, TBICoE will also be releasing new [podcast episodes](#). The **Clinical Updates in Brain Injury Science Today** podcast, known as CUBIST, will have one on resiliency, while **Picking Your Brain** hosts subject matter experts from TBICoE and the Psychological Health Center of Excellence to discuss about TBI and burnout.

Intrepid Network Patient Testimonials



"The focus that each provider [at **ISC Fort Belvoir**] gives is something not seen in everyday military life. I truly appreciate the time spent at the ISC and will advocate for this program. I want to say thank you to all the providers and staff for everything that you are doing to help change someone's life. Keep up the good work, it is remarkable!!!"

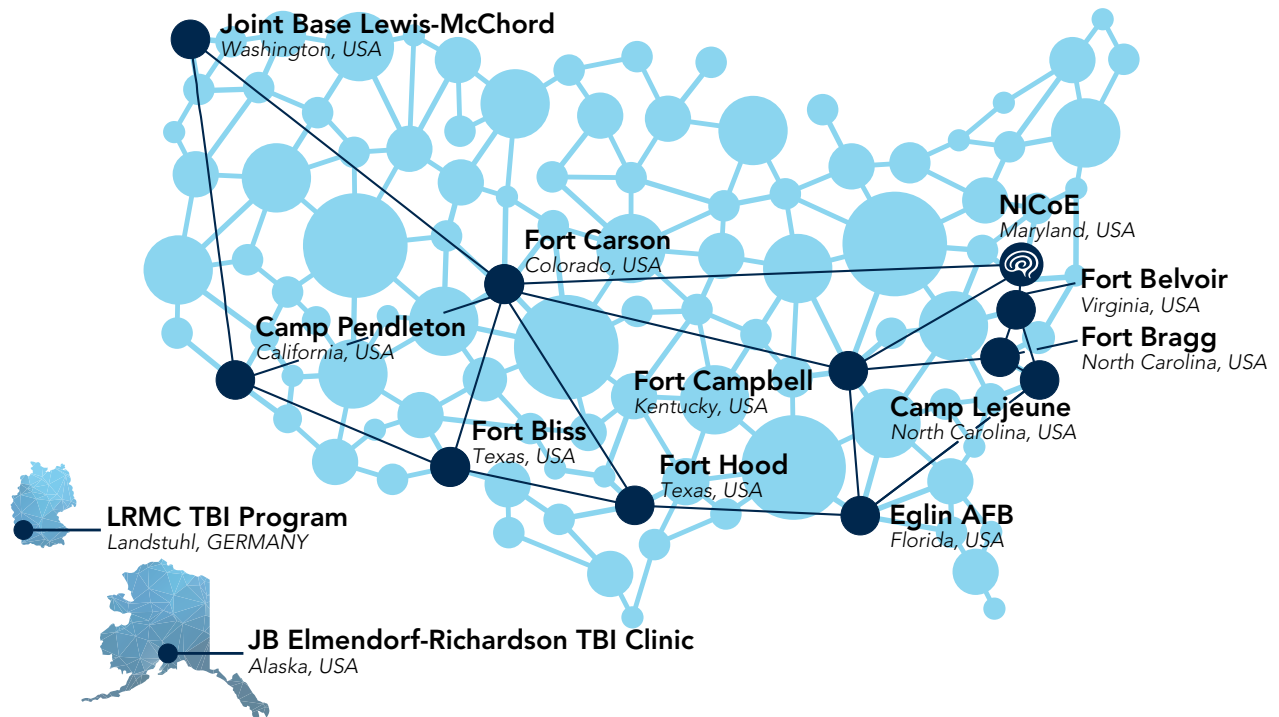
"A lot of us [in the **ISC Camp Pendleton IOP**] have been dealing with a lot of stuff for a long time. It feels good to feel normal and get back to that equilibrium we've been chasing. I really appreciate [providers] giving us the tools to go forward instead of just medicating people [because] I'd rather go the holistic route. It has really been an awesome experience."

"The time spent [in the **ISC Fort Hood IOP**] has been the best training the Army ever afforded me. IT SAVED MY LIFE, and allowed me to get out of my own way and LIVE! I am overwhelmed with gratitude and appreciation. Although I have more work to do, I am very happy with my progress and the tools this program has given me. I am not the same person I was six weeks ago. I love the new me!"

"Staff [at the **NICoE IOP**] keeps you in conversation and makes you feel comfortable enough to open up. I'm guarded and don't like to do it, [but] now is the time to open Pandora's box, and they are good at guiding you through the process and being dynamic enough to bounce from recommendations that aren't working."



Defense Intrepid Network for TBI and Brain Health



ISC CAMP LEJEUNE

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

ISC FORT BELVOIR

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

ISC FORT CAMPBELL

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

ISC JOINT BASE LEWIS-MCCHORD

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

ISC CAMP PENDLETON

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

ISC FORT BLISS

Director: Sean Sebesta, MD
5005 N. Piedras St.
El Paso, TX 79930
(915) 742-4517

ISC FORT CARSON

Director: Cmdr. Selena Bobula
Sutherland Circle, Bldg 7488/7489
Fort Carson, CO 80913
(719) 526-3286

JOINT BASE ELMENDORF-RICHARDSON TBI CLINIC

Director: Maj. Elizabeth Trahan
Building 5955, Lynx Wing, First Floor
JBER-Richardson, AK 99506
(907) 580-0014

ISC EGLIN AFB

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

ISC FORT BRAGG

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

ISC FORT HOOD

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

LANDSTUHL REGIONAL MEDICAL CENTER TBI PROGRAM

Director: George Smolinski, MD
Bldg. 3737
Dr. Hitzelberger Strasse
Landstuhl, GERMANY 66849
06371-9464-5601



NATIONAL INTREPID CENTER OF EXCELLENCE

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

Follow NICoE on Social Media:



@NICoEPage



The National Intrepid Center of Excellence



The National Intrepid Center of Excellence