

How we help Veterans THRIVE



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Overview

- What is a Veteran?
- THRIVE Program
 - “Matty’s Story”

No financial disclosures

The views expressed are those of the
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Veteran Population

What is a Veteran:

Someone who has served but is not currently serving on active duty in the US Army, Navy, Air Force, Marine Corps, Space Force, or the Coast Guard, and those who served in the US Merchant Marine during World War II.

2018 US Census estimates the Veteran population in the US at 18 million

Projected to be 12.9 million Veterans living in the US in **2040**

>2M Veterans in NC, SC, TN, and VA



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Veteran Stereotypes



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What do Veteran's look like?



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Post 9/11 Veterans

- The Veteran stereotype is *inaccurate*, disingenuous and is **not** beneficial to the Veteran and the general population
- The post 9/11 Veteran population is younger and more diverse than any prior service era, and...
 - Ready and eager to use their experiences to have a positive impact both locally and globally
 - Want to learn, want to better themselves, want to be challenged



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Health Care Needs of Veterans

- The health care needs of Veterans are as heterogeneous as the population itself with unique physical, behavioral, and psychosocial health needs
- No one joins the military as a "clean slate"
 - Pre-service life experiences have major impact on functioning
- Overall, Veterans & Non-Veterans have similar medical issues
 - chronic pain, behavioral health, substance abuse, TBI
 - moral injury although not exclusive to Veterans might be more prevalent
- Everything exists on a spectrum



Post 9/11 Veterans

- Are *Hardy* and Resilient
- Back in 1995 – Day 1, intern year advice at Ft Bragg talk to the Red Cross Volunteers "*ask them what they did*"
 - SGM Brown (photocopier) "4 jumps that count"
 - SGM Lane (distro) - original Green Beret, Gabriel Demonstration
 - SGM S – (paper changer) WW II POW, liberated by Americans, joins US Army, original Green Beret. Came to my promotion to MAJ in uniform and presented me with my rank
- My advice in 2023 is the advice I was given in 1995
 - Be genuine, ask them what they did, and treat them with dignity & respect – like we should EVERYBODY



THRIVE Program Mission

To fulfill our duty to serve Veterans and first responders by improving the evaluation and treatment of service-related traumatic brain injuries and PTSD through clinical practice, research, and education.



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THRIVE Program — Program Uniqueness

- Established through \$12.5M gift – June 2021
- Gift reduces all barriers to care (e.g., insurance, travel, lodging, etc.)
- Provide holistic care for Veterans suffering from TBI and PTSD
- Saw our first Veteran in April 2022
- Part of the Avalon Action Alliance
- Builds on 10+ year research partnership with USASOC
- Exists outside of School of Medicine unit in an Academic Affairs unit
- Matthew Gfeller Center partnered with Center for the Study of Retired Athletes, which manages a clinical evaluation program for retired professional American football players.
- Institution's Chancellor is himself a traumatic brain injury researcher
- UNC has a strong research and development infrastructure; 2020-21 → research grants > \$1B, and development/fundraising > \$600M



<https://www.avalonactionalliance.org>



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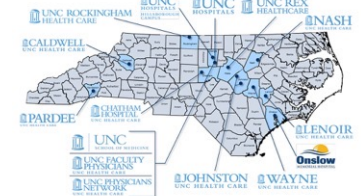
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UNC PHYSICIANS NETWORK UNC HEALTH CARE



C.34. System Profile - Map of facilities/service areas



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THRIVE Program — Clinical Services



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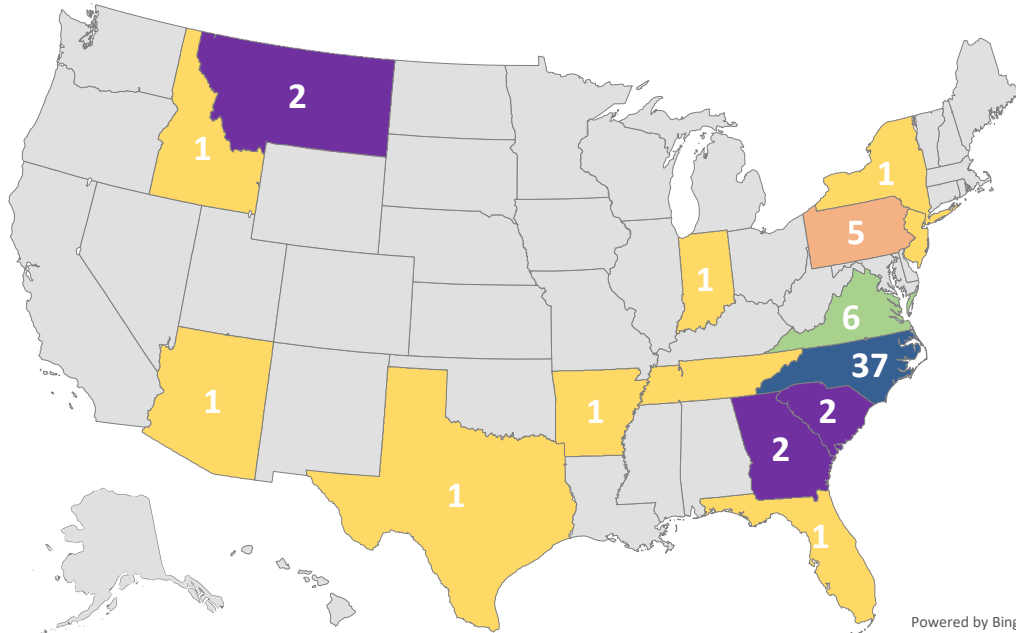
Who is our “typical” patient?



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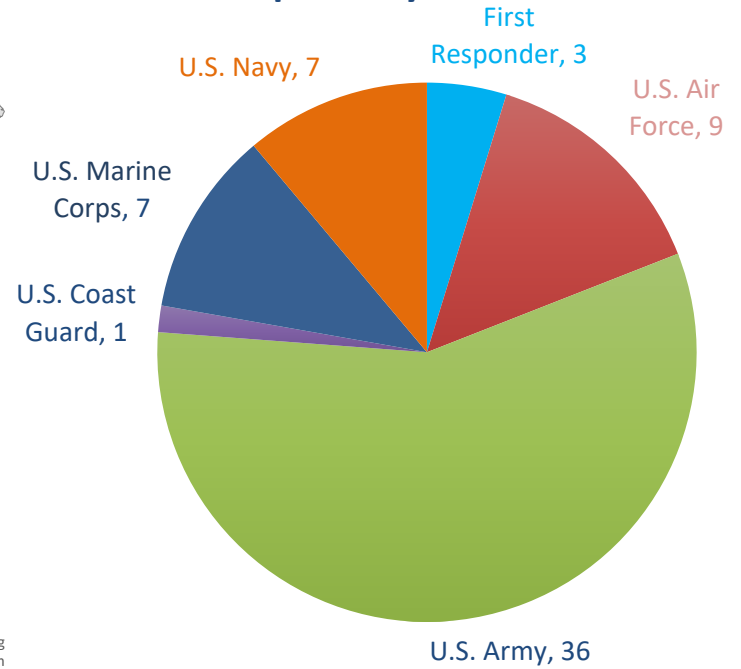


Participants by location



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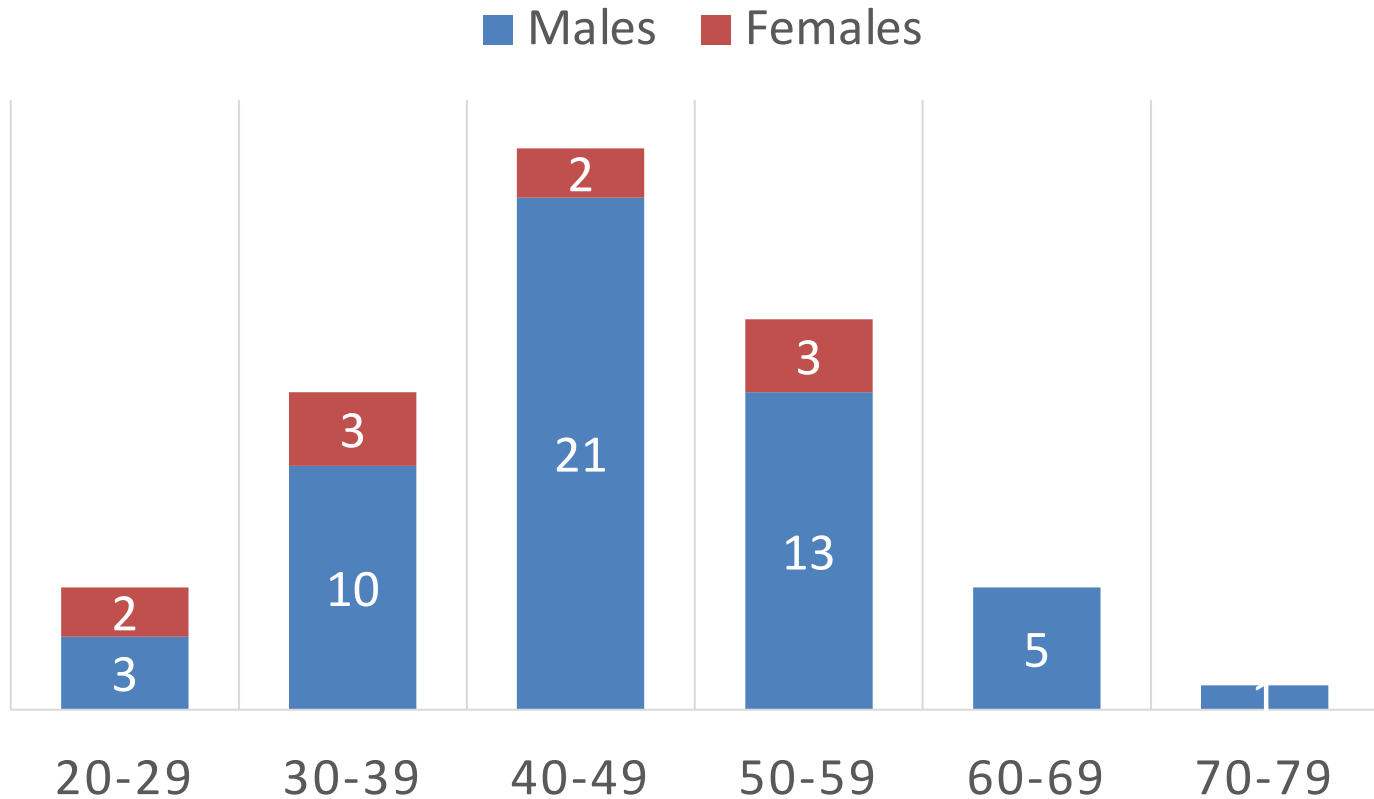
Participants by Service Branch



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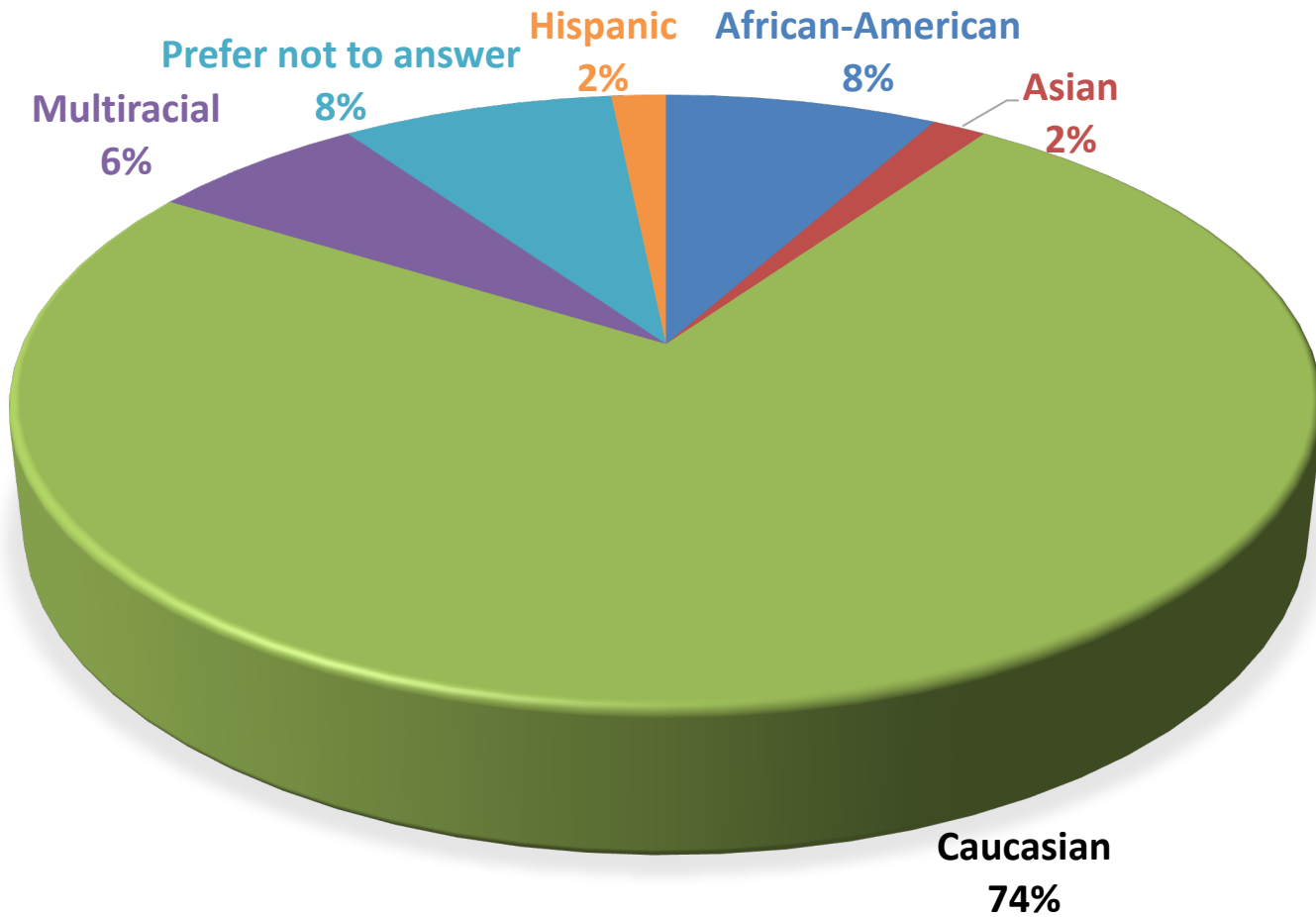
THRIVE Program - Age (n = 63)



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THRIVE Program – Race/ Ethnicity (n = 63)



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There is no “typical” patient



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Matty's Story



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Commonly Reported Symptoms

- Physical/ musculoskeletal pain
- Memory and attention problems
- Headaches
- Anxiety
- Posttraumatic Stress Symptoms
- Sleep disturbances

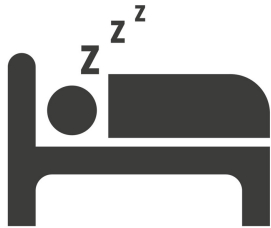
A common thread – most are looking for answers on how to improve their functioning and overall quality of life



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THRIVE Program — Stage 1: Evaluation



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THRIVE Program — Clinical Services



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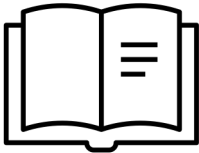




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THRIVE Program — Stage 2: Treatment



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TUESDAY - WEEK 1

8:00 – 9:00AM	Mindful Yoga at the Rizzo Center <i>Lauren Mangili</i>
9:15AM	Travel to Carolina Pointe
9:30 – 10:30AM	Acupuncture <i>Helen Wang (Acupuncturist)</i>
10:30 – 11:15AM	Nutrition Individual Session <i>Liz Watt (Registered Dietician)</i>
11:30 – 12:55PM	Moral Injury Healing Group & Lunch <i>Dr. Dana Lebo (Clinical Psychologist)</i>
1:00 – 2:30PM	Art Therapy Group <i>Art Therapy Institute Team</i>
2:30 – 3:00PM	Behavioral Health Check-In <i>Dr. Dana Lebo (Clinical Psychologist)</i>
3:15 – 4:00PM	Vestibular Therapy Individual Session <i>Dr. Heidi Greata (Physical Therapist)</i>
4:00 – 4:30PM	Clinical Pharmacology Review Individual Session <i>Lisa Padgett (Pharmacist)</i>
4:45 – 5:00PM	Wrap-Up <i>Cameron Capps & Sarah Marshburn (Clinical Social Worker)</i>



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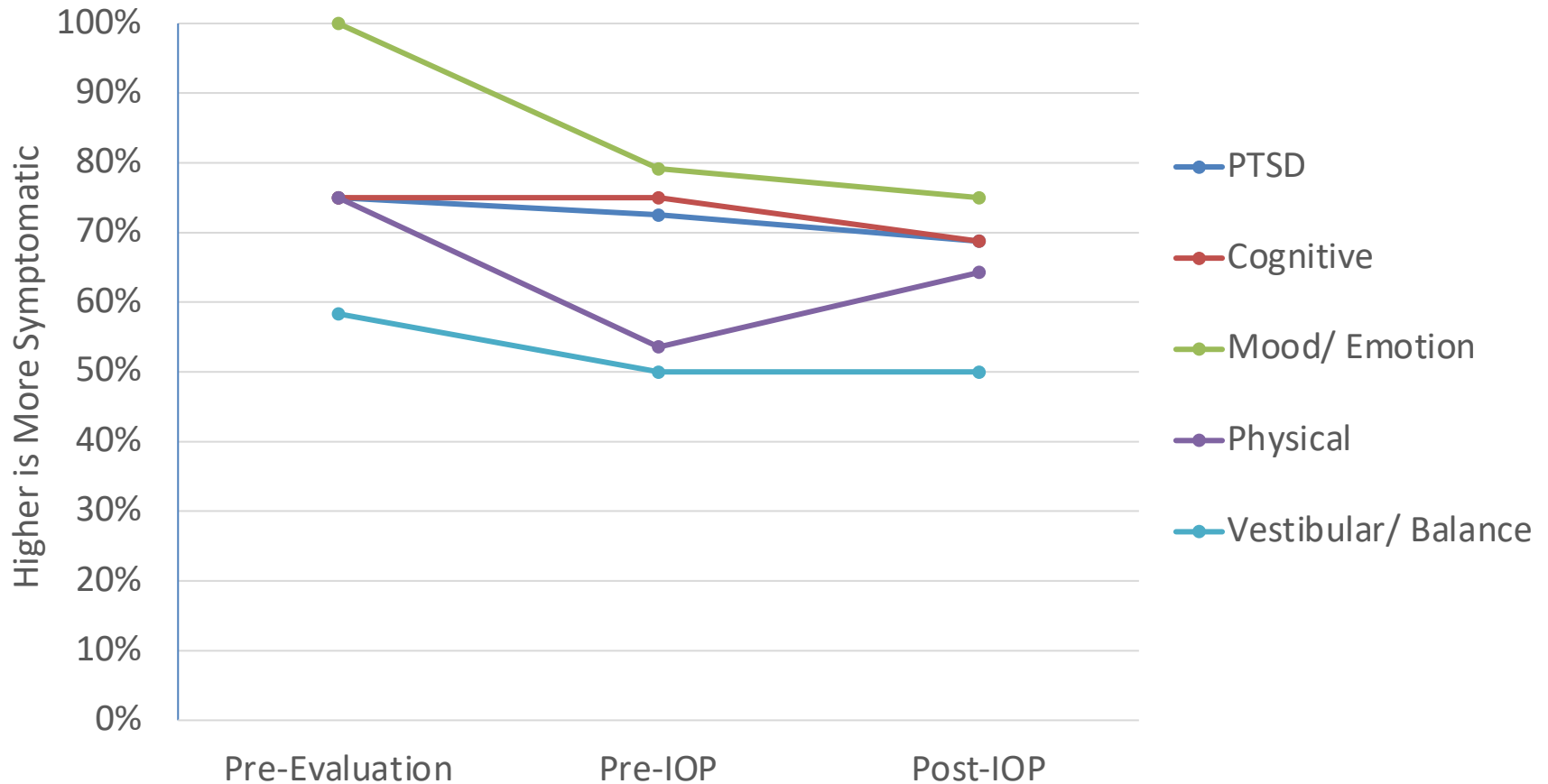


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Photo: Sam Rodriguez

Matty's Outcomes



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Matty's Outcomes (cont.)

- Matty's Impression of Change:
“Much Improved”
- “Once pain was addressed, everything else came to the surface.”
- “Hope”



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IOP Outcomes

- General trends toward improvement
- Clinical assessments indicate greater change than self-report
- Providing tools for longer-term gains



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Looking Forward

Numerous opportunities to learn, grow, and expand

- Explore ways to expand and diversify our patient population
- Interplay between PTSD, TBI, physical, and mental health symptoms
- Improve our current assessments
- Identify most beneficial treatment components and seek to replicate those successes across the program
- Expand our services to active duty service members and civilians



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Our Team



- Liz – ATC
- Marcus – Intake
- Jon – PT
- Tyrell – Clinic Manager
- Sammy – Veteran Outreach
- Heidi – Vestibular PT
- Evan – Psychiatrist
- Sarah – SW
- Lindsey – SLP
- Dana – Psychologist
- Neka – Asst Director
- Liz – Dietician
- Wes – Neuropsych
- Robert - Neuropsych
- Not pictured
- Cameron – SW
- Lisa – PharmD
- Devin – Intake
- Daniel - SLP



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<https://tbicenter.unc.edu/thrive>



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