

Traumatic Brain Injury

As the most complicated and vital organ in your body, your brain affects all aspects of who you are — the way you walk, talk, think and behave. In veterans, traumatic brain injuries (TBI) are typically caused by an external force, such as a blast, motor vehicle accident or gunshot wound.



James A. Young, MD

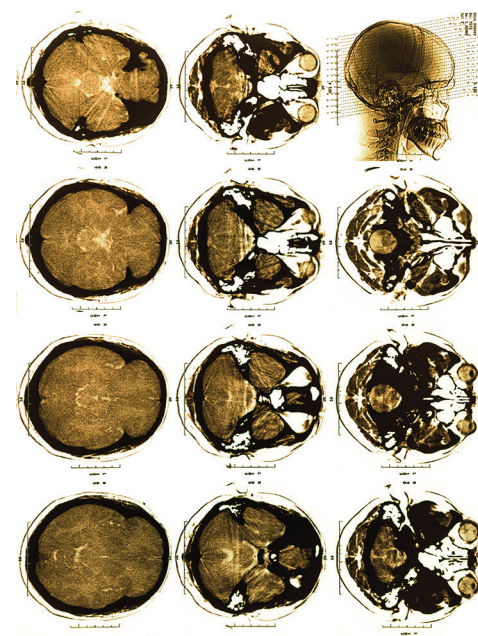
These injuries require coordinated care with a wide range of specialists in both physical and psychological medicine. At the Road Home Program, James Young, MD, chairman of the Department of Physical Medicine and Rehabilitation at Rush, collaborates with specialists throughout Rush to help vets with TBI get back to physical and emotional health and regain function.

The trouble with TBI

TBI most commonly causes problems with veterans' cognition and behaviors. "Cognition is your concentration and memory, and behavior is your response to those problems," says Young. "After a brain injury, you are susceptible to every single personality change known in psychiatry, from depression to psychosis to substance abuse to anxiety."

While TBI affects everyone differently, one thing is true: the symptoms will often not disappear on their own. When left untreated, TBI can lead to significant impairments in thinking, communication and emotional well-being.

However, TBI is treatable. "Although there is no 'cure' for a TBI, the brain has a remarkable ability to start compensating and improving," says Young. "In fact, the majority of my patients with a mild to mild/moderate brain injury are able to return to work."



Complexities of care

One of the reasons TBIs are so complex is that the brain affects every organ system in the body. Consequently, when the brain has a serious injury, it leads to a host of physical and psychological problems.

"If you have pain, sleep problems and depression with your TBI, we need to take care of all of those things before we even get to the brain injury itself, because those three issues will all interfere with

cognition and behavior — and your symptoms will worsen," says Young.

Treatments that work

A number of rehabilitative therapies, as well as medication management, can play an important role in treating TBI symptoms. The medications affect a variety of brain systems involved in cognition, emotions and behavior.

"When I put people on medications to help with their concentration and memory problems, about two-thirds of them are off those drugs in three to six months because the symptoms they were having start abating and improving," says Young. "Part of it is recognition of the problem, part of it is assistance from the meds, and part of it is the brain starting to pick up the pieces and putting them back together."

Family involvement

Although veterans are the ones suffering with the TBI, their families are greatly affected. "Brain injury is not an individual problem; it's a family problem," Young says.

In fact, family members are typically the first ones to recognize that their vet has a problem. "Often patients are not aware or have limited perspective of what has changed," says Young. "Their wife, husband or child is the one who recognizes the changes."

The Road Home Program includes family members in all aspects of treatment for vets with TBIs. "We need family members to help us understand what has changed," says Young. "The families become true partners in treating these veterans."

FacultyNEWS



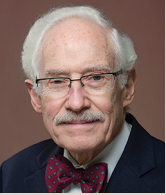
Mark Pollack, MD, chairman of the Department of Psychiatry, received the Outstanding Achievement Award

in Military Psychiatry from the Illinois Psychiatric Society.



Charles Hebert, MD, director of the Consultation-Liaison Service, received the Phoenix Award for

Clinical Teacher of the Year from the Rush Medical College Class of 2014. Graduating medical students present this award to a faculty member who has exhibited excellence in medical education, along with the professional and personal qualities the class would like to emulate as physicians.



Ira Halper, MD, assistant professor, was appointed to the Scientific Advisory Board of Beyond OCD.



João Busnello, MD, PhD, director of the Bipolar Disorder Clinic, was admitted into the Career Development

Leadership Program for the Anxiety and Depression Association of America, the Research Colloquium for Junior Investigators of the American Psychiatric Association, and the Career Development Institute for Psychiatry from the University of Pittsburgh and Stanford University, in recognition of his promise as an early career investigator.



Gail Basch, MD, assistant professor, graduated as a senior scholar from the Alcohol Medical Scholar Program.



Cheryl Siegall, MS, RN, APRN-BC, program director of the Rush Day Hospital, received the Wayne M.

Lerner Manager of the Year Award at Rush University Medical Center.



Eileen Martin, PhD, professor, was appointed to the editorial board of the Journal of Clinical and Experimental Neuropsychology.



Niranjan Karnik, MD, PhD, medical director of the Road Home Program at the Center for Veterans and Their

Families at Rush, received the 2013 Outstanding Mentor Award from the American Academy of Child and Adolescent Psychiatry.



Sandra Swantek, MD, director of the Geriatric Psychiatry Program, became a member of the Geriatric Psychiatry

Milestones Work Group of the Accreditation Council for Graduate Medical Education (ACGME).

Vets Helping Vets

The Road Home Program's outreach coordinators are the heart of the program. Navy veteran Ellen McElligott and Marine veteran Chris Miller are typically the first people veterans talk to when they come to the center.

With different military backgrounds, McElligott and Miller are able to serve the diverse veteran population that comes to the center. "We have seen a lot of military sexual trauma (MST) survivors come in who are more comfortable talking to Ellen," says Miller. "And, I can relate to the guys who have been in combat and have PTSD. I can explain to them that I've been in combat; I've been in the same place as them."

In their roles as outreach coordinators, McElligott and Miller work as a team to reach out to local veterans and educate them on how the Road Home Program can help them. In addition to being involved in the veteran community, they also work with faculty advisers for veterans at local colleges and universities and a wide range of local veteran organizations. They also set up veteran events and outings to connect with veterans in less clinical environments.



Ellen McElligott



Chris Miller

Meet the Outreach Coordinators

Why did you want to work with veterans?

I spent six years as a naval officer. When I came back to Chicago, I worked for the USO. It was fun and brought happiness and entertainment to veterans, but I wanted to do more. I wanted to help veterans connect with each other, and find ways to get them the help they needed.

How do you help veterans get comfortable at the center?

A lot of the vets who come in have bounced around, looking for the right fit, or they are hesitant to come in. Chris and I help remove those barriers and put these veterans at ease.

How have you seen the Road Home Program help veterans already?

We recently took some vets and their family members to a Cubs game, and one veteran's girlfriend told me that he had bounced around from the VA to private clinics with little success. This was the first time she had really seen him happy and making progress. She said that he trusts the staff here and feels comfortable with us.

Why did you want to start working with veterans?

I was in active duty in the U.S. Marines for four years, and was deployed in Iraq. I didn't have the smoothest transition back home. I am a vet living with PTSD, and I know how hard it is to ask for help.

But I had help along the way from family, friends and different organizations. I am now at a point in my life where I can pay it forward. I wouldn't be where I am today without getting some help, so I want to give back to veterans.

Why did the Road Home Program appeal to you?

I was impressed by what Dr. [Mark] Pollack did at the Home Base Program in Boston, and his commitment to veterans. Also, Will's [Beiersdorf] energy and passion for helping veterans is contagious. He is an amazing guy, and he made me want to be part of whatever he was doing.

ProgressNOTES

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The newsletter for friends and advocates of the Rush University Medical Center Department of Psychiatry

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RUSH

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The scope and mission of the Road Home Program is about to expand to include the entire Midwest. An announcement will follow.

For more information or to make an appointment, call us at (312) 942-8387 or email us at team@roadhomeprogram.org. We are located at 1645 W. Jackson Blvd, Suite 602, Chicago IL 60612

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THE NEWSLETTER FOR FRIENDS AND ADVOCATES OF THE RUSH DEPARTMENT OF PSYCHIATRY

The Dedication Ceremony – February 21, 2014



The Road Home Program opened its doors in February with a special dedication ceremony. At the ceremony, Larry Goodman, MD, chief executive officer of Rush University Medical Center and president of Rush University explained, "Our goal is to empower individuals to regain control of their health, their family life and their future."

(top left): Larry Goodman, MD, welcomes Dick Durbin, U.S. Senator. (top, middle): Keynote speaker Tammy Duckworth, U.S. Representative: "We all have a commitment to stand up for those who have served our country. I am really pleased to see Rush is becoming a leader in this space." (top, right): Senator Durbin speaks about the need to ensure that veterans have the medical treatment and resources required for the future they have earned. (bottom, left): Rahm Emanuel, Mayor of Chicago, praises veterans as the "best of the best" in American society. (bottom, middle): U.S. Representative Danny Davis discusses the importance of helping our veterans. (bottom, right): Mark Pollack, MD, director of the Road Home Program at Rush, and Mayor Emanuel.

Welcome to the Road Home Program

Since the September 11, 2001 attacks on our country, the U.S. Armed Forces have been actively involved in responding to and defending us from additional attacks. The wars in Afghanistan, Iraq and other engagements throughout the world have required our military men and women to be deployed multiple times and for prolonged periods of time.

This level of protection has not come without great cost and sacrifice. More than 6,700 U.S. service members have been killed; more than 36,000 have been physically wounded; and more than 700,000 suffer from the invisible wounds of war — psychological injuries such as post-traumatic stress disorder (PTSD), traumatic brain injury (TBI) and military sexual trauma (MST).

When our troops come home, there are continued battles to wage on behalf of the 2.5 million men and women who serve in these wars. That is where the recently opened Road Home Program: The Center for Veterans and Their Families at Rush comes into play.

Caring for our veterans and their families

The Road Home Program at Rush is an essential partner within the veteran community. The program provides treatment, along with support to veterans and their families. The invisible wounds of PTSD, TBI, MST and other mental health challenges are great. And, the Road Home Program team is dedicated to helping our veterans.

There is a strong need in the veteran community for a partner that serves both struggling veterans and their loved ones and caregivers. A recent RAND Corporation report estimates that up to 30 percent (roughly 725,000 service members) of those deployed during Operation Iraqi Freedom or Operation Enduring Freedom may have experienced a TBI or are suffering with PTSD or depression.



While the Road Home Program's primary focus is on the veteran, it is also committed to providing their families with care and support. The stress and fatigue these families face in supporting their veteran loved ones is overwhelming. They need support as they seek ways to save and support their loved ones. This care also extends to veterans' children.

Since the center opened in March 2014, we have helped numerous veterans and their family members. Veterans have ranged in age from young veterans coming home from Iraq and Afghanistan to Vietnam veterans who are recently retired and recognizing that they need to deal with demons that have been haunting them for decades.

As we continue to connect with veterans and partner with veterans' organizations throughout the Chicago area, we anticipate demand for our services will grow, and that we will serve many more veterans and their families.

The Road Home team

As a veteran myself, serving in Operations Desert Storm and Enduring Freedom, I saw firsthand the challenges a veteran faces. The impact on the family that you leave behind while you're deployed only increases the level of stress. Our team at Road Home includes veterans, social workers, counselors, psychiatrists, psychologists and physical medicine doctors who all specialize in the distinct challenges facing returning veterans.

That is why the Road Home Program will play a vital role for veterans and their families coming to our center, as well as the veteran community at large. The program is dedicated to providing timely outpatient clinical services, along with helping veterans and their families navigate the sea of services and support that exist for them.

Will Beiersdorf

Executive Director, Road Home Program



The Invisible Wounds of War

A RAND Corporation study from 2008 found that approximately 18.5 percent of service men and women who have returned home from Afghanistan and Iraq have post-traumatic stress disorder (PTSD) or depression. That number may be even higher, considering the number of veterans who do not seek help.

PTSD is a series of symptoms that don't simply go away after a traumatic experience. Some of the most common symptoms include nightmares, isolation and withdrawal, anger and irritability, hypervigilance, difficulty concentrating, intrusive memories and sleep disturbances.

PTSD is considered an invisible wound of war. While it may not be as visible as a physical injury, it is equally disabling. "PTSD and associated symptoms can have a devastating effect on an individual's quality of life and ability to function at work or home — it impacts not only them, but their loved ones, friends and coworkers as well,"



Message From the Chairman

More than two and a half million of our nation's men and women have answered their country's call to military service in Iraq and Afghanistan since the terrorist attacks on September 11, 2001. A third of these service members suffer from the so-called "invisible wounds of war": post-traumatic stress disorder (PTSD), depression and other psychological conditions, as well as traumatic brain injury (TBI).

The resulting emotional distress and physical impairment can significantly impede reintegration into civilian life. Most sobering is the fact that in recent years an average of more than 20 veterans a day have committed suicide, more than have died in combat. Further, the families of our service members experience significant difficulties themselves as a direct result of the stressors associated with the service and repeated deployments of their loved ones. Rates of depression, anxiety and other behavioral and psychological disturbances have increased substantially among the children of veterans since our involvement in the wars in Iraq and Afghanistan.

Unfortunately, at least half of our veterans are not receiving the care they need, and the gaps in services for military family members are profound. Despite significant efforts by the Department of Veterans Affairs to expand capacity, recent revelations about wait times for claims and appointments attest to the tremendous challenges facing the system and those seeking to use it. Moreover, VA medical facilities have very limited authority and resources to serve children and spouses.

A recent RAND report documented the crushing emotional, physical and financial burdens on the caregivers of our veterans, underscoring the need for programming that directly serves this group. The VA is a critical component of the health care delivery system but cannot and should not be expected to shoulder this responsibility alone.

In March of this year, Rush joined a select group of the nation's leading academic medical centers that are applying their expertise to provide care for our servicemen and women. The Road Home Program: The Center for Veterans and their Families at Rush launched with a lead gift from Welcome Back Veterans (WBV), an initiative of the Robert R. McCormick Foundation and Major League Baseball, as well as contributions from a number of



Mark Pollack, MD, Grainger Professor and Chairman, Department of Psychiatry Rush University Medical Center

for the Road Home Program. "We tailor each treatment to address each individual's challenges."

Patients at Road Home can receive a number of different individual and family-based therapies, as well as medication treatments. Two evidence-based therapies available at the Road Home Program include the following:

- **Prolonged exposure therapy** emphasizes the ways people avoid thoughts and situations that remind them of the trauma. The treatment involves gradually confronting trauma reminders. "We teach people they can handle the anxiety and they can engage with these things in a way that helps them develop a sense of confidence and mastery over them," says Zalta.
- **Cognitive processing therapy** emphasizes the way people's beliefs about themselves, others and the world have changed as a result of their trauma.

other philanthropies, corporations and concerned members of the public. The Road Home offers evidence-based treatment for PTSD and TBI, peer-to-peer outreach and service navigation, child and family counseling, public awareness programming, and training for primary care physicians and others. Our team works closely with the VA and other military providers as well as a range of organizations providing social, legal, educational and vocational services for veterans and their families.

In this edition of *Progress Notes*, we share the stories of some of our veterans and military families, and introduce you to the Road Home staff members who have made this cause a personal mission. Our goal is to provide a center of care worthy of the men and women it is dedicated to serving.



Speaking Out on MST

In her eight years in the U.S. Air Force, Kati Beck was sexually assaulted in two separate attacks. In the first assault, she was attacked by two fellow airmen when she was just 20. The second happened three years later by a member of her Air Force squadron.

While she did not report the first rape, she reported the second one. After an investigation that found proof of the assault and an admission from the attacker, the Air Force cleared her rapist of all charges. In fact, the military promoted him.

Beck slowly began to fall apart. "I fluctuated between being extremely excited, and then I would suddenly start hyperventilating," says Beck. "I just couldn't cope with what was going on, and I kept pushing the emotions and memories down."

A ticking time bomb

Beck suffered through panic attacks and had difficulty sleeping. She also developed physical symptoms, including ulcers, high blood pressure and migraines. As she sank into a deep depression, she didn't see any way out. "I kept hoping for a fatal disease or bad accident; I wanted to die," says Beck.

One day, her first sergeant pulled her aside and told her the military had resources that could help her with her psychological issues. "I was surprised because I was doing my job effectively, and I didn't think anyone knew I was struggling," says Beck. "But, obviously, he saw something that I hadn't admitted to myself yet. Two days later, I was balled up in the corner of my office threatening anyone who came near me."

When Beck sought help, doctors diagnosed her with post traumatic stress disorder (PTSD). They gave her prescription medications and sent her on her way. Medication did not help, and Beck was medically retired soon after.

Getting back to life

After medication worsened her symptoms, Beck headed to Nellis Air Force Base in Las Vegas, where a therapist was using alternative medicine to help veterans with PTSD. "That's when I started running, which has really helped," says Beck. "I call it running the crazy



Kati Beck finds that speaking out aids in healing.

out. When I feel stressed or panicked, I will run as fast and as hard as I can. Some days I run 15 miles."

Beck also did cognitive processing therapy, which has helped her recognize her emotions and what they mean. "They always talk about people feeling numb, but it's not that you actually feel numb, it's that you have no feelings other than agitation," she explains. "That is all you feel, all the time."

Through CPT, Beck began to figure out what she was feeling in different situations. "It helped me recognize the differences in the type of agitation I felt," she says. "I started realizing, this agitation is sad, this agitation is happy. It's like you're an infant trying to learn appropriate emotional responses."

While Beck has certainly come a long way in her recovery, she continues to battle her demons. "I still have hypervigilance issues and trouble sleeping," she says. "I have not had a full night's sleep in seven years."

Finding her voice

Speaking out on her experiences and MST has also helped Beck get stronger in her recovery. "When you are raped, you feel powerless, and now I feel like I am doing something for others who have been through this," she says. "I may not have been able to

fight back at those moments, but I can now."

Beck has worked with the Road Home Program team to help them most effectively care for veterans who have experienced MST. "The team is full of great, caring people, and the work they do is vital to the veteran community," says Beck. "I wish there had been a program like this for me when I needed it most."

Caring for the Kids

Veterans' children can often be the most vulnerable victims of the invisible wounds of war. "One thing we have learned about trauma and children is that any threat to their parents or caregivers can be perceived as a threat to themselves," says Nirnanjan Karnik, MD, PhD, medical director of the Road Home Program.

Children can face a number of challenges and suffer with symptoms of their own. Younger children often display disruptive behaviors, including being argumentative, not listening and having difficulty calming down. Additionally, they may start acting out by getting physical with siblings or other children.

Older children and teenagers can suffer with increased anxiety and depression, mirroring their parent's PTSD symptoms. "Teenagers, however, are usually more able to talk about their feelings than younger children," says Karnik.

Moving forward

One of the biggest challenges for children, during their parent's deployment, is living with extended family or shuttling between caregivers. This can be extremely disruptive. "Taking away that traditional support makes them even more vulnerable," says Karnik.

Thus, one of the goals for treating children starts with rebuilding that support network and strengthening their attachment to their family unit. "When Mom or Dad comes back from deployment, it's really about restoration and getting

them back into the patterns of family life," says Karnik.

Effective treatment for children varies, depending on each child's distinct developmental issues. Specialists at the Road Home Program tailor treatment for each individual child and family. Some of the treatment options include the following:

- **Trauma-focused cognitive behavioral therapy (TF-CBT):** An evidence-based treatment that helps children and teenagers who have a parent suffering with PTSD. The therapy helps them understand and overcome negative emotions and behaviors that have resulted from their parent's experiences.
- **Medications:** In some cases, medications (used in conjunction with therapy) can help children manage specific problems, such as anxiety and depression.
- **Parent management training:** With younger children in particular, treatment revolves around working closely with parents to help them

better use their parenting skills to help their child recover and thrive.

A bright future

Karnik notes that most children and teenagers are open to getting help, particularly if they see their mother or father suffering.

"A lot of kids and teenagers have questions for us and they really want to understand what's going on," says Karnik. "There is a lot of resiliency in kids. With good care, they can bounce back. Sometimes it's just about getting them — and the entire family — back on the right course so they can take off."



Treating Military Sexual Trauma

Throughout past and recent history, military sexual assault has been largely underreported. Among veterans who use VA healthcare, about 23 percent of women reported sexual assault in the military and 55 percent of women have experienced sexual harassment, according to the U.S. Department of Veterans Affairs. And these are only the reported cases. A significant



Alyson Zalta, PhD

number of men in the military also experience sexual assault; most are reluctant to report their trauma. Overall, although there has been an increase in reported sexual assaults

in the past year, many assaults and cases of harassment are still unreported and unpunished.

At the Road Home Program, veterans can get the help and support they need to move forward and recover from the psychological damage caused by military sexual trauma (MST), which includes sexual assault and persistent sexual harassment.

A silent battle

The military prides itself on training men and women to be strong, proud and in control. Yet, those who experience a sexual assault often silently suffer with feelings of weakness, shame and helplessness.

One of the biggest challenges for MST survivors is difficulty with interpersonal relationships. Additionally, many people suffer with post traumatic stress disorder (PTSD). "Sexual trauma is one of the types of trauma that results in the highest proportion of people developing PTSD," says Alyson Zalta, PhD, a clinical psychologist at the Road Home Program.

The Road Home team tailors the treatment for each veteran to address his/her unique MST-related challenges, which can range from problems with intimacy and depression to PTSD and substance abuse.

Getting help

The team at the Road Home Program helps MST survivors regain a sense of control by helping them take ownership of their care. "We work hard to let them know that this is a safe place where they can set the pace for their recovery and make decisions," says Zalta.

When a veteran comes into the center for help recovering from MST, Candace Leitheiser, LSW, a social worker at the Road Home Program, often begins with talk therapy. "This helps them get comfortable and ready for more intensive treatment," she says.

Family involvement

The Road Home Program also encourages family members of veterans dealing with MST to be involved.

"We offer assistance to family members, whether they need individual therapy or couples therapy to work on relationship issues related to MST," says Zalta. "If we can involve family members, it is more likely that we can build a support system to help the veteran recover."

A Family Affair

When veterans return home from deployment, they are not the only ones facing the uphill reintegration battle. Their families often struggle, as well. "Being at war can profoundly change people," says Mark Pollack, MD, director of the Road Home Program. "Family members may sorrowfully report that the loved one who has returned to them is not the same as the man or woman they sent."

Not only is the Road Home Program committed to serving veterans, but the center also offers care and support to veterans' loved ones, including spouses, significant others, parents and children who are affected by their loved one's service. "It has been said that while soldiers volunteer, families are drafted," says Pollack. "The military experience impacts not just the soldier, but their family as well. Support and treatment for families is a critical component of the care we offer here."



Challenges for families

Spouses and significant others often struggle with their loved one's reintegration. Figuring out new everyday patterns and relationship roles can be difficult after one person has been at home while the other one has been deployed. "They often face a strain on their relationships," says Nirnanjan Karnik, MD, PhD, medical director of the Road Home Program.

If the veteran is coming home with post traumatic stress disorder (PTSD), it can become overwhelming. "If a vet is coming home with PTSD, he/she may not be capable of doing everyday things that their partner expects," says Karnik. "And that can be very frustrating for the person who has been carrying the load at home and struggling to keep things together. That person might have expected that their veteran would come home and get back into the fold — doing shopping, taking care of the kids, getting a job. That can all be very challenging."

Getting help

The Road Home Program is open to vets and their families — either on their own or together.

"We get a lot of individual veterans who come in specifically because they are having relationship issues or difficulty reintegrating with their families," says Karnik. "In those cases, we start working with the veteran and it then unfolds into working with their family."

Spouses and significant others often come to the center on their own to help deal with difficulties associated with their loved one's deployment and return.

Treatments that help

There are a number of treatments that can help family members overcome these challenges. Some of these treatments include the following:

- **Individual therapy:** Talk therapy for spouses and significant others who need to talk about what they are experiencing. The center offers them a safe and supportive environment to work through these issues.
- **Medications:** Certain medications (used in conjunction with therapy) can help alleviate symptoms such as anxiety, depression and difficulty sleeping.

- **Couples therapy:** Couples therapy can help couples better understand their relationship, how to communicate and how to function as a more cohesive team.

How it helps vets

The Road Home Program's dedication to serving veterans' families is also good for the veterans themselves.

"Treating veterans' families and helping them get stronger will lessen veterans' symptoms of PTSD and help them heal faster," says Karnik. "It also empowers those people around the veteran to take a more supportive role in their veteran's reintegration."

