

## 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

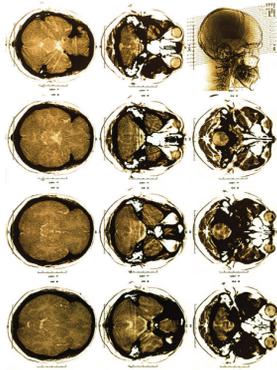
These injuries require coordinated care with a wide range of specialists in both physical and psychological medicine. At the Road Home Program, James Young, MD, chairman of the Department of Physical Medicine and Rehabilitation at Rush, collaborates with specialists throughout Rush to help vets with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

## Faculty NEWS



**Mark Pollack, MD**, chairman of the Department of Psychiatry, received the Outstanding Achievement Award in Military Psychiatry from the Illinois Psychiatric Society.



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



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



**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.



**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.



**João Busnelo, 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.



**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.

RUSH  
FALL 2014  
VOL. 3, NO. 2

# Progress NOTES

## 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



## 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.

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



- Welcome to the Road Home Program
- The Invisible Wounds of War
- Speaking Out on MST
- Caring for the Kids
- Treating Military Sexual Trauma
- A Family Affair
- Vets Helping Vets
- Meet the Outreach Coordinators

### IN THIS ISSUE

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

FALL 2014  
VOL. 3, NO. 2

Department of Psychiatry  
Rush University Medical Center  
1645 W. Jackson Blvd., Suite 602  
Chicago, IL 60612

RUSH

Progress NOTES

## ProgressNOTES

Fall 2014 Vol. 3, No. 2

Chairman of Psychiatry Mark Pollack, MD  
Editor and Writer Diana Mirel  
Designer Brian Traina  
Photographers Wayne Slezak, Jason  
Chiou, Adam Daniels, Steve Gadowski

Progress Notes is published for friends  
and advocates of the Rush University  
Medical Center Department of Psychiatry.

We welcome your feedback and ideas  
about this publication. Please send any  
comments to Mark Pollack, MD, at  
mark\_pollack@rush.edu or (312) 942-5372.

Department of Psychiatry  
Rush University Medical Center  
1645 W. Jackson Blvd., Suite 600  
Chicago, IL 60612  
(312) 942-5372

Support the Road Home Program  
Your contributions make a difference.  
Donate at [rush.com/volnet/veterans](http://rush.com/volnet/veterans).

The Road Home Program at Rush is  
generously supported, in part, by our  
charitable partners. Major supporters of  
this effort through September 30, 2014,  
include Welcome Back Veterans, an  
initiative of the McCormick Foundation  
and Major League Baseball; The Crown  
Family; Bears Care; Bank of America; The  
Michael Reese Health Trust; Anonymous;  
State Farm Insurance Companies; The Field  
Foundation of Illinois; Chicago Foundation  
for Women; MillerCoors.



Rush is a not-for-profit health care, education and research  
enterprise comprising Rush University Medical Center, Rush  
University, Rush Oak Park Hospital and Rush Health.

## 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

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.



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

## 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,"

says Mark Pollack, MD, director of the  
Road Home Program.

### The battle of reintegration

Returning home after deployment is  
often jarring, particularly for veterans  
with PTSD. "These veterans are coming  
from a potential combat situation,"  
says Niranjan Karnik, MD, PhD, medical  
director of the Road Home Program.  
"Then, all of a sudden, they are back at  
home and their routine and structure of  
life are very different. Their perception  
of normalcy shifts dramatically."

At the Road Home Program, veterans  
have access to individualized care to  
help them reengage in their lives.

"It is always important to consider  
how people's experiences affect the  
meaning they take away from the  
event and what's likely to be a trigger  
for them," says Alyson Zalta, PhD, a  
clinical psychologist

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.

The treatment helps identify and  
examine evidence for and against  
these beliefs. "By modifying their  
beliefs they feel more competent and  
in control," says Zalta. "They learn  
that their world around them is safer  
than they came to believe."

### A strong support network

While PTSD is treatable, the road to  
recovery can be rocky. "These therapies  
ask veterans to confront what they are  
trying to avoid," says Zalta. "These  
are the most distressing things that  
have ever happened to them in their  
entire life. It takes a lot of courage to  
engage in these treatments and pursue  
recovery."

The Road Home team offers an honest,  
safe and strong support network within  
the center. "We assure them that we  
will be here with them through it, and  
we encourage them to stick  
with it," says Zalta.

## 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 Niranjan 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.



Niranjan Karnik, MD, PhD

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."



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.

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 hyper-  
vigilance 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."

## 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  
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

Alyson Zalta, PhD

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  
Niranjan 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."

