

2023

Impact Report

A Road to Healing A Road to Hope A Road Home

**Transforming mental health care for
veterans, active-duty service members
and their families**

The Road Home Program

The National Center of Excellence
for Veterans and Their Families at RUSH

The Road Home Program is a member of the Warrior Care Network®



“I think the first step’s
knowing you need help
and acknowledging
the struggle.”

— Reg McCutcheon, U.S. Air Force veteran and
trauma therapist who picked up the phone
to call the Road Home Program for himself
after referring other veterans over the years
Read Reg’s story on page 10.

Donald G. McCutcheon

and sacrifice in the cause of freedom.



Thank You for Joining Us on Our Journey

Hope. Community. Skills. A new outlook on life. A reconnection to purpose. These are just a few of the things the Road Home Program: The National Center of Excellence for Veterans and Their Families at RUSH gave clients in 2022.

We deliver leading-edge, evidence-based mental health care that helps our clients find light after some of their darkest days. Our nationally renowned Intensive Outpatient Program, or IOP, is a unique treatment format that provides clients with months' or even years' worth of therapeutic value within a condensed, two-week window.

Because of your support, we can provide **transformational care at no cost to the veterans, active-duty service members and family members we serve** — regardless of discharge status or ability to pay. You fuel the clinical care we provide, the outreach initiatives we undertake, the research we lead to improve our treatments, the education we provide to the next generation of clinicians, and the life-changing, lifesaving results we deliver to those who turn to us.

We are beyond grateful to have you with us on our journey to help those we support along their road home. **Thank you.**

By the Numbers

1,057 veterans, active-duty service members and family members treated at the Road Home Program in 2022

18,899 hours of clinical care delivered in 2022 (and **139,561** hours delivered since the program's inception) to all clients regardless of discharge status and at no out-of-pocket cost

75% of clients who complete the Intensive Outpatient Program experience clinically significant reductions in post-traumatic stress disorder symptoms in just two weeks of treatment

81% of clients served are post-9/11 veterans

85% of Intensive Outpatient Program participants travel from outside Illinois, and the costs of their travel, lodging and meals are covered

66 postdoctoral fellows, social work interns, medical residents and students, and research assistants trained in veterans' mental health care at the Road Home Program since 2016

50 articles published to date in leading peer-reviewed scientific journals by Road Home Program experts, with several currently under review



The Road Ahead for the Road Home Program

Becoming a permanent resource for active duty-service members, veterans and families

A Conversation Among Road Home Program Leaders



Robert B. Shulman, MD

Director, Road Home Program
Acting Chairperson, Department of
Psychiatry and Behavioral Sciences at
RUSH University Medical Center



Thomas E. Lanctot

Co-Chairperson, Road Home Program
Advisory Council
Board of Trustees of RUSH University
Medical Center



William A. Mynatt Jr.

Co-Chairperson, Road Home Program
Advisory Council
Board of Trustees of RUSH University
Medical Center

Tom: One of the most gratifying things about being involved with Road Home is hearing firsthand from clients about the positive impact the program has had on their lives. Members of the Road Home team, many of whom are veterans, go above and beyond to make mental health care available to any veteran, active-duty service member and family member who needs it — regardless of discharge status or ability to pay. No client ever sees a bill for services.

Bill: I couldn't agree more. Every opportunity I've had to engage with the veterans we've helped is such a moving experience that I continue to want to support this program in any way I can. We've demonstrated over the past nine years that this is an important need in the Chicago area, the Midwest and nationally. How do you reflect on the program's impact, Dr. Shulman?

Dr. Shulman: Thanks to our dedicated team and community leaders, including both of you, the Road Home Program has evolved into one of the preeminent military trauma treatment

programs in the country. We are constantly collecting outcome data, refining what we do and sharing our findings through publications in respected, peer-reviewed journals. But it's not just publications. It's also word of mouth, with veterans sharing their experience at Road Home with friends and their military family. That's the true measure of success and recognition that what we do changes lives.

Tom: The Road Home Program works, and it has the metrics and testimonials to prove it. Now the challenge is to provide sustainable funding sources so the program can continue to provide care at no cost and scale operations to serve even more clients.

Bill: Having talked with so many clients over the years, this has become personal to me. We have a massive responsibility to support these individuals who have made a commitment and sacrifice for all of us. Road Home needs to be a self-sustaining program that endures beyond our lifetimes. The question now is how we make that happen.

Dr. Shulman: To bring sustainability to the Road Home Program’s clinical services and especially our research and innovation efforts, we rely on donations from individuals, corporations and foundations. Sadly, public and private insurance providers are focused on low-cost care, not high-quality care. It is short-sighted, but the reality in which we live.

Bill: Why is that?

Dr. Shulman: Behavioral health providers have always been challenged by biases that private and public insurance providers have toward covering mental health services. Despite federal law that demands “parity” in covering this care the same way other medical treatments are covered, it is remarkably undervalued and poorly reimbursed. That being said, RUSH is developing innovative, cost-effective models of mental health care through collaboration with primary care physicians and advances in digital technology. This brings high-quality, evidence-based practices to a greater number of patients. Thanks in large part to donor support, our team at the Road Home Program has been leading the way.

Tom: We are profoundly grateful for the generous support of so many, notably the Wounded Warrior Project®, who recognize the value of the program and make it possible for this work to continue. Without this philanthropy, there would be no road home for the veterans and families who have dedicated their lives to something bigger than themselves.

Dr. Shulman: Support from the Wounded Warrior Project® has been essential and greatly fuels our work to serve post-9/11 veterans and their families. But the needs of the community are great, and this grant funding doesn’t always support the Road Home Program’s research and innovation endeavors. Private donations are imperative to sustaining our high-quality services — programs with results that are uncommon and not seen elsewhere to the degree we’ve observed in our Intensive Outpatient Program graduates.

Tom: While we hope for the best, history tells us there will probably always be a need to serve those affected by PTSD resulting from military service. RUSH, supported by the Road Home Program Advisory Council and a growing community of donors, will make sure this program is always available to those who need it. We established an endowment for this purpose a few years ago and are working to grow it as a sustainable funding source. What would you say to someone



interested in supporting Road Home or getting involved, Dr. Shulman?

Dr. Shulman: I would tell them that their partnership is needed more than ever. The barriers established by insurance plans, public policy and stigma are too great to overcome through conventional means to reach the individuals in need of the right care. We’ve shown how, with philanthropy, we can bypass these systemic barriers.

Bill: As you mentioned, we also have the opportunity to bring the Road Home Program’s successful model to first responders and other populations who experience trauma.

Dr. Shulman: Absolutely. With donor support, we can advance research and extend our evidence-based practices to police officers, firefighters, emergency medical services personnel, schoolteachers and many others who face trauma in their everyday work serving others. By providing the right care at the right time for these first responders, not to mention a greater number of veterans, we have the potential to change communities and, indeed, society for the better.

Coping With the Unconscionable

Specialized program for military sexual trauma leads with empathy, patience, compassion

The Road Home Program provides one of the only specialized treatment programs in the country for military sexual trauma, or MST. It has treated 458 clients to date. Sexual assault and sexual harassment are longstanding issues in the U.S. military, often shrouded in a culture that encourages survivors to stay silent — or risk retaliation.

While the U.S. Department of Defense established a Sexual Assault Prevention and Response Office in 2005, work remains to shift military culture, as evidenced by the demand for the Road Home Program's services. By talking about MST and creating a safe place for survivors to obtain care, we hope more veterans and active-duty service members will feel comfortable coming forward for treatment. If and when they do, the Road Home Program is ready to provide empathetic, patient, compassionate care.

A Problem That Spans Eras, Identities and Ranks

While the true prevalence of MST is unknown, care is available at the Road Home

The U.S. Department of Veterans Affairs' screening program reveals that 2% of men and 33% of women veterans have experienced MST. These figures do not account for unreported instances of MST, which are common. Many survivors describe being intimidated, silenced or otherwise marginalized when attempting to report their assault.

"People don't want to hear about sexual violence," said **Denise Dailey, PsyD**, a postdoctoral research fellow at the Road Home Program. "It's a very ugly stain on military culture, but it is a part of it. We see people who've been perpetrated against within the last 12 or 24 months. This is not an old issue; it's still happening."

Because MST survivors often feel distrust toward military institutions, the Road Home Program is an essential resource outside the VA system. Many clients initially ask for help with conditions such as anxiety, depression, migraines, sleep problems or chronic pain. Through therapy, trauma is revealed as the underlying issue.

Dr. Dailey comes from a long lineage of veterans, some of whom are survivors of MST. Through her work supporting survivors, she has found they are often part of marginalized groups because of their race, gender or sexual orientation.

"Here at the Road Home Program, I've really been able to tie all of my training experiences and personal and professional experiences together to make a greater impact," she said. "There's space for me not only to address the sexual trauma but also why that person was targeted to begin with."

Dismantling stigma, building hope

Dr. Dailey was drawn to the Road Home Program's guiding principle that PTSD is treatable, not terminal. Clinicians help clients learn how to manage their symptoms and reestablish a sense of safety after experiencing trauma.

Dr. Dailey and her colleagues are expanding outreach efforts with active-duty service members to spread the word about the care available at the Road Home Program. She recently organized a three-part webinar series on treatment considerations for MST survivors with PTSD that drew hundreds of clinicians from around the country.

Looking to the future, Dr. Dailey hopes to ensure everyone who needs care can receive it, especially those in marginalized communities.

"There is power in sharing your story and what's happened to you," she said. "There is justice in not staying silent. A part of sexual violence is the demonstration of power and control over an individual, and silence falls into that. But speaking up and speaking out dismantles that."

Reclaiming His Life

MST survivor gains confidence, community following intensive outpatient care

When Darnell Wilson joined the U.S. Navy, he already had a target on his back.

He was adjusting to college when a recruiter called him on the phone, Darnell recalled. The recruiter claimed that because Darnell signed with him previously, he could lose his college scholarship, have problems getting a job and even face jail time if he didn't leave for basic training. The recruiter even moved Darnell's personal belongings from his college dorm to his home in Muskegon, Michigan. This was a misrepresentation of the law, as Darnell had not yet signed a contract at a Military Entrance Processing Station.

Unaware of his right to withdraw his commitment, Darnell went to Recruit Training Command at Illinois' Great Lakes Naval Training Station. The officers and trainees there knew his story and began harassing him, he said.

"I feel I was mistreated from beginning to end," Darnell said of his military experience. "Even though I decided I didn't want to go into the military anymore, when I did go, I wanted to be a public servant and do the best I could. When people you look up to — who are supposed to protect you — are mistreating you, you don't feel seen."

Following basic training, Darnell was stationed on the USS Denver (LPD-9) in a confined space with primarily men. He was bullied and sexually assaulted on multiple occasions, he said.

"I never wanted to talk about that or tell anyone because as a Black gay male, you deal with a lot of things," he said. "And when it comes to sexual assault as a male, regardless of if you're gay or not, you feel like you're weak. I wanted to be tough and feel like I could handle it."

The harassment and sense of hopelessness Darnell felt became so overwhelming that he attempted suicide multiple times. This resulted in hospitalization and an honorable discharge for a personality disorder. Darnell said he continues to face challenges receiving support from the U.S. Department of Veterans Affairs, which contends that his condition is not service-related. This high burden to demonstrate disability and impairment stemming from military service is an issue Dr. Dailey noted is unfortunately common for veterans.

Despite the trauma and injustice Darnell endured, he worked to move on with his life. He received his bachelor's and master's degrees and landed an IT job with the U.S. Environmental Protection Agency.

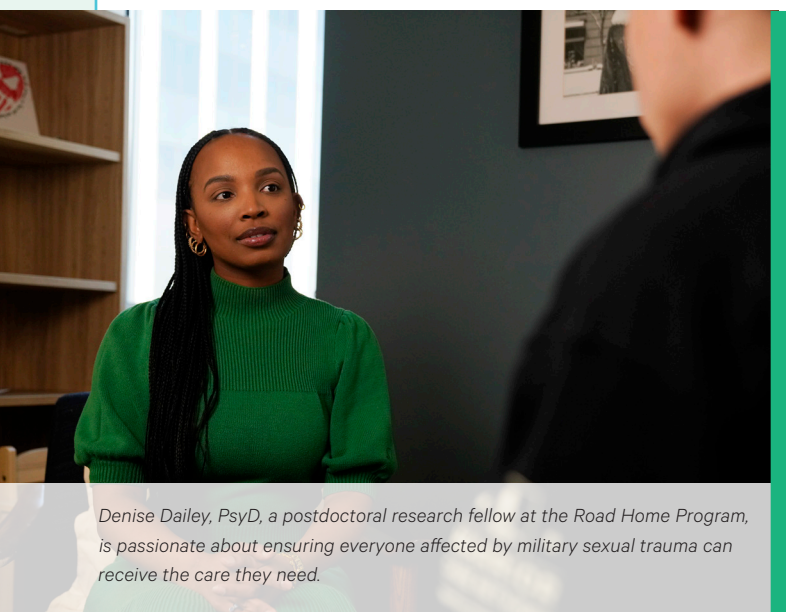
Still, he felt unable to be himself or speak openly about his time in the military. He had trouble being intimate with his partners, struggled with sleeping and pushed himself to his limits at work.

After he opened up to his best friend about what he was experiencing, Darnell followed her advice to seek help. He began seeing a counselor who connected him to the Road Home Program, where he met Dr. Dailey and began seeing her weekly in April 2022. He also attended the two-week IOP for MST.

"Denise was different," Darnell said. "She allowed me to truly open up in ways I didn't think were possible, be comfortable with telling my story and feel like I didn't cause the things that happened to me."

Today, Darnell participates in LGBTQ events at work and a men's Bible study group. He led IT operations at the EPA's response to the train derailment in East Palestine, Ohio, and recently accepted a new job at a different government agency. He also strengthened his relationships with family members and opened up to them about his past.

"I may deal with this for the rest of my life, but Denise provided me with the tools to help me cope with anxiety, depression and PTSD," Darnell said. "Good things started happening after I came to terms that I wasn't the cause of what happened to me in the military."



Denise Dailey, PsyD, a postdoctoral research fellow at the Road Home Program, is passionate about ensuring everyone affected by military sexual trauma can receive the care they need.

Juan's Story

Finding Acceptance Along the Road Home

From joining the inaugural IOP in 2014 to today, U.S. Army veteran embraces progress



When Juan Sanchez compares his life today to what it looked like nine years ago, he sees nothing but progress.

Juan, a U.S. Army veteran from Northwest Indiana now living on Chicago's South Side, was among the first infantry units deployed to Iraq in 2003 and 2004. When he came home from his service in 2005, traumatic memories followed him, and he had difficulty transitioning to civilian life.

"Between 2005 and 2011, I had like 11 jobs," Juan said. "You name it; I did it. I couldn't keep a job and was constantly fighting. I was going through relationships like crazy and self-medicating."

Juan struggled with the symptoms of post-traumatic stress disorder, or PTSD, which continued to mount until 2011. At that time, Juan survived a suicide attempt, and another veteran connected Juan to services at the U.S. Department

of Veterans Affairs. Though these services were the starting point for Juan's recovery, Juan ultimately sought more in-depth support, which he found at the Road Home Program.

"I think it's important for veterans to see how far someone like me, who's actually been on that bridge, has come," Juan said. "I'm a combat veteran, so my trauma is kind of horrific. I cannot tell you how many times these people at the Road Home Program have saved my life."

Juan was part of the Road Home Program's inaugural Intensive Outpatient Program, or IOP, and among the first to pilot and benefit from this treatment model, which provided him with skills to apply to his everyday life and continued support from the program's clinicians. His feedback helped shape and grow the program.

"The great thing about the Road Home Program is they're available, and for a veteran like myself, that's really important," he said. "When I came back from Iraq, I felt insufficient as far as being a father, son, brother or family member. I felt insufficient for the things I did in Iraq and to this day carry with me. The only difference now is I don't let it consume me."

Through prolonged exposure therapy, clinicians gave Juan step-by-step instructions on how to face some of his fears, such as traveling downtown for 30 minutes at a time and writing down his stress level every few minutes. There were

"It's like the piano. We've got the white keys and the black keys. What they've allowed me to do here is to play both — to allow happiness and also allow sadness and then enjoy the melody of my life."

times, starting out, when Juan felt defeated by his attempts at therapy and wanted to quit, but clinicians at the Road Home Program provided encouragement and support.

“There were times I felt embarrassed and really insufficient, and all they did over here was praise me,” he said. Beyond learning how to manage triggers, Juan engaged in cognitive processing therapy and cultivated the ability to handle challenging emotions and better communicate with his loved ones. He continues to attend yoga and receive support from the Road Home Program.

Juan said his four children and other family members did not want to talk to him when he returned home from his military service because of the behavioral challenges he faced. There were times when he felt so hopeless, he felt like giving up on life. In those difficult moments, staff from the Road Home Program called him to invite him to a sporting event or a gathering, he said.

“The way they operate is so unique from all these other programs because a lot of other programs will tell you what to do but won’t give you the tools to use in the outside world,” Juan said. “They’re so efficient at taking care of that aspect here by getting us up and out. Sometimes you can come over and visit to just have some coffee. You walk in, and there’s a therapeutic atmosphere. They want to do their best to get

you in a better place, and I’m living, breathing, walking proof of what they do.”

Though Juan still faces challenges today, he has a much easier time making friends, has a partner and a newborn baby and hopes to buy a house soon. He credits the Road Home Program with helping him make this progress and recommends the program to other veterans he meets.



“These people will help you have a life,” Juan said. “I’m not going to say I’m free of PTSD and all the stuff that comes with it, but they’ve helped me live. They’ve given me a family.”

When Juan was part of the first IOP nine years ago, he told the clinicians that he wanted to get to a place where he could break the cycle, and he has been able to do just that, he said.

“It’s like the piano,” he said. “We’ve got the white keys and the black keys. What they’ve allowed me to do here is to play both — to allow happiness and also allow sadness and then enjoy the melody of my life.”

The ABCD Method

The Road Home Program taught Juan the ABCD Method — a therapeutic exercise that he uses in his daily life. This exercise helps people reframe negative patterns of thinking by considering the following:

A

The **activating** event, or what happened to create stress

B

Their **beliefs**, or what interpretations they are making about the event

C

The **consequence**, or what they are feeling or how they are behaving as a result of their beliefs

D

A **dispute**, or alternative ways of thinking they could use instead

Reg's Story

Making the Call

U.S. Air Force veteran, therapist who referred other vets to Road Home received help when he needed it

Reg McCutcheon did not need anyone to tell him he had a problem. As a trained trauma therapist, he recognized the signs all too well.

Quick to anger, Reg was struggling to adapt to a new blended family and common civilian woes such as getting cut off while driving.

What he needed was someone who could help.

A retired lieutenant colonel who served with the U.S. Air Force for 34 years, Reg had trouble finding a therapist with military, veteran and trauma experience — until he had an epiphany. More than once, Reg had called RUSH to refer clients to the Road Home Program.

So, he picked up the phone again.

“That’s when I called for me instead of someone else,” Reg said. “I think the first step’s knowing you need help and acknowledging the struggle.”

Through Road Home’s Intensive Outpatient Program, or IOP, Reg worked with psychologist **Jon Murphy, PhD, ABPP**, twice a day for two weeks in August 2022. Reg, 60, committed to the process as client, rather than as therapist, and promised to work his tail off.

“Jon is amazing,” Reg said. “He knew how to handle me. We had some pretty freeing conversations about anger and how it was manifesting itself.”

“Families are desperate for something, but they, too, are suffering from their own trauma. The person who came home from combat is not the same person who left for combat. It’s a bell you can’t unring.”

Reg also got on the phone each day with his wife, Shana, to go over his notes. That included things related to their relationship, sticking points and triggers for him.

“It’s my work, but I brought her in alongside, and she challenged me in a healthy way,” Reg said. “We had to be a team in the process.”

Road Home invites the partners of clients to join video chats for certain portions of the IOP. That dynamic is critical, Reg said. Families need to understand the challenges of post-traumatic stress disorder to be part of the healing journey.

“Most people don’t understand,” Reg said. “Families are desperate for something, but they, too, are suffering from their own trauma. The person who came home from combat is not the same person who left for combat. It’s a bell you can’t unring.”

Reg did not leave Road Home perfect. Together, he and Shana continue the work to create something stable for their family. “We’re not after perfect,” Shana said. “We’re after better and healthy.”

Road Home gave them the tools they need to address issues as they arise — to recognize the signs, de-escalate and communicate.

“I’m very open and vulnerable with it,” Reg said. “It doesn’t mean I go in a corner and cry; I just have better coping skills.”

Reg said going through the IOP reinforced just how important of a resource the Road Home Program is to veterans — especially because RUSH takes any vet, regardless of discharge status.

“So many programs, you have to have an honorable discharge or a general discharge,” Reg said. “There’s lots of vets out there who have been dishonorably discharged, who didn’t deserve it, because they had PTSD.” They end up feeling desperate, let down, betrayed.

“Road Home never lets you feel that,” Reg said.



Reg and his wife, Shana, participated in the Intensive Outpatient Program in August 2022.



A trained trauma therapist, Reg speaks with a client at his practice.



Reg works with service members, veterans, first responders and others near his hometown in downstate Indiana to raise awareness about mental health services and resources such as the Road Home Program.

Helping Active-Duty Service Members Take a ‘Tactical Pause’

Road Home clinicians help active-duty service members reconnect with their purpose



The Road Home Program’s name embodies its central mission of helping veterans and their loved ones return to civilian life. However, an equally important part of our mission involves improving the health and well-being of active-duty service members so they can continue serving their country.

Jon Murphy, PhD, ABPP (above), a psychologist at the Road Home Program, intimately understands the challenges of being an active-duty service member. Before joining the program in 2022, he served as a U.S. Air Force officer and then as an active-duty clinician in the U.S. Navy.

“A major challenge for active-duty service members is getting used to the nearly constant churn of people and responsibilities, which makes it difficult to establish routine and build connections,” Dr. Murphy said.

Because of challenges like these, the U.S. Department of Defense is facing the most difficult recruitment and retention environment in the past 50 years, according

to the U.S. Government Accountability Office. Additional factors influencing people’s choices to leave the military include organizational culture, quality of life issues, sexual harassment and sexual assault.

The Road Home Program’s Intensive Outpatient Program, or IOP, equips active-duty service members who have experienced trauma with the tools they need to reconnect with their purpose for serving and, if they want to continue, their motivation to do so.

The logistics and advantages of receiving care

It can be difficult, if not impossible, to receive adequate mental health treatment in an active-duty setting. Shifting schedules, a shortage of mental health professionals, competing responsibilities and stigma are some barriers to care.

For an active-duty service member, there are typically three pathways to attending a program like the Road Home: having a lull between assignments, applying for personal leave or being identified for medical retirement.

In Dr. Murphy’s previous role as an active-duty clinician, he vouched for the efficacy of programs like the IOP in helping people receive the care they need to heal.

“At the end of the day, we’re asking them to go into stressful, often traumatizing, situations and do what our country and its allies need to be done, which often involves witnessing some of the ugliest aspects of human nature,” Dr. Murphy said. “It can shake a person’s deepest understanding of themselves and the world around them. We have an interest in helping these service members stay grounded and stay connected to the things that are most important to them.”

What sets the Road Home Program and its IOP apart

Clinicians at the Road Home Program help active-duty service members process trauma and negative experiences. Clients receive the tools to heal and reconnect with their deeper purpose, often serving others or providing for their families. Service members also form bonds with fellow IOP clients, including veterans, that transcend titles.

“In this clinic, you can just go by your first name, leaving rank and title at the door,” Dr. Murphy said. “This clinical culture invites people to just be themselves and focus on recovery and healing.”

The Road Home Program has observed significant and lasting clinical changes in clients’ symptoms following the

IOP. With these improvements, the likelihood is that someone who wants to continue serving can do so.

“Using a military phrase, we’re offering people an opportunity to take a tactical pause in order to stop, reset and then get back into the fight,” Dr. Murphy said.

“We have an interest in helping these service members stay grounded and stay connected to the things that are most important to them.”

4 Facts

Mental Health Among Active-Duty Service Members



- **123** active-duty service members received care at the Road Home Program in 2022 — a **48% increase** over the previous year.
- **62%** of service members discharged for misconduct between 2011-2015 had a mental health diagnosis within two years prior to separation.² Veterans who receive Other Than Honorable discharges have higher rates of depression and PTSD, according to multiple studies.³



- Suicides among active-duty service members **increased by more than 40% between 2015 and 2020.**¹



- **1 in 4** active-duty service members show signs of a mental health condition.⁴

Sources: ¹Department of Defense 2020 Annual Suicide Report, ²U.S. Government Accountability Office 2017 analysis, ³Brooks-Holliday & Pedersen in Psychiatry Research (2017), ⁴Kessler et al. in JAMA Psychiatry (2014)

Research and Clinical Trials

Getting Our Treatments Down to a Science

Studying and Implementing an Accelerated, One-Week Treatment Model

Distilling four months' worth of evidence-based cognitive processing therapy, or CPT, into two weeks is what earns the Road Home Program's Intensive Outpatient Program, or IOP, its reputation for providing effective, accelerated treatment. It's also why the program is nationally renowned for increasing treatment completion from 40-60% to consistently over 90%, reducing clients' symptoms and helping them maintain treatment gains over the long term.

In a standard psychotherapy treatment model, a client may see a therapist for one hour once a week for months or even years, creating logistical challenges with child care, transportation, finances and time away from work. The accelerated treatment model provides clients with the huge advantage of circumventing these challenges.

Philip Held, PhD, research director for the Road Home Program, and his colleagues have been impressed by the efficacy of the IOP, but they wondered if it could be made even more efficient and thus more accessible, while still producing life-changing results for clients. The researchers piloted a one-week virtual treatment open to any Illinois resident with PTSD, including people outside the military community. This clinical trial focused solely on delivering CPT in two 50-minute sessions with approximately one hour of homework daily.

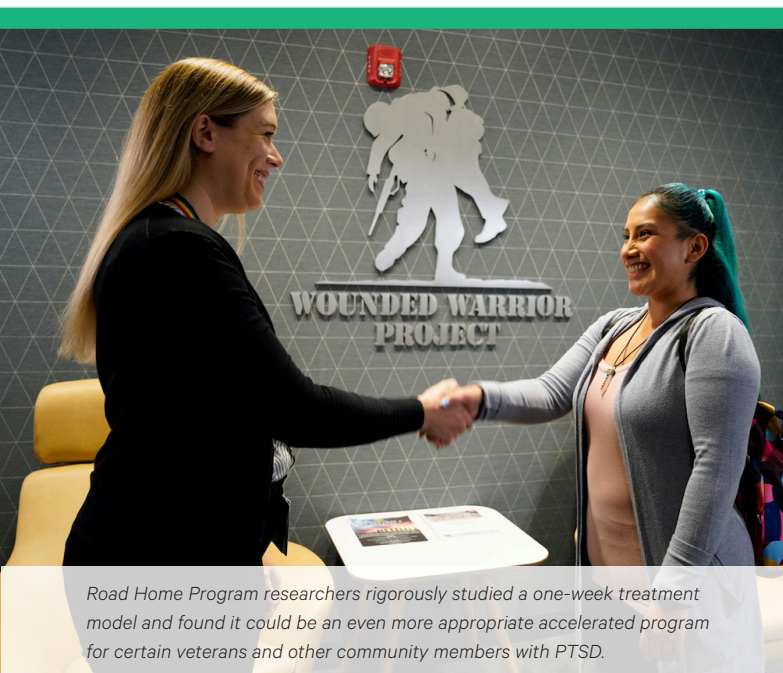
"CPT teaches people skills they can walk away with and apply in their daily lives," Dr. Held said. "Individuals essentially learn how to become their own therapists."

Most participants experienced significant symptom reductions in five days. Using diagnostic assessments, researchers found that 75% of clients no longer met the criteria for PTSD three months post-treatment. When asked about their lives at this benchmark, clients noted improvements in their performance at work and school, interactions with family and friends, and other important life skills.

"The plus side is clear," Dr. Held said. "People can return to functioning quickly. This is especially important for high-risk populations where untreated PTSD may quickly exacerbate related concerns."

Inspired by these strong results, the Road Home Program added a one-week treatment program to its service menu. It is also being offered to clients who attend the standard two-week IOP and need additional treatment afterward.

Road Home researchers continually analyze the efficacy of treatments, and the one-week program will allow them to accelerate their research and apply for grant funding from the U.S. Department of Defense and other sources to prove the efficacy of the model. Researchers also plan to extend its study for treating other conditions, such as depression and anxiety disorders, and to pinpoint the types of individuals for whom one-week treatment would be most appropriate.



Road Home Program researchers rigorously studied a one-week treatment model and found it could be an even more appropriate accelerated program for certain veterans and other community members with PTSD.

Clinical Services

Evolving Our Programs and Expanding Access

We've Got Your Six — Now Across State Lines

PSYPACT expands virtual care to clients across most of the U.S.

Road Home Program clients, especially those who participate in the Intensive Outpatient Program, or IOP, have come to Chicago from all 50 states and beyond. But until recently, the care we provide couldn't cross state lines.

Thanks to the Psychology Interjurisdictional Compact, or PSYPACT, Road Home Program providers can use telehealth platforms to provide therapy to service members, veterans and families from 36 U.S. states and territories that have enacted PSYPACT legislation. (Six other states have PSYPACT legislation pending.) Illinois was among the first states to participate in PSYPACT when it went live in 2020.

"The ability to leverage PSYPACT to provide care via telehealth to service members, veterans and their families outside of Illinois is nothing short of a game changer," said **Brian Klassen, PhD**, Road Home Program clinical director, who has worked to ensure psychologists on the team receive PSYPACT licensure.

While new telehealth services possible through PSYPACT can support clients of all kinds who live outside Illinois, Dr. Klassen views them as especially important for two groups along the care continuum: veterans accepted into the IOP who may need support in the weeks before their in-person cohort is set to begin and the growing number of IOP alumni who may benefit from ongoing maintenance care.

"Simply put, this will allow us to provide more care to more people than ever before," Dr. Klassen said.

Treating Two Unseen Wounds at Once

Launching a special IOP track for clients with PTSD and traumatic brain injury

One of the more devastating consequences of modern conflicts in Afghanistan and Iraq is the high incidence of traumatic brain injury, or TBI. Research shows that the use of improvised explosive devices by adversaries, along with protective armor that may prevent lethal injuries, results in a higher percentage of service members experiencing TBI than ever before.

Dr. Klassen notes around 40 percent of IOP participants experience TBI in addition to their diagnosis of post-traumatic stress disorder, or PTSD. In the past year, the Road Home Program has developed a specialized IOP track to serve these clients with TBI and PTSD.

"TBI can often compound the effects of PTSD and seriously undermine patients' ability to thrive in their recovery," Dr. Klassen said, adding that physical violence also contributes to high rates of TBI among clients with military sexual trauma.

TBI is often a poorly understood condition among clients, Dr. Klassen said. Many people who have it don't think they do or haven't had it properly explained to them. The new IOP track for clients with TBI integrates special services that emphasize client education and a comprehensive approach to treating TBI and PTSD concurrently.

"Through the creation of the TBI track, we have been able to provide the kind of assessment, treatment planning and education that empowers service members and veterans to move forward with their traumatic brain injuries productively," Dr. Klassen said.

Dee's 360

Road Home clinic coordinator connects with clients receiving services that supported her military family

From the age of 5, Dolores “Dee” Garcia knew she wanted to work in the medical world when she grew up. As a young girl, she’d spend hours pretending to X-ray and dress her grandfather’s scars from his days as a U.S. Army tank driver in World War II.

That playtime activity turned into real-life action when Dee, who now works as a clinic coordinator for the Road Home Program, enlisted in the Army one week after graduating high school in 1999 with the goal of being a medic.

“My grandpa had passed away when I was younger, but he was always in the back of my mind and still is,” Dee said. “My parents weren’t very supportive of my decision to join the military. When I left, I was completely on my own. I didn’t have any real communication with my family after that. But I figured if my grandfather could do it, then I certainly could, too.”

Dee left home in the Chicago area to complete basic training at Fort Jackson in South Carolina, followed by medical training at Fort Sam Houston in Texas. She eventually was stationed at Fort Campbell in Kentucky, where she was in the headquarters company, 1-101st Aviation, 101st Airborne Division.

There, she led an aid station on base, assisted on the field and taught first aid. Dee was able to take more challenging classes, such as cardiac life support and advanced trauma. That training provided her with the ability to keep calm and read a person no matter the circumstance.

“The most rewarding part of my service was all the medical training I received,” she said. “My training, paired with the fact that I’m a veteran, makes it so easy to communicate with clients who walk through the Road Home Program’s doors. If someone doesn’t understand your lingo, especially when you’re seeking mental health care, it can make things even worse for you. I can speak their language.”

Transitioning out of active duty and into motherhood

Dee’s son, Adrian, was born during her last six months of active-duty service. She then switched to the Army Reserve, where she continued to serve until 2003.

“I didn’t think I’d be good playing the role of mom,” Dee reflected. “I went from carrying a rifle around to holding this soft, little baby. But I took to it so quickly. And then the moments when he wanted to play pretend Army, I knew exactly how to play Army.”

Around the time Adrian was in fourth grade, Dee started noticing something was amiss. He loved to socialize but was having difficulties in school. Adrian had been seeing Louis Kraus, MD, chief of child and adolescent psychiatry at RUSH University Medical Center. Upon hearing Dee was a veteran, Dr. Kraus referred her to the Road Home Program. Dee had recommended services there to several fellow veterans, including a friend who was on the verge of homelessness. She didn’t realize resources were available for her son, too.

The Road Home Program’s innovative and evidence-based services go beyond helping veterans and active-duty service members. Care is also offered to military family members, who never see a bill for services.

Military families often face challenges before, during and after a loved one’s deployment, which is why Road Home Program experts are trained in mental and behavioral health care for children, adolescents and families. The Road Home Program has embraced veterans’ loved ones — however they define them — since the program first opened and has worked with each family to understand their unique situation and deliver appropriate interventions in a safe, supportive environment.

Dee was able to register Adrian as a client, and assessments resulted in a diagnosis of ADHD and a care

plan. Dee's employer-provided insurance at the time didn't cover this care, but the Road Home Program provided it at no cost.

"Adrian was able to get his educational testing here and received an individualized education plan," Dee said. "He was able to get the accommodations he needed to get through grade school and high school, where he was able to truly excel."

Following in mom's footsteps after receiving support

Inspired by his mom and the support he received at the Road Home Program, Adrian enlisted in the Army when he was 17. He continues to climb the ranks and is currently stationed at Joint Base Lewis-McChord in Washington.

"He's 19 years old now and just got promoted to E-4, which is the rank of specialist for the Army," Dee said. "I think the structure I gave him and the help he received at the Road Home Program is why he is doing so well in the military. He's so young — being ranked E-4 already is profound."

A desire to help veterans had always been in the back of Dee's mind. It ultimately led her to work at the Road Home Program, where she has proudly shared her and Adrian's story with clients who walk through the door since she started in August 2022.

"Our mission has always been to compassionately care for and serve our veterans, service members and their families who may be struggling with the invisible wounds of war, and we did just that when Dee's son needed help," said Will Beiersdorf, executive director of the Road Home Program. "We were there for Dee and Adrian, and now she's part of the Road Home family delivering on that mission every day. Her dedication is incredible."

Dee's experiences allow her to form uniquely empathetic connections with clients.

"I feel for the families of service members," she said. "These kids and spouses, even parents or other family members, can be greatly impacted by our services. We're able to reach these veterans and their families and give them the support I didn't have until we found the Road Home Program."



First connected to the Road Home Program's family services almost a decade ago, U.S. Army veteran Dee Garcia joined as the team's clinic coordinator in 2022. She credits the services her son Adrian, now 19, received at RUSH and the Road Home Program for helping him excel in his own military career.



Ignite Hope by Spreading the Word About the Road Home Program



While the Road Home Program treats more than 1,000 clients annually, thousands more could benefit from our compassionate, culturally competent care.

Most clients are connected to our care by word of mouth after receiving a referral from a fellow veteran, friend, family member or neighbor. We want all who could benefit from our services to be connected to care as efficiently as possible. Over the next three years, we are embarking on an outreach strategy to underserved groups nationwide, including active-duty service members, Reserve and National Guard members, rural veterans and Chicago-area veterans.

Our outreach coordinators have personal ties to our mission and speak about our program from the heart. Still, the more help they get from our passionate supporters, the better. If you know someone who could benefit from our services, please pass along information about our program. An easy way to do this is by sharing the QR code on this page, our social media posts or our website, roadhomeprogram.org. **By sharing this information, you could save a life.**

Listen to Road Home Program: The Podcast

The subject matter experts at the Road Home Program have a wealth of information to share with veterans, active-duty service members and their families. Road Home Program: The Podcast delivers information about resources and services available for members of these groups to help them heal from trauma and improve their well-being.

In each episode, **Will Beiersdorf, MPA**, executive director of the Road Home Program, talks with clients, RUSH clinicians and staff, and community partners. Podcast topics have included moral injury, reducing the civilian-military divide, military sexual trauma and sleep hygiene.

Listen to the podcast on all major platforms, including **Apple Podcasts, Spotify and Google Podcasts.**



Run to Honor Those Who Made the Ultimate Sacrifice

Each year, the Soldier Field 10 takes place over Memorial Day weekend to benefit the Road Home Program. The race offers 10-mile and 10K courses with skyline views along Lake Michigan and honors families and service members who made the ultimate sacrifice.



While this year's race has passed, mark your calendars for **Saturday, May 25, 2024**. We will announce race sign-up and volunteer information across our social media accounts closer to the date. Join us for community, camaraderie and to give back.



To make a gift, arrange a tour or learn more about how you can support veterans, active-duty service members and their loved ones through the Road Home Program, contact:

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Your support helps us transform and save lives

Make a gift at rushgiving.com/rhimapact



 RUSH

The logo consists of a white icon on the left, which is a stylized letter 'R' enclosed within a circle. To the right of this icon, the word "RUSH" is written in a white, serif, all-caps font.