Moderator: Welcome to the VA HSR&D Investigator Insights podcast series. In this episode, QUERI Dissemination Coordinator, Diane Hanks, talks with Dr. Joe Geraci. In addition to being a psychologist at the James J. Peters VA Medical Center in the Bronx, Dr. Geraci is co-director of the Transitioning Service Member, Veteran, and Suicide Prevention Center, which is a joint effort between VISN 2 and VISN 17. Recently, Dr. Geraci partnered with VA’s Quality Enhancement Research Initiative, or QUERI, to evaluate the importance of the Transitioning Service Member Veteran sponsorship initiative. Dr. Geraci brings a unique perspective to this work as he is a retired Lieutenant Colonel in the Infantry in the US Army.

Interviewer: How did your own research regarding the service member’s risk of suicide during the transition from military service to civilian life inform your current QUERI project?

Joe Geraci: Thanks for the question. I think even before I talk about a lot of my research work going on, I think it is important to even go back to the core foundation elements of a lot of the work that we are doing. It is pretty simple. Finding interventions, finding programming that is aligned with military culture that service members are used to and that veterans are used to. It is part of their DNA when they are serving. How do we amplify those things to help address concerns, which is an epidemic for this population right now in the service, of suicide?

One thing in the military – after serving 20 years in the Infantry, one thing that we did in the military when you transition from one installation to another is you receive a sponsor. We call it a permanent change of station or PCS. It is a PCS sponsor. Even my last role before I retired as Battalion Commander and Senior Army Officer. There was still a sponsor that I had to help my family with things like, where are the kids going to go to school? Where are we going to live? Where do we get medical care? Really facilitate that transition. Those are concepts for someone. How do we find something aligned with military culture? How do we use those concepts aligned with what they know and what is part of their DNA to address issues that we are having in regard to that population like suicide?

What we did from 2015 to 2018 was a randomized controlled trial in New York City to test out this concept. Would that be helpful? What would that look like if we had volunteers within the civilian community that went through certification training to help service members that are coming to the local community after they get out of the military? I was pleasantly surprised with the results we saw in a randomized controlled trial. With that point, after I retired from the Army and then came to the VA, we decided that we wanted to submit the evaluation in regard to working with VISN 17 in Texas. What would it look like if we took this concept? We had initial efficacy from the results in the randomized controlled trial, and then did a further dissemination and implementation across the state of Texas.

Interviewer: I just have a question about the sponsors. Do they have any training in a social work background, a psychologist background, or any kind of mental health training?

Joe Geraci: Sure. The best sponsors, honestly, are non-mental health providers, non-psychologists, or non-social workers. They are people in the community. They are people like your friends and your family members that live in the community, have been very successful in their community, and want to raise their right hand to say I would like to help these service members that are transitioning back to our community. When we developed the training manual and the module, we are currently on cohort 52. We have done 52 cohorts already across the country.

Interviewer: Wow.

Joe Geraci: We have trained over 700 volunteer sponsors across the country. We looked very much at what are the three different key training objectives that we want to make sure that these volunteers are certified in before we feel comfortable then working one-on-one? That is the key. It is a volunteer one-on-one basis for these transitioning service members. The first one is establishing positive personal relationships. There is a two-and-a-half-hour session that they attend to get an overview of the program, but then also learn aspects from Carl Rogers like being empathetic, being able to have genuineness, and demonstrate unconditional positive regard that we talk about in the training as love.

What would that look like for you to learn how to implement skills to amplify these characteristics within the relationship? Within the training, it is a lot of one-on-one, lots of feedback from the small group facilitator, lots of ability for sponsors to talk about emotional topics. It is to then acclimate those within their cohort to the potential content that the service members will be discussing with them during sessions.

The second block of two and a half houses is on establishing smart goals. It is very much regarded to the transition. They mainly are the domains we talk about like employment or education. That is probably the most important one. Housing. We talk about family transition. Where is your family going to live? Where is your family going to work? Where are your kids going to go to school? Another big one is social connectedness. What organizations are you going to belong to? Who is going to be your new tribe within that community you go to? Then the last one we talk about is the medical. Where are you going to get medical care? Obviously, we try to fast-track them. There are a lot of different initiatives and a lot of partnerships that we have at the VA to get them not only at the national level of the VA registered and enrolled, but then actually get them a VAMC appointment at the local VA where they are going to be going.

Then the third session that is a two and a half hour block is to identify signs and symptoms of suicide. Then how do you ask the questions, and how do you get them care and help? Those are the key three training objectives. Establish a positive personal relationship. Help them to accomplish smart goals. Then also be able to identify and respond to suicide risk.

Interviewer: The one-on-one relationship sounds a little bit like the AA model. It is someone who has been through what you are going through and can guide you because they have experience.

Joe Geraci: I get that question a lot. I would say comparable, but different because we are not looking at the disease model and the disease approach.

Interviewer: Right.

Joe Geraci: This is a universal approach. The assumption is that everybody is healthy, and everybody is doing well. They are just going through something that universally is going to be very challenging and a different transition for them. The term sponsor more aligns to we want it to really resonate with the service members. When all of them transition from one installation to another, they get a sponsor. When they transition to the civilian sector, all of them should get a VA sponsor. It is kind of our thought process and approach. We do not want it to be aligned with the AA sponsorship model because that is more of a disease model.

Interviewer: Right.

Joe Geraci: You have this disorder. You have substance use issues. This is as opposed to this is a universal approach that they are used to having this. They are used to having leaders. They are used to having guys helping them through their transitions. It is no different from this universal approach. In the VA, we look at the three different levels or strategies of suicide prevention. I am looking at high-risk individuals all the way to a universal approach. This is very much a universal public health approach. What would it look like if we helped all of them successfully transition to their civilian sector?

Interviewer: How does the Transitioning Service Member Veteran Sponsorship Initiative help transitioning service members?

Joe Geraci: I think one of the first things it did, just based on the training objectives that we are doing, is it helps them to have a successful transition. We call these reintegration difficulties when they face these challenges and difficulties transitioning to the civilian sector. Research is pretty clear that those that have the highest number of difficulties during the transition are 5.4 times more likely to have suicidal ideation than those that have a smooth transition. The most important thing, this is what we have proved out in the randomized controlled trial, is that they just have a smoother transition with less reintegration difficulties with regards to jobs, finding housing, and getting into schools. Those are kind of the tangible tasks – these smart goals – that they are able to accomplish.

The second thing that the randomized controlled trial demonstrated is it just helps them feel increased aspects of social support. It lets them feel connected to someone. Very much within the military, you hear it reiterated again and again, is why do we fight in the military. It is for the person to our left and to our right. We are a collective kind of group with your unit. You are never supposed to go anywhere without your battle buddy. Just re-introducing that concept to them is something that they almost expect to have as they are transitioning to the civilian sector.

The first thing is reintegration difficulties. The second thing is social support. Then we looked at what is called the Three-Step Model of suicide. Klonsky and May’s work from 2015 is that these are two different aspects. Step one for this model is reducing psychological pain. We call these reintegration difficulties, which we are able to do. The second step to suicide unfortunately is if you have enough psychological pain and you do not have connectedness to others, you do not have social support. That is the second step. The third step is if you have access, capacity, or means to die by suicide. This population has access to lots of firearms and is very much used to using firearms. If we are looking at these three steps, reducing psychological pain and reintegration difficulties is the first step. The second step is providing connectedness and helping them with the social support. Those are the key steps we really look at for this sponsorship initiative.

Then obviously we were looking at if it does get to step three, potentially kind of look at the means to reduce access to lethal means or train the sponsors. If we do have someone in that situation, how do we bring in experts? How do we leverage the VA to help if it gets to that point that they are somebody that is really demonstrating suicidal behaviors or ideation?

Interviewer: Even though this project started as a target for veterans with suicidal behavior or suicidal ideation, it sounds like you are expanding that to encompass all veterans. That is what you would like so that you catch those people that might not be assumed to be at a high risk of suicide.

Joe Geraci: Absolutely. There are 200,000 service members approximately that transition every year. The goal and the vision is that every single one of them have these sponsors as they transition.

Interviewer: Right.

Joe Geraci: The sponsors truly can identify and triage those that need appropriate levels of care. The majority of them will need help with housing and need help to find employment. That relationship will be great. Touch in. How are you doing? The other ones, we kind of use the analogy as that transitioning service members are like onions. They have layers. You have to kind of peel it back. The more you peel back the layers, you really kind of see that there are issues and concerns that are going on. The sponsors can be trained to triage that, and then can get them connected to the VA or other community partners.

Interviewer: Because you are focusing on housing too, are you at some point going to measure statistics related to homelessness, if it is helping veterans to find homes, and land on more solid ground so they do not eventually end up living in the street?

Joe Geraci: Part of the evaluation that we are going within Texas and then other national initiatives, the evaluation is very extensive and expansive. We are giving the VA homelessness screener prior to their transition and then at two time points after their transition.

Interviewer: Can you talk more specifically about the QUERI evaluation?

Joe Geraci: In VISN 17, we receive great support from the VISN director, Dr. Jones, to be able to implement. It is a partnered evaluation initiative, so part of the funding comes from QUERI, and part of the funding comes from our operational partner which is the VISN 17 leadership. What we are implementing is called a hybrid type two. We are looking at continued effectiveness. We are also then, at the same time, looking at the ability to look at the fidelity of the implementation and our ability to overcome barriers to implementation by applying strategies to help facilitate the successful implementation in Texas.

We are doing a model called a step wedge design where we are starting with two cities. Those two cities we are starting with are Austin and San Antonio. The first batch or the first wave of service members that come from the service that we enrolled within the military that come to those two cities will transition as usual. That has given us currently the time to build out the resources and build up the infrastructure within those two cities. Then the next wave of service members coming through will receive a sponsor. The sponsor’s relationship starts about six months prior to their ETS, Expiration Term of Service or their military discharge. Then it maintains for at least six months after they move to those communities. The first focus is on San Antonio and Austin. Then that will give us about nine months to kind of continue to evaluate and assess the program there. Then we transition to Dallas/Fort Worth and also El Paso as our next step. Then our third step is working with Houston and Corpus Christi.

By the time it is all said and done, a little bit more than 600 service members will be part of the process. It gives us enough data to kind of look at continued effectiveness of the program. Some of the big variables we are looking at are, as I mentioned, the reintegration difficulties as our primary outcome variable. Social support is another key critical one. As you mentioned, there are other variables we are looking at. Some of them are being homelessness, looking at food insecurity, looking at PTSD, depression, and anxiety. How do these things change over time? Then also, a really important variable is suicide. We are giving the formal suicide severity scale prior to their discharge about six months before and then six months post. It is really to be able to kind of test out the effectiveness of the program.

Also, as I mentioned, we look at what are the barriers we face as we implement this in six cities across Texas. What do we really learn? What is the business model approach that we can kind of look at and do the evaluation assessment as we look at expansion outside of Texas? Another thing we are really looking at and we are really prioritizing is the extent that we are able to get service members registered, enrolled, and then at least one VA appointment within those target cities. We know those that are not engaged in VA care are at a higher risk for suicide. One of the key things that we have identified is that at the VA there are phenomenal providers. A lot of my colleagues that are in the VA, one of the hard things we face is having access to this population and be able to triage and categorize the highest risk population as they are transitioning from the military to their civilian lives.

Interviewer: You did mention, in something that I read, that you were talking about the preliminary analysis and what it suggests about the post-9/11 veterans that receive the sponsorship initiative. Can you tell us a little bit about that?

Joe Geraci: As I mentioned during our randomized controlled trial, we really kind of saw a movement and improvement in the variables with these reintegration difficulties and also social support. We anticipate comparably seeing improvements from those two different variables. It is just too early to tell right now. It is really going to take us some more months to get more service members involved before we are able to look at those indicators. Some exciting early results that we are seeing are VA registration enrollment and also getting them the VA appointment. We are seeing those that have a sponsor. About 95 percent of them are able to get them registered and get them to a VAMC appointment.

Interviewer: Nice.

Joe Geraci: On average, it is only about 25 percent for the overall population within the first year.

Interviewer: Wow.

Joe Geraci: I think that is the quickest win that we are able to see. The other one is their satisfaction with the program. We ask them questions about their satisfaction. Overall, on average, they are extremely satisfied with the program and very willing to recommend it to their fellow comrades. These are two very early indicators that we are seeing, but it is going to take some time for us to get the variables.

Interviewer: The fact that they are willing to recommend it speaks volumes because they would not unless they had faith in it. Talk about the advantages and disadvantages of being a veteran yourself and having that trio of a veteran, clinician, and researcher and how that affects your work.

Joe Geraci: I kind of joke around and say I am bilingual.

Interviewer: Yeah.

Joe Geraci: I speak infantry talk. I had 20 years as an Infantryman, did four deployments to Afghanistan. 2006 was by far my roughest deployment. There were a number of friends and comrades that I lost. Being able to really and truly understand with this infantry speak what it is like as a veteran – a combat veteran – who is very concerned about the stigma and who is still serving in the military, go seek mental healthcare from a vet center at the VA. He was very reticent to go to the Army. I had just been promoted to Major and I was very concerned about the impact on my career if I sought mental healthcare. One of the most anxiety-provoking things that I have experienced in my career is sitting in that lobby at the vet center.

Interviewer: Right.

Joe Geraci: Alone and not with my comrades. I have never been trained for this more so than any air assault raid or any air assault operation I had ever been on.

Interviewer: Wow.

Joe Geraci: We were literally going in knowing that there were people that were going to get injured or killed. We were there to kill people or to capture people, and it was just very high-risk. My anxiety level sitting by myself in that vet center lobby was higher than any of my operations I have ever been on.

Interviewer: Wow.

Joe Geraci: Clinicians do not understand that. My \_\_\_\_\_ [00:18:39]. It goes against everything we were taught in our warrior posts to sit in that lobby and go on in to admit defeat. Admit weakness. Admit that we needed assistance and help. That goes against everything that let us be successful on the battlefield. I would say it allows me to tap into that and understand the military culture. Understand that you have additional commitment. All of my team that I try to bring on are veterans. We really can kind of build a team to help our fellow brothers and sisters that are transitioning. The other side of my talk is clinician. I speak researcher. I do not claim to be an expert and be able to speak infantry nor be able to speak this clinician researcher, but I acknowledge that I do have this unique niche to translate between the two worlds. Let many of my comrades that I work with in the VA and work with in the civilian sector within suicide prevention truly understand what service members need. What is their experience? How do they perceive the interventions that are being delivered to them? That is the benefit of this translation.

What is the negative side of it? I will kind of go back to quoting Carl Jung who talks about the wounded healer. So, 30 percent of my time is as a clinician. I work a lot with transitioning veterans. A lot of them are moderate to high risk for suicide. When I work with my patients, I fully commit my identity, my soul if you will, and that is a painful process. For them to have wounds that are still fresh, they are not healed. Then figuratively, as Jung would say, allow them to put their fingers within my wounds. They are healed, but they are still scarred. It still does hurt when I let them touch into my soul and my wounds, but it is very, very empowering. I do not quote religion within my sessions, but it is just very much a spiritual process. Two human beings are coming together for the benefit of one, and that makes me a little bit vulnerable.

I need to be in supervision. I need to make sure that I am in continual counseling care to make sure that my blade is really sharp. That is the downside. I really kind of like the percentage of work that I do. About 30 percent of my time is spent seeing patients. I could not see patients full-time. It is so taxing. I put so much into it that I just cannot do too much. I think that is my own self-awareness to know that 30 percent is probably a good proportion for me to see patients. It really kind of keeps me grounded in the work and really shows the importance. Even more so, it is how critical it is for prevention for this population.

Most of the veterans that I work with that have recently transitioned did not have a sponsor. He had a very difficult transition to civilian life. That absolutely is exacerbating their symptomology, which then comes and brings them to my office.

Interviewer: When do you get in touch with veterans about the transitioning sponsorship? Is it before they leave the military? Would you work with the DoD as far as that goes? Is it after? If it is after, how do you contact them?

Joe Geraci: Absolutely. Currently, we have to do it before. Our goal is six to eight months prior. Part of their transition process, all of them have to go through a Transition Assistance Process or TAP class. It is a week-long process. Then usually about 12 months prior to their military discharge date, they go through pre-separation counseling. That pre-separation counseling helps to set the conditions for the DoD to assist them in the process. We have to get them six to eight months, no closer to four months. There are some that we worked with about a week prior to their transition or a month prior to their transition. Those are literally everyone has their hair on fire because these service members, the majority of them or about 40 percent, are ill-prepared for their transition. That is from a DoD Inspector General report that was published last week. About 40 percent of them are not well-prepared with a job. They are not very well suited and able to successfully transition.

When we get them at that point, it is really difficult, and it is a really challenging case. The more time we have, some people sign up 18 months prior. We are like, okay, 18 months – we have to prioritize those that are a little bit closer. We work very closely with the VA’s post-9/11 Military to VA Case Management team. They like us to kind of start working about four to five months prior to that military discharge date. No closer than four months because it really takes some time to help them, kind of figure out their goals, and establish trust with that partnership. We are finding that even 8 to 12 months or beyond, they are still fully engaged as full DoD service members. They have full-time jobs. They are still deploying. They are still going to training. They are still in charge of all the maintenance and all the tanks. It is really hard for them to really focus.

Interviewer: Right.

Joe Geraci: That four to eight months we really can kind of start helping them. We have received phenomenal support from the DoD leadership on the military installations we are enrolling service members from. They know that they are limited. That day that they do military discharge, they turn in their DoD ID card, and there is no additional support that the DoD can provide them after that day. Legally, with regulation policy, there is nothing they can do after that.

Interviewer: Right.

Joe Geraci: The DoD, the people we work with are so committed. They want to help these transition service members. They have gladly been able to establish these partnerships acknowledging that we can provide that continuity of care into this civilian sector.

Interviewer: What is interesting is if a lot of them are still deployed and they are still doing their day job for the DoD, they have to have that mindset of invincibility and I can do anything. Transitioning from that is hard to figure out how you prepare someone. You are going to be more vulnerable. You are going to. You might experience this or that. They still have to be on point because they are still a part of the military.

Joe Geraci: Yeah, it can be challenging.

Interviewer: Yeah. Is there any difference in gender as far as who wants to do this? Are women more willing?

Joe Geraci: We have noticed that the desirability of women service members is on par to their population density. About 15 percent of the DoD is comprised of women service members. We are right at about 16 to 17 percent of the individuals signing up for the program are women service members. One thing we actively do is we recruit as many women sponsors as we can. We are only representing about 30 percent of the sponsors within the initiative are women. We want to make sure when a woman service member states that she would desire to work with a woman sponsor, then we can always meet that requirement. A lot of it is like Match.com.

Interviewer: Yeah.

Joe Geraci: It is looking at, what is the best thing for this transitioning service member? It allows them to drive the discussion and drive the decision as much as possible on who their sponsor is. Do they want to be matched based on profession alignment? Do they want to be matched based on similarity in gender or sexual orientation? We are working with VA Pride, a VA program, so that sponsors can receive additional training to be eligible to work with a transitioning service member that desires that their sponsor be matched on sexual orientation.

Interviewer: That is great. Is there anything else that you would like to talk about?

Joe Geraci: I think the last thing is I just am really honored. It has been a privilege to work in the VA. I am just so ecstatic that they are really supporting us and our work. They really kind of took a risk on me in hiring me to come into the VA. They are kind of allowing us to do what we feel needs to be done, obviously, with the rigor of research and under the umbrella of scientific review. It has really been phenomenal to see so many different VA offices support us in this work and the DoD to support us. It takes all of us coming together.

Also, the last thing I would like to say to anybody that is listening to this, we would love for you to join the sponsorship initiative and work with a transitioning service member that is coming to your region that would maybe want to work in your profession. A lot of the sponsors that we do have are civilians. I will be honest.

A lot of the civilians make better sponsors because they are already in the community. They understand the community. They know how to succeed in the community. That is exactly what the service members needed and how beneficial it is for service members. I go back to a lot of the mentors I have that are Vietnam veterans. It is how really changing the dynamic and perspective of what it would really look like for a community to open its arms and help service members transition back to their community. So many of the civilians that we train want to do so much more than just say thank you for your service. We are really giving them an opportunity to do that.

Moderator: The views and opinions expressed in the preceding podcast are concerned with the scope of recently concluded or ongoing VA HSR&D funded research, and do not necessarily reflect current or to-be implemented VA policy. To learn more about this research, visit the VA HSR&D website at www.hsrd.research.va.gov.