Unidentified Female: Welcome to the VA HSR&D Veteran Voices podcast series. In this episode, QUERI dissemination coordinator Diane Hanks talks with Kevin Payne, Navy veteran and current VA Research Assistant at the VA West Haven Healthcare system. They’re discussing Kevin’s experiences of being a veteran and transitioning into working with veterans on behalf of VA research.

Diane Hanks: I first wanted to ask you about your service. And what military branch you served in and where you have you served.

Kevin Payne: I am a Navy veteran.

Diane Hanks: My father was in the Navy.

Kevin Payne: Oh, really?

Diane Hanks: World War II.

Kevin Payne: Okay, nice. So I’m a corpsman. A lot of people aren’t familiar with the term corpsman, which is a combat medic. The majority of my time I was with a marine unit. Infantry Marine units, that’s where corpsman serve. So I did deployment through 2010, 2011 in Afghanistan. So I’m a OEF veteran as well. And I spent eight years in the Navy as a corpsman, and I served—I was in Camp Pendleton, CA. There I worked in the naval hospital there, and then a few other clinics and then came back to the East Coast, to Lejeune. My deployment was with 26. The Unit 26. And came back to Connecticut and served with the reserve unit there. That’s where I ended my career.

Diane Hanks: And did you continue? Because I know when my dad was similar to yours, he was on an aircraft carrier and he was an assistant in the operating room and they asked him if he would—they would pay for him to go to medical school, and he did not do that. And I think it was because of what he had seen in service. Did you think about continuing your medical career after that, or did you just want like, okay I’ve done that and.

Kevin Payne: I definitely thought about continuing specifically in the trauma side. Because while I was in, there was a lot of emergency medicine and a lot of trauma care, emergency care. But as I got to the end of my career, I realized I was burnt out from it. So it took a toll on me. But I didn’t remain in the medical field. I just took a psych role, so I took a role in psychology. My undergrad degree once I got out, I got in psychology. And that’s when I got on with the VA itself.

Diane Hanks: Yeah, so how did that start?

Kevin Payne: So it started, when I got out, I came home in 2011, my friend already worked at the VA at this place called the Errera Center, and it’s in Connecticut, West Haven, CT. And it’s a community-based community care center for the veterans.

Diane Hanks: For reintegration?

Kevin Payne: For reintegration. They have different programs there and it helps with housing and funding and a whole lot of stuff they do there at the Errera Center there. And it helps the veterans be a part of the community again. They were looking for research assistants for one project helping veterans reintegrate back into the community. And this was through motivational interviewing.

Diane Hanks: So how does that work?

Kevin Payne: So I had to be trained in motivational interviewing. So you take the individual and you highlight their strength. Help them realize what they were doing before they met these periods in their life where they felt they couldn’t go anymore or they weren’t motivated to keep going. So we get them back doing the things that they used to do prior to their service, prior to the period that they were affected.

Diane Hanks: So getting them back to feeling more like themselves.

Kevin Payne: Right. Themselves or more than just a piece in the community. From that point, the researcher Dr. Jack Tsai asked me to stay on with him and from there I did. And then we got into many other research projects that I helped him with.

Diane Hanks: And so do you take part in recruiting veterans to participate in research? Is that part of what you do?

Kevin Payne: Right. Yep. So I’m practically a research coordinator. I coordinate the research, and I do everything from recruiting, the paperwork on the backend.

Diane Hanks: So what would you tell a veteran like, okay. Here’s the good part and here’s the challenging part about participating in VA research.

Kevin Payne: So particularly depending on the research itself, you can highlight the good parts. Here’s what can help you. Here’s how this can help you, and here’s how the knowledge from you participating in this research can help other veterans.

Diane Hanks: Do you inform veterans at the end of a study, okay. We found this, and so the protocol is going to change and you helped us change this.

Kevin Payne: If they stay in contact, inquire about the results to veterans, or if we see them in passing around the VA, we can say oh, this study did this and you help veterans with this. If it does come up, we keep them informed. And if they inquire, we keep them informed about the studies.

Diane Hanks: Are there any challenges or things that you think the VA could do to make it easier for veterans to participate?

Kevin Payne: Depending on the population. There the West Haven VA, the population, the Vietnam era, veterans…

Diane Hanks: So they were a little older.

Kevin Payne: They’re a little older and the new studies coming out that involves technology, they kind of need their hands held through the study sometimes. Some are computer savvy or technology savvy so they can get themselves through it. But just having that support to help the veterans through, I know that may take more manpower, but it would help mitigate the fear in being involved in a study.

Diane Hanks: Right. So the peer support that they’re finding in lots of studies, especially I think in the mental health area, they’re finding that peer support makes a big difference.

Kevin Payne: Definitely peer support. For a veteran to realize that they have someone there with them to help them to go along the way with them through these obstacles, it’s kind of matching the model of the military where you have a buddy and you never leave one behind. Taking that mentality through the research process.

Diane Hanks: Do you match peer support by condition? For instance, if a peer supporter had experience with depression or had experience with PTSD, do you try and match them with a veteran who has the same issue?

Kevin Payne: I haven’t particularly assigned peer supports. But from my knowledge, the certain peer has to go through whatever they’re helping with. So if they’re in an addiction clinic, alcohol addiction, they have to have lived that.

Diane Hanks: Is there anything that you would like to say about working with the VA and is this is something that you think you’d continue doing because it makes you feel like you’re helping other veterans?

Kevin Payne: I particularly like the VA. As I get further along in my career, I think about how I can remain with the VA and continue to help out in every way possible with the VA. I know for sure that I will stick around the VA and be a help, an instrumental support in that way.

Diane Hanks: Do you find that veterans need more help now with the Mission Act so that they get part of their care and community care?

Kevin Payne: I think definitely the veterans will need help on their end, but as far as the communication between the VA and these other avenues or agencies, it needs to be there as well. Because say, if a veteran picks a certain institution to get his care at and they have no idea about this act, if the establishment says, we’re a part of this. But the individuals within this establishment have no education on how to service the veteran, that creates a big hassle as well for the veteran. And it often gives the veteran a feeling of not being taken care of.

Diane Hanks: So when they’re receiving community care or private care because they’re not used to serving veterans, those unique needs aren’t being met necessarily.

Kevin Payne: And even in caring for a veteran, certain ways to care for a veteran…

Diane Hanks: And to speak how to speak to them and too…

Kevin Payne: How to speak to them. And if the veteran reacts a certain way knowing oh, it’s not a threatening. That’s just how veterans react or dealing with that. So education on that part and that level would be instrumental to the success of that program or the Mission Act.

Diane Hanks: Is there anything that you’d like to say about any project that you’re working on currently?

Kevin Payne: Currently I’m in part of the National Center of Homelessness. We have started a new project called Rebuilding Bridges helping veterans mend relationships with say bridges that they have burned in the past. Could be family or…

Diane Hanks: Work, friends, anything.

Kevin Payne: Yeah, friends. Any instrumental support that the veteran had and social support as well. It’s a series that a veteran meets with me and we do CBT based practices. Cognitive behavioral techniques to help these veterans with interpersonal connection and learning how to roll with some resistance that they may meet with these burnt bridges there and learn how to just work on their connections with other individuals.

Diane Hanks: And it’s like anyone who has had substance abuse problems in particular.

Kevin Payne: Right. Substance abuse. Mental health.

Diane Hanks: So are most of the veterans that you work with, do they have unstable housing? Are they homeless or?

Kevin Payne: So they’re either in transitional housing or just getting into their own home through supportive housing from the VA. So they need help in in that way as well.

Diane Hanks: And that can be a frightening period.

Kevin Payne: Right. And on top of that, you feel alone. You don’t feel connected with any of your supports that you were used to?

Diane Hanks: Because I imagine even on the streets there’s support because you’re living with other veterans or other people that are on the streets, and all of a sudden you’re in a place where you’re all by yourself.

Kevin Payne: Right. You’re in this place that’s good for you…

Diane Hanks: Yeah, but new and strange.

Kevin Payne: You have a roof over your head but it’s also new and strange. With their support system, they’re able to maintain that, or else they may possibly return back right to the streets where they’re familiar.

Diane Hanks: Because it’s what they know and they feel more comfortable.

Kevin Payne: And a lot of these individuals that I meet with, they’re ready to change and they’re ready, but it’s just it’s just hard for them.

Diane Hanks: They need help.

Kevin Payne: Yeah, they need help.

Diane Hanks: So it makes it all the more important to have somebody and so much more important to have it be a veteran who understands exactly how it feels to be in charge, to be in control, and then to have that taken away for whatever reason. Whether it’s mental health or physical injury or both, and to just all of a sudden feel helpless.

Kevin Payne: And then part of the rebuilding bridges is, it’s okay to be vulnerable and ask for help, and reach out to these individuals that can possibly help you or continue to help you and with you not taking it for granted.

Diane Hanks: And then what they can do is turn around and do the same thing for someone else.

Kevin Payne: Right. So it works. It’s like a snowball effect. Yeah. Another project in the works with the National Center with the Dr. Jack Tsai being a director, he want he wants to implement a money management for veterans intervention.

Diane Hanks: Oh, that’s a great idea.

Kevin Payne: So a lot of a lot of the veterans they get the disability and other stipends and don’t necessarily know how to manage their money properly. So this intervention is in place to help them with education around credit, properly managing their money, tracking their expenses on a weekly basis and monthly because a majority of veterans, they just get paid once a month. So it could be difficult to manage it that way.

Diane Hanks: Is there anything else you’d like to add?

Kevin Payne: Just to say the VA is making major strides to improving care. I just would like to see the VA continue to make this drive, make those innovations that will help—continue to help these military members as they come out, as they transition out, and have a place for them to get the quality of care that they need.

Unidentified Female: The views and opinions expressed in the preceding podcast do not reflect formal VA policy. To learn more about health services research funded by VA or to listen to other veteran voices podcasts, visit the HSR&D website at www.hsrd.research.va.gov.