

CDP



Research Update -- January 30, 2025

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<https://doi.org/10.1093/milmed/usae334>

The Association of Mental Health Symptoms to Post-Traumatic Nightmares Among Treatment Seeking Active Duty Service Members.

Paxton Willing, M. M., Tate, L. L., Riggs, D. S., DeGraba, T. J., Sours Rhodes, C., & Pickett, T. C.

Military Medicine

Volume 190, Issue 1-2, January/February 2025, Pages e440–e447

Introduction

Posttraumatic nightmares (PTNs) are common among service members with a history of combat or mission-related trauma and are associated with decreased well-being. Unfortunately, beyond establishing an association between mental health symptoms and PTNs, the existing literature fails to provide a more comprehensive understanding of factors associated with PTNs. The effectiveness of current recommended treatments is frequently debated, with the literature varying in levels of support. Treatment of PTN is complicated, given their association with a number of mental health difficulties including posttraumatic stress disorder (PTSD), anxiety, and depression. The present study sought to better delineate the association of these difficulties with PTNs, in an effort to inform and improve treatments for the nation's service members.

Materials and Methods

This study utilized de-identified data collected during standard procedures for an interdisciplinary intensive outpatient program for service members with a history of traumatic brain injury and/or psychological health conditions (N = 1,550). Study analyses were performed under a Walter Reed National Military Medical Center institutional review board-approved protocol. Three cross-sectional forward likelihood ratio logistic regressions predicting the presence of PTNs were conducted while controlling for the alpha-blocker prazosin, as it is recommended for the treatment of PTSD-associated nightmares. Separate models were created for posttraumatic stress symptoms (PTSS), depression, and anxiety because of multicollinearity concerns. Additional variables considered for inclusion were psychological symptoms (e.g., suicide ideation, postconcussive symptoms), satisfaction with life, sleep (e.g., pain that disrupts sleep, early awakenings, sleepiness), demographics (e.g., sex, race/ethnicity, marital status, age), and military characteristics (e.g., rank, branch, special operator status, time in service).

Results

PTSS (odds ratio [OR]: 1.13), anxiety (OR: 1.19), and depression (OR: 1.19) were associated with increased odds of PTNs when controlling for prazosin. Each of the final models accounted for a significant amount of variance in the presence/absence of PTN. The included variables differed across models. The PTSS model included pain that

disrupted sleep, postconcussive symptoms, special operator status, and early awakenings. The anxiety model included postconcussive symptoms, pain that disrupted sleep, special operator status, and prazosin use. The depression model included postconcussive symptoms, pain that disrupted sleep, special operator status, difficulty falling asleep within 30 min, and prazosin use. Although most variables were associated with an increased odds of PTNs, postconcussive symptoms in the PTSS model and special operator status in all 3 models were associated with decreased odds of PTNs. These findings are illustrated in Tables 2 to 4.

Conclusions

Findings support the association of PTSS, anxiety, and depression to PTNs, and, importantly, suggest that other factors may be equally or more important in understanding PTNs. Notably, increased odds of PTNs were observed among patients with pain that disrupts their sleep. The cross-sectional nature of the study allows examination of these co-occurring symptoms as they would present in the clinic, potentially informing assessment and treatment strategies; however, it precludes consideration of temporal relationships. Results highlight the importance of considering comorbid symptoms and relevant military characteristics to gain a more complete understanding of PTNs. Future research utilizing longitudinal methods are needed to inform the temporal/causal aspects of these relationships.

<https://doi.org/10.1001/jamapsychiatry.2024.4475>

Medically Recommended vs Nonmedical Cannabis Use Among US Adults.

Han, B., Compton, W. M., Einstein, E. B., & Volkow, N. D.

JAMA Psychiatry

Published online January 22, 2025

Results showed that adults aged 18 to 49 years reporting medical-only or medical-nonmedical cannabis use vs nonmedical-only use had higher prevalence of CUD at all severity levels and reported more frequent cannabis use. These findings suggest that medically recommended cannabis is not associated with reduced addiction risk compared with nonmedical use. Higher CUD prevalence among adults with medical-only use might reflect more frequent cannabis use. Limitations are that NSDUH is a self-report survey and subject to recall and social desirability and DSM-5 diagnostic criteria for CUD were developed before the widespread use of medical cannabis and might

overestimate it. Clinicians should consider addiction risk before recommending medical cannabis and, if they do, should monitor for CUD emergence.

<https://doi.org/10.1001/jamanetworkopen.2024.55622>

Peritraumatic Context and Long-Term Outcomes of Concussion.

Van Etten, E. J., Knight, A. R., Colaizzi, T. A., Carbaugh, J., Kenna, A., Fortier, C. B., & Milberg, W. P.

JAMA Network Open
2025; 8(1): e2455622

Key Points

Question

Are the long-term consequences of mild traumatic brain injury (mTBI) associated with the context in which it occurred?

Findings

In this cohort study of 567 veterans, those with a history of peritraumatic mTBI had greater posttraumatic stress disorder severity, postconcussive symptoms, and disability than those with a history of nonperitraumatic mTBI and no TBI. No significant differences between nonperitraumatic mTBI and no TBI groups were observed.

Meaning

These findings led to the development of a proposed framework that suggests that mTBIs sustained in traumatic contexts may create conditions that scaffold posttraumatic stress disorder symptom formation, inducing greater long-term disability and postconcussive symptoms.

Abstract

Importance

There has been a great deal of interest in mild traumatic brain injury (mTBI) and posttraumatic stress disorder (PTSD) and their association with one another, yet their interaction and subsequent associations with long-term outcomes remain poorly understood.

Objective

To compare the long-term outcomes of mTBI that occurred in the context of psychological trauma (peritraumatic context) with mTBI that did not (nonperitraumatic context).

Design, Setting, and Participants

This cohort study of post-9/11 US veterans used data from the Translational Research Center for Traumatic Brain Injury and Stress Disorders (TRACTS) study at the Veterans Affairs Boston Healthcare System, which began in 2009; the current study utilized data from baseline TRACTS visits conducted between 2009 and 2024. Data analysis occurred from January to October 2024.

Exposures

Peritraumatic mTBI, nonperitraumatic mTBI, or no TBI.

Main Outcomes and Measures

The primary outcomes were PTSD severity (measured by the Clinician-Administered PTSD Scale—4th edition), postconcussive symptoms (measured by the Neurobehavioral Symptom Inventory), and self-reported disability status (measured by the World Health Organization Disability Assessment Schedule II). Differences between groups were compared using analyses of covariance with least significant difference comparisons.

Results

This sample of 567 post-9/11 veterans (mean [SD] age, 33.72 [9.29] years; 507 men [89.4%]; mean [SD] years of education, 14.19 [2.16]) included 183 individuals with no TBI, 189 individuals with nonperitraumatic mTBI, and 195 individuals with peritraumatic mTBI. Veterans with a history of peritraumatic mTBI had greater PTSD severity ($F_{2,552} = 8.45$; $P < .001$), postconcussive symptoms ($F_{2,533} = 11.09$; $P < .001$), and disability ($F_{2,527} = 11.13$; $P < .001$) than the nonperitraumatic mTBI and no TBI groups. Importantly, no significant differences in any outcome measure between nonperitraumatic mTBI and no TBI groups were observed.

Conclusions and Relevance

This cohort study found that mTBI was only associated with long-term consequences when it co-occurred with a traumatic event exposure. This finding raises a novel hypothesis of the association of mTBI with PTSD, in which the acute biological and physiological outcomes of mTBI may be associated with temporarily scaffolding the formation of PTSD symptoms, which could enhance the production of long-term postconcussive symptoms and disability.

<https://doi.org/10.1037/abn0000935>

Antecedents, reasons for, and consequences of suicide attempts: Results from a qualitative study of 89 suicide attempts among army soldiers.

Nock, M. K., Jaroszewski, A. C., Deming, C. A., Glenn, C. R., Millner, A. J., Knepley, M., Naifeh, J. A., Stein, M. B., Kessler, R. C., & Ursano, R. J.

Journal of Psychopathology and Clinical Science
2025; 134(1), 6–17

Abstract

Most studies aimed at understanding suicidal behavior have focused on quantifying the associations between putative risk factors and suicidal behavior in comparative studies of cases and controls. The current study, in comparison, exclusively focused on cases—89 Army soldiers presenting for hospital care following a suicide attempt—and attempted to reveal the antecedents of, reasons for, and consequences of suicide attempts. This mixed-methods study using qualitative interviews and self-report surveys/interviews revealed that in most cases, the most recent onset of suicidal thoughts began shortly before the suicide attempt and were not disclosed to others, limiting opportunities for intervention via traditional approaches. The primary reason given for attempting suicide was to escape from psychologically aversive conditions after concluding that no other effective strategies or options were available. Participants reported both negative (e.g., self-view, guilt) and positive (e.g., learning new skills, receiving support) consequences of their suicide attempt—and described things they believe would have prevented them from making the attempt. These findings provide new insights into the motivational and contextual factors for suicidal behavior and highlight several novel directions for prevention and intervention efforts.

General Scientific Summary

In this study, researchers conducted in-depth interviews with 89 Army soldiers who had just tried to kill themselves. The aim was to increase understanding of why people engage in such behavior. Results revealed that the primary motivation for suicide was to escape from seemingly intolerable psychological states. Most people attempting suicide did not tell someone else about their plans ahead of time. Respondents described things that would have made them change their minds about making a suicide attempt. The results of this study provide valuable information about why people try to kill themselves and how we might better prevent them from doing so.

<https://doi.org/10.1093/milmed/usae144>

Evaluating the Acceptability and Feasibility of Collecting Passive Smartphone Data to Estimate Psychological Functioning in U.S. Service Members and Veterans: A Pilot Study.

Schultz, L. S., Murphy, M. A., Donegan, M., Knights, J., Baker, J. T., Thompson, M. F., Waters, A. J., Roy, M., & Gray, J. C.

Military Medicine

Volume 190, Issue 1-2, January/February 2025, Pages 285–292

Introduction

This study investigated the acceptability and feasibility of digital phenotyping in a military sample with a history of traumatic brain injury and co-occurring psychological and cognitive symptoms. The first aim was to evaluate the acceptability of digital phenotyping by (1a) quantifying the proportion of participants willing to download the app and rates of dropout and app discontinuation and (1b) reviewing the stated reasons for both refusing and discontinuing use of the app. The second aim was to investigate technical feasibility by (2a) characterizing the amount and frequency of transferred data and (2b) documenting technical challenges. Exploratory aim 3 sought to leverage data on phone and keyboard interactions to predict if a participant (a) is depressed and (b) has depression that improves over the course of the study.

Materials and Methods

A passive digital phenotyping app (Mindstrong Discovery) functioned in the background of the participants' smartphones and passively collected phone usage and typing kinematics data.

Results

Fifteen out of 16 participants (93.8%) consented to install the app on their personal smartphone devices. Four participants (26.7%) discontinued the use of the app partway through the study, primarily because of keyboard usability and technical issues. Fourteen out of 15 participants (93.3%) had at least one data transfer, and the median number of days with data was 40 out of a possible 57 days. The exploratory machine learning models predicting depression status and improvement in depression performed better than chance.

Conclusions

The findings of this pilot study suggest that digital phenotyping is acceptable and feasible in a military sample and provides support for future larger investigations of this technology.

<https://doi.org/10.1007/s11606-025-09352-6>

They Make It So Hard on You": How Rurality Shapes Veterans' Health Experiences When Managing Gulf War Illness.

Jespersen, B. V., Lafferty, M., Montague, K., Ono, S., Helfand, M., & Nugent, S. M.

Journal of General Internal Medicine

Published: 17 January 2025

Background

Gulf War illness (GWI) is characterized by multiple, persistent symptoms (e.g., fatigue, musculoskeletal pain, concentration problems, and gastrointestinal disorders) across more than one body system that are severe enough to interfere with daily functioning. For Veterans in rural areas, the confluence of geographic barriers and GWI may create unique challenges when navigating health care, given the range of specialty care needed to support GWI. However, little is known about how rural Veterans manage their GWI symptoms and navigate health care systems.

Objective

To examine how Veterans with GWI perceive rurality to influence their health care experiences.

Design

A cross-sectional qualitative study utilizing Health Experiences Research methodology.

Participants

Veterans with GWI, who served in the active-duty US military, National Guard, or Reserves during the 1990–1991 Gulf War (GW) and who connected rurality to their health care experiences during interviews.

Approach

Secondary qualitative analysis and inductive thematic analysis of semi-structured interviews, conducted between November 2018 and August 2021, with Veterans about their military and health experiences over time.

Key Results

Fifteen (n = 15) Veterans with GWI connected rurality to their health care experiences and quality of life. Three themes emerged from their interviews: (1) GWI and rural residence amplified problems with care coordination; (2) Managing GWI made distance especially burdensome; and (3) Rural contexts facilitated wellness and support, while creating barriers to accessing care.

Conclusion

Our findings suggest that rurality intersects with GWI management in ways that compound barriers to health care access for Veterans. VA can address time and distance barriers by continuing to expand specialty telehealth services and telehealth training for providers and patients. VA could also incorporate recommendations from the VA/DoD clinical practice guidelines into point-of-care decision support to enhance recognition of GWI and improve consistency of treatment, which may contribute to trust-building among GW Veterans.

<https://doi.org/10.1037/rep0000556>

Service needs and neurobehavioral functioning following traumatic brain injury in U.S. military personnel.

Lange, R. T., French, L. M., Lippa, S. M., Rogers, A. A., Gillow, K., Tippet, C. E., Bailie, J. M., Hungerford, L., Kennedy, J., & Brickell, T. A.

Rehabilitation Psychology

2025; 70(1), 63–74

Objective:

The purpose of this study was to (a) identify the prevalence and barriers of self-reported service needs in a military sample with and without traumatic brain injury (TBI), (b) evaluate the influence of the number of service needs on overall neurobehavioral functioning, and (c) examine the longitudinal trajectories of service needs over time.

Method:

Participants were 941 U.S. service members and veterans (SMVs) prospectively enrolled into four groups: uncomplicated mild TBI (MTBI; n = 455); complicated mild, moderate, severe, and penetrating TBI combined (STBI; n = 164); injured controls (IC, n = 138); and noninjured controls (NIC, n = 184). Participants completed a battery of neurobehavioral measures, as well as a self-reported service need interview, 12 or more month's postinjury. In addition, a longitudinal cohort (n = 553) was included using a subset of participants who had completed two or more evaluations.

Results:

When examining the total number of self-reported service needs, there was a greater proportion of the MTBI and STBI groups that had a higher number of service needs compared to the NIC and IC groups ($p < .001$). In the MTBI and STBI groups, as the number of service needs increased, worse scores were found on all neurobehavioral measures. In the longitudinal cohort, the STBI group reported the highest number of service needs that persisted or developed over time (six needs), followed by the MTBI (three needs), IC (one need), and NIC (zero need) groups.

Conclusions:

These findings call for the need to enhance the provision of information given to service members and veterans following TBI regarding available services. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

Impact Statement

Following a traumatic brain injury, a substantial proportion of service members and veterans (SMVs) have an ongoing need to access a variety of services for improving health/medical problems, cognitive concerns, and overall mental well-being. However, many of these SMVs report that they cannot access the services they need, experience significant barriers for accessing the services they need, or have ongoing service needs for problems that either persist or develop over time. These findings are concerning for all SMVs, but have particular implications for active-duty service members and warfighter readiness. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

<https://doi.org/10.3357/AMHP.6524.2024>

Trends and Factors Associated with Insomnia and Sleep Apnea in U.S. Military Aviators, 2006-2022.

Caldwell, J. A., & Knapik, J. J.

Aerospace Medicine and Human Performance

Online Publication Date: Jan 01, 2025

INTRODUCTION:

Insomnia and sleep apnea (SA) can have adverse effects on operating aircraft. This study examined trends in insomnia and SA incidence rates in U.S. military aviators from 2006–2022 and examined associated demographic and operational factors.

METHODS:

Data on incidence cases of outpatient insomnia and SA, aviator demographics, and operational factors were obtained from the Defense Medical Epidemiological Database, a comprehensive online archive of military medical data. Insomnia and SA cases were identified using specific International Classification of Diseases codes.

RESULTS:

For the entire military aviator population ($N = 331,992 \pm 1649$, mean \pm SD) overall rates of insomnia and SA were 10.2 and 24.9 cases/1000 person-years, respectively. Compared to the entire U.S. military nonaviator population, aviators had lower incidence of insomnia, but higher incidence of SA. Insomnia rates among aviators increased up to 2015 and declined afterwards, while SA rate generally rose over the period. Insomnia and SA rates among aviators increased with age, were higher among those of black and other nonwhite races, were highest among Army personnel (compared to other services) and were highest among helicopter pilots (compared to fixed-wing aircraft pilots). Insomnia rates were similar among male and female aviators, but SA rates were higher among men.

DISCUSSION:

These data indicate that insomnia and SA are prevalent within the military aviation population; however, the incidence of insomnia appears to have fallen as the tempo of military operations has decreased while the incidence of SA continues on an upward trajectory, possibly associated with the growing problem of obesity.

<https://doi.org/10.1037/men0000503>

Resisting the cycle of violence: Impact of childhood abuse and neglect on individual and relationship functioning in early career enlisted air force male service members.

Snyder, D. K., Cigrang, J. A., Balderrama-Durbin, C., Spierling, T. N., Alsaif, H. K., Kidd, K. R., Slep, A. M. S., Heyman, R. E., Lorber, M. F., Eckardt, A. C., Mitnick, D. M., & Waggoner, J. W.

Psychology of Men & Masculinities
Advance online publication

Adverse childhood experiences (ACEs) have been consistently associated with worse physical and mental health outcomes in adulthood (Felitti et al., 1998; Merrick et al., 2019) as well as higher risk for relationship dysfunctions (Khalifian et al., 2022; Wheeler et al., 2019) including intimate partner violence (IPV; Spencer et al., 2022). In the present study of 559 partnered male early career air force service members (252 married and 307 nonmarried), 39% reported having experienced at least one ACE before the age of 18. Both childhood abuse and neglect were significantly correlated with symptoms of depression, anxiety, posttraumatic distress, elevated anger, somatic distress, and alcohol misuse. Couple relationship distress and dysfunctional communication patterns were associated with prior childhood emotional or physical abuse but not with childhood neglect or exposure to parental IPV. Prevalence rates of IPV perpetration or victimization were comparable to those reported by the Centers for Disease Control and Prevention (2023) for the general population. The relative risk ratios of individual or relational dysfunctions in adulthood, given any ACE, ranged from 1.61 to 2.32. These findings are considered for their implications for early identification and intervention with male service members at elevated risk from childhood adversity for a broad spectrum of individual and relationship dysfunctions. (PsychoInfo Database Record (c) 2024 APA, all rights reserved)

Impact Statement

Different types of adverse childhood events (childhood abuse, neglect, or exposure to parental violence) predicted symptoms of mental health distress (e.g., depression, anxiety, posttraumatic stress, or alcohol misuse) and romantic relationship dysfunction (e.g., relationship distress or conflict) for male service members. Findings affirm the importance of screening for antecedent risk factors such as childhood trauma in military settings and developing prevention and intervention programs promoting individual and

relationship health to disrupt the cycle of violence. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1089/jwh.2023.1010>

Incidence and Predictors of Postpartum Depression Diagnoses among Active-Duty U.S. Army Soldiers.

Journal of Women's Health

Published Online: 2 December 2024

Introduction:

Understanding the incidence and predictors of postpartum depression (PPD) among active-duty service members is critical given the importance of this population and its unique stressors.

Methods:

We conducted a retrospective cohort study of all active-duty U.S. Army soldiers with a record of at least one live-birth delivery between January 2012 and December 2013. Multivariate logistic regression models were used to estimate associations between demographic, health-related, and military-specific variables and diagnoses of PPD in the total population (N = 4,178) as well as in a subpopulation without a record of depression before delivery (N = 3,615).

Results:

The overall incidence of PPD diagnoses was 15.9% (N = 664 cases) among the total population and 10.4% (N = 376 cases) among those without prior depression. Statistically significant predictors of PPD in the adjusted model included lower pay grade, a higher number of prior deployments, a higher number of child dependents, tobacco use, and a history of depression or anxiety before or during pregnancy. For soldiers without a history of depression, lower pay grade, and a history of anxiety before or during pregnancy were significantly associated with PPD.

Conclusions:

Knowing the predictors of overall and novel onset PPD diagnoses in this population could help establish clearer guidelines on PPD prevention, screening, management, and return to duty.

<https://doi.org/10.3389/fpubh.2024.1372189>

Animal-assisted interventions for military families: a systematic review.

Frontiers in Public Health
Volume 12 - 2024

Introduction:

The incorporation of animals into interventions focused on military families is a relatively new concept. Though animal-assisted interventions (AAIs) have been studied in the context of military veterans, few studies incorporate members of the military family or focus on the family members' experiences.

Methods:

This systematic review investigates the effects of AAIs on the wellbeing of military family members beyond the veteran themselves through three aims: (1) by describing the characteristics of AAIs for military family members, (2) by evaluating the quality of the methodology present within the current literature, and (3) by identifying key concepts and knowledge gaps within the findings reported to date.

Results:

A total of nine articles met the criteria to be included in the review. Though the inclusion criteria and search terms included all types of animal-assisted interventions, the only interventions represented were service dogs ($n = 4$) and equine-assisted services ($n = 5$).

Discussion:

Findings suggest AAIs could be beneficial in areas such as communication, relational bonds, and psychosocial well-being. Though additional research is necessary, AAIs may be an effective complementary intervention for military families.

<https://doi.org/10.1177/21676968241282785>

Emerging Adults in the Military and College: An Examination of Group Differences in Identity Development, Transdiagnostic Processes, and Attitudes Toward Risk and Suicide.

France, C., & Abraham, K. M.

Emerging Adulthood

2025; 13(1), 18-31

Little is known about how US military members experience emerging adulthood. The present study compared college-aged military members to college students regarding their experiences of emerging adulthood, foreclosed identity, attitudes toward risk, attitudes toward suicide, distress tolerance, and emotion regulation. Correlations between the variables among military members and college students were also examined. Utilizing an online survey, 140 participants (67 military members, 73 college students) who were recruited via Amazon's Mturk completed self-report measures including: Inventory of the Dimensions of Emerging Adulthood; Extended Objective Measure of Ego Identity Status-Revised Version; Attitude Toward Suicide Measure; Attitudes Towards Risk Questionnaire; Distress Tolerance Scale; and Difficulties with Emotion Regulation Scale. Findings are discussed and suggest identity development in military personnel during the college-age years differs from that of college students. Implications of identity development among military members are discussed and warrant further exploration.

<https://doi.org/10.1080/15295192.2024.2416991>

Sources of Variability in Remote Communication Between Deployed Military Fathers and Their Children.

Friedman, S. L., Sigelman, C. K., & Gepty, A. A.

Parenting

Published online: 24 Oct 2024

Objective

The extents to which external barriers to communication, parental stress and intimacy, child psychological adjustment and age together and uniquely are associated with the frequency and quality of remote communication between deployed military fathers and their children were explored. Findings based on data reported by deployed fathers and at-home mothers were also compared.

Design

Survey data were collected from 72 military deployed fathers and their wives/partners about the fathers' communication with their 4- to 17-year-old children. Questions concerned the frequency and relationship quality of father-child remote communication and hypothesized predictors of communication extracted from the parent-child communication literature.

Results

Regression analyses revealed that, as a group, external barriers to communication, parental stress and intimacy, child psychological adjustment and age predicted the quality but not the quantity of father-child remote communication and that lower quality father-child communication as reported by both parents was associated with child externalizing behavior problems. Parental stress was associated with lower father-reported quality of communication, and parental intimacy was associated with higher mother-reported quality of communication. Child older age was associated with father reported lower quality of communication.

Conclusions

The quality of deployed father-child communication is associated with parental and child variables known to be associated with father-child communication when parent and child are in the same location, suggesting that interventions for improving co-located father-child relationships may be adaptable for use when military fathers and children are separated.

<https://doi.org/10.1007/s12207-024-09521-8>

Beliefs about Confidentiality and Attitudes toward Disclosure of Moral Injuries among Military Personnel.

Anthony Nazarov, Callista A. Forchuk, William A. Younger, Rachel A. Plouffe, Cassidy Trahair, Maya L. Roth, Andrea Tuka, Zahra A. Shirazi, Brent D. Davis & J. Don Richardson

Psychological Injury and Law
Volume 17, pages 371–382, (2024)

Military personnel often face situations that challenge their moral beliefs, which, in some instances, leads to moral injury – profound psychological, social, and spiritual

impairments caused by actions or events that violate deeply held moral values. The legal and ethical complexities of these events may cause individuals with moral injury to hesitate in seeking mental health treatment due to fears of confidentiality breaches and the potential legal and career repercussions for disclosing their traumatic experiences. In a hypothetical vignette-based experiment, we investigated the impact of potentially morally injurious events (PMIEs) on the likelihood of mental health treatment-seeking and trauma detail disclosure, compared to conventional posttraumatic stress disorder (PTSD) trauma. Canadian Armed Forces Veterans (n = 335) were presented with vignettes that varied in the type of trauma (PMIE vs. PTSD), military release status of the depicted persona (active vs. released), and the degree of confidentiality assurance during treatment-seeking (fully assured vs. ambiguous). We measured the likelihood of help-seeking, willingness to disclose trauma details, and perceptions of legal and career harm. Participants were less likely to seek help and disclose trauma in PMIE scenarios, especially when still in service and confidentiality was uncertain. PMIEs were also associated with higher perceived legal and career harm. Greater perceptions of legal and career harm severity predicted hesitation to disclose trauma details to mental health professionals. Results demonstrate that perceptions and policies surrounding confidentiality should be re-evaluated to facilitate help-seeking among Veterans and still-serving military personnel, particularly those experiencing moral injury.

<https://doi.org/10.1080/08995605.2024.2398832>

Resiliency among United States Air Force personnel: The direct and interactive influence of cognitive fitness and confidence in social connections.

Harris, K. R., 3rd, Bowen, G. L., & Jensen, T. M.

Military Psychology

Published online: 06 Sep 2024

The United States (U.S.) military has focused on increasing service members' (SM) mental and social fitness to bolster resiliency (successful role performance). The Resiliency Model of Role Performance posits that individual assets and social connections account for SM's differential success in meeting military demands and personal obligations. We used a U.S. Air Force (AF) active-duty dataset to test for a direct, positive relationship between cognitive fitness and both formal and informal social connections, and the impact on successful role performance. We also tested for potential moderating influences of formal and informal social connections on role

performance among SMs with low vs. high cognitive fitness. Data were collected from a non-probability purposive sample of AF SMs and civilians (N = 59,094) who completed the Support and Resiliency Inventory between November 4, 2011 and January 7, 2014. We focused on the married active-duty subsample (n = 29,387). We employed multivariate hierarchical regression analysis across three models to explore the direct and interactive influence of cognitive and social fitness on resiliency. Controlling for military demographic characteristics, we found a positive linear relationship between cognitive fitness and resiliency and between informal and formal support and resiliency. Informal social support moderated the association between cognitive fitness and resiliency, compensating for resiliency among SMs with lower cognitive fitness. Study findings support current military resilience-building initiatives and underline the importance of prioritizing informal social support in U.S. military settings.

<https://doi.org/10.1093/milmed/usae434>

The Transition to Adulthood: A Qualitative Study of Autism Spectrum Disorder From Military and Veteran Parents and Military-Dependent Young Adults.

Pagán, A. F., Montenegro, M. C., Ahlenius, M., Ramirez, A. C., Ortiz, M., Bernal, E., Montiel-Nava, C., Bittner, J., Loveland, K. A., & Acierno, R. E.

Military Medicine

2024 Oct 18: usae434

Introduction

Given the unique experiences of military service members and their families, military-dependent young adults (18–25 years old) with autism spectrum disorder (ASD) and their military or veteran families experience unique barriers to accessing quality mental health care during the transition to adulthood. In fact, developing services to address ASD challenges for military families is a burgeoning area of interest for the department of defense. However, there is a limited knowledge on the specific needs of military families as the young adult's transition outside of high school and lose supports.

Materials and Methods

The present study conducted 3 focus groups with 16 military and veteran parents, and 3 focus groups with 10 military-dependent young adults to evaluate the needs of military-dependent young adults (17–25 years old) with ASD and military/veteran parents with a young adult with ASD.

Results

Parents reported several key topics, including barriers to services (e.g., permanent change of station, recently moving to a state and lacking awareness of the available resources), defining adulthood in terms working in a cohesive family structure, and therapy recommendations for parents and young adults with ASD transitioning to adulthood. Young adults provided key information, including describing experiences with having a parent in the military, difficulty accessing services during the transition to adulthood, and recommendations on therapy for military-dependent young adults with ASD.

Conclusion

Military and veteran families with autistic dependents lack access to important mental-health resources. When developing programs for military families and military-dependent autistic young adults, mental health providers should consider the frequent relocations, lack of access to important transition resources, and common military values. The presence of advocates at military bases should be encouraged to help military families navigate autism services in their local community.

<https://doi.org/10.1016/j.amepre.2024.10.011>

Gun Ownership for Safety/Protection and Unsecured Firearm Storage Practices: Suicide Risk and Prevention Among U.S. Army Servicemembers.

Dempsey, C. L., Benedek, D. M., Spangler, P. T., West, J. C., Bossarte, R. M., Nock, M. K., Zuromski, K. L., Georg, M. W., Ao, J., Haller, K., Probe, D. M., & Ursano, R. J.

American Journal of Preventive Medicine
Volume 68, Issue 2P311-319, February 2025

Introduction

Year 2021 had the highest number firearm suicide deaths in U.S. history, with veterans representing 62.4% of firearm suicide deaths. The study objective is to understand motivations for firearm ownership, storage practices, history of mental health disorders and suicide risk in servicemembers, as reported by family members.

Methods

Data were obtained from a case-control psychological autopsy study of 135 suicide

decedents in the U.S. Army compared to a probability sample of 255 living controls, who are also service members weighted to be representative of the Army. Next-of-kin and Army supervisor informants participated in structured interviews and assessed reasons for firearm ownership, and storage practices. The military medical record provided lifetime mental health history of suicide decedents. A subsample of 123 personal firearm owners (n=31 cases and n=92 living controls) addressed the study objectives. Multivariable logistic regression analyses were constructed to examine predictors of unsecured firearm storage practices.

Results

Family members reported safety/protection as the main reason for suicide decedents' firearm ownership, which was significantly associated with unsecured firearm storage practices (OR=3.8, 95% CI, 1.65, 8.75, $\chi^2=9.88$, $p=0.0017$). Ownership for safety/protection and lifetime history of Generalized Anxiety Disorder (GAD) from the military medical record (OR=3.65, 95% CI, 1.48–9.02, $\chi^2=7.89$ $p=0.0050$) predicted unsecured storage.

Conclusions

Ownership for safety/protection and the presence of clinically significant anxiety predicted unsecured firearm storage practices. Future research examining motivations for gun ownership for safety/protection, anxiety, and unsecured storage practices may help target interventions to prevent suicide.

<https://doi.org/10.1016/j.amepre.2024.10.006>

Factors Associated With Mental Healthcare Utilization Among United States Military Personnel With Posttraumatic Stress Disorder or Depression Symptoms.

Sharifian, N., LeardMann, C. A., Kolaja, C. A., Baccetti, A., Carey, F. R., Castañeda, S. F., Hoge, C. W., Rull, R. P., & Millennium Cohort Study Team

American Journal of Preventive Medicine
Volume 68, Issue 2P289-299 February 2025

Introduction

Although posttraumatic stress disorder (PTSD) and depression are prominent mental health conditions affecting United States service members, only a subset of individuals with these conditions utilize mental healthcare services. Identifying factors associated

with mental healthcare utilization may elucidate military subgroups with unmet mental healthcare needs.

Methods

Cross-sectional survey data from the 2019–2021 Millennium Cohort Study assessment were used to examine correlates of unmet mental healthcare needs among military personnel who screened positive for PTSD or depression symptoms (n=18,420) using modified Poisson regression models. Data analyses for this study were conducted between 2023 and 2024.

Results

Approximately 32%–43% of service members reported receiving any mental health care in the past 12 months. Hispanic and Asian or Pacific Islander personnel and those with certain service characteristics (higher pay grade, recent deployment, experienced discrimination) had a lower likelihood of mental healthcare utilization. Female sex, greater symptom severity, experiencing bullying, and other psychosocial factors were associated with greater likelihood of mental healthcare utilization.

Conclusions

One third of service members with PTSD or depression symptoms reported any mental healthcare use, highlighting the need to identify factors that may impede or delay treatment. Racial and ethnic disparities in treatment utilization persist, as do differences in utilization by military characteristics. Further research and initiatives are necessary to identify potential service-specific or cultural barriers and provide equitable quality and access to needed mental health services within the Military Health System.

<https://doi.org/10.1080/28367472.2024.2399503>

Deployment and combat experiences and their impact on partner substance use.

Kulak, J. A., Fillo, J., Homish, D. L., & Homish, G. G.

Journal of Military Social Work and Behavioral Health Services

Volume 12, 2024 - Issue 2

Despite burgeoning evidence of the negative effects of service experiences on service members' spouses/partners, limited research has examined these effects in the context of substance use. Additionally, a strong literature demonstrates the protective role

relationship satisfaction can play for health-related outcomes. The goal of the present research is to examine relations between service experiences (e.g., deployment, combat exposure) and partner substance use, as well as how relationship satisfaction may buffer these effects. Data from 275 civilian partners were drawn from Operation: SAFETY (Soldiers And Families Excelling Through the Years), a longitudinal study examining health among U.S. Army Reserve/National Guard (USAR/NG) soldiers and partners. Analyses examined relations between soldier service history (baseline) and civilian partner alcohol/drug use (2-year follow-up), as well as interactions with relationship satisfaction. Models controlled for civilian partner sex and age and soldiers' self-reported posttraumatic stress disorder symptoms and substance use. Results revealed interactions between service experiences and partner satisfaction for models predicting alcohol consumption and heavy drinking. Greater relationship satisfaction mitigated overall alcohol consumption and heavy drinking frequency among partners of soldiers with two or more deployments and among partners of soldiers with greater combat exposure. Soldier service experiences were unrelated to civilian partner drug use. The effects of deployment and combat exposure extend beyond the service member to negatively influence civilian partner alcohol consumption and heavy drinking, with relationship satisfaction buffering these risks. Interventions that assist USAR/NG soldiers and spouses in strengthening their relationships may also help protect against spouse substance use related to soldier service experiences.

<https://doi.org/10.1093/milmed/usaf025>

The Association Between Disordered Eating and Musculoskeletal Injury Among Marine Officers Upon Entry to the Basic School.

Exley, L. S. L., Schvey, N. A., Ricker, E., Raiciulescu, S., Barrett, A. S., & de la Motte, S. J.

Military Medicine

Published: 27 January 2025

Introduction

Active duty service members (ADSMs) may be at heightened risk for eating disorders (EDs) and sub-clinical disordered eating (DE). ADSMs are also at a high risk for musculoskeletal injury (MSK-I). Given the risk for EDs/DE among ADSMs as well as robust physical requirements of military training, additional research is needed to elucidate links between DE and risk for MSK-I among ADSMs. The aim of the present

study was to assess the prevalence of DE and associations with MSK-I among Marine Corps officers entering a 6 month leadership course.

Materials and Methods

The current cross-sectional study is part of a large, prospective study, the Initiation of Marine Physiological Assessment of Combat Training (IMPACT) study. Participants completed the Eating Disorder Examination-Questionnaire Short (EDE-QS) and self-reported the presence of a recent (≤ 6 months) MSK-I upon entry to an officer training course. A logistic regression was used to assess the association between elevated DE (EDE-QS ≥ 15) and recent MSK-I, adjusting for age, race, sex, and commissioning source.

Results

N = 1,382 officers (11.6% female, MAge: 24.8 ± 2.9 years, 26.6% racial/ethnic minority) completed the questionnaires. Seven percent had elevated DE (EDE-QS score ≥ 15) (female: 10.6%, male: 6.9%, $P = .10$); 18.3% self-reported recent MSK-I (female: 26.3%, male: 17.3%; $P = .009$). Females had 17% greater odds of MSK-I compared to males (aOR: 1.17, 95% CI: 1.03-1.33, $P = .02$). Moreover, females with elevated DE had greater odds of MSK-I than males with elevated DE (aOR= 1.38); among females, odds of MSK-I were greatest among those with elevated DE (aOR= 1.35).

Conclusions

In this sample of Marine officers, DE was associated with greater odds of a recent MSK-I among women only. Results align with previously reported relationships between DE and skeletal health in female athletes. Prospective research is needed to elucidate the temporal nature of these relationships.

<https://doi.org/10.1007/s11920-024-01581-6>

Technology in the Trenches: The Impact of evolving technologies on Combat Mental Health.

Shore, J. H., Synyahovskyy, V., Hukovskyy, O., Korostiy, V., McVeigh, F., & Poropatich, R.

Current Psychiatry Reports

Volume 27, pages 127–133, (2025)

Purpose of Review

Medicine and specifically mental health have been affected by emerging technologies advancing mental health treatment while at the same time bringing new challenges and stressors to the battlefield, military systems, and the warfighter.

Recent Findings

This article reviews the evolving positive and negative impacts of technology on combat mental health and treatment. A history of technology and military mental health concerns and services is followed by an overview of present benefits and risks. The conflict in Ukraine, the Russo-Ukraine War, is used to illustrate the current state-of-affairs with examples of the use, deployment, and consequence of technology on battlefield mental health.

Summary

Models need to be developed that assess specific battlefield environments and then selected and appropriately paired with available resources, technology, infrastructure, and workforce for mental health services at the individual and systems level, while understanding the impact of the changing battlefield on mental health.

<https://doi.org/10.1016/j.amepre.2025.01.013>

Lethal Means among Veterans with Recent Experience of Housing Instability by Age.

Ann Elizabeth Montgomery, Aerin J. DeRussy, Gala True, John R. Blosnich

American Journal of Preventive Medicine

Available online 28 January 2025

Introduction

U.S. military Veterans have a greater rate of suicide than the general U.S. population; the U.S. Department of Veterans Affairs (VA) has designated suicide prevention as a top clinical priority. Veterans experiencing housing instability have especially high rates of suicide, but details about their suicide mortality that may direct intervention efforts, such as age-specific effects and prevalence of types of lethal means, are underexamined.

Methods

The cohort for this cross-sectional study comprised 662,682 Veterans with an incident indicator of housing instability in their VA Electronic Health Record ascertained during 1/1/2014–12/31/2018. Housing instability was defined using data from both the Corporate Data Warehouse and the Homeless Management Information System. VA's Mortality Data Repository, which uses National Death Index data, provided date and International Classification of Diseases (ICD)-10...

Among the study cohort, 2,078 (0.31%) died by suicide during the observation period; the highest rate was among Veterans aged 35-44 (131 suicides/100,000 person-years) and the lowest was among Veterans aged 54-65 (62 suicides/100,000 person-years). While death by firearm was the most prevalent lethal means overall, the proportion of Veterans who used this method varied by age ($p < .001$): 67.1% of the sample who were older than 65 and died by suicide used firearms, compared with 49.3% of those...

Discussion

To the authors' knowledge, this is the first report on the epidemiology of suicide deaths among Veterans with experience of housing instability at the intersection of age and lethal means. Access to lethal means, particularly firearms, is a major moderator of suicide death in the U.S.: in 2021, 72.2% of suicides among Veterans involved a firearm. In the present study, most suicide deaths did involve a firearm; however, the prevalence was lower than among the general VA population (e.g., in...

Limitations

Several limitations should be noted. The data presented here represent Veterans engaged in VA services and may not be generalizable to all Veterans. Unhoused decedents may have few informants to provide information to investigators who gather data about violent deaths, which may contribute to suicide misclassification and undercounting.

Conclusions

Future efforts should focus on making free secure firearm storage devices available along with lethal means counseling.

Links of Interest

Preventing and managing a suicide crisis

<https://news.va.gov/137693/preventing-and-managing-a-suicide-crisis/>

AI model better at foreseeing soldier suicide attempts than Army health evaluation, study says

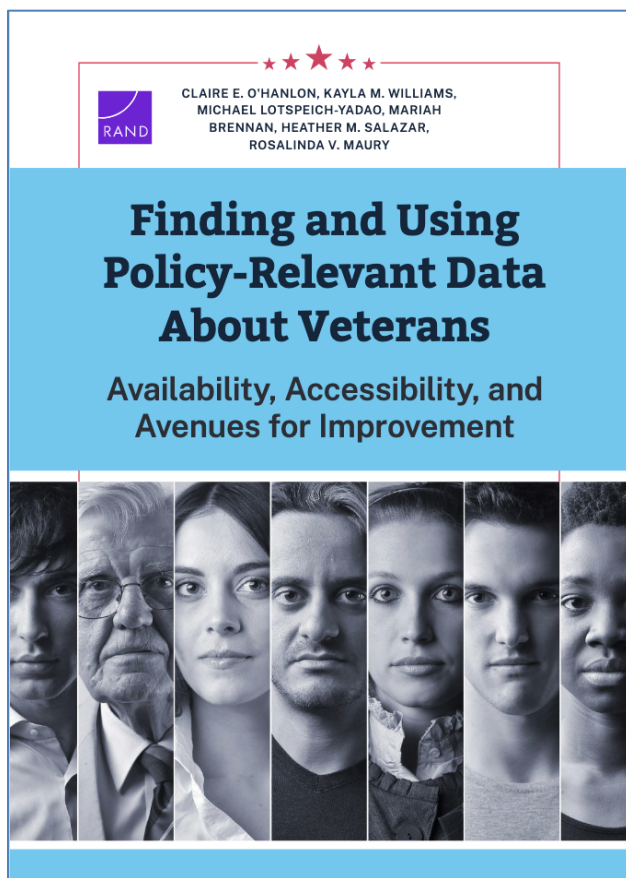
<https://www.stripes.com/branches/army/2025-01-27/army-suicide-study-16615216.html>

Resource of the Week: [Finding and Using Policy-Relevant Data About Veterans](#)

New, from the RAND Corporation:

This report offers a useful guide to existing veteran data sources for users of veteran data, including veteran-serving nonprofit organizations, lawmakers and congressional staffers, government officials, journalists, and researchers. The information presented here will help these users understand (1) how elements of veteran status and identity are defined in different data sources and (2) what kinds of data sources are available that could be used to answer policy-relevant questions about veterans.

The information and analyses in this report are drawn from an environmental scan of the various sources of data about veterans and focus group discussions with veteran data stakeholder groups.



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