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Uniformed Services University

Research Update -- March 6, 2025

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Suicide Risk Evaluations and Suicide in the Veterans Health Administration.

Saulnier, K. G., Bagge, C. L., Ganoczy, D., Bahraini, N. H., Jagusch, J., Hosanagar, A., Ilgen, M. A., & Pfeiffer, P. N.

JAMA Network Open
February 25, 2025

Key Points
Question
Which elements of the nationally standardized Veterans Health Administration (VHA) Comprehensive Suicide Risk Evaluation (CSRE) are associated with subsequent suicide?

Findings
In this cohort study, of the 269 374 CSREs completed by 153 736 VHA patients, suicidal ideation, firearm access, and preparatory behaviors were associated with acute (within 30 days) and chronic (within 365 days) suicide risk. In adjusted models, no protective factors (eg, hope, social support) in the CSRE were associated with acute or chronic suicide risk.

Meaning
Findings suggest that VHA clinicians would benefit from a particular focus on a subset of CSRE responses, and that developing risk prediction algorithms may enhance clinical evaluations of suicide risk.

Abstract

Importance

The Veterans Health Administration (VHA) implemented the Comprehensive Suicide Risk Evaluation (CSRE) in 2019 to standardize suicide risk assessment across the health care system. Identifying CSRE responses associated with suicide could inform risk management and prevent suicide.

Objective

To identify CSRE responses associated with subsequent suicide.

Design, Setting, and Participants

This cohort study examines acute (within 30 days) and chronic (within 365 days) suicide risk after 269 374 CSREs were administered. Participants included US VHA patients undergoing CSRE evaluation between November 1, 2019, and December 31, 2020. Data collection and analysis were performed from April 5 to August 20, 2024.

Exposures

CSRE responses, including suicidal ideation, behaviors, warning signs, risk factors, and protective factors.

Main Outcome and Measure

Suicide per death certificate data from the Department of Veterans Affairs and Department of Defense Mortality Data Repository. Outcomes were analyzed using multivariable Cox proportional hazards regression.

Results

A total of 153 736 patients with 269 374 valid CSREs (86.26% male; mean [SD] age, 50.48 [15.26] years) were included in the multivariable-adjusted analyses of suicide. Suicidal ideation (hazard ratio [HR], 3.14; 95% CI, 1.51-6.54), firearm access (HR, 2.62; 95% CI, 1.49-4.61), making preparations for a suicide attempt (HR, 2.15; 95% CI, 1.27-3.62), seeking access to lethal means (HR, 2.04; 95% CI, 1.11-3.75), anxiety (HR, 1.80; 95% CI, 1.16-2.81), and psychiatric hospitalization history (HR, 1.63; 95% CI, 1.02-2.61) were associated with increased suicide risk within 30 days, whereas anger (HR, 0.50; 95% CI, 0.30-0.85) was associated with decreased risk. Suicidal ideation (HR, 1.63; 95% CI, 1.20-2.21), firearm access (HR, 1.55; 95% CI, 1.13-2.13), making preparations for a suicide attempt (HR, 1.56; 95% CI, 1.09-2.23), reckless behaviors (HR, 1.40; 95% CI, 1.00-1.95), and history of psychiatric hospitalization (HR, 1.68; 95% CI, 1.32-2.13) were associated with increased suicide risk within 365 days, whereas anger (HR, 0.56; 95% CI, 0.44-0.71), preexisting risk factors (eg, trauma;

HR, 0.77; 95% CI, 0.62-0.96), and recent transition from the military (HR, 0.39; 95% CI, 0.22-0.70) were associated with decreased risk in multivariable-adjusted analyses. Suicide risk within 365 days was elevated among patients identified by clinicians to be at intermediate acute risk (HR, 1.39; 95% CI, 1.13-1.71), intermediate chronic risk (HR, 1.34; 95% CI, 1.01-1.77), and high chronic risk (HR, 1.74; 95% CI, 1.22-2.47) of suicide compared with patients at low risk in multivariable-adjusted analyses.

Conclusions and Relevance
In this cohort study of suicide following risk assessments, findings suggest that only a few constructs are associated with subsequent suicide, particularly suicidal ideation, firearm access, and preparatory behaviors. Developing risk prediction algorithms including CSRE responses may enhance clinical evaluation.

See also: Suicide Risk Detection and Prevention—How the VHA Can Advance the Evidence (Invited Commentary)

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Army spouses' mental health treatment engagement: The role of barriers to care.

Jessica R. Dodge, Kathrine S. Sullivan, Whitney Wortham, Katie Nugent, Carl A. Castro, and Lyndon A. Riviere

Journal of Military, Veteran and Family Health
Volume 10, Number 5

Introduction:
Military spouses are exposed to unique stressors that could put them at greater risk for developing mental health issues requiring mental health services. This study examines the impact of barriers to mental health care on army spouses' treatment engagement, controlling for socio-demographic variables and mental health symptoms.

Methods:
This study is a secondary analysis of survey data collected in 2012 from 327 U.S. Army spouses from a previously deployed army unit.

Results:
Factor analysis of a barriers-to-care scale revealed four sub-scales: 1) perceived

stigma, 2) practical barriers to care, 3) self-management, and 4) attitudes toward care. Using multivariable logistic regression, among army spouses with at least mild mental health symptoms, being employed full- or part-time (OR = 0.13, 95% CI, 0.02–0.82), having at least one child (OR = 0.09, 95% CI, 0.01–0.61), and endorsing psychological barriers to care (OR = 0.82, 95% CI, 0.72–0.95) were associated with lower likelihood of using mental health services, while reporting more practical barriers (OR = 2.06, 95% CI, 1.36–3.14) was associated with a greater likelihood.

Discussion:
Preliminary results show army spouses experiencing at least mild mental health symptoms may struggle to get care if they have at least one child or if they are employed full- or part-time. Those who report more stigma about mental health care may be less likely to seek care. The counterintuitive association between practical barriers, such as difficulty with scheduling an appointment, and being in treatment, may reflect that those in care are more likely to experience these issues.

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The Application of Trauma-Informed Care to Health Care for Military-Connected Individuals.

Binny Chokshi, MD, MEd, Meaghan Wido, MD, Sarah Prabhakar, MPH , Elizabeth Hisle-Gorman, PhD

MedEd Portal (Association of American Medical Colleges)
November 5, 2024

Introduction:
Military families face unique stressors beyond civilian life, such as deployments, frequent relocations, and the potential for combat, all of which can significantly impact well-being. A trauma-informed care (TIC) approach to military medicine is paramount; however, a critical gap exists, with no published curricula to guide practitioners in employing TIC in the care of military-connected individuals.

Methods:
We delivered a 50-minute interactive and virtual session to second-year medical students at the Uniformed Services University (USU) that reviewed the neurobiology of adversity and the relevance of TIC in caring for military-connected populations.

Participants completed a 14-question pre- and posttest on perceived knowledge, attitudes, practice, and confidence, as well as posttest questions evaluating session quality. The USU Institutional Review Board approved this evaluation.

Results:
One hundred sixty medical students participated in the session, with 78 matched pre- and posttest responses. We observed a statistically significant pre-post improvement ($p \leq .05$) in all category scores, with the largest changes in knowledge (1.33) and confidence (1.33). On a 5-point Likert scale, with 5 being best, mean scores for overall quality of the session and relevance of the material to participants' learning and future practice were 3.95 and 4.20, respectively.

Discussion:
By equipping health care providers with knowledge and confidence to apply TIC in military medicine, we can improve the well-being of service members and their families across both military and civilian health care settings. Broader implementation of this program has potential to improve patient outcomes and overall health care delivery for this population.

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Happiness in US military veterans: Results from a nationally representative study.

Hun Kang, Ian C. Fischer, Peter J. Na, Robert H. Pietrzak

PLoS ONE
19(12): e0313609

In line with the US Department of Veterans Affairs' adoption of a Whole Health approach to healthcare, there has been growing interest in factors linked to veterans' perceptions of well-being. To date, no known study has examined levels and correlates of perceived happiness in this population. To examine this question, we analyzed data from the National Health and Resilience in Veterans Study, which surveyed a nationally representative sample of 4,069 US military veterans. Overall, veterans reported mean happiness scores of 5.41 out of 7. Greater purpose in life was the strongest correlate of happiness, followed by lower severity of depressive symptoms, and higher optimism, emotional stability, and resilience. Among veterans who screened positive for depression, those who scored higher on measures of optimism, emotional stability, and

resilience reported greater happiness. Interventions to leverage these modifiable psychosocial characteristics may help promote happiness and subjective well-being in this population.

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Rethinking stigma: Prejudicial beliefs impact psychiatric treatment in U.S. soldiers.

Aikins, D. E., Wargo Aikins, J., Consolino, T., Geraci, J. C., & Morrissey, P.

Psychological Services
Advance online publication

Two thirds of military personnel diagnosed with posttraumatic stress disorder (PTSD) do not engage in treatment. We examined the degree that prejudicial beliefs about people with PTSD negatively affected psychiatric medication acceptance. Public stigma is best defined as negative stereotypes regarding individuals being judged as inferior or weak for having PTSD. In comparison, self-stigma includes internalized negative prejudices about illness control and stability. An important preliminary stage in developing self-stigma is first developing prejudicial beliefs about those with an illness. Active duty soldiers on a U.S. Army post completed surveys of prejudicial beliefs, public stigma, negative beliefs about psychiatric medications, and PTSD symptoms. Soldiers' Post Deployment Health Reassessment and medical records were accessed to determine the relation between their survey answers and responses to a later offer of psychiatric medication. Importantly, increased prejudicial beliefs (but not public stigma) that oneself is to blame for having PTSD were associated with a reduced likelihood of accepting psychiatric medication. Increased age was also associated with increased likelihood of accepting medication. Antistigma efforts to date may have limited effectiveness by targeting public-stigma rather than self-stigma prejudicial beliefs about personal responsibility in the development of PTSD. The relevance of this finding is vital to developing public health campaigns that maximize treatment acceptance. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

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The Military and the Family as Greedy Institutions: Then and Now.

Segal, M. W.

Armed Forces & Society
2025; 51(2), 501-506

In response to a request for this 50th anniversary issue of Armed Forces & Society, I was one of the 10 fortunate authors (and their co-authors) whose work was chosen for a commentary about their original article. Mine was “The Military and the Family as Greedy Institutions.” In this new paper, I describe aspects of my career and the research opportunities that enabled me to develop my ideas. I include the importance of mentors and colleagues and I stress that my work built on that of others. I learned much from my students and I cherish their achievements and continuing contributions to advancing our knowledge in this field.

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Emotional Processing Following Digital Cognitive Behavioral Therapy for Insomnia in People With Depressive Symptoms: A Randomized Clinical Trial.

Tamm, S., Tse, K. Y. K., Hellier, J., Saunders, K. E. A., Harmer, C. J., Espie, C. A., Reid, M., & Kyle, S. D.

JAMA Network Open
February 27, 2025

Key Points
Question
Does cognitive behavioral therapy for insomnia modify the perception of emotional facial expressions in people with clinically significant depressive symptoms?

Findings
In a randomized clinical trial that included 205 people, cognitive behavioral therapy for insomnia did not significantly change the perception of happy or sad facial expressions

following treatment. However, large improvements in insomnia and depression symptoms occurred.

Meaning
The findings of this trial suggest that emotion processing bias indexed by perception of facial expressions may not be an important explanatory factor in the antidepressant effects of cognitive behavioral therapy for insomnia.

Abstract
Importance
Cognitive behavioral therapy for insomnia (CBT-I) has been shown to reduce depressive symptoms, but the underlying mechanisms are not well understood and warrant further examination.

Objective
To investigate whether CBT-I modifies negative bias in the perception of emotional facial expressions and whether such changes mediate improvement in depressive symptoms.

Design, Setting, and Participants
A randomized clinical trial of digital CBT-I vs sleep hygiene education was conducted. Adults living in the UK who met diagnostic criteria for insomnia disorder and Patient Health Questionnaire-9 criteria (score ≥10) for depression were recruited online from the community and randomly assigned to either a 6-session digital CBT-I program or a sleep hygiene webpage. Participant recruitment took place between April 26, 2021, and January 24, 2022, and outcomes were assessed at 5 and 10 weeks post randomization. Data analysis was performed from December 1, 2022, to March 1, 2023.

Main Outcomes and Measures
Coprimary outcomes were recognition accuracy (percentage) of happy and sad facial expressions at 10 weeks assessed with the facial expression recognition task. Secondary outcomes were self-reported measures of insomnia, depressive symptoms, affect, emotional regulation difficulties, worry, perseverative thinking, midpoint of sleep, social jet lag, and the categorization of and recognition memory for emotional words. Intention-to-treat analysis was used.

Results
A total of 205 participants were randomly assigned to CBT-I (n = 101) or sleep hygiene education (n = 104). The sample had a mean (SD) age of 49.3 (10.1) years and was predominately female (165 [80.8%]). Retention was 85.7% (n = 175). At 10 weeks, the

estimated adjusted mean difference for recognition accuracy was 3.01 (97.5% CI, −1.67 to 7.69; P = .15; Cohen d = 0.24) for happy facial expressions and −0.54 (97.5% CI, −3.92 to 2.84; P = .72; Cohen d = −0.05) for sad facial expressions. At 10 weeks, CBT-I compared with control decreased insomnia severity (adjusted difference, −4.27; 95% CI, −5.67 to −2.87), depressive symptoms (adjusted difference, −3.91; 95% CI, −5.20 to −2.62), negative affect (adjusted difference, −2.75; 95% CI, −4.58 to −0.92), emotional regulation difficulties (adjusted difference, −5.96; 95% CI, −10.61 to −1.31), worry (adjusted difference, −8.07; 95% CI, −11.81 to −4.33), and perseverative thinking (adjusted difference, −4.21; 95% CI, −7.03 to −1.39) and increased positive affect (adjusted difference, 4.99; 95% CI, 3.13-6.85). Improvement in negative affect, emotional regulation difficulties, and worry at week 5 mediated the effect of CBT-I on depression severity at 10 weeks (% mediated: 21.9% Emotion regulation difficulties; 24.4% Worry; and 29.7% Negative affect). No serious adverse events were reported to the trial team.

Conclusions and Relevance
This randomized clinical trial did not find evidence that CBT-I engenders change in the perception of facial expressions at post treatment, despite improvements in insomnia and depressive symptoms. Early change in negative affect, emotional regulation difficulties, and worry mediated lagged depression outcomes and deserve further empirical scrutiny.

Trial Registration
isrctn.org Identifier: ISRCTN17117237

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Acute Alcohol Use and Suicide.

Minkyung Yim, MA; Hayoung Kim, BA; Gyumyoung Kim, BA; Ji-Won Hur, PhD

JAMA Network Open
February 24, 2025

Key Points
Question How is acute alcohol use (AAU) before suicide associated with the choice of suicide method?

Findings In this cross-sectional study of 55 226 suicide deaths in South Korea from 2013 to 2020, AAU was associated with gas poisoning, followed by drug and pesticide poisoning. In older adults, AAU was associated with less lethal methods.

Meaning The finding that AAU was associated with gas poisoning, which requires lengthy preparation, suggests the possibility of intentional alcohol use to facilitate suicide and warrants further investigation.

Abstract

Importance While acute alcohol use (AAU) is known to increase the risk of suicide significantly, the underlying mechanisms of this association are still understudied.

Objective To examine the association between AAU and the risk factors for suicide, focusing on the association between AAU and choice of suicide methods.

Design, Setting, and Participants This cross-sectional study included data from the Korean National Investigations of Suicide Victims Study (KNIGHTS). The KNIGHTS dataset comprises nationally representative data encompassing nearly all suicide deaths in South Korea from January 1, 2013, to December 31, 2020. The study was analyzed from November 2 to 10, 2023.

Main Outcomes and Measures The main outcome was whether decedents who died by suicide had consumed alcohol before their death. Trained investigators conducted psychological autopsies by reviewing police reports of suicide deaths. Whether the decedent who died by suicide had consumed alcohol before death was determined from 3 sources: (1) confirmation by informants, (2) autopsy reports indicating a positive blood alcohol concentration, and (3) observations from police officers. Demographic characteristics, premortem psychiatric symptoms, and suicide characteristics, including method of suicide and presumed reasons for suicide, were examined. Hierarchical logistic regression models were used to examine the association between the contributing factors and AAU.

Results This study included 55 226 decedents who died by suicide (65.5% male), of whom 21 998 (39.8%) were under the influence of alcohol at the time of death. AAU was associated with being male (odds ratio [OR], 1.37 [95% CI, 1.31-1.44]); being middle aged (eg, from age 30 to 39 years: OR, 1.20 [95% CI, 1.06-1.35]); and having alcohol use disorder symptoms (OR, 13.28 [95% CI, 12.38-14.24]). Among suicide methods, gas, drug, and pesticide poisoning showed a positive association with AAU, with gas poisoning showing the highest OR (OR, 1.88 [95% CI, 1.61-2.20]). An interaction was found between age and suicide method, with older adults (eg, aged 80

years or older) having higher odds of AAU when using methods such as drug (OR, 6.28 [95% CI, 3.53-11.17]), pesticide (OR, 6.56 [95% CI, 3.86-11.13]), and gas (OR, 2.48 [95% CI, 1.52-4.04]) poisoning.

Conclusions and Relevance
The findings of this cross-sectional study suggest that AAU was associated with gas poisoning, as indicated by the ORs. Given that charcoal burning involves substantial preparation time, alcohol may have been deliberately used to facilitate planned suicide attempts. Furthermore, the deaths of older adults who consumed alcohol prior to suicide, even when using less lethal methods, highlight the critical need for monitoring and effectively managing alcohol use within this population.

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Brain Function Outcomes of Recent and Lifetime Cannabis Use.

Gowin, J. L., Ellingson, J. M., Karoly, H. C., Manza, P., Ross, J. M., Sloan, M. E., Tanabe, J. L., & Volkow, N. D.

JAMA Network Open
January 28, 2025

Key Points
Question
Are recent cannabis use and lifetime cannabis use associated with differences in brain function during cognitive tasks?

Findings
In this cross-sectional study of 1003 young adults, heavy lifetime cannabis use was associated with lower brain activation during a working memory task; this association remained after removing individuals with recent cannabis use. These results were not explained by differences in demographic variables, age at first cannabis use, alcohol use, or nicotine use.

Meaning
These findings suggest that cannabis use is associated with short- and long-term brain function outcomes, especially during working memory tasks.

Abstract

Importance

Cannabis use has increased globally, but its effects on brain function are not fully known, highlighting the need to better determine recent and long-term brain activation outcomes of cannabis use.

Objective

To examine the association of lifetime history of heavy cannabis use and recent cannabis use with brain activation across a range of brain functions in a large sample of young adults in the US.

Design, Setting, and Participants

This cross-sectional study used data (2017 release) from the Human Connectome Project (collected between August 2012 and 2015). Young adults (aged 22-36 years) with magnetic resonance imaging (MRI), urine toxicology, and cannabis use data were included in the analysis. Data were analyzed from January 31 to July 30, 2024.

Exposures

History of heavy cannabis use was assessed using the Semi-Structured Assessment for the Genetics of Alcoholism, with variables for lifetime history and diagnosis of cannabis dependence. Individuals were grouped as heavy lifetime cannabis users if they had greater than 1000 uses, as moderate users if they had 10 to 999 uses, and as nonusers if they had fewer than 10 uses. Participants provided urine samples on the day of scanning to assess recent use. Diagnosis of cannabis dependence (per Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition criteria) was also included.

Main Outcomes and Measures

Brain activation was assessed during each of the 7 tasks administered during the functional MRI session (working memory, reward, emotion, language, motor, relational assessment, and theory of mind). Mean activation from regions associated with the primary contrast for each task was used. The primary analysis was a linear mixed-effects regression model (one model per task) examining the association of lifetime cannabis and recent cannabis use on the mean brain activation value.

Results

The sample comprised 1003 adults (mean [SD] age, 28.7 [3.7] years; 470 men [46.9%] and 533 women [53.1%]). A total of 63 participants were Asian (6.3%), 137 were Black (13.7%), and 762 were White (76.0%). For lifetime history criteria, 88 participants (8.8%) were classified as heavy cannabis users, 179 (17.8%) as moderate users, and 736 (73.4%) as nonusers. Heavy lifetime use (Cohen d = −0.28 [95% CI, −0.50 to

−0.06]; false discovery rate corrected P = .02) was associated with lower activation on the working memory task. Regions associated with a history of heavy use included the anterior insula, medial prefrontal cortex, and dorsolateral prefrontal cortex. Recent cannabis use was associated with poorer performance and lower brain activation in the working memory and motor tasks, but the associations between recent use and brain activation did not survive false discovery rate correction. No other tasks were associated with lifetime history of heavy use, recent use, or dependence diagnosis.

Conclusions and Relevance
In this study of young adults, lifetime history of heavy cannabis use was associated with lower brain activation during a working memory task. These findings identify negative outcomes associated with heavy lifetime cannabis use and working memory in healthy young adults that may be long lasting.

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https://doi.org/10.1177/0095327X251316266

Sexual Misconduct in the Military: The Impact of Situational Factors on Bystander Intervention Strategies.

Rubenfeld, S., LeBlanc, M. M., Messervey, D. L., Howell, G. T., & Houle, S. S.

Armed Forces & Society
First published online February 28, 2025

Intervening is frequently encouraged to prevent or respond to sexual misconduct. However, due to the characteristics of military organizations (e.g., hierarchical structure), intervening may be challenging in military contexts. The aim of this study is to examine situational factors present in militaries (e.g., bystander's rank relative to the perpetrator's) that may impact the use of direct or indirect intervention strategies. A sample of Canadian Armed Forces members completed a scenario-based experiment. The results revealed that rank of the bystander, gender of the target, and severity of the situation impacted the use of direct intervention strategies, and the bystander's rank relative to the perpetrator's, gender of the target, and severity of the situation impacted the use of indirect intervention strategies. These findings highlight where direct and indirect interventions are unlikely to occur and situations that warrant greater focus in training programs and in communications from leadership.

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https://doi.org/10.3390/ijerph22020246

The Interaction Between Alcohol Misuse and Belongingness on Suicidal Ideation Among Military Personnel.

García-Ramírez, G., Shamblen, S. R., Kaner, E., & Moore, R. S.

International Journal of Environmental Research and Public Health
2025; 22(2): 246

Previous research suggests a high prevalence of suicidal ideation among military personnel. Suicidal ideation is associated with suicide attempts and death. This study focused on the association between belongingness—a component of the Interpersonal Psychological Theory of Suicide—and alcohol misuse on suicidal ideation among the different categories of military branch and military service status. Using the Military Suicide Research Consortium Common Data Elements database (N = 2516), we conducted linear regression analyses to examine the moderating effect of belongingness and alcohol misuse on the association between military branch and military service status (i.e., Active Duty) on suicidal ideation. Results showed a negative significant association between belongingness and suicidal ideation, and a positive significant association between alcohol and suicidal ideation. The results indicated that alcohol misuse moderated the association between military branch and suicidal ideation, but did not moderate the association between military service status and suicidal ideation. Additionally, the results indicated that belongingness moderated the association between military branch and suicidal ideation and the association between military service status and suicidal ideation. The results highlight the differences across military branches and military service statuses and suggest the importance of developing tailored suicide prevention programs to address the specific needs of each military subpopulation.

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https://doi.org/10.1002/jclp.23778

Using Mindfulness to Manage Moral Injury in Veterans: Feasibility and Satisfaction of a Pilot Randomized Controlled Trial.

Kelley, M. L., Bravo, A. J., Burgin, E. E., Gaylord, S. A., Vinci, C., Strowger, M., Gabelmann, J. M., & Currier, J. M.

Journal of Clinical Psychology
First published: 27 February 2025

Objective
The present study assessed program feasibility and satisfaction among recent-era veterans who participated in Mindfulness to Manage Moral Injury (MMMI), a live facilitated web-based 7-week mindfulness-based program targeting moral injury among veterans.

Method
In total, 56 post-9/11 veterans were recruited with 28 randomized to the MMMI condition and 28 to the Education and Support (ES) condition. Most participants identified as being White (71.4%), male (66.1%), and had a reported mean age of 41.50 years (Median = 39.50, SD = 9.26).

Results
Among the 56 participants, 82.1% attended at least one treatment session and 44.6% completed all seven sessions. There were no significant differences in the average number of sessions attended between the MMMI ($M = 4.79$, $SD = 2.70$) and the ES ($M = 4.68$, $SD = 2.84$) conditions, $t(54) = 0.145$, $p = 0.87$. Regarding randomization, there were no statistically significant differences on almost all demographic (i.e., years in military, gender, ethnicity) characteristics and baseline scores on all outcomes across treatment conditions, thus ensuring randomization was adequately met. Of the 56 who consented, 41 (73.21%) completed most study components (i.e., completed baseline and follow-up surveys, at least 1 weekly survey, and attended at least one treatment session). Regarding treatment satisfaction, individuals in the MMMI condition reported higher treatment satisfaction (Cohen's $d = 0.66$).

Conclusions
Preliminary findings suggest MMMI is feasible and acceptable and may be able to reach veterans who may not seek traditional Veterans Affairs Medical Center care or who prefer a web-based program. Given its promise for the treatment of moral injury among veterans, MMMI warrants additional large-scale clinical-trial testing.

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https://doi.org/10.1097/ADM.0000000000001462

Stigmatizing Language in Substance Use-related International Classification of Diseases Codes.

Chhabra, N., Hu, H., Feinstein, R. T., & Karnik, N. S.

Journal of Addiction Medicine
March 3, 2025

Objectives:
Healthcare-associated stigma is a critical barrier for treatment engagement for patients with substance use disorders. Although there are efforts to combat stigmatizing language in clinical documentation, little is known about the presence of substance use-related stigmatizing language in structured diagnosis codes ubiquitous in clinical medicine.

Methods:
We examined the presence of substance use-related stigmatizing terms contained within the International Classification of Diseases, 10th revision, clinical modification (ICD-10-CM) diagnosis code descriptions. Stigmatizing terms were compiled from guidelines authored by the National Institute on Drug Abuse, while ICD-10-CM codes were obtained from the United States Centers for Disease Control and Prevention.

Results:
We evaluated 74,259 ICD-10-CM code descriptions and identified 173 substance use-related codes with stigmatizing language. The stigmatizing terms detected were “abuse” (157 code descriptions), “alcoholic” (16), and “drug abuser” (2). The term “abuse” was used in relation to multiple substances including alcohol, opioids, cannabis, sedatives, hypnotics and anxiolytics, cocaine, stimulants, hallucinogens, inhalants, other psychoactive substances, tobacco, and other medicinal products.

Conclusions:
Stigmatizing language is used in multiple ICD-10-CM code descriptions. Subsequent iterations should bring ICD-10-CM code descriptions in line with current recommendations for destigmatized descriptors to avoid the perpetuation of stigma in healthcare.

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https://doi.org/10.1177/08862605241265425

Moral Injury and Its Consequences Among Combat Veterans: Preliminary Findings on the Role of Moral Judgment.

Faigenbloom, D., Zerach, G., & Levi-Belz, Y.

Journal of Interpersonal Violence
2025; 40(7-8), 1847-1864

Exposure to potentially morally injurious events (PMIEs) among combat veterans has been acknowledged as a significant stressful combat event that may lead to various mental health problems, including depression and moral injury (MI), outcomes of shame and guilt. Recent studies have examined both risk and protective factors that can contribute to PMIEs and their consequences. However, while the general level of one's moral judgment is a logical contributor to moral injuries, it has yet to be examined empirically. In the current study, we examined the unique impact of moral judgment levels on the experience of PMIEs among combat veterans. We also examined the moderating role of moral judgment in the relationship between PMIEs and MI outcomes and depressive symptoms. A volunteer sample of 70 male Israeli combat veterans completed self-report questionnaires and a moral judgment task in a cross-sectional design study. Our findings indicate that moral judgment contributed to higher levels of perceiving others' actions as transgressive (PMIE-Other), above and beyond combat exposure. Moreover, we found that moral judgment has a moderating role in the link between PMIEs and their negative outcomes: Among veterans with higher levels of moral judgment, the association between PMIEs and their expressions was stronger than for those with lower levels of moral judgment. Our finding highlights the unique contribution of moral judgment level to PMIEs and their mental health consequences. It can be cautiously suggested that moral judgment should be viewed as a pre-recruitment risk factor that can help identify those at greater risk for mental health problems following exposure to PMIEs.

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Caring for the Military-Connected Student.

Wilmoth, M. C., & Knight, M. E.

NASN School Nurse
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Children who have a parent that serves or who has served in one of the uniformed services live in nearly every zip code across the United States. These children and youth experience unique stressors related to their parents' service that can impact their performance and behavior at school. School nurses in partnership with school staff can lead the provision of a holistic approach in helping these students cope with a parent's service, especially during times the parent is away from the home for a prolonged period of time, following injury or a more tragic event.

Links of Interest

Research at CDP: Introducing the Sleep Ed-MC Study
https://deploymentpsych.org/blog/research-cdp-introducing-sleep-ed-mc-study

Disabled vets continue to struggle finding post-military employment
https://www.militarytimes.com/veterans/2025/02/27/disabled-vets-continue-to-struggle-finding-post-military-employment/

5 ways to manage moral injury, when our values clash with our actions
https://wapo.st/41vSvpw

Resource of the Week: CDP's Certificate Program in Military Mental Health

From the Center for Deployment Psychology:

> This free program consists of nine (9) asynchronous training modules and 19.5 total credits. The Certificate Program is designed to increase behavioral health providers' knowledge about military culture as well as provide information on assessment and treatment of disorders common among service members, veterans and their families. Registration, post-test, and post-training evaluation are accessible via SurveyMonkey.
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> Providers will receive CE credit for completion of each of the modules. Once all nine courses have been completed, providers will receive a certificate from the Uniformed Services University of the Health Sciences (USU).

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