

CDP



Research Update -- March 20, 2025

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<https://doi.org/10.1016/j.amepre.2024.12.004>

Association of Psychological Problems for Which Help Was Sought With Physical Illness.

Safak Caglayan, Anne Høye, Ole A. Andreassen, Ole K. Grønli

American Journal of Preventive Medicine
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Introduction

Persons with mental disorders are at increased risk for physical illness. Individuals who seek help for psychological problems might benefit from timely support and interventional approaches. This study aimed to explore the associations between psychological problems for which help was sought and physical illness.

Methods

The 7th survey of the Tromsø Study, which included 21,083 participants aged ≥ 40 years, was used in the study. The main exposure was psychological problems for which help was sought. Main outcomes were lifetime prevalence and time to onset of physical illness. Associations between psychological problems and physical illness were analyzed using logistic regression and survival analysis and adjusted for sex, birth year, smoking, education, and income. Data were collected in 2015–2016 and analyzed in 2023–2024.

Results

Psychological problems were associated with smoking and having lower income but higher educational attainment. Psychological problems were associated with lifetime

prevalence of hypertension, coronary artery disease, heart failure, atrial fibrillation, stroke, kidney disease, chronic obstructive pulmonary disease, asthma, arthrosis, migraine, chronic pain, and cancer; ORs ranged from 1.15 (95% CI=1.04, 1.27) to 2.15 (95% CI=1.76, 2.62). Survival analysis demonstrated that individuals with psychological problems are at increased risk for subsequent physical illness; hazard ratios ranged from 1.18 (95% CI=1.06, 1.32) to 2.74 (95% CI=2.06, 3.65).

Conclusions

This study found that psychological problems with or without a diagnosis of mental disorder might be an important marker of increased risk for physical illness.

<https://doi.org/10.1016/j.amepre.2025.01.001>

Global Burden of Traumatic Brain Injury in 204 Countries and Territories From 1990 to 2021.

Huiming Zhong, Yiping Feng, Jian Shen, Taiwen Rao, Haijiang Dai, Wen Zhong, Guangfeng Zhao

American Journal of Preventive Medicine
Volume 68, Issue 4, April 2025, Pages 754-763

Introduction

This study aimed to evaluate the burden and underlying causes of traumatic brain injury (TBI) in 204 countries and territories from 1990 to 2021.

Methods

Utilizing data from the Global Burden of Disease 2021 study, which derived estimates of TBI burden from hospital and emergency department records, national surveys, and claims data, the incidence, prevalence, and years lived with disability (YLDs) associated with TBI were analyzed. A comparative analysis of TBI burden by location, age, sex, and sociodemographic index was performed, along with an underlying assessment of 15 major causes contributing to age-standardized incidence rates. Analyses were conducted in 2024.

Results

In 2021, there were 20.84 million (95% uncertainty interval [UI]=18.13, 23.84) incident cases and 37.93 million (95% UI=36.33, 39.77) prevalent cases of TBI globally,

resulting in 5.48 million (95% UI=3.87, 7.33) YLDs. While the absolute number increased from 1990 to 2021, age-standardized rates of TBI incidence, prevalence, and YLDs showed a significant decline. These rates generally increased with age and were higher in males than females. The highest age-standardized prevalence and YLD rates were observed in Eastern and Central Europe. Globally, falls were the leading cause of TBI in 2021, followed by road injuries, interpersonal violence, and exposure to mechanical forces.

Conclusions

Despite declines in age-standardized rates, the total number of TBI cases and associated disabilities has risen since 1990, indicating a persistent global burden. Targeted interventions are urgently needed in high-burden regions like Eastern and Central Europe, with focus on leading causes and vulnerable populations.

<https://doi.org/10.1001/jamanetworkopen.2025.0349>

Long-Term Outcomes and Determinants of New-Onset Mental Health Conditions After Trauma.

Yaw, L. K., Burrell, M., & Ho, K. M.

JAMA Network Open
March 10, 2025

Key Points

Question

Compared with before trauma admission, are patients with trauma at risk of developing a new mental health condition, and does this affect their long-term health outcomes?

Findings

In this cohort study of 29 191 patients with trauma, 3299 (11.3%) developed a new mental health condition subsequently, which was associated with long-term trauma readmissions, suicides, and all-cause mortality. Younger age, unemployment, marital status, Indigenous ethnicity, and lower socioeconomic status were associated with developing a new mental health condition after trauma.

Meaning

These findings indicate that mental health follow-up of patients with trauma, particularly in vulnerable subgroups, may be warranted.

Abstract

Importance

Evidence suggests that trauma-related mortality and morbidities may follow a multiphasic pattern, with outcomes extending beyond hospital discharge.

Objectives

To determine the incidence of having new mental health conditions after the first (or index) trauma admission and their association with long-term health outcomes.

Design, Setting, and Participants

This population-based, linked-data cohort study was conducted between January 1994 and September 2020, with data analyzed in April 2024. Participants were adult patients with trauma admitted to 1 of the 5 adult trauma hospitals in Western Australia. All patients with major trauma with an Injury Severity Score (ISS) greater than 15 were included. For each patient with major trauma, 2 patients with trauma with a lower ISS (<16) were randomly selected.

Exposure

A new mental health condition recorded in either subsequent public or private hospitalizations after trauma admission.

Main Outcomes and Measures

The primary outcomes were the associations between new mental health conditions after trauma and subsequent risks of trauma readmission, suicide, and all-cause mortality, as determined by Cox proportional hazards regression. Logistic regression was used to determine which factors were associated with developing a new mental health condition after trauma.

Results

Of 29 191 patients (median [IQR] age, 42 [27-65] years; 19 383 male [66.4%]; median [IQR] ISS, 9 [5-16]; 9405 with ISS >15 and 19 786 with ISS <16) considered, 2233 (7.6%) had a mental health condition before their trauma admissions. The median (IQR) follow-up time after the index trauma admission was 99.8 (61.2-148.5) months. Of 26 958 patients without a prior mental health condition, 3299 (11.3%) developed a mental health condition subsequently, including drug dependence (2391 patients [8.2%], with 419 patients [1.4%] experiencing opioid dependence) and neurotic

disorders (1574 patients [5.4%]), including posttraumatic stress disorder. Developing a new mental health condition after trauma was associated with subsequent trauma readmissions (adjusted hazard ratio [aHR], 1.30; 95% CI, 1.23-1.37; $P < .001$), suicides (aHR, 3.14; 95% CI, 2.00-4.91; $P < .001$), and all-cause mortality (aHR, 1.24; 95% CI, 1.12-1.38; $P < .001$). Younger age, unemployment, being single or divorced (vs married), Indigenous ethnicity, and a lower socioeconomic status were all associated with developing a new mental health condition after the first trauma admission.

Conclusions and Relevance

This cohort study of 29 191 patients with trauma found that mental health conditions after trauma were common and associated with an increased risk of adverse long-term outcomes, indicating that mental health follow-up of patients with trauma, particularly those from vulnerable subgroups, may be warranted.

<https://doi.org/10.1001/jamanetworkopen.2025.0331>

Connectome-Based Predictive Modeling of PTSD Development Among Recent Trauma Survivors.

Ben-Zion, Z., Simon, A. J., Rosenblatt, M., Korem, N., Duek, O., Liberzon, I., Shalev, A. Y., Hendler, T., Levy, I., Harpaz-Rotem, I., & Scheinost, D.

JAMA Network Open
March 10, 2025

Key Points

Question

Can early functional connectivity within and between large-scale neural networks predict the development of posttraumatic stress disorder (PTSD) in recent trauma survivors?

Findings

In this prognostic study of 162 adult trauma survivors, connectome-based predictive modeling applied to functional magnetic resonance imaging data at 1 month post trauma significantly predicted PTSD symptom severity at both 1 month and 14 months post trauma (but not at 6 months). Key predictive connections involved the anterior default mode, motor sensory, salience, central executive, and visual networks.

Meaning

These findings suggest that early identification of neural network differences may guide targeted interventions to mitigate PTSD risk following trauma exposure.

Abstract

Importance

The weak link between subjective symptom-based diagnostics for posttraumatic psychopathology and objective neurobiological indices hinders the development of effective personalized treatments.

Objective

To identify early neural networks associated with posttraumatic stress disorder (PTSD) development among recent trauma survivors.

Design, Setting, and Participants

This prognostic study used data from the Neurobehavioral Moderators of Posttraumatic Disease Trajectories (NMPTDT) large-scale longitudinal neuroimaging dataset of recent trauma survivors. The NMPTDT study was conducted from January 20, 2015, to March 11, 2020, and included adult civilians who were admitted to a general hospital emergency department in Israel and screened for early PTSD symptoms indicative of chronic PTSD risk. Enrolled participants completed comprehensive clinical assessments and functional magnetic resonance imaging (fMRI) scans at 1, 6, and 14 months post trauma. Data were analyzed from September 2023 to March 2024.

Exposure

Traumatic events included motor vehicle incidents, physical assaults, robberies, hostilities, electric shocks, fires, drownings, work accidents, terror attacks, or large-scale disasters.

Main Outcomes and Measures

Connectome-based predictive modeling (CPM), a whole-brain machine learning approach, was applied to resting-state and task-based fMRI data collected at 1 month post trauma. The primary outcome measure was PTSD symptom severity across the 3 time points, assessed with the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5). Secondary outcomes included Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) (DSM-5) PTSD symptom clusters (intrusion, avoidance, negative alterations in mood and cognition, hyperarousal).

Results

A total of 162 recent trauma survivors (mean [SD] age, 33.9 [11.5] years; 80 women

[49.4%] and 82 men [50.6%]) were included at 1 month post trauma. Follow-up assessments were completed by 136 survivors (84.0%) at 6 months and by 133 survivors (82.1%) at 14 months post trauma. Among the 162 recent trauma survivors, CPM significantly predicted PTSD severity at 1 month ($\rho = 0.18$, $P < .001$) and 14 months ($\rho = 0.24$, $P < .001$) post trauma, but not at 6 months post trauma ($\rho = 0.03$, $P = .39$). The most predictive edges at 1 month included connections within and between the anterior default mode, motor sensory, and salience networks. These networks, with the additional contribution of the central executive and visual networks, were predictive of symptoms at 14 months. CPM predicted avoidance and negative alterations in mood and cognition at 1 month, but it predicted intrusion and hyperarousal symptoms at 14 months.

Conclusions and Relevance

In this prognostic study of recent trauma survivors, individual differences in large-scale neural networks shortly after trauma were associated with variability in PTSD symptom trajectories over the first year following trauma exposure. These findings suggest that CPM may identify potential targets for interventions.

<https://doi.org/10.1001/jamapsychiatry.2025.0024>

Sports Gambling and Drinking Behaviors Over Time.

Grubbs, J. B., Connolly, A. J., Graupensperger, S., Kim, H. S., & Kraus, S. W.

JAMA Psychiatry

Published online March 5, 2025

Key Points

Question

Given the widespread expansion of sports gambling in the United States over the past 6 years, how does frequency of sports gambling correspond to alcohol use and related problems over time?

Findings

This survey study found an association between the trajectories of sports gambling frequency and alcohol-related problems, suggesting that as one increases or decreases, corresponding changes are likely in the other.

Meaning

Consistent with a rapidly growing body of research, this study demonstrates that sports gamblers are at unique risk of alcohol-related harms both generally and over time.

Abstract

Importance

Sports gambling has become one of the most accessible forms of gambling in the United States, and recent research suggests that sports gambling coupled with frequent alcohol use may have deleterious health consequences.

Objective

To examine the trajectories of sports gambling frequency and alcohol-related problems over time and the associations between these trajectories.

Design, Setting, and Participants

This survey study was a 2-year longitudinal study conducted in the United States. Participants were recruited from a nonprobability internet panel from 2 sources: a large cross-section of adults matched and weighted to US Census norms and a specific oversample of sports-gambling adults. Recruitment began in spring 2022, and the last surveys concluded in spring 2024. To identify trajectories within sports gambling frequency and alcohol use problems, latent growth curve modeling was used.

Main Outcomes

At each time point, the National Institute on Drug Abuse–modified Alcohol, Smoking, and Substance Involvement Screening Test 2 was used to assess alcohol-related problems and sports gambling frequency was assessed by a single item.

Results

The cross-section of US adults ($n = 2806$) and oversample of sports-gambling adults ($n = 1557$) resulted in a total baseline sample of 4363 (mean [SD] age, 49.6 [16.2] years; 2243 men [51.4%] and 2120 women or nonbinary gender reported [48.6%]). Latent growth curve modeling revealed that alcohol problems decreased over time (slope = -0.059 ; 95% CI, -0.090 to -0.028). Sports gambling frequency did not show a significant trend over time (slope = -0.003 ; 95% CI, -0.053 to 0.047), though there was significant variance in this slope (variance = 0.024 ; 95% CI, 0.013 to 0.034). The trajectories of alcohol-related problems and sports gambling did not move independently, instead being highly positively correlated, suggesting that increases in one would correspond to increases in the other.

Conclusions and Relevance

This study found that over time, the trajectory of sports gambling frequency was associated with the trajectory of alcohol-related problems. Screening and treatment interventions are recommended for sport gamblers who also drink concurrently, especially because this group appears to be at an elevated risk for developing greater alcohol-related problems over time.

<https://doi.org/10.1177/0095327X251321389>

Killing in Combat as a Potentially Morally Injurious Event: The Diverging Psychological Impact of Killing on Peacekeepers and Combat-Oriented Troops.

Nordstrand, A. E., Noll, L. K., Huffman, A. H., Gjerstad, C. L., Tveitstul, T., Reichelt, J. G., Bakker, L.-P., Kennair, L. E. O., Kristoffersen, R. H., Bøe, H. J., & Wickham, R. E.

Armed Forces & Society

First published online March 13, 2025

The impact of killing in combat (KIC) on veterans' long-term psychological health is multifaceted and influenced by deployment contexts. This study compared two samples of Norwegian veterans from combat-oriented (Afghanistan 2001–2011, N = 4,053) and peacekeeping (Lebanon 1978–1998, N = 10,605) missions to examine how personal threats, witnessing death/injury, and KIC uniquely predicted long-term mental health, alcohol use, and quality of life (QoL). In the combat-oriented sample, personal threats and witnessing death/injury predicted negative outcomes, while KIC did not. Among peacekeepers, personal threats, witnessing death/injury, and KIC independently predicted posttraumatic stress disorder (PTSD), depression, anxiety, alcohol use, insomnia, and lower QoL. These findings reveal diverging effects of KIC on veterans from combat-oriented and peacekeeping missions, respectively, suggesting that the impact of potentially morally injurious events like KIC is shaped by mission-specific contextual factors.

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

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

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

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.

<https://doi.org/10.1080/02791072.2025.2479100>

Combat Veterans' Experiences of Moral Injury, Cannabis Use Disorder and the Process of Meaning-Making: A Mixed Methods Study.

Loewenstein, A., Asper, A., & Feingold, D.

Journal of Psychoactive Drugs

Published online: 14 Mar 2025

Combat veterans are highly inclined to develop substance use disorders, including Cannabis Use Disorder (CUD), with emerging evidence suggesting that combat related Potentially Morally Injurious Events (PMIEs) may increase proneness to CUD. To explore the moderating role of time since release from military duty, mixed methodology was applied. In a quantitative study, 322 Israeli cannabis-using male combat veterans filled out validated self-report questionnaires assessing PMIEs, CUD and time since release from military duty. Results indicate that self-inflicted transgressions and sense of betrayal were significantly associated with CUD symptoms ($p < .01$). In addition, years since release from duty moderated the association between Betrayal and CUD

($b = -.039$, $SE = .018$, $t = -2.20$, $p = .028$), so that this association was significant only among veterans released approximately two and six years prior to their participation in the study ($b = .33$, $SE = .09$, $t = 3.71$, $p < .001$; $b = .25$, $t = 3.45$, $p < .001$, respectively), but not among those who were released approximately 10 years ago. A subsequent qualitative study investigated narratives of 14 older veterans, indicating that the process of meaning-making to combat-related experiences is a key in the process of adaptive coping. We conclude that time since release from duty may serve as a protective factor, presumably disentangling the PMIEs-CUD association via the process of meaning making.

<https://doi.org/10.1097/JAN.0000000000000607>

Psychosocial Factors and Electronic Cigarette Use in the Military Population.

Willard, M. J., Barone, C., Beasley, B., Brown, L., de Gravelles, P., & Selig, J. P.

Journal of Addictions Nursing
36(1): p 36-45, 1/3, 2025

Background

Over 35.7% of military members report trying electronic cigarettes, and 11.1% report daily electronic cigarette use. In the general population, however, only 14.9% admit trying electronic cigarettes, and 3.2% report using electronic cigarettes daily. This is a major disparity.

Objectives

The aim of this study was to identify, measure, and examine the association between psychosocial factors in military members using electronic cigarettes compared to tobacco cigarettes, dual use, and nonuse.

Methods

This cross-sectional, correlational study includes military members aged 18 years and older using the Behavioral Risk Factor Surveillance System and military-related questions. Data analysis was performed using descriptive statistics presented as percentages and frequencies. Pearson's chi-square tests were performed to examine association among variables.

Results

There were 434 participants in this study, 369 (85%) men and 61 (14.1%) women. There were 419 (97%) of participants who felt stressed or depressed between 1 and 30 days each month. Participants with electronic cigarette use and dual use believed electronic cigarettes decreased their anxiety, helped them concentrate, and helped them eat less.

Conclusions

Dual use is concerning among the military population. Military members experiencing anxiety and trouble concentrating may be turning to nicotine products such as electronic cigarettes or dual use. Additional findings revealed several associated psychosocial factors including stress and depression were related to use. Future studies should focus on these psychosocial factors to reduce dual use in the military population.

<https://doi.org/10.1016/j.josat.2025.209627>

Internet-based cognitive behavioral therapy for alcohol use disorder: A systematic review of evidence and future potential.

Fernanda Gushken, Gabriel P.A. Costa, Anderson de Paula Souza, Daniel Heringer, Akhil Anand

Journal of Substance Use and Addiction Treatment
Volume 171, April 2025, 209627

Highlights

- We summarized evidence and analyzed efficacy of iCBT for AUD.
- Five randomized controlled trials were included, with a total of 825 participants.
- Overall, studies suggest that iCBT is feasible and cost-effective for AUD.
- Further studies should address iCBT implementation challenges and health equity.

Abstract

Introduction

While cognitive behavioral therapy (CBT) remains a highly effective psychotherapy approach for managing Alcohol Use Disorder (AUD), its potential is hindered by workforce shortages and access barriers. In response to these challenges, Internet-

Based Cognitive Behavioral Therapy (iCBT) has emerged as an innovative solution that integrates the core CBT structure with technology. In iCBT, educational materials, therapist communication and progress dashboards can be centralized in a digital format, and delivered in a self-guided, therapist-guided or blended approach.

Methods

In this systematic review we aimed to summarize the current evidence of iCBT for AUD. The study performed a comprehensive literature search on PubMed, Embase, Cochrane, Web of Science, and Scopus in August 2023.

Results

Out of 497 studies that met our search criteria, five high-quality studies met our inclusion criteria. The studies presented a wide variation in the choice of outcomes and in the definition of controls or treatment as usual. When compared to treatment as usual, studies reported non-inferior to superior abstinence results of iCBT for AUD. Overall, most studies favor iCBT use as an adjunct to AUD treatment due to feasibility and access advantages. However, there were limitations identified in recruitment and implementation processes that warrant further studies. The review also showcases how studies on iCBT for AUD often neglect crucial variables such as insurance coverage, digital literacy and health equity. Clinical trials' investigators need to account for economic feasibility and external validity since the method design phase.

Conclusion

iCBT may be an effective adjunct treatment for AUD. However, further research is required. Research in the field should entail larger trials with standard controls and outcome measures. It is also important to actively recruit participants from diverse ethnic and cultural backgrounds and adapt iCBT materials to different languages. This will allow a wider population to benefit from the treatment and address existing health disparities.

<https://doi.org/10.1027/0227-5910/a000992>

Rethinking Suicide Prevention Research – Moving Beyond Traditional Statistical Significance.

Griffin, B. A., W Hassler, G., Sheftall, A. H., Ohana, E., & Ayer, L.

Crisis

Published Online: February 20, 2025

Suicide is a major public health concern globally, and despite decades of research, there has been a disappointing lack of progress in identifying effective prevention strategies and interventions. We argue over-reliance on traditional statistical significance cutoffs and underreporting of marginal findings may be limiting the clinical benefits of research in the field of suicide prevention and in turn impeding practical progress. The consistent reliance on statistically significant results at $p < .05$ may limit the visibility of potentially promising results to clinicians making treatment decisions. Expanding awareness of promising interventions - which can then be further scrutinized and subjected to further research - could have an important and needed impact on the field. The American Statistical Association has called upon researchers to view the p-value as continuous, with the call being adopted by leading journals. However, most suicide journals do not have explicit policies around how to use p-values for evaluating the strength of the evidence, and the use of continuous p-values has clearly not been routinely adopted by suicide researchers. We want to call upon suicide researchers to be more open to considering and publishing marginally significant findings that suggest promising trends for suicide prevention strategies and interventions.

<https://doi.org/10.1080/16506073.2025.2481312>

Negative posttraumatic cognitions and cognitive emotion regulation strategies as predictors of PTSD symptom change during an intensive outpatient program for PTSD.

Murphy, J. W., Warren, M., Smith, D. L., Pridgen, S., & Held, P.

Cognitive Behaviour Therapy

Published online: 18 Mar 2025

Negative posttraumatic cognitions (NPCs) and cognitive emotion regulation (CER) strategies have both been proposed as predictors of change in evidence-based cognitive behavioral therapies for posttraumatic stress disorder (PTSD). However, they are rarely studied simultaneously, with only one study examining these predictors in a randomized clinical trial of prolonged exposure therapy. It remains to be tested how these variables predict improvements in PTSD severity in real world clinical settings or different delivery formats. Data from 487 military service members and veterans that

participated in a 2-week nonrandomized, uncontrolled cognitive processing therapy-based intensive treatment program (ITP) for PTSD were used to evaluate NPCs and CER strategies as predictors of improvements in PTSD severity. Results showed that, in a model with both predictors, decreases in self-focused NPCs, world-focused NPCs, and catastrophizing (CER strategy) were associated with reductions in PTSD severity during treatment and at follow-up. However, these effects were small (R^2 ranging from .005 to .04) relative to reductions in depression severity ($R^2 = .40$). Although NPCs and CER strategies significantly predicted reductions in PTSD severity, their overall impact was relatively small in this nonrandomized, uncontrolled ITP. Future research should continue to investigate these and other predictors in a variety of treatment settings.

<https://doi.org/10.1080/16506073.2025.2478246>

Exploring pathways from intolerance of uncertainty to worry in adults with generalised anxiety disorder.

Wilson, E. J., Abbott, M. J., Norton, A. R., Berle, D., & Rapee, R. M.

Cognitive Behaviour Therapy
Published online: 18 Mar 2025

Three decades of research indicate that intolerance of uncertainty (IU) plays a role in the maintenance of mental health conditions. In particular, the relationship between IU and worry is especially strong. The current study aimed to conduct a partial examination of the Intolerance of Uncertainty Model (IUM) of GAD as well as the Transdiagnostic Model of Intolerance of Uncertainty (TMIU), in a clinical sample of adults with GAD using path analysis. Participants with a primary diagnosis of GAD ($N = 112$) completed a range of measures that assessed IU, cognitive avoidance (CA), positive beliefs about worry (PBW), threat estimates, worry, and anxiety, with two path analysis models constructed for the IUM and TMIU. In a preliminary analysis of the IUM, path analysis found that CA and PBW did not have an indirect effect the relationship between IU and worry, however, CA (and not PBW) had an indirect effect on the relationship between IU and anxiety. For the TMIU, the first model demonstrated a poor fit. In an alternative model, threat estimates were found to indirect effect the relationship between IU and worry as well as anxiety. This suggests that threat appraisals do play a role in the relationship between IU, worry and anxiety in individuals with GAD.

Links of Interest

One Veteran's path to healing from trauma

<https://news.va.gov/138607/one-veterans-path-healing-from-trauma/>

Navy Working With Weight Loss Program Noom for Sailors Who Failed Body Composition Assessment

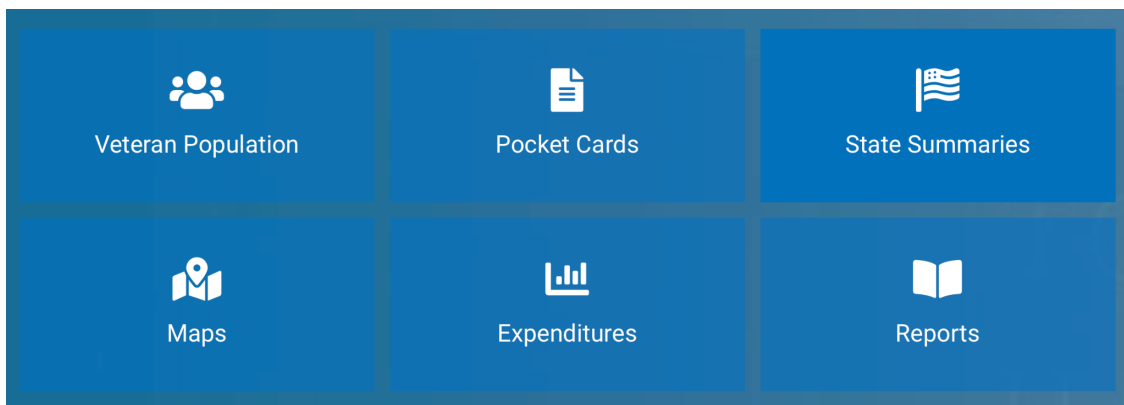
<https://news.usni.org/2025/03/14/navy-working-with-weight-loss-program-noom-for-sailors-who-failed-body-composition-assessment>

DOD commits \$9.8 million to study psychedelics for active-duty troops

<https://www.militarytimes.com/news/your-military/2025/03/17/dod-commits-98-million-to-study-psychedelics-for-active-duty-troops/>

Resource of the Week: [U.S. Department of Veterans Affairs Open Data Portal](#)

Open Data is an initiative that seeks to advance government transparency and promote innovation by making data accessible to the public. Using machine-readable data that the public can access, use, and share, Federal agencies can promote a more open and efficient government, identify creative solutions that can address existing challenges, and spur economic growth.



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