

CDP



Research Update -- March 27, 2025

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- Prescription Stimulant Use, Misuse, and Use Disorder Among US Adults Aged 18 to 64 Years.
- Exploring the dissociative subtype of PTSD: The role of early-life trauma, cortisol, and inflammatory profiles.
- Dropout in a clinical trial for comorbid PTSD and MDD among US service members: Are pretreatment characteristics predictive?
- Higher gender role stress and depressive severity increase suicide risk among male military service members and veterans.
- Self-distancing is positively related to higher scores during U.S. Army (USA) Reserve Officer Training Corps (ROTC) advanced leadership training.
- Moral courage, injury, and leadership in military contexts: lessons from a thematic analysis of conversations among international experts and students.
- Moral trauma, moral distress, moral injury, and moral injury disorder: definitions and assessments.
- Examining contextual differences in suicide by rural-urban designation and military status, 2009-2019: a cross-sectional analysis of the National Violent Death Reporting System.
- Transitions to trauma-focused evidence-based psychotherapy for posttraumatic stress disorder from other treatments: a qualitative investigation of clinicians' perspectives.

<https://doi.org/10.1001/jamapsychiatry.2025.0054>

Prescription Stimulant Use, Misuse, and Use Disorder Among US Adults Aged 18 to 64 Years.

Han, B., Jones, C. M., Volkow, N. D., Rikard, S. M., Dowell, D., Einstein, E. B., Guy, G. P., Tomoyasu, N., Ko, J., Baldwin, G., Olsen, Y., & Compton, W. M.

JAMA Psychiatry
March 19, 2025

Key Points

Question

As stimulants are increasingly prescribed, what is the prevalence of prescription stimulant use, prescription stimulant misuse, and prescription stimulant use disorder (PSUD) among adults aged 18 to 64 years in the US?

Findings

Among 18- to 64-year-old US adults using prescription stimulants, 25.3% reported misuse, and 9.0% had PSUD. Among those with PSUD, 72.9% solely used their own prescribed stimulants, 87.1% used amphetamines, 42.5% reported no misuse, and 63.6% had mild PSUD. The prevalence of misuse was 3.1 times higher and the prevalence of PSUD was 2.2 times higher among those using prescription amphetamines than among those using methylphenidate.

Meaning

Regardless of prescription stimulant misuse status, screening for and treating PSUD are needed for US adults aged 18 to 64 years using prescription stimulants, especially those receiving prescription amphetamines.

Abstract

Importance

Stimulants are increasingly prescribed for US adults. Whether such prescribing is associated with misuse and prescription stimulant use disorder (PSUD) is less understood.

Objectives

To examine (1) sex- and age-specific trends in the number of persons dispensed stimulants and trends in dispensed prescription stimulants by prescriber specialty in 2019 through 2022; (2) prevalence of misuse and PSUD by use of prescription amphetamine-type stimulants (hereafter referred to as amphetamines) and methylphenidate; and (3) PSUD prevalence and sociodemographic and behavioral health correlates among persons using prescription stimulants with and without prescription stimulant misuse.

Design, Setting, and Participants

This cross-sectional survey study used the 2019-2022 IQVIA Total Patient Tracker and National Prescription Audit New to Brand databases and the 2021-2022 National Surveys on Drug Use and Health (NSDUH) (community-dwelling 18- to 64-year-old individuals). Data analysis was performed from March to April 2024.

Exposure

Past-year use of prescription stimulants.

Main Outcomes and Measures

PSUD using DSM-5 criteria.

Results

Of the sampled 83 762 adults aged 18 to 64 years, 33.8% (unweighted) were aged 18 to 25 years, 53.0% (unweighted) were aged 26 to 49 years, and 56.0% (unweighted) were women. Among those using prescription stimulants, 25.3% (95% CI, 23.8%-26.8%) reported misuse, and 9.0% (95% CI, 8.0%-10.0%) had PSUD. Among those with PSUD, 72.9% (95% CI, 68.3%-77.6%) solely used their own prescribed stimulants, 87.1% (95% CI, 82.3%-90.8%) used amphetamines, 42.5% (95% CI, 36.6%-48.5%) reported no misuse, and 63.6% (95% CI, 56.8%-69.8%) had mild PSUD. Individuals using amphetamines, compared with those using methylphenidate, had higher prevalence ratios of misuse (3.1 [95% CI, 2.2-4.3]) and PSUD (2.2 [95% CI, 1.3-3.8]). The largest increase in the number of individuals dispensed prescription stimulants was among women aged 35 to 64 years, from 1.2 million in quarter 1 of 2019 to 1.7 million in quarter 4 of 2022 (average quarterly percentage change, 2.6% [95% CI, 2.1%-3.1%]). The prevalence of prescription stimulant misuse was lower among women aged 35 to 64 years using these medications (13.7% [95% CI, 11.1%-16.8%]) than other sex- and age-specific subgroups (ranging from 22.0% [95% CI, 17.9%-26.7%] for men aged 35-64 years to 36.8% [95% CI, 32.6%-41.2%] for women aged 18-25 years).

Conclusions and Relevance

High prevalence of prescription stimulant misuse and PSUD (regardless of misuse status) suggests the importance of ensuring clinically appropriate use and of screening for and treating PSUD among all adults prescribed stimulants, especially those using amphetamines. Findings may suggest potential progress in addressing the mental health care gap for middle-aged women and the need for evidence-based clinical guidance and training on benefits and risks of prescription stimulants for adults.

<https://doi.org/10.1016/j.psyneuen.2025.107406>

Exploring the dissociative subtype of PTSD: The role of early-life trauma, cortisol, and inflammatory profiles.

Jarkas, D. A., Robillard, R., Malenfant, C. R., Richards, C., Lanthier, M., Beurepaire, C., Nicholson, A. A., Jaworska, N., Cassidy, C. M., Shlik, J., Kaminsky, Z., & McQuaid, R. J.

Psychoneuroendocrinology

Volume 175, May 2025, 107406

Highlights

- Individuals with dissociative PTSD show greater clinical symptom severity.
- Individuals with dissociative PTSD displayed high morning and evening cortisol.
- PTSD severity negatively correlated with cortisol in non-dissociative PTSD.
- CRP levels did not differ across groups when accounting for BMI.
- Depression symptoms positively correlated with CRP in dissociative PTSD.
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Abstract

Post-traumatic stress disorder (PTSD) is a heterogeneous mental health condition, characterized by diverse symptom profiles and biological underpinnings. A dissociative subtype of PTSD has been identified, though the potential risk factors and underlying neurobiology are yet to be understood. The current study comprised Canadian Armed Forces (CAF) members and Veterans with a history of deployment, and with diagnoses of non-dissociative ($n = 31$) and dissociative subtypes of PTSD ($n = 19$), in addition to non-deployed healthy controls ($n = 14$). Participants completed questionnaires assessing clinical symptoms and experiences of trauma, and provided saliva and blood samples for cortisol and inflammatory marker assessments. Individuals with dissociative

PTSD displayed elevated PTSD and depression symptom severity, and greater reports of specific forms of childhood trauma compared to individuals with non-dissociative PTSD and controls. Morning cortisol was elevated in both PTSD groups compared to controls, however the PTSD groups did not differ from one another. Evening cortisol concentrations were elevated in both PTSD groups compared to controls, and in the dissociative PTSD subtype compared to the non-dissociative PTSD subtype when controlling for depression symptoms. PTSD diagnostic group moderated the relationship between awakening cortisol levels and PTSD symptom severity, such that the non-dissociative PTSD group displayed a negative correlation between awakening cortisol levels and PTSD symptom severity, while no significant relation was identified in the dissociative PTSD group. C-reactive protein (CRP) levels did not differ across diagnostic groups when accounting for body mass index (BMI). However, CRP positively correlated with depressive symptoms only among individuals with dissociative PTSD. Together, examining PTSD subtypes may help inform more effective and personalized treatment strategies in the future.

<https://doi.org/10.1080/10503307.2024.2325519>

Dropout in a clinical trial for comorbid PTSD and MDD among US service members: Are pretreatment characteristics predictive?

Kline, A. C., Otis, N. P., Norman, S. B., Hunt, W. M., & Walter, K. H.

Psychotherapy Research
Volume 35, 2025 - Issue 4

Objective

Despite effective treatment options for posttraumatic stress disorder (PTSD), many patients do not complete therapy. This includes U.S. active duty service members, yet factors linked to attendance in this population remain understudied and dropout remains difficult to predict. Additionally, most studies have not examined samples with PTSD and co-occurring major depressive disorder (MDD) despite high rates of comorbidity.

Method

The current study explored predictors of dropout among service members with comorbid PTSD and MDD (N = 94) randomized to cognitive processing therapy enhanced with behavioral activation (BA + CPT) or CPT as part of a clinical trial.

Results

Using the Fournier approach, only two predictors were associated with lower dropout risk among over 20 examined: shorter duration between pretreatment assessment and Session 1 ($p = .041$) and past 3-month PTSD treatment engagement ($p = .036$).

Conclusion

Results suggest the possible utility of early momentum in starting therapy and leveraging recent treatment to improve attendance. However, this study also highlights the possible limitations of commonly assessed pretreatment factors in predicting attendance and current challenges in measuring dropout risk. Strategies to improve prediction, such as shifting focus to assess modifiable factors and processes more proximal to dropout during treatment, may be needed.

Trial registration:

ClinicalTrials.gov identifier: NCT02874131

<https://doi.org/10.1016/j.jad.2025.02.048>

Higher gender role stress and depressive severity increase suicide risk among male military service members and veterans.

Blais, R. K., Vannini, M. B. N., & Grimm, K. J.

Journal of Affective Disorders

Volume 378, 1 June 2025, Pages 220-225

Highlights

- Suicide is a leading cause of preventable death in military males.
- Masculine gender role stress (stress) may increase depressed mood.
- Depressed mood may, in turn, increase suicide risk (risk).
- The indirect effect of depression on risk and stress was significant.
- Suicide reduction strategies should target stress and depression.

Abstract

Suicide risk is a top clinical and research priority in male military populations, with interpersonal strain identified as a key risk factor. Masculine gender role stress, which is stress induced by perceptions that one is failing to meet masculine gender ideals of stoicism, physical ability and strength, and power, may be an interpersonal strain risk

factor. This stress may be particularly notable in this population given the high prescription of these beliefs within military culture. Stress derived from perceived failure to meet these ideals could increase negative affect or depressive symptoms, thereby increasing risk for suicide death. The current study examined the association of higher gender role stress with suicide risk and depression in 508 male service members and veterans. Participants completed self-report measures of gender role stress, suicide risk, depression, exposure to military sexual trauma (MST), and a demographic inventory. Factor analysis confirmed the latent structure of gender role stress. Suicide risk was regressed on depression severity, gender role stress, and covariates of MST exposure, being discharged from service, and non-minority race. An indirect effect of depression was specified. The regression accounted for 36 % of the variance. Higher gender role stress was associated with higher depression severity, and higher depression severity, in turn, was associated with higher suicide risk. Limitations include the use of cross-sectional data to assess potential mediator effects. Efforts to reduce suicide risk may consider distress tolerance for perceiving norm violations. Results are drawn from cross-sectional data so findings should be considered cautiously.

<https://doi.org/10.1080/08995605.2025.2480481>

Self-distancing is positively related to higher scores during U.S. Army (USA) Reserve Officer Training Corps (ROTC) advanced leadership training.

Sowden, W. J., Lewis, N. A., Jr, & Jones, R. L.

Military Psychology

Published online: 20 Mar 2025

The extent to which self-regulatory tendencies predict military leadership ability is unknown. In the present study, we assessed the relationship between these tendencies and military leadership competency. During a United States Army (USA) Reserve Officer Training Corps (ROTC) Advanced Camp capstone leader development and assessment course, 234 cadets completed a survey measuring five self-regulatory tendencies: self-control, cognitive reappraisal, emotional suppression, grit, and temporal self-distancing. Overall camp performance scores were used to assess and quantify leadership ability. Non-parametric bivariate correlations and regression analyses revealed that only cognitive reappraisal and temporal self-distancing significantly correlated with leadership ability. Notably, temporal self-distancing emerged as the most robust predictor of effective leadership. The present findings suggest that strategies for

improving specific self-regulatory tendencies may enhance military leadership effectiveness.

<https://doi.org/10.1080/13623699.2025.2463041>

Moral courage, injury, and leadership in military contexts: lessons from a thematic analysis of conversations among international experts and students.

Vermetten, E., Weiman, K., Innes, L. L., Jin, J., & Brémault-Phillips, S.

Medicine, Conflict and Survival

Published online: 25 Mar 2025

Introduction

Recent global events have underscored the importance of moral leadership and courage. A series of moderated conversations about moral leadership and dilemmas during times of conflict and crisis were facilitated in 2021 with Lieutenant-General (ret'd) The Honourable Romeo Dallaire, military and global affairs experts and international scholars from North America, Europe, Australia and the global south, together with students from the Netherlands and Canada.

Objective

To explore topics of moral leadership, courage and dilemmas during adversity.

Methods

A total of 94 participants engaged in a series of online conversations (n = 8) and focus groups (n = 3). Sessions were recorded, transcribed and thematically analysed.

Results

Thematic analysis revealed three critical themes: (1) enhancing awareness of moral leadership, (2) moving towards a new vision of moral leadership, and (3) developing training in moral leadership.

Conclusion

These results highlight key insights that may guide current and future leaders. In response to societal diversity and global complexities, traditional leadership and organizational practices may need to be reconsidered. In addition to essential leadership skills, emerging leaders need to be supported to be competent, engaged

moral leaders. They may also benefit from positive role-modelling and moral leadership training during basic through advanced leadership and pre-deployment training.

<https://doi.org/10.3389/fpsyg.2025.1422441>

Moral trauma, moral distress, moral injury, and moral injury disorder: definitions and assessments.

VanderWeele, T. J., Wortham, J. S., Carey, L. B., Case, B. W., Cowden, R. G., Duffee, C., Jackson-Meyer, K., Lu, F., Mattson, S. A., Padgett, R. N., Peteet, J. R., Rutledge, J., Symons, X., & Koenig, H. G.

Frontiers in Psychology
04 March 2025

We propose new definitions for moral injury and moral distress, encompassing many prior definitions, but broadening moral injury to more general classes of victims, in addition to perpetrators and witnesses, and broadening moral distress to include settings not involving institutional constraints. We relate these notions of moral distress and moral injury to each other, and locate them on a “moral trauma spectrum” that includes considerations of both persistence and severity. Instances in which moral distress is particularly severe and persistent, and extends beyond cultural and religious norms, might be considered to constitute “moral injury disorder.” We propose a general assessment to evaluate various aspects of this proposed moral trauma spectrum, and one that can be used both within and outside of military contexts, and for perpetrators, witnesses, victims, or more generally.

<https://doi.org/10.1136/ip-2024-045430>

Examining contextual differences in suicide by rural-urban designation and military status, 2009-2019: a cross-sectional analysis of the National Violent Death Reporting System.

Vakkalanka, J. P., Santos Leon, E., Davis, J., Williams, C., & Casteel, C.

Injury Prevention

Online issue publication: March 20, 2025

Objective

To evaluate differences in mental health and substance use circumstances by rurality and military affiliations among suicide decedents.

Methods

Multiyear (2009–2019) cross-sectional study of adult suicide decedents reported to the National Violent Death Reporting System. We classified suicide decedents into a four-level variable by geography (urban/rural) and military status and evaluated the prevalence of current and past alcohol and substance use problems, mental health problem recognition and mental illness treatment. We estimated prevalence ratios using multiple imputation chain equations to account for missing data and log-binomial regression models and present stratified estimates by military and rural classification.

Findings

There was no significant relationship between rural-military classification and alcohol use problem. Compared with urban civilians, other groups had a lower risk identified of having a substance use problem: urban military (adjusted prevalence ratio (aPR): 0.65; 95% CI: 0.60 to 0.71), rural military (aPR: 0.57; 95% CI: 0.50 to 0.66) and rural civilians (aPR: 0.95; 95% CI: 0.90 to 1.00). Recognition of a mental health problem was lower among both rural military (aPR: 0.88; 95% CI: 0.81 to 0.96) and rural civilians (aPR: 0.89; 95% CI: 0.86 to 0.92). The likelihood of current mental treatment was lower in other groups (urban military (aPR: 0.93; 95% CI: 0.89 to 0.96); rural military (aPR: 0.87; 95% CI: 0.81 to 0.94); and rural civilian (aPR: 0.89; 95% CI: 0.85 to 0.92)). There was no evidence of effect modification by military and rural classification for any outcome.

Conclusions

Mental health outcomes by military affiliation and urbanicity/rurality may need to be independently assessed as social determinants of health.

<https://doi.org/10.1080/16506073.2025.2481475>

Transitions to trauma-focused evidence-based psychotherapy for posttraumatic stress disorder from other treatments: a qualitative investigation of clinicians' perspectives.

Holder, N., Ranney, R. M., Delgado, A. K., Purcell, N., Iwamasa, G. Y., Batten, A., ... Maguen, S.

Cognitive Behaviour Therapy
Published online: 25 Mar 2025

Many veterans do not initiate trauma-focused evidence-based psychotherapy (TF-EBP) to treat posttraumatic stress disorder (PTSD). Instead, veterans receive other treatments prior to TF-EBP and the process of transitioning to TF-EBP is poorly understood. The goal of the current study was to understand clinicians' beliefs about and approaches to transitioning veterans into TF-EBP. Clinicians (n = 20) with any experience providing TF-EBP from across the national VA healthcare system participated in semi-structured qualitative interviews. Rapid qualitative analysis procedures were used to identify themes: (1) TF-EBP is rarely contraindicated; (2) there is no consensus on treatment alternatives after veterans decline TF-EBP; (3) unstructured therapy can be a barrier to TF-EBP; (4) data from non-TF-EBP can be used to encourage TF-EBP engagement; (5) veterans are poorly informed about PTSD referrals; (6) culturally responsive PTSD care involves asking questions throughout the treatment process; (7) TF-EBP was delivered with attention to how identity may impact treatment; (8) TF-EBP was among the first treatment option offered by all clinicians; (9) veterans initiate TF-EBP when willing; and (10) clinicians developed resources socialize veterans to structured treatment. Since non-TF-EBP approaches may be indicated (or requested) for some veterans, strategies to facilitate transitions to TF-EBP are needed.

Links of Interest

Addressing the Double Bind of Women's Anger After Trauma

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2831149>

Compassion in action: VA social workers

<https://news.va.gov/138658/compassion-in-action-va-social-workers/>

The Hidden Costs of Caregiving: Meet the Kids Taking Care of Wounded Veterans

<https://thewarhorse.org/kids-caring-for-wounded-veteran-family-members-receive-little-support/>

Transition assistance programs offer a 'firehose of information' but little opportunity to plan careers post-military, veterans advocates say

<https://www.stripes.com/veterans/2025-03-25/veterans-transition-assistance-programs%C2%A0military-17258360.html>

AI Models Are Skilled at Identifying Appropriate Responses to Suicidal Ideation, but Professionals Still Needed

<https://www.rand.org/news/press/2025/03/ai-models-are-skilled-at-identifying-appropriate-responses.html>

- [Competency of Large Language Models in Evaluating Appropriate Responses to Suicidal Ideation: Comparative Study](#)

CDP's EBP Conference – Practicing in the Modern World: Navigating Innovations Ethically and Effectively

<https://deploymentpsych.org/EBPConference>



Practicing In The Modern World: Navigating Innovations Ethically and Effectively

Center for Deployment Psychology - Evidence-Based Psychotherapy Conference

PMIs May 6-7, 2025 & Conference May 8, 2025

REGISTRATION NOW OPEN!

KEYNOTE ADDRESS:

Addressing the Mental Health Crisis
with Technology and AI: The Good,
the Bad, and the Ethical
- C. Vaile Wright, PhD



Other Presentation Topics:



Massed Delivery of PTSD Tx



Single-Session Interventions



Using Digital Tools



Use Cases for Generative AI



Pre-Meeting Institutes
also available
for additional fee

- * ACT
- * CBT for Nightmares (CBT-N)
- * Manage Emotions to Reduce Aggression (MERA)
- * Digital Media Addiction
- * Ethics in Digital Health

<https://deploymentpsych.org/EBPConference>

Resource of the Week: [Military Suicide Prevention and Response](#)

Newly updated, from the Congressional Research Service:

When a servicemember dies by suicide, those close to the member often experience shock, anger, guilt, and sorrow. As such, a servicemember's suicide may adversely impact the wellbeing of his or her family and friends. Further, it may affect the morale and readiness of his or her unit. The military's response to suicidal thoughts (ideation), attempts, and deaths involves coordinated efforts among command and unit leadership, medical professionals, counselors, and others across the military community.

Under its constitutional authority to organize and regulate the military, Congress has oversight over this issue and may consider policy interventions intended to mitigate suicide risk factors and ensure appropriate response.

Table 1. Unadjusted Suicide Mortality Rates by Service and Component, CY2018-CY2023
(rate per 100,000 personnel)

Service	2018	2019	2020	2021	2022	2023
Active Total	24.9	26.3	28.6	24.3	25.1	28.2
Army	29.9	30.5	36.2	36.1	28.9	34.8
Marine Corps	30.8	25.3	34.5	23.9	36.0	35.9
Navy	20.7	22.1	19.0	17.0	20.6	21.0
Air Force	18.5	25.1	24.3	15.3	19.0	22.5
Space Force	—	—	nr	nr	nr	nr
Reserve Total	22.9	18.5	21.7	21.2	19.4	20.9
Army Reserve	25.3	19.4	22.2	24.8	20.8	24.9
Air Force, Navy, and Marine Corps Reserve rates are not reported (nr) by DOD when the suicide count is less than 20 due to statistical instability.						
Natl Guard Total	30.8	20.5	27.5	27.3	22.2	21.2
Army Guard	35.6	22.9	31.5	31.2	24.8	23.7
Air Guard	nr	nr	nr	nr	nr	nr

Shirl Kennedy

Research Editor

HJF employee collaborating with Center for Deployment Psychology

DoD and Uniformed Service Contractor

Phone: (727) 537-6160

Email: shirley.kennedy.ctr@usuhs.edu



Henry M. Jackson Foundation for the Advancement of Military Medicine