

# CDP



## Research Update -- May 8, 2025

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- Resource of the Week: Department of Defense Annual Report on Sexual Assault in the Military, Fiscal Year 2024 (DoD SAPRO)

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<https://doi.org/10.1016/j.pedhc.2025.03.006>

### **National Guard and Reserve Families: A Parent-Led Educational Intervention.**

Bednarski, J. E., Coddington, J., Sorg, M., & Wadsworth, S. M.

Journal of Pediatric Health Care  
Published online May 5, 2025

#### **Introduction**

The purpose of this study was to evaluate the effectiveness of an educational module on improving parent's ability to identify National Guard and Reserve children at-risk for mental health abnormalities.

#### **Methods**

A pre-post study design was used. The sample consisted of 51 National Guard and Reserve parents. Participants were recruited online from a Military Ministry Network, email list serves, and social media. Baseline data was collected on the preintervention survey. The educational module included signs/symptoms of abnormal mental health in children and the Pediatric Symptom Checklist 35. Postintervention data collection included the same data collected at baseline except demographics.

#### **Results**

The intervention increased parents' confidence and knowledge but failed to change the types of services parents used to access care. All children were at low-risk.

## Discussion

Parent-led education about mental health disorders, symptoms, causes, and treatments is an important first step in helping families take charge of treatment and management.

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<https://doi.org/10.1001/jamanetworkopen.2025.6551>

## **Cannabis Use and Misuse Following Recreational Cannabis Legalization.**

McDonald, A. J., Doggett, A., Belisario, K., Gillard, J., De Jesus, J., Vandehei, E., Lee, L., Halladay, J., & MacKillop, J.

JAMA Network Open

April 23, 2025

### Key Points

#### Question

Did cannabis use or misuse change among adults in the 5 years following recreational cannabis legalization in Canada (overall and by prelegalization cannabis use frequency)?

#### Findings

In this cohort study including 1428 adults, cannabis use frequency increased significantly overall while misuse decreased, with small effect sizes for both. Prelegalization cannabis use significantly moderated these changes.

#### Meaning

From a public health standpoint, this cohort study found modest changes (both negative and positive) in cannabis use behaviors in the 5 years following legalization in Canada.

### Abstract

#### Importance

An increasing number of jurisdictions have legalized recreational cannabis for adults, but most evaluations have used repeated cross-sectional designs, preventing examination of within-person and subgroup trajectories across legalization.

#### Objective

To examine changes in cannabis use and misuse in the 5 years following legalization in

Canada both overall and by prelegalization cannabis use frequency using a longitudinal design.

### Design, Setting, and Participants

This prospective cohort study included data from community-dwelling adults who participated in up to 11 biannual assessments from September 2018 to October 2023 in Ontario, Canada. Data were analyzed from November 2023 to January 2024.

### Exposure

Five years of recreational cannabis legalization (baseline wave was immediately prior to legalization).

### Main Outcome and Measures

Primary outcomes were cannabis use frequency and cannabis misuse, assessed using Cannabis Use Disorder Identification Test – Revised (CUDIT-R) score. Prelegalization cannabis use frequency, age, and sex were examined as moderators. Secondary outcomes included changes in cannabis product preferences over time.

### Results

The final cohort included 1428 community-dwelling adults aged 18 to 65 years (859 [60.2%] female; mean [SD] age, 34.5 [13.9] years). Mean retention was 90% across all waves. Linear mixed-effects modeling found a significant increase in cannabis use frequency, such that the mean proportion of days using cannabis increased by 0.35% (95% CI, 0.19% to 0.51%) per year ( $P < .001$ ) in the overall sample (1.75% over 5 years). In contrast, CUDIT-R scores (on scale of 0 to 32) decreased significantly overall ( $\beta = -0.08$  [95% CI,  $-0.10$  to  $-0.06$ ] per year;  $-0.4$  over 5 years;  $P < .001$ ), most notably with the onset of the COVID-19 pandemic. Interaction analyses indicated that prelegalization cannabis use frequency significantly moderated changes for both outcomes ( $P < .001$ ). Specifically, cannabis use and misuse decreased among prelegalization frequent consumers and modestly increased among occasional users and nonusers. Cannabis product preferences shifted away from dried flower, hashish, concentrates, oil, tinctures, and topicals to edibles, liquids, and vape pens.

### Conclusions and Relevance

In this prospective cohort study of community-dwelling adults in Canada, cannabis use frequency increased modestly in the 5 years following legalization, while cannabis misuse decreased modestly. These changes were substantially moderated by prelegalization cannabis use, with more frequent consumers of cannabis before legalization exhibiting the largest decreases in both outcomes. Although longer-term surveillance is required, these results suggest Canadian recreational cannabis

legalization was associated with modest negative and positive consequences among adults.

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<https://doi.org/10.1001/jamanetworkopen.2025.7695>

## **All-Cause Mortality and Life Expectancy by Birth Cohort Across US States.**

Holford, T. R., McKay, L., Tam, J., Jeon, J., & Meza, R.

JAMA Network Open

April 28, 2025

### Key Points

#### Question

How did cohort life expectancies change by US state during the 20th century?

#### Findings

In this cohort study of 179 million deaths, cohort life expectancy in the South, especially among females, changed little for those born from 1900 to 2000. For several states in the West and Northeast, cohort life expectancy improved substantially, and Washington, DC, exhibited the greatest improvement.

#### Meaning

These findings suggest that understanding how mortality patterns vary by birth cohort within each state can inform decision-making around resource allocation and public health interventions.

### Abstract

#### Importance

Although overall US mortality rates declined from 1969 to 2020, they vary considerably by state and generation, especially when evaluated by birth cohort. Trends in mortality and life expectancy by birth cohort for US states and Washington, DC, have yet to be characterized.

#### Objective

To estimate cohort mortality trends for each state and Washington, DC, and quantify life expectancy at birth and 40 years of age and the rate of increase after 35 years of age.

### Design, Setting, and Participants

In this cohort study, all-cause mortality rates by single years of age (0-119) and birth cohort (1900-2000) were estimated for each state in January 2025. Mortality data and population estimates were obtained from the National Center for Health Statistics, the Centers for Disease Control and Prevention Wide-Ranging Online Data for Epidemiologic Research website, and the Surveillance, Epidemiology, and End Results database for each state and Washington, DC, by single years of ages 0 to 84 and calendar years 1969 to 2020. An age-period-cohort model with constrained cubic splines for temporal effect estimates was used to estimate mortality from 1900 to 2000.

### Main Outcomes and Measures

Life expectancy for each cohort from birth or 40 years of age was estimated by sex and state, along with doubling time for the death rate after 35 years of age.

### Results

Analyses included 179 million deaths (77 million female and 102 million male). In the West and Northeast, cohort life expectancy improved from 1900 to 2000, but in some Southern states, it changed less than 3 years since 1900 in females and less than 2 years since 1950 in males. Washington, DC, had the lowest life expectancy in the 1900 birth cohort but a greater increase than the other states (from 61.1 to 72.8 years of age). After 35 years of age, the highest rate-doubling time in a state was 9.39 years in New York for females and 11.47 years for males in Florida. The shortest rate-doubling times were 7.96 years for females in Oklahoma and 8.95 years for males in Iowa.

### Conclusions and Relevance

Cohort-specific patterns across states reveal wide disparities in mortality. Some states have experienced little or no improvements in life expectancy from the 1900 to 2000 birth cohorts. Understanding how mortality patterns vary by birth cohort within each state can inform decision-making around resource allocation and public health interventions.

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<https://doi.org/10.1001/jamanetworkopen.2025.5954>

### **Burnout Trends Among US Health Care Workers.**

Mohr, D. C., Elnahal, S., Marks, M. L., Derickson, R., & Osatuke, K.

JAMA Network Open  
April 21, 2025

## Key Points

### Question

How have levels of burnout changed before, during, and after the COVID-19 pandemic among health care workers at the Veterans Health Administration (VHA)?

### Findings

In this 6-year survey study of VHA health care workers (ranging from 123 271 in 2018 to 169 448 in 2023), burnout levels generally decreased following the pandemic but remain high compared with prepandemic levels.

### Meaning

These findings suggest the need to explore ways to decrease burnout levels to prepandemic levels.

## Abstract

### Importance

Burnout among health care workers is a widespread concern in health care both before and since the COVID-19 pandemic, yet little is known about health care workers' burnout levels across occupations and settings.

### Objective

To examine trends in burnout and professional stress reported among health care workers working at the US Veterans Health Administration (VHA) and identify occupations that experienced notable changes and the factors associated with changes.

### Design, Setting, and Participants

This survey study used a retrospective cohort design grouped by key factors associated with burnout and professional stress. Responses to an annual organization-wide survey at 140 medical centers from 2018 to 2023 were used.

### Exposures

Respondents self-reported on 2 burnout items (ie, "I feel burned out from my work" and "I worry that this job is hardening me emotionally") from the Maslach Burnout Inventory during all study years and professional stress (moderate or lower vs high or extreme) from COVID-19 from 2020 to 2023.

## Main Outcome and Measures

Trends by occupation, telework status, and geographic region were examined, as well as the general pattern over time and the change in burnout and stress rates in the years following the start of the pandemic.

## Results

In 2018, the sample was 71.6% female, with an estimated mean (SD) age of 46.31 (12.11) years, and estimated mean (SD) VA tenure of 8.54 (7.33) years. Totals of health care worker respondents identified from 140 medical centers ranged from 123 271 in 2018 to 169 448 in 2023. Annual burnout rates were 30.4% for 2018, 31.3% for 2019, 30.9% for 2020, 35.4% for 2021, 39.8% for 2022, and 35.4% for 2023. Rates of professional stress from COVID-19 were 32.0% for 2020, 26.9% for 2021, 29.2% for 2022, and 21.4% for 2023. Both measures showed a decrease following the official public health emergency ending in 2023. Primary care physicians reported the highest burnout levels compared with other service areas, ranging from 46.2% in 2018 to 57.6% in 2022. Several service areas saw a relative increase of 10% or more in burnout between 2018 and 2023, with mental health, dental, and rehabilitation service employees reporting the highest increases in burnout rates over this time. Burnout levels for respondents who teleworked most of the time were lower than those for respondents who did not telework.

## Conclusions and Relevance

In this survey study of VHA health care workers, burnout and professional stress decreased on average following the pandemic, but burnout levels remain elevated compared with prepandemic levels. The VHA has made several efforts to reduce burnout and stress, and results showed some promise, but exploration of ways to reduce burnout to prepandemic levels is needed.

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<https://doi.org/10.1016/j.drugalcdep.2025.112661>

## **Daily associations between sleep quality, stress, and cannabis or alcohol use among veterans.**

Davis, J. P., Saba, S. K., Leightley, D., Pedersen, E. R., Prindle, J., Senator, B., Dilkina, B., Dworkin, E., Howe, E., Cantor, J., & Sedano, A.

Drug and Alcohol Dependence

Volume 271, 1 June 2025, 112661



## Highlights

- Poor sleep quality predicts increased stress and higher next-day alcohol use in veterans.
- Cannabis use is linked to reduced stress and better same-night sleep quality.
- Stress mediates the relationship between poor sleep quality and alcohol consumption.
- Dynamic structural equation modeling reveals bidirectional sleep-stress interactions.
- Results emphasize the need for tailored sleep and substance use interventions for veterans.

## Abstract

United States military veterans face heightened vulnerability to sleep disturbances due to factors such as irregular sleep schedules, combat-related stress, and co-occurring mental health disorders. These sleep disturbances are often exacerbated by substance use, including alcohol and cannabis, as veterans may rely on these substances to self-medicate for stress and sleep issues. However, the interplay between sleep quality, substance use, and perceived stress remains poorly understood, particularly on a day-to-day basis. This study aimed to explore the dynamic associations between these factors using daily diary data collected over three months from 74 veterans with elevated PTSD symptoms and problematic cannabis use. Data from this study are secondary analysis. Dynamic structural equation modeling (DSEM) was employed to examine both within-day and day-to-day lagged associations between sleep quality, perceived stress, and substance use (alcohol and cannabis). Results showed that worse sleep quality was associated with higher perceived stress the next day, which in turn predicted greater alcohol consumption. Additionally, stress mediated the relationship between poor sleep quality and increased alcohol use. For cannabis, while no day-to-day lagged effects were observed, within-day analyses revealed that higher cannabis use was associated with lower stress and better sleep quality that same night. These results highlight the complex and bidirectional relationships between sleep, stress, and substance use among veterans, underscoring the need for interventions that address these dynamics holistically. Future research should further explore these interactions using real-time data to inform tailored interventions for improving sleep and mental health outcomes in this population.

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## **Distinct Convergent Brain Alterations in Sleep Disorders and Sleep Deprivation: A Meta-Analysis.**

Reimann, G. M., Hoseini, A., Koçak, M., Beste, M., Küppers, V., Rosenzweig, I., Elmenhorst, D., Pires, G. N., Laird, A. R., Fox, P. T., Spiegelhalder, K., Reetz, K., Eickhoff, S. B., Müller, V. I., & Tahmasian, M.

JAMA Psychiatry  
April 23, 2025

### **Key Points**

#### **Question**

Are there any shared or specific structural and functional brain alterations of long-term sleep disorders and short-term sleep deprivation?

#### **Findings**

In multimodal neuroimaging meta-analyses across sleep disorders, convergent regional abnormality was observed in the bilateral subgenual anterior cingulate cortex and the right amygdala and hippocampus. The right thalamus was consistently altered following sleep deprivation in healthy individuals.

#### **Meaning**

Distinct convergent neural alterations between long-term sleep disorders and short-term sleep deprivation were observed, highlighting their unique underlying neurobiological substrates.

### **Abstract**

#### **Importance**

Sleep disorders have different etiologies yet share some nocturnal and daytime symptoms, suggesting common neurobiological substrates; healthy individuals undergoing experimental sleep deprivation also report analogous daytime symptoms. However, brain similarities and differences between long-term sleep disorders and short-term sleep deprivation are unclear.

#### **Objective**

To investigate the shared and specific neural correlates across sleep disorders and sleep deprivation.

## Data Sources

PubMed, Web of Science, Embase, Scopus, and BrainMap were searched up to January 2024 to identify relevant structural and functional neuroimaging articles.

## Study Selection

Whole-brain neuroimaging articles reporting voxel-based group differences between patients with different sleep disorders and healthy control participants or between total or partial sleep-deprived and well-rested individuals were included.

## Data Extraction and Synthesis

Significant coordinates of group comparisons, their contrast direction (eg, patients < controls), and imaging modality were extracted. For each article, 2 raters independently evaluated eligibility and extracted data. Subsequently, several meta-analyses were performed with the revised activation likelihood estimation algorithm using  $P < .05$  cluster-level familywise error correction.

## Main Outcomes and Measures

Transdiagnostic regional brain alterations were identified across sleep disorders and among articles reporting sleep deprivation. Their associated behavioral functions and task-based or task-free connectivity patterns were explored using 2 independent datasets (BrainMap and the enhanced Nathan Kline Institute–Rockland Sample).

## Results

A total of 231 articles (140 unique experiments, 3380 unique participants) were retrieved. The analysis across sleep disorders ( $n = 95$  experiments) identified the subgenual anterior cingulate cortex (176 voxels,  $z$  score = 4.86), associated with reward, reasoning, and gustation, and the amygdala and hippocampus (130 voxels,  $z$  score = 4.00), associated with negative emotion processing, memory, and olfaction. Both clusters had positive functional connectivity with the default mode network. The right thalamus (153 voxels,  $z$  score = 5.21) emerged as a consistent regional alteration following sleep deprivation ( $n = 45$  experiments). This cluster was associated with thermoregulation, action, and pain perception and showed positive functional connectivity with subcortical and (pre)motor regions. Subanalyses regarding the direction of alterations demonstrated that the subgenual anterior cingulate cortex exhibited decreased activation, connectivity, and/or volume, while the amygdala and hippocampus cluster and the thalamus cluster demonstrated increased activation, connectivity, and/or volume.

## Conclusions and Relevance

Distinct convergent brain abnormalities were observed between long-term sleep disorders (probably reflecting shared symptoms) and short-term sleep deprivation.

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<https://doi.org/10.1089/can.2024.0120>

## **Cost-Effectiveness of Medical Cannabis Versus Opioids for Chronic Noncancer Pain.**

Haron M. Jeddi , Jason W. Busse, Behnam Sadeghirad, Mitchell Levine, Caroline MacCallum, Li Wang, Rachel J. Couban, and Jean-Eric Tarride

Cannabis and Cannabinoid Research

Published Online: 30 April 2025

### Background:

Chronic noncancer pain (CNCP) affects one in five adults and is commonly managed with long-term opioid therapy. Concerns regarding rare but catastrophic harms associated with opioids, including overdose and death, have generated interest in alternatives including cannabis; however, the comparative cost-effectiveness of these management options is uncertain.

### Methods:

We used findings from a network meta-analysis of 90 randomized trials to develop a 1-year microsimulation model to compare costs and quality-adjusted life years (QALY) between oral medical cannabis and opioids for CNCP. We used a publicly funded health care payer perspective for our analyses and obtained cost and utility data from publicly available sources. All costs are reported in 2023 Canadian dollars. All analyses were probabilistic, and we conducted sensitivity and scenario analyses to assess robustness.

### Results:

Total mean annual cost per patient was \$1,980 for oral medical cannabis and \$1,851 for opioids, a difference of \$129 (95% confidence interval [CI]: -\$723 to \$525). Mean QALYs were 0.582 for both oral medical cannabis and opioids (95% CI: -0.007 to 0.015). Cost-effectiveness acceptability curves showed that oral medical cannabis was cost-effective in 31% of iterations at willingness-to-pay thresholds up to \$50,000/QALY gained. Use of opioids is associated with nonfatal and fatal overdose, whereas medical cannabis is not.

Discussion:

Our findings suggest that medical cannabis as an alternative to opioids for chronic pain may confer similar, but modest, benefits to patients, and reduce the risk of opioid overdose without substantially increasing costs.

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<https://doi.org/10.1177/0095327X251334585>

### **U.S. Combat Medicine and Military Morale.**

Tanisha M. Fazal, Jane L. Sumner, Jessica Korona-Bailey and Tracey Perez Koehlmoos

Armed Forces & Society  
May 02, 2025

While a number of studies have argued for a relationship between military morale and military effectiveness, analyses of the sources of morale have overlooked the possible role of military medicine. We suggest that military medicine may be an important predictor of morale. We assess this claim via an observational survey of U.S. military veterans and a survey experiment of active-duty U.S. military personnel. We find a statistically significant relationship between confidence in military medicine on one hand and morale on the other, especially for respondents who have seen combat.

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<https://doi.org/10.1177/13591053241236539>

### **Resilience after combat: A prospective, longitudinal study of Marines and Navy Corpsmen.**

Yurgil, K. A., Ricca, H., & Baker, D. G.

Journal of Health Psychology  
Volume 30, Issue 6

Resilience is common, yet our understanding of key biopsychosocial and environmental correlates is limited. Additionally, perceived resilience is often conflated with absence of

psychiatric symptoms. Here we leverage prospective, longitudinal data from 1835 Marines and Navy Corpsmen to examine predictors of perceived resilience 3 months after a combat deployment, while controlling for pre-deployment and concurrent psychiatric symptoms. Marines and Corpsmen did not differ significantly on psychosocial or clinical factors, and 50.4% reported high perceived resilience after deployment. Across groups, the strongest predictors of post-deployment perceived resilience were pre-deployment perceived resilience, positive emotions, and social support. Concurrent depression was the only clinical symptom negatively associated with perceived resilience. Our findings suggest that perceived resilience is a multi-dimensional construct that involves both psychosocial and personality factors, including but not limited to low psychopathology. Notably, establishing strong social support networks and encouraging positive emotions may help promote resilience following deployment.

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<https://doi.org/10.1037/tra0001685>

**Suicidal ideation and attempts and hyperarousal in military personnel and veterans: Network analysis reveals roles of anxiety sensitivity and insomnia.**

Jeon, M. E., Rogers, M. L., Udupa, N., & Joiner, T. E.

Psychological Trauma: Theory, Research, Practice, and Policy  
2025; 17(4), 786–794

**Objective:**

Suicidal thoughts and behaviors (STBs) are a serious public health problem in the United States and of particular concern among active-duty service members and veterans. Research indicates hyperarousal, through its relevance across other disorder constructs and correlations with risk factors, may confer suicide risk in this population. Investigation of hyperarousal's connection with STBs and risk factors relevant to military mental health may be illuminating.

**Method:**

A network analysis was conducted to examine whether hyperarousal transdiagnostically linked STBs with psychopathology symptoms and relevant correlates (i.e., alcohol use disorder symptoms, substance abuse, insomnia, and cognitive anxiety sensitivity [AS]) in a sample of active-duty service members and veterans (N = 1,050).

#### Results:

Hyperarousal shared direct associations with suicidal ideation, suicidal intent, and lifetime history of suicide attempts when examined in independence. It indirectly correlated with STBs via cognitive AS and insomnia when psychopathology symptoms and relevant correlates were included in the network. The network structure did not differ between active-duty personnel and veterans.

#### Conclusions:

Hyperarousal examined in independence may appear to directly correlate with STBs but this relationship may be better accounted for by cognitive AS and insomnia. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

#### Impact Statement

Hyperarousal shares meaningful relationships with various mental disorder symptoms and risk factors, including concerns about losing control over one's thoughts and insomnia symptom severity in active-duty members and veterans. Hyperarousal may elevate the risk for suicidal thoughts and behaviors in military personnel through its connection with these disorder symptoms. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

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<https://doi.org/10.1037/tra0001656>

#### **Negative posttraumatic cognitions about self potentially mediate the relation between sexual revictimization and suicide risk in a sample of military sexual assault survivors.**

Xu, B., Blais, R. K., & Tannahill, H.

Psychological Trauma: Theory, Research, Practice, and Policy  
2025; 17(4), 777–785

#### Objective:

Military sexual trauma (MST) is a risk factor for suicide among service members/veterans. Research reported that around half of MST survivors were exposed to pre-MST, making MST a revictimization experience. Unfortunately, little is known about mechanisms of the association between revictimization and suicide risk among MST survivors. One possible mechanism is posttraumatic cognitions (PTCs), which include the survivor's (a) negative cognitions about themselves, (b) negative cognitions

about the world, and (c) self-blame. The current study examined each of the PTC subscales as potential mediators of the association between sexual revictimization and suicide risk.

#### Method:

Participants were 383 service members/veterans reporting a history of MST that involved assault (50.65% female). Participants completed self-report questionnaires assessing demographics, suicide risk, history of sexual victimization (MST and premilitary sexual victimization), and PTCs. Of these, 340 (88.8%) reported a history of MST and premilitary victimization and comprised the revictimization group.

#### Results:

Parallel mediation analysis with suicide risk regressed on each of the PTCs subscales and covariates revealed that negative cognitions about self had a significant indirect effect on the association between revictimization and higher suicide risk, above and beyond negative cognitions about the world and self-blame.

#### Conclusions:

Targeting negative cognitions about self among sexual revictimization survivors may be a therapeutic strategy to reduce suicide risk most effectively. Cognitive processing therapy may be particularly useful given the focus on altering PTCs. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

#### Impact Statement

This study underscores the potential role of posttraumatic cognitions (PTCs) in mediating the link between sexual revictimization and heightened suicide risk among military sexual trauma (MST) survivors. Particularly, negative self-cognitions emerge as a potential significant mediator. For clinical practice, this suggests that targeting and modifying negative self-beliefs could be crucial to effectively reduce suicide risk in MST survivors with revictimization experiences. Therapeutic approaches like cognitive processing therapy, which focuses on reshaping PTCs, may offer promising interventions. This knowledge informs clinicians to prioritize addressing negative self-cognitions in treatment plans, potentially improving suicide prevention outcomes in this vulnerable MST survivor subgroup. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

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<https://doi.org/10.1093/milmed/usaf156>

## **Confronting the Mental Health Challenges of Large-Scale Combat Operations.**

Cole, R., & Remondelli, M. H.

Military Medicine

Published: 30 April 2025

The Department of Defense predicts that future conflicts will involve large-scale combat operations (LSCOs) characterized by high-intensity warfare between technologically advanced nations. These conflicts may result in prolonged exposure to violence, increasing the risk of severe mental health consequences for military personnel, veterans, and civilians. Research on past wars and ongoing conflicts, such as the war in Ukraine, demonstrates the heightened risks of post-traumatic stress disorder, depression, moral injury, and compassion fatigue in LSCOs. Unlike previous conflicts in Iraq and Afghanistan, LSCOs may involve prolonged deployments, limited medical evacuations, and greater use of cyber and psychological warfare, exacerbating psychological distress.

Given these anticipated threats, we urge mental health professionals to proactively address the anticipated mental health challenges associated with LSCOs. Preemptive strategies may include predeployment resilience training, increased access to deployable and telehealth mental health resources, and targeted interventions for preventing and mitigating moral injury. Additionally, civilian populations in conflict zones may experience displacement and exposure to violence. Given the long-term psychological impact of large-scale warfare, ongoing mental health program development and evaluation is needed to support affected populations. By anticipating these challenges posed by LSCOs, mental health professionals can implement strategic interventions to mitigate their psychological burden on service members, veterans, and civilians.

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<https://doi.org/10.55460/VUM3-FKJO>

## **Chronicity of Posttraumatic Stress Disorder Symptoms Following Traumatic Brain Injury: A Comparison of Special Operators and Conventional Forces.**

Miles, S., Klyce, D., Garcia, A., Thelan, A. R., Tang, X., Wallace, R., Kumar, R. G., & Nakase-Richardson, R.

Journal of Special Operations Medicine  
Winter 2024

#### Background:

Special Operations Forces (SOF) have become the solution to many of the United States military challenges due to their ability to conduct time sensitive, clandestine, and high-risk missions. Historically, SOF were assumed to be resilient to the psychological sequelae of war, including posttraumatic stress disorder (PTSD). However, the objective burden of PTSD in SOF, particularly after traumatic brain injury (TBI), remains unknown. This study compared average PTSD symptoms over time between SOF and Conventional Forces (CF) who had sustained a TBI.

#### Methods:

This prospective cohort study examined Servicemembers and Veterans admitted to one of five Veterans Affairs Polytrauma Rehabilitation Centers for TBI. Propensity score matching created matched samples of 205 SOF and 205 CF. The PTSD Checklist-Civilian version (PCL-C) measured PTSD symptoms at admission and 1, 2, 5, and 10 years post TBI.

#### Results:

In a longitudinal mixed-effects model of PTSD symptoms over time grouped by TBI severity, SOF and CF had similar severity and patterns of PTSD symptoms. SOF and CF with mild TBI had more PTSD symptoms across all time points compared to those with moderate and severe TBI.

#### Conclusion:

The evolution and severity of PTSD symptoms after TBI in SOF and CF were similar. While SOFs had higher resilience compared to CFs in previous work, SOFs are not impervious to trauma exposure and PTSD. Increasing awareness of PTSD prevalence and consequences is needed to serve SOF. Identifying those needing care and providing evidence-based PTSD treatments can have the downstream effects of reducing attrition from the service and maintaining military readiness.

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**Trauma exposure typologies as predictors of PTSD and functional impairment among male and female veterans.**

Bridges-Curry, Z., Coleman, J. N., Calhoun, P. S., & VA Mid-Atlantic MIRECC Workgroup

Psychiatry Research  
Volume 348, June 2025, 116450

**Highlights**

- A subset of veterans are exposed to multiple trauma types (i.e., polyvictimization).
- Polyvictimization increases odds of poor outcomes for male veterans.
- Female veterans experience disproportionate rates of interpersonal and sexual trauma.
- Receiving treatment may reduce persistence of PTSD symptoms over time.

**Abstract**

Individuals exposed to multiple trauma types (i.e., polyvictimization) are at increased risk for poor mental health outcomes. However, despite high rates of exposure to traumatic events among veterans, few studies have examined typologies of lifetime trauma exposure or tested long-term impacts of these patterns of exposure in this population. The present study used latent profile analysis (LPA) to identify typologies of trauma among male and female post-9/11 veterans (N = 774) and test these typologies as predictors of posttraumatic stress disorder (PTSD) symptoms and functional impairment at 10-year follow-up. Three subgroups were identified among male veterans, including low exposure, combat exposure, and polyvictimization. Three subgroups were also identified among female veterans, including moderate exposure, intimate partner violence, and polyvictimization. Relative to low exposure, polyvictimization but not combat exposure predicted elevated PTSD symptoms at follow-up for male veterans. These findings call attention to the long-term deleterious impacts of polyvictimization among male veterans and highlight the unique experiences of female veterans, including disproportionate rates of exposure to interpersonal and sexual violence across the lifespan.

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## Links of Interest

Military sexual assault reports decreased 4% last fiscal year

<https://www.militarytimes.com/news/pentagon-congress/2025/05/01/military-sexual-assault-reports-decreased-4-last-fiscal-year/>

What Parents Need to Know About Online Misinformation

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2833317>

Children in military families face unique psychological challenges, and the barriers to getting help add to the strain

<https://theconversation.com/children-in-military-families-face-unique-psychological-challenges-and-the-barriers-to-getting-help-add-to-the-strain-251989>

- DoD Child Collaboration Study 2nd Annual Conference - Fall 2025 (CDP)  
<https://docs.google.com/forms/d/e/1FAIpQLSeN-0uZyBJ5f5-3rgWUsZ36yqwOxvTljWscGTi0Q4YRqsiOoQ/viewform>
- 2025 Bridging The Gap: Behavioral Health Innovations Supporting Military Kids and Families (CDP)
- <https://deploymentpsych.ce21.com/item/2025-bridging-gap-behavioral-health-innovations-supporting-military-kids-families-135024>

Research at CDP: The Turning Training into Action Study

<https://deploymentpsych.org/blog/research-cdp-turning-training-action-study>

Military Spouses: The Unsung CFOs of Military Families

<https://www.military.com/money/personal-finance/military-spouses-unsung-cfos-of-military-families.html>

DOD working on recipe to improve food on military bases

<https://www.militarytimes.com/pay-benefits/mil-money/2025/05/06/dod-working-on-recipe-to-improve-food-on-military-bases/>

Strengthening Mental Health Support Across the Force: A Commitment to Action and Access

<https://health.mil/News/Dvids-Articles/2025/04/30/news496580>

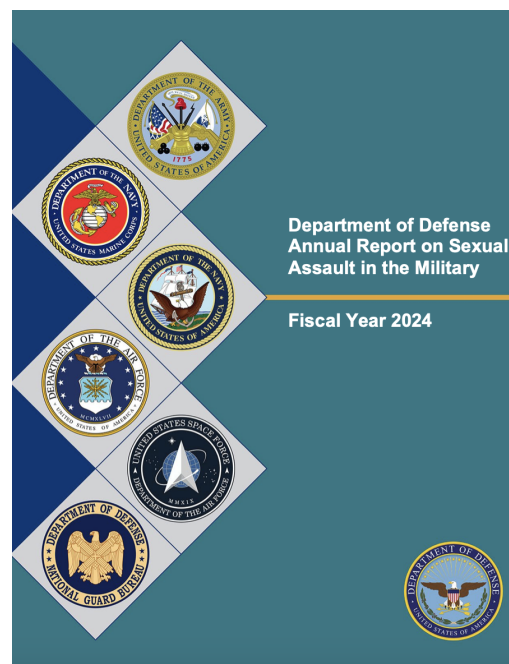
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**Resource of the Week: [Department of Defense Annual Report on Sexual Assault in the Military, Fiscal Year 2024](#)**

New, from the Department of Defense Sexual Assault Prevention and Response Office:

Top Line Results

- The Department received a total of 8,195 reports of sexual assault in FY24, which is a decrease of 320 reports over the 8,515 received in FY23. – Of the 8,195 reports, 5,169 were Unrestricted Reports of sexual assault, and 3,026 reports remained Restricted at the end of the year. The Department cannot fully interpret the above decrease because no prevalence survey was administered during FY24. – Results from the prevalence survey conducted in 2023 can be found [HERE](#).
- The Department encourages greater reporting of sexual assault to connect victims with restorative care and to hold alleged offenders appropriately accountable.
- In FY24, the Military Departments reported case outcomes for 4,292 cases. Of those 4,292 cases, Special Trial Counsel and military commanders had sufficient authority and/or jurisdiction to consider 3,233 cases for possible action against the accused. The evidence supported disciplinary action in 2,128 cases.



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