

# CDP

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## Research Update -- May 15, 2025

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<https://doi.org/10.3928/02793695-20250108-01>

**No Sky Too High, No Sea Too Rough: Qualitative Investigation of Resilience and Suicide in Special Operations Forces Service Members.**

Rocklein, K., Paun, O., Hamilton, R., Shattell, M., Held, P., Chandler, G., & Viola, S.

Journal of Psychosocial Nursing and Mental Health Services  
2025; 63(5): 26–38

**Purpose:**

To investigate resilience in American Special Operations Forces (SOF) personnel.

**Method:**

A qualitative descriptive exploratory design was used to interview Special Forces and Navy SEAL participants about their perspectives on and experiences of resilience. Assumptions that high resilience inversely correlates with suicide risk in SOF drove our

primary research questions and study focus. Questions were based on Holling's theory of ecological resilience.

#### Results:

Participants provided insightful and detailed data of their resilience and were often self-effacing or self-critical. Responses indicated that although quite resilient, SOF personnel express their resilience in ways known to become pathological and precipitate suicidality if left undetected. Extracted subthemes indicated commitment to others over self and a nexus of trait variables linked to suicidality. Estimated neurotrauma from repetitive blast exposures should be incorporated in future models.

#### Conclusion:

Findings challenge prevailing beliefs that dysfunctional behaviors and suboptimal resilience drive SOF suicide. Results herein justify future research and changes to command postures and U.S. Department of Defense initiatives regarding relationships between and among variables of resilience, neurotrauma, and suicide in SOF.

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<https://doi.org/10.1017/S1352465825000116>

### **Resilience in diversity: a restricted range of roles is associated with more severe moral injury.**

James, K. E., McKimmie, B. M., & Maccallum, F.

Behavioural and Cognitive Psychotherapy

Published online by Cambridge University Press: 13 May 2025

Moral injury is a potentially deleterious mental health outcome that can follow exposure to events that challenge one's moral code. Theoretical models suggest a multi-faceted self-concept may support adaptation following such events. However, little is known about the relationship between self-concept complexity and outcomes following potentially morally injurious events.

#### Aims:

This cross-sectional study investigated hypothesized relationships between self-concept complexity and outcomes in adults (n=172) exposed to potentially morally injurious events.

#### Method:

Participants completed validated measures of event-related distress, traumatic stress, depression and anxiety, and a self-complexity task in which they provided multiple descriptors of their self-concept. Responses were coded for overall diversity, defined as number of categories of self-descriptors, and role diversity, defined as number of social and activity-based roles.

#### Results:

Multiple regression analyses found greater role diversity independently predicted lower event-related distress, while overall self-diversity and total number of self-descriptors did not.

#### Conclusion:

Findings indicate diversity in active facets of the self (e.g. relational or activity-based roles) may buffer the effects of a potentially morally injurious event.

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<https://doi.org/10.1097/JOM.0000000000003321>

### **Persistence and Patterns of Combat-Related Posttraumatic Stress Disorder (PTSD), Medical, and Social Dysfunction in Male Military Veterans 50 Years After Deployment to Vietnam.**

Stellman, S. D., Pless Kaiser, A., Smith, B. N., Spiro, A., & Stellman, J. M.

Journal of Occupational and Environmental Medicine  
67(5): p 306-312, May 2025

#### Objectives

We examined long-term patterns of posttraumatic stress disorder (PTSD) and behavioral outcomes in Vietnam veterans.

#### Methods

A random sample of 12,400 veterans was surveyed in 1984, 1998, and a deployed subset (n = 729) in 2020. Outcomes included PTSD, psychological well-being, health functioning, and disability.

#### Results

Four PTSD patterns emerged over 35 years: current PTSD (9.1%, rising to 15.5% in

heavy combat), prior PTSD (9.7%), subthreshold PTSD (25.2%), and never PTSD (56.0%). A strong combat-PTSD dose-response relationship persisted across time points. Veterans with current PTSD showed the worst outcomes; those with subthreshold or prior PTSD had intermediate outcomes, while never-PTSD veterans fared best. Community support mitigated adverse effects.

#### Conclusions

Findings highlight the enduring impact of combat, with PTSD and related dysfunction affecting veterans even below clinical thresholds, leaving many ineligible for Department of Veterans Affairs (DVA) programs.

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<https://doi.org/10.1097/JOM.0000000000003302>

### **Impact of Persistent Combat-Related PTSD on Heart Disease and Chronic Disease Comorbidity in Aging Vietnam Veterans.**

Stellman, S. D., Pless Kaiser, A., Smith, B. N., Spiro, A., & Stellman, J. M.

Journal of Occupational and Environmental Medicine  
67(5): p 299-305, May 2025

#### Objectives

To assess combat and combat-related posttraumatic stress disorder (PTSD) as risk factors for heart disease and noncardiac chronic disease comorbidity in deployed Vietnam veterans 50 years post-War.

#### Methods

A random sample of 12,400 veterans was surveyed in 1984 & 1998, and a deployed subset (n=729) in 2000. Outcomes included probable PTSD and history of diagnosed chronic illnesses.

#### Results

Twenty-eight percent reported a diagnosed heart condition; combat exposure in Vietnam was a significant predictor (odds ratio = 1.92, 95% confidence interval = 1.13–3.31). Veterans with heart disease reported significantly more comorbid chronic illnesses, including arthritis and respiratory conditions: sleep apnea, emphysema, and asthma. Chronic illnesses were reported more often by men with PTSD.

## Conclusions

Emerging evidence suggests that 50 years after Vietnam combat and associated PTSD may contribute to heart disease and comorbid conditions.

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<https://doi.org/10.7326/ANNALS-24-011>

## **Sexual Trauma, Suicide, and Overdose in a National Cohort of Older Veterans.**

Hargrave, A. S., Cohen, B. E., Gibson, C. J., Keyhani, S., Li, Y., Boscardin, W. J., & Byers, A. L.

Annals of Internal Medicine

29 April 2025

### Background:

Little is known about the association between military sexual trauma (MST) and risk for suicide-related outcomes later in life.

### Objective:

To determine the association between MST and risk for suicide, overdose, and related mortality among older men and women at specific age landmarks and to investigate whether posttraumatic stress disorder (PTSD) modifies risk.

### Design:

Longitudinal cohort study; baseline in 2012 to 2013, with follow-up through 31 December 2020.

### Setting:

All U.S. Department of Veterans Affairs (VA) medical centers in the United States.

### Participants:

5 059 526 veterans aged 50 years or older.

### Measurements:

Positive MST screening result, nonfatal suicide attempt, death by suicide, or overdose death.

#### Results:

MST was documented for 15.7% of older women and 1.3% of older men. The adjusted cumulative incidence of any suicide attempt was higher for those with MST (men, 18.67%; women, 8.66%) than for those without MST (men, 6.25%; women, 2.92%) at age 90 years. The adjusted risk differences among men and women were 12.41% (95% CI, 11.72% to 13.10%) and 5.74% (CI, 5.22% to 6.26%) for any late-life suicide attempt, 11.92% (CI, 11.27% to 12.57%) and 5.58% (CI, 5.08% to 6.08%) for nonfatal suicide attempt, 0.27% (CI, 0.00% to 0.54%) and 0.15% (CI, 0.00% to 0.30%) for fatal suicide attempt, and 1.05% (CI, 0.79% to 1.31%) and 0.48% (CI, 0.28% to 0.68%) for any drug overdose at age 90 years. MST remained a significant risk factor for any suicide attempt among people with and without PTSD.

#### Limitations:

Selection bias, generalizability to non-VA veterans, possible unmeasured confounding, and missingness.

#### Conclusion:

Late-life suicide attempt and death by suicide or overdose are associated with prior MST. These findings advance our understanding of the lasting effect of sexual trauma on suicide risk and mortality and suggest that monitoring and treatment of MST-related conditions are vital over the long term.

#### Primary funding source:

VA Office of Research and Development.

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<https://doi.org/10.1002/jts.23160>

#### **Problematic anger in a treatment-seeking Canadian veteran population: Prevalence, assessment, and treatment implications.**

Maya L. Roth, Sonya G. Wanklyn, Brian M. Bird, Erin Collins, Dominic Gargala, Stephanie A. Houle, David Forbes, Anthony Nazarov, J. Don Richardson

Journal of Traumatic Stress  
First published: 28 April 2025

Anger is a natural, adaptive emotion that is culturally accepted in military settings. Problematic anger (i.e., intense anger paired with significant distress and functional

impairment linked to) is gaining attention in military and veteran populations. This study examined problematic anger in 882 Canadian Armed Forces personnel and veterans referred to a specialized mental health clinic. Intake assessments included measures of anger, psychological conditions, and military and demographic variables. Approximately 63% of participants reported problematic anger. Respondents who endorsed problematic anger had higher rates of posttraumatic stress disorder (PTSD) symptom severity,  $d = 1.06$ ; depression,  $d = 0.82$ ; anxiety symptom frequency,  $d = 0.94$ ; and harmful drinking,  $d = 0.36$ ,  $ps < .001$ , compared to those who did not. Sequential linear regression analyses demonstrated that PTSD symptom severity,  $B_{adjusted} = 0.18$ , 95% CI [0.16, 0.20],  $R^2 = .37$ , and anxiety symptom frequency,  $B_{adjusted} = 0.55$ , 95% CI [0.49, 0.61],  $R^2 = .33$ , accounted for the largest proportion of the variance in problematic anger symptom severity. This is the first study to report on problematic anger in a Canadian military/veteran context, and the results suggest that almost two thirds of veterans endorsed problematic anger, which is higher than previously reported prevalence rates. This study is a starting point for better understanding risk and vulnerability factors for problematic anger among Canadian military personnel and veterans and clarifying the associations among problematic anger, PTSD, and anxiety symptoms. Implementing standardized screening for problematic anger may improve diagnostic precision, treatment planning, and outcomes.

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<https://doi.org/10.3389/fpsy.2025.1520980>

### **"We don't talk about these things": Asian American Veterans' Lived Experiences and Perspectives of Suicide Risk and Prevention.**

LS Krishnamurti, J Mignogna, CA Iglesias, C Rohs, E Polzer, R Holliday, G lawmasa, L Monteith

Frontiers in Psychiatry

Accepted: 28 Apr 2025

#### Background:

Suicide rates have increased substantially among Asian American, Native Hawaiian, and Pacific Islander Veterans. However, little is known about the context of suicide risk or how best to tailor care for this population, especially as it relates specifically to Asian American Veterans, for whom extant research has been limited. We explored Asian American Veterans' lived experiences with suicidal thoughts and behaviors, their

perspectives regarding suicide risk and prevention, and the broader context in which these occurred.

#### Methods:

Qualitative interviews were conducted in 2022-2023 with 20 Asian American Veterans with histories of suicidal ideation and/or suicide attempt(s). Interviews explored participants' identities and values (i.e., for context), their beliefs, experiences and perspectives regarding suicide prevention (e.g., how suicide is discussed among Asian American Veterans). Interview transcripts were analyzed through inductive thematic content analysis.

#### Results:

We identified four themes relevant to Asian American Veterans' experiences with suicidal thoughts and behaviors, perspectives on suicide risk and prevention, and the context in which these occurred. First, participants spoke to the "model minority" stereotype and pressure to convey self-discipline and perfectionism and to acculturate to American or Western values, which were also shaped by their own or familial immigration experiences. Second, participants reflected upon their minoritized status within the U.S. military, which often mirrored the sense of "otherness" experienced outside of their military service. While participants described positive overall experiences in the military, they also described experiencing racism during their military service. Third, mental health stigma was salient, shaped by cultural beliefs and perceived as consistent with military culture, deterring disclosure and help-seeking and posing an obstacle for suicide prevention. Lastly, destigmatizing mental healthcare and increasing the visibility of Asian American Veterans seeking mental health services were considered paramount to suicide prevention.

#### Conclusion:

Considerations for preventing suicide among Asian American Veterans include addressing the sociocultural factors that shape mental health, suicide risk, and healthcare use. In particular, findings suggest the importance of addressing stereotypes about Asian Americans (e.g., model minority myth), preventing behaviors that contribute to a sense of "otherness," and increasing the visibility of Asian American Veterans in outreach and messaging to promote help-seeking.

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<https://doi.org/10.1093/milmed/usaf142>

## **Risk and Protective Factors Associated With Adjustment to Military Relocation: A Pilot Study.**

Thomas H Nassif, MSC USA, Thomas W Britt, PhD, Amy B Adler, PhD

Military Medicine

Published: 28 April 2025

### Introduction

Military relocations represent an opportunity for growth and a potential risk in terms of psychological adjustment. Although relocation is common in the military, little research has examined associated risk and protective factors. This study examined relocation stressors and facilitators and how they related to 3 forms of adjustment: loneliness, perceived stress, and work satisfaction. Since the first relocation experience may be particularly challenging, this study also compared relocation stressors and facilitators between soldiers arriving at their first duty station and those with previous relocation experience.

### Materials and Methods

Active duty soldiers (n = 242) at 2 U.S. military installations participated in an anonymous survey on military relocation. Relocation risk and protective factors were assessed using the Relocation Stressor Scale and the Relocation Facilitator Scale developed for this study. Primary outcomes included loneliness, perceived stress, and work satisfaction. To examine the extent to which the relocation stressor and facilitator scales predicted adjustment outcomes, hierarchical multiple regressions were conducted accounting for rank, marital status, having children, and first duty station.

### Results

Over half of participants rated relocation stressors related to affordable housing, loss of social support, moving logistics, and adjustment of the soldier's family and spouse as at least "somewhat stressful." Regarding relocation facilitators, a majority agreed that leaders and unit members were helpful after relocation. However, less than half reported that leaders and unit members were welcoming before relocation and only 1 in 3 reported their sponsor was helpful. Relocation stressors predicted more loneliness, more perceived stress, and less work satisfaction after adjusting for rank, marital status, having children, and first duty station. Likewise, relocation facilitators predicted less loneliness, less perceived stress, and more work satisfaction, after adjusting for the same demographics. Soldiers at their first duty station of assignment also reported

higher levels of relocation stressors than those with prior relocation experience ( $P < .001$ ); there was no difference between these 2 groups in terms of relocation facilitators ( $P = .297$ ).

#### Discussion

The findings offer insight into relocation stressors and facilitators and suggest the need to consider the stress of relocation from both a practical standpoint and an emotional one. Since the association between relocation variables and adjustment was evident even after accounting for rank, marital status, children, and first duty station, the results also suggest that intervening to address relocation stressors and enhance the level of relocation facilitators is important regardless of a soldier's specific demographics. Nonetheless, soldiers experiencing their first relocation may understandably require more support in addressing their relocation stressors. While limited by cross-sectional self-report data from only 2 military posts, this study produced the first military Relocation Stressor Scale and Relocation Facilitator Scale. Taken together, results suggest steps that leaders, unit members, and the organization can take to help incoming soldiers better adjust to their new unit.

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<https://doi.org/10.1080/15027570.2025.2492929>

### **“It’s There and You’re Changed Forever”: Military Physicians’ Perceptions of Moral Injury.**

Cole, R., Shumaker, J. T., & Rudinsky, S. L.

Journal of Military Ethics

Published online: 30 Apr 2025

Moral injury implies a dissonance between personal ethics and systemic constraints. No research currently exists regarding moral injury in military physicians. The purpose of this qualitative study, therefore, was to examine military medical physicians' perceptions of moral injury in order to understand how they define and experience this phenomenon. We used a qualitative phenomenological design to interview military physicians from a variety of specialties. We coded these interviews and organized these codes into categories, which were the themes of our study. These themes revealed our participants' perceptions of moral injury: (1) inability to provide standard of care; (2) moral ambiguity of caring for foreign nationals; and (3) lasting impact. The participants described their experiences of being unable to provide adequate care for their patients

due to the command hierarchy limiting their decision making or a lack of available resources. They also experienced moral ambiguity with humanitarian missions and treating enemy combatants. Overall, our study revealed that moral injury occurs in military physicians as they reconcile their morality with the scope of the military's greater mission.

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

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

Rebekah Cole, PhD, MEd , Mason H Remondelli, MC, USA

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/10.1016/j.jpain.2025.105226>

## **Potentially Morally Injurious Events, Pain Experiences, and Functioning in Post-9/11 U.S. Veterans.**

Marcus G. Wild • Dustin Greer • Sheila F. O'Brien

The Journal of Pain

Volume 29, Supplement 105226, April 2025

Moral injury—the lasting psychological harm characterized by guilt, anger, and shame that results from violations or betrayals of right and wrong—is associated with worse psychological and functional outcomes. The relation between moral injury and chronic pain, however, is under-investigated. No study has yet investigated the longitudinal associations of moral injury with pain outcomes, nor compared how moral injury and posttraumatic stress disorder (PTSD) symptoms contribute to pain experience and psychosocial functioning. We hypothesized that potentially morally injurious events (PMIEs)—experiences of either acts that were wrong or betrayal—and PTSD symptoms would be positively correlated both cross-sectionally and prospectively with pain intensity, and negatively correlated with functional disability. We conducted secondary data analysis in a sample of 351 post-9/11 U.S. veterans (70% male, 33.6% Black/African American) who completed baseline and 2-year assessments. Betrayal, but not wrongs, was cross-sectionally associated with pain intensity ( $p=0.19$ , 95% CI:0.07-0.30); both were cross-sectionally associated with functional disability (betrayal:  $p=0.39$ , 95% CI:0.30-0.48; wrongs:  $p=0.36$ , 95% CI:0.27-0.45). Neither wrongs nor betrayal were longitudinally associated with two-year pain intensity; however, both were related to two-year functional disability (betrayal:  $p=0.39$ , 95% CI:0.29-0.48; wrongs:  $p=0.39$ , 95% CI:0.29-0.48). PTSD symptoms at baseline were more closely associated with pain intensity both cross-sectionally ( $p=0.38$ , 95% CI:0.27-0.49) and prospectively ( $p=0.15$ , 95% CI:0.01-0.28) than PMIEs. Results suggest avoidance and negative alterations of cognitions and mood may impact subsequent pain intensity more than events that violate moral beliefs, and events that violate moral beliefs may associate with functional disability more than pain intensity.

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<https://doi.org/10.1080/15402002.2025.2499136>

## **Rates of Sleep Disorders Based on a Structured Clinical Interview in US Active-Duty Military Personnel with Acute Suicide Risk.**

Zhu, Y., Pruiksma, K. E., Taylor, D. J., Khazem, L. R., Baker, J. C., Young, J., ... Brown, L. A.

Behavioral Sleep Medicine

Published online: 29 Apr 2025

### Objectives

Individuals who are at higher risk for suicide commonly report sleep disorder symptoms. There is a need for increased precision in understanding which sleep disorder symptoms are most reported in at-risk populations, as well as variability in sleep disorder symptoms. The current study comprehensively evaluates sleep problems in US Active-Duty Military Personnel with acute suicide risk.

### Methods

Active-duty treatment-seeking US Marines (N = 40) were recruited based on suicide ideation with intent/plan/suicide attempt in the past month. Marines completed a structured clinical interview for sleep disorders and self-report questionnaires.

### Results

Almost all (97.5%) of the participants met criteria for at least one sleep disorder, including insomnia (75.0%), nightmare disorder (50.0%), circadian rhythm sleep–wake disorders (27.5%), and possible obstructive sleep apnea–hypopnea syndrome (25.0%). There was not able variability in total sleep duration (5.45–7.01 hr per night) and bedtimes (19:30–1:00 workdays; 19:30–5:30 weekends), and poor average sleep efficiency (63.28% on weekdays and 69.43% on weekends).

### Conclusions

These results underscore our hypothesis that sleep problems are prevalent among military personnel at high risk for suicide. There is a need for a more precise assessment of sleep disorder symptoms among service members who are at high risk for suicide, as well as expanded intervention opportunities in this group.

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<https://doi.org/10.1080/28367472.2025.2497531>

## **Military Combat Exposure and Risk Domains: Assessing Associations in Current and Former U.S. Army Reserve and National Guard Soldiers.**

McCormick-Cisse, M. N., Homish, D. L., Vest, B. M., Hoopsick, R. A., Arif, M., & Homish, G. G.

Journal of Military Social Work and Behavioral Health Services,  
Published online: 30 Apr 2025

The association between combat exposure and mental health outcomes among military personnel is well established. However, less is understood about the relationship between combat exposure, military status, and various risk domains. The goal of this study is to examine the impact of combat exposure on various domains of risk and to identify if associations differ based on the military status (current vs. former) of U.S. Army Reserve and National Guard (USAR/NG) soldiers. Data for this analysis comes from Operation: SAFETY (Soldiers and Families Excelling Through the Years), a longitudinal study that seeks to examine the health and well-being of USAR/NG soldiers and their partners. For this report, we used a cross-sectional subset of the data to examine associations between combat exposure and the risk domains of previously deployed male USAR/NG soldiers (N = 192) with Cherpitel's risk behavior scale. Findings revealed a significant interaction between combat exposure and military status on risk perception ( $p < 0.05$ ), suggesting that perceptions change as exposure increases and that this effect is stronger in current soldiers. The interaction between combat exposure and military status on sensation-seeking was also significant ( $p < 0.05$ ), where greater combat exposure was associated with greater sensation-seeking among former, but not current soldiers. These findings highlight the importance of developing interventions that can address the role that combat experiences have on risk perception and sensation-seeking behaviors post-deployment.

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<https://doi.org/10.1001/jamapsychiatry.2025.0673>

## **Psychiatric Prognosis Following Index Suicide Attempts in Early Adolescents.**

Bommersbach, T. J., Johnson, G., Pazdernik, V. K., Bostwick, J. M., & McKean, A. J. S.

JAMA Psychiatry  
2025 May 14

## Key Points

### Question

What are the long-term social and psychiatric outcomes of individuals making first suicide attempts that come to medical attention between 10 and 14 years of age?

### Findings

In this cohort study of 164 individuals, in the follow-up period of up to 36 years after the first attempt, no individuals died by suicide. Cluster analysis showed that psychopathology was concentrated in 20% of the sample, with comparatively lower rates of psychopathology and favorable social outcomes in the other 80%.

### Meaning

These findings portray a more positive outlook than previously thought on the long-term prognosis for most early adolescents who survive first suicide attempts.

## Abstract

### Importance

The rates of suicide and suicide attempts are rising precipitously among early adolescents aged 10 to 14 years in the US. While suicide attempts in this age group are more common and associated with lower lethality than in older age groups, very little is known about these individuals' long-term social and psychiatric outcomes.

### Objectives

To examine the adult outcomes of individuals making index suicide attempts that came to medical attention between the ages of 10 and 14 years.

### Design, Setting, and Participants

This population-based cohort constitutes a subsample (n = 164) of a previously reported retrospective-prospective study examining individuals who made index suicide attempts during a 22-year period (1986-2007) in Olmsted County, Minnesota.

### Main Outcomes and Measures

To collect outcome measures, the medical records of all individuals were queried until March 31, 2023, comprising up to 36 years of follow-up data after the index attempt. Measures included current social, psychiatric, and mortality outcomes as well as lifetime measures of psychiatric hospitalizations and repeat suicide attempts. K-means clustering generated adult groupings based on aggregates of psychiatric

hospitalizations and repeat attempts. Multivariable logistic regression identified index attempt factors associated with poor adult outcomes.

## Results

Of 164 individuals aged 10 to 14 years who made index attempts (128 [78.0%] female; mean [SD] age at index attempt, 13.7 [1.1] years), 3 (1.8%) died on the index attempt. In the follow-up period, no individuals died by suicide. K-means clustering generated a 2-group solution reflecting low (120 [80%]) and high (30 [20%]) rates of adult psychopathology. While a minority of the sample belonged to the high-rate group, characterized by multiple repeat attempts and hospitalizations, the majority had favorable social indicators and fewer reattempts and hospitalizations. Poor adult outcomes were associated with being male (odds ratio, 2.44; 95% CI, 1.00-5.80;  $P = .04$ ) and having a psychiatric diagnosis prior to the index attempt (odds ratio, 3.27; 95% CI, 1.42-8.07;  $P = .007$ ).

## Conclusions and Relevance

In this sample of early adolescents with index suicide attempts followed into adulthood, all who died by suicide did so on the index attempt. While a small number of individuals went on to develop chronic severe psychopathology, the majority demonstrated little evidence of long-term impairment. Given this discrepancy, future studies should focus on using risk stratification after index attempts to direct postvention resources toward adolescents more susceptible to poor outcomes.

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<https://doi.org/10.1097/MLR.0000000000002152>

## **"Sleep is Not Getting the Attention It Deserves": A Qualitative Study of Patient and Provider Views on Sleep Management in the Veterans Health Administration.**

Gaffey, A. E., Mattocks, K. M., Yaggi, H. K., Marteeny, V., Walker, L., Brandt, C. A., Haskell, S. G., Bastian, L. A., & Burg, M. M.

Medical Care

April 30, 2025

## Background:

Unique characteristics and service exposures of the post-9/11 cohort of U.S. Veterans can influence their sleep health and associated comorbidities. The objectives of this study were to learn about men and women post-9/11 Veterans' and "front line" VA

providers' knowledge about sleep and experiences with Veterans Health Administration (VA) sleep management.

#### Research Design:

One sample included post-9/11 Veterans who received VA care (n=23; 60% women; Mage: 45 y). To complement those views, primary care and mental health providers were recruited from VA medical centers (n=27). Semistructured qualitative interviews were conducted using Microsoft Teams. Questions pertained to sleep knowledge, care practices, and perceived barriers to sleep-related VA care. Interview data were synthesized with content analysis and inductive coding to characterize major themes.

#### Results:

Four main themes emerged: (1) Sleep is viewed as foundational but Veterans and providers often have limited related knowledge and more routine education is needed. (2) Men and women have distinct sleep management needs. Relative to men, women are more likely to advocate for sleep assessment and for behavioral versus pharmacological treatment. (3) Sleep management practices vary considerably between clinics and providers. (4) Veterans and their providers each experience unique barriers to sleep management.

#### Conclusions:

Post-9/11 Veterans and providers view sleep as critical. Yet, VA sleep management needs to be more uniform. Providers are motivated to assess sleep but require standardized education and low-burden opportunities to incorporate sleep into their practice, perhaps with mental health screening. Ultimately, more specialized care is required to meet the responsibility of Veterans' sleep health.

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<https://doi.org/10.1176/appi.ajp.2025011>

### **An Update on Psychotherapy for the Treatment of PTSD.**

Barbara Olasov Rothbaum, Ph.D., A.B.P.P. and Laura E. Watkins, Ph.D., A.B.P.P.

American Journal of Psychiatry  
Volume 182, Number 5

Posttraumatic stress disorder (PTSD) symptoms are part of the normal response to trauma. Most trauma survivors will recover over time without intervention, but a

significant minority will develop chronic PTSD, which is unlikely to remit without intervention. Currently, only two medications, sertraline and paroxetine, are approved by the U.S. Food and Drug Administration to treat PTSD, and the combination of brexpiprazole and sertraline and MDMA-assisted therapy have FDA applications pending. These medications, and the combination of pharmacotherapy and psychotherapy, are not recommended as first-line treatments in any published PTSD treatment guidelines. The only interventions recommended as first-line treatments are trauma-focused psychotherapies; the U.S. Department of Veterans Affairs/Department of Defense PTSD treatment guideline recommends prolonged exposure (PE), cognitive processing therapy (CPT), and eye movement desensitization and reprocessing, and the American Psychological Association PTSD treatment guideline recommends PE, CPT, cognitive therapy, and trauma-focused cognitive-behavioral therapy. Although published clinical trials of psychedelic-assisted psychotherapy have not incorporated evidence-based PTSD psychotherapies, they have achieved greater response rates than other trials of combination treatment, and there is some enthusiasm about combining psychedelic medications with evidence-based psychotherapies. The state-of-the-art PTSD psychotherapies are briefly reviewed here, including their effects on clinical and neurobiological measures.

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### **Problems With Noninferiority Designs in PTSD Treatment Research: Losing Signal to Noise.**

Sheila A. M. Rauch, Ph.D., H. Myra Kim, Sc.D., Ron Acierno, Ph.D., Peter W. Tuerk, Ph.D., and Barbara O. Rothbaum, Ph.D.

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Placebo-controlled randomized clinical trials (RCTs) remain the best way to demonstrate intervention efficacy. Comparative clinical trials are the best way to demonstrate differential effectiveness and impact (i.e., effect size). Noninferiority designs are intended to test whether a new treatment, or method of offering an existing treatment, is not worse than an established treatment by an “acceptably small amount with a given degree of freedom” (1). With growing affinity for noninferiority trials in PTSD comparing well-established psychotherapies to developing interventions, caution is warranted. While noninferiority designs have advantages, including not requiring a

placebo control, they have significant weaknesses that have led to misinterpretation and overextension of results. Indeed, noninferiority trials receive similar weight as RCTs in some PTSD clinical practice guidelines without consideration of weaknesses. Only interventions with unequivocally established efficacy in RCTs using appropriate control conditions should be considered for noninferiority designs. To highlight pitfalls inherent of noninferiority studies, we present issues relevant to all noninferiority studies, followed by issues specific to PTSD treatment.

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### Links of Interest

Let's talk about Veteran suicide prevention

<https://news.va.gov/139791/lets-talk-about-veteran-suicide-prevention/>

Strong Minds, Strong Mission: Why Mental Health Matters for the Warfighter

<https://www.dvidshub.net/news/496941/strong-minds-strong-mission-why-mental-health-matters-warfighter>

Management of Sleep and Fatigue in Military Aviation

[https://www.congress.gov/crs\\_external\\_products/IF/PDF/IF11881/IF11881.5.pdf](https://www.congress.gov/crs_external_products/IF/PDF/IF11881/IF11881.5.pdf)

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### Resource of the Week – [National Center for PTSD: PTSD Repository](#)

The National Center for PTSD created the PTSD Repository to help people understand what is known about PTSD treatment. It features information from 550 studies of PTSD treatments.



For Researchers



For Providers



For Everyone

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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](mailto:shirley.kennedy.ctr@usuhs.edu)



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